



SERVICE DELIVERY STATEMENTS

VOLUME 3

2020–21 Queensland Budget Papers

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Regional Action Plans

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Service Delivery Statements

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Service Delivery Statements

Volume 3 includes the following:

Department of Energy and Public Works

Department of Employment, Small Business and Training

Department of Regional Development, Manufacturing and Water

Department of Resources

Health Portfolio

Ceasing Departments

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Department of Energy and Public Works

The **Minister for Energy, Renewables and Hydrogen and the Minister for Public Works and Procurement the Honourable Mick de Brenni MP** is responsible for:

- **The Department of Energy and Public Works (Director-General: James Purtill)**
- **Queensland Building and Construction Commission (Commissioner: Brett Bassett)**
- **QBuild (Assistant Director-General: Paige Ridgewell)**
- **QFleet (General Manager: Vince White)**

Additional information about these agencies can be sourced from (list websites):

www.dnrm.qld.gov.au

www.hpw.qld.gov.au

www.qbcc.qld.gov.au

Departmental overview

As part of the Machinery-of-Government changes, effective 12 November 2020:

- the Department of Energy and Public Works was created
- the following functions were transferred to Department of Energy and Public Works:
 - from the former Department of Natural Resources, Mines and Energy: Energy
 - from the Department of State Development, Infrastructure, Local Government and Planning: Hydrogen Energy
 - from the former Department of Housing and Public Works: Building Policy and Asset Management and Queensland Government Procurement. This includes the Queensland Building and Construction Commission, QBuild, and QFleet.

The Department of Energy and Public Works contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

We work together to benefit all Queenslanders now and in the future by optimising sustainability, economic growth, safety and fairness in Queensland's energy and building sectors and through procurement that prospers Queensland businesses. We lead efforts to help the community and government to make the best use of our energy resources including integration of renewable hydrogen production, deliver a safer, fairer, and sustainable building and construction industry, support Government asset management and provide procurement services that support jobs and regional economies.

In 2020-21, the Department of Energy and Public Works is working towards its objectives to:

- manage Queensland's energy resources to optimise customer outcomes
- position Queensland to capitalise on emerging opportunities for domestic hydrogen use and long-term export
- deliver safe, secure, affordable and sustainable energy resources
- advance government's economic, social and environmental objectives, benefit local economies and support local jobs through procurement of government goods, services and capital infrastructure
- support the building and construction industry and government through design excellence, building legislation and policy, major government projects and asset management services that boost Queensland's growing communities.

The Department of Energy and Public Works is contributing to the *Queensland's Economic Recovery Plan* by protecting and creating jobs within the building and construction industry, continuing investment in energy resources to drive sustainable economic prosperity and promoting growth opportunities and investment in Queensland.

The Department of Energy and Public Works will deliver the following services in 2020-21:

- Energy Services: ensuring Queensland's energy sector is efficient, equitable and sustainable
- Building and Procurement Services: providing effective and efficient services and support to industry and government to benefit Queensland communities including procurement, design excellence, building legislation and policy, major government projects and government accommodation.

Service Performance

Energy Services

Service Area Highlights

In 2020-21, the service area will support government and departmental commitments and priorities by:

- delivering programs that:
 - help large businesses understand their electricity use and transition to appropriate tariffs
 - help agricultural businesses (farms) realise energy savings through energy audits and transition to appropriate new tariffs
- supporting ongoing progress towards the Queensland Renewable Energy Target, including by delivering the \$145 million investment in Queensland Renewable Energy Zones to boost renewable energy investment and attract industrial energy users. In achieving the target, the Queensland Government will maintain an affordable, secure and reliable electricity system for consumers and ensure workforces and communities are treated equitably as the electricity system transitions
- continuing to support CleanCo Queensland Limited's delivery of an additional 1400MW of renewable energy and its role as the State's third publicly owned power generation company, including the development of Australia's first government owned wind farm - Karara Wind Farm
- supporting and growing Queensland's emerging renewable energy sector, so that by 2030 Queensland will be at the forefront of renewable hydrogen production in Australia
- developing options for energy storage to complement large scale solar and wind deployment
- continuing to regulate and provide strategic oversight of Queensland's electricity and gas supply industries, and bio-based petrol and diesel mandates
- continuing to maintain the system for fuel price reporting to help motorists shop around and save at the bowser
- continuing to lead Queensland's engagement with the National Energy Cabinet (and associated forums) as it progresses market reforms for energy security and reliability, energy affordability and long-term energy market design
- supporting Queensland electricity customers dealing with COVID-19 by facilitating the delivery of the Government's \$50 Asset Ownership Dividend and utility relief payment to all households and small business (utility relief payment only), and address emerging hardship issues as a result of COVID-19 and its economic impacts
- ensuring preparedness, response and recovery to disasters or emergency events through the development of plans, processes and procedures in support of Queensland's Disaster Management Arrangements.

Energy Services ¹	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Renewable energy as % of total energy consumed in Queensland ²	9.9%	17.9%	20%
Average time of energy (electricity and gas) licensing assessments ³	90% <4 months	100%	90% <4 months
<i>Efficiency measure</i>			
Cost per biofuels exemption application assessed ⁴	<\$4680	\$3200	<\$4680

Notes:

- This service area was transferred to Department of Energy and Public Works from the Department of Natural Resources, Mines and Energy as part of Machinery-of-Government changes effective from 12 November 2020. Energy Services now includes hydrogen energy which transferred to Department of Energy and Public Works from the Department of State Development, Infrastructure, Local Government and Planning as part of Machinery-of-Government changes.

2. This service standard measures the effectiveness of renewable energy produced as a percentage of total energy consumed, and relates to the Queensland Government's energy objectives. The transition to 50% renewable generation by 2030 is a key commitment for the Government in the transition to a low carbon sector. The Government has not set annual targets for the 50% target by 2030 and the 2020-21 target/estimate represents projected output level given the existing and committed renewable energy projects in the pipeline. Output of renewable energy generation on an annual basis is a market outcome and can vary year-to-year depending on a range of factors including electricity demand, the rate of deployment of projects and climatic variations (for example, resulting in higher or lower solar/wind/water resource availability).
3. This service standard is a proxy measure of effectiveness of the Queensland Government's renewable energy objectives by optimising customer outcomes through an efficient energy licensing process. Providing certainty on regulatory timeframes is key to industry investment and project certainty, leading to optimised economic outcomes. The timeframe for assessments is within 4 months of receipt of all necessary information to enable a regulatory decision.
4. This service standard measures the efficiency of the service area in supporting exemption application decisions. It is measured based on the full-time equivalent staff cost to administer exemption applications. Administration tasks include supporting eligible applicants, arranging the pre-lodgement meeting (noting this stage is optional for applicants), registering and tracking application documentation, information assessments, preparation of draft and final decision documentation, liaison with legal services and correspondence with the applicant. While this measure does not incorporate time taken to finalise an exemption, faster turnaround times are a factor that increases the number of exemptions issued in the quarter, and therefore improved decision times will contribute to an improved efficiency result. The service area will continuously improve its assessment practices and education of regulated businesses.

Building and Procurement Services

Service Area Highlights

In 2020-21, the service area will support government and departmental commitments and priorities by:

- implementing further security of payment reforms and developing policy and practice to further improve safety, fairness and sustainability in the Queensland building and construction industry
- contributing to a strong, robust national reform agenda by collaborating with various government agencies, the Australian Building Codes Board, regulators and industry
- continuing a capital, maintenance and upgrade program to deliver safe and secure government employee housing in regional and remote locations across the State, including Aboriginal and Torres Strait Islander communities, thereby enabling police, teachers, medical professionals and associated government employees to deliver critical frontline services to the people of Queensland
- providing effective office accommodation solutions for Queensland government agencies that best support the service delivery needs of government
- enabling delivery of key strategic projects including Cairns Convention Centre refurbishment and expansion, New Youth Detention Centre, Southern Queensland Correctional Precinct (Gatton), Capricornia Correctional Centre Expansion (Rockhampton), New Performing Arts Venue (Brisbane) and the Gabba refurbishment
- delivering the Women in Construction exemplar project at Cannon Hill to achieve a 30% female participation rate
- continually embedding the *Buy Queensland* approach to procurement, by providing advice, support, frameworks and tools, that enable government agencies to pursue economic, environmental and social outcomes. This includes increasing opportunities for local suppliers, growing regional economies and embedding non-price considerations (e.g. social procurement and local benefits) into government procurement processes
- continuing the COVID-19 Procurement Response including the COVID-19 Supplier Portal and enabling the *Unite and Recover: Queensland Economic Recovery Plan* through Category Strategies
- delivering enhancements to the buy Queensland approach including delivery of the best practice prequalification framework and the establishment and operation of the Buy Queensland procurement compliance function
- evaluating and enhancing the *Buy Queensland* procurement compliance and enforcement framework, with a focus on supplier compliance with the Best Practice Principles, local benefits, Ethical Supplier Mandate, the Ethical Supplier Threshold and requirements of the *Queensland Government Building and Construction Training Policy*
- applying targets and commitments that support the *Buy Queensland* procurement approach into common use arrangements
- increasing certainty for local businesses by promoting the forward procurement pipeline
- improving community and industry outcomes by utilising Building Category Management data analytics and category intelligence to enhance the planned programming and consistency of capital programs in regional communities
- delivering improved procurement approaches to government's trade contractors spend on maintenance activities across the State.

Building and Procurement Services ¹	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service: Government Accommodation			
Service standards			
<i>Effectiveness measures</i>			
Return on investment			
- commercial properties included in the office portfolio ²	≥6.5%	6.4%	≥6.5%
- government employee housing ³	≥1.5%	1.9%	≥1.5%

Building and Procurement Services¹	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Vacancy rate ⁴			
- office portfolio ⁵	≤3.5%	2.1%	≤3.5%
- government employee housing ⁶	≤6%	3.3%	≤6%
Percentage of government-owned employee housing with an acceptable facility condition index rating ⁷	≥90%	98%	≥90%
Energy performance – percentage of occupied government office accommodation achieving a rating ≥5 star under the National Australian Built Environmental Rating System	>80%	83%	>80%
<i>Efficiency measure</i> Work point density			
- average	13.5m ² per person	12.26m ² per person	13.5m ² per person
- new fitout	12m ² per person	11.54m ² per person	12m ² per person
Service: Procurement			
<i>Efficiency measures⁸</i>			
Operating cost per \$1,000 of managed spend on general goods and services ⁹	≤\$2	\$1.24	≤\$2

Notes:

1. This service area comprises the building and procurement business from the 'Services for Government' service area in the former Department of Housing and Public Works. Building and procurement services transferred to the new Department of Energy and Public Works as part of Machinery-of-Government changes effective from 12 November 2020.
2. This service standard monitors the return (net profit) to the Queensland Government on the level of assets employed/owned by the department for providing office accommodation. Variance between 2019-20 Target/Estimate and 2019-20 Actual is mainly due to the provision of rent relief to non-government tenants between April and June 2020 due to COVID-19.
3. This service standard monitors the return (net profit) to the Queensland Government on the level of assets employed/owned by the department for providing accommodation to government departments for employee housing. Variance between 2019-20 Target/Estimate and 2019-20 Actual is mainly due to delays in expenditure for the property condition assessment program, with access to residences restricted due to COVID-19.
4. Vacancy rate data is used as an indicator of the effectiveness of the service area's ability to strategically manage its leased and owned portfolios.
5. Variance between 2019-20 Target/Estimate and 2019-20 Actual is principally due to the ongoing strategic management of the office portfolio and delivery of a number of departmentally funded projects in the CBD and regional locations to secure tenants into existing portfolio vacancies. Vacancy rate further reduced in the fourth quarter of 2019-20 with the establishment of a number of initiatives across the state to address COVID-19 impacts.
6. Variance between 2019-20 Target/Estimate and 2019-20 Actual is due to the increased use of the vacant residences by private tenants and also the divestment of vacant residences that are surplus to employee housing requirements.
7. Variance between 2019-20 Target/Estimate and 2019-20 Actual is due to the low level of maintenance liability at the end of the financial year following delivery of most of the identified maintenance works in 2019-20.
8. An effectiveness measure is being developed and will be included in a future *Service Delivery Statement*
9. This service standard demonstrates the efficiency in the management of procurement services related to general goods and services. This measure is calculated by total operating costs (i.e. expenses such as labour and supplies/services) of the General Goods and Services business unit, as a ratio of every \$1,000 whole-of-government spend awarded under the procurement categories managed by the unit. Note that the figure reported does not include data from Queensland Health, Queensland Treasury and former Department of Natural Resources, Mines and Energy. Data from those agencies will be included and reported in the department's Annual Report 2020-21.

Capital purchases

The table below shows the capital purchases by the agency in the respective years.

Department of Energy and Public Works	2019-20 Actual ¹ \$'000	2020-21 Budget \$'000
Total capital purchases	..	171,505

Note:

1. As a result of Machinery-of-Government changes there is no corresponding agency representative to show actuals and as such this column is shown as empty. 2019-20 Annual Reports for all State government departments have been published.

Staffing

The table below shows the Full Time Equivalents (FTEs) as at the 30 June in the respective years.

2019-20 Actual ¹	2020-21 Budget ²
..	387

Note:

1. As a result of Machinery-of-Government changes there is no corresponding agency representative to show actuals and as such this column is shown as empty. 2019-20 Annual Reports for all State government departments have been published.
2. The staffing figure includes only the FTEs for the Department of 387. QBuild (1,278 FTEs) and QFleet (39 FTEs) are not included in this table.

Budgeted financial statement

Departmental income statement

As a result of Machinery-of-Government changes there is no corresponding agency representative to show actuals and therefore comparatives for 2019-20 and 2020-21.

Controlled income statement

Department of Energy and Public Works	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME	..	
Appropriation revenue	..	95,222
Taxes
User charges and fees	..	408,537
Royalties and land rents
Grants and other contributions	..	53
Interest and distributions from managed funds	..	2,356
Other revenue	..	4,154
Gains on sale/revaluation of assets	..	194
Total income	..	510,516
EXPENSES	..	
Employee expenses	..	30,096
Supplies and services	..	166,019
Grants and subsidies	..	7,929
Depreciation and amortisation	..	303,137
Finance/borrowing costs	..	20,444
Other expenses	..	3,504
Losses on sale/revaluation of assets	..	(1)
Total expenses	..	531,128
OPERATING SURPLUS/(DEFICIT)	..	(20,612)

Administered income statement

Department of Energy and Public Works	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME	..	
Appropriation revenue	..	264,517
Taxes
User charges and fees	..	332
Royalties and land rents
Grants and other contributions
Interest and distributions from managed funds
Other revenue
Gains on sale/revaluation of assets
Total income	..	264,849
EXPENSES	..	
Employee expenses
Supplies and services	..	3,451
Grants and subsidies	..	261,066
Depreciation and amortisation
Finance/borrowing costs
Other expenses
Losses on sale/revaluation of assets
Transfers of Administered Revenue to Government	..	332
Total expenses	..	264,849
OPERATING SURPLUS/(DEFICIT)

Departmental cash appropriation

The table below shows the annual cash appropriation that is available in 2020-21 for the delivery of departmental objectives.

Department of Energy and Public Works	2019-20 Actual \$'000	2020-21 Budget \$'000
CONTROLLED	..	
Departmental services	..	86,108
Equity adjustments	..	44,284
TOTAL CONTROLLED	..	130,392
ADMINISTERED	..	
Administered items	..	264,517
Equity adjustments
TOTAL ADMINISTERED	..	264,517
TOTAL VOTE	..	394,909

Notes:

1. As a result of Machinery of Government changes there is no corresponding agency representative to show actuals and as such this column is shown as empty. 2019-20 Annual Reports for all State government departments have been published.

Reporting Entity Financial Statements

Reporting Entity comprises:

- Department of Energy and Public Works (excluding Administered)
- QBuild
- Q-Fleet

Reporting entity income statement

Department of Energy and Public Works	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME	..	
Appropriation revenue	..	95,222
Taxes
User charges and fees	..	1,110,940
Royalties and land rents
Grants and other contributions	..	907
Interest and distributions from managed funds	..	2,356
Other revenue	..	11,466
Gains on sale/revaluation of assets	..	194
Total income	..	1,221,085
EXPENSES	..	
Employee expenses	..	116,913
Supplies and services	..	758,279
Grants and subsidies	..	8,782
Depreciation and amortisation	..	329,239
Finance/borrowing costs	..	23,163
Other expenses	..	4,526
Losses on sale/revaluation of assets	..	6
Total expenses	..	1,240,908
Income tax expense/revenue	..	2,168
OPERATING SURPLUS/(DEFICIT)	..	(21,991)

Notes:

1. As a result of Machinery-of-Government changes there is no corresponding agency representative to show actuals and as such this column is shown as empty. 2019-20 Annual Reports for all State government departments have been published.

Statutory body

Queensland Building and Construction Commission

Overview

The Queensland Building and Construction Commission (QBCC) is a statutory body established under the *Queensland Building and Construction Commission Act 1991* to regulate the building and construction industry. The QBCC's vision is to be a regulator that builds trust and confidence in all we do.

The QBCC focuses on customers, both consumers and contractors, by improving service quality and access to information and advice and increasing awareness of QBCC's regulatory role.

QBCC contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

QBCC will deliver services in 2020-21 to build trust and confidence in the building and construction industry by promoting integrity and probity in the industry and providing effective and efficient regulatory and customer services.

New capital initiatives in 2020-21 includes \$1.944 million in relation to regional office alterations and fit outs.

Service Performance

Service Area Highlights

In 2020-21, the service area will support government and departmental commitments and priorities by:

- implementing changes arising from the Building Industry Fairness (Security of Payment) and Other Legislation Amendment Bill 2020 that includes legislative changes to extend protections against non-payment in the building industry and enhance the QBCC's enforcement abilities
- continuing to build capabilities and capacities as part of the Insights Driven Regulator program to better enable the QBCC to take a more proactive approach in enforcing the legislation it administers
- implementing recommendations arising from the Queensland Audit Office's performance audit of the QBCC to enable more effective and efficient operations.

Queensland Building and Construction Commission	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Perception of fairness in decision-making: percentage of survey respondents agree the final decision was fair ¹	65%	55.8%	65%
Percentage of decisions set aside by the Queensland Civil and Administrative Tribunal ²	4%	6.5%	5%
<i>Efficiency measure</i>			
Cost of recovering \$1.00 of funds owed to creditors ³	\$0.70	\$0.44	\$0.60
<i>Other measures</i>			
Percentage of early dispute resolution cases finalised within 28 days ^{4,5}	80%	83%	80%
Average number of days to process licence applications	30 days	17 days	30 days
Percentage of owner builder permits approved within 15 working days ^{4,5}	90%	100%	90%
Percentage of adjudication applications referred to an adjudicator within 4 business days ^{4,5}	100%	100%	100%
Percentage of insurance claims for defective work assessed and response provided within 35 business days ⁴	50%	55%	50%
Average processing time for an early dispute resolution case ⁴	28 working days	18 working days	28 working days
Average approval time for defects claims less than \$20,000 ⁴	35 working days	36 working days	35 working days
Percentage of internal review applicants contacted within 2 business days ⁴	95%	95.9%	95%

Notes:

1. Variance between the 2019-20 Actual and the 2019-20 Target/Estimate is due to survey responses correlating strongly with stakeholder expectations of a favourable decision and as such are affected by negative outcomes for stakeholders. These surveys are conducted shortly after a decision is communicated.
2. The wording of the service standard has been amended from 'Percentage of decisions overturned by the Queensland Civil and Administrative Tribunal' in line with the language used in section 24 of the Queensland Civil and Administrative Tribunal Act 2009. The calculation methodology has not changed. Variance between the 2019-20 Actual and the 2019-20 Target/Estimate was due to 14 decisions out of 213 matters being set aside by the Queensland Civil and Administrative Tribunal (QCAT). Of those decisions set aside by the QCAT, three related to a decision to decline an insurance claim, three related to excluded individual decisions and the remaining eight related to decisions to either issue or not issue a direction to rectify for defective building work. Variance between 2019-20 Target/Estimate and 2020-21 Target/Estimate is due to the QBCC expecting a higher number of matters available to go the QCAT with future legislative changes.
3. This service standard is calculated by using the cost of operating the areas involved in recovering funds under the Minimum Financial Requirements Regulation, divided by the sum of monies recovered. The QBCC has no control over the value of monies owed on complaints received, which in turn has an impact on the level of monies recovered. Variance between 2019-20 Target/Estimate and 2020-21 Target/Estimate is due to extra initiatives being implemented to further support payment in the industry, with the objective to reduce monies owed, thereby reducing the larger volumes of monies owed on complaints received by the QBCC for investigation. The 2020-21 Target/Estimate of \$0.60 shows an increase in efficiency in QBCC operations in this service.
4. This service standard has been reclassified as 'other' as it is a measure of timeliness and does not meet the definition of 'efficiency' as described in the Queensland Government Performance Management Framework policy. However, these measures are retained to demonstrate QBCC's commitment to improve the timeliness of its services to customers to align with industry expectations.
5. The wording of the service standard has been amended to include the words "business days" as per section 79(4) of the Building Industry Fairness (Security of Payment) Act 2017. The calculation methodology has not changed.

Income statement

Queensland Building and Construction Commission	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
Taxes	..	..
User charges and fees	141,307	150,507
Grants and other contributions	..	..
Interest and distributions from managed funds	5,736	2,463
Other revenue	56,747	83,658
Gains on sale/revaluation of assets	48,365	5,424
Total income	252,155	242,052
EXPENSES		
Employee expenses	61,972	66,957
Supplies and services	30,506	42,339
Grants and subsidies	..	..
Depreciation and amortisation	6,800	6,262
Finance/borrowing costs	421	396
Other expenses	60,065	99,209
Losses on sale/revaluation of assets	90,579	41,489
Total expenses	250,343	256,652
OPERATING SURPLUS/(DEFICIT)	1,812	(14,600)

Commercialised business units

QBuild

Overview

QBuild's role is to deliver state-wide building, construction and maintenance programs supporting Queensland Government agencies to deliver their core services to Queenslanders.

QBuild's vision is to ensure customers benefit from better operating efficiencies, greater value for money and strong business partnerships.

Our extensive geographic presence across Queensland, including six regional offices and a network of district offices, operational service centres and depots, enables QBuild to work directly with industry to maximise local supplier participation and create jobs state-wide through the QBuild apprenticeship program, building Queensland's regional capability. This geographic presence positions QBuild to provide immediate response to communities affected by natural disasters and other major events by working with government agencies to ensure assets become operational quickly and services are returned to Queenslanders.

QBuild contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

QBuild will deliver services in 2020-21 to partner with and support Queensland Government agencies to effectively and efficiently deliver their core services to Queenslanders, by strategically managing and delivering their building, construction and maintenance activities and programs state-wide.

Service Performance

Service Area Highlights

In 2020-21, the service area will support government and departmental commitments and priorities by:

- expanding the QBuild apprenticeship program, creating employment opportunities for apprentices and tradespersons state-wide
- working cohesively with Queensland Government agencies to effectively manage asset portfolios, creating value for money partnerships and enabling agencies to deliver more services to Queenslanders
- supporting the Queensland Procurement Policy by delivering maintenance and facilities management with local/regional contractors/suppliers to advance the government's economic, environmental and social objectives
- strengthening our capability to oversight and deliver capital works projects and programs for Queensland Government agencies
- broadening and integrate our workplace health and safety strategies at the interface of our partnerships with Queensland Government agencies.

QBuild¹	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Overall customer satisfaction ²	81%	77%	..
Percentage of maintenance spend on QBuild's customers' facilities with Local Zone 1 suppliers (based on physical location of contractor's workplace)	80%	82.3%	80%
<i>Efficiency measures</i>			
Gross profit as a percentage of revenue generated from work delivered on behalf of QBuild customers ³	8.5%	8.1%	8.1%
Net profit before tax and dividends as a percentage of sales ⁴	0.1%	0.7%	0.0%
Current ratio ⁵	1.8:1	2.1:1	1.7:1

Notes:

1. The name of this commercialised business unit has been changed from Building and Asset Services, which was established on the 1 July 2013 with the merger of QBuild and Project Services, to QBuild on 25 August 2019.
2. QBuild is currently carrying out business improvements designed to enhance this measure, by focusing on the customer experience in reference to responsiveness, communication, consistency and reporting. There is no 2020-21 Target/Estimate as this is a biennial measure with the next survey to be conducted in 2021-22.
3. This measure is calculated as sales less direct costs associated with providing its services. The costs do not include overhead and administrative costs. Gross profit as a percentage of sales is a standard financial measure. Variance between 2019-20 Target/Estimate, 2019-20 Actual and 2020-21 Target/Estimate mainly reflects the product and services delivered and the related gross profits achieved.
4. This measure represents the gross profit less overhead and administrative costs. Net profit as a percentage of sales is a standard financial measure. Variance between 2019-20 Target/Estimate, 2019-20 Actual and 2020-21 Target/Estimate mainly reflects the movement in contribution from expected changes in volume of sales.
5. This measure reflects the ability to meet short-term debt obligations and is measured by comparing the level of Current Assets to Current Liabilities at a point in time. Current ratio is a standard financial measure. Variance between 2019-20 Target/Estimate, 2019-20 Actual and 2020-21 Target/Estimate mainly reflects the general movements in business activity including paying vendors immediately as part of the Government's COVID 19 response.

Income statement

QBuild	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	1,113,854	1,076,886
Grants and other contributions	878	1,373
Interest and distributions from managed funds	58	..
Other revenue	3,997	13,059
Gains on sale/revaluation of assets	3	..
Total income	1,118,790	1,091,318
EXPENSES		
Employee expenses	126,603	140,062
Supplies and services	978,499	946,707
Grants and subsidies	709	1,200
Depreciation and amortisation	1,281	1,480
Finance/borrowing costs	..	..
Other expenses	3,283	1,468
Losses on sale/revaluation of assets	107	7
Total expenses	1,110,482	1,090,924
Income tax expense/revenue	2,493	118
OPERATING SURPLUS/(DEFICIT)	5,815	276

Overview

QFleet provides the government with safe and efficient transport solutions, enabling the delivery of community services by agencies.

QFleet's vision is to provide whole-of-government mobility solutions and services that are fit-for-purpose, safe and environmentally responsible.

Responsible for approximately 10,000 passenger and light commercial motor vehicles, QFleet's focus is the delivery of an integrated package of fleet management services and value-for-money solutions for clients.

QFleet contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

QFleet will deliver services in 2020-21 to provide a central pool of expertise in fleet management and fleet management services, to enable government and government-funded organisations to safely deliver frontline services to the community, and will continue transitioning the government's motor-vehicle fleet to lower-emission vehicles, as outlined in the *QFleet Electric Vehicle Transition Strategy*

Service Performance

Service Area Highlights

In 2020-21, the service area will support government and departmental commitments and priorities by:

- continuing to implement a new fleet management system
- continuing to implement the *QFleet Environmental Strategy* for the Queensland Government motor vehicle fleet and *QFleet Electric Vehicle Transition Strategy* for the Queensland Government motor vehicle fleet, including increasing the range and number of low emission and electric vehicles in the fleet
- continuing to promote road and driver safety for Queensland Government employees in line with QFleet's road safety initiatives.

QFleet	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Overall customer satisfaction ¹	85%	86.5%	..
Percentage of total QFleet vehicles with a 5-star ANCAP safety rating ²	90%	97%	90%
<i>Efficiency measures</i>			
Current ratio ³	1.88:1	2.47:1	2.89:1
Return on net assets ⁴	3.0%	6.1%	4.0%
Gearing level ⁵	70%	68.6%	67.4%
Percentage of vehicle fleet utilisation compared to agreed lease parameters ⁶	90%	82.5%	90%

Notes:

1. Variance between 2019-20 Target/Estimate and 2019-20 Actual is due to the dedicated efforts of QFleet staff to maintain a high level of customer service by working closely with customers on their requirements and focusing on the areas of improvement highlighted in the 2018 survey. The overall customer satisfaction survey is conducted every two years. The next survey will be completed during the 2021-22 financial year.
2. Variance between 2019-20 Target/Estimate and 2019-20 Actual is due to QFleet's policy of prioritising 5-star ANCAP rated vehicles for agencies to lease. This result is expected to continue in the future as manufacturers increase their focus on the safety features of vehicles to maintain 5-star ANCAP ratings.

3. This measure reflects the ability to meet short-term debt obligations and is measured by comparing the level of Current Assets to Current Liabilities at a point in time. Current ratio is a standard financial measure. Variance between 2019-20 Target/Estimate, 2019-20 Actual and 2020-21 Target/Estimate is mainly due to movements in inventory and cash balances as part of normal business operations including paying vendors immediately as part of the Government's COVID 19 response.
4. This is a measure of the level of financial return (as a percentage) the assets of the business are generating. Return on net assets is a standard financial measure. Variance between the 2019-20 Target/Estimate and 2019-20 Actual is mainly due to a higher operating surplus achieved than budgeted. Variance between 2019-20 Actual and 2020-21 Target/Estimate is due to a lower operating surplus in 2020-21 mainly due to the phasing of the costs for the replacement of the Fleet Management System.
5. The measure represents the level of debt as a percentage of the business' total capital. Variance between 2019-20 Target/Estimate, 2019-20 Actual and 2020-21 Target/Estimate is mainly due to a higher operating surplus after tax and dividend resulting in higher equity.
6. This measure is used to determine if vehicles are being utilised within the term of their lease parameters/ agreement and is calculated using the actual kilometres used, by the lease kilometres. This measure excludes heavy commercial vehicles, vehicles less than ninety days old and vehicles with no valid odometer data. Variance between 2019-20 Target/Estimate and 2019-20 Actual result can be attributed to the impact of COVID-19. Due to the large percentage of government staff working from home, the requirement for fleet cars declined significantly between April and June 2020. The target for this measure will be reviewed in subsequent years in order to take into consideration the longer-term impact of the COVID-19 response and recovery.

Income statement

QFleet	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	152,289	157,708
Grants and other contributions	..	..
Interest and distributions from managed funds	16	..
Other revenue	490	397
Gains on sale/revaluation of assets	..	..
Total income	152,795	158,105
EXPENSES		
Employee expenses	4,750	5,413
Supplies and services	89,125	97,835
Grants and subsidies	..	..
Depreciation and amortisation	42,007	43,263
Finance/borrowing costs	6,130	4,617
Other expenses	40	143
Losses on sale/revaluation of assets	..	..
Total expenses	142,052	151,271
Income tax expense/revenue	3,223	2,050
OPERATING SURPLUS/(DEFICIT)	7,520	4,784



Department of Employment, Small Business and Training

The **Minister for Employment and Small Business and Minister for Training and Skills Development, the Honourable Dianne Farmer MP** is responsible for:

- **The Department of Employment, Small Business and Training**
(Director-General: Warwick Agnew)
- **TAFE Queensland** (Chief Executive Officer: Mary Campbell)

Additional information about these agencies can be sourced from:

www.desbt.qld.gov.au

www.tafeqlld.edu.au

Departmental overview

The Department of Employment, Small Business and Training contributes to the implementation of *Queensland's Economic Recovery Plan* that is working to protect Queenslanders and save lives and to Unite & Recover for Queensland jobs.

The Department of Employment, Small Business and Training's vision is for all Queenslanders to have the skills and opportunities to participate and prosper in the economy, now and in the future. The department's purpose is to empower and enable Queenslanders to take full advantage of employment, skilling and small business opportunities, so people are ready to: invest in themselves and their future; and participate, employ others and adapt to change, including to support economic recovery from the impacts of COVID-19.

In 2020-21, the Department of Employment, Small Business and Training is working towards its objectives to:

- connect Queenslanders and small businesses to skills, training and employment opportunities so they are better equipped to participate in the state's workforce
- deliver effective policies for recovery, employment, small business and training
- be a responsive, diverse and team-oriented organisation.

The Department of Employment, Small Business and Training contributes to the *Queensland's Economic Recovery Plan* objectives by supporting small businesses and providing individuals with training and employment opportunities aligned with Queensland's economic recovery priorities.

The Department of Employment, Small Business and Training will deliver the following services in 2020-21:

- Employment – To increase employment opportunities for Queenslanders, in particular disadvantaged cohorts.
- Small Business – To ensure small businesses can seamlessly interact with Government and are supported to start, grow and employ.
- Training and Skills – To facilitate access to and participation in vocational education and training pathways, enabling Queenslanders to gain employment in current and future industries.

Service Performance

Performance Statement

Employment

2020-21 service area highlights

In 2020-21 the service area will support government and departmental commitments and priorities by:

- continuing the Back to Work initiative designed to give Queensland employers the confidence to hire eligible unemployed jobseekers, including the introduction of a new Apprentice and Trainee Boost Payment
- continuing to support workers to upskill, reskill and transition to new employment opportunities including supporting workers impacted by the cessation of sand mining on Minjerribah through the North Stradbroke Island Workers Assistance Scheme.

Employment	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measure</i>			
Overall customer satisfaction with employment programs ^{1,2}	90%	92.1%	90%
<i>Efficiency measure</i>			
Average cost per hour of advice and support output ³	\$106.56	\$106.56	\$106.56

Notes:

1. This service standard measures overall client satisfaction with employment programs covering the dimensions of quality, timeliness, staff knowledge, access and outcome. The customers surveyed are employers who have accessed the Back to Work program.
2. The increase between the 2019-20 actual and the 2019-20 target estimate was due to the established positive reputation of the Back to Work program and its strong customer support focus to ensure local support is provided to applicants in every region.
3. This service standard measures the efficiency of providing employment policy services. This measure is calculated using the annual Employment Policy budget, including a corporate services allocation divided by annual full-time equivalent work hours.

Small Business

2020-21 service area highlights

In 2020-21 the service area will support government and departmental commitments and priorities by:

- supporting small businesses through Big Plans for Small Business, including a grants package, the Business Ready website, re-invigorating the Small Business Advisory Council, and continuing the Mentoring for Growth program and Small Business Month
- delivering small business grants and programs to support small businesses to start, grow and employ and to recover from the impacts of natural disasters
- continuing delivery of the Small Business COVID-19 Adaption Grant Program enabling small businesses to adapt and sustain business operations and enhance operational resilience in the recovery from the COVID-19 pandemic
- supporting the Queensland Small Business Commissioner to deliver advocacy, dispute triage and referral activities for Queensland small businesses
- supporting small business participation in government procurement and leading the *Queensland Government On-Time Payment Policy* to improve government payment practices and timeframes
- making it easier for businesses to start, grow and employ, by creating a platform that makes discovery of vocational education and training consumer information more accessible and simplifies the process for businesses to hire an apprentice or trainee
- continuing to support actions under the *Queensland Social Enterprise Strategy* to enable social enterprises to create more jobs and increase employment for disadvantaged jobseekers and deliver economic, social and environmental benefits to Queensland communities

Small Business	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of new or existing businesses reporting increased capability (including digital) as a direct result of participation in small business grant programs ¹	98%	98.9%	98%
Percentage of businesses assisted by small business programs that report a projected increase in either employment, turnover or profitability ²	98%	95.9%	98%
Customer Effort Score: Average score out of 5 by customers for how easy it is to use the Business Queensland website ³	3.5	3.44	3.5
<i>Efficiency measure</i>			
Average cost to DESBT to provide online services per customer visit to Business Queensland website ⁴	\$0.27	\$0.19	\$0.22

Notes:

1. This service standard measures the effectiveness of small business grant programs outlined in the former *Advancing Small Business Queensland Strategy 2016-20* (ASBQS) to increase the capability of small business in using digital technologies and implement innovative solutions to help their business grow. Capability is defined as having increased confidence or capability in business operational processes and systems, business management or corporate governance, human resources, understanding financial statements and forecasting, general business related skills or knowledge, strategic or business planning, financing or investment, marketing or promotion, digital technologies or implementation, product development or innovation and/or entering new markets or increasing market share.
2. This service standard measures the effectiveness of Small Business programs to increase small businesses' employment, turnover or profitability. The programs aim to support small businesses to start, grow and employ and this measure captures the impact of the programs. This measure incorporates existing programs under the former ASBQS including the Mentoring for Growth program and ASBQS grants programs. Small businesses are surveyed either on completion of their project or six months after participating in a program. Businesses are asked at that time to determine if they forecast a projected increase in employment, turnover or profitability as a result of undertaking the program. The variance between the 2019-20 actual and 2019-20 target estimate can be partially attributed to the impact of COVID-19.

3. This service standard measures the effectiveness of the Business Queensland website by rating how easy it is for customers to interact with government through the website. The measure is derived from an online survey of customers using the Business Queensland website who are asked how easy it is for them to achieve their purpose. It is rated on a scale from 1, being very difficult, to 5 being very easy.
4. This service standard measures the average cost to the department to provide online services for each customer visit to the Business Queensland website. The wording of the service standard has been amended to include the word 'website' to maintain wording consistency with the 'Business Queensland website' in the effectiveness measure 'Customer Effort Score: Average score out of 5 by customers for how easy it is to use the Business Queensland website'. There is no change to the methodology. A 'customer visit' is defined as a group of interactions that a customer undertakes on a website. These interactions may include viewing a number of different webpages, completing an online application form or making a payment. The cost to the department is based on the cost of the business area managing the services, including the cost of technical infrastructure required to support the website. The decrease between the 2019-20 actual and the 2019-20 target estimate was due to continued strong business customer use, particularly due to COVID-19. This resulted in a significant increase in customer visits to the website at the same time as efficiencies which resulted in lower expenditure than in previous years.

Training and Skills

2020-21 service area highlights

In 2020-21 the service area will support government and departmental commitments and priorities by:

- commencing implementation of new future skilling initiatives, including Equipping TAFE for Our Future, TAFE Priority Skills Fund, Pre-Apprenticeship support, Social Enterprise Jobs Fund, First Nations Training Strategy and Workforce Transition Support Program
- investing in upgrades and improvements in Queensland's training infrastructure to ensure that it provides fit for purpose assets and the best possible learning environment to support training providers, students and employers as well as undertaking planning for the Equipping TAFE for Our Future initiative
- promoting training pathways in skills areas of high demand with the Free TAFE for under 25s initiative, which extends the Free Apprenticeships for under 21s to include people aged under 25 years, providing access to fully subsidised training across 139 priority apprenticeship or traineeship qualifications, as well as delivering 26 free certificate III qualifications for under 25s in priority industry areas
- delivering the JobTrainer Fund, in partnership with the Australian Government to prioritise no or low fee training places for jobseekers, school leavers and young people to support them into jobs as part of the economic recovery from the COVID-19 pandemic
- continuing the Skilling Queenslanders for Work initiative to support disadvantaged Queenslanders into work
- driving a new approach to quality provision of training delivery and assessment, and choice of provider through the Skills Assure initiative
- targeting critical skill needs, new skills needed for existing jobs, emerging opportunities brought about by technology advances, and regional and state-wide priorities, utilising the Industry Engagement Framework introduced by the Queensland Skills Strategy—*Skills for Queensland – Great training for quality jobs*
- providing free online skill sets and/or micro-credentials delivered by TAFE Queensland and the Central Queensland University and other training providers, in a range of industry areas to support individuals impacted by the COVID-19 pandemic to gain new skills
- extending the Regional Jobs Committee program to bring together industry groups, training providers, local and major employers, employee representatives, schools/higher education and councils to help plan local training investment so it matches local skills needs and addresses workforce development and planning issues
- continuing the *Regional Skills Investment Strategy* - aligning training outcomes for Queenslanders with local employment skills demand
- ensuring individuals and employers continue to have access to confidential, free advice through the Queensland Training Ombudsman
- delivering the Queensland Training Awards to promote and celebrate achievements in vocational education and training.

Training and Skills	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Proportion of all attempted competencies successfully completed ¹	93%	93.8%	93%
Proportion of Queenslanders with higher qualifications ²	62%	62.8%	62%
Proportion of VET graduates in employment or further study ³	87%	82.6%	87%
Number of completions:			
Apprenticeships ⁴	11,500	8,800	11,500
Traineeships ⁵	13,500	12,700	13,500
School-based Apprenticeships and Traineeships (SATs) ⁶	5,000	3,900	5,000

Training and Skills	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Proportion of graduates satisfied with the overall quality of their training ⁷	89%	88.1%	89%
Proportion of employers satisfied with graduates of: ⁸			
Nationally accredited training ⁹	85%	78.2%	85%
Apprenticeships and traineeships ¹⁰	83%	77.6%	83%
<i>Efficiency measure</i>			
Average cost per competency successfully completed ¹¹	\$595	\$625	\$595

Notes:

1. This service standard measures the proportion of all attempted competencies that were successfully completed and covers all activity by public providers, and all government-funded activity by other providers. Data is sourced from DESBT VET training data systems. This service standard is calculated by dividing the number of successfully completed competencies by the total number of competencies attempted.
2. This service standard measures the proportion of Queenslanders aged 25-64 year with a Certificate III or higher qualifications, which is a sub total from Australian Bureau of Statistics (ABS) *Survey of Education and Work*, Australia, cat no. 6227.0: Table 25 - Highest Non-school qualification: Certificate III level or above, persons aged 20-64 years – 2004-2019. This measure applies to the subset who are aged 25 to 64.
3. This service standard measures the proportion of government-funded graduates employed or in further study after training. Sourced from the National Centre for Vocational Education Research (NCVER) Student Outcome Survey. The last survey was conducted in 2019 and relates to students who graduated in 2018. The variance between the 2019-20 actual and 2019-20 target estimate was reflective of a national trend where performance in this measure has been stable for many years. While the department actively influences this service standard through the Higher Level Skills program and providing funding for other higher level qualifications based on industry advice, it is affected by a range of factors including the economy, higher education providers, the Australian Government and the VET sector.
4. This service standard measures the number of apprentices who successfully complete their apprenticeship. The variance between the 2019-20 estimated actual and 2019-20 actual is consistent with national results impacted by COVID-19 global economic conditions impacting employers and their ability to retain apprentices and provide work.
5. This service standard measures the number of trainees who successfully complete their traineeship. Traineeships have been supplemented through the Skilling Queenslanders for Work initiative, which is a \$430 million commitment over six years from 2015-16 until 2020-21 and incorporates traineeship programs. This service standard has also been impacted by COVID-19.
6. This service standard measures the number of school-based students who successfully complete their apprenticeship or traineeship. The variance between the 2019-20 actual and the 2019-20 target/estimate is a reflection of economic conditions nationally having a negative impact on apprenticeship completions due to negative COVID-19 economic conditions in the retail, tourism and hospitality sectors which have traditionally been significant employers of trainees.
7. This service standard measures the proportion of government-funded graduates who are satisfied with the overall quality of their training. The data is from the NCVER Student Outcome Survey.
8. Employer satisfaction estimates are obtained from the biennial national survey Employers' Use and Views of the VET System, which was last conducted in 2019.
9. This service standard measures the proportion of employers using national accredited training who are satisfied with the training as a way of meeting their skill needs. Employer satisfaction estimates are obtained from the biennial national survey Employers' User and Views of the VET system, which was last conducted by NCVER in 2019. The variance between the 2019-20 actual and the 2019-20 target/estimate reflects a national trend of lower satisfaction with nationally accredited training reported at 78.8 per cent nationally.
10. This service standard measures the proportion of employers using apprenticeships and/or traineeships who are satisfied with the training as a way of meeting their skill needs. Employer satisfaction estimates are obtained from the biennial national survey Employers' User and Views of the VET system, which was last conducted by NCVER in 2019. The variance between the 2019-20 actual and the 2019-20 target/estimate was reflective of difficult economic conditions negatively impacting on the market to provide stable employment opportunities, which are key to the apprenticeship and traineeship market. The national trend showed a lower satisfaction with apprenticeship training reported at 77.6 per cent nationally.
11. This service standard is calculated by dividing the Training and Skills service area budget by the number of VET competencies (individual study units) directly funded by the department. The variance increase between the 2019-20 actual and 2019-20 target/estimate was due to the training budget being revised higher than the growth in successfully completed competencies as a result of increases in training delivery expenditure and COVID-19 impacts.

Capital purchases

The table below shows the capital purchases by the agency in the respective years.

Department of Employment, Small Business and Training	2019-20 Actual \$'000	2020-21 Budget \$'000
Total capital purchases	100,871	88,834

Staffing¹

The table below shows the Full Time Equivalents (FTEs) as at the 30 June in the respective years.

2019-20 Actual	2020-21 Budget
577	588 ²

Notes:

1. The Staffing figures include only the FTEs for the Department of Employment, Small Business and Training. TAFE Queensland are not included in this staffing table.
2. 2020-21 Budget FTEs are within the agency's FTE cap.

Budgeted financial statement

Departmental income statement

The Department of Employment, Small Business and Training's 2020-21 total budget is \$1.464 billion of which appropriation revenue funds 98.3%. User Chargers and fees income relates predominately to rental of State-owned training facilities across Queensland. Grants and contributions income relate to funds from the Queensland Reconstruction Authority to fund recovery efforts after the North Queensland Monsoon and sponsorship income for the annual Queensland Training Awards events. Other revenue is mainly for contributions from TAFE Queensland towards the Southbank Education Training Precinct Public Private Partnership.

Total revenue in the 2020-21 Budget has increased mainly as a result of the timing of payments for various initiatives under the Workers Assistance package, including the Small Business Adaption Grants, matched funding with the Australian Governments' JobTrainer Fund and new commitments such as future skilling initiatives and Big Plans for Small Business. This increase was slightly offset by reduced rental income (User Charges and Fees) expected in 2020-21 due to the current economic climate and the department not budgeting for grant recoveries (Other revenue) due to the uncertainty of timing and amount that may be recovered each year as a result of compliance audits and final grant acquittals.

Grants and subsidies make up 82.9% of the department's 2020-21 expenditure budget and mainly relate to Vocational Education and Training programs. Employee expenses makes up 4.9% to support the 588 budgeted FTEs. Supplies and services includes various costs to support and maintain the State-owned training facilities including the contractual arrangements for the Southbank Education Training Precinct Public Private Partnership, as well as general costs to support the department and to deliver various government initiatives. Finance/borrowing costs are associated with the repayments for Southbank Education Training Precinct Public Private Partnership finance liability. Depreciation relates predominately to the State-owned training facilities. Other expenses mainly relate to the cost of the Queensland Government Insurance Fund premium on the training facilities.

Total expenditure in the 2020-21 Budget has increased in line with revenues, with the increases mainly seen across supplies and services and grants and subsidies for the various initiatives under the Workers Assistance Package, (including the Small Business Adaption Grants), JobTrainer Fund and new commitments for skills and small business.

Controlled income statement

Department of Employment, Small Business and Training	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
Appropriation revenue	1,073,112	1,438,869
Taxes	..	..
User charges and fees	2,822	1,705
Royalties and land rents	..	..
Grants and other contributions	4,525	6,200
Interest and distributions from managed funds	..	..
Other revenue	24,881	17,128
Gains on sale/revaluation of assets	..	..
Total income	1,105,340	1,463,902
EXPENSES		
Employee expenses	69,441	71,157
Supplies and services	88,129	105,899
Grants and subsidies	874,208	1,213,680
Depreciation and amortisation	48,436	48,412
Finance/borrowing costs	22,493	22,130
Other expenses	1,632	2,624
Losses on sale/revaluation of assets	3,174	..
Total expenses	1,107,513	1,463,902
OPERATING SURPLUS/(DEFICIT)	(2,173)	..

Notes:

1. The 2019-20 actual amounts vary across expenditure categories from amounts published in the department's 2019-20 annual report as a result of differing disclosure requirements at a whole of government reporting level.

Departmental cash appropriation

The table below shows the annual cash appropriation that is available in 2020-21 for the delivery of departmental objectives.

Department of Employment, Small Business and Training	2019-20 Actual \$'000	2020-21 Budget \$'000
CONTROLLED		
Departmental services	1,145,277	1,360,279
Equity adjustments	(2,068)	(2,504)
TOTAL CONTROLLED	1,143,209	1,357,775
ADMINISTERED		
Administered items	..	..
Equity adjustments	..	..
TOTAL ADMINISTERED	..	..
TOTAL VOTE	1,143,209	1,357,775

Statutory body

TAFE Queensland

Overview

TAFE Queensland is a statutory body established under the *TAFE Queensland Act 2013* to provide vocational education and training services.

TAFE Queensland offers practical, industry-relevant training that reflects the diverse skilling needs across its broad geography. From foundation skills and entry-level workforce qualifications to higher education degrees, TAFE Queensland provides individuals with training options at every stage of their career and employers with skilling solutions that respond to complex workforce needs.

TAFE Queensland's vision is to be the leading provider of vocational education and training that is at the heart of community success, delivering quality education and training that enables the careers of students and the development of the industries and communities it serves.

TAFE Queensland's strategic pillars are:

- industry, employer and student focus
- exceptional student experiences
- our people make great happen
- a sustainable and socially responsible TAFE Queensland.

TAFE Queensland contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

TAFE Queensland will deliver services in 2020-21:

- TAFE Queensland – To deliver contemporary and relevant education and training that prepares Queenslanders for the jobs of today and the jobs of the future.

Service performance

TAFE Queensland	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Proportion of all attempted competencies successfully completed ¹	91%	89.3%	91%
Student post training outcome (employed or in further study after training) ²	88%	86.6%	88%
Proportion of graduates satisfied with the overall quality of their training ²	89%	88.3%	89%
Proportion of employers satisfied with the overall quality of training ³	89%	93.2%	89%
<i>Efficiency measure</i>			
Average cost per competency ^{4, 5}	\$792	\$855	\$796

Notes:

1. This service standard measures the proportion of all competencies successfully completed and is sourced from the TAFE Queensland student management system.
2. This service standard measures post training outcome/satisfaction with the quality of training and is sourced from the National Centre for Vocational Education Research (NCVER) National Student Outcomes Survey.
3. This service standard measures employer satisfaction with the quality of training and is sourced from the TAFE Queensland's Annual Quality Indicator Learner Engagement and Employer Satisfaction (AQILEES) Survey 2019.
4. This service standard measures the average cost to TAFE Queensland for the delivery of each competency, excluding expenses and units of competency related to the Australian Pacific Training Coalition and Aviation Australia. The calculation methodology for this measure is total operating expenses of TAFE Queensland divided by the total units of competencies delivered within a financial year. Average cost per competency is impacted by a number of variables, including volume of training activity, type and duration of competencies delivered, class sizes and general cost increases (wage and Consumer Price Index increases).
5. The variance between the 2019-20 target/estimate and the 2019-20 actual can be attributed to the impact of COVID-19, particularly delays in the completion of training and adherence to social distancing requirements inclusive of reduced class sizes. The increased target for this measure reflects the ongoing impact of the COVID-19 response and recovery and will be reviewed in subsequent years in order to take into consideration the longer-term impact.

Income statement

TAFE Queensland	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
Taxes	..	..
User charges and fees	230,454	237,491
Grants and other contributions	360,804	423,318
Interest and distributions from managed funds	196	156
Other revenue	5,848	9,131
Gains on sale/revaluation of assets	49	..
Total income	597,351	670,096
EXPENSES		
Employee expenses	437,113	450,368
Supplies and services	169,501	193,136
Grants and subsidies	..	..
Depreciation and amortisation	17,827	19,658
Finance/borrowing costs	2,205	2,253
Other expenses	2,911	3,593
Losses on sale/revaluation of assets	2,493	1,088
Total expenses	632,050	670,096
OPERATING SURPLUS/(DEFICIT)	(34,699)	..



Department of Regional Development, Manufacturing and Water

The **Minister for Regional Development and Manufacturing and Minister for Water, the Honourable Glenn Butcher MP** is responsible for:

- **The Department of Regional Development, Manufacturing and Water (Director-General: Frankie Carroll)**

Departmental overview

As part of the Machinery of Government changes, effective 12 November 2020,

- the former Department of Regional Development and Manufacturing (DRDM) was renamed Department of Regional Development, Manufacturing and Water (DRDMW)
- the Water function was transferred to DRDMW from the former Department of Natural Resources, Mines and Energy.

The Department of Regional Development, Manufacturing and Water contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs. The department's vision is for a strong, resilient and inclusive Queensland with thriving regional economies, an innovative manufacturing sector and considered management of our water resources to deliver sustainable benefits for current and future generations of Queenslanders. The department's purpose is to generate economic growth and jobs of the future through competitive regional economies and creating a sustainable and innovative manufacturing sector as well as to help the community and government make the best use of Queensland's water resources.

In 2020-21, the department is working towards its objectives to:

- create competitive regional economies
- create an innovative and resilient manufacturing sector
- attract private sector investment and create jobs by supporting priority industries
- manage Queensland's water resources to optimise sustainable development outcomes
- deliver safe, secure, affordable and sustainable water resources
- engage the combined expertise of Traditional Owners, community, industry and government to optimise the management and use of our water resources.

In 2020-21 the department is underpinning delivery of the *Queensland's Economic Recovery Plan* by delivering on key priorities to support advanced technology adoption and workforce development for regional manufacturers; optimise reshoring opportunities; develop local manufacturers and suppliers' capabilities; deliver sustainable rural water management and continue to ensure Queensland's catchment-based water plans provide sustainable water allocation for the environment, agriculture, industries and population centres.

The Department of Regional Development, Manufacturing and Water will deliver the following services in 2020-21:

- Develop the economy – Create jobs that provide enduring economic benefit by delivering regional economic development opportunities and supporting the manufacturing industry in Queensland
- Water resource management services – The sustainable management of Queensland's water resources as well as oversight of water service providers and water infrastructure owners.

Service Performance

Develop the economy

Service Area Highlights

In 2020-21 the service area will support government and departmental commitments and priorities by:

- advancing technology adoption for regional manufacturers
- enabling workforce development for regional manufacturers
- prioritising skills and training for advanced manufacturing across the four regional hub areas
- managing the Made in Queensland Program and monitoring of outcomes from projects being undertaken
- continuing delivery of the Industry Engagement Program and initiatives under the Advanced Manufacturing roadmap to support and grow the manufacturing industry
- releasing and implementing the Rail Manufacturing Strategy for Queensland
- implementing the Personal Protective Equipment and other Essential Products Directions Statement
- progressing the Queensland Craft Brewing Strategy including launching of BrewLab and introducing the artisan liquor licence
- continuing the Skills Implementation Plan for Advanced Manufacturing
- completing skills implementation plans for priority industries
- optimising reshoring opportunities and continuing to develop local manufacturers and suppliers' capabilities to increase the opportunity for businesses to tender for private and public sector work
- ensuring delivery of Makers Empire 3D Design and Additive Manufacturing program in Queensland primary schools
- piloting the High-Performance Workplace program with the Manufacturing Hubs
- connecting the state's manufacturing sector with a global network of advanced manufacturers through the establishment of a World Economic Forum Advanced Manufacturing Hub in Queensland
- establishing a National Association of Testing Authorities accredited testing facility for face masks in Queensland
- maximising the reach and impact of the Queensland Government's \$7.7 million investment in the Advanced Robotics for Manufacturing Hub.

Develop the economy ¹	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measure</i>			
Value of total capital investment enabled through the Made in Queensland, Industry Capability Network contract and Manufacturing Hubs grants programs (including the ARM hub) ²	New measure	New measure	\$144M
Value of regional capital investment enabled through the Made in Queensland, Industry Capability Network contract and Manufacturing Hubs grants programs (including the ARM hub). ²	New measure	New measure	\$120M
Estimated number of jobs enabled through the Made in Queensland, Industry Capability Network contract and Manufacturing Hubs grants programs (including the ARM hub) ^{2,3}	New measure	New measure	810
<i>Efficiency measure</i>			
Capital investment enabled per dollar spent on project facilitation ⁴	New measure	New measure	..

Notes:

1. The service area has been renamed from 'Driving enterprise development, economic growth and job creation' in the former Department of State Development, Manufacturing, Infrastructure and Planning (DSDMIP) 2019-20 *Service Delivery Statement* to better reflect the department's broader function in developing the Queensland economy. Due to machinery-of-Government changes in May and November 2020 that renamed the former DSDMIP into the former Department of Regional Development and Manufacturing, which has been renamed the Department of Regional Development, Manufacturing and Water (DRDMW), this service area also appears in the Department of State

Development, Infrastructure, Local Government and Planning (DSDILGP)'s performance statement as there is joint responsibility in the delivery of some of the functions of state development and manufacturing across the two departments.

2. This is a new service standard for the 2020-21 *Service Delivery Statement* due to the formation of the DRDMW.
3. The number of jobs reported in this measure refers to the number of jobs expected to be enabled by all in-scope projects over their entire project life, even where these jobs will occur over several financial years. Jobs enabled are reported once in the year that the in-scope projects are reported in the 'value of total capital investment enabled through the Made in Queensland, Industry Capability Network contract and Manufacturing Hubs grants programs (including the ARM hub)' measure.
4. This service standard captures the capital investment on Queensland projects being facilitated for every dollar invested in annual staff expenses (salaries and on costs) which relate to the delivery of these projects. This service standard also appears in the DSDILGP's and Queensland Treasury's 2020-21 *Service Delivery Statements* due to machinery-of-Government changes in November 2020. As a result of the machinery-of-Government changes it is not practical to provide a 2020-21 target/estimate.

Water resource management services

Service Area Highlights

In 2020-21 the service area will support government and departmental commitments and priorities by:

- continuing to deliver on Murray-Darling Basin Plan implementation commitments including compliance compact reporting and annual water use reporting
- delivering a Minister's report on the performance of the Moreton Water Plan, including meeting our commitments to the Central Lockyer Valley Water Supply Scheme
- delivering an amendment to the Fitzroy Basin Water Plan to include arrangements for the construction and operation of Rookwood Weir
- commencing a study to examine the water resources and associated issues on Minjerribah (North Stradbroke Island) in consultation with key stakeholders and Traditional Owners
- delivering a report on the performance of the Gold Coast and Logan Basin water plans
- continuing to implement the Queensland Water Regional Alliance Program to enhance collaboration with regional and remote urban water supply and sewerage service providers
- continuing to work in partnership with local government water service providers to develop Regional Water Supply Security Assessments and plan for their future urban water needs
- supporting the progression of the Granite Belt Irrigation Project and the further detailed assessment of raising Burdekin Falls Dam to increase dam capacity
- overseeing construction of Rookwood Weir, Warwick Pipeline Southern Downs Drought contingency supply and essential works for Paradise Dam
- providing assistance to the Ministerial Advisory Council on initiatives supporting the update of flood mitigation manuals for Wivenhoe, Somerset and North Pine Dams
- implementing South East Queensland bulk water prices to be charged by Seqwater for the 2021-22 to 2024-25 period, based on advice from the Queensland Competition Authority
- progressing the transformation of rural water futures for improved fairness, transparency and accountability by delivering:
 - a strengthened water measurement framework that will transform how rural water resources across Queensland are measured, managed and reported
 - initiatives to stimulate a fully functional, efficient and well-informed water market to promote economic benefit for Queensland.

Water Resource Management Services ¹	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service: Sustainable management of Queensland's water resources services			
Service standards			
<i>Effectiveness measure</i>			
Accuracy and reliability of the State's water monitoring networks ²	90%	95%	90%
Percentage of the State's drinking water service providers compliant with drinking water regulatory requirements ³	90%	97%	90%
<i>Efficiency measure</i>			
Average cost per participant to implement and deliver workshops and support visits to Water Supply Providers ⁴	<\$400	\$252	<\$400

Notes:

1. This is a new Service Area for the 2020-21 *Service Delivery Statement* due to the transfer of the Water function into the Department of Regional Development, Manufacturing and Water following Machinery-of-Government changes announced on 12 November 2020.
2. The availability, accuracy and timeliness of data underpins the department's water planning and management activities and is used by the Bureau of Meteorology to deliver flood monitoring and warning across Queensland.

3. This service standard is a proxy measure of effectiveness and measures how appropriately the drinking water legislation is being implemented by drinking water service providers. This measure is focussed on compliance with legislative requirements that manage regulatory provisions to provide assurance that public health is being protected when compliance is achieved, and the effectiveness of the Regulator (Department of Regional Development, Manufacturing and Water) in using appropriate mechanisms to strongly encourage non-compliant providers to meet requirements.
4. This service standard measures the efficiency by calculating the average costs incurred by the department in conducting workshops and/or visits to the regions in administering support programs to assist regulated entities to achieve compliance. This includes salary, travel and associated venue costs to provide workshops and face-to-face visits. The department supports the regulated entities in developing a greater understanding of the regulatory framework whilst improving the implementation and facilitation of workshops. The actual for 2019-20 is less than the target because the training courses were delivered efficiently so cost per participant was less than \$400 per person at \$252 per person.

Capital purchases

The table below shows the capital purchases by the agency in the respective years.

Department of Regional Development, Manufacturing and Water	2019-20 Actual¹	2020-21 Budget
	\$'000	\$'000
Total capital purchases	-	18,942

Note:

1. As a result of the November 2020 Machinery-of-Government changes there is no corresponding agency representative to show actuals and as such this column is shown as empty. 2019-20 Annual Reports for all State government departments have been published. The above funding primarily relates to the construction of Rookwood Weir.

Staffing

The table below shows the Full Time Equivalent (FTEs) as at the 30 June in the respective years.

2019-20 Actual	2020-21 Budget^{2,3}
-	423

Note:

2. As a result of the November 2020 Machinery-of-Government changes, 422 FTEs transferred in from the Water function of the former Department of Natural Resources, Mines and Energy. The Department of Regional Development, Manufacturing and Water had one existing FTE with 38 FTEs seconded in from the former Department of State Development, Tourism and Innovation.
3. The 2020-21 Budget FTEs are within the agency's FTE cap.

Budgeted financial statement

Departmental income statement

The total budgeted expenses are estimated to be \$123.9 million in 2020-21. This largely incorporates seven months of Water function transferring in from the former Department of Natural Resources, Mines and Energy following the November 2020 Machinery-of-Government changes. The major budgeted programs are:

- \$50.2 million for water grants
- \$9.5 million for Made in Queensland
- \$7.5 million for Manufacturing Hubs

As a result of machinery-of-Government changes there is no corresponding agency representative to show actuals and as such the 2019-20 Actual column is shown as empty. 2019-20 Annual Reports for all State Government departments have been published.

Controlled income statement

Department of Regional Development, Manufacturing and Water	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME	..	
Appropriation revenue	..	120,470
Taxes
User charges and fees	..	3,382
Royalties and land rents
Grants and other contributions
Interest and distributions from managed funds
Other revenue
Gains on sale/revaluation of assets
Total income	..	123,852
EXPENSES	..	
Employee expenses	..	33,845
Supplies and services	..	21,353
Grants and subsidies	..	67,426
Depreciation and amortisation	..	1,024
Finance/borrowing costs
Other expenses	..	204
Losses on sale/revaluation of assets
Total expenses	..	123,852
OPERATING SURPLUS/(DEFICIT)

Notes:

1. As a result of Machinery-of-Government changes there is no corresponding agency representative to show actuals and as such this column is shown as empty. 2019-20 Annual Reports for all State government departments have been published.

Administered income statement

Department of Regional Development, Manufacturing and Water	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME	..	
Appropriation revenue	..	26,481
Taxes
User charges and fees	..	7,424
Royalties and land rents
Grants and other contributions
Interest and distributions from managed funds
Other revenue
Gains on sale/revaluation of assets
Total income	..	33,905
EXPENSES	..	
Employee expenses
Supplies and services
Grants and subsidies	..	26,481
Depreciation and amortisation
Finance/borrowing costs
Other expenses
Losses on sale/revaluation of assets
Transfers of Administered Revenue to Government	..	7,424
Total expenses	..	33,905
OPERATING SURPLUS/(DEFICIT)

Notes:

1. As a result of Machinery-of-Government changes there is no corresponding agency representative to show actuals and as such this column is shown as empty. 2019-20 Annual Reports for all State government departments have been published.

Departmental cash appropriation

The table below shows the annual cash appropriation that is available in 2020-21 for the delivery of departmental objectives.

Department of Regional Development, Manufacturing and Water	2019-20 Actual \$'000	2020-21 Budget \$'000
CONTROLLED	..	
Departmental services	..	(4,316)
Equity adjustments	..	18,942
TOTAL CONTROLLED	..	14,626
ADMINISTERED	..	
Administered items	..	(20,945)
Equity adjustments
TOTAL ADMINISTERED	..	(20,945)
TOTAL VOTE	..	(6,319)

Notes:

1. As a result of Machinery-of-Government changes there is no corresponding agency representative to show actuals and as such this column is shown as empty. 2019-20 Annual Reports for all State government departments have been published.
2. The department has received an overpayment of appropriation for 2020-21. This has occurred due to the complexity in finalising the Machinery-of-Government (MoG) transfers as this department was subject to a MoG change effective 1 June 2020 and a second MoG effective 1 December 2020. While the department has received an overpayment of appropriation, the Appropriation (2020-21) Bill 2020 shows nil appropriation as the Bill does not disclose negative appropriation for departmental services and administered items.



Department of Resources

The **Minister for Resources, the Honourable Scott Stewart MP** is responsible for:

- **The Department of Resources (A/Director-General: James Purtill)**

Additional information about these agencies can be sourced from: www.dnrme.qld.gov.au

Departmental overview

As part of the Machinery-of-Government changes, effective 12 November 2020:

- the Department of Natural Resources, Mines and Energy was renamed the Department of Resources
- the following functions were transferred from the Department of Resources:
 - Energy Services has transferred to Department of Energy and Public Works
 - Water Resources Management Services has transferred to Department of Regional Development, Manufacturing and Water.

The Department of Resources contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

The department's vision is that together our land, mineral and energy resources will deliver sustainable benefits for current and future generations of Queenslanders. The department's purpose is helping the community and government make the best use of our land, mineral and energy resources.

In 2020-21 the Department of Resources is working towards its objectives:

- manage Queensland's land, mineral and energy resources to optimise sustainable development outcomes
- engage the combined expertise of Traditional Owners, community, industry and government to optimise the management and use of our natural resources
- build a contemporary workforce that demonstrates high levels of expertise, innovation, collaboration and leadership to improve service quality and responsiveness to customers and communities.

The department's objectives contribute to the *Queensland Government's Economic Recovery Plan* by:

- driving investment in the infrastructure that supports our recovery, resilience and future prosperity, and helping Queensland's regions grow.

The Department of Resources will deliver the following services in 2020-21:

- Natural Resources Management Services – sustainable management of Queensland's land and native vegetation resources and the provision of the department's property and spatial information services
- Minerals and Energy Resources Services – Responsible use of our minerals and energy resources.

Service Performance

Natural Resource Management Services

Service Area Highlights

In 2020-21 the service area will support government and departmental commitments and priorities by:

- delivering a program of work to implement the suite of vegetation management commitments, in collaboration with relevant Queensland Government departments
- progressing implementation of the Natural Resources Investment Program to ensure Queensland's land and vegetation resources are sustainably managed and continually strengthened
- releasing the enhanced Statewide Landcover and Trees Study (SLATS) and vegetation mapping, assessment and monitoring in Queensland in consultation with the Department of Environment and Science
- providing property valuation services across Queensland, including promoting easier electronic access to valuations
- continuing to register all land related transactions associated with freehold and non-freehold land in Queensland through the Titles Registry and maintain the registers for land and water allocations
- continuing to support the Government's Minjerribah (North Stradbroke Island) Tenure Resolution Program
- continuing to promote Native Title Consent determinations across Queensland
- continuing with the program to finalise outstanding entitlements to leases in Aboriginal and Torres Strait Island communities
- continuing to collect, maintain, enhance and make accessible the spatial information of Queensland
- providing real time satellite monitoring of Queensland's natural resources
- implementing the Geocentric Datum of Australia (GDA 2020).

Natural Resources Management Services ¹	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measure</i>			
Percentage of native title claims resolved by agreement between the parties	>50%	100%	>50%
Accuracy of title dealings registered	99.5%	99.8%	99.5%
Average percentage adjustment to annual statutory land valuations, resulting from all properly made objections ²	≤8%	4%	≤8%
<i>Efficiency measure</i>			
Average cost per valuation ³	<\$20	\$8.00	<\$20
Average cost per online spatial services accessed ⁴	4% improvement per annum	\$0.016	≤\$0.088

Notes:

1. The service area previously included two material services: Sustainable management of Queensland's land and water resources and Accurate, timely knowledge of property and spatial information resources services. They have been combined into one service area focused on land and vegetation resources
2. This service standard measures the effectiveness of providing Queenslanders with accurate, timely knowledge of land valuations. This service standard relates to the average percentage adjustment to land valuations, calculated from all properly made objections. It is an indicator of the accuracy of the land valuations. The wording for this measure has changed to take into account the wording in the *Land Valuation Act 2010*. It was previously worded 'Average percentage adjustment to annual statutory land valuations, resulting from meritorious objections' in the 2019-20 Service Delivery Statements (SDS). The calculation methodology has not changed.

3. This service standard measures the efficiency of this service to fulfil its intended outcome of Queenslanders having access to reliable and accurate statutory land valuations. The average cost/valuation is an overall efficiency measure of the area's output. The budgeted base expenditure is reported on a unit cost (per valuation) basis and measures the cost to deliver the volume increases in the valuation roll based on the total budget for State Valuation Services for the financial year. The budgeted base expenditure includes the State Valuation Service base expenditure (excluding the Client Valuations unit), the capital expenditure budget for the Queensland Valuation and Sales database and estimated accommodation costs. The valuation roll grows every year, between June 2018 to June 2019 they increased by about 14,000 records. This effectively means that each year the cost to complete a single valuation goes down.
4. This service standard measures the efficiency of this service based on the average cost to provide online spatial services (salary costs only). The average cost depends on the number of web services accessed. The number of web services accessed is dependent upon staff and customer usage. The 2020-21 target/estimate has been amended to reflect the wording of the service standard as a measure of cost. The amendment changes the target from '4% per cent improvement per annum' presented in the 2019-20 SDS to \$0.088 for the 2020-21 SDS (the actual cost for 2019-20 was \$0.092). The calculation methodology has not changed. The 19/20 actual for the average cost per online spatial service accessed, has been \$0.16. This is due to an increase in the number of accesses made to services (including external access) during the first 6 months of the year. Customer usage is expected to continue to grow and therefore lower cost per service is expected during the next 12 months. Capturing and managing foundation spatial data is critical to support Queensland as it provides consistent and reliable land and spatial information for business planning and decision making.

Minerals and Energy Resources Services

Service Area Highlights

In 2020-21 the service area will:

- deliver the Strategic Resources Exploration Program, and key projects from the New Economy Minerals Initiative specifically the Northeast Queensland deposit atlas, new economy minerals compilation and Queensland's rare earth element prospectivity
- progress the Bowen Basin gas pipeline pre-feasibility study
- release the Geoscience Open Data Portal for industry to use for submission of geoscience reporting
- publish performance data for resource tenure assessment processes
- publish operational policy and guidance materials to support the implementation of relevant regulatory reforms including the Mineral and Energy Resources and Other Legislation Amendment Bill 2020
- facilitate coexistence between landholders and the resources sector including fostering effective working relationships with the Land Access Ombudsman and the Gasfields Commission Queensland and delivery of the Resource Community Information Sessions program to relevant mineral, coal and gas communities across the state
- release abandoned mines spatial data and other information as well as the Abandoned Mines Risk and Assessment Prioritisation Framework.

Mineral and Energy Resources Services ¹	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards <i>Effectiveness measure</i> Notification of directly impacted stakeholders prior to the release of new areas for resource exploration or production by competitive tender ²	90%	100%	90%
<i>Efficiency measure</i> Average cost of all tenure processing transactions ³	≤\$2,200	\$963	≤\$2,200

Notes:

1. This service area used to include Resources Safety and Health services which has now been removed as the responsibility for oversight of the safety and health of workers in Queensland's mining, quarrying, petroleum, gas and explosives industries has transferred to Resources Safety & Health Queensland (RSHQ), established on 1 July 2020.
2. This proxy measure of effectiveness measures the provision to directly affected stakeholders of notification of the future release of areas for resources activities and access to information about how this might impact them. The intent of these notifications is to proactively help communities and individuals prepare for future resource activities through early engagement and provision of pathways to information, and has been implemented to directly address their feedback on historic release processes.
3. This service standard measures the efficiency in tenure processing dealings of all transactions lodged manually and through MyMinesOnline, and all fossicking-related transactions. This is calculated based on the total budget for the relevant business area.

Discontinued measures

Performance measures included in the *2019-20 Service Delivery Statements* that have been discontinued or replaced are reported in the following table with estimated actual results.

Minerals and Energy Resources Services	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
<i>Effectiveness measure</i> Lost time injury frequency rate (injuries per million hours) in the mining and quarrying industries ¹	<3.1	2.9	Discontinued measure
<i>Efficiency measure</i> Average cost per mine safety licence issued (\$/Licence) ¹	2.5% improvement per annum	3.1%	Discontinued measure

Notes:

1. This service standard has been discontinued as responsibility for oversight of the safety and health of workers in Queensland's mining, quarrying, petroleum, gas and explosives industries has transferred to Resources Safety & Health Queensland (RSHQ), established on 1 July 2020.

Capital purchases

In 2020-21, the Department of Resources has a capital investment plan of \$109.8 million. This budget consists of \$96.6 million for Rookwood Weir which relates to the water resources services which has transferred to the Department of Regional Development, Manufacturing and Water. Other capital investments include:

- \$2.3 million for the Hopeland (Linc Energy) Management and Remediation Project.
- \$0.8 million for the Geoscience Data Modernisation Project (Strategic Resources Exploration Program).
- \$0.8 million for the stock route network.
- other property, plant and equipment.

The table below shows the capital purchases by the agency.

Department of Resources	2019-20 Actual ¹ \$'000	2020-21 Budget \$'000
Total capital purchases	..	109,775

Note:

1. As a result of Machinery-of-Government changes there is no corresponding agency representative to show actuals and as such this column is shown as empty. 2019-20 Annual Reports for all State government departments have been published.

Staffing

The table below shows the Full Time Equivalents (FTEs) as at 30 June in the respective years.

2019-20 Actual ¹	2020-21 Budget
..	1,668

Note:

1. As a result of Machinery-of-Government changes there is no corresponding agency representative to show actuals and as such this column is shown as empty. 2019-20 Annual Reports for all State government departments have been published.

Budgeted financial statement

Departmental income statement

Controlled Income Statement

The department's total expenses are estimated to be \$403.4 million in 2020-21. New budget measures since the 2019-20 Published Budget include:

- \$13 million over five years for the New Economy Minerals Initiative
- \$10 million over four years for the Collaborative Exploration Initiative
- \$5 million over two years for the Bowen Basin gas pipeline pre-feasibility study.

The department raises a portion of its revenue from sources other than State appropriation, including:

- user charges and fees revenue predominantly for valuation services, maps, cadastral and titles searches
- funding from the Australian Government in relation to specific initiatives.

The 2020-21 Budget includes 5 months of expenditure relating to the energy services which have transferred to the Department of Energy and Public Works and 5 months of expenditure relating to the water resources management services which have transferred to the Department of Regional Development, Manufacturing and Water.

Administered Income Statement

Administered activities are those undertaken by departments on behalf of the Government. The department administers funds on behalf of the State for:

- Titles Lodgement Revenue
- Revenue from State Land
- Mineral and Petroleum Rentals
- Resource Tenure Application Processing Fees.

Controlled income statement

Department of Resources	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME	..	
Appropriation revenue	..	328,703
Taxes
User charges and fees	..	56,839
Royalties and land rents	..	160
Grants and other contributions	..	11,900
Interest and distributions from managed funds
Other revenue	..	5,797
Gains on sale/revaluation of assets
Total income	..	403,399
EXPENSES	..	
Employee expenses	..	232,275
Supplies and services	..	108,774
Grants and subsidies	..	44,038
Depreciation and amortisation	..	14,084
Finance/borrowing costs
Other expenses	..	4,228
Losses on sale/revaluation of assets
Total expenses	..	403,399
OPERATING SURPLUS/(DEFICIT)

Notes:

1. As a result of Machinery-of-Government changes there is no corresponding agency representative to show actuals and as such this column is shown as empty. 2019-20 Annual Reports for all State government departments have been published.

Administered income statement

Department of Resources	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME	..	
Appropriation revenue	..	214,119
Taxes
User charges and fees	..	358,953
Royalties and land rents	..	137,997
Grants and other contributions	..	225,185
Interest and distributions from managed funds	..	5,733
Other revenue
Gains on sale/revaluation of assets	..	14,000
Total income	..	955,987
EXPENSES	..	
Employee expenses
Supplies and services	..	1,331
Grants and subsidies	..	254,848
Depreciation and amortisation	..	3,125
Finance/borrowing costs
Other expenses	..	5,000
Losses on sale/revaluation of assets	..	220
Transfers of Administered Revenue to Government	..	511,463
Total expenses	..	775,987
OPERATING SURPLUS/(DEFICIT)	..	180,000

Notes:

1. As a result of Machinery-of-Government changes there is no corresponding agency representative to show actuals and as such this column is shown as empty. 2019-20 Annual Reports for all State government departments have been published.

Departmental cash appropriation

The table below shows the annual cash appropriation that is available in 2020-21 for the delivery of departmental objectives.

Department of Resources	2019-20 Actual \$'000	2020-21 Budget \$'000
CONTROLLED	..	
Departmental services	..	315,357
Equity adjustments	..	92,025
TOTAL CONTROLLED	..	407,382
ADMINISTERED	..	
Administered items	..	214,119
Equity adjustments	..	(9,740)
TOTAL ADMINISTERED	..	204,379
TOTAL VOTE	..	611,761

Notes:

1. As a result of Machinery-of-Government changes there is no corresponding agency representative to show actuals and as such this column is shown as empty. 2019-20 Annual Reports for all State government departments have been published.



Health Portfolio

The **Minister for Health and Ambulance Services, the Honourable Yvette D'Ath MP** is responsible for:

- **The Department of Health (Director-General: Dr John Wakefield)**
- **Queensland Ambulance Service (Commissioner: Russell Bowles)**
- **Cairns and Hinterland Hospital and Health Service (Chief Executive Officer: Tina Chinery)**
- **Central Queensland Hospital and Health Service (Chief Executive Officer: Steve Williamson)**
- **Central West Hospital and Health Service (Chief Executive Officer: Jane Hancock)**
- **Children's Health Queensland Hospital and Health Service (Chief Executive Officer: Frank Tracey)**
- **Darling Downs Hospital and Health Service (Chief Executive Officer: Dr Peter Gillies)**
- **Gold Coast Hospital and Health Service (Chief Executive Officer: Ron Calvert)**
- **Mackay Hospital and Health Service (Acting Chief Executive Officer: Lisa Davies Jones)**
- **Metro North Hospital and Health Service (Chief Executive Officer: Shaun Drummond)**
- **Metro South Hospital and Health Service (Chief Executive Officer: Dr Peter Bristow)**
- **North West Hospital and Health Service (Acting Chief Executive Officer: Dr Karen Murphy)**

- **South West Hospital and Health Service (Acting Chief Executive Officer: Matthew Boyd)**
- **Sunshine Coast Hospital and Health Service (Chief Executive Officer: Naomi Dwyer)**
- **Torres and Cape Hospital and Health Service (Chief Executive Officer: Beverley Hamerton)**
- **Townsville Hospital and Health Service (Chief Executive Officer: Kieran Keyes)**
- **West Moreton Hospital and Health Service (Chief Executive Officer: Dr Kerrie Freeman)**
- **Wide Bay Hospital and Health Service (Chief Executive Officer: Deborah Carroll)**
- **The Council of the Queensland Institute of Medical Research (Director and Chief Executive Officer: Prof Fabienne Mackay)**
- **Queensland Mental Health Commission (Commissioner: Ivan Frkovic)**
- **Office of the Health Ombudsman (Chief Executive Officer: Andrew Brown)**
- **Health and Wellbeing Queensland (Chief Executive Officer: Robyn Littlewood)**

Additional information about these agencies can be sourced from:

www.health.qld.gov.au

www.ambulance.qld.gov.au

www.qimrberghofer.edu.au

www.qmhc.qld.gov.au

www.oho.qld.gov.au

www.hw.qld.gov.au

Queensland Health overview

Queensland Health contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

Queensland Health's vision is for Queenslanders to be amongst the healthiest people in the world by 2026.

Queensland Health encompasses the Department of Health, the Queensland Ambulance Service (QAS) and 16 independent Hospital and Health Services (HHSs) situated across the State. The Queensland Mental Health Commission, the Office of the Health Ombudsman, the Council of the Queensland Institute of Medical Research (QIMR Berghofer) and the newly established Health and Wellbeing Queensland comprise the remainder of the Health portfolio.

With a total operating budget of \$20.199 billion in 2020-21, Queensland Health is focusing on continual improvement of health service delivery and preparing for the challenges of the new decade, including population growth and ageing, the rise of chronic disease and the ongoing containment of the COVID-19 pandemic.

With a capital investment and leasing program of \$1.625 billion in 2020-21, Queensland Health is taking a strategic approach to capital investment which focuses on developing a capital project pipeline to meet future service demand, investing in major capacity increasing projects, implementing interim demand measures, the renewal of ageing infrastructure and investing in Information and Communication Technology (ICT) systems and assets.

In 2020-21, Queensland Health is continuing working towards its four key directions:

- Promoting wellbeing - Improving the health of Queenslanders, through concerted action to promote healthy behaviours, prevent illness and injury and address the social determinants of health.
- Delivering healthcare - The core business of the health system and improving equitable access to quality and safe healthcare in its different forms and settings.
- Connecting healthcare - Making the health system work better for consumers, their families and communities by tackling the funding, policy and delivery barriers.
- Pursuing innovation - Developing and capitalising on evidence and models that work, promoting research and translating it into better practice and care.

In line with our vision and strategic directions, Queensland Health has been playing a leading role in the State's response to, and recovery from the COVID-19 pandemic. This consists of dual roles of the public health response to ensure that the virus is identified, contained and suppressed, as well as ensuring adequate system capacity to manage and treat active cases. In March 2020, a \$1.2 billion Health Package was allocated as part of *Queensland's Economic Recovery Plan* under its key focus area of 'Safeguarding our health'. The funding package is covering a broad range of equipment and services associated with effectively managing and containing the COVID-19 pandemic, including:

- funding for fever clinics, emergency department capacity, acute care services, and regional aeromedical services for remote communities.
- the purchasing of additional ventilators and stockpile of personal protective equipment (PPE).
- \$250 million to address the surgery backlog arising from the pandemic.
- a mental health and wellbeing community package.
- the costs of hotel quarantine for those arriving into Queensland from overseas and declared COVID-19 hot spots.
- Queensland Police Service (QPS) expenses related to border control and hotel security.

Queensland Health is delivering the following services in 2020-21:

- Acute Inpatient Care – to provide safe, timely, appropriately accessible, patient-centred care that maximises the health outcomes of patients.
- Outpatient Care – to deliver timely coordinated care, clinical follow up and appropriate discharge planning throughout the patient journey, inclusive of service delivery using innovative technology that maximises the health outcomes of patients.
- Emergency Care – to minimise early mortality and complications, through timely diagnosis and treatment of acute and urgent illness and injury.
- Sub and non-acute care – to provide specialised multidisciplinary care that aims to optimise patients' functioning and quality of life.

- Mental Health and Alcohol and Other Drug Services – to provide comprehensive, recovery-oriented mental health, drug and alcohol services to improve the mental health and wellbeing of all Queenslanders and minimise the impact of substance misuse in Queensland communities.
- Prevention, Primary and Community Care – to prevent illness and injury, address health problems or risk factors and protect the good health and wellbeing of Queenslanders.

Service Performance

Acute Inpatient Care

Queensland Health	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service Area: Acute Inpatient Care			
Service standards			
<i>Effectiveness measures</i>			
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ¹	<2	0.7	<2
Percentage of elective surgery patients treated within clinically recommended times ²			
• Category 1 (30 days)	>98%	96.4%	>98%
• Category 2 (90 days) ³	>95%	87.5%	..
• Category 3 (365 days) ³	>95%	91.1%	..
Median wait time for elective surgery treatment (days) ⁴			
• Category 1 (30 days)	..	15	..
• Category 2 (90 days)	..	63	..
• Category 3 (365 days)	..	244	..
• All categories	..	40	..
Percentage of admitted patients discharged against medical advice ⁵			
• Non-Aboriginal and Torres Strait Islander patients	0.8%	1.0%	0.8%
• Aboriginal and Torres Strait Islander patients	1%	3.0%	1%
<i>Efficiency measure</i>			
Average cost per weighted activity unit for Activity Based Funding facilities ⁶	\$ 4,827	\$5,281	\$4,866
<i>Other measures</i>			
Number of elective surgery patients treated within clinically recommended times ⁷			
• Category 1 (30 days)	48,555	47,411	48,555
• Category 2 (90 days) ⁸	54,242	47,380	..
• Category 3 (365 days) ⁸	36,325	27,144	..
Total weighted activity units – acute inpatients ⁹	1,347,667	1,319,224	1,448,698

Notes:

1. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Actuals for 2019-20 are based on actual performance from 1 July 2019 to 31 March 2020.
2. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, this has impacted the seen in time performance.
3. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.

4. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19.
5. This service standard is a proxy measure for Aboriginal and Torres Strait Islander cultural appropriateness of inpatient services. Current performance for Aboriginal and Torres Strait Islander patients is not meeting the target and is likely to take longer than initially projected to achieve. However, given statewide rates have historically been above 3.5 per cent and approaching four per cent, the 2019-20 Estimated Actual is encouraging and progressing in the right direction. Estimated Actuals for 2019-20 are based on the period 1 July 2019 to 30 June 2020.
6. Actual data for 2019-20 is financial year to June 2020. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix for the 2018-19 year. Furthermore, the additional costs of the COVID-19 pandemic and the temporary suspension of non urgent planned care services which reduced the volume of patient activity have both contributed to the difference in Cost per WAU. The 2019-20 Target/Estimate varies from the published 2019-20 Service Delivery Statement due to a change in the WAU phase. All measures are reported in WAU phase Q22.
7. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, this has impacted the volume of elective surgery performed in time.
8. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
9. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. The 2019-20 Target/Estimate varies from the published 2019-20 Service Delivery Statement due to a change in the WAU phase. All measures are reported in WAU phase Q22.

Outpatient Care

Queensland Health	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service Area: Outpatient Care			
Service standards			
<i>Effectiveness measure</i>			
Percentage of specialist outpatients waiting within clinically recommended times ¹			
• Category 1 (30 days)	65%	75.6%	65%
• Category 2 (90 days) ²	55%	48.9%	..
• Category 3 (365 days) ²	75%	81.0%	..
Percentage of specialist outpatients seen within clinically recommended times ³			
• Category 1 (30 days)	83%	83.0%	83%
• Category 2 (90 days)	69%	63.4%	..
• Category 3 (365 days)	84%	84.8%	..
<i>Efficiency measures⁴</i>			
<i>Other measures</i>			
Number of Telehealth outpatients service events ⁵	108,945	185,950	179,463
Total weighted activity units (WAUs) – Outpatients ⁶	393,277	365,590	403,090

Notes:

1. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Actuals for 2019-20 are as at 30 June 2020. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities. Preparing for COVID-19 has impacted the percentage of patients waiting within the clinically recommended time.
2. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, wait in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
3. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. As a result of preparing for COVID-19, the seen in time performance has been impacted. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
4. An efficiency measure is being developed for this service and will be included in a future Service Delivery Statement.
5. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19.
6. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by COVID-19 preparation and the temporary suspension of non urgent planned care services reduced the volume of patient activity. The 2019-20 Target/Estimate varies from the published 2019-20 Service Delivery Statement due to a change in the WAU phase. All measures are reported in WAU phase Q22.

Emergency Care

Queensland Health	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service Area: Emergency Care			
Service standards			
<i>Effectiveness measure</i>			
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	75.7%	>80%
Percentage of emergency department patients seen within recommended timeframes ²			
• Category 1 (within 2 minutes)	100%	99.6%	100%
• Category 2 (within 10 minutes)	80%	75.6%	80%
• Category 3 (within 30 minutes)	75%	73.3%	75%
• Category 4 (within 60 minutes)	70%	83.8%	70%
• Category 5 (within 120 minutes)	70%	97.0%	70%
Percentage of Patients transferred off stretcher within 30 minutes ³	90%	76.1%	90%
Median wait time for treatment in emergency departments (minutes) ⁴	..	13	..
<i>Efficiency measures⁵</i>			
<i>Other measures</i>			
Total weighted activity units - Emergency Department ⁶	280,187	275,180	282,474

Notes:

1. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The measure reflects the performance of the 105 performance reporting facilities across the State. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations.
2. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs.
3. This is an indicator of the effectiveness of HHSs' processes to accept the transfer of patients from the Queensland Ambulance Service (QAS) to EDs in public hospitals. It reports the percentage of patients transferred off stretcher within 30 minutes, and data is sourced from QAS.
4. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
5. An efficiency measure is being developed for this service and will be included in a future Service Delivery Statement.
6. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Delivery of activity and weighted activity units was impacted by COVID-19 preparation and changes to service models as a result. The 2019-20 Target/Estimate varies from the published 2019-20 Service Delivery Statement due to a change in the WAU phase. All measures are reported in WAU phase Q22.

Sub and Non-Acute Care

Queensland Health	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service Area: Sub- and Non-Acute Care			
Service standards			
<i>Effectiveness measure¹</i>			
<i>Efficiency measure²</i>			
<i>Other Measure</i>			
Total weighted activity units – Sub Acute ³	131,089	133,417	127,250

Notes:

1. An effectiveness measure is being developed for this service and will be included in a future Service Delivery Statement.
2. An efficiency measure is being developed for this service and will be included in a future Service Delivery Statement.
3. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Delivery of activity and weighted activity units was impacted by COVID-19 preparation and changes to service models as a result. The 2019-20 Target/Estimate varies from the published 2019-20 Service Delivery Statement due to a change in the WAU phase. All measures are reported in WAU phase Q22.

Mental Health and Alcohol and Other Drug Services

Queensland Health	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service Area: Mental Health and Alcohol and Other Drugs Services			
Service standards			
<i>Effectiveness measures</i>			
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ¹			
• Aboriginal and Torres Strait Islander	<12%	15.4%	<12%
• Non-Aboriginal and Torres Strait Islander	<12%	12.7%	<12%
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ²			
• Aboriginal and Torres Strait Islander	>65%	59.0%	>65%
• Non-Aboriginal and Torres Strait Islander	>65%	60.4%	>65%
<i>Efficiency measures³</i>			
<i>Other Measures</i>			
Percentage of the population receiving clinical mental health care ⁴	>2%	2.1%	>2%
Ambulatory mental health service contact duration (hours) ⁵	>956,988	927,152	>956,988
Queensland suicide rate (number of deaths by suicide/100,000 population) ⁶	..	15.3	..
Total weighted activity units (WAUs) – Mental health ⁷	156,894	158,739	158,262

Notes:

1. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021 and previous analysis has shown that there are statistically similar rates of follow up for Indigenous and non-Indigenous Queenslanders. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020 and are preliminary.
2. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
3. An efficiency measure is being developed for this service and will be included in a future Service Delivery Statement.
4. This measure provides a mechanism for monitoring population access and treatment rates and assessing these against what is known about the distribution of mental health disorder in the community. It is the estimated proportion of the Queensland population accessing a public mental health service over the period.
5. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician resources. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.
6. No annual targets for this measure have been set as progress is expected over the long-term. Progress (+/-) towards the 10-year target is reported annually: from 5-year rolling average of 15 deaths per 100,000 population (2013-2017) to a target of 7.5 deaths per 100,000 population (2022-2026).
7. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. The 2019-20 Target/Estimate varies from the published 2019-20 Service Delivery Statement due to a change in the WAU phase. All measures are reported in WAU phase Q22.

Prevention, Primary and Community Care

Queensland Health	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service Area: Prevention, Primary and Community Care			
Service standards			
<i>Effectiveness measures</i>			
Percentage of the Queensland population who consume alcohol at risky and high risk levels ^{1,2}			
• Persons	21.6%	21.1%	20.5%
• Male	32.2%	31.7%	30.7%
• Female	11.5%	10.9%	10.6%
Percentage of the Queensland population who smoke daily ¹			
• Persons	10.8%	11.4%	11.1%
• Male	11.8%	12.3%	11.9%
• Female	9.7%	10.5%	10.2%
Percentage of the Queensland population who were sunburnt in the last 12 months ¹			
• Persons	52.7%	55.8%	54.1%
• Male	56.2%	60.4%	58.6%
• Female	49.4%	51.4%	49.9%
Annual notification rate of HIV infection ³	3.7	3.1	<3.1
Vaccination rates at designated milestones for ⁴			
• all children 1 year	95%	94.4%	95%
• all children 2 years	95%	92.0%	95%
• all children 5 years	95%	94.4%	95%
Percentage of target population screened for ⁵			
• breast cancer ⁶	53.1%	53.1%	52.4%
• cervical cancer ⁷	..	..	..
• bowel cancer ⁸	41.6%	42.3%	42.9%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter ^{5,8}	56.9%	57.0%	57.6%
Ratio of potentially preventable hospitalisations (PPH) - rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations ⁹	1.7	1.8	1.7
Percentage of women who, during their pregnancy, were smoking after 20 weeks ^{10,11}			
• Non-Aboriginal and Torres Strait Islander women	7.0%	7.0%	7.4%
• Aboriginal and Torres Strait Islander women ¹²	31.0%	38.0%	31.0%
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation ^{10,11}			
• Non-Aboriginal and Torres Strait Islander women	96.7%	96.8%	96.5%

Queensland Health	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
• Aboriginal and Torres Strait Islander women ¹³	94.6%	90.7%	96.7%
Percentage of babies born of low birth weight to ^{10,11}			
• Non-Aboriginal and Torres Strait Islander women	4.5%	5.3%	4.6%
• Aboriginal and Torres Strait Islander women ¹⁴	7.3%	9.9%	7.3%
Percentage of public general dental care patients waiting within the recommended timeframe of two years ¹⁵	85%	98.6%	85%
Percentage of oral health Weighted Occasions of Service which are preventative ^{15,16}	15%	17.9%	15%
<i>Efficiency measures¹⁷</i>			
Other measures			
Number of rapid HIV tests performed ¹⁸	6,000	5,119	6,000
Number of adult oral health Weighted Occasions of Service (ages 16+) ^{16,19}	2,842,000	2,454,693	2,782,000
Number of children and adolescent oral health Weighted Occasions of Service (0-15 years) ^{16,19}	1,200,000	882,724	1,200,000
Total weighted activity units (WAUs) – Prevention and Primary Care ²⁰	42,849	43,597	48,290

Notes:

1. This is a measure of effectiveness of Queensland Government investment in prevention, with a broad range of actions described in the Health and Wellbeing Strategic Framework 2017 to 2026.
2. These are population measures from a representative survey sample, and as such there is a year to year variation. Point estimates such as these are not indicative of statistical trends.
3. The annual notification rate of HIV infection shows the rate of new diagnoses of HIV infection per 100,000 population per year. The 2019–20 actual is based on the period 1 July 2019 to 30 June 2020.
4. This is a measure of the effectiveness of the provision of funded vaccines for specific targeted programs. High immunisation rates are important to protect the health of the community. The target is for 95 per cent of Queensland children aged one, two and five years to be fully immunised by 2022. The 2019-20 Actuals cover the period 1 July 2019 to 30 June 2020.
5. This is a measure of the effectiveness of the participation strategies in place for cancer screening services (e.g. BreastScreen Queensland). A high screening rate or increasing proportion of the population being tested increases the possibility of cancer being detected.
6. Participation rates in BreastScreen Queensland program have been falling since 2008–09. The decline is greatest in women aged 50–54 years. This has long term consequences as clients are more likely to screen in the future if they have screened in the past. However, Queensland continues to be above the national average in 2017-18 based on latest published data.
7. On 1 December 2017 the national cervical cancer screening program changed in terms of the test, age eligibility and interval of screening and the Commonwealth Government took over responsibility for the national register. Insufficient information is available to derive an Actual for 2019-20. Changes to the measure will be considered for future Service Delivery Statement reporting.
8. The proportion of small cancers detected by the programme is an important indicator of the quality of the programme. A high proportion of small cancers detected indicates more disease being detected early. This is associated with improved morbidity and mortality outcomes. Early detection allows a wider range of treatment options—including less invasive procedures—and a higher likelihood of survival.
9. Potentially Preventable Hospitalisations (PPHs) are hospitalisations that could potentially have been avoided with 'better' care or access to care outside the hospital inpatient setting. The 2019-20 Target/Estimate is based on a trajectory to achieve PPH parity with other Queenslanders by 2033. While the 2019-20 Actual is not meeting the 2019-20 Target/Estimate, it is only marginally higher and is continuing to trend downwards. The 2019-20 Actual is based on the period 1 July 2019 to 30 June 2020.
10. This is an effectiveness measure as it provides support and evidence on the Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033, Investment Strategy 2018–2021. Actuals for 2019-20 are based on the period 1 July 2019 to 30 June 2020.
11. This measure reports on the effectiveness of antenatal care services to help positive health outcomes for mothers and babies. The target is to increase the number of babies born healthier by five percentage points by 2025.

12. While the 2019-20 Actual is not in line with the 2019-20 Target/Estimate, rates of smoking in pregnant Aboriginal and Torres Strait Islander women post 20 weeks gestation have been decreasing since 2005–06 when the rate was 51.8 per cent, representing an average decrease of approximately one per cent per annum. If the current rate of decline continues, the target rate will be achieved in the mid 2020s. Reducing rates of smoking during pregnancy remains a challenge due to high rates of smoking in the broader Aboriginal and Torres Strait Islander population. Initiatives underway to accelerate the rate of change include the Smoking Cessation Quality Improvement Payment (QIP) and Making Tracks smoking cessation investment.
13. While the 2019-20 Actual is not in line with the 2019-20 Target/Estimate, a number of the HHSs have reached the target and overtime there has been sustained long term improvement in the proportion of Aboriginal and Torres Strait Islander women attending five or more antenatal appointments since 2002–03 when the rate was 76.7 per cent. To improve the statewide rate of access to antenatal care, there will be a renewed focus on those HHSs which are currently not meeting the target through existing Making Tracks investment in maternal health services.
14. Low birth weight of babies born to Aboriginal and Torres Strait Islander mothers remains a significant challenge. To achieve sustainable gains in birth weight outcomes a focus must remain on supporting women and communities to addressing risk factors before and during pregnancy, including maternal smoking, infections and hypertension. As smoking rates in Aboriginal and Torres Strait Islander women who are pregnant are declining, it is likely this will have a positive impact on the percentage of babies born of low birth weight. The 2019-20 Estimated Actual is based on the period 1 July 2019 to 30 June 2020.
15. This is a measure of effectiveness for improving and maintaining the health of teeth, gums and soft tissues within the mouth, which has general health benefits. A higher rate suggests effective strategies are in place for ensuring access to preventive oral health.
16. An oral health Weighted Occasion of Service (WOoS) is a measure of activity and weights occasions of service based on their complexity to provide a common unit of comparison for oral health services.
17. An efficiency measure is being developed for this service and will be included in a future Service Delivery Statement.
18. The rapid test is used for screening for HIV and produces a result in 30 minutes or less. The 2019-20 actual is based on the period 1 July 2019 to 30 June 2020.
19. Actuals for 2019-20 are based on actual performance from 1 July 2019 to 30 June 2020. 2019-20 Actual were significantly lower than 2019-20 Targets/Estimates primarily due to the impact of the COVID-19 pandemic from late March 2020. The Australian Health Protection Principal Committee issued a number of national restrictions of dental services from 25 March 2020. Even with easing of restrictions from 11 May 2020, additional patient screening, social distancing, infection control and other COVID-19-related measures continued to impact on the delivery of oral health services.
20. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. The 2019-20 Target/Estimate varies from the published 2019-20 Service Delivery Statement due to a change in the WAU phase. All measures are reported in WAU phase Q22.

Discontinued measures

Performance measures included in the 2019–20 Service Delivery Statements that have been discontinued or replaced are reported in the following table with estimated actual results.

Queensland Health	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service area: Prevention, Primary and Community Care			
Effectiveness measures			Discontinued measure
Percentage of the Queensland population who consume recommended amounts of ^{1,2}			
• fruits	53.7%	52.5%	
• vegetables	8.9%	8.0%	Discontinued measure
Percentage of the Queensland population who engaged in levels of physical activity for health benefit ^{1,2}			
• Persons	61.5%	57.8%	
• Male	64.8%	60.1%	
• Female	58.3%	55.4%	
Percentage of adults and children with a body mass index (BMI) in the normal weight category ^{1,2,3}			Discontinued measure
• Adults	33.3%	32.3%	
• Children	67.5%	65.5%	

Notes:

1. This is a measure of effectiveness of Queensland Government investment in prevention, with a broad range of actions described in the Health and Wellbeing Strategic Framework 2017 to 2026.
2. This measure has been discontinued from Queensland Health's Service Delivery Statements and has been introduced as a measure for Health and Wellbeing Queensland.
3. This service standard measures the percentage of adults and children in Queensland with a body mass index in the healthy weight category based on measured height and weight from the National Health Survey. The target is to increase the proportion of adults and children in the State with a healthy body weight by 10 per cent by 2026. This measure has replaced the previously reported: Percentage of the Queensland population who are overweight or obese, which will continue to be reported in the biennial Chief Health Officer report.

Capital purchases

The table below shows the capital purchases and leasing arrangements by the agency in the respective years.

Queensland Health and Hospital and Health Services ^{1,2}	2019-20 Actual \$'000	2020-21 Budget \$'000
Total capital investment	730,249	1,624,945

1. Total capital investment in 2020-21 includes a lease component of \$532.14 million for the Surgical, Treatment and Rehabilitation Service within Metro North Hospital and Health Service and \$5.64 million for the Council of the Queensland Institute of Medical Research.
2. For more detail on the agency's capital investments please refer to *Capital Statement (Budget Paper 3)*.

Staffing

The table below shows the Full Time Equivalents (FTEs) as at the 30 June in the respective years.

Queensland Health and Hospital and Health Services ¹	2019-20 Actual	2020-21 Budget
Queensland Health and Hospital and Health Services	94,117	96,939

Note:

1. Queensland Health and Hospital and Health Services includes the Department of Health, Queensland Ambulance Service and 16 Hospital and Health Services.

Budgeted financial statement

Queensland Health's budgeted Income Statement, inclusive of the Department of Health, Queensland Ambulance Service and the Hospital and Health Services, is provided below.

Departmental income statement

2020-21 total expenses are estimated to be \$20.199 billion, representing an increase of \$743.488 million or 3.8 per cent, from the 2019-20 actual.

The 2020-21 budget supports the growing demand for public hospital and health services along with meeting critical service needs. Increased expenditure includes the workforce requirements to meet the ongoing growth in demand for frontline health services, including the ongoing response to COVID-19 and depreciation.

The department's revenue has grown since the end of 2019-20 due to ongoing COVID-19 response funding, general growth funding in response to increasing service demands and the reprovision of prior year's funding.

The department's estimated expenses have grown since the end of 2019-20 due to increased FTE in frontline service positions and the demand for hospital and health services.

Reporting Entity Financial Statements

Reporting Entity comprises:

- Queensland Health and Hospital and Health Services (excluding Administered)

Reporting entity income statement

Queensland Health and Hospital and Health Services	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
Appropriation revenue	11,685,954	12,638,659
Taxes	..	..
User charges and fees	1,578,246	1,610,695
Royalties and land rents	..	..
Grants and other contributions	5,917,726	5,858,088
Interest and distributions from managed funds	4,958	2,947
Other revenue	186,088	92,305
Gains on sale/revaluation of assets	2,958	1,557
Total income	19,375,930	20,204,251
EXPENSES		
Employee expenses	12,615,637	12,953,979
Supplies and services	5,311,118	5,759,826
Grants and subsidies	106,031	177,391
Depreciation and amortisation	937,472	1,000,486
Finance/borrowing costs	27,076	53,086
Other expenses	366,595	238,982
Losses on sale/revaluation of assets	91,834	15,501
Total expenses	19,455,763	20,199,251
Income tax expense/revenue	..	..
OPERATING SURPLUS/(DEFICIT)	(79,833)	5,000

Department of Health overview

The Department of Health's (the department) vision for healthier Queenslanders is being achieved by providing leadership, direction, and working collaboratively to enable the health system to deliver quality services that are safe and responsive for all Queenslanders.

The Department of Health contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

The Department of Health is working towards Safeguarding the health of Queenslanders through:

- the activation of the State Health Emergency Coordination Centre (SHECC) as the emergency coordination centre, with a central role in coordination of information, reporting, planning and logistic support to operations.
- the restoration of planned care performance, with Hospital and Health Services developing plans and strategies to utilise funding and restore planned care performance to pre COVID-19 levels.
- expanding the digital platform capability to support effective implementation and compliance of public health directions relating to COVID-19, as well as establishing Queensland Health fever clinics throughout the state.
- enhancing SARS-CoV-2 testing capability in Queensland Health laboratories.
- the establishment of a temporary COVID-19 Supply Chain Surety Division to coordinate and focus the department's efforts to the supply response for personal protective equipment and other critical medical supplies.
- supporting the implementation of the Border restrictions Direction by processing enquiries and exemption requests, which require careful assessment or clinical consideration, across a large number of affected stakeholders and sectors.

In 2020-21, the Department of Health is working towards its objectives:

- promote and protect the health of Queenslanders where they live, work and play.
- drive the safest and highest quality services possible.
- improve access to health services for disadvantaged Queenslanders.
- pursue partnerships with consumers, communities, health and other organisations to help achieve our goals.
- empower consumers and health professionals through the availability and use of data and digital innovations.
- set the agenda through integrated policy, planning, funding and implementation efforts.
- lead a workforce which is excellent and has a vibrant culture and workplace environment.

The Department of Health will deliver the following services in 2020-21 for Queensland Health Corporate and Clinical Support – to support the delivery of safe and responsive services for Queenslanders.

Service Performance

Queensland Health Corporate and Clinical Support

Department of Health	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service Area: Queensland Health Corporate and Clinical Support			
Service standards			
<i>Effectiveness measure</i>			
Percentage of Wide Area Network (WAN) availability across the state ¹			
• Metro	99.8%	99.98%	99.8%
• Regional	95.7%	99.92%	95.7%
• Remote	92.0%	99.68%	92.0%
Percentage of high level ICT incidents resolved within specified timeframes ^{2,3}			
• Priority 1	80%	N/A	80%
• Priority 2	80%	90.48%	80%
<i>Efficiency measures</i>			
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5% unfavourable tolerance ⁴	95%	88.0%	95%
Percentage of correct, on time pays ⁵	98%	99.6%	98%
Percentage of calls to 13 HEALTH answered within 20 seconds ⁶	80%	83.67%	80%
<i>Other measures</i>			
Percentage of initiatives with a status reported as critical (Red) ⁷	<15%	0.0%	<15%
Percentage of formal reviews undertaken on Hospital and Health Service responses to significant negative variance in Variable Life Adjusted Displays (VLAD) and other National Safety and Quality indicators ⁸	100%	100%	100%

Notes:

1. This is a measure of the availability and access of Information and Communication Technology (ICT) services via Queensland Health's Wide Area Network (WAN) service across the state. The 2019-20 Actual WAN represents average monthly availability across the period from July 2019 to January 2020.
2. This measure provides an indication only of the level and variety of support provided to Queensland Health through this Service Area within required timeframes. Priority 1 definition: An enterprise application or infrastructure is inaccessible to all users at a tertiary referral hospital or multiple primary hospitals, e.g., 'A major clinical information system is down'. Priority 2 definition: An enterprise application or infrastructure is inaccessible to multiple business units at a tertiary referral hospital or to all users at a secondary referral hospital.
3. The 2019-20 Actual representing incident resolution within agreed timeframes is the number of incidents of each priority resolved within Service Level Agreement timeframes divided by the total resolved, across the period 1 July 2019 to 30 June 2020. The data reflects the priority of the incident when it was resolved and no incident was resolved as a Priority 1. Calculations are based on the time parameters of the Service Level Agreement, with allowances for time waiting for customer input and an assurance period after initial resolution to ensure no recurrence of the event.
4. This measure shows the percentage of construction projects delivered within scope, budget and time allocations as at 30 June 2020.
5. The measure is calculated by the number of forms processed on time which were submitted prior to the advertised deadline for the relevant period as a proportion of all forms submitted prior to the advertised deadline for the relevant period. The measure allows for an accurate representation of the Department of Health's performance in processing payments to employees, after allowing for impacts which are outside its direct and effective control, such as the quality and timeliness of form submission. The data is captured for the period 1 July 2019 to 30 June 2020.
6. The performance indicator of 80 per cent of calls answered in 20 seconds as this is internationally recognised as a suitable target/grade of service for health call centres. 13 HEALTH is above the Key Performance Indicator target of 80 per cent.

7. This measure is calculated as the number of eHealth Queensland delivered initiatives reporting a 'red' Portfolio status, divided by the total count of eHealth Queensland initiatives reported. The 2019-20 Actual measure is based on the QG Digital Projects Dashboard published June 2020 dataset. An initiative typically reports a 'red' portfolio status where it is forecast to exceed its baseline budget by 10 per cent or more, the end date of the project is forecast to be delayed by 30 days or more, or deliverables associated with the project have been found to be not fit-for-purpose. Other factors are also considered when determining whether an initiative should report a red portfolio performance status.
8. Formal reviews by statewide clinical experts are undertaken on HHS responses to significant negative variance in VLADs and other National Safety and Quality indicators to independently assess the adequacy of the response and action plans and to escalate areas of concern if required.

Controlled income statement

Queensland Health	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
Appropriation revenue	11,685,954	12,638,659
Taxes	..	..
User charges and fees	4,344,187	11,416,636
Royalties and land rents	..	..
Grants and other contributions	5,570,018	5,645,020
Interest and distributions from managed funds	2,581	617
Other revenue	114,410	25,796
Gains on sale/revaluation of assets	1,022	1,243
Total income	21,718,172	29,727,971
EXPENSES		
Employee expenses	4,352,047	11,146,252
Supplies and services	16,968,713	18,067,555
Grants and subsidies	90,764	162,857
Depreciation and amortisation	144,624	170,434
Finance/borrowing costs	735	1,165
Other expenses	105,606	173,364
Losses on sale/revaluation of assets	53,508	1,344
Total expenses	21,715,997	29,722,971
OPERATING SURPLUS/(DEFICIT)	2,175	5,000

Notes:

1. Effective 25 June 2020, the Director-General Queensland Health became the employer of all non-executive Hospital and Health Service (HHS) staff.
2. 2020-21 Total Income and Total Expenditure is higher due to the change in prescribed employer arrangements. These entries are eliminated in the Queensland Health and HHS consolidated entity.

Administered income statement

Queensland Health	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
Appropriation revenue	34,473	69,296
Taxes	..	..
User charges and fees	..	..
Royalties and land rents	..	..
Grants and other contributions	..	..
Interest and distributions from managed funds	..	..
Other revenue	14	4
Gains on sale/revaluation of assets	..	..
Total income	34,487	69,300
EXPENSES		
Employee expenses	..	..
Supplies and services	..	..
Grants and subsidies	34,473	69,300
Depreciation and amortisation	..	..
Finance/borrowing costs	..	..
Other expenses	1	..
Losses on sale/revaluation of assets	..	..
Transfers of Administered Revenue to Government	13	..
Total expenses	34,487	69,300
OPERATING SURPLUS/(DEFICIT)	..	..

Departmental cash appropriation

The table below shows the annual cash appropriation that is available in 2020-21 for the delivery of departmental objectives.

Queensland Health	2019-20 Actual \$'000	2020-21 Budget \$'000
CONTROLLED		
Departmental services	11,638,476	12,283,406
Equity adjustments	(277,394)	(98,740)
TOTAL CONTROLLED	11,361,082	12,184,666
ADMINISTERED		
Administered items	34,473	69,296
Equity adjustments	..	..
TOTAL ADMINISTERED	34,473	69,296
TOTAL VOTE	11,395,555	12,253,962

Queensland Ambulance Service

Overview

The Queensland Ambulance Service (QAS) is an integral part of the primary health care sector in Queensland. The QAS's mission is to deliver timely, quality and appropriate, patient-focused ambulance services to the Queensland community. Established by the *Ambulance Service Act 1991*, the QAS operates as a statewide service within Queensland Health, and is accountable for the delivery of pre-hospital ambulance response services, emergency and non-emergency pre-hospital patient care and transport services, inter-facility ambulance transport, casualty room services, and planning and coordination of multi-casualty incidents and disasters.

The QAS delivers ambulance services from 301 response locations across Queensland. Statewide ambulance services are coordinated through operations centres (OpCens). There are eight OpCens throughout Queensland that are responsible for emergency call taking, operational deployment and dispatch and coordination of non-urgent patient transport services.

The QAS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

The QAS will deliver services in 2020-21 to provide timely, quality and appropriate, patient-focused ambulance services to the Queensland community.

Service Performance

Queensland Ambulance Service		2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards				
<i>Effectiveness measures</i>				
Time within which code 1 incidents are attended ^{1,2,3}				
• 50th percentile response time (minutes)	Code 1A	8.2	7.5	8.2
	Code 1B	8.2	9.1	8.2
	Code 1C	8.2	9.7	8.2
• 90th percentile response time (minutes)	Code 1A	16.5	14.3	16.5
	Code 1B	16.5	17.4	16.5
	Code 1C	16.5	19.0	16.5
Percentage of Triple Zero (000) calls answered within 10 seconds		90%	91.3%	90%
Percentage of non-urgent incidents attended to by the appointment time ²		70%	82.5%	70%
Percentage of patients who report a clinically meaningful pain reduction ⁴		85%	82.9%	85%
Patient experience ^{5,6}		97%	96.0%	97%
<i>Efficiency measure</i>				
Gross cost per incident ⁷		\$744	\$760	\$760

Notes:

- The time within which Code 1 incidents are attended is referred to as the 'Response time'. Response time is defined as the time taken between the initial receipt of the call for an emergency ambulance at the communications centre and the arrival of the first responding ambulance resource at the scene of an incident:
1A—Acute time critical, where a patient presents with abnormal or absent vital signs; or
1B—Emergent time critical, where a patient has a pattern of injury or significant illness that has a high probability of deterioration; or
1C—Potential time critical, where a patient does not present with a pattern of injury or significant illness but has a significant mechanism of injury or history that indicates a high potential for deterioration.
- An incident is an event that results in one or more responses by the ambulance service.
- In 2019–20, the QAS responded to 417,677 Code 1 incidents, representing a 4.2 per cent increase from 2018–19.
- Clinically meaningful pain reduction is defined as a minimum two-point reduction in pain score from first to final recorded measurement. Includes patients aged 16 years and over who received care from the ambulance service which included the administration of pain medication (analgesia). Includes patients where at least two pain scores (pre- and post-treatment) were recorded and, on a numeric rating scale of one to 10, the initial pain score was at least seven.
- Prior reporting periods have utilised 'Patient Satisfaction' as the service standard, which was amended to 'Patient Experience' in 2018–19 reporting period to better clarify what is being measured. This is a change to wording only, the calculation methodology remains unchanged.
- Overall satisfaction score is reported as 'Patient Satisfaction' from one single question from the Council of Ambulance Authorities National Patient Satisfaction Survey Questionnaire (Q10. How satisfied were you overall with your last experience using the Ambulance Service). This is the total number of patients who were either 'satisfied' or 'very satisfied' with ambulance services they had received, divided by the total number of patients that responded to the National Patient Satisfaction Survey of the Council of Ambulance Authorities. However, it should be noted that internal reporting of satisfaction is undertaken across multiple separate components of the patient's experience to indicate the factors impacting on the overall satisfaction score on a year-by-year basis. The 2019–20 Actual figure was obtained from the CAA Report released in November 2019.
- This measure reports ambulance service expenditure divided by the number of incidents. The increase in the 2019-20 Actual for cost per incident relates to additional costs incurred due to Covid-19 resourcing and preparations coupled with reduced overall demand in the period March to June 2020.

Controlled income statement

Queensland Ambulance Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
Appropriation revenue	834,014	877,662
Taxes	..	..
User charges and fees	35,038	32,144
Royalties and land rents	..	..
Grants and other contributions	33,887	26,965
Interest and distributions from managed funds	..	..
Other revenue	1,449	1,167
Gains on sale/revaluation of assets	922	950
Total income	905,310	938,888
EXPENSES		
Employee expenses	703,761	734,989
Supplies and services	146,379	155,767
Grants and subsidies	38	..
Depreciation and amortisation	39,759	40,284
Finance/borrowing costs	116	11
Other expenses	8,785	1,493
Losses on sale/revaluation of assets	1,954	1,344
Total expenses	900,792	933,888
OPERATING SURPLUS/(DEFICIT)	4,518	5,000
Notes: 1. The Operating Surplus for Queensland Ambulance Service contributes to the Queensland Health and Hospital and Health Service operating position.		

Cairns and Hinterland Hospital and Health Service

Overview

Cairns and Hinterland Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board, responsible for the delivery of local public hospital and other health services in regional, rural and remote locations that stretches across a diverse geographical area of approximately 143,000 square kilometres.

With responsibility for the direct management of 29 health facilities that includes hospitals, primary health and community health centres, a prison health service, as well as public health, mental health, sexual health and alcohol, tobacco and other drug service centres, the Cairns and Hinterland HHS provides 95% of all services required by our community. Cairns Hospital is the main referral hospital for Far North Queensland, delivering a broad range of secondary and tertiary health services as well as specialist services for the Torres and Cape HHS.

The Cairns and Hinterland HHS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

The Cairns and Hinterland HHS in 2020-21 will continue to deliver public hospital and health services for the Cairns and Hinterland community.

Service Performance

Cairns and Hinterland Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	99%	100%
• Category 2 (within 10 minutes)	80%	79%	80%
• Category 3 (within 30 minutes)	75%	79%	75%
• Category 4 (within 60 minutes)	70%	80%	70%
• Category 5 (within 120 minutes)	70%	95%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	76%	>80%
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	89%	>98%
• Category 2 (90 days) ⁴	>95%	84%	..
• Category 3 (365 days) ⁴	>95%	92%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁵	<2	0.6	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁶	>65%	59.5%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁷	<12%	13.1%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁸			

Cairns and Hinterland Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
• Category 1 (30 days)	83%	76%	83%
• Category 2 (90 days) ⁹	41%	33%	..
• Category 3 (365 days) ⁹	74%	68%	..
Percentage of specialist outpatients seen within clinically recommended times ¹⁰			
• Category 1 (30 days)	77%	85%	77%
• Category 2 (90 days) ¹¹	60%	68%	..
• Category 3 (365 days) ¹¹	83%	78%	..
Median wait time for treatment in emergency departments (minutes) ¹²	..	14	..
Median wait time for elective surgery treatment (days) ¹³	..	26	..
<i>Efficiency measure</i> Average cost per weighted activity unit for Activity Based Funding facilities ¹⁴	\$ 4,743	\$5,109	\$4,748
<i>Other measures</i> Number of elective surgery patients treated within clinically recommended times ¹⁵			
• Category 1 (30 days)	3,092	2,693	3,092
• Category 2 (90 days) ¹⁶	2,327	1,569	..
• Category 3 (365 days) ¹⁶	1,960	1,165	..
Number of Telehealth outpatient occasions of service events ¹⁷	6,898	7,729	7,729
Total weighted activity units (WAUs) ^{18,19}			
• Acute Inpatient	87,001	85,636	96,251
• Outpatients	24,392	23,052	23,983
• Sub-acute	11,167	10,942	10,801
• Emergency Department	21,031	19,642	21,303
• Mental Health	7,798	9,197	8,196
• Prevention and Primary Care	3,296	2,543	3,424
Ambulatory mental health service contact duration (hours) ²⁰	>72,247	68,293	>72,247

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
2. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the seen in time performance. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
4. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
5. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Data for this measure is sourced from the Communicable Diseases Branch (CDB). Actuals for 2019-20 are for the period 1 July 2019 to 31 March 2020. Full year data is unavailable.

6. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021 and previous analysis has shown that there are statistically similar rates of follow up for Indigenous and non-Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
7. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
8. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities. In preparation for COVID-19, Queensland Health temporarily suspended non urgent specialist outpatient services, which has impacted the percentage of patients waiting within the clinically recommended time. Data for this measure was sourced from the Queensland Health Specialist Outpatient Data Collection. Actuals for 2019-20 are as at 1 July 2020.
9. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, wait in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
10. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. As a result of preparing for COVID-19, the seen in time performance has been impacted. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
11. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
12. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Data for this measure was sourced from the Queensland Health Emergency Department Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
13. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
14. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix of 2018-19 year. Furthermore, the additional costs of the COVID-19 pandemic costs and the temporary suspension of non urgent planned care services which reduced the volume of patient activity, contributed to the difference in Cost per WAU. The 2019-20 Actual is based on 1 July 2019 to 30 June 2020 ABF cost per WAU. The 2020-21 Target/Estimate is based on 2020-21 ABF funding per WAU.
15. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
16. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
17. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19. Data for this measure is sourced from the Monthly Activity Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
18. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
19. The activity targets in 2020-21 are in QWAU Phase 22 and include activity that will be generated from the \$250 million *Planned Care Recovery Investment Strategy*.
20. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

Cairns and Hinterland Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	1,031,617	1,032,802
Grants and other contributions	15,145	11,548
Interest and distributions from managed funds	47	41
Other revenue	9,958	6,920
Gains on sale/revaluation of assets	..	..
Total income	1,056,767	1,051,311
EXPENSES		
Employee expenses	123,674	126,489
Supplies and Services:		
Other supplies and services	236,587	224,929
Department of Health contract staff	618,766	623,097
Grants and subsidies	..	..
Depreciation and amortisation	58,111	56,274
Finance/borrowing costs	..	..
Other expenses	18,368	18,736
Losses on sale/revaluation of assets	1,206	1,786
Total expenses	1,056,712	1,051,311
OPERATING SURPLUS/(DEFICIT)	55	..

Central Queensland Hospital and Health Service

Overview

Central Queensland Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board. The Central Queensland HHS is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care, clinical support services and older person accommodation.

The Central Queensland HHS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

The Central Queensland HHS strategic vision is *Great Care for Central Queenslanders*. Our purpose is to have great people, delivering great quality care and improving health. The HHS's strategy shapes the future of healthcare across the region and supports our aim for Central Queenslanders to be amongst the healthiest in the world.

The Central Queensland HHS in 2020-21 will continue to deliver public hospital and health services for the Central Queensland community.

Great staff delivering great care closer to home will continue to be a key focus during 2020–21.

Service Performance

Central Queensland Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	82%	80%
• Category 3 (within 30 minutes)	75%	79%	75%
• Category 4 (within 60 minutes)	70%	87%	70%
• Category 5 (within 120 minutes)	70%	98%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	81%	>80%
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	99%	>98%
• Category 2 (90 days) ⁴	>95%	97%	..
• Category 3 (365 days) ⁴	>95%	96%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁵	<2	0.4	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁶	>65%	65.3%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁷	<12%	9.5%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁸			

Central Queensland Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
• Category 1 (30 days)	98%	89%	98%
• Category 2 (90 days) ⁹	95%	65%	..
• Category 3 (365 days) ⁹	95%	78%	..
Percentage of specialist outpatients seen within clinically recommended times ¹⁰			
• Category 1 (30 days)	98%	94%	98%
• Category 2 (90 days) ¹¹	95%	81%	..
• Category 3 (365 days) ¹¹	95%	92%	..
Median wait time for treatment in emergency departments (minutes) ¹²	..	10	..
Median wait time for elective surgery treatment (days) ¹³	..	49	..
<i>Efficiency measure</i> Average cost per weighted activity unit for Activity Based Funding facilities ¹⁴	\$ 4,850	\$5,257	\$4,794
<i>Other measures</i> Number of elective surgery patients treated within clinically recommended times ¹⁵			
• Category 1 (30 days)	1,876	1,725	1,876
• Category 2 (90 days) ¹⁶	2,037	1,677	..
• Category 3 (365 days) ¹⁶	2,160	1,322	..
Number of Telehealth outpatient occasions of service events ¹⁷	14,411	17,133	17,133
Total weighted activity units (WAUs) ^{18,19}			
• Acute Inpatient	45,955	45,959	51,613
• Outpatients	12,737	11,722	12,707
• Sub-acute	5,584	4,922	4,628
• Emergency Department	15,092	16,648	17,217
• Mental Health	5,748	5,141	4,938
• Prevention and Primary Care	2,878	2,384	2,863
Ambulatory mental health service contact duration (hours) ²⁰	>38,352	43,439	>38,352

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
2. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the seen in time performance. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
4. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
5. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Data for this measure is sourced from the Communicable Diseases Branch (CDB). Actuals for 2019-20 are for the period 1 July 2019 to 31 March 2020. Full year data is unavailable.

6. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021 and previous analysis has shown that there are statistically similar rates of follow up for Indigenous and non-Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
7. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
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12. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Data for this measure was sourced from the Queensland Health Emergency Department Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
13. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
14. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix of 2018-19 year. Furthermore, the additional costs of the COVID-19 pandemic costs and the temporary suspension of non urgent planned care services which reduced the volume of patient activity, contributed to the difference in Cost per WAU. The 2019-20 Actual is based on 1 July 2019 to 30 June 2020 ABF cost per WAU. The 2020-21 Target/Estimate is based on 2020-21 ABF funding per WAU.
15. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
16. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
17. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19. Data for this measure is sourced from the Monthly Activity Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
18. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
19. The activity targets in 2020-21 are in QWAU Phase 22 and include activity that will be generated from the \$250 million Planned Care Recovery Investment Strategy.
20. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

Central Queensland Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	626,466	637,275
Grants and other contributions	21,482	20,922
Interest and distributions from managed funds	59	3
Other revenue	3,392	3,133
Gains on sale/revaluation of assets	63	..
Total income	651,462	661,333
EXPENSES		
Employee expenses	75,038	77,640
Supplies and Services:		
Other supplies and services	198,983	177,859
Department of Health contract staff	355,894	364,791
Grants and subsidies	557	552
Depreciation and amortisation	24,451	31,697
Finance/borrowing costs	7	5
Other expenses	8,330	8,384
Losses on sale/revaluation of assets	3,024	405
Total expenses	666,284	661,333
OPERATING SURPLUS/(DEFICIT)	(14,822)	..

Central West Hospital and Health Service

Overview

Central West Hospital and Health Service (HHS) is a statutory body enabled under the *Hospital and Health Boards Act 2011 (QLD)* as the principal provider of public sector health services to the communities of Central West Queensland. Central West HHS' vision is to be a leader in far-reaching healthcare. It is achieving this by prioritising resourcefulness to meet challenges and by demonstrating dependable and dedicated health responses in times of need. The *2019-2023 Central West HHS Strategic Plan (2020 update)* details priority strategies and relevant measures of success which actively support Central West HHS's ability to meet the Vision with integrity, safety, inclusivity, diversity and innovation to achieve our priorities including but not limited to:

- Strengthen partnerships with staff, communities, residents, patients and consumers to improve health outcomes.
- Deliver high quality, consumer focused health services.
- Achieve long term organisational sustainability.

The HHS supports the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

The Central West HHS in 2020-21 will continue to deliver public hospital and health services for the Central West community.

Central West HHS has focused its planning to support the safeguarding of health whilst remaining ready to respond to any change brought about by the continuing pandemic. Central West HHS continues to review and refine its approach to attract a skilled workforce which, we recognise, is not only the basis of providing safe, quality healthcare but also the foundation of supporting our rural and remote communities in improving their future sustainability.

Service Performance

Central West Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	97%	80%
• Category 3 (within 30 minutes)	75%	97%	75%
• Category 4 (within 60 minutes)	70%	99%	70%
• Category 5 (within 120 minutes)	70%	99%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	95%	>80%
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	94%	>98%
• Category 2 (90 days) ⁴	>95%	84%	..
• Category 3 (365 days) ⁴	>95%	99%	..
Median wait time for treatment in emergency departments (minutes) ⁵	..	2	..
Median wait time for elective surgery treatment (days) ⁶	..	84	..
<i>Efficiency measure⁷</i>			

Central West Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
<i>Other measures</i>			
Number of elective surgery patients treated within clinically recommended times ⁸			
• Category 1 (30 days)	41	29	41
• Category 2 (90 days) ⁹	64	48	..
• Category 3 (365 days) ⁹	163	82	..
Number of Telehealth outpatient occasions of service events ¹⁰	3,592	4,211	4,211
Total weighted activity units (WAUs) ^{11,12}			
• Acute Inpatient	1,964	1,910	2,172
• Outpatients	1,943	1,106	1,792
• Sub-acute	244	313	259
• Emergency Department	962	985	966
• Mental Health	90	104	91
• Prevention and Primary Care	-	168	142
Ambulatory mental health service contact duration (hours) ¹³	>2,016	2,585	>2,016

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
2. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the seen in time performance. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
4. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
5. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Data for this measure is sourced from the Communicable Diseases Branch (CDB). Actuals for 2019-20 are for the period 1 July 2019 to 31 March 2020. Full year data is unavailable.
6. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
7. An efficiency measure is being investigated for this service area and will be included in a future Service Delivery Statement.
8. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
9. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
10. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19. Data for this measure is sourced from the Monthly Activity Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

11. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
12. The activity targets in 2020-21 are in QWAU Phase 22.
13. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

Central West Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	83,124	82,367
Grants and other contributions	3,265	3,321
Interest and distributions from managed funds	1	3
Other revenue	551	380
Gains on sale/revaluation of assets	..	..
Total income	86,941	86,071
EXPENSES		
Employee expenses	9,698	9,685
Supplies and Services:		
Other supplies and services	27,342	23,060
Department of Health contract staff	43,415	45,089
Grants and subsidies	..	..
Depreciation and amortisation	6,147	6,528
Finance/borrowing costs	41	43
Other expenses	1,564	1,601
Losses on sale/revaluation of assets	222	65
Total expenses	88,429	86,071
OPERATING SURPLUS/(DEFICIT)	(1,488)	..

Children's Health Queensland Hospital and Health Service

Overview

Children's Health Queensland Hospital and Health Services (HHS) is Queensland's only statewide specialist hospital and health service responsible for the provision of public paediatric health services for children and young people across the state and in northern New South Wales. A recognised leader in paediatric healthcare, education and research, Children's Health Queensland HHS delivers a full range of clinical services, tertiary-level care and health promotion programs via an integrated network of services, including:

- The Queensland Children's Hospital.
- Child and Youth Community Health Services.
- Child and Youth Mental Health Services.
- statewide services and programs, including specialist outreach and telehealth services.
- partnerships with other hospital and health services, primary healthcare organisations, other government departments, and non-government organisations.

It is through Children's Health Queensland HHS's role in improving the health and wellbeing of children and young people through world class care, research, advocacy and leadership that it works to deliver its vision of 'leading life-changing care for children and young people – for a healthier tomorrow'.

The Children's Health Queensland HHS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

The Children's Health Queensland HHS in 2020-21 will continue to deliver specialist statewide hospital and health services for children and young people from across Queensland and northern New South Wales.

Service Performance

Children's Health Queensland Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	93%	80%
• Category 3 (within 30 minutes)	75%	78%	75%
• Category 4 (within 60 minutes)	70%	84%	70%
• Category 5 (within 120 minutes)	70%	96%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	77%	>80%
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	99%	>98%
• Category 2 (90 days) ⁴	>95%	85%	..
• Category 3 (365 days) ⁴	>95%	95%	..

Children's Health Queensland Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁵	<2	0.7	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁶	>65%	53.4%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁷	<12%	10.6%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁸			
• Category 1 (30 days)	98%	85%	98%
• Category 2 (90 days) ⁹	95%	42%	..
• Category 3 (365 days) ⁹	95%	79%	..
Percentage of specialist outpatients seen within clinically recommended times ¹⁰			
• Category 1 (30 days)	98%	87%	98%
• Category 2 (90 days) ¹¹	95%	51%	..
• Category 3 (365 days) ¹¹	95%	53%	..
Median wait time for treatment in emergency departments (minutes) ¹²	..	13	..
Median wait time for elective surgery treatment (days) ¹³	..	51	..
<i>Efficiency measure</i>			
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁴	\$ 5,059	\$6,005	\$5,138
<i>Other measures</i>			
Number of elective surgery patients treated within clinically recommended times ¹⁵			
• Category 1 (30 days)	1,562	1,575	1,562
• Category 2 (90 days) ¹⁶	3,795	3,285	..
• Category 3 (365 days) ¹⁶	2,798	1,804	..
Number of Telehealth outpatient occasions of service events ¹⁷	3,462	8,542	8,542
Total weighted activity units (WAUs) ^{18,19}			
• Acute Inpatient	55,827	57,877	58,717
• Outpatients	18,752	13,279	18,742
• Sub-acute	2,186	1,840	2,401
• Emergency Department	8,918	8,104	9,052
• Mental Health	4,205	3,585	4,615
Ambulatory mental health service contact duration (hours) ²⁰	>65,767	56,317	>65,767

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

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8. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities. In preparation for COVID-19, Queensland Health temporarily suspended non urgent specialist outpatient services, which has impacted the percentage of patients waiting within the clinically recommended time. Data for this measure was sourced from the Queensland Health Specialist Outpatient Data Collection. Actuals for 2019-20 are as at 1 July 2020.
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12. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Data for this measure was sourced from the Queensland Health Emergency Department Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
13. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
14. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix of 2018-19 year. Furthermore, the additional costs of the COVID-19 pandemic costs and the temporary suspension of non urgent planned care services which reduced the volume of patient activity, contributed to the difference in Cost per WAU. The 2019-20 Actual is based on 1 July 2019 to 30 June 2020 ABF cost per WAU. The 2020-21 Target/Estimate is based on 2020-21 ABF funding per WAU.
15. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
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18. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
19. The activity targets in 2020-21 are in QWAU Phase 22 and include activity that will be generated from the \$250 million Planned Care Recovery Investment Strategy.
20. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

Children's Health Queensland Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	873,798	858,475
Grants and other contributions	10,314	7,818
Interest and distributions from managed funds	121	190
Other revenue	5,270	3,962
Gains on sale/revaluation of assets	26	..
Total income	889,529	870,445
EXPENSES		
Employee expenses	544,964	89,441
Supplies and Services:		
Other supplies and services	246,044	230,154
Department of Health contract staff	19,578	471,028
Grants and subsidies	2,561	2,463
Depreciation and amortisation	65,788	68,183
Finance/borrowing costs	..	..
Other expenses	8,616	8,951
Losses on sale/revaluation of assets	813	225
Total expenses	888,364	870,445
OPERATING SURPLUS/(DEFICIT)	1,165	..
Notes: 1. Due to the Hospital and Health Service (HHS) no longer being a prescribed employer, Employee Expenses in 2020-21 relate only to the Health Service Executive and Senior Health Service employees, including Senior Medical Officers and Visiting Medical Officers. 2. All other HHS employee related expenditure is recognised as a contract labour expense under Supplies and Services effective 2020-21.		

Darling Downs Hospital and Health Service

Overview

The Darling Downs Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board, which provides a comprehensive range of public hospital and healthcare services to nearly 300,000 people across a large and diverse geographic area of approximately 90,000 square kilometres. This service delivery area includes the local government areas of Toowoomba Regional Council, Western Downs Regional Council, Southern Downs Regional Council, South Burnett Regional Council, Goondiwindi Regional Council, Cherbourg Aboriginal Shire Council and part of the Banana Shire Council (community of Taroom).

The Darling Downs HHS delivers these services from 28 facilities, which include one large regional referral hospital, three medium sized regional hub hospitals, 12 rural hospitals, three multipurpose health services, one community outpatient clinic, six residential aged care facilities, one community care unit and an extended inpatient mental health service.

The Darling Downs HHS's vision is to care for our communities by providing compassionate and safer care and partnering with our communities to promote wellness. Additionally, the Darling Downs HHS works to reduce our carbon footprint and partner with patients and primary health providers to make our services accessible and easy to use.

The Darling Downs HHS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

The Darling Downs HHS in 2020-21 will continue to deliver public hospital and health services for the Darling Downs community.

Service Performance

Darling Downs Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	97%	100%
• Category 2 (within 10 minutes)	80%	84%	80%
• Category 3 (within 30 minutes)	75%	77%	75%
• Category 4 (within 60 minutes)	70%	88%	70%
• Category 5 (within 120 minutes)	70%	98%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	85%	>80%
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	99%	>98%
• Category 2 (90 days) ⁴	>95%	89%	..
• Category 3 (365 days) ⁴	>95%	93%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁵	<2	0.3	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁶	>65%	64.1%	>65%

Darling Downs Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁷	<12%	13.0%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁸			
• Category 1 (30 days)	98%	100%	98%
• Category 2 (90 days) ⁹	95%	86%	..
• Category 3 (365 days) ⁹	95%	91%	..
Percentage of specialist outpatients seen within clinically recommended times ¹⁰			
• Category 1 (30 days)	98%	92%	98%
• Category 2 (90 days) ¹¹	95%	79%	..
• Category 3 (365 days) ¹¹	95%	96%	..
Median wait time for treatment in emergency departments (minutes) ¹²	..	10	..
Median wait time for elective surgery treatment (days) ¹³	..	42	..
<i>Efficiency measure</i> Average cost per weighted activity unit for Activity Based Funding facilities ¹⁴	\$ 4,355	\$5,236	\$4,609
<i>Other measures</i> Number of elective surgery patients treated within clinically recommended times ¹⁵			
• Category 1 (30 days)	2,168	2,027	2,168
• Category 2 (90 days) ¹⁶	2,651	2,134	..
• Category 3 (365 days) ¹⁶	1,924	1,341	..
Number of Telehealth outpatient occasions of service events ¹⁷	11,593	12,906	12,906
Total weighted activity units (WAUs) ^{18,19}			
• Acute Inpatient	62,695	59,016	65,596
• Outpatients	12,696	12,408	12,985
• Sub-acute	7,019	7,083	6,833
• Emergency Department	18,889	19,470	19,166
• Mental Health	10,219	13,442	11,444
• Prevention and Primary Care	2,286	2,744	2,968
Ambulatory mental health service contact duration (hours) ²⁰	>72,612	74,085	>72,612

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
2. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the seen in time performance. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

4. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
5. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Data for this measure is sourced from the Communicable Diseases Branch (CDB). Actuals for 2019-20 are for the period 1 July 2019 to 31 March 2020. Full year data is unavailable.
6. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021 and previous analysis has shown that there are statistically similar rates of follow up for Indigenous and non-Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
7. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
8. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities. In preparation for COVID-19, Queensland Health temporarily suspended non urgent specialist outpatient services, which has impacted the percentage of patients waiting within the clinically recommended time. Data for this measure was sourced from the Queensland Health Specialist Outpatient Data Collection. Actuals for 2019-20 are as at 1 July 2020.
9. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, wait in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
10. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. As a result of preparing for COVID-19, the seen in time performance has been impacted. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
11. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
12. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Data for this measure was sourced from the Queensland Health Emergency Department Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
13. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
14. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix of 2018-19 year. Furthermore, the additional costs of the COVID-19 pandemic costs and the temporary suspension of non urgent planned care services which reduced the volume of patient activity, contributed to the difference in Cost per WAU. The 2019-20 Actual is based on 1 July 2019 to 30 June 2020 ABF cost per WAU. The 2020-21 Target/Estimate is based on 2020-21 ABF funding per WAU.
15. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
16. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
17. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19. Data for this measure is sourced from the Monthly Activity Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

18. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
19. The activity targets in 2020-21 are in QWAU Phase 22 and include activity that will be generated from the \$250 million Planned Care Recovery Investment Strategy.
20. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

Darling Downs Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	834,660	851,786
Grants and other contributions	45,197	46,442
Interest and distributions from managed funds	377	324
Other revenue	3,048	2,802
Gains on sale/revaluation of assets	320	..
Total income	883,602	901,354
EXPENSES		
Employee expenses	91,955	93,336
Supplies and Services:		
Other supplies and services	226,700	205,428
Department of Health contract staff	529,833	551,337
Grants and subsidies	2,949	4,826
Depreciation and amortisation	35,370	35,124
Finance/borrowing costs	53	9
Other expenses	3,881	10,428
Losses on sale/revaluation of assets	1,540	866
Total expenses	892,281	901,354
OPERATING SURPLUS/(DEFICIT)	(8,679)	..

Gold Coast Hospital and Health Service

Overview

Gold Coast Hospital and Health Service (HHS) delivers a broad range of secondary and tertiary health services to the Gold Coast community. Its facilities, which include Gold Coast University Hospital, Robina Hospital, and Varsity Lakes Day Hospital, also service residents in northern New South Wales and a large tourist (domestic and international) population. Community and oral health services are delivered across the region, and offender health services are provided to the Numinbah Correctional Centre.

Gold Coast HHS's vision is to enable our population to have the best health outcomes in Australia via the provision of compassionate, sustainable and highly reliable healthcare, as part of a connected system of healthcare provision on the Gold Coast.

The Gold Coast HHS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

The Gold Coast HHS in 2020-21 will continue to deliver public hospital and health services for the Gold Coast community.

Service Performance

Gold Coast Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	60%	80%
• Category 3 (within 30 minutes)	75%	66%	75%
• Category 4 (within 60 minutes)	70%	85%	70%
• Category 5 (within 120 minutes)	70%	94%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	74%	>80%
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	99%	>98%
• Category 2 (90 days) ⁴	>95%	93%	..
• Category 3 (365 days) ⁴	>95%	89%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁵	<2	0.7	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁶	>65%	63.4%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁷	<12%	13.3%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁸			

Gold Coast Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
• Category 1 (30 days)	66%	84%	66%
• Category 2 (90 days) ⁹	56%	33%	..
• Category 3 (365 days) ⁹	94%	58%	..
Percentage of specialist outpatients seen within clinically recommended times ¹⁰			
• Category 1 (30 days)	84%	70%	84%
• Category 2 (90 days) ¹¹	62%	47%	..
• Category 3 (365 days) ¹¹	67%	73%	..
Median wait time for treatment in emergency departments (minutes) ¹²	..	14	..
Median wait time for elective surgery treatment (days) ¹³	..	43	..
<i>Efficiency measure</i> Average cost per weighted activity unit for Activity Based Funding facilities ¹⁴	\$ 5,005	\$5,516	\$5,087
<i>Other measures</i> Number of elective surgery patients treated within clinically recommended times ¹⁵			
• Category 1 (30 days)	6,805	6,012	6,805
• Category 2 (90 days) ¹⁶	7,278	6,294	..
• Category 3 (365 days) ¹⁶	3,966	2,731	..
Number of Telehealth outpatient occasions of service events ¹⁷	2,176	5,876	5,876
Total weighted activity units (WAUs) ^{18,19}			
• Acute Inpatient	145,787	139,765	160,675
• Outpatients	36,575	35,783	36,752
• Sub-acute	11,537	11,044	11,031
• Emergency Department	28,632	26,669	27,377
• Mental Health	16,786	15,987	17,010
• Prevention and Primary Care	3,263	3,672	3,881
Ambulatory mental health service contact duration (hours) ²⁰	>90,125	86,300	>90,125

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
2. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the seen in time performance. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
4. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
5. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Data for this measure is sourced from the Communicable Diseases Branch (CDB). Actuals for 2019-20 are for the period 1 July 2019 to 31 March 2020. Full year data is unavailable.

6. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021 and previous analysis has shown that there are statistically similar rates of follow up for Indigenous and non-Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
7. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
8. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities. In preparation for COVID-19, Queensland Health temporarily suspended non urgent specialist outpatient services, which has impacted the percentage of patients waiting within the clinically recommended time. Data for this measure was sourced from the Queensland Health Specialist Outpatient Data Collection. Actuals for 2019-20 are as at 1 July 2020.
9. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, wait in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
10. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. As a result of preparing for COVID-19, the seen in time performance has been impacted. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
11. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
12. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Data for this measure was sourced from the Queensland Health Emergency Department Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
13. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
14. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix of 2018-19 year. Furthermore, the additional costs of the COVID-19 pandemic costs and the temporary suspension of non urgent planned care services which reduced the volume of patient activity, contributed to the difference in Cost per WAU. The 2019-20 Actual is based on 1 July 2019 to 30 June 2020 ABF cost per WAU. The 2020-21 Target/Estimate is based on 2020-21 ABF funding per WAU.
15. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
16. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
17. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19. Data for this measure is sourced from the Monthly Activity Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
18. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
19. The activity targets in 2020-21 are in QWAU Phase 22 and include activity that will be generated from the \$250 million Planned Care Recovery Investment Strategy.
20. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

Gold Coast Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	1,649,843	1,672,981
Grants and other contributions	17,285	12,987
Interest and distributions from managed funds	142	206
Other revenue	5,025	8,915
Gains on sale/revaluation of assets	39	..
Total income	1,672,334	1,695,089
EXPENSES		
Employee expenses	1,123,865	180,366
Supplies and Services:		
Other supplies and services	406,875	464,257
Department of Health contract staff	42,200	963,646
Grants and subsidies	1	..
Depreciation and amortisation	77,943	82,385
Finance/borrowing costs	..	..
Other expenses	30,584	3,250
Losses on sale/revaluation of assets	2,625	1,185
Total expenses	1,684,093	1,695,089
OPERATING SURPLUS/(DEFICIT)	(11,759)	..
Notes:		
1. Due to the Hospital and Health Service (HHS) no longer being a prescribed employer, Employee Expenses in 2020-21 relate only to the Health Service Executive and Senior Health Service employees, including Senior Medical Officers and Visiting Medical Officers.		
2. All other HHS employee related expenditure is recognised as a contract labour expense under Supplies and Services effective 2020-21.		

Mackay Hospital and Health Service

Overview

The Mackay Hospital and Health Service (HHS) is an independent statutory body overseen by an appointed Hospital and Health Board. The Mackay HHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services to a population of approximately 172,520 people. The geographical catchment of the Mackay HHS spans 90,364 square kilometres, extending from Bowen in the north to St Lawrence in the south, west to Clermont and northwest to Collinsville, and includes Proserpine and the Whitsundays.

The Mackay HHS is responsible for the direct management of eight hospitals and multipurpose health services together with other community health facilities within the HHS's geographical boundaries, including:

- Bowen Hospital
- Mackay Base Hospital
- Clermont Multipurpose Health Service
- Moranbah Hospital
- Collinsville Multipurpose Health Service
- Proserpine Hospital
- Dysart Hospital
- Sarina Hospital

The Mackay HHS's purpose is to deliver outstanding health care services to its communities through its people and partners, and is striving to achieve its vision 'Delivering Queensland's Best Rural and Regional Health Care'.

The Mackay HHS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

The Mackay HHS in 2020-21 will continue to deliver public hospital and health services for the Mackay and surrounding communities.

Service performance

Mackay Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	99%	100%
• Category 2 (within 10 minutes)	80%	96%	80%
• Category 3 (within 30 minutes)	75%	85%	75%
• Category 4 (within 60 minutes)	70%	92%	70%
• Category 5 (within 120 minutes)	70%	98%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	77%	>80%
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	90%	>98%
• Category 2 (90 days) ⁴	>95%	87%	..
• Category 3 (365 days) ⁴	>95%	90%	..

Mackay Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁵	<2	0.3	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁶	>65%	64.1%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁷	<12%	14.4%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁸			
• Category 1 (30 days)	70%	70%	70%
• Category 2 (90 days) ⁹	70%	58%	..
• Category 3 (365 days) ⁹	90%	90%	..
Percentage of specialist outpatients seen within clinically recommended times ¹⁰			
• Category 1 (30 days)	81%	71%	81%
• Category 2 (90 days) ¹¹	75%	56%	..
• Category 3 (365 days) ¹¹	97%	89%	..
Median wait time for treatment in emergency departments (minutes) ¹²	..	10	..
Median wait time for elective surgery treatment (days) ¹³	..	45	..
<i>Efficiency measure</i> Average cost per weighted activity unit for Activity Based Funding facilities ¹⁴	\$ 4,590	\$5,640	\$4,642
<i>Other measures</i> Number of elective surgery patients treated within clinically recommended times ¹⁵			
• Category 1 (30 days)	1,179	1,028	1,179
• Category 2 (90 days) ¹⁶	1,189	1,248	..
• Category 3 (365 days) ¹⁶	403	410	..
Number of Telehealth outpatient occasions of service events ¹⁷	8,974	10,895	10,895
Total weighted activity units (WAUs) ^{18,19}			
• Acute Inpatient	41,895	39,427	46,085
• Outpatients	10,951	10,409	10,415
• Sub-acute	2,781	3,306	3,071
• Emergency Department	11,169	11,141	11,741
• Mental Health	4,205	3,722	3,624
• Prevention and Primary Care	1,776	1,485	1,698
Ambulatory mental health service contact duration (hours) ²⁰	>27,854	34,015	>27,854

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
2. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the seen in time performance. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
4. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
5. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Data for this measure is sourced from the Communicable Diseases Branch (CDB). Actuals for 2019-20 are for the period 1 July 2019 to 31 March 2020. Full year data is unavailable.
6. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021 and previous analysis has shown that there are statistically similar rates of follow up for Indigenous and non-Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
7. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
8. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities. In preparation for COVID-19, Queensland Health temporarily suspended non urgent specialist outpatient services, which has impacted the percentage of patients waiting within the clinically recommended time. Data for this measure was sourced from the Queensland Health Specialist Outpatient Data Collection. Actuals for 2019-20 are as at 1 July 2020.
9. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, wait in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
10. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. As a result of preparing for COVID-19, the seen in time performance has been impacted. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
11. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
12. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Data for this measure was sourced from the Queensland Health Emergency Department Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
13. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
14. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix of 2018-19 year. Furthermore, the additional costs of the COVID-19 pandemic costs and the temporary suspension of non urgent planned care services which reduced the volume of patient activity, contributed to the difference in Cost per WAU. The 2019-20 Actual is based on 1 July 2019 to 30 June 2020 ABF cost per WAU. The 2020-21 Target/Estimate is based on 2020-21 ABF funding per WAU.
15. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
16. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
17. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19. Data for this measure is sourced from the Monthly Activity Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

18. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
19. The activity targets in 2020-21 are in QWAU Phase 22 and include activity that will be generated from the \$250 million Planned Care Recovery Investment Strategy.
20. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

Mackay Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	473,600	472,875
Grants and other contributions	15,481	14,893
Interest and distributions from managed funds	51	..
Other revenue	4,463	5,270
Gains on sale/revaluation of assets	..	..
Total income	493,595	493,038
EXPENSES		
Employee expenses	50,136	49,265
Supplies and Services:		
Other supplies and services	136,762	122,705
Department of Health contract staff	278,561	287,392
Grants and subsidies	..	10
Depreciation and amortisation	29,016	28,261
Finance/borrowing costs	9	..
Other expenses	6,845	5,091
Losses on sale/revaluation of assets	1,044	314
Total expenses	502,373	493,038
OPERATING SURPLUS/(DEFICIT)	(8,778)	..

Metro North Hospital and Health Service

Overview

Metro North Hospital and Health Service (HHS) is the largest public hospital and health service in Australia, with a major clinical and research campus in Herston, on the northern CBD fringe of Brisbane. Metro North HHS operates Royal Brisbane and Women's Hospital, The Prince Charles Hospital, Redcliffe Hospital, Caboolture Hospital, Kilcoy Hospital, as well as the Brighton Health Campus and a range of subacute, mental health, community health and oral health facilities. Metro North HHS also provides offender health services to the Woodford Correctional Centre.

With annual revenues of approximately \$3 billion and some 19,000 staff, Metro North HHS is responsible for the delivery of medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services to a catchment population of over 1 million people residing in a geographic area extending from the Brisbane River to north of Kilcoy. Metro North HHS also provides a range of regional and statewide services to the broader Queensland population as well as people from northern New South Wales and Northern Territory.

Metro North HHS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

Metro North HHS's vision is "excellent healthcare, working together, strong and healthy communities". Together with our community and partners, we will deliver services informed by research and innovation to improve the health outcomes of our community.

Metro North HHS in 2020-21 will continue to deliver public hospital and health services for the Metro North community and the people referred to Metro North HHS services from across the State.

Service performance

Metro North Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	74%	80%
• Category 3 (within 30 minutes)	75%	63%	75%
• Category 4 (within 60 minutes)	70%	80%	70%
• Category 5 (within 120 minutes)	70%	97%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	70%	>80%
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	96%	>98%
• Category 2 (90 days) ⁴	>95%	91%	..
• Category 3 (365 days) ⁴	>95%	93%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁵	<2	0.8	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁶	>65%	57.9%	>65%

Metro North Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁷	<12%	13.2%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁸			
• Category 1 (30 days)	56%	83%	56%
• Category 2 (90 days) ⁹	70%	61%	..
• Category 3 (365 days) ⁹	94%	86%	..
Percentage of specialist outpatients seen within clinically recommended times ¹⁰			
• Category 1 (30 days)	81%	82%	81%
• Category 2 (90 days) ¹¹	62%	64%	..
• Category 3 (365 days) ¹¹	89%	88%	..
Median wait time for treatment in emergency departments (minutes) ¹²	..	18	..
Median wait time for elective surgery treatment (days) ¹³	..	36	..
<i>Efficiency measure</i> Average cost per weighted activity unit for Activity Based Funding facilities ¹⁴	\$ 4,549	\$4,988	\$4,595
<i>Other measures</i> Number of elective surgery patients treated within clinically recommended times ¹⁵			
• Category 1 (30 days)	10,276	10,190	10,276
• Category 2 (90 days) ¹⁶	11,184	9,446	..
• Category 3 (365 days) ¹⁶	6,123	5,465	..
Number of Telehealth outpatient occasions of service events ¹⁷	18,442	28,112	28,112
Total weighted activity units (WAUs) ^{18,19}			
• Acute Inpatient	283,939	277,777	301,493
• Outpatients	101,656	86,838	109,388
• Sub-acute	23,835	26,600	21,370
• Emergency Department	42,612	43,504	40,421
• Mental Health	37,438	35,159	38,856
• Prevention and Primary Care	9,741	8,170	9,788
Ambulatory mental health service contact duration (hours) ²⁰	>171,919	149,138	>171,919

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
2. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the seen in time performance. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

4. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
5. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Data for this measure is sourced from the Communicable Diseases Branch (CDB). Actuals for 2019-20 are for the period 1 July 2019 to 31 March 2020. Full year data is unavailable.
6. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021 and previous analysis has shown that there are statistically similar rates of follow up for Indigenous and non-Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
7. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
8. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities. In preparation for COVID-19, Queensland Health temporarily suspended non urgent specialist outpatient services, which has impacted the percentage of patients waiting within the clinically recommended time. Data for this measure was sourced from the Queensland Health Specialist Outpatient Data Collection. Actuals for 2019-20 are as at 1 July 2020.
9. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, wait in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
10. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. As a result of preparing for COVID-19, the seen in time performance has been impacted. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
11. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
12. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Data for this measure was sourced from the Queensland Health Emergency Department Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
13. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
14. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix of 2018-19 year. Furthermore, the additional costs of the COVID-19 pandemic costs and the temporary suspension of non urgent planned care services which reduced the volume of patient activity, contributed to the difference in Cost per WAU. The 2019-20 Actual is based on 1 July 2019 to 30 June 2020 ABF cost per WAU. The 2020-21 Target/Estimate is based on 2020-21 ABF funding per WAU.
15. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
16. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
17. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19. Data for this measure is sourced from the Monthly Activity Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

18. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
19. The activity targets in 2020-21 are in QWAU Phase 22 and include activity that will be generated from the \$250 million Planned Care Recovery Investment Strategy.
20. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

Metro North Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	3,171,724	3,164,721
Grants and other contributions	56,430	45,877
Interest and distributions from managed funds	594	574
Other revenue	6,864	6,023
Gains on sale/revaluation of assets	1,007	314
Total income	3,236,619	3,217,509
EXPENSES		
Employee expenses	2,152,876	362,193
Supplies and Services:		
Other supplies and services	721,090	677,037
Department of Health contract staff	79,314	1,976,922
Grants and subsidies	1,963	2,083
Depreciation and amortisation	146,302	159,837
Finance/borrowing costs	120	9,209
Other expenses	89,005	27,041
Losses on sale/revaluation of assets	14,146	3,187
Total expenses	3,204,816	3,217,509
OPERATING SURPLUS/(DEFICIT)	31,803	..
Notes: 1. Due to the Hospital and Health Service (HHS) no longer being a prescribed employer, Employee Expenses in 2020-21 relate only to the Health Service Executive and Senior Health Service employees, including Senior Medical Officers and Visiting Medical Officers. 2. All other HHS employee related expenditure is recognised as a contract labour expense under Supplies and Services effective 2020-21.		

Metro South Hospital and Health Service

Overview

The Metro South Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board. Metro South HHS is the most populated HHS in Queensland with a resident population of over one million one hundred thousand people, 23 per cent of Queensland's population. Metro South HHS covers 3,856 square kilometres and includes Brisbane City south of the Brisbane River, Redland City, Logan City, Beaudesert and the eastern portion of the Scenic Rim. Metro South HHS operates the following facilities.

- Princess Alexandra Hospital
- Beaudesert Hospital
- Logan Hospital
- Queen Elizabeth II Jubilee (QEII) Hospital
- Redland Hospital

It also comprises a number of residential care facilities, community health centres, mental health and oral health services, as well as outreach and home visiting services.

Metro South HHS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

Metro South HHS's vision is health and wellbeing for all in the community. Our purpose is partnering to deliver care for the Metro South community, training the workforce for the future and researching and innovating delivery of healthcare for the future.

Metro South HHS in 2020-21 will continue to deliver public hospital and health services for the Metro South community.

Service performance

Metro South Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	70%	80%
• Category 3 (within 30 minutes)	75%	71%	75%
• Category 4 (within 60 minutes)	70%	81%	70%
• Category 5 (within 120 minutes)	70%	95%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	68%	>80%
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	98%	>98%
• Category 2 (90 days) ⁴	>95%	85%	..
• Category 3 (365 days) ⁴	>95%	91%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁵	<2	0.7	<2

Metro South Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁶	>65%	51.1%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁷	<12%	13.1%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁸			
• Category 1 (30 days)	45%	57%	45%
• Category 2 (90 days) ⁹	47%	38%	..
• Category 3 (365 days) ⁹	86%	82%	..
Percentage of specialist outpatients seen within clinically recommended times ¹⁰			
• Category 1 (30 days)	75%	76%	75%
• Category 2 (90 days) ¹¹	70%	60%	..
• Category 3 (365 days) ¹¹	85%	85%	..
Median wait time for treatment in emergency departments (minutes) ¹²	..	13	..
Median wait time for elective surgery treatment (days) ¹³	..	35	..
<i>Efficiency measure</i> Average cost per weighted activity unit for Activity Based Funding facilities ¹⁴	\$ 4,998	\$5,202	\$4,930
<i>Other measures</i> Number of elective surgery patients treated within clinically recommended times ¹⁵			
• Category 1 (30 days)	9,105	8,919	9,105
• Category 2 (90 days) ¹⁶	10,400	9,270	..
• Category 3 (365 days) ¹⁶	5,391	4,013	..
Number of Telehealth outpatient occasions of service events ¹⁷	5,646	11,750	11,750
Total weighted activity units (WAUs) ^{18,19}			
• Acute Inpatient	219,930	220,009	239,602
• Outpatients	72,890	74,673	76,002
• Sub-acute	29,522	29,472	29,713
• Emergency Department	45,768	43,517	46,101
• Mental Health	28,904	28,164	29,495
• Prevention and Primary Care	8,967	7,968	9,373
Ambulatory mental health service contact duration (hours) ²⁰	>174,933	164,017	>174,933

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
2. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the seen in time performance. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
4. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
5. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Data for this measure is sourced from the Communicable Diseases Branch (CDB). Actuals for 2019-20 are for the period 1 July 2019 to 31 March 2020. Full year data is unavailable.
6. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021 and previous analysis has shown that there are statistically similar rates of follow up for Indigenous and non-Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
7. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
8. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities. In preparation for COVID-19, Queensland Health temporarily suspended non urgent specialist outpatient services, which has impacted the percentage of patients waiting within the clinically recommended time. Data for this measure was sourced from the Queensland Health Specialist Outpatient Data Collection. Actuals for 2019-20 are as at 1 July 2020.
9. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, wait in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
10. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. As a result of preparing for COVID-19, the seen in time performance has been impacted. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
11. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
12. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Data for this measure was sourced from the Queensland Health Emergency Department Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
13. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
14. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix of 2018-19 year. Furthermore, the additional costs of the COVID-19 pandemic costs and the temporary suspension of non urgent planned care services which reduced the volume of patient activity, contributed to the difference in Cost per WAU. The 2019-20 Actual is based on 1 July 2019 to 30 June 2020 ABF cost per WAU. The 2020-21 Target/Estimate is based on 2020-21 ABF funding per WAU.
15. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
16. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
17. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19. Data for this measure is sourced from the Monthly Activity Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

18. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
19. The activity targets in 2020-21 are in QWAU Phase 22 and include activity that will be generated from the \$250 million Planned Care Recovery Investment Strategy.
20. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

Metro South Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	2,613,241	2,618,696
Grants and other contributions	53,093	50,977
Interest and distributions from managed funds	394	302
Other revenue	3,034	1,181
Gains on sale/revaluation of assets	207	..
Total income	2,669,969	2,671,156
EXPENSES		
Employee expenses	1,828,415	291,742
Supplies and Services:		
Other supplies and services	662,471	652,386
Department of Health contract staff	65,915	1,600,156
Grants and subsidies	2,906	712
Depreciation and amortisation	84,481	91,476
Finance/borrowing costs	343	265
Other expenses	29,369	32,708
Losses on sale/revaluation of assets	5,503	1,711
Total expenses	2,679,403	2,671,156
OPERATING SURPLUS/(DEFICIT)	(9,434)	..
Notes: 1. Due to the Hospital and Health Service (HHS) no longer being a prescribed employer, Employee Expenses in 2020-21 relate only to the Health Service Executive and Senior Health Service employees, including Senior Medical Officers and Visiting Medical Officers. 2. All other HHS employee related expenditure is recognised as a contract labour expense under Supplies and Services effective 2020-21.		

North West Hospital and Health Service

Overview

The North West Hospital and Health Service (HHS) is an independent statutory body overseen by a local hospital and health board. We are responsible for the delivery of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, oral health, mental health, critical care and clinical support services to a population of around 28,000 people residing in a geographical area of 300,000 kilometres within North West Queensland and the Gulf of Carpentaria. Mount Isa Hospital is the main referral centre.

The North West HHS aims to be Queensland's leading HHS delivering excellence in remote healthcare to our patients and their families. Our purpose is to embrace change, to forge close partnerships and to work closely with our communities to improve the health of people across North West Queensland.

The North West HHS is responsible for:

- Mount Isa Hospital
- Karumba Primary Health Clinic
- Burketown Primary Health Clinic
- McKinlay Shire Multi-Purpose Health Service
- Camooweal Primary Health Clinic
- McKinlay Primary Health Clinic
- Cloncurry Multi-Purpose Health Service
- Mornington Island Hospital and Aboriginal Community Health Centre
- Dajarra Primary Health Clinic
- Normanton Hospital
- Doomadgee Hospital and Community Health Centre
- Urandangi Health Clinic

North West HHS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

North West HHS in 2020-21 will continue to deliver public hospital and health services for the North West Queensland community.

Service performance

North West Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	94%	80%
• Category 3 (within 30 minutes)	75%	83%	75%
• Category 4 (within 60 minutes)	70%	82%	70%
• Category 5 (within 120 minutes)	70%	98%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	87%	>80%
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	100%	>98%
• Category 2 (90 days) ⁴	>95%	100%	..
• Category 3 (365 days) ⁴	>95%	100%	..

North West Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁵	<2	0.0	<2
Percentage of specialist outpatients waiting within clinically recommended times ⁶			
• Category 1 (30 days)	98%	66%	98%
• Category 2 (90 days) ⁷	95%	87%	..
• Category 3 (365 days) ⁷	95%	94%	..
Percentage of specialist outpatients seen within clinically recommended times ⁸			
• Category 1 (30 days)	98%	97%	98%
• Category 2 (90 days) ⁹	95%	97%	..
• Category 3 (365 days) ⁹	95%	99%	..
Median wait time for treatment in emergency departments (minutes) ¹⁰	..	10	..
Median wait time for elective surgery treatment (days) ¹¹	..	26	..
<i>Efficiency measure</i> Average cost per weighted activity unit for Activity Based Funding facilities ¹²	\$ 5,019	\$5,565	\$4,827
<i>Other measures</i> Number of elective surgery patients treated within clinically recommended times ¹³			
• Category 1 (30 days)	230	208	230
• Category 2 (90 days) ¹⁴	253	277	..
• Category 3 (365 days) ¹⁴	231	190	..
Number of Telehealth outpatient occasions of service events ¹⁵	5,579	5,482	5,482
Total weighted activity units (WAUs) ^{16,17}			
• Acute Inpatient	10,966	11,672	11,848
• Outpatients	2,945	2,840	2,828
• Sub-acute	966	983	839
• Emergency Department	5,600	5,902	5,699
• Mental Health	351	300	189
• Prevention and Primary Care	333	283	344
Ambulatory mental health service contact duration (hours) ¹⁸	>7,591	7,104	>7,591

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
2. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the seen in time performance. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

4. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
5. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Data for this measure is sourced from the Communicable Diseases Branch (CDB). Actuals for 2019-20 are for the period 1 July 2019 to 31 March 2020. Full year data is unavailable.
6. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities. In preparation for COVID-19, Queensland Health temporarily suspended non urgent specialist outpatient services, which has impacted the percentage of patients waiting within the clinically recommended time. Data for this measure was sourced from the Queensland Health Specialist Outpatient Data Collection. Actuals for 2019-20 are as at 1 July 2020.
7. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, wait in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
8. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. As a result of preparing for COVID-19, the seen in time performance has been impacted. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
9. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
10. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018-19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Data for this measure was sourced from the Queensland Health Emergency Department Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
11. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
12. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix of 2018-19 year. Furthermore, the additional costs of the COVID-19 pandemic costs and the temporary suspension of non urgent planned care services which reduced the volume of patient activity, contributed to the difference in Cost per WAU. The 2019-20 Actual is based on 1 July 2019 to 30 June 2020 ABF cost per WAU. The 2020-21 Target/Estimate is based on 2020-21 ABF funding per WAU.
13. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
14. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
15. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19. Data for this measure is sourced from the Monthly Activity Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
16. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
17. The activity targets in 2020-21 are in QWAU Phase 22.
18. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

North West Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	195,739	192,904
Grants and other contributions	4,277	5,405
Interest and distributions from managed funds	6	7
Other revenue	1,193	1,354
Gains on sale/revaluation of assets	..	..
Total income	201,215	199,670
EXPENSES		
Employee expenses	110,421	25,435
Supplies and Services:		
Other supplies and services	82,101	71,621
Department of Health contract staff	3,611	90,570
Grants and subsidies	1,015	423
Depreciation and amortisation	9,970	9,049
Finance/borrowing costs	29	..
Other expenses	2,069	2,329
Losses on sale/revaluation of assets	354	243
Total expenses	209,570	199,670
OPERATING SURPLUS/(DEFICIT)	(8,355)	..
Notes: 1. Due to the Hospital and Health Service (HHS) no longer being a prescribed employer, Employee Expenses in 2020-21 relate only to the Health Service Executive and Senior Health Service employees, including Senior Medical Officers and Visiting Medical Officers. 2. All other HHS employee related expenditure is recognised as a contract labour expense under Supplies and Services effective 2020-21.		

South West Hospital and Health Service

Overview

The South West Hospital and Health Service (HHS) performs a key role in the delivery of quality public health services in South West Queensland. We work in partnership with our staff, local communities and key stakeholders to plan and deliver services that matter most to the people and communities we serve.

Delivering person centred care to over 26,000 people who live in our catchment area and rely on the quality health care that our approximately 800 committed employees provide, we are responsible for the delivery of medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services in an area spanning over 319,000 square kilometres.

South West HHS's vision is to be a national leader in the delivery of health services to rural and remote communities and we are reshaping the delivery of healthcare with a focus on better health. The South West HHS purpose is to provide safe, effective and sustainable rural and remote health services that people trust and value.

South West HHS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

The key challenges for South West HHS include the need for a more sustainable and efficient way of delivering health services due to the demographics and geographical spread of the regional's population, the current population's health outcomes, infrastructure constraints, increased compliance requirements in relation to national safety and quality health care standards and legislative changes and, recruiting and retaining qualified and capable staff.

South West HHS in 2020-21 will continue to deliver public hospital and health services for the South West Queensland community.

Service performance

South West Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	100%	80%
• Category 3 (within 30 minutes)	75%	99%	75%
• Category 4 (within 60 minutes)	70%	97%	70%
• Category 5 (within 120 minutes)	70%	99%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	95%	>80%
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	98%	>98%
• Category 2 (90 days) ⁴	>95%	97%	..
• Category 3 (365 days) ⁴	>95%	100%	..
Median wait time for treatment in emergency departments (minutes) ⁵	..	2	..
Median wait time for elective surgery treatment (days) ⁶	..	59	..
<i>Efficiency measure⁷</i>			

South West Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
<i>Other measures</i>			
Number of elective surgery patients treated within clinically recommended times ⁸			
• Category 1 (30 days)	200	150	200
• Category 2 (90 days) ⁹	253	154	..
• Category 3 (365 days) ⁹	802	584	..
Number of Telehealth outpatient occasions of service events ¹⁰	3,287	4,095	3,610
Total weighted activity units (WAUs) ^{11,12}			
• Acute Inpatient	5,797	5,300	5,632
• Outpatients	1,427	1,745	1,769
• Sub-acute	1,033	1,008	902
• Emergency Department	3,292	3,022	3,204
• Mental Health	183	200	159
• Prevention and Primary Care	-	751	422
Ambulatory mental health service contact duration (hours) ¹³	>5,410	4,559	>5,410

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
2. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the seen in time performance. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
4. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
5. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Data for this measure is sourced from the Communicable Diseases Branch (CDB). Actuals for 2019-20 are for the period 1 July 2019 to 31 March 2020. Full year data is unavailable.
6. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
7. An efficiency measure is being investigated for this service area and will be included in a future Service Delivery Statement.
8. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
9. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
10. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19. Data for this measure is sourced from the Monthly Activity Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

11. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
12. The activity targets in 2020-21 are in QWAU Phase 22.
13. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

South West Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	150,561	158,863
Grants and other contributions	8,753	7,065
Interest and distributions from managed funds	38	20
Other revenue	503	334
Gains on sale/revaluation of assets	17	..
Total income	159,872	166,282
EXPENSES		
Employee expenses	13,385	12,991
Supplies and Services:		
Other supplies and services	47,958	52,731
Department of Health contract staff	86,912	88,988
Grants and subsidies	..	..
Depreciation and amortisation	7,700	10,620
Finance/borrowing costs	19	..
Other expenses	2,658	802
Losses on sale/revaluation of assets	241	150
Total expenses	158,873	166,282
OPERATING SURPLUS/(DEFICIT)	999	..

Sunshine Coast Hospital and Health Service

Overview

Sunshine Coast Hospital and Health Service (HHS) is the major provider of public health services, health education and research in the Sunshine Coast, Gympie and Noosa local government areas. Established in 2012, Sunshine Coast HHS is an independent statutory body governed by the Sunshine Coast Hospital and Health Board.

The Sunshine Coast HHS covers approximately 10,020 square kilometres, stretching to Gympie at its northern boundary, south to Caloundra and out to Kilkivan in the west. The Sunshine Coast HHS operates the following facilities:

- Sunshine Coast University Hospital
- Nambour General Hospital
- Gympie Hospital
- Caloundra Health Service
- Maleny Soldiers Memorial Hospital
- Glenbrook Residential Aged Care Facility
- Maroochydore Community Hub
- Janelle Killick Community Care Unit

Through a new 10-year partnership, which began July 2020, public patients have access to care at the private Noosa Hospital, providing a broad range of public health services including intensive and critical care, inpatient medical services, elective surgery, emergency department and outpatient clinics.

The Sunshine Coast HHS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

The Sunshine Coast HHS in 2020-21 will continue to deliver public hospital and health services for the Sunshine Coast community.

Service performance

Sunshine Coast Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	76%	80%
• Category 3 (within 30 minutes)	75%	74%	75%
• Category 4 (within 60 minutes)	70%	82%	70%
• Category 5 (within 120 minutes)	70%	98%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	73%	>80%
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	89%	>98%
• Category 2 (90 days) ⁴	>95%	70%	*
• Category 3 (365 days) ⁴	>95%	70%	*
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁵	<2	0.9	<2

Sunshine Coast Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁶	>65%	68.8%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁷	<12%	10.2%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁸			
• Category 1 (30 days)	80%	74%	80%
• Category 2 (90 days) ⁹	70%	44%	*
• Category 3 (365 days) ⁹	90%	76%	*
Percentage of specialist outpatients seen within clinically recommended times ¹⁰			
• Category 1 (30 days)	82%	87%	82%
• Category 2 (90 days) ¹¹	70%	51%	*
• Category 3 (365 days) ¹¹	90%	64%	*
Median wait time for treatment in emergency departments (minutes) ¹²	..	14	..
Median wait time for elective surgery treatment (days) ¹³	..	49	..
<i>Efficiency measure</i>			
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁴	\$ 5,428	\$5,585	\$5,405
<i>Other measures</i>			
Number of elective surgery patients treated within clinically recommended times ¹⁵			
• Category 1 (30 days)	3,156	3,243	3,156
• Category 2 (90 days) ¹⁶	4,407	2,765	*
• Category 3 (365 days) ¹⁶	1,799	1,382	*
Number of Telehealth outpatient occasions of service events ¹⁷	4,311	12,965	6,963
Total weighted activity units (WAUs) ^{18,19}			
• Acute Inpatient	104,914	99,652	111,845
• Outpatients	22,040	22,172	24,256
• Sub-acute	7,756	8,257	8,980
• Emergency Department	22,974	22,325	23,410
• Mental Health	11,033	9,750	10,532
• Prevention and Primary Care	3,565	4,394	4,292
Ambulatory mental health service contact duration (hours) ²⁰	>64,184	62,825	>64,184

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
2. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the seen in time performance. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
4. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
5. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Data for this measure is sourced from the Communicable Diseases Branch (CDB). Actuals for 2019-20 are for the period 1 July 2019 to 31 March 2020. Full year data is unavailable.
6. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021 and previous analysis has shown that there are statistically similar rates of follow up for Indigenous and non-Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
7. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
8. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities. In preparation for COVID-19, Queensland Health temporarily suspended non urgent specialist outpatient services, which has impacted the percentage of patients waiting within the clinically recommended time. Data for this measure was sourced from the Queensland Health Specialist Outpatient Data Collection. Actuals for 2019-20 are as at 1 July 2020.
9. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, wait in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
10. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. As a result of preparing for COVID-19, the seen in time performance has been impacted. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
11. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
12. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Data for this measure was sourced from the Queensland Health Emergency Department Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
13. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
14. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix of 2018-19 year. Furthermore, the additional costs of the COVID-19 pandemic costs and the temporary suspension of non urgent planned care services which reduced the volume of patient activity, contributed to the difference in Cost per WAU. The 2019-20 Actual is based on 1 July 2019 to 30 June 2020 ABF cost per WAU. The 2020-21 Target/Estimate is based on 2020-21 ABF funding per WAU.
15. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
16. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
17. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19. Data for this measure is sourced from the Monthly Activity Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

18. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
19. The activity targets in 2020-21 are in QWAU Phase 22 and include activity that will be generated from the \$250 million Planned Care Recovery Investment Strategy.
20. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

Sunshine Coast Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	1,248,328	1,279,904
Grants and other contributions	22,021	20,898
Interest and distributions from managed funds	115	122
Other revenue	10,779	11,839
Gains on sale/revaluation of assets	76	..
Total income	1,281,319	1,312,763
EXPENSES		
Employee expenses	823,255	151,840
Supplies and Services:		
Other supplies and services	294,112	297,456
Department of Health contract staff	29,893	683,869
Grants and subsidies	163	407
Depreciation and amortisation	118,311	120,650
Finance/borrowing costs	25,250	42,120
Other expenses	15,489	15,537
Losses on sale/revaluation of assets	1,866	884
Total expenses	1,308,339	1,312,763
OPERATING SURPLUS/(DEFICIT)	(27,020)	..
Notes: 1. Due to the Hospital and Health Service (HHS) no longer being a prescribed employer, Employee Expenses in 2020-21 relate only to the Health Service Executive and Senior Health Service employees, including Senior Medical Officers and Visiting Medical Officers. 2. All other HHS employee related expenditure is recognised as a contract labour expense under Supplies and Services effective 2020-21.		

Torres and Cape Hospital and Health Service

Overview

Torres and Cape Hospital and Health Service (HHS) is an independent statutory body governed by a single Board established under the *Hospital and Health Boards Act 2011*. It is the largest provider of public healthcare services across 180,000 square kilometres of the most northern and remote areas of Queensland including 18 islands in the Torres Strait, two rural towns and nine remote communities in Cape York. The Torres and Cape HHS delivers care to a resident population of approximately 27,000 – 67 per cent of whom identify as First Nations people.

The Torres and Cape HHS provides health services across four hospitals and 31 primary healthcare centres and has more than 1,000 staff. The health services provided include accident and emergency care, general surgery, medical imaging, primary health care, chronic disease management, midwifery led pregnancy care with obstetric oversight, obstetric services, neonatal health, maternal and child health services, men's and women's health services, oral health, mental health, allied health, post-acute rehabilitation, aged care, palliative and respite services, visiting specialist services, general home and community care services and family support services incorporated where necessary such as child protection and respite care. In addition, the Health Service delivers services through partnerships with a range of government and non-government healthcare providers including outreach teams and visiting specialist services.

The Torres and Cape HHS's vision is 'Strengthening the region through the development of sustainable, safe and supported local workforce. Growing our ability and capability to respond to local needs by delivering innovative self-sufficient services closer to home'.

The Torres and Cape HHS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

The Torres and Cape HHS in 2020-21 will continue to deliver public hospital and health services for the Torres and Cape community.

Service performance

Torres and Cape Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	94%	80%
• Category 3 (within 30 minutes)	75%	93%	75%
• Category 4 (within 60 minutes)	70%	93%	70%
• Category 5 (within 120 minutes)	70%	98%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	95%	>80%
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	98%	>98%
• Category 2 (90 days) ⁴	>95%	97%	..
• Category 3 (365 days) ⁴	>95%	100%	..
Median wait time for treatment in emergency departments (minutes) ⁵	..	5	..
Median wait time for elective surgery treatment (days) ⁶	..	23	..

Torres and Cape Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
<i>Efficiency measure⁷</i>			
<i>Other measures</i>			
Number of elective surgery patients treated within clinically recommended times ⁸			
• Category 1 (30 days)	64	52	64
• Category 2 (90 days) ⁹	47	57	..
• Category 3 (365 days) ⁹	210	150	..
Number of Telehealth outpatient occasions of service events ¹⁰	1,797	3,265	3,265
Total weighted activity units (WAUs) ^{11,12}			
• Acute Inpatient	5,616	5,143	5,698
• Outpatients	2,306	2,143	2,273
• Sub-acute	434	396	370
• Emergency Department	2,552	2,389	2,462
• Mental Health	145	123	111
• Prevention and Primary Care	-	544	849
Ambulatory mental health service contact duration (hours) ¹³	>8,116	10,995	>8,116

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
2. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the seen in time performance. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
4. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
5. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Data for this measure is sourced from the Communicable Diseases Branch (CDB). Actuals for 2019-20 are for the period 1 July 2019 to 31 March 2020. Full year data is unavailable.
6. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
7. An efficiency measure is being investigated for this service area and will be included in a future Service Delivery Statement.
8. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
9. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
10. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19. Data for this measure is sourced from the Monthly Activity Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

11. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
12. The activity targets in 2020-21 are in QWAU Phase 22.
13. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

Torres and Cape Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	218,557	221,796
Grants and other contributions	20,882	17,069
Interest and distributions from managed funds	2	..
Other revenue	3,203	1,289
Gains on sale/revaluation of assets	..	..
Total income	242,644	240,154
EXPENSES		
Employee expenses	18,061	19,698
Supplies and Services:		
Other supplies and services	82,209	74,882
Department of Health contract staff	118,840	123,627
Grants and subsidies	..	..
Depreciation and amortisation	18,066	18,649
Finance/borrowing costs	126	..
Other expenses	14,778	3,288
Losses on sale/revaluation of assets	365	10
Total expenses	252,445	240,154
OPERATING SURPLUS/(DEFICIT)	(9,801)	..

Townsville Hospital and Health Service

Overview

The Townsville Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board. The Townsville HHS is responsible for the delivery of local public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, intensive care and clinical support services to a population of about 240,000 people. Townsville University Hospital is the main referral hospital in Northern Queensland providing tertiary services to a population of more than 695,000.

The Townsville HHS operates the following facilities:

- Ayr Health Service
- Cambridge Street Health Campus
- Cardwell Community Clinic
- Charters Towers Health Service
- Charters Towers Rehabilitation Unit
- Eventide Residential Aged Care Facility
- Home Hill Health Service
- Hughenden Multi-Purpose Health Service
- Josephine Sailor Adolescent Inpatient Unit and Day Service
- Ingham Health Service
- Joyce Palmer Health Service
- Kirwan Health Campus
- Kirwan Mental Health Rehabilitation Unit
- Magnetic Island Community Clinic
- North Ward Health Campus
- Palmerston Street Health Campus
- Palm Island Primary Health Care Centre
- Parklands Residential Aged Care Facility
- Richmond Health Service
- Townsville University Hospital
- Townsville Public Health Unit

The vision of the Townsville HHS is to be the leader in health care, research and education for regional Australia. Its purpose is to deliver excellent care, research and education to improve the health of the people and communities of Northern Queensland.

The Townsville HHS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

Townsville HHS in 2020-21 will continue to deliver public hospital and health services for the Townsville community.

Service performance

Townsville Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	83%	80%
• Category 3 (within 30 minutes)	75%	89%	75%
• Category 4 (within 60 minutes)	70%	92%	70%
• Category 5 (within 120 minutes)	70%	99%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	79%	>80%

Townsville Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	96%	>98%
• Category 2 (90 days) ⁴	>95%	88%	..
• Category 3 (365 days) ⁴	>95%	91%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁵	<2	0.5	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁶	>65%	79.0%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁷	<12%	18.1%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁸			
• Category 1 (30 days)	98%	100%	98%
• Category 2 (90 days) ⁹	95%	89%	..
• Category 3 (365 days) ⁹	95%	96%	..
Percentage of specialist outpatients seen within clinically recommended times ¹⁰			
• Category 1 (30 days)	98%	96%	98%
• Category 2 (90 days) ¹¹	95%	83%	..
• Category 3 (365 days) ¹¹	95%	91%	..
Median wait time for treatment in emergency departments (minutes) ¹²	..	9	..
Median wait time for elective surgery treatment (days) ¹³	..	53	..
<i>Efficiency measure</i>			
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁴	\$ 4,830	\$5,402	\$4,893
<i>Other measures</i>			
Number of elective surgery patients treated within clinically recommended times ¹⁵			
• Category 1 (30 days)	3,633	3,017	3,633
• Category 2 (90 days) ¹⁶	3,960	3,342	..
• Category 3 (365 days) ¹⁶	2,055	1,124	..
Number of Telehealth outpatient occasions of service events ¹⁷	8,925	10,758	10,758
Total weighted activity units (WAUs) ^{18,19}			
• Acute Inpatient	92,396	90,001	101,087
• Outpatients	24,371	22,899	21,813
• Sub-acute	12,378	12,185	12,694
• Emergency Department	16,305	15,532	16,169
• Mental Health	11,864	11,055	10,272
• Prevention and Primary Care	2,340	2,305	2,471

Townsville Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Ambulatory mental health service contact duration (hours) ²⁰	>68,647	62,637	>68,647

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
2. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the seen in time performance. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
4. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
5. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Data for this measure is sourced from the Communicable Diseases Branch (CDB). Actuals for 2019-20 are for the period 1 July 2019 to 31 March 2020. Full year data is unavailable.
6. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021 and previous analysis has shown that there are statistically similar rates of follow up for Indigenous and non-Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
7. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
8. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities. In preparation for COVID-19, Queensland Health temporarily suspended non urgent specialist outpatient services, which has impacted the percentage of patients waiting within the clinically recommended time. Data for this measure was sourced from the Queensland Health Specialist Outpatient Data Collection. Actuals for 2019-20 are as at 1 July 2020.
9. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, wait in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
10. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. As a result of preparing for COVID-19, the seen in time performance has been impacted. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
11. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
12. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Data for this measure was sourced from the Queensland Health Emergency Department Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
13. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
14. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix of 2018-19 year. Furthermore, the additional costs of the COVID-19 pandemic costs and the temporary suspension of non urgent planned care services which reduced the volume of patient activity, contributed to the difference in Cost per WAU. The 2019-20 Actual is based on 1 July 2019 to 30 June 2020 ABF cost per WAU. The 2020-21 Target/Estimate is based on 2020-21 ABF funding per WAU.
15. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

16. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
17. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19. Data for this measure is sourced from the Monthly Activity Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
18. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
19. The activity targets in 2020-21 are in QWAU Phase 22 and include activity that will be generated from the \$250 million Planned Care Recovery Investment Strategy.
20. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

Townsville Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	1,042,685	1,060,056
Grants and other contributions	34,544	32,116
Interest and distributions from managed funds	387	480
Other revenue	5,247	4,375
Gains on sale/revaluation of assets	35	..
Total income	1,082,898	1,097,027
EXPENSES		
Employee expenses	732,094	3,682
Supplies and Services:		
Other supplies and services	244,167	267,840
Department of Health contract staff	25,438	747,566
Grants and subsidies	2,733	2,682
Depreciation and amortisation	62,459	62,464
Finance/borrowing costs	62	..
Other expenses	12,278	11,076
Losses on sale/revaluation of assets	1,642	1,717
Total expenses	1,080,873	1,097,027
OPERATING SURPLUS/(DEFICIT)	2,025	..
Notes: 1. Due to the Hospital and Health Service (HHS) no longer being a prescribed employer, Employee Expenses in 2020-21 relate only to the Health Service Executive and Senior Health Service employees, including Senior Medical Officers and Visiting Medical Officers. 2. All other HHS employee related expenditure is recognised as a contract labour expense under Supplies and Services effective 2020-21.		

West Moreton Hospital and Health Service

Overview

The West Moreton Hospital and Health Service (HHS) is an independent statutory body overseen by the West Moreton Hospital and Health Board. West Moreton HHS delivers health services to more than 300,000 people in a 9,521 square kilometre region that extends from Springfield, Ripley and Ipswich in the east, to Boonah in the south, north to Esk and west to Gatton. West Moreton HHS is experiencing the fastest relative growth in the State, with the population expected to increase to 587,000 people by 2036.

West Moreton HHS provides medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient services, mental health, critical care, sub-acute and clinical support services. It is responsible for:

- Boonah Health Service
- Esk Health Service
- Gailes Community Care Unit
- Gatton Health Service
- Ipswich Health Service
- Laidley Health Service
- The Park – Centre for Mental Health
- Goodna Community Health

West Moreton HHS also provides school based primary oral health care, community mental health, and alcohol, tobacco and other drug services, community chronic conditions programs, screening services and virtual care. It provides prisoner health services to Brisbane Women's, Wolston, Arthur Gorrie and Brisbane Correctional facilities, Brisbane Youth Detention Centre and the Borallon Training and Correctional Centre. Statewide services include the Queensland Centre for Mental Health Research, the Queensland Centre for Mental Health Learning and the Queensland Mental Health Benchmarking Unit.

West Moreton HHS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

West Moreton HHS in 2020-21 will continue to deliver public hospital and health services for the West Moreton community.

Service performance

West Moreton Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	68%	80%
• Category 3 (within 30 minutes)	75%	66%	75%
• Category 4 (within 60 minutes)	70%	81%	70%
• Category 5 (within 120 minutes)	70%	93%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	66%	>80%
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	98%	>98%
• Category 2 (90 days) ⁴	>95%	88%	..

West Moreton Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
• Category 3 (365 days) ⁴	>95%	91%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁵	<2	0.8	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁶	>65%	64.9%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁷	<12%	14.4%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁸			
• Category 1 (30 days)	98%	88%	98%
• Category 2 (90 days) ⁹	95%	51%	..
• Category 3 (365 days) ⁹	95%	86%	..
Percentage of specialist outpatients seen within clinically recommended times ¹⁰			
• Category 1 (30 days)	98%	91%	98%
• Category 2 (90 days) ¹¹	95%	57%	..
• Category 3 (365 days) ¹¹	95%	92%	..
Median wait time for treatment in emergency departments (minutes) ¹²	..	12	..
Median wait time for elective surgery treatment (days) ¹³	..	30	..
<i>Efficiency measure</i> Average cost per weighted activity unit for Activity Based Funding facilities ¹⁴	\$4,706	\$5,252	\$4,878
<i>Other measures</i> Number of elective surgery patients treated within clinically recommended times ¹⁵			
• Category 1 (30 days)	1,666	1,791	1,666
• Category 2 (90 days) ¹⁶	2,322	1,111	..
• Category 3 (365 days) ¹⁶	2,441	1,114	..
Number of Telehealth outpatient occasions of service events ¹⁷	2,632	5,030	5,030
Total weighted activity units (WAUs) ^{18,19}			
• Acute Inpatient	55,581	50,183	56,033
• Outpatients	11,200	11,633	11,792
• Sub-acute	4,115	5,056	4,564
• Emergency Department	12,552	12,460	12,872
• Mental Health	13,074	18,290	13,879
• Prevention and Primary Care	1,842	2,698	2,538
Ambulatory mental health service contact duration (hours) ²⁰	>52,691	60,963	>52,691

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
2. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the seen in time performance. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
4. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
5. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Data for this measure is sourced from the Communicable Diseases Branch (CDB). Actuals for 2019-20 are for the period 1 July 2019 to 31 March 2020. Full year data is unavailable.
6. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021 and previous analysis has shown that there are statistically similar rates of follow up for Indigenous and non-Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
7. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
8. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities. In preparation for COVID-19, Queensland Health temporarily suspended non urgent specialist outpatient services, which has impacted the percentage of patients waiting within the clinically recommended time. Data for this measure was sourced from the Queensland Health Specialist Outpatient Data Collection. Actuals for 2019-20 are as at 1 July 2020.
9. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, wait in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
10. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. As a result of preparing for COVID-19, the seen in time performance has been impacted. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
11. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
12. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Data for this measure was sourced from the Queensland Health Emergency Department Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
13. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
14. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix of 2018-19 year. Furthermore, the additional costs of the COVID-19 pandemic costs and the temporary suspension of non urgent planned care services which reduced the volume of patient activity, contributed to the difference in Cost per WAU. The 2019-20 Actual is based on 1 July 2019 to 30 June 2020 ABF cost per WAU. The 2020-21 Target/Estimate is based on 2020-21 ABF funding per WAU.
15. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
16. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
17. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19. Data for this measure is sourced from the Monthly Activity Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

18. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
19. The activity targets in 2020-21 are in QWAU Phase 22 and include activity that will be generated from the \$250 million Planned Care Recovery Investment Strategy.
20. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

West Moreton Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	682,321	680,739
Grants and other contributions	9,285	8,924
Interest and distributions from managed funds	13	15
Other revenue	1,933	1,364
Gains on sale/revaluation of assets	48	..
Total income	693,600	691,042
EXPENSES		
Employee expenses	496,090	84,947
Supplies and Services:		
Other supplies and services	150,070	155,338
Department of Health contract staff	18,039	410,688
Grants and subsidies	389	376
Depreciation and amortisation	26,333	25,383
Finance/borrowing costs	23	..
Other expenses	10,231	13,315
Losses on sale/revaluation of assets	2,781	995
Total expenses	703,956	691,042
OPERATING SURPLUS/(DEFICIT)	(10,356)	..
Notes: 1. Due to the Hospital and Health Service (HHS) no longer being a prescribed employer, Employee Expenses in 2020-21 relate only to the Health Service Executive and Senior Health Service employees, including Senior Medical Officers and Visiting Medical Officers. 2. All other HHS employee related expenditure is recognised as a contract labour expense under Supplies and Services effective 2020-21.		

Wide Bay Hospital and Health Service

Overview

Wide Bay Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board. Wide Bay HHS delivers health services to more than 219,000 people across Wide Bay.

Wide Bay HHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, oncology, mental health, critical care and clinical support services to people residing in a geographical area which incorporates the North Burnett, Bundaberg and Fraser Coast local government areas and part of Gladstone Regional Council (Miriam Vale and the Discovery Coast).

Wide Bay HHS is responsible for the direct management of the facilities and community health services based within the HHS's geographical boundaries including:

- Bundaberg Hospital
- Maryborough Hospital
- Hervey Bay Hospital
- Childers Multipurpose Health Service (MPHS)
- Mundubbera MPHS
- Gayndah Hospital
- Gin Gin Hospital
- Monto Hospital
- Biggenden MPHS
- Eidsvold MPHS
- Mount Perry Health Centre.

Wide Bay HHS contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

Wide Bay HHS in 2020-21 will continue to deliver public hospital and health services for the Wide Bay community.

Service performance

Wide Bay Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	99%	100%
• Category 2 (within 10 minutes)	80%	82%	80%
• Category 3 (within 30 minutes)	75%	78%	75%
• Category 4 (within 60 minutes)	70%	80%	70%
• Category 5 (within 120 minutes)	70%	95%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ²	>80%	80%	>80%
Percentage of elective surgery patients treated within clinically recommended times ³			
• Category 1 (30 days)	>98%	100%	>98%
• Category 2 (90 days) ⁴	>95%	98%	..
• Category 3 (365 days) ⁴	>95%	100%	..

Wide Bay Hospital and Health Service	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁵	<2	0.8	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁶	>65%	66.9%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁷	<12%	9.1%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁸			
• Category 1 (30 days)	98%	99%	98%
• Category 2 (90 days) ⁹	95%	98%	..
• Category 3 (365 days) ⁹	95%	89%	..
Percentage of specialist outpatients seen within clinically recommended times ¹⁰			
• Category 1 (30 days)	98%	99%	98%
• Category 2 (90 days) ¹¹	95%	98%	..
• Category 3 (365 days) ¹¹	95%	98%	..
Median wait time for treatment in emergency departments (minutes) ¹²	..	14	..
Median wait time for elective surgery treatment (days) ¹³	..	29	..
<i>Efficiency measure</i> Average cost per weighted activity unit for Activity Based Funding facilities ¹⁴	\$4,734	\$5,206	\$4,866
<i>Other measures</i> Number of elective surgery patients treated within clinically recommended times ¹⁵			
• Category 1 (30 days)	2,145	1,973	2,145
• Category 2 (90 days) ¹⁶	1,680	1,421	..
• Category 3 (365 days) ¹⁶	1,576	1,352	..
Number of Telehealth outpatient occasions of service events ¹⁷	7,220	6,911	6,911
Total weighted activity units (WAUs) ^{18,19}			
• Acute Inpatient	54,794	53,850	56,721
• Outpatients	16,062	15,602	16,911
• Sub-acute	8,431	7,813	7,106
• Emergency Department	16,932	16,262	17,873
• Mental Health	4,431	4,350	4,938
• Prevention and Primary Care	2,562	3,488	3,240
Ambulatory mental health service contact duration (hours) ²⁰	>34,523	39,880	>34,523

Notes:

1. This is a measure of the access and timeliness of ED services. It reports the percentage of patients seen within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

2. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the seen in time performance. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
4. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
5. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Data for this measure is sourced from the Communicable Diseases Branch (CDB). Actuals for 2019-20 are for the period 1 July 2019 to 31 March 2020. Full year data is unavailable.
6. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021 and previous analysis has shown that there are statistically similar rates of follow up for Indigenous and non-Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
7. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
8. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities. In preparation for COVID-19, Queensland Health temporarily suspended non urgent specialist outpatient services, which has impacted the percentage of patients waiting within the clinically recommended time. Data for this measure was sourced from the Queensland Health Specialist Outpatient Data Collection. Actuals for 2019-20 are as at 1 July 2020.
9. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, wait in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
10. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. As a result of preparing for COVID-19, the seen in time performance has been impacted. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
11. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, as a result of preparing for COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
12. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Data for this measure was sourced from the Queensland Health Emergency Department Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
13. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non urgent elective surgery in preparation for COVID-19. Data for this measure is sourced from the Queensland Health Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
14. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix of 2018-19 year. Furthermore, the additional costs of the COVID-19 pandemic costs and the temporary suspension of non urgent planned care services which reduced the volume of patient activity, contributed to the difference in Cost per WAU. The 2019-20 Actual is based on 1 July 2019 to 30 June 2020 ABF cost per WAU. The 2020-21 Target/Estimate is based on 2020-21 ABF funding per WAU.
15. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, which has impacted the volume of elective surgery performed. Data for this measure is sourced from the Queensland Elective Surgery Data Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
16. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, as a result of preparing for COVID-19, the volume of patients treated within clinically recommended time performance targets for category 2 and 3 patients are not applicable for 2020-21.
17. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19. Data for this measure is sourced from the Monthly Activity Collection. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

18. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019 (which resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix period of 2018-19 year) and COVID-19 preparation, (for example the temporary suspension of non urgent planned care services) reduced the volume of patient activity. Data for this measure is sourced from GENWAU. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
19. The activity targets in 2020-21 are in QWAU Phase 22 and include activity that will be generated from the \$250 million Planned Care Recovery Investment Strategy.
20. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor and weighted for locality. Data for this measure is sourced from the Mental Health Alcohol and Other Drugs Branch. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.

Income statement

Wide Bay Hospital and Health Service	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	666,039	674,869
Grants and other contributions	10,254	10,067
Interest and distributions from managed funds	30	43
Other revenue	7,215	7,368
Gains on sale/revaluation of assets	98	..
Total income	683,636	692,347
EXPENSES		
Employee expenses	69,663	72,214
Supplies and Services:		
Other supplies and services	204,885	200,364
Department of Health contract staff	386,084	389,271
Grants and subsidies	30	..
Depreciation and amortisation	22,400	23,472
Finance/borrowing costs	259	270
Other expenses	6,924	6,342
Losses on sale/revaluation of assets	954	414
Total expenses	691,199	692,347
OPERATING SURPLUS/(DEFICIT)	(7,563)	..

The Council of the Queensland Institute of Medical Research

Overview

The Council of the Queensland Institute of Medical Research, known as QIMR Berghofer Medical Research Institute (QIMR Berghofer), is a world-leading medical research institute, established as a statutory body under the Queensland Institute of Medical Research Act 1945. QIMR Berghofer's research focuses on four major areas: cancer, infectious diseases, mental health and chronic disorders. QIMR Berghofer aims to improve health by developing prevention strategies, new diagnostics and better health treatments.

QIMR Berghofer contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

Income statement

Council of the Queensland Institute of Medical Research	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
Taxes	..	..
User charges and fees	28,916	26,880
Grants and other contributions	81,141	77,310
Interest and distributions from managed funds	10,136	7,649
Other revenue	367	594
Gains on sale/revaluation of assets	120	7,269
Total income	120,680	119,702
EXPENSES		
Employee expenses	66,373	65,089
Supplies and services	31,160	34,502
Grants and subsidies	..	..
Depreciation and amortisation	12,185	11,711
Finance/borrowing costs	..	..
Other expenses	8,048	8,150
Losses on sale/revaluation of assets	12,481	250
Total expenses	130,247	119,702
OPERATING SURPLUS/(DEFICIT)	(9,567)	..

Queensland Mental Health Commission

Overview

Established under the *Queensland Mental Health Commission Act 2013* the Queensland Mental Health Commission (the Commission) is an independent statutory body working to improve Queenslanders' mental health and wellbeing. The Commission drives ongoing reform to create a more integrated, evidence-based, recovery-oriented mental health, alcohol and other drugs service system in Queensland.

The Commission contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

The focus of the Commission's work is driven by the implementation and oversight of the *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 (Shifting minds)*. *Shifting minds* identifies three whole of government focus areas to promote a fair and inclusive Queensland where all people can achieve positive mental health and wellbeing and live lives with meaning and purpose:

- Better lives through person-centred and integrated services.
- Investing to save through improved population mental health and early intervention.
- Whole-of-system improvement through a balanced approach and collective action.

The Commission on behalf of the Queensland Government has also developed and supports implementation of *Every life: The Queensland Suicide Prevention Plan 2019-29*. The Commission facilitates collaboration across government, non-government, community, and private sectors to encourage and embed activities that improve the mental health and wellbeing of all Queenslanders.

During 2020–2021, the Commission's work will focus on:

- finalising a renewed whole-of-sector alcohol and other drugs plan for Queensland government plan.
- improved lived experience, family, and carer opportunities in influencing reform.
- An integrated cross-sectoral approach for the best start and early intervention.
- A collaborative sectoral approach for improving mental health, AOD and suicide prevention.
- A systematic approach to Mental Health Wellbeing Impact Assessment.
- Reducing stigma and improving social inclusion and advocacy for human rights protection.
- A sector wide needs analysis to support the growth, development, and sustainability of the mental health non-government community services sector.

Service performance

The Commission is considering its approach to measuring its ability to drive reform through system stewardship and its performance across a range of operational domains.

Due to the pandemic no annual survey was conducted in 2019-20 and therefore no source service standard data is available to assess current service measures

Income statement

Queensland Mental Health Commission	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
Taxes	..	..
User charges and fees	..	..
Grants and other contributions	9,471	9,683
Interest and distributions from managed funds	96	150
Other revenue	..	..
Gains on sale/revaluation of assets	..	..
Total income	9,567	9,833
EXPENSES		
Employee expenses	3,795	3,591
Supplies and services	2,944	3,034
Grants and subsidies	2,084	3,039
Depreciation and amortisation	19	20
Finance/borrowing costs	..	..
Other expenses	118	149
Losses on sale/revaluation of assets	..	..
Total expenses	8,960	9,833
OPERATING SURPLUS/(DEFICIT)	607	..

Office of the Health Ombudsman

Overview

Commencing on 1 July 2014, the Office of the Health Ombudsman (OHO) has been in operation for over six years. The OHO's purpose is to protect the health and safety of consumers, promote high standards in health service delivery and facilitate responsive complaint management.

OHO contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

The OHO's vision is to influence the delivery of safe, competent and ethical health services in response to consumer complaints.

OHO will deliver services in 2020-21 to provide a transparent, accountable and fair system for effectively and quickly dealing with complaints and other healthcare matters in Queensland.

The OHO has an operating budget of \$22.4 million for 2020-21, increased from the 2019-20 Actuals of \$22.3 million.

Service performance

Office of the Health Ombudsman	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of complaints received and accepted within seven days ¹	90%	95%	90%
Percentage of complaints assessed within timeframes ²	90%	92%	90%
Percentage of complaints resolved within timeframes ³	100%	94%	100%
Percentage of investigations finalised within 12 months ⁴	75%	64%	75%
Percentage of clients satisfied with the complaint management process ⁵	80%	74%	80%
Percentage of disciplinary matters in which Queensland Civil and Administrative Tribunal (QCAT) decides there is a case to answer ⁶	90%	100%	90%
Percentage of immediate action decisions upheld by QCAT at review hearings ⁷	90%	N/A	90%
<i>Efficiency measure⁸</i>			

Notes:

1. This is a measure of timeliness of complaint decision making. The 2020-21 Target/Estimate has been maintained at 90 per cent to reflect that the seven-day timeframe for intake decisions is mandated in the Health Ombudsman Act 2013 (the Act). The high and increasing volume of complaints has impacted on the office's ability to process all matters within the seven-calendar day timeframe.
2. This is a measure of timeliness of complaint assessments. The 2020-21 Target/Estimate has been maintained at 90 per cent to reflect that the 30 to 60-day timeframe for assessment decisions is mandated in the Act.
3. This measure is related to local resolution services provided within the 30 to 60-day required timeframe.
4. This measure of investigation timeliness and reports the percentage of investigations that are effectively managed and finalised within a 12-month period. Certain matters may be referred to an external agency, such as the Queensland Police Service while criminal proceedings take place. As a result, the OHO's investigation of these matters is on hold until the external agency finalises its processes. The length of time another agency takes to finalise its investigation is outside the control of the OHO. These matters make up approximately 30 per cent of open investigations and the target is lower to account for this.
5. This service standard is a measure of the quality of services provided to clients. This service standard reports the level of client satisfaction for the complaint management service. The client satisfaction survey captures opinion trends in relation to a range of service quality measures, which are used to inform improvement initiatives. Values are compiled and averaged to obtain an overall satisfaction score.

6. This service standard is a measure of the effectiveness of OHO investigations and prosecutions in bringing disciplinary proceedings before Queensland Civil and Administrative Tribunal (QCAT). This includes the sufficiency of evidence and that public interest factors are appropriately considered. Matters are referred to the Director of Proceedings (DoP) following an investigation; the DoP must then decide whether to refer the matter to QCAT for it to hear and decide the matter. To clarify this service standard, a 'case to answer' means that QCAT has upheld all or part of the case against the practitioner.
7. This service standard acts a measure of the effectiveness of OHO's management of its immediate action function. When immediate action is taken, a practitioner can appeal to QCAT to review the decision. QCAT will decide whether the immediate action is upheld, amended or overturned. No decisions on immediate action review requests had been handed down by QCAT during the 2019–20 financial year. To clarify this service standard, 'upheld' means that QCAT has upheld all or part of the case against the practitioner.
8. An efficiency measure is being investigated and will be included in a future Service Delivery Statement.

Income statement

Health Ombudsman	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
User charges and fees	..	..
Grants and other contributions	22,072	22,330
Interest and distributions from managed funds	154	70
Other revenue	76	5
Gains on sale/revaluation of assets	..	..
Total income	22,302	22,405
EXPENSES		
Employee expenses	18,695	18,714
Supplies and Services:		
Other supplies and services	4,487	3,649
Department of Health contract staff	..	..
Grants and subsidies	..	..
Depreciation and amortisation	62	20
Finance/borrowing costs	..	..
Other expenses	25	22
Losses on sale/revaluation of assets	..	..
Total expenses	23,269	22,405
OPERATING SURPLUS/(DEFICIT)	(967)	..

Health and Wellbeing Queensland

Overview

Established on 1 July 2019 under the *Health and Wellbeing Queensland Act 2019*, Health and Wellbeing Queensland (HWQld) is an independent statutory health promotion agency to reduce health inequity and tackle Queensland's high obesity and chronic disease rates.

HWQld's vision is that every Queenslanders achieves and sustains a healthier weight by moving more and making healthier food and drink choices. Its purpose is to partner, create and to amplify policy and actions that achieve real and measurable improvements in the health of every Queenslanders.

HWQld's contributes to the implementation of *Queensland's Economic Recovery Plan* and is working to protect Queenslanders and save lives, to Unite & Recover for Queensland jobs.

HWQld will deliver services in 2020-21 to reduce health inequity and tackle Queensland's high obesity and chronic disease rates.

Service performance

Health and Wellbeing Queensland	2019-20 Target/Est	2019-20 Actual	2020-21 Target/Est
Service standards			
<i>Effectiveness measures</i>			
Percentage of the Queensland population who consume recommended amounts of ¹			
• fruits	New measure	New measure	53.7%
• vegetables	New measure	New measure	8.9%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit ¹			
• Persons	New measure	New measure	61.5%
• Male	New measure	New measure	64.8%
• Female	New measure	New measure	58.3%
Percentage of adults and children with a body mass index (BMI) in the normal weight category ^{1,2}			
• Adults	New measure	New measure	33.3%
• Children	New measure	New measure	67.5%
<i>Efficiency measure³</i>			

Notes:

1. This is a measure of effectiveness of Queensland Government investment in prevention, with a broad range of actions described in the Health and Wellbeing Strategic Framework 2017 to 2026. Actuals are from the 2019 Preventive Health Survey and are based on a telephone survey conducted in that year.
2. This service standard measures the percentage of adults and children in Queensland with a body mass index in the healthy weight category based on measured height and weight from the National Health Survey. The target is to increase the proportion of adults and children in the State with a healthy body weight by 10 per cent by 2026.
3. An efficiency measure is being investigated for this service area and will be included in a future Service Delivery Statement.

Income statement

Health and Wellbeing Queensland	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
Taxes	..	..
User charges and fees	..	..
Grants and other contributions	3,537	37,988
Interest and distributions from managed funds	14	..
Other revenue	..	..
Gains on sale/revaluation of assets	..	..
Total income	3,551	37,988
EXPENSES		
Employee expenses	1,828	4,604
Supplies and services	1,246	33,384
Grants and subsidies	..	..
Depreciation and amortisation	8	..
Finance/borrowing costs	..	..
Other expenses	34	..
Losses on sale/revaluation of assets	..	..
Total expenses	3,116	37,988
OPERATING SURPLUS/(DEFICIT)	435	..



Ceasing Departments

Department of Aboriginal and Torres Strait Islander Partnerships

Department of Youth Justice

Controlled income statement

Department of Aboriginal and Torres Strait Islander Partnerships	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
Appropriation revenue	61,221	20,426
Taxes	..	..
User charges and fees	18	..
Royalties and land rents	..	..
Grants and other contributions	1,279	460
Interest and distributions from managed funds	..	..
Other revenue	1,042	459
Gains on sale/revaluation of assets	..	..
Total income	63,560	21,345
EXPENSES		
Employee expenses	37,804	13,605
Supplies and services	17,134	4,518
Grants and subsidies	7,362	2,316
Depreciation and amortisation	1,155	410
Finance/borrowing costs	..	..
Other expenses	628	240
Losses on sale/revaluation of assets	40	..
Total expenses	64,123	21,089
OPERATING SURPLUS/(DEFICIT)	(563)	256

Administered income statement

Department of Aboriginal and Torres Strait Islander Partnerships	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
Appropriation revenue	7,641	1,374
Taxes	..	..
User charges and fees	..	..
Royalties and land rents	..	..
Grants and other contributions	2,700	900
Interest and distributions from managed funds	..	..
Other revenue	..	..
Gains on sale/revaluation of assets	..	..
Total income	10,341	2,274
EXPENSES		
Employee expenses	..	..
Supplies and services	..	..
Grants and subsidies	10,341	2,274
Depreciation and amortisation	..	..
Finance/borrowing costs	..	..
Other expenses	..	..
Losses on sale/revaluation of assets	..	..
Transfers of Administered Revenue to Government	..	..
Total expenses	10,341	2,274
OPERATING SURPLUS/(DEFICIT)	..	..

Departmental cash appropriation

The table below shows the annual cash appropriation that is available in 2020-21 for the delivery of departmental objectives.

Department of Aboriginal and Torres Strait Islander Partnerships	2019-20 Actual \$'000	2020-21 Budget \$'000
CONTROLLED		
Departmental services	69,680	24,260
Equity adjustments	..	100
TOTAL CONTROLLED	69,680	24,360
ADMINISTERED		
Administered items	7,692	1,180
Equity adjustments	..	..
TOTAL ADMINISTERED	7,692	1,180
TOTAL VOTE	77,372	25,540

Controlled income statement

Department of Youth Justice	2019-20 Actual \$'000	2020-21 Budget \$'000
INCOME		
Appropriation revenue	260,000	95,924
Taxes	..	..
User charges and fees	568	232
Royalties and land rents	..	..
Grants and other contributions	299	121
Interest and distributions from managed funds	..	..
Other revenue	10	..
Gains on sale/revaluation of assets	..	..
Total income	260,877	96,277
EXPENSES		
Employee expenses	165,208	59,915
Supplies and services	77,424	29,856
Grants and subsidies	2,850	499
Depreciation and amortisation	14,911	5,706
Finance/borrowing costs	..	..
Other expenses	559	301
Losses on sale/revaluation of assets	2	..
Total expenses	260,954	96,277
OPERATING SURPLUS/(DEFICIT)	(77)	..

Departmental cash appropriation

The table below shows the annual cash appropriation that is available in 2020-21 for the delivery of departmental objectives.

Department of Youth Justice	2019-20 Actual \$'000	2020-21 Budget \$'000
CONTROLLED		
Departmental services	255,147	112,525
Equity adjustments	82,822	43,702
TOTAL CONTROLLED	337,969	156,227
ADMINISTERED		
Administered items	..	..
Equity adjustments	..	..
TOTAL ADMINISTERED	..	..
TOTAL VOTE	337,969	156,227

Glossary of terms

Accrual accounting	Recognition of economic events and other financial transactions involving revenue, expenses, assets, liabilities and equity as they occur and reporting in financial statements in the period to which they relate, rather than when a flow of cash occurs.
Administered items	Assets, liabilities, revenues and expenses an entity administers, without discretion, on behalf of the Government.
Agency/entity	Used generically to refer to the various organisational units within Government that deliver services or otherwise service Government objectives. The term can include departments, commercialised business units, statutory bodies or other organisations established by Executive decision.
Appropriation	Funds issued by the Treasurer, under Parliamentary authority, to agencies during a financial year for: <ul style="list-style-type: none"> • delivery of agreed services • administered items • adjustment of the Government's equity in agencies, including acquiring of capital.
Capital	A term used to refer to an entity's stock of assets and the capital grants it makes to other agencies. Assets include property, plant and equipment, intangible items and inventories that an entity owns/controls and uses in the delivery of services.
Controlled Items	Assets, liabilities, revenues and expenses that are controlled by departments. These relate directly to the departmental operational objectives and arise at the discretion and direction of that department.
Depreciation	The periodic allocation of the cost of physical assets, representing the amount of the asset consumed during a specified time.
Equity	Equity is the residual interest in the assets of the entity after deduction of its liabilities. It usually comprises the entity's accumulated surpluses/losses, capital injections and any reserves.
Equity injection	An increase in the investment of the Government in a public sector agency.
Income statement	A financial statement highlighting the accounting surplus or deficit of an entity. It provides an indication of whether the entity has sufficient revenue to meet expenses in the current year, including non-cash costs such as depreciation.
Outcomes	Whole-of-government outcomes are intended to cover all dimensions of community wellbeing. They express the current needs and future aspirations of communities, within a social, economic and environment context.
Own-source revenue	Revenue that is generated by an agency, generally through the sale of goods and services, but it may also include some Commonwealth funding.
Priorities	Key policy areas that will be the focus of Government activity.
Services	The actions or activities (including policy development) of an agency which contribute to the achievement of the agency's objectives.
Service area	Related services grouped into a high level service area for communicating the broad types of services delivered by an agency.
Service standard	Define a level of performance that is expected to be achieved appropriate for the service area or service. Service standards are measures of efficiency or effectiveness.



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