

SERVICE DELIVERY STATEMENTS

Queensland Health

2021–22 Queensland Budget Papers

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The budget papers are available online at budget.qld.gov.au

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Service Delivery Statements

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Health Portfolio

Portfolio overview

Minister for Health and Ambulance Services

The Honourable Yvette D'Ath MP

Department of Health

Director-General: John Wakefield

Queensland Ambulance Service

Commissioner: Russell Bowles

The Minister for Health and Ambulance Services is also responsible for:

Cairns and Hinterland Hospital and Health Service

Chief Executive Officer: Tina Chinery

Central Queensland Hospital and Health Service

Chief Executive Officer: Steven 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: Peter Gillies

Gold Coast Hospital and Health Service

Chief Executive Officer: Ron Calvert

Mackay Hospital and Health Service

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: Peter Bristow

North West Hospital and Health Service

Acting Chief Executive Officer: Karen Murphy

South West Hospital and Health Service

Acting Chief Executive Officer: Craig Carey

Sunshine Coast Hospital and Health Service

Acting Chief Executive Officer: Mark Waters

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: Kerrie Freeman

Wide Bay Hospital and Health Service

Chief Executive Officer: Debbie Carroll

The Council of the Queensland Institute of Medical Research

Director and Chief Executive Officer: Fabienne Mackay

Queensland Mental Health Commission

Commissioner: Ivan Frkovic

Office of the Health Ombudsman

Ombudsman: 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 is comprised of 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 Health and Wellbeing Queensland comprise the remainder of the Queensland Health portfolio.

Queensland Health's vision is for Queenslanders to be among the healthiest people in the world by 2026. *My health, Queensland's future: Advancing health 2026* establishes a common purpose and framework for the health system in Queensland. This will be delivered by the 4 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 2021–22, Queensland Health is continuing to play a leading role in the state's response to, and recovery from, the COVID-19 pandemic. Since the beginning of the COVID-19 pandemic, Queensland Health has pivoted the health system to ensure we are protecting the health of the community and are prepared for any outbreaks that may occur. This includes:

- standing up the state health emergency coordination centre and similar functions in HHSs
- increasing intensive care, acute care, emergency department and emergency services capacity
- standing up fever clinics, contract tracing capacity, expanding community screening and 13 HEALTH services to those seeking further information.

Additionally, a key part of Queensland's success in containing the spread of COVID-19 has been the provision of a robust hotel quarantine program.

Moving forward, the successful rollout of the vaccination program is another pillar which underpins the recovery of the State. This is being achieved by mobilising the largest mass vaccination program in Queensland's history with Community Based Vaccination locations progressively opening across the state. Planning for mass vaccination sites is also underway to establish readiness to operate where demand exists and when vaccine supply levels increase, making mass vaccination possible.

Budget highlights

Queensland Health's budget highlights for 2021–22 include:

- additional funding of \$482.5 million in 2021–22 to address pressures in emergency patient flow through our public hospitals, elective surgery and specialist outpatient waitlists and to support the opening of the Nambour General Hospital Redevelopment
- additional funding of \$37.8 million over 2 years from 2021–22 will support implementation of the *Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019–2025*, prioritised funding to support the development of First Nations Health Equity Strategies across the 16 HHSs, to uplift First Nations workforce training and capacity, and to embed the Institute for Urban Indigenous Health Connect Plus program in South East Queensland
- investment of \$177 million to purchase public health services through the expansion at Mater Public Hospital Springfield
- funding of \$168 million in 2021–22 for the continuation of the COVID-19 health response, including the vaccination program.

Further information about new policy decisions can be found in Budget Paper 2: *Budget Strategy and Outlook*.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Queensland Health and Hospital and Health Services	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	96,939	96,939	99,266

Notes:

1. Corporate FTEs are allocated across the service to which they relate.
2. The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Capital program

The Queensland Health Capital Program delivers built infrastructure and digital technologies to enable the delivery of safe, high quality health services to Queenslanders, with a total capital investment program in 2021–22 of \$1.352 billion.

Hospital and health facility project highlights in 2021–22 include:

- \$283.7 million as part of the Building Better Hospitals program which includes the Caboolture Redevelopment (\$103.5 million), the Ipswich Hospital Expansion Stage 1A (\$92.4 million), the Logan Hospital Expansion (\$79.5 million) and the Logan Hospital Maternity Services Upgrade (\$10.5 million)
- \$233.6 million under the Sustaining Capital Program which will be distributed across the HHSs and Department of Health for a range of capital works projects, minor capital projects and replacement of health technology equipment
- \$120.5 million will be invested in ICT to support the safe and efficient provision of health services that enable the successful delivery of health care and business services across Queensland
- \$105.0 million as part of the Satellite Hospitals Program to deliver satellite hospitals to Bribie Island, Caboolture, Brisbane South, Pine Rivers, Gold Coast, Ipswich and the Redlands
- the QAS investing \$61.8 million in capital purchases in 2021–22 to support essential frontline services to provide the highest possible quality pre-hospital emergency and non-emergency care and services to the community
- \$5.9 million for the Toowoomba Day Surgery Theatre to construct a 2-theatre day surgery unit at the Baillie Henderson Hospital Campus, which is the preferred site for the Toowoomba Hospital Redevelopment.

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

Queensland Health and Hospital and Health Services^{1,2,3,4}	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
Total capital investment	1,624,945	1,473,329	1,351,814

Notes:

1. Total capital investment in 2020–21 includes a lease component of \$532.1 million for the Surgical, Treatment and Rehabilitation Service within Metro North Hospital and Health Service and \$6.1 million for the Council of the Queensland Institute of Medical Research (QIMR).
2. The total Estimated Actual for 2020–21 excludes \$100 million of expensing that does not meet the accounting standards for recognition as a capital expenditure, bringing the aggregate spend to \$1.573 billion or 95 per cent of total program.
3. Total capital investment 2021–22 includes \$5.7 million for the QIMR.
4. The acquisition of land for the Cairns Health Innovation Centre may occur earlier than planned with settlement possible in the 2021–22 financial year.

For more detail on the agency's capital investment please refer to Budget Paper 3: *Capital Statement*.

Performance Statements

Inpatient Care

Service area objective

To provide safe, timely, appropriately accessible, patient-centred care that maximises the health outcomes of patients.

Service standards	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ¹	<2	0.8	<2
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	93.9%	>98%
• Category 2 (90 days) ³	..	84.6%	..
• Category 3 (365 days) ³	..	83.2%	..
Median wait time for elective surgery treatment (days) ²			
• Category 1 (30 days)	..	16	..
• Category 2 (90 days)	..	63	..
• Category 3 (365 days)	..	287	..
• All categories	..	42	..
Percentage of admitted patients discharged against medical advice ⁴			
• Non-Aboriginal and Torres Strait Islander patients	0.8%	1.1%	0.8%
• Aboriginal and Torres Strait Islander patients	1%	3.2%	1.0%
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ⁵	\$4,893	\$5,088	\$4,943
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,6}			
• Category 1 (30 days)	48,555	51,422	48,555
• Category 2 (90 days) ³	..	48,307	..
• Category 3 (365 days) ³	..	28,764	..
Total weighted activity units (WAU) - Acute Inpatients ⁷	1,436,837	1,392,313	1,474,985

Notes:

1. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
2. In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
3. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
4. 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 4 per cent, there has been an improvement. 2020–21 Estimated Actuals are based on the period 1 July 2020 to 28 February 2021.

5. The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
6. Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021. On top of the increase in the number of patients treated in time in 2020–21, the health system also delivered significant growth in emergency surgery.
7. The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services stream to meet the needs of the community, variation to target can occur.

Outpatient Care

Service area objective

To deliver timely coordinated care, clinical follow up and appropriate discharge planning throughout the patient journey, inclusive of service delivery using innovative technology that maximise the health outcomes of patients.

Service standards	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of specialist outpatients waiting within clinically recommended times ¹			
• Category 1 (30 days)	65%	60.6%	65%
• Category 2 (90 days) ²	..	55.0%	..
• Category 3 (365 days) ²	..	84.1%	..
Percentage of specialist outpatients seen within clinically recommended times ³			
• Category 1 (30 days)	83%	82.5%	83%
• Category 2 (90 days) ²	..	61.3%	..
• Category 3 (365 days) ²	..	71.0%	..
Efficiency measure			
Not identified			
Other measures			
Number of Telehealth outpatients service events ⁴	179,463	236,275	213,294
Total weighted activity units (WAU) - Outpatients ⁵	383,289	386,989	387,414

Notes:

- Waiting within clinically recommended time is a point in time performance report and was impacted by preparing for COVID-19 in 2019–20. 2020–21 Estimated Actual is as at 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time and waiting in time performance targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- As a result of preparing for COVID-19, the seen in time performance was impacted in 2019–20. This impact has continued throughout 2020–21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended. Seen in time 2020–21 Estimated Actual is for the period 1 July 2020 to 30 April 2021.
- Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAW Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.

Emergency Care

Service area objective

To minimise early mortality and complications, through timely diagnosis and treatment of acute and urgent illness and injury.

Service standards	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	74.6%	>80%
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	99.7%	100%
• Category 2 (within 10 minutes)	80%	70.4%	80%
• Category 3 (within 30 minutes)	75%	68.5%	75%
• Category 4 (within 60 minutes)	70%	82.7%	70%
• Category 5 (within 120 minutes)	70%	97.2%	70%
Percentage of patients transferred off stretcher within 30 minutes ²	90%	69.5%	90%
Median wait time for treatment in emergency departments (minutes) ¹	..	13	..
Efficiency measure			
Not identified			
Other measure			
Total weighted activity units (WAU) - Emergency Department ³	285,430	295,729	299,715

Notes:

- During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- Patient off stretcher 2020–21 Estimated Actual is for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.

Sub and Non-Acute Care

Service area objective

To provide specialised multidisciplinary care that aims to optimise patients' functioning and quality of life.

Service standards	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measure			
Not identified			
Efficiency measure			
Not identified			
Other measure			
Total weighted activity units (WAU) - Sub-acute ¹	129,541	134,776	136,001

Note:

1. The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.

Mental Health and Alcohol and Other Drug Services

Service area objective

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.

Service standards	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ¹			
• Aboriginal and Torres Strait Islander	<12%	17.3%	<12%
• Non-Aboriginal and Torres Strait Islander	<12%	12.5%	<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%	63.4%	>65%
• Non-Aboriginal and Torres Strait Islander	>65%	63.2%	>65%
Efficiency measure			
Not identified			
Other measures			
Percentage of the population receiving clinical mental health care ³	>2%	2.1%	>2.1%
Ambulatory mental health service contact duration (hours) ⁴	>956,988	947,970	>956,988
Queensland suicide rate (number of deaths by suicide/100,000 population) ⁵	..	15.6	..
Total weighted activity units (WAU) - Mental Health ⁶	158,424	146,076	164,904

Notes:

1. Mental Health readmissions 2020–21 Estimated Actuals are for the period 1 July 2020 to 28 February 2021.
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. Mental Health rate of community follow up 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
3. Percentage of the population receiving clinical mental health care measure 2020–21 Estimated Actuals are for the period 1 July 2020 to 26 May 2021.
4. Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
5. Queensland suicide rate is the 5-year rolling average for the period 2015–2019. No annual targets for this measure were set as progress is expected over the long-term.
6. The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.

Prevention, Primary and Community Care

Service area objective

To prevent illness and injury, address health problems or risk factors and protect the good health and wellbeing of Queenslanders.

Service standards	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of the Queensland population who consume alcohol at risky and high risk levels ¹			
• Persons	20.5%	22.5%	21.8%
• Male	30.7%	33.9%	32.9%
• Female	10.6%	11.5%	11.2%
Percentage of the Queensland population who smoke daily ¹			
• Persons	11.1%	10.3%	10.0%
• Male	11.9%	11.8%	11.4%
• Female	10.2%	8.9%	8.6%
Percentage of the Queensland population who were sunburnt in the last 12 months ¹			
• Persons	54.1%	49.3%	47.8%
• Male	58.6%	54.6%	53.0%
• Female	49.9%	44.3%	43.0%
Annual notification rate of HIV infection ²	<3.1	2.0	<3.0
Vaccination rates at designed milestones for children 1-5 years ³			
• all children 1 year	95%	94.6%	95%
• all children 2 years	95%	92.6%	95%
• all children 5 years	95%	94.7%	95%
Percentage of target population screened for			
• breast cancer ⁴	52.4%	55.7%	55.7%
• cervical cancer ⁵	..	..	..
• bowel cancer	42.9%	42.9%	43.4%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter ⁶	57.6%	57.6%	58.4%
Ratio of potentially preventable hospitalisations (PPH) - rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations ⁷	1.7	1.8	1.7
Percentage of women who, during their pregnancy, were smoking after 20 weeks ^{8,9}			
• Non-Aboriginal and Torres Strait Islander women	7.4%	6.7%	6.5%
• Aboriginal and Torres Strait Islander women ⁹	31.0%	37.2%	35.0%
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation ⁸			
• Non-Aboriginal and Torres Strait Islander women	96.5%	97.0%	97.0%
• Aboriginal and Torres Strait Islander women ¹⁰	96.7%	91.7%	91.0%
Percentage of babies born of low birth weight to ⁸			
• Non-Aboriginal and Torres Strait Islander women	4.6%	4.9%	4.6%
• Aboriginal and Torres Strait Islander women	7.3%	10.7%	7.3%

Service standards	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Percentage of public general dental care patients waiting within the recommended timeframe of 2 years ¹¹	85%	98.7%	85%
Percentage of oral health Weighted Occasions of Service which are preventative ¹²	15%	17.5%	15%
Efficiency measure			
Not identified			
Other measures			
Number of rapid HIV tests performed ¹³	6,000	4,500	6,000
Number of adult oral health Weighted Occasions of Service (ages 16+) ^{14,15}	2,782,000	2,724,656	2,782,000
Number of children and adolescent oral health Weighted Occasions of Service (0-15 years) ^{14,15}	1,200,000	949,315	1,200,000
Total weighted activity units (WAU) - Prevention and Primary Care ¹⁶	47,699	49,365	50,934

Notes:

1. The survey measures 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.
2. The annual notification rate of HIV infection 2020–21 Estimated Actual is based on the coverage during the period 1 January 2020 to 31 December 2020.
3. The Vaccination Rates 2020–21 Estimated Actual is an estimate based on the coverage during the period 1 January 2020 to 31 December 2020.
4. Participation rates in BreastScreen Queensland program have been falling since 2008–09. The decline is greatest in women aged 50 to 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 rates are similar to the national average in 2018–19 based on latest published data.
5. Insufficient information is available to derive 2020–21 Estimated Actuals. Changes to the measure will be considered for future Service Delivery Statement reporting.
6. There is significant random variation in the size of cancer detected from year to year and therefore a 3-year average is used to calculate this measure. The 2020–21 Estimated Actual is based on the 3-year average for financial years 2016/17–2018/19 calculated in March 2021. The 2021–22 Target/Estimate is based on the 3-year average for financial years 2017/18–2019/20 calculated in March 2021.
7. The 2020–21 Target/Estimate is based on a trajectory to achieve PPH parity with other Queenslanders by 2033. While the 2020–21 Estimated Actual is not meeting the 2020–21 Target/Estimate, it is only marginally higher and is continuing to trend downwards. The 2020–21 Estimated Actual is based on the period 1 July 2020 to 28 February 2021.
8. Antenatal services and low birth weight measures Estimated Actual for 2020–21 are based on the period 1 July 2020 to 28 February 2021.
9. While the 2020–21 Estimated Actual is not in line with the 2020–21 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.
10. While the 2020–21 Estimated Actual is not in line with the 2020–21 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 5 or more antenatal appointments since 2002–03 when the rate was 76.7 per cent. The 2020–21 Target/Estimate was in error and should have read Non-Aboriginal and Torres Strait Islander women 97.0 per cent and Aboriginal and Torres Strait Islander women 92.9 per cent. The 2021–22 Target/Estimate vs Actual take into account the 2020–21 Estimated Actual. The previously published figures have been retained.
11. General dental care patients waiting within recommended timeframe 2020–21 Estimated Actual is as at 31 March 2021.
12. Oral Health measures 2020–21 Estimated Actual are based on actual performance from 1 July 2020 to 31 March 2021.
13. The HIV rapid test 2020–21 Estimated Actual is based on the period 1 January 2020 to 31 December 2020. There was a significant decrease in the number of HIV rapid tests performed in 2020, due to lockdown restrictions implemented during the COVID-19 pandemic.
14. Oral Health measures 2020–21 Estimated Actual is a projection based on actual performance from 1 July 2020 to 31 March 2021.
15. 2020–21 Estimated Actual was significantly lower than 2020–21 Targets/Estimates primarily due to the impact of the COVID-19 pandemic. While national restrictions of dental services imposed by Australian Health Protection Principal Committee eased from 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 for several months.
16. The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.

Budgeted financial statements

Departmental Income Statement

2021–22 total expenses are estimated to be \$20.885 billion, representing an increase of \$686 million or 3.4 per cent from the 2020–21 Budget.

The 2021–22 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, enterprise bargaining agreements and depreciation.

Departmental balance sheet

Queensland Health's major assets are in property, plant and equipment (\$14.048 billion), whilst its main liabilities relate to employee benefits (\$1.252 billion) and payables of an operating nature (\$667 million).

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	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
Appropriation revenue	12,638,659	12,687,717	12,919,108
Taxes	..	..	..
User charges and fees	1,610,695	1,639,257	1,656,566
Royalties and land rents	..	..	..
Grants and other contributions	5,858,088	5,882,460	6,212,823
Interest and distributions from managed funds	2,947	2,359	3,127
Other revenue	92,305	251,341	96,504
Gains on sale/revaluation of assets	1,557	1,534	1,825
Total income	20,204,251	20,464,668	20,889,953
EXPENSES			
Employee expenses	12,953,979	13,224,215	13,880,201
Supplies and services	5,759,826	5,691,748	5,590,755
Grants and subsidies	177,391	240,980	99,708
Depreciation and amortisation	1,000,486	1,000,486	1,004,169
Finance/borrowing costs	53,086	53,203	53,880
Other expenses	238,982	229,315	238,815
Losses on sale/revaluation of assets	15,501	19,721	17,425
Total expenses	20,199,251	20,459,668	20,884,953
Income tax expense/revenue	..	..	..
OPERATING SURPLUS/(DEFICIT)	5,000	5,000	5,000

Reporting entity balance sheet

Queensland Health and Hospital and Health Services	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	961,751	1,059,228	792,053
Receivables	704,610	654,613	675,482
Other financial assets	..	..	..
Inventories	264,764	338,046	342,575
Other	128,917	128,887	130,311
Non-financial assets held for sale	..	..	..
Total current assets	2,060,042	2,180,774	1,940,421
NON-CURRENT ASSETS			
Receivables	91,435	87,503	76,790
Other financial assets	72,686	72,686	72,686
Property, plant and equipment	13,523,288	13,488,633	14,047,750
Deferred tax assets	..	..	..
Intangibles	389,639	340,712	315,304
Other	6,323	6,323	6,323
Total non-current assets	14,083,371	13,995,857	14,518,853
TOTAL ASSETS	16,143,413	16,176,631	16,459,274
CURRENT LIABILITIES			
Payables	825,888	881,586	667,055
Current tax liabilities	..	..	..
Accrued employee benefits	1,139,131	1,175,857	1,251,502
Interest bearing liabilities and derivatives	46,853	50,619	48,509
Provisions	184	184	184
Other	124,543	128,634	127,596
Total current liabilities	2,136,599	2,236,880	2,094,846
NON-CURRENT LIABILITIES			
Payables	..	..	..
Deferred tax liabilities	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	1,079,802	1,087,630	1,045,940
Provisions	..	..	..
Other	76,951	89,484	85,193
Total non-current liabilities	1,156,753	1,177,114	1,131,133
TOTAL LIABILITIES	3,293,352	3,413,994	3,225,979
NET ASSETS/(LIABILITIES)	12,850,061	12,762,637	13,233,295
EQUITY			
TOTAL EQUITY	12,850,061	12,762,637	13,233,295

Reporting entity cash flow statement

Queensland Health and Hospital and Health Services	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	12,283,406	12,332,464	12,714,683
User charges and fees	1,613,112	1,699,775	1,667,657
Royalties and land rent receipts	..	..	..
Grants and other contributions	5,775,887	5,790,358	6,118,255
Interest and distribution from managed funds received	2,947	2,359	3,127
Taxes	..	..	..
Other	429,872	596,760	442,339
Outflows:			
Employee costs	(12,953,007)	(13,197,759)	(13,812,062)
Supplies and services	(6,045,440)	(5,997,126)	(5,871,522)
Grants and subsidies	(177,594)	(241,183)	(99,708)
Borrowing costs	(53,086)	(53,385)	(54,081)
Taxation equivalents paid	..	..	..
Other	(276,798)	(258,700)	(268,491)
Net cash provided by or used in operating activities	599,299	673,563	840,197
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	2,619	2,309	2,636
Investments redeemed	..	..	..
Loans and advances redeemed	8,606	9,613	7,436
Outflows:			
Payments for non-financial assets	(1,087,165)	(924,935)	(1,346,104)
Payments for investments	..	..	..
Loans and advances made	..	11	..
Net cash provided by or used in investing activities	(1,075,940)	(913,002)	(1,336,032)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	680,390	540,503	1,073,301
Outflows:			
Borrowing redemptions	(8,996)	(8,995)	(9,868)
Finance lease payments	(34,975)	(37,639)	(33,932)
Equity withdrawals	(779,130)	(779,130)	(800,841)
Dividends paid	..	..	..
Net cash provided by or used in financing activities	(142,711)	(285,261)	228,660
Net increase/(decrease) in cash held	(619,352)	(524,700)	(267,175)
Cash at the beginning of financial year	1,581,103	1,583,928	1,059,228
Cash transfers from restructure	..	..	..
Cash at the end of financial year	961,751	1,059,228	792,053

Department of Health

Overview

The Department of Health's vision is for a world class health system for all Queenslanders and purpose is to provide highly effective health system leadership.

Contribution to the Government's Objectives for the Community

The service areas within the Department of Health contribute to the following government objectives:

Government's Objectives for the Community	Department's objectives	Department's service areas
<ul style="list-style-type: none">• Safeguarding our health• Building Queensland• Growing our regions• Investing in skills• Backing our frontline services• Supporting jobs	<p>Keeping our health system pandemic-ready and rolling out the vaccination program across the eligible population</p> <p>Driving investment in health infrastructure and hospitals that supports our recovery and the wellbeing of our diverse communities</p> <p>Helping Queensland's regions grow by attracting clinical expertise and building capacity within our rural and remote health network</p> <p>Ensure we have a skilled and capable workforce to deliver health system leadership, policy and strategy</p> <p>Supporting investment in world-class frontline health services</p>	<p>Queensland Health Corporate and Clinical Support</p> <p>To support the delivery of safe and responsive services for Queenslanders</p>

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Queensland Health	2020–21 Adjusted Budget	2020–21 Est. Actual	2021–22 Budget
Department of Health	8,183	8,183	8,183
Queensland Ambulance Service	4,848	4,911	5,025
Total FTEs	13,031	13,094	13,208

Notes:

1. Corporate FTEs are allocated across the service to which they relate.
2. The increase in Queensland Ambulance Service FTEs relates to the recruitment of additional ambulance operatives to assist with the COVID-19 health response and demand for ambulance services and pre-hospital emergency medical care.
3. The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

Queensland Health Corporate and Clinical Support

Service area objective

To support the delivery of safe and responsive services for Queenslanders.

Service standards	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
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%	99.70%	92.0%
Percentage of high level ICT incidents resolved within specified timeframes ²			
• Priority 1	80%	100%	80%
• Priority 2	80%	80.4%	80%
Efficiency measures			
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5% unfavourable tolerance ³	95%	88%	95%
Percentage of correct, on time pays ⁴	98%	99.8%	98%
Percentage of calls to 13 HEALTH answered within 20 seconds ⁵	80%	82.25%	80%
Other measures			
Percentage of initiatives with a status reported as "action required" (Red) ⁶	New measure	New measure	5.7%
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 ⁷	100%	100%	100%
Discontinued measures			
Percentage of initiatives with a status reported as critical (Red) ^{6,8}	<15%	12%	Discontinued measure

Notes:

1. The Wide Area Network (WAN) 2020–21 Estimated Actual represents average monthly availability across the period from July 2020 to March 2021.
2. The high-level ICT incidents resolved 2020–21 Estimated Actual is calculated across the period 1 July 2020 to 27 April 2021. Figures include downgraded incidents.
3. The percentage of capital infrastructure projects delivered on budget and within time 2020–21 Estimated Actual is based on data as at the end of April 2021.
4. Percentage of correct, on time pays is Percentage of correct, on time pays for the period 1 July 2020 to 16 May 2021.
5. The 13 HEALTH calls performance is based on the period 1 July 2020 to 30 April 2021.
6. The scope of the initiative reporting has been broadened to include all ICT-enabled initiatives reported by Queensland Health, instead of only eHealth Qld-led initiatives. The change will align with reporting provided to the Queensland Government Digital Projects Dashboard.
7. The VLAD 2020–21 Estimated Actual is based on the period 1 July 2020 to 30 April 2021.
8. The eHealth Queensland delivered initiatives 2020–21 Estimated Actual is based on the Queensland Government Digital Projects Dashboard March 2021 dataset.

Controlled income statement

Queensland Health	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
Appropriation revenue	12,638,659	12,687,717	12,919,108
Taxes	..	..	..
User charges and fees	11,416,636	11,457,713	11,681,526
Royalties and land rents	..	..	..
Grants and other contributions	5,645,020	5,661,331	5,992,739
Interest and distributions from managed funds	617	278	1,051
Other revenue	25,796	164,648	21,578
Gains on sale/revaluation of assets	1,243	619	900
Total income	29,727,971	29,972,306	30,616,902
EXPENSES			
Employee expenses	11,146,252	11,371,868	11,635,054
Supplies and services	18,067,555	18,128,049	18,659,325
Grants and subsidies	162,857	229,109	89,660
Depreciation and amortisation	170,434	168,288	164,186
Finance/borrowing costs	1,165	1,165	1,073
Other expenses	173,364	44,907	45,858
Losses on sale/revaluation of assets	1,344	3,288	1,545
Total expenses	29,722,971	29,946,674	30,596,701
OPERATING SURPLUS/(DEFICIT)	5,000	25,632	20,201

Controlled balance sheet

Queensland Health	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	420,335	529,826	270,696
Receivables	1,205,270	992,213	1,050,676
Other financial assets	..	..	..
Inventories	152,104	226,492	230,018
Other	97,281	99,281	99,633
Non-financial assets held for sale	..	..	..
Total current assets	1,874,990	1,847,812	1,651,023
NON-CURRENT ASSETS			
Receivables	91,435	87,503	76,790
Other financial assets	72,686	72,686	72,686
Property, plant and equipment	1,172,078	1,302,968	1,722,666
Intangibles	354,272	312,184	297,969
Other	5,748	5,748	5,748
Total non-current assets	1,696,219	1,781,089	2,175,859
TOTAL ASSETS	3,571,209	3,628,901	3,826,882
CURRENT LIABILITIES			
Payables	604,421	575,827	369,425
Accrued employee benefits	1,092,956	1,092,956	1,162,974
Interest bearing liabilities and derivatives	2,537	3,239	3,298
Provisions	..	..	..
Other	107,663	107,663	107,663
Total current liabilities	1,807,577	1,779,685	1,643,360
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	71,096	70,534	67,236
Provisions	..	..	..
Other	1,587	553	..
Total non-current liabilities	72,683	71,087	67,236
TOTAL LIABILITIES	1,880,260	1,850,772	1,710,596
NET ASSETS/(LIABILITIES)	1,690,949	1,778,129	2,116,286
EQUITY			
TOTAL EQUITY	1,690,949	1,778,129	2,116,286

Controlled cash flow statement

Queensland Health	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	12,283,406	12,332,464	12,714,683
User charges and fees	11,390,924	11,566,530	11,658,922
Royalties and land rent receipts	..	..	..
Grants and other contributions	5,560,758	5,568,889	5,898,237
Interest and distribution from managed funds received	617	278	1,051
Taxes	..	..	..
Other	146,725	373,542	149,007
Outflows:			
Employee costs	(11,105,438)	(11,342,296)	(11,572,542)
Supplies and services	(18,136,098)	(18,247,917)	(18,708,046)
Grants and subsidies	(162,857)	(229,109)	(89,660)
Borrowing costs	(1,165)	(1,165)	(1,073)
Other	(198,487)	(113,683)	(63,093)
Net cash provided by or used in operating activities	(221,615)	(92,467)	(12,514)
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	1,993	1,297	1,650
Investments redeemed	..	..	..
Loans and advances redeemed	8,606	9,613	7,436
Outflows:			
Payments for non-financial assets	(843,345)	(693,676)	(1,328,846)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(832,746)	(682,766)	(1,319,760)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,510,442	1,372,701	1,913,284
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(4,188)	(4,048)	(3,239)
Equity withdrawals	(964,149)	(996,185)	(836,901)
Net cash provided by or used in financing activities	542,105	372,468	1,073,144
Net increase/(decrease) in cash held	(512,256)	(402,765)	(259,130)
Cash at the beginning of financial year	932,591	932,591	529,826
Cash transfers from restructure	..	..	..
Cash at the end of financial year	420,335	529,826	270,696

Administered income statement

Queensland Health	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
Appropriation revenue	69,296	69,770	77,212
Taxes	..	..	..
User charges and fees	..	..	..
Royalties and land rents	..	..	..
Grants and other contributions	..	..	..
Interest and distributions from managed funds	..	..	..
Other revenue	4	4	4
Gains on sale/revaluation of assets	..	..	..
Total income	69,300	69,774	77,216
EXPENSES			
Employee expenses	..	..	..
Supplies and services	..	..	..
Grants and subsidies	69,300	69,774	77,216
Depreciation and amortisation	..	..	..
Finance/borrowing costs	..	..	..
Other expenses	..	..	..
Losses on sale/revaluation of assets	..	..	..
Transfers of Administered Revenue to Government	..	..	..
Total expenses	69,300	69,774	77,216
OPERATING SURPLUS/(DEFICIT)	..	..	..

Administered balance sheet

Queensland Health	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	4	4	4
Receivables	..	..	..
Other financial assets	..	..	..
Inventories	..	..	..
Other	..	..	..
Non-financial assets held for sale	..	..	..
Total current assets	4	4	4
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	..	..	..
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	..	..	..
TOTAL ASSETS	4	4	4
CURRENT LIABILITIES			
Payables	..	..	..
Transfers to Government payable	4	4	4
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	4	4	4
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	4	4	4
NET ASSETS/(LIABILITIES)	..	..	..
EQUITY			
TOTAL EQUITY	..	..	..

Administered cash flow statement

Queensland Health	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	69,296	69,770	77,212
User charges and fees	..	..	..
Royalties and land rent receipts	..	..	..
Grants and other contributions	..	..	..
Interest and distribution from managed funds received	..	..	..
Taxes	..	..	..
Other	4	4	4
Outflows:			
Employee costs	..	..	..
Supplies and services	..	..	..
Grants and subsidies	(69,300)	(69,774)	(77,216)
Borrowing costs	..	..	..
Other	..	..	..
Transfers to Government	..	..	..
Net cash provided by or used in operating activities	..	..	..
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	..	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
Net cash provided by or used in financing activities	..	..	..
Net increase/(decrease) in cash held	..	..	..
Cash at the beginning of financial year	4	4	4
Cash transfers from restructure	..	..	..
Cash at the end of financial year	4	4	4

Queensland Ambulance Service

Overview

The Queensland Ambulance Service (QAS) was established by the *Ambulance Service Act 1991* and is the principal provider of pre-hospital emergency medical care and ambulance transport services in Queensland.

The QAS is an integral part of the primary health care sector in Queensland. The QAS's vision is Excellence in Ambulance Services and its purpose is to deliver timely, quality and appropriate, patient-focused ambulance services to the Queensland community.

The QAS delivers ambulance services from 302 response locations across Queensland. Statewide ambulance services are coordinated through operations centres. There are 8 operations centres throughout Queensland that are responsible for emergency call taking, operational deployment and dispatch and coordination of non-urgent patient transport services.

Key deliverables

In 2021–22, the QAS will:

- recruit an additional 100 ambulance operatives in 2021–22 as part of the Queensland Government's commitment for an additional 475 ambulance operatives over the next 4 years to meet continuing growth in demand for ambulance services and pre-hospital emergency medical care, and an additional 14 positions to support frontline services
- commission 136 new and replacement ambulance vehicles
- progress the planning and construction phases for new ambulance stations at Caloundra South, Petrie (Lawnton), Morayfield, Ormeau, Ripley, replacement of the North Rockhampton Ambulance Station, the new Burdell Ambulance Station and the Townsville Local Ambulance Service Network office
- undertake planning and construction phases for the redevelopment of the Cairns Ambulance Station and Operations Centre, the Southport Ambulance Station and Gold Coast Operations Centre, and refurbishment of the Rockhampton Ambulance Station and Operations Centre
- progress the implementation of dynamic deployment technology to optimise operational resourcing across acute emergency dispatch, resource planning and non-emergency patient transport.

Performance Statements

Ambulance Services

Service area objective

To provide timely, quality and appropriate, patient-focused ambulance services to the Queensland community.

Queensland Ambulance Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Time within which code 1 incidents are attended - 50th percentile response time (minutes) ¹			
• Code 1A	8.2	7.9	8.2
• Code 1B	8.2	9.7	8.2
• Code 1C	8.2	10.8	8.2
Time within which code 1 incidents are attended - 90th percentile response time (minutes) ¹			
• Code 1A	16.5	15.5	16.5
• Code 1B	16.5	19.2	16.5
• Code 1C	16.5	21.6	16.5
Percentage of Triple Zero (000) calls answered within 10 seconds ¹	90%	89.5%	90%
Percentage of non-urgent incidents attended to by the appointment time ¹	70%	80.9%	70%
Percentage of patients who report a clinically meaningful pain reduction ¹	85%	82.0%	85%
Patient experience ^{2,3}	97%	98.0%	97%
Efficiency measure			
Gross cost per incident ⁴	\$760	\$767	\$772

Notes:

1. The 2020–21 Estimated Actuals for Queensland Ambulance Services measures are for the period 1 July 2020 to 30 April 2021.
2. 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.
3. The 2020–21 Estimated Actual figure for the patient experience percentage is based on the 2019–20 figure in the CAA Report released in October 2020.
4. The gross cost per incident measure reports ambulance service expenditure divided by the number of incidents. The increase in the 2020–21 Estimated Actual reflect the increased cost of the COVID-19 response. The 2021–22 Target/Estimate gross cost per incident relates to additional costs associated with frontline staff enhancements to meet increasing demand for ambulance transport services, wage increases and increased operating costs.

Controlled income statement

Queensland Ambulance Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
Appropriation revenue	877,662	878,153	921,344
Taxes	..	..	..
User charges and fees	32,144	31,351	36,802
Royalties and land rents	..	..	..
Grants and other contributions	26,965	33,957	33,129
Interest and distributions from managed funds	..	..	..
Other revenue	1,167	1,292	1,181
Gains on sale/revaluation of assets	950	619	900
Total income	938,888	945,372	993,356
EXPENSES			
Employee expenses	734,989	739,543	774,957
Supplies and services	155,767	150,093	160,879
Grants and subsidies	..	..	..
Depreciation and amortisation	40,284	40,284	42,410
Finance/borrowing costs	11	11	..
Other expenses	1,493	8,469	8,565
Losses on sale/revaluation of assets	1,344	1,972	1,545
Total expenses	933,888	940,372	988,356
OPERATING SURPLUS/(DEFICIT)	5,000	5,000	5,000

Controlled balance sheet

Queensland Ambulance Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	39,387	50,111	42,360
Receivables	21,113	21,113	21,619
Other financial assets	..	..	..
Inventories	..	..	..
Other	9,618	9,618	8,159
Non-financial assets held for sale	..	..	..
Total current assets	70,118	80,842	72,138
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	529,329	522,252	536,910
Intangibles	15,219	11,572	15,528
Other	..	..	..
Total non-current assets	544,548	533,824	552,438
TOTAL ASSETS	614,666	614,666	624,576
CURRENT LIABILITIES			
Payables	21,500	21,500	19,500
Accrued employee benefits	29,530	29,530	30,840
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	311	311	311
Total current liabilities	51,341	51,341	50,651
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	51,341	51,341	50,651
NET ASSETS/(LIABILITIES)	563,325	563,325	573,925
EQUITY			
TOTAL EQUITY	563,325	563,325	573,925

Controlled cash flow statement

Queensland Ambulance Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	880,168	880,659	919,344
User charges and fees	30,800	29,379	35,257
Royalties and land rent receipts	..	..	..
Grants and other contributions	26,965	26,981	26,093
Interest and distribution from managed funds received	..	..	..
Taxes	..	..	..
Other	1,167	1,292	1,181
Outflows:			
Employee costs	(755,461)	(760,015)	(772,694)
Supplies and services	(155,767)	(150,093)	(160,879)
Grants and subsidies	..	..	..
Borrowing costs	(11)	(11)	..
Other	(1,493)	(1,493)	(1,529)
Net cash provided by or used in operating activities	26,368	26,699	46,773
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	1,700	1,369	1,650
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(55,818)	(45,094)	(61,774)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(54,118)	(43,725)	(60,124)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	7,660	7,660	5,600
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,371)	(1,371)	..
Equity withdrawals	..	..	..
Net cash provided by or used in financing activities	6,289	6,289	5,600
Net increase/(decrease) in cash held	(21,461)	(10,737)	(7,751)
Cash at the beginning of financial year	60,848	60,848	50,111
Cash transfers from restructure	..	..	..
Cash at the end of financial year	39,387	50,111	42,360

Cairns and Hinterland Hospital and Health Service

Overview

The Cairns and Hinterland Hospital and Health Service's (HHS) vision is for excellence in health care, wellbeing, research and education in Far North Queensland. Our purpose is to work together with our community, providing health care services to improve health and wellbeing in Far North Queensland.

Contribution to the Government's Objectives for the Community

The service area within the Cairns and Hinterland HHS contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health Building Queensland Growing our regions Investing in skills Backing our frontline services 	<p>Work to provide safe and equitable health care close to home for our patients, their families and our communities</p> <p>Improve our service delivery and partnerships with Aboriginal and Torres Strait Islander communities to improve health and wellbeing outcomes</p> <p>Promote and undertake research and education to deliver better health outcomes for our community</p> <p>Meet the needs of our community through safe and sustainable growth and service delivery</p>	<p>Cairns and Hinterland Hospital and Health Service</p> <p>To deliver public hospital and health services for the Cairns and Hinterland community</p>

Key deliverables

In 2021–22, the Cairns and Hinterland HHS will:

- work to provide safe and equitable healthcare close to home for our patients, their families and our communities
- improve our service delivery and partnership with Aboriginal and Torres Strait Islander communities to improve health and wellbeing outcomes
- promote and undertake research and education to deliver better health outcomes for our community
- deliver the COVID-19 vaccination program in Cairns and Hinterland HHS as directed by Queensland Health
- deliver on a Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Cairns and Hinterland Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	5,044	5,061	5,397

Notes:

- Corporate FTEs are allocated across the service to which they relate.
- The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

Cairns and Hinterland Hospital and Health Service

Service area objective

To deliver public hospital and health services for the Cairns and Hinterland community.

Cairns and Hinterland Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	99%	100%
• Category 2 (within 10 minutes)	80%	76%	80%
• Category 3 (within 30 minutes)	75%	76%	75%
• Category 4 (within 60 minutes)	70%	76%	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 ¹	>80%	76%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	82%	>98%
• Category 2 (90 days) ³	..	65%	..
• Category 3 (365 days) ³	..	63%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.8	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	62.4%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	14.9%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
• Category 1 (30 days)	83%	58%	83%
• Category 2 (90 days) ⁸	..	39%	..
• Category 3 (365 days) ⁸	..	77%	..
Percentage of specialist outpatients seen within clinically recommended times ⁹			
• Category 1 (30 days)	77%	80%	77%
• Category 2 (90 days) ⁸	..	52%	..
• Category 3 (365 days) ⁸	..	67%	..
Median wait time for treatment in emergency departments (minutes) ¹	..	15	..
Median wait time for elective surgery treatment (days) ²	..	51	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$4,767	\$4,988	\$4,825

Cairns and Hinterland Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ¹¹			
• Category 1 (30 days)	3,092	2,599	3,092
• Category 2 (90 days) ³	..	1,595	..
• Category 3 (365 days) ³	..	1,039	..
Number of Telehealth outpatients service events ¹²	7,729	8,950	8,600
Total weighted activity units (WAU) ¹³			
• Acute Inpatients	95,511	92,958	97,152
• Outpatients	22,790	26,558	23,172
• Sub-acute	11,203	11,414	11,109
• Emergency Department	21,495	21,019	22,169
• Mental Health	8,202	7,414	8,434
• Prevention and Primary Care	3,382	2,976	3,460
Ambulatory mental health service contact duration (hours) ¹⁴	>72,247	59,896	>72,247

Notes:

- During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
- Mental Health rate of community follow up 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Mental Health readmissions 2020–21 Estimated Actuals are for the period 1 July 2020 to 28 February 2021.
- Waiting within clinically recommended time is a point in time performance measure and has been impacted by preparing for COVID-19. 2020–21 Estimated Actual is as at 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time and waiting in time performance targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- As a result of preparing for COVID-19, the seen in time performance was impacted in 2019–20. This impact has continued throughout 2020–21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended. Seen in time 2020–21 Estimated Actual is for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
- Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
- Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

Cairns and Hinterland Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	1,032,802	1,063,863	1,062,426
Grants and other contributions	11,548	11,548	11,749
Interest and distributions from managed funds	41	41	42
Other revenue	6,920	6,919	7,057
Gains on sale/revaluation of assets	..	..	..
Total income	1,051,311	1,082,371	1,081,274
EXPENSES			
Employee expenses	126,489	126,489	132,768
Supplies and Services:			
Other supplies and services	224,929	247,853	159,301
Department of Health contract staff	623,097	623,097	703,252
Grants and subsidies	..	..	..
Depreciation and amortisation	56,274	54,897	55,096
Finance/borrowing costs	..	..	..
Other expenses	18,736	28,249	29,054
Losses on sale/revaluation of assets	1,786	1,786	1,803
Total expenses	1,051,311	1,082,371	1,081,274
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Cairns and Hinterland Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	8,922	8,411	9,028
Receivables	22,056	19,437	20,140
Other financial assets	..	..	..
Inventories	5,061	5,061	4,968
Other	1,745	1,745	1,779
Non-financial assets held for sale	..	..	..
Total current assets	37,784	34,654	35,915
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	724,573	733,171	707,443
Intangibles	404	659	584
Other	..	..	..
Total non-current assets	724,977	733,830	708,027
TOTAL ASSETS	762,761	768,484	743,942
CURRENT LIABILITIES			
Payables	55,863	52,729	53,861
Accrued employee benefits	1,565	1,565	1,614
Interest bearing liabilities and derivatives	501	266	187
Provisions	..	..	..
Other	1,735	1,735	1,739
Total current liabilities	59,664	56,295	57,401
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	(188)	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	(188)	..	..
TOTAL LIABILITIES	59,476	56,295	57,401
NET ASSETS/(LIABILITIES)	703,285	712,189	686,541
EQUITY			
TOTAL EQUITY	703,285	712,189	686,541

Cash flow statement

Cairns and Hinterland Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,030,452	1,061,513	1,060,047
Grants and other contributions	11,548	11,548	11,749
Interest and distribution from managed funds received	41	41	42
Other	22,690	25,308	22,827
Outflows:			
Employee costs	(126,441)	(126,441)	(132,719)
Supplies and services	(862,782)	(888,840)	(877,288)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(18,736)	(28,249)	(29,054)
Net cash provided by or used in operating activities	56,772	54,880	55,604
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(10,629)	(10,629)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(10,629)	(10,629)	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	10,468	10,468	188
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(400)	(396)	(79)
Equity withdrawals	(56,274)	(54,897)	(55,096)
Net cash provided by or used in financing activities	(46,206)	(44,825)	(54,987)
Net increase/(decrease) in cash held	(63)	(574)	617
Cash at the beginning of financial year	8,985	8,985	8,411
Cash transfers from restructure	..	..	..
Cash at the end of financial year	8,922	8,411	9,028

Central Queensland Hospital and Health Service

Overview

The Central Queensland Hospital and Health Service (HHS) strategic vision is Great Care for Central Queenslanders. Our mission is to have great people delivering great quality care and improving health.

Contribution to the Government's Objectives for the Community

The service area within the Central Queensland HHS contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health Building Queensland Growing our regions Investing in skills 	<p><i>Great Care, Great Experience:</i> Safe, compassionate care, delivered to the highest standards, close to home, with consumers at the heart of everything we do</p> <p><i>Great Learning and Research:</i> Great place to learn, research and shape the future of healthcare</p> <p><i>Great Partnerships:</i> Working collaboratively with our partners to deliver great care and improve the health of Central Queenslanders</p> <p><i>Sustainable Future:</i> Securing the future of great healthcare with efficient, effective affordable and sustainable services</p>	<p>Central Queensland Hospital and Health Service</p> <p>To deliver public hospital and health services to the Central Queensland community</p>

Key deliverables

In 2021–22, the Central Queensland HHS will:

- deliver the COVID-19 vaccination program in Central Queensland HHS as directed by Queensland Health
- deliver the second year of the HHS COVID-19 financial recovery plan
- in partnership with Central Queensland University, commence the first year of the Central Queensland University's Bachelor of Biomedical Sciences Degree which is year one of the first ever end-to-end regional medical program to be delivered in Central Queensland
- commence construction on the cardiac hybrid theatre at Rockhampton Hospital which will enable interventional cardiology to be provided at Rockhampton Hospital so patients can receive their care in Central Queensland rather than travelling to Brisbane
- in partnership with Lives Lived Well, open the 42-bed drug rehabilitation service at Rockhampton to provide essential drug rehabilitation and detox services to Central Queenslanders
- deliver services from the Gladstone Hospital, West Wing, as part of an integrated Gladstone health facility campus for the region; expanded public hospital services, choice to patients through public private partnerships and a learning centre of excellence with the Central Queensland Medical School commencing in 2022–23
- deliver on a Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Central Queensland Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	3,308	3,439	3,419

Notes:

1. Corporate FTEs are allocated across the service to which they relate.
2. The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

Central Queensland Hospital and Health Service

Service area objective

To deliver public hospital and health services for the Central Queensland community.

Central Queensland Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100% 80% 75% 70% 70%	100% 73% 72% 81% 96%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	77%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	94% 88% 79%	>98%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.9	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	59.9%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	8.7%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	76% 52% 69%	98%
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	88% 65% 60%	98%
Median wait time for treatment in emergency departments (minutes) ¹	..	13	..
Median wait time for elective surgery treatment (days) ²	..	54	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$4,822	\$4,928	\$4,900

Central Queensland Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ¹¹			
• Category 1 (30 days)	1,876	1,717	1,876
• Category 2 (90 days) ³	..	1,531	..
• Category 3 (365 days) ³	..	1,162	..
Number of Telehealth outpatients service events ¹²	17,133	17,914	17,133
Total weighted activity units (WAU) ¹³			
• Acute Inpatients	50,028	49,179	51,601
• Outpatients	13,019	12,269	13,381
• Sub-acute	4,712	5,704	4,764
• Emergency Department	17,296	17,913	19,210
• Mental Health	4,942	4,553	5,422
• Prevention and Primary Care	2,828	2,766	2,860
Ambulatory mental health service contact duration (hours) ¹⁴	>38,352	41,036	>38,352

Notes:

- During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
- Mental Health rate of community follow up 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Mental Health readmissions 2020–21 Estimated Actuals are for the period 1 July 2020 to 28 February 2021.
- Waiting within clinically recommended time is a point in time performance measure and has been impacted by preparing for COVID-19. 2020–21 Estimated Actual is as at 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time and waiting in time performance targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- As a result of preparing for COVID-19, the seen in time performance was impacted in 2019–20. This impact has continued throughout 2020–21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended. Seen in time 2020–21 Estimated Actual is for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
- Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
- Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

Central Queensland Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	637,275	658,560	667,612
Grants and other contributions	20,922	19,825	20,221
Interest and distributions from managed funds	3	3	3
Other revenue	3,133	3,498	3,568
Gains on sale/revaluation of assets	..	..	..
Total income	661,333	681,886	691,404
EXPENSES			
Employee expenses	77,640	74,812	76,683
Supplies and Services:			
Other supplies and services	177,859	180,342	175,909
Department of Health contract staff	364,791	390,366	397,149
Grants and subsidies	552	568	582
Depreciation and amortisation	31,697	26,805	28,090
Finance/borrowing costs	5	5	1
Other expenses	8,384	12,024	12,544
Losses on sale/revaluation of assets	405	664	446
Total expenses	661,333	685,586	691,404
OPERATING SURPLUS/(DEFICIT)	..	(3,700)	..

Balance sheet

Central Queensland Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	5,354	5,111	3,739
Receivables	13,820	8,234	7,899
Other financial assets	..	..	..
Inventories	4,975	4,975	5,003
Other	289	289	343
Non-financial assets held for sale	..	..	..
Total current assets	24,438	18,609	16,984
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	410,920	433,880	462,889
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	410,920	433,880	462,889
TOTAL ASSETS	435,358	452,489	479,873
CURRENT LIABILITIES			
Payables	34,986	32,857	31,105
Accrued employee benefits	2,763	2,763	2,794
Interest bearing liabilities and derivatives	511	676	563
Provisions	..	..	..
Other	737	737	737
Total current liabilities	38,997	37,033	35,199
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	(113)	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	(113)	..	..
TOTAL LIABILITIES	38,884	37,033	35,199
NET ASSETS/(LIABILITIES)	396,474	415,456	444,674
EQUITY			
TOTAL EQUITY	396,474	415,456	444,674

Cash flow statement

Central Queensland Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	637,530	663,483	668,105
Grants and other contributions	15,189	15,169	15,472
Interest and distribution from managed funds received	3	3	3
Other	16,401	17,684	17,168
Outflows:			
Employee costs	(77,609)	(74,781)	(76,652)
Supplies and services	(556,208)	(586,654)	(588,379)
Grants and subsidies	(552)	(568)	(582)
Borrowing costs	(5)	(5)	(1)
Other	(3,321)	(8,038)	(8,481)
Net cash provided by or used in operating activities	31,428	26,293	26,653
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	102	102	71
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(6,478)	(6,478)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(6,376)	(6,376)	71
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	5,159	5,159	107
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(586)	(586)	(113)
Equity withdrawals	(31,697)	(26,805)	(28,090)
Net cash provided by or used in financing activities	(27,124)	(22,232)	(28,096)
Net increase/(decrease) in cash held	(2,072)	(2,315)	(1,372)
Cash at the beginning of financial year	7,426	7,426	5,111
Cash transfers from restructure	..	..	..
Cash at the end of financial year	5,354	5,111	3,739

Central West Hospital and Health Service

Overview

The Central West Hospital and Health Service's (HHS) vision is to be a leading provider of far-reaching healthcare.

Our purpose is to work with our partners - within and outside - the healthcare system to go the distance to make a difference in the lives of the people in our care. To achieve this, Central West HHS draws on the resilience and resourcefulness of its experienced and committed people as we work collaboratively to overcome distance. We combine our knowledge and experience with an entrepreneurial spirit which is uniquely part of the Central West.

Contribution to the Government's Objectives for the Community

The service area within the Central West HHS contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health Growing our regions Investing in skills Backing our frontline services 	Integrated planning and co-design of safe, quality, and sustainable primary and acute healthcare delivery which maximise opportunity for improved health outcomes	Central West Hospital and Health Service To deliver public hospital and health services to the Central West Queensland community

Key deliverables

In 2021–22, the Central West HHS will:

- consider flexible and innovative approaches to fulfil obligations in terms of COVID-19 preparedness and maintaining access to safe, quality and appropriate healthcare services
- deliver the COVID-19 vaccination program in the Central West HHS region as directed by Queensland Health
- activate clinician and staff engagement across the organisation
- complete integrated workforce planning which includes an Aboriginal and Torres Strait Islander Health Worker career structure
- grow and strengthen the voice of consumers, including Aboriginal and Torres Strait Islander peoples, in the design, delivery and evaluation of services
- deliver on a Health Equity Strategy as legislated under the *Hospital and Health Boards Act 2011*
- work to ensure relevant actions from the Central West Hospital and Health Service Plan 2020–2025 are on track
- maintain access to emergency care through the Primary Health Centres and Emergency Departments.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Central West Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	386	386	386

Notes:

- Corporate FTEs are allocated across the service to which they relate.
- The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

Central West Hospital and Health Service

Service area objective

To deliver public hospital and health services for the Central West community.

Central West Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	98%	80%
• Category 3 (within 30 minutes)	75%	99%	75%
• Category 4 (within 60 minutes)	70%	99%	70%
• Category 5 (within 120 minutes)	70%	100%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	95%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	98%	>98%
• Category 2 (90 days) ³	..	96%	..
• Category 3 (365 days) ³	..	82%	..
Median wait time for treatment in emergency departments (minutes) ¹	..	1	..
Median wait time for elective surgery treatment (days) ²	..	58	..
Efficiency measure			
Not identified			
Other measures			
Number of elective surgery patients treated within clinically recommended times ⁴			
• Category 1 (30 days)	41	58	41
• Category 2 (90 days) ³	..	65	..
• Category 3 (365 days) ³	..	113	..
Number of Telehealth outpatients service events ⁵	4,211	4,360	4,300
Total weighted activity units (WAU) ⁶			
• Acute Inpatients	2,284	2,283	2,277
• Outpatients	1,841	1,103	1,761
• Sub-acute	280	392	267
• Emergency Department	941	992	937
• Mental Health	92	138	97
• Prevention and Primary Care	140	171	155
Ambulatory mental health service contact duration (hours) ⁷	>2,016	1,954	>2,016

Notes:

1. During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
2. In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
3. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
4. Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
5. Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
6. The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
7. Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

Central West Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	82,367	87,069	86,141
Grants and other contributions	3,321	3,058	3,405
Interest and distributions from managed funds	3	1	3
Other revenue	380	344	389
Gains on sale/revaluation of assets	..	..	..
Total income	86,071	90,472	89,938
EXPENSES			
Employee expenses	9,685	9,382	9,661
Supplies and Services:			
Other supplies and services	23,060	26,899	26,873
Department of Health contract staff	45,089	43,172	43,948
Grants and subsidies	..	..	..
Depreciation and amortisation	6,528	9,012	7,388
Finance/borrowing costs	43	31	20
Other expenses	1,601	1,886	1,958
Losses on sale/revaluation of assets	65	90	90
Total expenses	86,071	90,472	89,938
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Central West Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	252	736	934
Receivables	901	691	697
Other financial assets	..	..	..
Inventories	757	757	768
Other	662	195	203
Non-financial assets held for sale	..	..	..
Total current assets	2,572	2,379	2,602
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	121,734	105,107	103,137
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	121,734	105,107	103,137
TOTAL ASSETS	124,306	107,486	105,739
CURRENT LIABILITIES			
Payables	3,929	4,031	4,219
Accrued employee benefits	530	403	438
Interest bearing liabilities and derivatives	440	561	332
Provisions	..	..	..
Other	30	..	..
Total current liabilities	4,929	4,995	4,989
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	748	753	422
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	748	753	422
TOTAL LIABILITIES	5,677	5,748	5,411
NET ASSETS/(LIABILITIES)	118,629	101,738	100,328
EQUITY			
TOTAL EQUITY	118,629	101,738	100,328

Cash flow statement

Central West Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	82,357	87,269	86,133
Grants and other contributions	2,433	2,170	2,494
Interest and distribution from managed funds received	3	1	3
Other	2,227	2,191	2,237
Outflows:			
Employee costs	(9,652)	(9,476)	(9,626)
Supplies and services	(69,909)	(71,299)	(72,577)
Grants and subsidies	..	..	..
Borrowing costs	(43)	(31)	(20)
Other	(713)	(1,028)	(1,047)
Net cash provided by or used in operating activities	6,703	9,797	7,597
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	(11)	(11)
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(1,567)	(1,567)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(1,567)	(1,578)	(11)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	2,039	2,100	560
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(533)	(709)	(560)
Equity withdrawals	(6,528)	(9,012)	(7,388)
Net cash provided by or used in financing activities	(5,022)	(7,621)	(7,388)
Net increase/(decrease) in cash held	114	598	198
Cash at the beginning of financial year	138	138	736
Cash transfers from restructure	..	..	..
Cash at the end of financial year	252	736	934

Children's Health Queensland Hospital and Health Service

Overview

Children's Health Queensland Hospital and Health Service's (CHQ) purpose is to improve the health and wellbeing of children and young people through world-class care, research, advocacy and leadership. Our vision is to lead life-changing care for children and young people for a healthier tomorrow.

Contribution to the Government's Objectives for the Community

The service areas within the CHQ contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health Supporting jobs Investing in skills Backing our frontline services 	<p>Create an inclusive environment where all people feel valued, safe, engaged and empowered</p> <p>Build and harness creativity, research, technology and collective expertise to prepare for the future</p> <p>Work together with a shared purpose to create a connected system of care</p> <p>Adapt and improve to achieve sustainable high quality outcomes</p>	<p>Children's Health Queensland Hospital and Health Service</p> <p>To deliver public hospital and health services for children and young people from across Queensland and northern New South Wales</p>

Key deliverables

In 2021–22, the key deliverables for CHQ include to:

- provide youth community mental health treatment and support services to mitigate the immediate and longer-term mental health impacts of COVID-19, as part of the Mental Health and Wellbeing Community Package
- deliver extended Hospital in The Home services as part of the COVID-19 response
- support the development of Dakabin Family and Community Place
- deliver the COVID-19 vaccination program as directed by Queensland Health
- deliver on a Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Children's Health Queensland Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	3,844	3,965	3,930

Notes:

- Corporate FTEs are allocated across the service to which they relate.
- The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

Children's Health Queensland Hospital and Health Service

Service area objective

To deliver specialist statewide hospital and health services for children and young people from across Queensland and northern New South Wales.

Children's Health Queensland Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100% 80% 75% 70% 70%	100% 86% 85% 92% 98%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	78%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	99% 80% 90%	>98%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	1.0	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	58.5%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	6.6%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	75% 58% 88%	98%
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	87% 44% 49%	98%
Median wait time for treatment in emergency departments (minutes) ¹	..	11	..
Median wait time for elective surgery treatment (days) ²	..	50	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$5,118	\$5,438	\$4,901

Children's Health Queensland Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ¹¹			
• Category 1 (30 days)	1,562	1,739	1,562
• Category 2 (90 days) ³	..	3,412	..
• Category 3 (365 days) ³	..	2,174	..
Number of Telehealth outpatients service events ¹²	8,542	10,484	8,542
Total weighted activity units (WAU) ¹³			
• Acute Inpatients	59,267	61,556	61,527
• Outpatients	17,100	13,899	15,741
• Sub-acute	2,616	2,131	2,682
• Emergency Department	9,186	8,694	9,289
• Mental Health	4,618	5,018	4,515
Ambulatory mental health service contact duration (hours) ¹⁴	>65,767	66,497	>65,767

Notes:

- During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
- Mental Health rate of community follow up 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Mental Health readmissions 2020–21 Estimated Actuals are for the period 1 July 2020 to 28 February 2021.
- Waiting within clinically recommended time is a point in time performance measure and has been impacted by preparing for COVID-19. 2020–21 Estimated Actual is as at 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time and waiting in time performance targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- As a result of preparing for COVID-19, the seen in time performance was impacted in 2019–20. This impact has continued throughout 2020–21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended. Seen in time 2020–21 Estimated Actual is for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021. 2021–22 target has been amended to accurately reflect the statewide service contribution of the HHSs.
- Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
- Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
- Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

Children's Health Queensland Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	858,475	889,746	885,756
Grants and other contributions	7,818	8,464	8,676
Interest and distributions from managed funds	190	190	195
Other revenue	3,962	6,297	3,457
Gains on sale/revaluation of assets	..	..	..
Total income	870,445	904,697	898,084
EXPENSES			
Employee expenses	89,441	117,336	114,503
Supplies and Services:			
Other supplies and services	230,154	232,305	211,169
Department of Health contract staff	471,028	467,966	485,281
Grants and subsidies	2,463	2,790	2,790
Depreciation and amortisation	68,183	69,235	69,183
Finance/borrowing costs	..	..	..
Other expenses	8,951	14,840	14,933
Losses on sale/revaluation of assets	225	225	225
Total expenses	870,445	904,697	898,084
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Children's Health Queensland Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	45,817	26,493	27,745
Receivables	23,668	19,735	19,999
Other financial assets	..	..	..
Inventories	7,839	7,389	7,428
Other	2,663	2,714	2,730
Non-financial assets held for sale	..	..	..
Total current assets	79,987	56,331	57,902
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,134,716	1,110,212	1,060,284
Intangibles	1,698	2,936	1,917
Other	..	..	..
Total non-current assets	1,136,414	1,113,148	1,062,201
TOTAL ASSETS	1,216,401	1,169,479	1,120,103
CURRENT LIABILITIES			
Payables	67,895	43,000	44,571
Accrued employee benefits	5,808	5,988	5,988
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	2,237	3,296	3,296
Total current liabilities	75,940	52,284	53,855
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	75,940	52,284	53,855
NET ASSETS/(LIABILITIES)	1,140,461	1,117,195	1,066,248
EQUITY			
TOTAL EQUITY	1,140,461	1,117,195	1,066,248

Cash flow statement

Children's Health Queensland Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	858,064	894,327	885,345
Grants and other contributions	1,387	2,033	2,084
Interest and distribution from managed funds received	190	190	195
Other	8,837	11,172	8,332
Outflows:			
Employee costs	(88,876)	(116,591)	(114,503)
Supplies and services	(704,711)	(728,296)	(699,887)
Grants and subsidies	(2,463)	(2,790)	(2,790)
Borrowing costs	..	..	..
Other	(2,520)	(8,409)	(8,341)
Net cash provided by or used in operating activities	69,908	51,636	70,435
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(4,039)	(4,039)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(4,039)	(4,039)	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	3,983	3,983	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(68,183)	(69,235)	(69,183)
Net cash provided by or used in financing activities	(64,200)	(65,252)	(69,183)
Net increase/(decrease) in cash held	1,669	(17,655)	1,252
Cash at the beginning of financial year	44,148	44,148	26,493
Cash transfers from restructure	..	..	..
Cash at the end of financial year	45,817	26,493	27,745

Darling Downs Hospital and Health Service

Overview

The Darling Downs Hospital and Health Service's (HHS) vision is caring for our communities – healthier together, and our purpose is to provide accessible and sustainable care, no matter where you live in our region.

Contribution to the Government's Objectives for the Community

The service area within the Darling Downs HHS contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health Backing our frontline services Protecting the environment 	<p>Patients recommend our care, and have a 'hassle free' experience provided by a compassionate team</p> <p>We inspire our communities about healthy lifestyle choices and take action to care for our environment</p> <p>We deliver safe, reliable care every day, in every environment, for everyone</p>	<p>Darling Downs Hospital and Health Service</p> <p>To deliver public hospital and health services for the Darling Downs community</p>

Key deliverables

In 2021–22, the Darling Downs HHS will:

- expand pre-admission clinic capacity at Toowoomba Hospital to support elective surgery patients
- implement recommendations from safety audits and reviews as part of the Work Health and Safety Systems Improvement Program
- deliver the COVID-19 vaccination program in Darling Downs HHS as directed by Queensland Health
- deliver on a Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Darling Downs Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	4,904	4,905	4,961

Notes:

- Corporate FTEs are allocated across the service to which they relate.
- The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

Darling Downs Hospital and Health Service

Service area objective

To deliver public hospital and health services for the Darling Downs community.

Darling Downs Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	98%	100%
• Category 2 (within 10 minutes)	80%	80%	80%
• Category 3 (within 30 minutes)	75%	69%	75%
• Category 4 (within 60 minutes)	70%	83%	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 ¹	>80%	83%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	98%	>98%
• Category 2 (90 days) ³	..	89%	..
• Category 3 (365 days) ³	..	75%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	1.2	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	69.5%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	13.9%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
• Category 1 (30 days)	98%	96%	98%
• Category 2 (90 days) ⁸	..	91%	..
• Category 3 (365 days) ⁸	..	93%	..
Percentage of specialist outpatients seen within clinically recommended times ⁹			
• Category 1 (30 days)	98%	97%	98%
• Category 2 (90 days) ⁸	..	75%	..
• Category 3 (365 days) ⁸	..	60%	..
Median wait time for treatment in emergency departments (minutes) ¹	..	12	..
Median wait time for elective surgery treatment (days) ²	..	44	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$4,632	\$4,977	\$4,757

Darling Downs Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ¹¹			
• Category 1 (30 days)	2,168	2,544	2,168
• Category 2 (90 days) ³	..	2,287	..
• Category 3 (365 days) ³	..	1,108	..
Number of Telehealth outpatients service events ¹²	12,906	14,467	13,500
Total weighted activity units (WAU) ¹³			
• Acute Inpatients	64,848	62,881	66,263
• Outpatients	12,421	12,667	12,943
• Sub-acute	6,936	7,898	6,916
• Emergency Department	18,972	20,269	19,487
• Mental Health	11,452	11,515	11,610
• Prevention and Primary Care	2,931	3,074	3,219
Ambulatory mental health service contact duration (hours) ¹⁴	>72,612	71,316	>72,612

Notes:

- During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
- Mental Health rate of community follow up 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Mental Health readmissions 2020–21 Estimated Actuals are for the period 1 July 2020 to 28 February 2021.
- Waiting within clinically recommended time is a point in time performance measure and has been impacted by preparing for COVID-19. 2020–21 Estimated Actual is as at 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time and waiting in time performance targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- As a result of preparing for COVID-19, the seen in time performance was impacted in 2019–20. This impact has continued throughout 2020–21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended. Seen in time 2020–21 Estimated Actual is for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
- Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
- Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

Darling Downs Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	851,786	878,106	888,910
Grants and other contributions	46,442	48,630	45,637
Interest and distributions from managed funds	324	200	204
Other revenue	2,802	3,517	2,427
Gains on sale/revaluation of assets	..	..	..
Total income	901,354	930,453	937,178
EXPENSES			
Employee expenses	93,336	101,244	103,400
Supplies and Services:			
Other supplies and services	205,428	220,622	213,259
Department of Health contract staff	551,337	555,166	567,759
Grants and subsidies	4,826	4,441	2,550
Depreciation and amortisation	35,124	37,056	38,289
Finance/borrowing costs	9	86	88
Other expenses	10,428	10,565	10,579
Losses on sale/revaluation of assets	866	1,273	1,254
Total expenses	901,354	930,453	937,178
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Darling Downs Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	44,216	41,045	33,229
Receivables	5,864	6,853	7,002
Other financial assets	..	..	..
Inventories	7,471	7,117	7,295
Other	3,974	4,143	4,246
Non-financial assets held for sale	..	..	..
Total current assets	61,525	59,158	51,772
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	501,835	437,141	463,350
Intangibles	48	98	5
Other	..	..	..
Total non-current assets	501,883	437,239	463,355
TOTAL ASSETS	563,408	496,397	515,127
CURRENT LIABILITIES			
Payables	58,207	51,125	53,106
Accrued employee benefits	935	962	1,346
Interest bearing liabilities and derivatives	843	1,864	1,601
Provisions	..	..	..
Other	996	3,851	3,948
Total current liabilities	60,981	57,802	60,001
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	1,069	5,811	4,210
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	1,069	5,811	4,210
TOTAL LIABILITIES	62,050	63,613	64,211
NET ASSETS/(LIABILITIES)	501,358	432,784	450,916
EQUITY			
TOTAL EQUITY	501,358	432,784	450,916

Cash flow statement

Darling Downs Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	847,237	875,526	888,787
Grants and other contributions	37,985	40,523	36,992
Interest and distribution from managed funds received	324	200	204
Other	17,046	21,331	16,355
Outflows:			
Employee costs	(96,460)	(104,341)	(103,016)
Supplies and services	(763,325)	(793,479)	(793,538)
Grants and subsidies	(5,029)	(4,644)	(2,550)
Borrowing costs	(9)	(86)	(88)
Other	(2,601)	(2,738)	(2,578)
Net cash provided by or used in operating activities	35,168	32,292	40,568
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(37)	(241)	(247)
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(19,634)	(16,824)	(8,691)
Payments for investments	..	..	..
Loans and advances made	..	8	..
Net cash provided by or used in investing activities	(19,671)	(17,057)	(8,938)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	8,725	8,725	707
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(884)	(1,861)	(1,864)
Equity withdrawals	(35,124)	(37,056)	(38,289)
Net cash provided by or used in financing activities	(27,283)	(30,192)	(39,446)
Net increase/(decrease) in cash held	(11,786)	(14,957)	(7,816)
Cash at the beginning of financial year	56,002	56,002	41,045
Cash transfers from restructure	..	..	..
Cash at the end of financial year	44,216	41,045	33,229

Gold Coast Hospital and Health Service

Overview

The Gold Coast Hospital and Health Service's (HHS) vision is to have the best health outcomes in Australia. Our purpose is to be a leader in compassionate, sustainable, highly reliable healthcare.

Contribution to the Government's Objectives for the Community

The service area within the Gold Coast HHS contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health Backing our frontline services Protecting the Environment 	<p>Deliver world-class care – always</p> <p>Drive future-focused change</p> <p>Making the best use of our resources – developing a responsible environmental sustainability agenda</p>	<p>Gold Coast Hospital and Health Service</p> <p>To deliver public hospital and health services for the Gold Coast community via acute and community-based service provision</p>

Key deliverables

In 2021–22, the Gold Coast HHS will:

- continue to embed a robust transformation culture to support organisational sustainability, including implementation of alternate models of care, maximising organisational efficiency, advancing digital health and collaborating across agencies, sectors, providers and stakeholders to achieve a system-based approach to health care service delivery
- improve access to mental health services via opening a new Crisis Response service and progressing the construction of the Secure Mental Health Rehabilitation Service on the Gold Coast University Hospital campus
- progress work to respond to growing demand, including exploring options for a future Northern Gold Coast health facility and interim demand management strategies
- commence construction of a satellite hospital on the Gold Coast
- deliver a Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*
- deliver the COVID-19 vaccination program in Gold Coast HHS as directed by Queensland Health.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Gold Coast Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	8,555	8,955	8,981

Notes:

- Corporate FTEs are allocated across the service to which they relate.
- The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

Gold Coast Hospital and Health Service

Service area objective

To deliver public hospital and health services for the Gold Coast community.

Gold Coast Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100% 80% 75% 70% 70%	100% 53% 62% 91% 91%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	73%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	98% 95% 90%	>98%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	1.0	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	64.5%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	12.3%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	66%	64% 37% 76%	66%
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	84%	75% 52% 54%	84%
Median wait time for treatment in emergency departments (minutes) ¹	..	10	..
Median wait time for elective surgery treatment (days) ²	..	38	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$5,081	\$5,202	\$5,164

Gold Coast Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ¹¹			
• Category 1 (30 days)	6,805	6,626	6,805
• Category 2 (90 days) ³	..	6,822	..
• Category 3 (365 days) ³	..	2,694	..
Number of Telehealth outpatients service events ¹²	5,876	12,986	10,200
Total weighted activity units (WAU) ¹³			
• Acute Inpatients	161,125	153,487	166,451
• Outpatients	33,762	35,921	33,447
• Sub-acute	11,175	10,927	11,439
• Emergency Department	27,892	29,672	29,923
• Mental Health	17,022	17,907	18,857
• Prevention and Primary Care	3,834	2,913	4,299
Ambulatory mental health service contact duration (hours) ¹⁴	>90,125	90,744	>90,125

Notes:

- During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
- Mental Health rate of community follow up 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Mental Health readmissions 2020–21 Estimated Actuals are for the period 1 July 2020 to 28 February 2021.
- Waiting within clinically recommended time is a point in time performance measure and has been impacted by preparing for COVID-19. 2020–21 Estimated Actual is as at 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time and waiting in time performance targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- As a result of preparing for COVID-19, the seen in time performance was impacted in 2019–20. This impact has continued throughout 2020–21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended. Seen in time 2020–21 Estimated Actual is for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
- Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
- Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

Gold Coast Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	1,672,981	1,791,363	1,746,796
Grants and other contributions	12,987	15,572	15,572
Interest and distributions from managed funds	206	206	206
Other revenue	8,915	18,038	11,263
Gains on sale/revaluation of assets	..	..	..
Total income	1,695,089	1,825,179	1,773,837
EXPENSES			
Employee expenses	180,366	194,847	199,738
Supplies and Services:			
Other supplies and services	464,257	470,949	385,972
Department of Health contract staff	963,646	1,058,853	1,085,447
Grants and subsidies	..	..	..
Depreciation and amortisation	82,385	80,263	82,114
Finance/borrowing costs	..	..	..
Other expenses	3,250	19,082	19,381
Losses on sale/revaluation of assets	1,185	1,185	1,185
Total expenses	1,695,089	1,825,179	1,773,837
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Gold Coast Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	119,904	112,592	114,424
Receivables	21,988	16,609	16,965
Other financial assets	..	..	..
Inventories	11,847	11,847	11,936
Other	4,033	4,033	4,300
Non-financial assets held for sale	..	..	..
Total current assets	157,772	145,081	147,625
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,654,086	1,657,854	1,634,807
Intangibles	112	100	47
Other	..	..	..
Total non-current assets	1,654,198	1,657,954	1,634,854
TOTAL ASSETS	1,811,970	1,803,035	1,782,479
CURRENT LIABILITIES			
Payables	126,456	110,135	112,673
Accrued employee benefits	4,632	8,262	8,268
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	15,994	15,994	15,994
Total current liabilities	147,082	134,391	136,935
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	147,082	134,391	136,935
NET ASSETS/(LIABILITIES)	1,664,888	1,668,644	1,645,544
EQUITY			
TOTAL EQUITY	1,664,888	1,668,644	1,645,544

Cash flow statement

Gold Coast Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,671,680	1,790,062	1,745,495
Grants and other contributions	12,987	15,572	15,572
Interest and distribution from managed funds received	206	206	206
Other	16,965	31,467	19,313
Outflows:			
Employee costs	(183,990)	(194,841)	(199,732)
Supplies and services	(1,430,296)	(1,548,516)	(1,477,442)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(3,250)	(19,082)	(19,381)
Net cash provided by or used in operating activities	84,302	74,868	84,031
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(85)	(85)	(85)
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(11,861)	(11,861)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(11,946)	(11,946)	(85)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	10,590	10,590	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(82,385)	(80,263)	(82,114)
Net cash provided by or used in financing activities	(71,795)	(69,673)	(82,114)
Net increase/(decrease) in cash held	561	(6,751)	1,832
Cash at the beginning of financial year	119,343	119,343	112,592
Cash transfers from restructure	..	..	..
Cash at the end of financial year	119,904	112,592	114,424

Mackay Hospital and Health Service

Overview

Mackay Hospital and Health Service's (HHS) vision is 'Delivering Queensland's Best Rural and Regional Health Care'. Our purpose is to deliver outstanding health care services to our communities through our people and partners.

Contribution to the Government's Objectives for the Community

The service area within the Mackay HHS contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health Backing our frontline services Supporting jobs Building Queensland Growing our regions 	<ul style="list-style-type: none"> Exceptional Patient Experience Excellence in Integrated Care Sustainable Service Delivery Inspired People 	<p>Mackay Hospital and Health Service</p> <p>To deliver public hospital and health services for the Mackay and its surrounding community</p>

Key deliverables

In 2021–22, the Mackay HHS will:

- deliver a combined preliminary and detailed business case to investigate options for the Moranbah Hospital Redevelopment
- deliver the COVID-19 vaccination program in Mackay HHS as directed by Queensland Health
- deliver on a Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Mackay Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	2,597	2,608	2,621

Notes:

- Corporate FTEs are allocated across the service to which they relate.
- The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

Mackay Hospital and Health Service

Service area objective

To deliver public hospital and health services for Mackay and its surrounding community.

Mackay Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	96%	80%
• Category 3 (within 30 minutes)	75%	84%	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 ¹	>80%	75%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	87%	>98%
• Category 2 (90 days) ³	..	80%	..
• Category 3 (365 days) ³	..	82%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.8	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	57.4%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	18.3%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
• Category 1 (30 days)	70%	54%	70%
• Category 2 (90 days) ⁸	..	54%	..
• Category 3 (365 days) ⁸	..	80%	..
Percentage of specialist outpatients seen within clinically recommended times ⁹			
• Category 1 (30 days)	81%	68%	81%
• Category 2 (90 days) ⁸	..	57%	..
• Category 3 (365 days) ⁸	..	88%	..
Median wait time for treatment in emergency departments (minutes) ¹	..	10	..
Median wait time for elective surgery treatment (days) ²	..	60	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$4,684	\$5,356	\$4,771

Mackay Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
<i>Other measures</i>			
Number of elective surgery patients treated within clinically recommended times ¹¹			
• Category 1 (30 days)	1,179	1,123	1,179
• Category 2 (90 days) ³	..	1,411	..
• Category 3 (365 days) ³	..	473	..
Number of Telehealth outpatients service events ¹²	10,895	12,820	13,640
Total weighted activity units (WAU) ¹³			
• Acute Inpatients	45,334	42,096	46,599
• Outpatients	9,841	11,447	10,169
• Sub-acute	3,099	3,654	3,137
• Emergency Department	11,844	12,029	12,016
• Mental Health	3,627	3,902	3,694
• Prevention and Primary Care	1,677	1,753	1,716
Ambulatory mental health service contact duration (hours) ¹⁴	>27,854	33,425	>27,854

Notes:

- During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
- Mental Health rate of community follow up 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Mental Health readmissions 2020–21 Estimated Actuals are for the period 1 July 2020 to 28 February 2021.
- Waiting within clinically recommended time is a point in time performance measure and has been impacted by preparing for COVID-19. 2020–21 Estimated Actual is as at 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time and waiting in time performance targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- As a result of preparing for COVID-19, the seen in time performance was impacted in 2019–20. This impact has continued throughout 2020–21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended. Seen in time 2020–21 Estimated Actual is for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
- Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
- Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

Mackay Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	472,875	492,740	494,418
Grants and other contributions	14,893	14,892	14,892
Interest and distributions from managed funds	..	..	..
Other revenue	5,270	5,270	5,270
Gains on sale/revaluation of assets	..	1	1
Total income	493,038	512,903	514,581
EXPENSES			
Employee expenses	49,265	53,770	55,114
Supplies and Services:			
Other supplies and services	122,705	127,178	121,635
Department of Health contract staff	287,392	292,735	300,054
Grants and subsidies	10	10	10
Depreciation and amortisation	28,261	28,700	26,949
Finance/borrowing costs	..	..	..
Other expenses	5,091	10,196	10,505
Losses on sale/revaluation of assets	314	314	314
Total expenses	493,038	512,903	514,581
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Mackay Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	31,284	34,581	34,642
Receivables	9,013	9,681	10,729
Other financial assets	..	..	..
Inventories	4,342	4,342	4,442
Other	3,389	1,714	1,724
Non-financial assets held for sale	..	..	..
Total current assets	48,028	50,318	51,537
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	382,285	371,659	368,558
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	382,285	371,659	368,558
TOTAL ASSETS	430,313	421,977	420,095
CURRENT LIABILITIES			
Payables	26,927	29,117	30,246
Accrued employee benefits	2,214	2,214	2,355
Interest bearing liabilities and derivatives	15	690	690
Provisions	..	..	..
Other	3,274	3,274	3,274
Total current liabilities	32,430	35,295	36,565
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	44	44	44
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	44	44	44
TOTAL LIABILITIES	32,474	35,339	36,609
NET ASSETS/(LIABILITIES)	397,839	386,638	383,486
EQUITY			
TOTAL EQUITY	397,839	386,638	383,486

Cash flow statement

Mackay Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	473,230	492,427	494,773
Grants and other contributions	10,844	10,843	10,843
Interest and distribution from managed funds received	..	..	..
Other	13,668	13,668	13,668
Outflows:			
Employee costs	(49,124)	(53,629)	(54,973)
Supplies and services	(418,972)	(424,923)	(430,564)
Grants and subsidies	(10)	(10)	(10)
Borrowing costs	..	..	..
Other	(1,622)	(6,727)	(7,036)
Net cash provided by or used in operating activities	28,014	31,649	26,701
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	308	309	309
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(3,644)	(5,965)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(3,336)	(5,656)	309
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	3,459	5,880	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(230)	(230)	..
Equity withdrawals	(28,261)	(28,700)	(26,949)
Net cash provided by or used in financing activities	(25,032)	(23,050)	(26,949)
Net increase/(decrease) in cash held	(354)	2,943	61
Cash at the beginning of financial year	31,638	31,638	34,581
Cash transfers from restructure	..	..	..
Cash at the end of financial year	31,284	34,581	34,642

Metro North Hospital and Health Service

Overview

Metro North Hospital and Health Service's (HHS) vision is excellent healthcare, working together, strong and healthy communities. Our purpose, together with our community and partners, is to deliver services informed by research and innovation to improve the health outcomes of our community.

Contribution to the Government's Objectives for the Community

The service area within the Metro North HHS contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health Backing our frontline services 	<p>To always put people first</p> <p>To improve health equity, access, quality, safety and health outcomes</p> <p>To deliver value-based health services through a culture of research, education, learning and innovation</p> <p>To be accountable for delivery of sustainable services, high performance and excellent patient outcomes</p>	<p>Metro North Hospital and Health Service</p> <p>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</p>

Key deliverables

In 2021–22, Metro North HHS will:

- complete the multi-storey carpark at the Caboolture Hospital
- continue the Caboolture Hospital redevelopment which will provide an additional 130 beds and other services in a new clinical services building
- prepare detailed and preliminary business cases for Redcliffe Hospital redevelopment, Genomics Institute, Gastroenterology Centre at The Prince Charles Hospital (TPCH), emergency department expansion at TPCH, emergency department and outpatient expansion at Royal Brisbane and Women's Hospital (RBWH), expansion of TPCH, and expansion of RBWH
- commence construction of 3 satellite hospitals at Bribie Island, Caboolture and Pine Rivers
- deliver the COVID-19 vaccination program in Metro North HHS as directed by Queensland Health
- deliver on a Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Metro North Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	18,569	18,000	18,569

Notes:

- Corporate FTEs are allocated across the service to which they relate.
- The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

Metro North Hospital and Health Service

Service area objective

To deliver public hospital and health services for the Metro North community.

Metro North Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100% 80% 75% 70% 70%	100% 70% 57% 76% 98%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	75%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	95% 89% 87%	>98%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.9	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	59.5%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	12.0%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	56%	65% 64% 86%	56%
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	81%	85% 65% 77%	81%
Median wait time for treatment in emergency departments (minutes) ¹	..	18	..
Median wait time for elective surgery treatment (days) ²	..	36	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$4,681	\$4,915	\$4,747

Metro North Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ¹¹			
• Category 1 (30 days)	10,276	10,951	10,276
• Category 2 (90 days) ³	..	9,377	..
• Category 3 (365 days) ³	..	5,551	..
Number of Telehealth outpatients service events ¹²	28,112	35,453	36,000
Total weighted activity units (WAU) ¹³			
• Acute Inpatients	293,474	287,507	303,362
• Outpatients	105,141	85,144	105,467
• Sub-acute	21,651	25,475	26,431
• Emergency Department	40,883	47,702	43,731
• Mental Health	38,884	29,436	39,808
• Prevention and Primary Care	9,668	10,406	9,356
Ambulatory mental health service contact duration (hours) ¹⁴	>171,919	157,267	>171,919

Notes:

- During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
- Mental Health rate of community follow up 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Mental Health readmissions 2020–21 Estimated Actuals are for the period 1 July 2020 to 28 February 2021.
- Waiting within clinically recommended time is a point in time performance measure and has been impacted by preparing for COVID-19. 2020–21 Estimated Actual is as at 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time and waiting in time performance targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- As a result of preparing for COVID-19, the seen in time performance was impacted in 2019–20. This impact has continued throughout 2020–21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended. Seen in time 2020–21 Estimated Actual is for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
- Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
- Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

Metro North Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	3,164,721	3,319,123	3,309,348
Grants and other contributions	45,877	47,964	48,764
Interest and distributions from managed funds	574	471	475
Other revenue	6,023	4,995	5,045
Gains on sale/revaluation of assets	314	841	850
Total income	3,217,509	3,373,394	3,364,482
EXPENSES			
Employee expenses	362,193	367,222	373,981
Supplies and Services:			
Other supplies and services	677,037	781,951	728,933
Department of Health contract staff	1,976,922	2,007,190	2,033,844
Grants and subsidies	2,083	2,083	2,131
Depreciation and amortisation	159,837	147,755	153,468
Finance/borrowing costs	9,209	9,209	11,788
Other expenses	27,041	54,797	57,187
Losses on sale/revaluation of assets	3,187	3,187	3,150
Total expenses	3,217,509	3,373,394	3,364,482
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Metro North Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	64,185	95,863	98,032
Receivables	80,688	72,347	75,697
Other financial assets	..	..	..
Inventories	21,417	21,417	21,622
Other	16,592	16,592	16,878
Non-financial assets held for sale	..	..	..
Total current assets	182,882	206,219	212,229
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	2,219,877	2,205,512	2,231,293
Intangibles	21,722	19,310	15,343
Other	575	575	575
Total non-current assets	2,242,174	2,225,397	2,247,211
TOTAL ASSETS	2,425,056	2,431,616	2,459,440
CURRENT LIABILITIES			
Payables	186,251	162,625	168,432
Accrued employee benefits	28,024	28,024	29,975
Interest bearing liabilities and derivatives	22,321	22,321	22,387
Provisions	..	..	..
Other	1,567	1,567	1,567
Total current liabilities	238,163	214,537	222,361
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	494,536	494,536	472,607
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	494,536	494,536	472,607
TOTAL LIABILITIES	732,699	709,073	694,968
NET ASSETS/(LIABILITIES)	1,692,357	1,722,543	1,764,472
EQUITY			
TOTAL EQUITY	1,692,357	1,722,543	1,764,472

Cash flow statement

Metro North Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	3,203,158	3,365,901	3,302,847
Grants and other contributions	22,394	22,944	23,118
Interest and distribution from managed funds received	574	471	475
Other	45,746	44,718	44,768
Outflows:			
Employee costs	(359,976)	(365,005)	(372,030)
Supplies and services	(2,742,155)	(2,900,963)	(2,797,210)
Grants and subsidies	(2,083)	(2,083)	(2,131)
Borrowing costs	(9,209)	(9,209)	(11,788)
Other	(3,558)	(29,777)	(31,541)
Net cash provided by or used in operating activities	154,891	126,997	156,508
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	340	867	877
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(93,858)	(70,909)	(1,748)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(93,518)	(70,042)	(871)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	51,290	75,304	21,863
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(20,994)	(20,994)	(21,863)
Equity withdrawals	(159,837)	(147,755)	(153,468)
Net cash provided by or used in financing activities	(129,541)	(93,445)	(153,468)
Net increase/(decrease) in cash held	(68,168)	(36,490)	2,169
Cash at the beginning of financial year	132,353	132,353	95,863
Cash transfers from restructure	..	..	..
Cash at the end of financial year	64,185	95,863	98,032

Metro South Hospital and Health Service

Overview

Metro South Hospital and Health Service's (HHS) vision is to be Australia's exemplar public healthcare service. Our purpose is quality healthcare every day.

Contribution to the Government's Objectives for the Community

The service area within the Metro South HHS contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health Building Queensland Investing in skills Backing our frontline services 	<p>Provide equitable access to excellent care</p> <p>To lead by innovating and collaborating</p> <p>Deliver great value</p> <p>Maintain and develop an exceptional workforce</p>	<p>Metro South Hospital and Health Service</p> <p>To deliver public hospital and health services for the Metro South community</p>

Key deliverables

In 2021–22, Metro South HHS will:

- progress implementation of the Logan Hospital Expansion Program, including practical completion and commissioning of a new multi-storey car park, implementation of staged decant planning to support the refurbishment and upgrade of Logan's Maternity Ward and Birthing Suites, and final negotiation and agreement on a Guaranteed Construction Sum with the Managing Contractor to enable the 206-bed expansion of Logan Hospital
- complete a Detailed Business Case and procurement of a construction partner to commence delivery of the Logan Urgent and Specialist Care Centre
- progress the Redland Hospital Expansion Program, including construction and practical completion of the new multi-storey car park, Detailed Business Case completion and construction commencement for Stage 1 of the redevelopment of Redland Hospital, and Detailed Business Case completion for Stage 2 of the Redland Hospital Redevelopment
- complete the QEII Interim Demand Strategy project, enabling the delivery of an additional 26 bed ward (Ward 5A)
- deliver 2 Detailed Business Cases for the provision of additional car park capacity at the QEII and Princess Alexandra Hospitals
- deliver the COVID-19 vaccination program in Metro South HHS as directed by Queensland Health
- deliver on a Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*
- commence construction of 2 satellite hospitals at Redlands and Brisbane South.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Metro South Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	13,968	14,507	14,373

Notes:

- Corporate FTEs are allocated across the service to which they relate.
- The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.
- 2020–21 establishment actual includes staff engaged for COVID-19 related activities.

Performance Statements

Metro South Hospital and Health Service

Service area objective

To deliver public hospital and health services for the Metro South community and the people referred to Metro South HHS services from across the State.

Metro South Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100% 80% 75% 70% 70%	100% 65% 68% 80% 96%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	65%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	99% 89% 77%	>98%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	1.0	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	59.5%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	14.0%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	45%	45% 49% 86%	45%
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	75%	75% 55% 74%	75%
Median wait time for treatment in emergency departments (minutes) ¹	..	14	..
Median wait time for elective surgery treatment (days) ²	..	33	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$4,958	\$4,933	\$4,990

Metro South Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ¹¹			
• Category 1 (30 days)	9,105	10,031	9,105
• Category 2 (90 days) ³	..	10,152	..
• Category 3 (365 days) ³	..	4,558	..
Number of Telehealth outpatients service events ¹²	11,750	24,403	24,000
Total weighted activity units (WAU) ¹³			
• Acute Inpatients	237,175	234,420	242,211
• Outpatients	70,909	82,564	73,504
• Sub-acute	30,132	30,831	30,948
• Emergency Department	46,949	46,604	48,557
• Mental Health	29,514	25,840	30,276
• Prevention and Primary Care	9,258	8,719	9,622
Ambulatory mental health service contact duration (hours) ¹⁴	>174,933	166,593	>174,933

Notes:

- During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
- Mental Health rate of community follow up 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Mental Health readmissions 2020–21 Estimated Actuals are for the period 1 July 2020 to 28 February 2021.
- Waiting within clinically recommended time is a point in time performance measure and has been impacted by preparing for COVID-19. 2020–21 Estimated Actual is as at 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time and waiting in time performance targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- As a result of preparing for COVID-19, the seen in time performance was impacted in 2019–20. This impact has continued throughout 2020–21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended. Seen in time 2020–21 Estimated Actual is for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
- Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
- Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

Metro South Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	2,618,696	2,710,309	2,713,663
Grants and other contributions	50,977	53,251	53,877
Interest and distributions from managed funds	302	302	309
Other revenue	1,181	8,161	8,365
Gains on sale/revaluation of assets	..	43	44
Total income	2,671,156	2,772,066	2,776,258
EXPENSES			
Employee expenses	291,742	309,536	313,760
Supplies and Services:			
Other supplies and services	652,386	635,916	614,347
Department of Health contract staff	1,600,156	1,678,078	1,688,754
Grants and subsidies	712	712	728
Depreciation and amortisation	91,476	92,394	97,667
Finance/borrowing costs	265	265	217
Other expenses	32,708	53,454	59,073
Losses on sale/revaluation of assets	1,711	1,711	1,712
Total expenses	2,671,156	2,772,066	2,776,258
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Metro South Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	62,858	56,353	61,673
Receivables	53,070	53,070	53,936
Other financial assets	..	..	..
Inventories	20,840	20,840	20,985
Other	3,613	3,613	3,753
Non-financial assets held for sale	..	..	..
Total current assets	140,381	133,876	140,347
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,280,768	1,273,251	1,332,952
Intangibles	481	449	190
Other	..	..	..
Total non-current assets	1,281,249	1,273,700	1,333,142
TOTAL ASSETS	1,421,630	1,407,576	1,473,489
CURRENT LIABILITIES			
Payables	149,798	149,798	160,144
Accrued employee benefits	15,462	15,462	17,362
Interest bearing liabilities and derivatives	2,133	2,133	2,195
Provisions	..	..	..
Other	..	1,163	1,163
Total current liabilities	167,393	168,556	180,864
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	10,750	10,750	8,875
Provisions	..	..	..
Other	..	13,567	13,567
Total non-current liabilities	10,750	24,317	22,442
TOTAL LIABILITIES	178,143	192,873	203,306
NET ASSETS/(LIABILITIES)	1,243,487	1,214,703	1,270,183
EQUITY			
TOTAL EQUITY	1,243,487	1,214,703	1,270,183

Cash flow statement

Metro South Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	2,620,103	2,711,716	2,716,419
Grants and other contributions	29,831	32,105	32,228
Interest and distribution from managed funds received	302	302	309
Other	30,995	37,975	38,179
Outflows:			
Employee costs	(289,842)	(307,636)	(311,860)
Supplies and services	(2,272,339)	(2,333,791)	(2,322,899)
Grants and subsidies	(712)	(712)	(728)
Borrowing costs	(265)	(265)	(217)
Other	(16,587)	(37,333)	(42,120)
Net cash provided by or used in operating activities	101,486	102,361	109,311
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	43	44
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(30,191)	(41,981)	(4,555)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(30,191)	(41,938)	(4,511)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	31,223	36,508	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,762)	(1,762)	(1,813)
Equity withdrawals	(91,476)	(92,394)	(97,667)
Net cash provided by or used in financing activities	(62,015)	(57,648)	(99,480)
Net increase/(decrease) in cash held	9,280	2,775	5,320
Cash at the beginning of financial year	53,578	53,578	56,353
Cash transfers from restructure	..	..	..
Cash at the end of financial year	62,858	56,353	61,673

North West Hospital and Health Service

Overview

The North West Hospital and Health Service's (HHS) vision is to provide high quality, connected healthcare, closer to home, by working closely with our skilled staff and community partners. Our purpose is to improve health outcomes and parity of life expectancy for all people across our region.

Contribution to the Government's Objectives for the Community

The service area within the North West HHS contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health Supporting jobs Growing our regions Backing our frontline services 	<p>Deliver better access to healthcare, closer to home wherever possible through the right provider</p> <p>Engage consumers in talking about and managing their healthcare to prevent and reduce the impact of a range of chronic and acute physical and mental health conditions</p> <p>Empower First Nations voices and engage in the reforms towards achieving health equity for and with First Nations peoples</p> <p>Be part of a place-based approach to the health of our communities by working with a range of partners, stakeholders, and communities to join up services by location</p> <p>In discussion with our partners, stakeholders and communities, be clear on our roles and together present a seamless path through health services, enabling easier, more equitable access and outcomes for all our people, wherever they live</p> <p>Implement better ways to share data, information and to communicate across health and other organisational boundaries for the benefit of our people, especially in our remote communities</p> <p>Innovate around the use of technology to support better rural and remote health outcomes</p>	<p>North West Hospital and Health Service</p> <p>To deliver public hospital and health services for the North West Queensland community</p>

Key deliverables

In 2021–22, the North West HHS will:

- deliver on a Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*
- reflect an upward trend of First Nations peoples employed at North West HHS
- implement technology-based improvement projects in accordance with our ICT Strategy
- deliver the COVID-19 vaccination program in North West HHS as directed by Queensland Health.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

North West Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	808	804	808

Notes:

1. Corporate FTEs are allocated across the service to which they relate.
2. The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

North West Hospital and Health Service

Service area objective

To deliver public hospital and health services for the North West Queensland community.

North West Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est
Effectiveness measures			
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%	85%	75%
• Category 4 (within 60 minutes)	70%	86%	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 ¹	>80%	87%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	86%	>98%
• Category 2 (90 days) ³	..	91%	..
• Category 3 (365 days) ³	..	100%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.3	<2
Percentage of specialist outpatients waiting within clinically recommended times ⁵			
• Category 1 (30 days)	98%	56%	98%
• Category 2 (90 days) ⁶	..	80%	..
• Category 3 (365 days) ⁶	..	99%	..
Percentage of specialist outpatients seen within clinically recommended times ⁷			
• Category 1 (30 days)	98%	81%	98%
• Category 2 (90 days) ⁶	..	87%	..
• Category 3 (365 days) ⁶	..	99%	..
Median wait time for treatment in emergency departments (minutes) ¹	..	9	..
Median wait time for elective surgery treatment (days) ²	..	28	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ⁸	\$4,791	\$5,178	\$5,042

North West Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est
Other measures			
Number of elective surgery patients treated within clinically recommended times ⁹			
• Category 1 (30 days)	230	212	230
• Category 2 (90 days) ³	..	242	..
• Category 3 (365 days) ³	..	223	..
Number of Telehealth outpatients service events ¹⁰	5,482	5,964	5,482
Total weighted activity units (WAU) ¹¹			
• Acute Inpatients	12,070	12,431	12,166
• Outpatients	2,719	2,831	2,778
• Sub-acute	858	1,010	867
• Emergency Department	5,781	6,329	5,933
• Mental Health	190	206	200
• Prevention and Primary Care	339	463	499
Ambulatory mental health service contact duration (hours) ¹²	>7,591	7,144	>7,591

Notes:

- During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
- Waiting within clinically recommended time is a point in time performance measure and has been impacted by preparing for COVID-19. 2020–21 Estimated Actual is as at 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time and waiting in time performance targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- As a result of preparing for COVID-19, the seen in time performance was impacted in 2019–20. This impact has continued throughout 2020–21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended. Seen in time 2020–21 Estimated Actual is for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. Due to the unavailability of some data inputs for the period January–March 2021, the 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 December 2020.
- Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
- Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 28 February 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
- Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

North West Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	192,904	202,528	201,134
Grants and other contributions	5,405	4,858	5,547
Interest and distributions from managed funds	7	7	7
Other revenue	1,354	1,137	968
Gains on sale/revaluation of assets	..	..	..
Total income	199,670	208,530	207,656
EXPENSES			
Employee expenses	25,435	25,330	24,449
Supplies and Services:			
Other supplies and services	71,621	77,336	75,698
Department of Health contract staff	90,570	93,177	92,372
Grants and subsidies	423	423	423
Depreciation and amortisation	9,049	10,930	10,675
Finance/borrowing costs	..	..	..
Other expenses	2,329	3,691	3,790
Losses on sale/revaluation of assets	243	243	249
Total expenses	199,670	211,130	207,656
OPERATING SURPLUS/(DEFICIT)	..	(2,600)	..

Balance sheet

North West Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	(2,285)	(584)	301
Receivables	2,080	921	923
Other financial assets	..	..	..
Inventories	1,385	1,083	1,112
Other	404	160	159
Non-financial assets held for sale	..	..	..
Total current assets	1,584	1,580	2,495
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	122,751	119,513	112,261
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	122,751	119,513	112,261
TOTAL ASSETS	124,335	121,093	114,756
CURRENT LIABILITIES			
Payables	17,857	14,361	15,095
Accrued employee benefits	(3,044)	1,048	1,229
Interest bearing liabilities and derivatives	316	316	316
Provisions	..	..	..
Other	..	2,027	2,027
Total current liabilities	15,129	17,752	18,667
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	1,431	1,431	1,152
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	1,431	1,431	1,152
TOTAL LIABILITIES	16,560	19,183	19,819
NET ASSETS/(LIABILITIES)	107,775	101,910	94,937
EQUITY			
TOTAL EQUITY	107,775	101,910	94,937

Cash flow statement

North West Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	192,714	204,482	200,939
Grants and other contributions	4,004	3,469	4,123
Interest and distribution from managed funds received	7	7	7
Other	5,585	6,383	5,199
Outflows:			
Employee costs	(29,429)	(25,232)	(24,268)
Supplies and services	(162,287)	(173,571)	(171,649)
Grants and subsidies	(423)	(423)	(423)
Borrowing costs	..	..	..
Other	(940)	(2,302)	(2,366)
Net cash provided by or used in operating activities	9,231	12,813	11,562
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(2)	(2)	(2)
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(2,429)	(2,429)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(2,431)	(2,431)	(2)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	2,494	2,494	279
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(279)	(279)	(279)
Equity withdrawals	(9,049)	(10,930)	(10,675)
Net cash provided by or used in financing activities	(6,834)	(8,715)	(10,675)
Net increase/(decrease) in cash held	(34)	1,667	885
Cash at the beginning of financial year	(2,251)	(2,251)	(584)
Cash transfers from restructure	..	..	..
Cash at the end of financial year	(2,285)	(584)	301

South West Hospital and Health Service

Overview

The South West Hospital and Health Service's (HHS) vision is to be a national leader in the delivery of health services to rural and remote communities. Our purpose is to provide safe, effective and sustainable rural and remote health services that people trust and value.

Contribution to the Government's Objectives for the Community

The service area within the South West HHS contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health Growing our regions Backing our frontline services 	Place people first Avoid preventable harm Close the gap on health inequalities Strengthen local collaborative partnerships Deliver the 'right service, right place, right time'	South West Hospital and Health Service To deliver public hospital and health services for the South West Queensland community

Key deliverables

In 2021–22, the South West HHS will:

- work with partners to further deliver person centred health and wellbeing services that meet the needs of local communities, tackle the burden of chronic disease and provide increased convenience and service integration
- promote continued improvements in health outcomes and equity measures for First Nations people and communities
- deliver a continued annual increase in telehealth utilisation and introduction of virtual models of care that further support improvements in child development, older person, and mental health services
- deliver the COVID-19 vaccination program in South West HHS as directed by Queensland Health
- deliver on a Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

South West Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	812	812	827

Notes:

- Corporate FTEs are allocated across the service to which they relate.
- The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

South West Hospital and Health Service

Service area objective

To deliver public hospital and health services for the South West Queensland community.

South West Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
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%	98%	70%
• Category 5 (within 120 minutes)	70%	100%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	95%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	100%	>98%
• Category 2 (90 days) ³	..	100%	..
• Category 3 (365 days) ³	..	100%	..
Median wait time for treatment in emergency departments (minutes) ¹	..	2	..
Median wait time for elective surgery treatment (days) ²	..	79	..
Efficiency measure			
Not identified			
Other measures			
Number of elective surgery patients treated within clinically recommended times ⁴			
• Category 1 (30 days)	200	168	200
• Category 2 (90 days) ³	..	180	..
• Category 3 (365 days) ³	..	634	..
Number of Telehealth outpatients service events ⁵	3,610	3,943	4,000
Total weighted activity units (WAU) ⁶			
• Acute Inpatients	5,670	5,047	5,689
• Outpatients	1,703	1,784	1,679
• Sub-acute	917	1,099	896
• Emergency Department	3,104	2,796	3,103
• Mental Health	160	145	163
• Prevention and Primary Care	417	559	434
Ambulatory mental health service contact duration (hours) ⁷	>5,410	3,638	>5,410

Notes:

1. During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
2. In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
3. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
4. Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
5. Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
6. The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
7. Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

South West Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	158,863	163,506	162,288
Grants and other contributions	7,065	7,065	7,065
Interest and distributions from managed funds	20	20	20
Other revenue	334	334	334
Gains on sale/revaluation of assets	..	..	..
Total income	166,282	170,925	169,707
EXPENSES			
Employee expenses	12,991	12,991	13,514
Supplies and Services:			
Other supplies and services	52,731	47,691	46,384
Department of Health contract staff	88,988	92,134	96,195
Grants and subsidies	..	..	..
Depreciation and amortisation	10,620	9,511	11,557
Finance/borrowing costs	..	..	..
Other expenses	802	1,580	1,923
Losses on sale/revaluation of assets	150	150	134
Total expenses	166,282	164,057	169,707
OPERATING SURPLUS/(DEFICIT)	..	6,868	..

Balance sheet

South West Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	17,426	24,033	24,428
Receivables	2,366	1,280	1,320
Other financial assets	..	..	..
Inventories	1,468	1,468	1,472
Other	191	191	193
Non-financial assets held for sale	..	..	..
Total current assets	21,451	26,972	27,413
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	260,960	244,199	243,311
Intangibles	29	29	4
Other	..	..	..
Total non-current assets	260,989	244,228	243,315
TOTAL ASSETS	282,440	271,200	270,728
CURRENT LIABILITIES			
Payables	12,846	12,470	13,010
Accrued employee benefits	464	464	464
Interest bearing liabilities and derivatives	(125)	305	305
Provisions	..	..	..
Other	24	24	24
Total current liabilities	13,209	13,263	13,803
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	755	465	366
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	755	465	366
TOTAL LIABILITIES	13,964	13,728	14,169
NET ASSETS/(LIABILITIES)	268,476	257,472	256,559
EQUITY			
TOTAL EQUITY	268,476	257,472	256,559

Cash flow statement

South West Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	158,803	163,446	162,231
Grants and other contributions	7,065	7,065	7,065
Interest and distribution from managed funds received	20	20	20
Other	5,029	6,115	5,029
Outflows:			
Employee costs	(12,991)	(12,991)	(13,514)
Supplies and services	(146,250)	(144,732)	(147,097)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(562)	(1,340)	(1,683)
Net cash provided by or used in operating activities	11,114	17,583	12,051
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(2,765)	(3,831)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(2,765)	(3,831)	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	2,520	2,520	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(385)	(290)	(99)
Equity withdrawals	(10,620)	(9,511)	(11,557)
Net cash provided by or used in financing activities	(8,485)	(7,281)	(11,656)
Net increase/(decrease) in cash held	(136)	6,471	395
Cash at the beginning of financial year	17,562	17,562	24,033
Cash transfers from restructure	..	..	..
Cash at the end of financial year	17,426	24,033	24,428

Sunshine Coast Hospital and Health Service

Overview

The Sunshine Coast Hospital and Health Service's (HHS) vision is to provide health and wellbeing through exceptional care. Our purpose is to provide high quality healthcare in collaboration with our communities and partners, enhanced through education and research.

Contribution to the Government's Objectives for the Community

The service area within the Sunshine Coast HHS contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health Building Queensland Backing our frontline services Protecting the environment 	<p>Provide a network of health services that are responsive to the needs of our population and region</p> <p>Optimise facilities to ensure services are sustainable and delivered in the right setting in partnerships</p> <p>Develop an approach to environmental sustainability to support health and wellbeing</p>	<p>Sunshine Coast Hospital and Health Service</p> <p>To deliver public hospital and health services for the Sunshine Coast community</p>

Key deliverables

In 2021–22, the Sunshine Coast HHS will:

- provide a network of health services that are responsive to the needs of our population which will be informed by the Master Clinical Services Plan (2021–2031). Facilities will be optimised to ensure services are sustainable and delivered in the right setting focusing on environmental sustainability
- improve and enhance partnerships and engagement with patients, communities, staff, industry, corporate and research partners to embed a patient centric, efficient care delivery model
- work closely with Aboriginal and Torres Strait Islander staff, patients, communities and organisations to improve the cultural capability of our services
- provide a workplace where staff thrive and know they are valued. Workforce planning will be strengthened to attract, retain and empower the right people to create a diverse, inclusive and capable workforce
- seek to increase opportunities to undertake research and embed evidence-based practice
- optimise digital innovation by leveraging digital and technology advances in healthcare
- support performance improvement through the improvement of data reporting and information analytics to drive decisions
- deliver the COVID-19 vaccination program in Sunshine Coast HHS as directed by Queensland Health
- deliver on a Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Sunshine Coast Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	6,122	6,122	6,430

Notes:

1. Corporate FTEs are allocated across the service to which they relate.
2. The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

Sunshine Coast Hospital and Health Service

Service area objective

To deliver public hospital and health services for the Sunshine Coast community.

Sunshine Coast Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100% 80% 75% 70% 70%	100% 74% 71% 80% 98%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	71%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	82% 74% 84%	>98%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.9	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	74.1%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	11.5%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	80%	50% 59% 80%	80%
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	82%	85% 57% 58%	82%
Median wait time for treatment in emergency departments (minutes) ¹	..	14	..
Median wait time for elective surgery treatment (days) ²	..	50	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$5,370	\$5,295	\$5,265

Sunshine Coast Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ¹¹	3,156	3,608	3,156
• Category 1 (30 days)	..	3,470	..
• Category 2 (90 days) ³	..	2,344	..
• Category 3 (365 days) ³			
Number of Telehealth outpatients service events ¹²	6,963	11,891	6,963
Total weighted activity units (WAU) ¹³			
• Acute Inpatients	111,447	106,217	115,355
• Outpatients	23,962	27,253	24,589
• Sub-acute	9,078	8,612	9,332
• Emergency Department	23,845	24,553	25,820
• Mental Health	10,540	8,836	11,191
• Prevention and Primary Care	4,239	5,013	4,933
Ambulatory mental health service contact duration (hours) ¹⁴	>64,184	70,521	>64,184

Notes:

- During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
- Mental Health rate of community follow up 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Mental Health readmissions 2020–21 Estimated Actuals are for the period 1 July 2020 to 28 February 2021.
- Waiting within clinically recommended time is a point in time performance measure and has been impacted by preparing for COVID-19. 2020–21 Estimated Actual is as at 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time and waiting in time performance targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- As a result of preparing for COVID-19, the seen in time performance was impacted in 2019–20. This impact has continued throughout 2020–21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended. Seen in time 2020–21 Estimated Actual is for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a reflection of the achievement of in year efficiencies. 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
- Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
- Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

Sunshine Coast Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	1,279,904	1,323,801	1,315,541
Grants and other contributions	20,898	21,939	22,065
Interest and distributions from managed funds	122	105	106
Other revenue	11,839	13,665	11,715
Gains on sale/revaluation of assets	..	..	..
Total income	1,312,763	1,359,510	1,349,427
EXPENSES			
Employee expenses	151,840	150,475	148,968
Supplies and Services:			
Other supplies and services	297,456	298,551	295,549
Department of Health contract staff	683,869	732,002	724,668
Grants and subsidies	407	197	179
Depreciation and amortisation	120,650	128,754	126,478
Finance/borrowing costs	42,120	42,172	40,423
Other expenses	15,537	26,192	26,167
Losses on sale/revaluation of assets	884	2,367	2,196
Total expenses	1,312,763	1,380,710	1,364,628
OPERATING SURPLUS/(DEFICIT)	..	(21,200)	(15,201)

Balance sheet

Sunshine Coast Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	18,999	1,690	(16,899)
Receivables	25,265	25,178	25,741
Other financial assets	..	..	..
Inventories	6,070	6,070	6,207
Other	3,570	3,570	3,631
Non-financial assets held for sale	..	..	..
Total current assets	53,904	36,508	18,680
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,915,753	1,901,358	1,922,814
Intangibles	7,983	3,323	1,338
Other	..	..	..
Total non-current assets	1,923,736	1,904,681	1,924,152
TOTAL ASSETS	1,977,640	1,941,189	1,942,832
CURRENT LIABILITIES			
Payables	88,500	86,061	88,991
Accrued employee benefits	6,972	6,946	7,560
Interest bearing liabilities and derivatives	10,286	10,117	10,786
Provisions	..	..	..
Other	7,436	7,436	7,256
Total current liabilities	113,194	110,560	114,593
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	494,534	493,556	482,770
Provisions	..	..	..
Other	75,364	75,364	71,626
Total non-current liabilities	569,898	568,920	554,396
TOTAL LIABILITIES	683,092	679,480	668,989
NET ASSETS/(LIABILITIES)	1,294,548	1,261,709	1,273,843
EQUITY			
TOTAL EQUITY	1,294,548	1,261,709	1,273,843

Cash flow statement

Sunshine Coast Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,286,036	1,330,043	1,316,980
Grants and other contributions	11,440	11,807	11,693
Interest and distribution from managed funds received	122	105	106
Other	43,951	45,777	40,406
Outflows:			
Employee costs	(151,081)	(149,742)	(148,354)
Supplies and services	(1,030,643)	(1,083,609)	(1,047,540)
Grants and subsidies	(407)	(197)	(179)
Borrowing costs	(42,120)	(42,354)	(40,624)
Other	(12,438)	(22,444)	(22,283)
Net cash provided by or used in operating activities	104,860	89,386	110,205
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(22,534)	(15,373)	(1,365)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(22,534)	(15,373)	(1,365)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	17,780	18,035	9,166
Outflows:			
Borrowing redemptions	(8,996)	(8,995)	(9,868)
Finance lease payments	..	(1,148)	(249)
Equity withdrawals	(120,650)	(128,754)	(126,478)
Net cash provided by or used in financing activities	(111,866)	(120,862)	(127,429)
Net increase/(decrease) in cash held	(29,540)	(46,849)	(18,589)
Cash at the beginning of financial year	48,539	48,539	1,690
Cash transfers from restructure	..	..	..
Cash at the end of financial year	18,999	1,690	(16,899)

Torres and Cape Hospital and Health Service

Overview

The Torres and Cape Hospital and Health Service's (HHS) 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'. Our purpose is to deliver high quality health services that maximise potential for wellness.

Contribution to the Government's Objectives for the Community

The service area within the Torres and Cape HHS contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health Growing our regions Investing in skills Backing our frontline services 	<p>Health care delivered by the right people with the right skills at the right place and the right time</p> <p>Partner to leverage better health and wellbeing in our communities</p>	<p>Torres and Cape Hospital and Health Service</p> <p>To deliver public hospital and health services for the Torres and Cape community</p>

Key deliverables

In 2021–22, the Torres and Cape HHS will:

- introduce a high quality and holistic maternity service, bringing birthing closer to home for the women of Western Cape York
- achieve Accreditation of our Primary Health Care Clinics in accordance with Royal Australian College of General Practice (RACGP) Standards of General Practice
- implement the *Connecting your Care – Clinical Coordination Hub* plan
- deliver on a Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*
- deliver the COVID-19 vaccination program in Torres and Cape HHS as directed by Queensland Health.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Torres and Cape Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	1,059	1,113	1,061

Notes:

- Corporate FTEs are allocated across the service to which they relate.
- The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

Torres and Cape Hospital and Health Service

Service area objective

To deliver public hospital and health services for the Torres and Cape community.

Torres and Cape Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	98%	100%
• Category 2 (within 10 minutes)	80%	93%	80%
• Category 3 (within 30 minutes)	75%	91%	75%
• Category 4 (within 60 minutes)	70%	90%	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 ¹	>80%	96%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	100%	>98%
• Category 2 (90 days) ³	..	100%	..
• Category 3 (365 days) ³	..	99%	..
Median wait time for treatment in emergency departments (minutes) ¹	..	8	..
Median wait time for elective surgery treatment (days) ²	..	2	..
Efficiency measure			
Not identified			
Other measures			
Number of elective surgery patients treated within clinically recommended times ⁴			
• Category 1 (30 days)	64	107	64
• Category 2 (90 days) ³	..	34	..
• Category 3 (365 days) ³	..	130	..
Number of Telehealth outpatients service events ⁵	3,265	2,680	3,265
Total weighted activity units (WAU) ⁶			
• Acute Inpatients	5,547	5,146	5,987
• Outpatients	2,319	2,649	2,797
• Sub-acute	395	483	372
• Emergency Department	2,405	2,586	2,392
• Mental Health	111	162	112
• Prevention and Primary Care	838	808	878
Ambulatory mental health service contact duration (hours) ⁷	>8,116	11,560	>8,116

Notes:

1. During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
2. In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
3. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
4. Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
5. Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
6. The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
7. Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

Torres and Cape Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	221,796	237,768	231,166
Grants and other contributions	17,069	17,118	17,533
Interest and distributions from managed funds	..	2	3
Other revenue	1,289	1,288	1,321
Gains on sale/revaluation of assets	..	..	..
Total income	240,154	256,176	250,023
EXPENSES			
Employee expenses	19,698	22,198	21,865
Supplies and Services:			
Other supplies and services	74,882	76,665	79,260
Department of Health contract staff	123,627	131,813	124,758
Grants and subsidies	..	..	..
Depreciation and amortisation	18,649	19,705	19,889
Finance/borrowing costs	..	..	..
Other expenses	3,288	5,785	4,241
Losses on sale/revaluation of assets	10	10	10
Total expenses	240,154	256,176	250,023
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Torres and Cape Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	24,950	24,946	24,395
Receivables	3,610	1,158	1,205
Other financial assets	..	..	..
Inventories	541	541	552
Other	1,252	1,252	1,252
Non-financial assets held for sale	..	..	..
Total current assets	30,353	27,897	27,404
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	208,385	195,553	230,492
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	208,385	195,553	230,492
TOTAL ASSETS	238,738	223,450	257,896
CURRENT LIABILITIES			
Payables	19,518	17,062	17,459
Accrued employee benefits	1,442	1,442	1,452
Interest bearing liabilities and derivatives	1,660	1,660	909
Provisions	..	..	..
Other	22	22	22
Total current liabilities	22,642	20,186	19,842
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	2,640	2,640	2,581
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	2,640	2,640	2,581
TOTAL LIABILITIES	25,282	22,826	22,423
NET ASSETS/(LIABILITIES)	213,456	200,624	235,473
EQUITY			
TOTAL EQUITY	213,456	200,624	235,473

Cash flow statement

Torres and Cape Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	221,766	237,815	231,135
Grants and other contributions	17,069	15,060	15,423
Interest and distribution from managed funds received	..	2	3
Other	6,718	9,092	6,704
Outflows:			
Employee costs	(19,649)	(22,149)	(21,855)
Supplies and services	(205,360)	(215,727)	(209,111)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(1,161)	(3,658)	(2,061)
Net cash provided by or used in operating activities	19,383	20,435	20,238
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(5,647)	(5,647)	(899)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(5,647)	(5,647)	(899)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	5,307	5,307	809
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(2,112)	(2,112)	(810)
Equity withdrawals	(18,649)	(19,705)	(19,889)
Net cash provided by or used in financing activities	(15,454)	(16,510)	(19,890)
Net increase/(decrease) in cash held	(1,718)	(1,722)	(551)
Cash at the beginning of financial year	26,668	26,668	24,946
Cash transfers from restructure	..	..	..
Cash at the end of financial year	24,950	24,946	24,395

Townsville Hospital and Health Service

Overview

The purpose of the Townsville Hospital and Health Service (HHS) is to deliver excellent care, research and education to improve the health of the people and communities of northern Queensland. The Townsville HHS's vision is to be a leader in health care, research and education for regional Australia.

Contribution to the Government's Objectives for the Community

The service area within the Townsville HHS contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health Supporting jobs Backing our frontline services Growing our regions Building Queensland 	<p>Safeguarding people's health and jobs by keeping our region pandemic ready</p> <p>Building on our strength as North Queensland's tertiary referral centre and largest employer to create and develop our future health workforce</p> <p>Delivering world class frontline public health services for our regional, rural, remote and city-based communities</p> <p>Driving investment in the infrastructure that supports our recovery, resilience and future prosperity</p>	<p>Townsville Hospital and Health Service</p> <p>To deliver public hospital and health services for the Townsville community</p>

Key deliverables

In 2021–22, the Townsville HHS will:

- implement Interventional Neuroradiology / Clot Retrieval service capacity for North Queensland
- deliver a range of minor capital works development projects that enhance adult acute mental health services at Townsville University Hospital, as well as establishing renal satellite clinics in Charters Towers and Ingham
- transition the Palm Island Primary Health Centre to a community controlled and operated model
- deliver the COVID-19 vaccination program in Townsville HHS as directed by Queensland Health
- deliver on a Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Townsville Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	5,602	5,602	5,602

Notes:

- Corporate FTEs are allocated across the service to which they relate.
- The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

Townsville Hospital and Health Service

Service area objective

To deliver public hospital and health services for the Townsville community.

Townsville Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100% 80% 75% 70% 70%	100% 81% 83% 88% 99%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	77%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	83% 55% 59%	>98%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.9	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	76.0%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	16.1%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	98% 84% 97%	98%
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	97% 84% 89%	98%
Median wait time for treatment in emergency departments (minutes) ¹	..	10	..
Median wait time for elective surgery treatment (days) ²	..	67	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$4,894	\$5,250	\$4,999

Townsville Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ¹¹			
• Category 1 (30 days)	3,633	3,056	3,633
• Category 2 (90 days) ³	..	2,047	..
• Category 3 (365 days) ³	..	1,190	..
Number of Telehealth outpatients service events ¹²	10,758	10,322	10,758
Total weighted activity units (WAU) ¹³			
• Acute Inpatients	100,289	94,901	99,643
• Outpatients	20,970	26,950	21,399
• Sub-acute	12,993	11,063	12,978
• Emergency Department	16,184	16,518	17,070
• Mental Health	10,280	11,290	10,563
• Prevention and Primary Care	2,441	2,588	2,568
Ambulatory mental health service contact duration (hours) ¹⁴	>68,647	57,642	>68,647

Notes:

- During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
- Mental Health rate of community follow up 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Mental Health readmissions 2020–21 Estimated Actuals are for the period 1 July 2020 to 28 February 2021.
- Waiting within clinically recommended time is a point in time performance measure and has been impacted by preparing for COVID-19 in 2019–20. 2020–21 Estimated Actual is as at 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time and waiting in time performance targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- As a result of preparing for COVID-19, the seen in time performance was impacted in 2019–20. This impact has continued throughout 2020–21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended. Seen in time 2020–21 Estimated Actual is for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
- Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
- Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

Townsville Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	1,060,056	1,090,426	1,092,052
Grants and other contributions	32,116	32,116	32,289
Interest and distributions from managed funds	480	480	450
Other revenue	4,375	4,375	4,355
Gains on sale/revaluation of assets	..	20	20
Total income	1,097,027	1,127,417	1,129,166
EXPENSES			
Employee expenses	3,682	132,665	135,980
Supplies and Services:			
Other supplies and services	267,840	271,588	273,746
Department of Health contract staff	747,566	632,083	633,083
Grants and subsidies	2,682	271	279
Depreciation and amortisation	62,464	68,455	62,783
Finance/borrowing costs	..	..	..
Other expenses	11,076	20,638	21,535
Losses on sale/revaluation of assets	1,717	1,717	1,760
Total expenses	1,097,027	1,127,417	1,129,166
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Townsville Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	59,829	53,433	54,890
Receivables	15,369	13,175	13,492
Other financial assets	..	..	..
Inventories	9,763	9,763	9,849
Other	2,627	2,627	2,686
Non-financial assets held for sale	..	..	..
Total current assets	87,588	78,998	80,917
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	834,582	827,960	835,304
Intangibles	2,315	1,064	(2,309)
Other	..	..	..
Total non-current assets	836,897	829,024	832,995
TOTAL ASSETS	924,485	908,022	913,912
CURRENT LIABILITIES			
Payables	87,069	55,039	57,240
Accrued employee benefits	(23,318)	5,632	5,632
Interest bearing liabilities and derivatives	3,307	3,524	2,850
Provisions	..	..	..
Other	617	617	617
Total current liabilities	67,675	64,812	66,339
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	(392)	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	(392)	..	..
TOTAL LIABILITIES	67,283	64,812	66,339
NET ASSETS/(LIABILITIES)	857,202	843,210	847,573
EQUITY			
TOTAL EQUITY	857,202	843,210	847,573

Cash flow statement

Townsville Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,058,152	1,090,003	1,090,108
Grants and other contributions	23,450	23,450	23,407
Interest and distribution from managed funds received	480	480	450
Other	20,326	21,039	20,306
Outflows:			
Employee costs	(32,632)	(132,665)	(135,980)
Supplies and services	(1,000,481)	(920,776)	(920,857)
Grants and subsidies	(2,682)	(271)	(279)
Borrowing costs	..	..	..
Other	(2,410)	(11,972)	(12,653)
Net cash provided by or used in operating activities	64,203	69,288	64,502
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	20	20
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(16,869)	(22,051)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(16,869)	(22,031)	20
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	17,347	17,347	392
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(484)	(812)	(674)
Equity withdrawals	(62,464)	(68,455)	(62,783)
Net cash provided by or used in financing activities	(45,601)	(51,920)	(63,065)
Net increase/(decrease) in cash held	1,733	(4,663)	1,457
Cash at the beginning of financial year	58,096	58,096	53,433
Cash transfers from restructure	..	..	..
Cash at the end of financial year	59,829	53,433	54,890

West Moreton Hospital and Health Service

Overview

West Moreton Hospital and Health Service's (HHS) vision is 'A thriving West Moreton community in which people experience the best possible health and wellbeing' and our purpose is 'To provide safe, quality care for the West Moreton community.'

Contribution to the Government's Objectives for the Community

The service area within West Moreton HHS contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health Building Queensland Growing our regions 	<p>We care for the community and each other</p> <p>We deliver safe, quality care, now and in the future</p>	<p>West Moreton Hospital and Health Service</p> <p>To deliver public hospital and health services for the West Moreton community</p>

Key deliverables

In 2021–22, the West Moreton HHS will:

- continue delivering Stage 1A of the Ipswich Health Precinct expansion with:
 - a new 26-bed ward treatment room, patient and transit lounge and staff facilities to be opened in 2021
 - a new 50-bed mental health facility expected to be completed by 2022
 - plans for expansion of renal, emergency and obstetric services, with construction to commence in 2022
- continue business case development for the next stage of the Ipswich Hospital expansion as part of the 15-year Master Plan
- commence construction of a satellite hospital in the West Moreton region, expected to be completed in 2023
- optimise the use of new digital platforms to improve clinical care
- support reform of prison health service and increase our service provision to West Moreton's prison populations, in oral health and the operation of additional prison health centres
- review and redesign clinical services to ensure that sustainable, safe and efficient care will continue to be delivered to consumers who need it most
- deliver on a Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*
- deliver the COVID-19 vaccination program in West Moreton HHS as directed by Queensland Health.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

West Moreton Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	3,726	3,775	3,790

Notes:

- Corporate FTEs are allocated across the HHS in alignment with support service needs.
- The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

West Moreton Hospital and Health Service

Service area objective

To deliver public hospital and health services for the West Moreton community.

West Moreton Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100% 80% 75% 70% 70%	100% 60% 60% 80% 95%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	61%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	98% 93% 92%	>98%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	1.1	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	72.0%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	15.1%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	76% 50% 83%	98%
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	78% 49% 86%	98%
Median wait time for treatment in emergency departments (minutes) ¹	..	14	..
Median wait time for elective surgery treatment (days) ²	..	29	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$4,937	\$5,395	\$5,079

West Moreton Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ¹¹			
• Category 1 (30 days)	1,666	1,880	1,666
• Category 2 (90 days) ³	..	1,166	..
• Category 3 (365 days) ³	..	850	..
Number of Telehealth outpatients service events ¹²	5,030	10,188	8,000
Total weighted activity units (WAU) ¹³			
• Acute Inpatients	55,221	50,467	58,969
• Outpatients	10,909	12,631	11,519
• Sub-acute	4,646	4,149	4,733
• Emergency Department	13,014	12,867	13,865
• Mental Health	13,889	15,054	14,402
• Prevention and Primary Care	2,507	3,433	3,173
Ambulatory mental health service contact duration (hours) ¹⁴	>52,691	65,120	>52,691

Notes:

- During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
- Mental Health rate of community follow up 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Mental Health readmissions 2020–21 Estimated Actuals are for the period 1 July 2020 to 28 February 2021.
- Waiting within clinically recommended time is a point in time performance measure and has been impacted by preparing for COVID-19. 2020–21 Estimated Actual is as at 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time and waiting in time performance targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- As a result of preparing for COVID-19, the seen in time performance was impacted in 2019–20. This impact has continued throughout 2020–21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended. Seen in time 2020–21 Estimated Actual is for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
- Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
- Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

West Moreton Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	680,739	726,050	739,261
Grants and other contributions	8,924	8,917	9,108
Interest and distributions from managed funds	15	10	10
Other revenue	1,364	1,497	2,109
Gains on sale/revaluation of assets	..	..	..
Total income	691,042	736,474	750,488
EXPENSES			
Employee expenses	84,947	81,506	82,284
Supplies and Services:			
Other supplies and services	155,338	180,833	190,061
Department of Health contract staff	410,688	433,209	435,851
Grants and subsidies	376	376	376
Depreciation and amortisation	25,383	25,811	26,828
Finance/borrowing costs	..	..	..
Other expenses	13,315	13,642	14,150
Losses on sale/revaluation of assets	995	1,097	938
Total expenses	691,042	736,474	750,488
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

West Moreton Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	17,035	18,532	23,843
Receivables	8,754	4,200	4,200
Other financial assets	..	..	..
Inventories	3,897	3,897	3,897
Other	1,111	1,111	1,111
Non-financial assets held for sale	..	..	..
Total current assets	30,797	27,740	33,051
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	271,849	251,653	292,282
Intangibles	578	572	240
Other	..	..	..
Total non-current assets	272,427	252,225	292,522
TOTAL ASSETS	303,224	279,965	325,573
CURRENT LIABILITIES			
Payables	47,887	44,830	49,859
Accrued employee benefits	885	885	1,210
Interest bearing liabilities and derivatives	622	622	..
Provisions	184	184	184
Other	..	..	..
Total current liabilities	49,578	46,521	51,253
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	52	52	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	52	52	..
TOTAL LIABILITIES	49,630	46,573	51,253
NET ASSETS/(LIABILITIES)	253,594	233,392	274,320
EQUITY			
TOTAL EQUITY	253,594	233,392	274,320

Cash flow statement

West Moreton Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	678,610	725,179	738,066
Grants and other contributions	3,044	3,037	3,081
Interest and distribution from managed funds received	15	10	10
Other	9,904	13,231	10,649
Outflows:			
Employee costs	(88,640)	(85,199)	(81,959)
Supplies and services	(573,864)	(624,937)	(629,443)
Grants and subsidies	(376)	(376)	(376)
Borrowing costs	..	..	..
Other	(7,158)	(7,485)	(7,846)
Net cash provided by or used in operating activities	21,535	23,460	32,182
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(6,100)	(6,100)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(6,100)	(6,100)	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	6,107	6,107	631
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(608)	(608)	(674)
Equity withdrawals	(25,383)	(25,811)	(26,828)
Net cash provided by or used in financing activities	(19,884)	(20,312)	(26,871)
Net increase/(decrease) in cash held	(4,449)	(2,952)	5,311
Cash at the beginning of financial year	21,484	21,484	18,532
Cash transfers from restructure	..	..	..
Cash at the end of financial year	17,035	18,532	23,843

Wide Bay Hospital and Health Service

Overview

The Wide Bay Hospital and Health Service (HHS) vision is 'Care Comes First....through patients' eyes'. Our purpose is to support people to improve their lives by delivering patient centred, high-quality healthcare for the Wide Bay community.

Contribution to the Government's Objectives for the Community

The service area within the Wide Bay HHS contributes to the following government objectives:

Government's Objectives for the Community	HHS's objectives	HHS's service area
<ul style="list-style-type: none"> Safeguarding our health 	Enhance holistic health care Deliver more care locally Plan today for future infrastructure Excellence through innovation	Wide Bay Hospital and Health Service To deliver public hospital and health services for the Wide Bay community

Key deliverables

In 2021–22, the Wide Bay HHS will:

- continue to progress the Detailed Business Case and planning for a new Bundaberg Hospital
- progress the construction of a new 22-bed acute inpatient Mental Health Unit at Hervey Bay Hospital and refurbishment of Maryborough Hospital Mental Health Unit to create a 10-bed inpatient unit focused on the needs of older persons
- strengthening and growth of Mental Health Hospital in the Home (HITH) model
- continue to progress the development and implementation of a local 4 year post-graduate medical program under the Memorandum of Understanding between Wide Bay HHS, Central Queensland HHS, University of Queensland and Central Queensland University
- open Ward 1 at Maryborough Hospital providing an additional 18 inpatient beds
- deliver the COVID-19 Vaccination Program in Wide Bay HHS as directed by Queensland Health
- deliver on the Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011* s40(c).

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Wide Bay Hospital and Health Service	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	3,343	3,380	3,428

Notes:

- Corporate FTEs are allocated across the service to which they relate.
- The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Performance Statements

Wide Bay Hospital and Health Service

Service area objective

To deliver public hospital and health services for the Wide Bay community.

Wide Bay Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100% 80% 75% 70% 70%	100% 75% 72% 76% 93%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	73%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	99% 99% 99%	>98%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	1.1	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	66.1%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	9.2%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	91% 77% 96%	98%
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	98% 77% 66%	98%
Median wait time for treatment in emergency departments (minutes) ¹	..	16	..
Median wait time for elective surgery treatment (days) ²	..	30	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$4,805	\$5,274	\$4,926

Wide Bay Hospital and Health Service	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ¹¹			
• Category 1 (30 days)	2,145	1,994	2,145
• Category 2 (90 days) ³	..	1,327	..
• Category 3 (365 days) ³	..	1,398	..
Number of Telehealth outpatients service events ¹²	6,911	6,943	6,911
Total weighted activity units (WAU) ¹³			
• Acute Inpatients	57,273	56,448	59,336
• Outpatients	16,431	14,554	15,559
• Sub-acute	7,153	7,274	7,329
• Emergency Department	18,095	17,132	18,485
• Mental Health	4,990	4,471	5,546
• Prevention and Primary Care	3,200	3,721	3,762
Ambulatory mental health service contact duration (hours) ¹⁴	>34,523	43,624	>34,523

Notes:

- During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020–21 Estimated Actual includes some fever clinic activity. Emergency department measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019–20. This has impacted the treat in time performance and has continued to impact performance during 2020–21 as the system worked to reduce the volume of patients waiting longer than clinically recommended. Elective surgery measures 2020–21 Estimated Actual are for the period 1 July 2020 to 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance and volume targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
- Mental Health rate of community follow up 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Mental Health readmissions 2020–21 Estimated Actuals are for the period 1 July 2020 to 28 February 2021.
- Waiting within clinically recommended time is a point in time performance measure and has been impacted by preparing for COVID-19. 2020–21 Estimated Actual is as at 30 April 2021.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time and waiting in time performance targets for category 2 and 3 patients are not applicable for 2020–21 and 2021–22.
- As a result of preparing for COVID-19, the seen in time performance was impacted in 2019–20. This impact has continued throughout 2020–21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended. Seen in time 2020–21 Estimated Actual is for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2020–21 Estimated Actuals are for the period 1 July 2020 to 31 March 2021.
- Elective surgery performed in public hospitals treated volume 2020–21 Estimated Actual is a projection based on the period 1 July 2020 to 30 April 2021.
- Telehealth 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.
- The 2020–21 Target/Estimate varies from the published 2020–21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 31 March 2021. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur.
- Ambulatory Mental Health service contact duration 2020–21 Estimated Actual is a projection based on data for the period 1 July 2020 to 30 April 2021.

Income statement

Wide Bay Hospital and Health Service	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	674,869	692,236	707,096
Grants and other contributions	10,067	10,282	10,478
Interest and distributions from managed funds	43	43	43
Other revenue	7,368	7,358	7,283
Gains on sale/revaluation of assets	..	10	10
Total income	692,347	709,929	724,910
EXPENSES			
Employee expenses	72,214	72,544	74,357
Supplies and Services:			
Other supplies and services	200,364	205,649	196,481
Department of Health contract staff	389,271	395,980	417,128
Grants and subsidies	..	..	..
Depreciation and amortisation	23,472	22,915	23,529
Finance/borrowing costs	270	270	270
Other expenses	6,342	12,157	12,731
Losses on sale/revaluation of assets	414	414	414
Total expenses	692,347	709,929	724,910
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Wide Bay Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	25,495	26,167	26,953
Receivables	12,912	10,605	10,747
Other financial assets	..	..	..
Inventories	4,987	4,987	5,021
Other	833	833	866
Non-financial assets held for sale	..	..	..
Total current assets	44,227	42,592	43,587
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	306,136	317,642	323,907
Intangibles	(3)	(12)	(24)
Other	..	..	..
Total non-current assets	306,133	317,630	323,883
TOTAL ASSETS	350,360	360,222	367,470
CURRENT LIABILITIES			
Payables	37,019	35,658	36,911
Accrued employee benefits	841	841	841
Interest bearing liabilities and derivatives	1,475	2,314	2,131
Provisions	..	..	..
Other	66	66	66
Total current liabilities	39,401	38,879	39,949
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	2,851	7,069	5,636
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	2,851	7,069	5,636
TOTAL LIABILITIES	42,252	45,948	45,585
NET ASSETS/(LIABILITIES)	308,108	314,274	321,885
EQUITY			
TOTAL EQUITY	308,108	314,274	321,885

Cash flow statement

Wide Bay Hospital and Health Service	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	674,431	694,027	706,658
Grants and other contributions	4,459	4,674	4,674
Interest and distribution from managed funds received	43	43	43
Other	21,359	21,427	21,274
Outflows:			
Employee costs	(74,414)	(74,744)	(74,357)
Supplies and services	(602,958)	(616,313)	(626,532)
Grants and subsidies	..	..	..
Borrowing costs	(270)	(270)	(270)
Other	(734)	(6,549)	(6,927)
Net cash provided by or used in operating activities	21,916	22,295	24,563
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	10	10
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(5,575)	(5,575)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(5,575)	(5,565)	10
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	6,528	6,528	1,358
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,530)	(1,804)	(1,616)
Equity withdrawals	(23,472)	(22,915)	(23,529)
Net cash provided by or used in financing activities	(18,474)	(18,191)	(23,787)
Net increase/(decrease) in cash held	(2,133)	(1,461)	786
Cash at the beginning of financial year	27,628	27,628	26,167
Cash transfers from restructure	..	..	..
Cash at the end of financial year	25,495	26,167	26,953

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's (QIMR Berghofer) mission is to achieve better health through medical research and its vision is to be a world-renowned medical research institution that translates discoveries into clinical practice. QIMR Berghofer aims to improve health by developing prevention strategies, new diagnostics and better health treatments.

QIMR Berghofer's strategic objectives are to:

- foster scientific excellence
- build scientific, institutional and international connectivity
- undertake research with economic, clinical and community consequences
- strengthen enabling mechanisms.

QIMR Berghofer contributes to the following Queensland Government objectives for the community:

- safeguarding our health
- supporting jobs
- making it for Queensland
- investing in skills
- backing our frontline services.

Key deliverables

In 2021–22, QIMR Berghofer will:

- continue to conduct a broad range of world-leading research into COVID-19 including but not limited to:
 - initiating clinical trials of an existing, approved drug that could help prevent the heart problems that occur in many patients
 - working to develop an epigenetic drug that prevents infection with the virus that causes COVID-19
- continue to partner with commercial and academic collaborators to research and develop potential new therapeutics, diagnostics and cleaning/sanitising agents for COVID-19 using our high-biosecurity containment facility
- continue to investigate the mental and physical health impacts of the COVID-19 pandemic on Queenslanders
- complete a strategic review of QIMR Berghofer to set future research priorities
- continue to lead clinical trials, including an immunotherapy to prevent complications in children post-stem cell transplant, and a trial combining cellular immunotherapy and checkpoint inhibitors in patients with recurrent brain cancer
- continue to advance a CAR T cell program, which includes in-house cell manufacturing and early-phase clinical trials, and which will develop and deliver innovative CAR T cell therapies for cancer patients
- keep investigating the factors influencing child and adolescent mental health
- begin research into the link between diet and gut health during pregnancy and early childhood
- conduct deep characterisation of the genomes of different cancers to inform treatment and precision medicine
- continue to investigate the reasons for the disparities in healthcare use and patient outcomes in Aboriginal and Torres Strait Islander peoples with cancer and chronic liver disease
- in collaboration with partners, continue to test new anti-malarial drugs through the Institute's 'human challenge' trials
- progress the Queensland Alliance for the Control of Infectious Diseases.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

The Council of the Queensland Institute of Medical Research	2020–21 Adjusted Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	569	560	568

Notes:

1. The 2020–21 Budget reflects the FTEs as at 30 June 2021, as forecast in the 2020–21 internal budget process. This data was not published in the 2020–21 SDS.
2. The 2020–21 Estimated Actual reflects the estimated FTEs as at 30 June 2021.
3. The 2021–22 Budget represents the forecast FTEs as at 30 June 2022.
4. The FTE figures do not include visiting scientists/affiliates, students, external collaborators on site or casual staff.

Income statement

Council of the Queensland Institute of Medical Research	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	26,880	22,426	27,080
Grants and other contributions	77,310	70,557	76,683
Interest and distributions from managed funds	7,649	3,689	6,140
Other revenue	594	5,833	2,602
Gains on sale/revaluation of assets	7,269	16,427	5,835
Total income	119,702	118,932	118,340
EXPENSES			
Employee expenses	65,089	65,465	66,648
Supplies and services	34,502	36,505	35,709
Grants and subsidies	..	..	..
Depreciation and amortisation	11,711	11,386	11,037
Finance/borrowing costs	..	..	..
Other expenses	8,150	5,576	4,942
Losses on sale/revaluation of assets	250	..	4
Total expenses	119,702	118,932	118,340
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Council of the Queensland Institute of Medical Research	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	10,956	8,684	9,511
Receivables	6,538	4,785	4,044
Other financial assets	23,500	19,500	24,000
Inventories	693	734	734
Other	1,688	173	173
Non-financial assets held for sale	..	..	..
Total current assets	43,375	33,876	38,462
NON-CURRENT ASSETS			
Receivables	2,679	2,107	1,563
Other financial assets	162,180	171,471	171,940
Property, plant and equipment	262,242	263,304	258,007
Intangibles	179	179	149
Other	..	..	..
Total non-current assets	427,280	437,061	431,659
TOTAL ASSETS	470,655	470,937	470,121
CURRENT LIABILITIES			
Payables	9,255	8,703	9,669
Accrued employee benefits	6,478	5,934	6,070
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	43,978	45,356	43,438
Total current liabilities	59,711	59,993	59,177
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	59,711	59,993	59,177
NET ASSETS/(LIABILITIES)	410,944	410,944	410,944
EQUITY			
TOTAL EQUITY	410,944	410,944	410,944

Cash flow statement

Council of the Queensland Institute of Medical Research	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	28,633	26,377	29,487
Grants and other contributions	77,192	71,804	74,765
Interest and distribution from managed funds received	7,528	3,602	5,922
Taxes	..	..	..
Other	1,355	8,614	5,724
Outflows:			
Employee costs	(65,178)	(66,234)	(66,856)
Supplies and services	(26,724)	(27,997)	(35,948)
Grants and subsidies	..	..	136
Borrowing costs	..	..	..
Other	(7,950)	(6,492)	(5,807)
Net cash provided by or used in operating activities	14,856	9,674	7,423
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	12,500	4,872	18,518
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(5,640)	(6,127)	(5,710)
Payments for investments	(19,369)	(18,567)	(18,634)
Loans and advances made	(691)	(424)	(770)
Net cash provided by or used in investing activities	(13,200)	(20,246)	(6,596)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
Net cash provided by or used in financing activities	..	..	..
Net increase/(decrease) in cash held	1,656	(10,572)	827
Cash at the beginning of financial year	19,256	19,256	8,684
Cash transfers from restructure	..	..	..
Cash at the end of financial year	20,912	8,684	9,511

Queensland Mental Health Commission

Overview

The Queensland Mental Health Commission (the Commission) was established as an independent statutory body under the *Queensland Mental Health Commission Act 2013* to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, drugs and alcohol system in Queensland.

The Commission's vision is Queenslanders working together to improve mental health and wellbeing.

Contribution to the Government's Objectives for the Community

The service area within the Queensland Mental Health Commission (the Commission) contributes to the following government objectives:

Government's Objectives for the Community	Agency's objectives	Agency's service area
<ul style="list-style-type: none"> Safeguarding our health Backing small business Building Queensland Growing our regions Investing in skills Backing our frontline services 	<p>To achieve better outcomes for people living with mental health challenges and/or, problematic, alcohol and other drugs use, or at risk of, or affected by suicide through:</p> <ul style="list-style-type: none"> integrated and coordinated support and encouragement for system-wide reforms that include whole-of-government, whole-of-community approaches bringing together the wisdom of lived experience and professional expertise 	<p>Queensland Mental Health Commission</p> <p>The Commission aims to improve the mental health and wellbeing of Queenslanders by driving reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system in Queensland</p>

Key deliverables

In 2021–22, the Commission will drive reform through:

- working with key partners to consider the recommendations of the Productivity Commission Inquiry into Mental Health and the National Suicide Prevention Advisors Final Advice (to the Prime Minister)
- supporting the implementation of *Shifting minds* priorities, including:

Better lives through person-centred and integrated services

- support cross-agency initiatives to influence and drive system-level responses across government and non-government settings to support people with mental illness and problematic alcohol and other drug use to obtain safe, secure and affordable housing and pathways out of homelessness
- support the uptake and implementation of the *Queensland Framework for the Development of the Mental Health Lived Experience Workforce*

Invest to save through improved population mental health and early intervention

- work collaboratively with all sectors and stakeholders, to develop strategic and program guidance for a strengthened and integrated approach to mental health and wellbeing in the first 2000 days of life
- coordinate development of a strategy to enhance the mental health, alcohol and other drugs, and suicide prevention core competencies of human and social services frontline workers outside the health system

Whole-of-system improvement through a balanced approach and collective action

- support the new Queensland mental health consumer peak during its first year of operations
- embed collective leadership and accountability for mental health and wellbeing and system reform through implementing *Shifting minds* and subplans including *Every life. The Queensland Suicide Prevention Plan 2019–2029 (Every life)*. This includes the implementation of key actions identified for the Commission to lead in *Every life*

- undertake a sector-wide analysis to support the growth, development, and sustainability of the non-government community mental health services sector
- support the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (formerly the Department of Aboriginal and Torres Strait Islander Partnerships) to work with remote and discrete communities to co-design strategies to improve mental health and social and emotional wellbeing, respond to problematic alcohol and other drugs use, and reduce suicide
- progress a renewed whole of government and cross sector approach to alcohol and other drugs for Queensland.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Service Area	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	23	23	23

Note:

1. FTEs were not published in the 2020–21 Service Delivery Statements.

Performance Statements

Queensland Mental Health Commission

Service area objective

The Commission aims to improve the mental health and wellbeing of Queenslanders by driving reform towards a more integrated, evidence-based, recovery-oriented mental health, alcohol and other drugs, and suicide prevention system in Queensland.

Service standards	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures¹			
Stakeholder satisfaction with			
<ul style="list-style-type: none"> opportunities to provide those with lived experience, support person and provider perspectives on mental health and substance misuse issues² extent to which those with lived experience and provider perspectives are represented in strategic directions articulated by the Commission to improve the system the range of stakeholders involved in developing and implementing solutions 	60%	..	60%
	65%	..	65%
	60%	..	60%
Efficiency measure			
Not identified			

Notes:

- The Commission is reviewing existing effectiveness standards to consider including standards that assess the value of its stewardship contribution to Shifting minds implementation. Actual results will be published in the Commission's 2020–21 Annual Report.
- Stakeholder survey results were not available in time for publication.

Income statement

Queensland Mental Health Commission	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	..	..	..
Grants and other contributions	9,683	9,683	9,383
Interest and distributions from managed funds	150	150	100
Other revenue	..	..	..
Gains on sale/revaluation of assets	..	..	..
Total income	9,833	9,833	9,483
EXPENSES			
Employee expenses	3,591	3,591	3,663
Supplies and services	3,034	3,034	3,000
Grants and subsidies	3,039	3,039	2,651
Depreciation and amortisation	20	20	20
Finance/borrowing costs	..	..	..
Other expenses	149	149	149
Losses on sale/revaluation of assets	..	..	..
Total expenses	9,833	9,833	9,483
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Queensland Mental Health Commission	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	3,553	3,553	3,573
Receivables	82	82	82
Other financial assets	..	..	..
Inventories	..	..	..
Other	..	..	..
Non-financial assets held for sale	..	..	..
Total current assets	3,635	3,635	3,655
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	23	23	3
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	23	23	3
TOTAL ASSETS	3,658	3,658	3,658
CURRENT LIABILITIES			
Payables	194	194	194
Accrued employee benefits	192	192	192
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	386	386	386
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	386	386	386
NET ASSETS/(LIABILITIES)	3,272	3,272	3,272
EQUITY			
TOTAL EQUITY	3,272	3,272	3,272

Cash flow statement

Queensland Mental Health Commission	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	..	..	..
Grants and other contributions	9,683	9,683	9,383
Interest and distribution from managed funds received	150	150	100
Taxes	..	..	..
Other	..	..	..
Outflows:			
Employee costs	(3,591)	(3,591)	(3,663)
Supplies and services	(3,034)	(3,034)	(3,000)
Grants and subsidies	(3,039)	(3,039)	(2,651)
Borrowing costs	..	..	..
Other	(149)	(149)	(149)
Net cash provided by or used in operating activities	20	20	20
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	..	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
Net cash provided by or used in financing activities	..	..	..
Net increase/(decrease) in cash held	20	20	20
Cash at the beginning of financial year	3,533	3,533	3,553
Cash transfers from restructure	..	..	..
Cash at the end of financial year	3,553	3,553	3,573

Office of the Health Ombudsman

Overview

The Office of the Health Ombudsman's (OHO) purpose is to protect the health and safety of consumers, promote high standards in health service delivery and facilitate responsive complaint management.

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

The OHO's objectives are to:

- take proportionate and timely action in response to serious complaints and notifications about health practitioners
- identify and analyse systemic issues impacting on the delivery of health services, the regulation of health practitioners and management of health complaints
- facilitate the effective and efficient management and resolution of health service complaints
- operate an accountable and performance driven organisation.

Key deliverables

In 2021–22, the OHO will:

- undertake changes to the office's complaints intake function with a view to improving client service
- implement a multidisciplinary approach to complex and high-risk investigations
- commence joint consideration with the Australian Health Practitioner Regulation Agency for all registered practitioner matters.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Service Area	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	138	138	138

Notes:

1. The 2020–21 Adjusted Budget reflects the forecast FTEs as at 30 June 2021. The 2020–21 *Service Delivery Statement* did not include published FTE information.
2. The 2021–21 Estimated Actual reflects the estimated FTEs as at 30 June 2021.

Performance Statements

Office of the Health Ombudsman

Service area objective

To provide a transparent, accountable and fair system for effectively dealing with complaints and other healthcare matters in Queensland in a timely manner.

Service standards	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of complaints received and accepted within 7 days	90%	95%	90%
Percentage of complaints assessed within timeframes ¹	90%	89%	90%
Percentage of complaints resolved within timeframes ¹	100%	95%	100%
Percentage of investigations finalised within 12 months ²	75%	58%	75%
Percentage of disciplinary matters in which Queensland Civil and Administrative Tribunal (QCAT) decides there is a case to answer	90%	98%	90%
Percentage of immediate action decisions upheld by QCAT at review hearings ³	90%	33%	90%
Efficiency measure			
Not identified			
Discontinued measure			
Percentage of clients satisfied with the complaint management process ⁴	80%	63%	Discontinued measure

Notes:

1. The title of these measures has been changed (from 'complaints assessed' to 'assessments finalise' and 'complaints resolved' to 'local resolution matters finalised') to more accurately reflect the relevant action that is measured (there has been no change to what is actually measured).
2. The variance between the 2020–21 Target/Estimate and 2020–21 Estimated Actual is due to a range of factors, including (but not limited to) the number of complex matters requiring increased resourcing.
3. The variance between the 2020–21 Target/Estimate and 2020–21 Estimated Actual is a result of QCAT handing down 2 decisions during the 2020–21 financial year specifically about whether to uphold, amend or overturn immediate action. In one matter the entire immediate action was set aside by QCAT and in the other it was amended from a suspension to a gender restriction. 2 other QCAT decisions touched on immediate action but fell outside this measure (in one, the Health Ombudsman had repealed the immediate action prior to hearing and, in the other, the immediate action was set aside as part of the determination of a final prohibition order referral conducted by the Director of Proceedings).
4. The level of engagement with the client satisfaction survey is low, and as such, it is not a robust reflection of client satisfaction levels across the office.

Income statement

Health Ombudsman	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
User charges and fees	..	..	..
Grants and other contributions	22,330	22,330	22,436
Interest and distributions from managed funds	70	70	50
Other revenue	5	5	5
Gains on sale/revaluation of assets	..	..	..
Total income	22,405	22,405	22,491
EXPENSES			
Employee expenses	18,714	18,714	18,936
Supplies and Services:			
Other supplies and services	3,649	3,649	3,513
Department of Health contract staff	..	..	..
Grants and subsidies	..	..	..
Depreciation and amortisation	20	20	20
Finance/borrowing costs	..	..	..
Other expenses	22	22	22
Losses on sale/revaluation of assets	..	..	..
Total expenses	22,405	22,405	22,491
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Health Ombudsman	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	821	821	742
Receivables	352	352	352
Other financial assets	..	..	..
Inventories	..	..	..
Other	469	469	469
Non-financial assets held for sale	..	..	..
Total current assets	1,642	1,642	1,563
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	30	30	90
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	30	30	90
TOTAL ASSETS	1,672	1,672	1,653
CURRENT LIABILITIES			
Payables	448	435	435
Accrued employee benefits	751	764	764
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	1,199	1,199	1,199
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	1,199	1,199	1,199
NET ASSETS/(LIABILITIES)	473	473	454
EQUITY			
TOTAL EQUITY	473	473	454

Cash flow statement

Health Ombudsman	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	(19)	(19)	(19)
Grants and other contributions	22,330	22,330	22,436
Interest and distribution from managed funds received	70	70	50
Other	5	5	5
Outflows:			
Employee costs	(18,714)	(18,701)	(18,936)
Supplies and services	(3,649)	(3,649)	(3,513)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(22)	(35)	(22)
Net cash provided by or used in operating activities	1	1	1
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	(80)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	..	(80)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
Net cash provided by or used in financing activities	..	..	..
Net increase/(decrease) in cash held	1	1	(79)
Cash at the beginning of financial year	820	820	821
Cash transfers from restructure	..	..	..
Cash at the end of financial year	821	821	742

Health and Wellbeing Queensland

Overview

Health and Wellbeing Queensland's (HWQld) vision is that every Queenslander 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 to the health of every Queenslander.

Contribution to the Government's Objectives for the Community

The service area within HWQld contributes to the following government objectives:

Government's Objectives for the Community	Agency's objectives	Agency's service area
<ul style="list-style-type: none"> Safeguarding our health Backing our frontline services 	<p>Build partnerships and co-design strategies that drive population change focused on healthy weight and addressing inequities in Queensland communities</p> <p>Make healthier options the easier options where Queenslanders live, learn, play and work</p> <p>Empower Queenslanders to live a healthier life</p>	<p>Health and Wellbeing Queensland</p> <p>To reduce health inequity and tackle Queensland's high obesity and chronic disease rates</p>

Key deliverables

In 2021–22, HWQld will continue to:

- work with our government partners and community leaders to stimulate community-led initiatives in Aboriginal and Torres Strait Islander communities to supply healthy food and promote healthy eating and physical activity, with a focus on remote food stores
- continue to develop new collaborations driving prevention capacity of communities to locally lead health and wellbeing efforts, deliver sustainable partnerships and provide an online platform for communities to share learnings
- deliver a whole-of-school and whole-of-system (including industry, government, research) healthy eating program to increase nutrition capacity in schools and increase students' knowledge of vegetables and fruit
- develop and deliver policy to reduce the marketing and sale of unhealthy food including supporting industry by introducing awards for healthy children's menus
- develop a Queensland specific equity framework and position statements to guide investment for all of Queensland Government to support healthy communities and places, early life and children, work health and wellbeing and food security
- galvanise the prevention network to facilitate coordination, create a collective of prevention offerings and build momentum for health and wellbeing to improve the health of Queenslanders
- implement an evidence-based funded Queensland specific program mix that enhances behaviour change strategies, innovative service delivery, reach and access to healthy lifestyle and capacity building programs
- grow and bolster state, national and global research partnerships to advance prevention and health promotion research activities
- develop alternative funding models to influence investment to create co-benefits across communities and sectors, driving impact and population level results in prevention.

Staffing

The table below shows the full-time equivalents (FTEs) as at 30 June in the respective years.

Service Area	2020–21 Budget	2020–21 Est. Actual	2021–22 Budget
Total FTEs	38	41	41

Notes:

1. As highlighted in the 2019–2020 Annual Report, the Health and Wellbeing Queensland workforce profile has expanded from establishment and planning activity in 2019–20 to implementation delivery in 2020–21.
2. FTEs were not published in the 2020–21 *Service Delivery Statement*.

Performance Statements

Health and Wellbeing Queensland

Service area objective

To reduce health inequity and tackle Queensland's high obesity and chronic disease rates.

Service standards	2020–21 Target/Est.	2020–21 Est. Actual	2021–22 Target/Est.
Effectiveness measures			
Percentage of the Queensland population who consume recommended amounts of ¹			
• fruits	53.7%	52.5%	53.7%
• vegetables	8.9%	8.0%	8.9%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit ¹			
• Persons	61.5%	58.7%	61.5%
• Male	64.8%	61.8%	64.8%
• Female	58.3%	55.8%	58.3%
Percentage of adults and children with a body mass index (BMI) in the normal weight category ²			
• Adults	33.3%	32.3%	33.3%
• Children	67.5%	65.5%	67.5%
Efficiency measure			
Not identified			

Notes:

1. This is a measure of effectiveness of Queensland Government investment in prevention across a broad range of actions within health and other sectors. Estimated Actuals are from the 2020 Queensland Preventive Health Survey (QPHS) for physical activity and the 2019 QPHS for adult fruit and vegetable consumption.
2. Estimated Actuals are from the 2017–18 National Health Survey.

Income statement

Health and Wellbeing Queensland	2020–21 Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	..	..	..
Grants and other contributions	37,988	38,633	45,929
Interest and distributions from managed funds	..	..	..
Other revenue	..	..	..
Gains on sale/revaluation of assets	..	..	..
Total income	37,988	38,633	45,929
EXPENSES			
Employee expenses	4,604	4,604	4,512
Supplies and services	33,384	34,029	41,417
Grants and subsidies	..	..	..
Depreciation and amortisation	..	..	..
Finance/borrowing costs	..	..	..
Other expenses	..	..	..
Losses on sale/revaluation of assets	..	..	..
Total expenses	37,988	38,633	45,929
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Health and Wellbeing Queensland	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CURRENT ASSETS			
Cash assets	539	539	539
Receivables	23	23	23
Other financial assets	..	..	..
Inventories	..	..	..
Other	65	65	65
Non-financial assets held for sale	..	..	..
Total current assets	627	627	627
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	116	116	116
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	116	116	116
TOTAL ASSETS	743	743	743
CURRENT LIABILITIES			
Payables	163	163	163
Accrued employee benefits	145	145	145
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	308	308	308
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	308	308	308
NET ASSETS/(LIABILITIES)	435	435	435
EQUITY			
TOTAL EQUITY	435	435	435

Cash flow statement

Health and Wellbeing Queensland	2020–21 Adjusted Budget \$'000	2020–21 Est. Actual \$'000	2021–22 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	..	..	..
Grants and other contributions	37,988	38,633	45,929
Interest and distribution from managed funds received	..	..	..
Taxes	..	..	..
Other	..	..	..
Outflows:			
Employee costs	(4,604)	(4,604)	(4,512)
Supplies and services	(33,384)	(34,029)	(41,417)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	..	..	..
Net cash provided by or used in operating activities	..	..	..
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	..	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
Net cash provided by or used in financing activities	..	..	..
Net increase/(decrease) in cash held	..	..	..
Cash at the beginning of financial year	539	539	539
Cash transfers from restructure	..	..	..
Cash at the end of financial year	539	539	539

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.
Balance sheet	A financial statement that reports the assets, liabilities and equity of an entity as at a particular date.
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.
Cash flow statement	A financial statement reporting the cash inflows and outflows for an entity's operating, investing and financing activities in a particular period.
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.
Financial statements	Collective description of the income statement, the balance sheet and the cash flow statement for an entity's controlled and administered activities.
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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Service Delivery Statements

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