

SERVICE DELIVERY STATEMENTS

Queensland Health

2022–23 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

Assistant Minister for Health and Regional Health Infrastructure

Julieanne Gilbert MP

Department of Health

Acting Director-General: Shaun Drummond

Queensland Ambulance Services

Commissioner: Craig Emery

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: Emma McCahon

Central West Hospital and Health Service

Acting Chief Executive Officer: Chris Sullivan

Children's Health Queensland Hospital and Health Service

Chief Executive Officer: Frank Tracey

Darling Downs Hospital and Health Service

Chief Executive Officer: Annette Scott

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: Jackie Hanson

Metro South Hospital and Health Service

Chief Executive Officer: Peter Bristow

North West Hospital and Health Service

Chief Executive Officer: Craig Carey

South West Hospital and Health Service

Chief Executive Officer: Anthony Brown

Sunshine Coast Hospital and Health Service

Chief Executive Officer: Peter Gillies

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: Lynne Coulson Barr

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 remainder of the Queensland Health portfolio includes 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.

As outlined in *My health, Queensland's future: Advancing health 2026*, Queensland Health's vision is for Queenslanders to be amongst the healthiest people in the world by 2026. This vision is underpinned by 5 key principles which guide our decision making and how we work with our health system partners:

- Sustainability – we will ensure available resources are used efficiently and effectively for current and future generations
- Compassion – we will apply the highest ethical standards, recognising the worth and dignity of the whole person and respecting and valuing our patients, consumers, families, carers and health workers
- Inclusion – we will respond to the needs of all Queenslanders and ensure that, regardless of circumstances, we deliver the most appropriate care and service with the aim of achieving better health for all
- Excellence – we will deliver appropriate, timely, high-quality and evidence-based care, supported by innovation, research and the application of best practice to improve outcomes
- Empowerment – we recognise that our healthcare system is stronger when consumers are at the heart of everything we do, and they can make informed decisions.

During the last 12 months, Queensland Health has continued to lead the state's response to the COVID-19 pandemic. Over 7 million COVID-19 tests have been administered by Queensland Health and private pathology providers since the pandemic began. Queensland Health has also rolled out a vaccination program which has seen over 92 per cent of Queenslanders over 16 fully vaccinated against COVID-19. The success of this vaccination program has resulted in the easing of most COVID-19 restrictions, the state's borders reopening and has enabled Queensland's strong economic recovery, as well as slowing the spread of COVID-19.

Other highlights for 2021–22 included the release of the *Rural and Remote Health and Wellbeing Strategy 2022–2027* and *Ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021–2024*. The *Rural and Remote Health and Wellbeing Strategy 2022–2027* is Queensland Health's first strategy to outline a whole-of-system approach to achieving health equity for rural and remote Queenslanders. The *Ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021–2024* guides and frames the next steps Queensland Health and its partners will take to advance the vision of ending acute rheumatic fever and rheumatic heart disease in Queensland.

In 2022–23, Queensland Health will continue to work towards a more united, innovative, agile and responsive health system. The *Unleashing the potential: an open and equitable health system report* outlined 17 recommendations which capture some of the changes brought about during the COVID-19 pandemic and focusses on key areas to accelerate health system transformation.

The implementation of the Voluntary Assisted Dying scheme (VAD) will also continue in 2022–23, with access to voluntary assisted dying commencing on 1 January 2023. The VAD will provide an additional end-of-life care option and will be delivered by practitioners in both the public and private health care systems.

Budget highlights

In the 2022–23 Queensland Budget, the government is providing:

- additional funding of \$6.784 billion over 4 years to support the ongoing growth in demand for health and ambulance services
- \$1.645 billion and a capital investment of \$28.5 million over 5 years for Queensland Health's new 5-year plan for Queensland's state funded mental health, alcohol and other drugs services and for a range of initiatives to improve the mental health, alcohol and other drugs system of care and support, which is to be funded by a new mental health levy proposed to commence from 1 January 2023
- additional funding of \$300 million over 5 years for the continuing roll-out of electronic medical record functionality
- \$90 million over 3 years for the next tranche of the Infrastructure Maintenance Program.

The 2022-23 Budget investment in new hospitals and new beds is the largest in Queensland's history, with additional funding of \$9.785 billion over 6 years. The new hospitals and hospital expansion projects announced in the Budget will deliver 2,509 extra beds in addition to the 869 beds being delivered through our current expansion projects. This builds on the 1,350 additional beds that we have opened since 2015.

Further information about new policy decisions can be found in *Budget Paper No. 4: Budget Measures*.

Performance statement

Inpatient care

Objective

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

Description

Inpatient care includes a broad range of services provided to patients under a formal admission process and can refer to care provided in hospital and/or in a patient's home.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Effectiveness measures			
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ¹	<2	0.7	<2
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%	92.5% 78.3% 87.4%	>98%
Median wait time for elective surgery treatment (days) ² <ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days) Category 3 (365 days) All categories	.. .. .. ..	16 67 258 35	.. .. .. ..
Percentage of admitted patients discharged against medical advice ⁴ <ul style="list-style-type: none"> Non-Aboriginal and Torres Strait Islander patients Aboriginal and Torres Strait Islander patients 	0.8% 1.0%	1.0% 3.0%	0.8% 1.0%
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ⁵	\$5,109	\$5,404	\$5,155
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 6} <ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	48,555	49,735 37,304 20,708	48,555
Total weighted activity units (WAU) - Acute Inpatients ⁷	1,460,447	1,345,875	1,505,679

Notes:

1. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021–22 Estimated Actual rate is based on data reported between 1 July 2021 and 31 December 2021.

2. In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
3. As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treated in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
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. The 2021–22 Estimated Actual is based on the period 1 July 2021 to 28 February 2022.
5. The 2021–22 Target/Estimate varies from the published *2021–22 Service Delivery Statement* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
6. Elective surgery performed in public hospitals treated volume 2021–22 Estimated Actual is a 12-month projection based on the period 1 July 2021 to 30 April 2022.
7. The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. The 2021–22 Target/Estimate varies from the published 2021–22 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.

Outpatient care

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 maximises the health outcomes of patients.

Description

Outpatient services are examinations, consultations, treatments or other services provided to patients who are not currently admitted to hospital that require specialist care. Outpatient services also provide associated allied health services, such as physiotherapy and diagnostic testing.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Effectiveness measures			
Percentage of specialist outpatients waiting within clinically recommended times ¹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)² Category 3 (365 days)² 	65%	54.2% 41.7% 71.8%	65%
Percentage of specialist outpatients seen within clinically recommended times ³			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)² Category 3 (365 days)² 	83%	80.4% 57.1% 78.8%	83%
Efficiency measure			
Not identified			
Other measures			
Number of Telehealth outpatients service events ⁴	213,294	301,703	283,232
Total weighted activity units (WAU) - Outpatients ⁵	388,352	337,185	421,314

Notes:

- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treated in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
- The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. The 2021–22 Target/Estimate varies from the published 2021–22 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.

Emergency Care

Objective

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

Description

Emergency care is provided by a wide range of facilities and providers from remote nurse run clinics, general practices, ambulance services, retrieval services, through to Emergency Departments (EDs). EDs are dedicated hospital-based facilities specifically designed and staffed to provide 24-hour emergency care.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Effectiveness measures			
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	69.1%	>80%
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%	99.7% 64.5% 64.2% 79.6% 96.4%	100% 80% 75% 70% 70%
Percentage of patients transferred off stretcher within 30 minutes ²	90%	63.3%	90%
Median wait time for treatment in emergency departments (minutes) ^{1, 3}	..	15	..
Efficiency measure			
Not identified			
Other measure			
Total weighted activity units (WAU) - Emergency Department ⁴	300,082	288,118	339,080

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in a safe and effective manner. Fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including Patient Off Stretcher Time (POST)) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- Emergency Department performance has been impacted by the additional time and resources required to manage COVID-19 precautions. The increased treatment time within emergency departments has impacted patient off stretcher performance. Patient off stretcher 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. The 2021–22 Target/Estimate varies from the published 2021–22 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.

Sub and Non-Acute Care

Objective

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

Description

Sub and non-acute care comprises rehabilitation care, palliative care, geriatric evaluation and management care, psychogeriatric care and maintenance care.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Effectiveness measure			
Not identified			
Efficiency measure			
Not identified			
Other measure			
Total weighted activity units (WAU) - Sub-acute ¹	136,199	164,718	157,802

Note:

- The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. The 2021–22 Target/Estimate varies from the published *2021–22 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.

Mental Health and Alcohol and Other Drug Services

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.

Description

Mental Health Services deliver assessment, treatment and rehabilitation services in community, inpatient and extended treatment settings to provide appropriate care for symptoms of mental illness and facilitate recovery. Alcohol, Tobacco and Other Drug Services provide prevention, treatment and harm reduction responses in community-based services.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Effectiveness measures			
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ¹			
<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander Non-Aboriginal and Torres Strait Islander 	<p><12%</p> <p><12%</p>	<p>14.8%</p> <p>10.8%</p>	<p><12%</p> <p><12%</p>
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ²			
<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander Non-Aboriginal and Torres Strait Islander 	<p>>65%</p> <p>>65%</p>	<p>57.9%</p> <p>60.4%</p>	<p>>65%</p> <p>>65%</p>
Efficiency measure			
Not identified			
Other measures			
Percentage of the population receiving clinical mental health care ³	>2.1%	2.1%	>2.1%
Ambulatory mental health service contact duration (hours) ⁴	>956,988	791,825	>956,988
Queensland suicide rate (number of deaths by suicide/100,000 population) ⁵	..	15.4	..
Total weighted activity units (WAU) - Mental Health ⁶	164,658	148,434	168,724

Notes:

- Mental health readmissions 2021–22 Estimated Actuals are for the period 1 July 2021 to 28 February 2022.
- 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 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
- Percentage of the population receiving clinical mental health care measure 2021–22 Estimated Actual is for the period 1 July 2021 to 31 March 2022.
- Ambulatory mental health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022. Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021–22 Target/Estimate has not been met.
- Queensland suicide rate is the 5-year rolling average for the period 2016 to 2020. An annual Target/Estimate is not identified for this measure as progress is expected over the long-term.
- The 2021–22 Estimated Actual is below the 2021–22 Target/Estimate due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. The 2021–22 Target/Estimate varies from the published 2021–22 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.

Prevention, Primary and Community Care

Objective

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

Description

These services are provided by a range of healthcare professionals in socially appropriate and accessible ways and include health promotion, illness prevention, disease control, immunisation, screening, oral health services, environmental health, research, advocacy and community development, allied health, assessment and care planning and self-management support.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Effectiveness measures			
Percentage of the Queensland population who consume alcohol at risky and high risk levels ^{1, 2, 3}			
<ul style="list-style-type: none"> Persons Male Female 	21.8% 32.9% 11.2%	22.6% 32.6% 13.1%	21.9% 31.6% 12.7%
Percentage of the Queensland population who smoke daily ^{1, 3}			
<ul style="list-style-type: none"> Persons Male Female 	10.0% 11.4% 8.6%	10.4% 11.0% 9.8%	10.1% 10.7% 9.5%
Percentage of the Queensland population who were sunburnt in the last 12 months ^{1, 3}			
<ul style="list-style-type: none"> Persons Male Female 	47.8% 53.0% 43.0%	49.3% 54.6% 44.3%	47.8% 53.0% 43.0%
Annual notification rate of HIV infection ⁴	<3.0	2.4	2.5
Vaccination rates at designed milestones for children 1-5 years ⁵			
<ul style="list-style-type: none"> all children 1 year all children 2 years all children 5 years 	95% 95% 95%	94.3% 92.9% 94.4%	95% 95% 95%
Percentage of target population screened for			
<ul style="list-style-type: none"> breast cancer⁶ cervical cancer⁷ bowel cancer 	55.7% .. 43.4%	51.7% .. 39.1%	51.7% .. 39.1%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter ⁸	58.4%	58.4%	59.8%
Ratio of potentially preventable hospitalisations (PPH) - rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations ⁹	1.7	1.7	1.65

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Percentage of women who, during their pregnancy, were smoking after 20 weeks ^{10, 11}			
<ul style="list-style-type: none"> Non-Aboriginal and Torres Strait Islander women Aboriginal and Torres Strait Islander women¹¹ 	6.5% 35.0%	6.2% 36.7%	6.0% 35.0%
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation ¹⁰			
<ul style="list-style-type: none"> Non-Aboriginal and Torres Strait Islander women Aboriginal and Torres Strait Islander women¹² 	97.0% 91.0%	96.9% 90.3%	97.0% 91.0%
Percentage of babies born of low birth weight to ¹⁰			
<ul style="list-style-type: none"> Non-Aboriginal and Torres Strait Islander women Aboriginal and Torres Strait Islander women 	4.6% 7.3%	4.7% 9.0%	4.6% 7.3%
Percentage of public general dental care patients waiting within the recommended timeframe of 2 years ¹³	85%	97.4%	85%
Percentage of oral health Weighted Occasions of Service which are preventative ¹⁴	15%	16.4%	15%
Efficiency measure			
Not identified			
Other measures			
Number of rapid HIV tests performed ¹⁵	6,000	5,610	5,600
Number of adult oral health Weighted Occasions of Service (ages 16+) ^{16, 17}	2,782,000	2,619,907	2,782,000
Number of children and adolescent oral health Weighted Occasions of Service (0-15 years) ^{16, 17}	1,200,000	775,540	1,200,000
Total weighted activity units (WAU) - Prevention and Primary Care ¹⁸	49,400	46,897	53,705

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. Alcohol consumption remains reported by the 2009 guidelines, however, these have been superseded by new 2020 alcohol consumption guidelines. Results for the 2020 guidelines are available from Preventive health reports | Queensland Health.
3. 2021–22 Targets/Estimates are calculated from the most recently available 2021–22 Estimated Actual with a standard improvement percentage applied. If no new data were available (as for Sunburn), the 2022–23 Target/Estimate will remain the same as the prior year Target/Estimate. If the Estimated Actual improved more than the prior year Target/Estimate, the 2022–23 Target/Estimate has increased improvement (as for female alcohol and smoking). If the Estimated Actual improved less than the prior year Target/Estimate, the 2022–23 Target/Estimate has reduced improvement (as for male alcohol and smoking).
4. The annual notification rate of HIV infection (per 100,000 population per year) 2021–22 Estimated Actual is based on the period 1 January 2021 to 31 December 2021.
5. The vaccination rates 2021–22 Estimated Actual is an estimate based on the coverage during the period 1 January 2021 to 31 December 2021.
6. Participation rates in cancer screening programs have been impacted by the COVID-19 pandemic. Participation in the program is dependent on clients being invited to the program every 2 years. Therefore, lower participation over the last 2 years will continue to impact participation rates.
7. Insufficient information is available to derive a 2021–22 Estimated Actual or the 2021–22 and 2022–23 Target/Estimates. Changes to the measure will be considered for future Service Delivery Statements (SDS) reporting.

8. 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 2021–22 Estimated Actual is based on the 3-year average for financial years 2017–18 to 2019–20 calculated in April 2022. The 2021–22 Target/Estimate is based on the 3-year average for financial years 2017–18 to 2019–20 calculated in March 2021.
9. The 2021–22 Target/Estimate is based on a trajectory to achieve PPH parity with other Queenslanders by 2033. The 2021–22 Estimated Actual is based on the period 1 July 2021 to 28 February 2022.
10. Antenatal services, smoking and low birth weight measures Estimated Actual for 2021–22 are based on the period 1 July 2021 to 28 February 2022.
11. While the 2021–22 Estimated Actual is just over the 2021–22 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.
12. While the 2021–22 Estimated Actual is close to the 2021–22 Target/Estimate, a number of the Hospital and Health Services (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.
13. General dental care patients waiting within recommended timeframe 2021–22 Estimated Actual is as at 30 April 2022.
14. Oral health measures 2021–22 Estimated Actual are based on actual performance from 1 July 2021 to 30 April 2022.
15. The HIV rapid test 2021–22 Estimated Actual is based on the period 1 January 2021 to 31 December 2021. There was a decrease in the number of HIV rapid tests performed in 2021, likely due to lockdown restrictions implemented during the COVID-19 pandemic and implementation of an HIV self-testing program.
16. Oral health measures 2021–22 Estimated Actual is a 12-month projection based on actual performance from 1 July 2021 to 30 April 2022.
17. 2021–22 Estimated Actual were significantly lower than 2021–22 Targets/Estimates primarily due to the impact of the COVID-19 pandemic and, to a lesser extent, flooding in South East Queensland. Factors related to COVID-19, including additional patient screening, social distancing, infection control and deployment of oral health staff to COVID-19-related response measures, negatively impacted on oral health services for several months.
18. The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. The 2021–22 Target/Estimate varies from the published 2021–22 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.

Health consolidated budget summary

The table below shows the total resources available in 2022–23 from all sources and summarises how resources will be applied by service area and by controlled and administered classifications.

Queensland Health and Hospital and Health Services	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CONTROLLED			
Income			
Appropriation revenue ¹	12,919,108	13,388,292	13,846,208
Other revenue	7,970,845	8,217,263	8,202,195
Total income	20,889,953	21,605,555	22,048,403
Expenses			
Inpatient Care	9,859,427	10,192,826	10,229,054
Outpatient Care	2,484,717	2,568,739	2,626,044
Emergency Care	2,014,008	2,082,113	2,269,805
Sub and Non-Acute Care	901,206	931,681	1,020,681
Mental Health and Alcohol and Other Drug Services	2,109,348	2,180,677	2,184,883
Prevention, Primary and Community Care	2,527,890	2,613,371	2,616,366
Ambulance Services	988,356	1,031,149	1,097,570
Total expenses	20,884,953	21,600,555	22,044,403
Operating surplus/deficit	5,000	5,000	4,000
Net assets	13,233,295	13,120,889	13,671,513
ADMINISTERED			
Revenue			
Commonwealth revenue	..	1,359	..
Appropriation revenue	77,212	70,022	71,129
Other administered revenue	4	4	4
Total revenue	77,216	71,385	71,133
Expenses			
Transfers to government	..	..	..
Administered expenses	77,216	71,385	71,133
Total expenses	77,216	71,385	71,133
Net assets	..	..	..

Notes:

1. Includes State and Commonwealth funding.
2. Totals may vary due to rounding.

Staffing

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

Queensland Health and Hospital and Health Services	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	99,266	99,480	105,686

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, and therefore cannot be allocated by Service Area.
3. Queensland Health is also hosting up to 7 FTEs to support Queensland's delivery of services on Norfolk Island and the implementation of the Intergovernmental Partnership Agreement on State Service Delivery to Norfolk Island. These FTEs are fully funded by the Australian Government.

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 2022–23 of \$1.537 billion.

Hospital and health facility project highlights in 2022–23 include:

- \$9.785 billion over 6 years for the Queensland Health Capacity Expansion Program which will deliver around 2,200 additional beds. This includes:
 - New hospitals in Bundaberg, Toowoomba and Coomera
 - New Queensland Cancer Centre, which will be based within the Herston Health Precinct at the Royal Brisbane and Women's Hospital
 - Hospital expansions at the following 11 sites across Queensland: Redcliffe Hospital, Ipswich Hospital (Stage 2 Expansion), Townsville University Hospital, Logan Hospital (Stage 2 Expansion), QEII Hospital, Princess Alexandra Hospital, The Prince Charles Hospital, Cairns Hospital, Mackay Hospital, Robina Hospital and Hervey Bay Hospital
- \$229.7 million over 2 years to increase bed capacity under the Accelerated Infrastructure Delivery Program. This program will deliver 289 beds across 7 projects in the Metro South, Gold Coast, West Moreton and Cairns and Hinterland Hospital and Health Services, and will use off-site construction and standard designs to reduce time to commissioning
- \$943.5 million over 7 years to replace ageing rural and regional health facilities and staff accommodation as part of the next phase of the Building Rural and Remote Health Program. This investment in Phase 2 of the program will replace ageing infrastructure across a range of Hospital and Health Services, including Torres and Cape, North West, Cairns and Hinterland, Mackay, Darling Downs, Central Queensland, Townsville, West Moreton and Wide Bay
- \$1.79 million for the planning and initiatives under a new 5-year plan for state funded Mental Health Alcohol and Other Drug Services – Better Care Together
- new business cases approved to commence, including the replacement of the Forensic Pathology Facility; Residential Aged Care Facilities; condition assessment and compliance review; and long-stay complex patient accommodation
- \$281.6 million under the Sustaining Capital Program will be distributed across Hospital and Health Services and the Department of Health for a range of minor capital projects and replacement of health technology equipment
- \$270.3 million as part of the Building Better Hospitals program which includes the Caboolture Hospital Expansion (\$82.9 million), the Ipswich Hospital Expansion Stage 1A (\$21.4 million), the Logan Hospital Expansion Stage 1 (\$161.3 million) and the Logan Hospital Maternity Services Upgrade (\$4.7 million)
- \$139.9 million in 2022–23 as part of the \$280 million Satellite Hospitals Program to deliver satellite hospitals to Bribie Island, Caboolture, Eight Mile Plains (Brisbane South), Kallangur (Pine Rivers), Tugun (Gold Coast), Ripley (Ipswich) and Redlands
- \$110.6 million in 2022–23 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
- QAS investing \$81.8 million in 2022–23 in capital purchases in 2022–23 to support essential frontline services to provide the highest possible quality pre-hospital emergency and non-emergency care and services to the community.

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

	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
Total capital investment	1,351,814	1,035,526	1,537,112

Notes:

1. Total capital investment in 2021–22 Budget includes \$5.7 million for the Council of the Queensland Institute of Medical Research (QIMR).
2. Total capital investment in 2022–23 includes \$5.1 million for the QIMR.

Further information about Queensland Health's capital outlays can be found in *Budget Paper No. 3: Capital Statement*. There may be variations between the capital program figure quoted across papers as payments across Queensland government agencies are excluded from *Budget Paper No. 3: Capital Statement* and may be included in the figure quoted above.

Budgeted financial statements

An analysis of Queensland Health's budgeted financial statements, inclusive of the Department of Health, Queensland Ambulance Service and the Hospital and Health Services, is provided below.

Departmental income statement

2022–23 total expenses are estimated to be \$22.044 billion, representing an increase of \$1.159 billion or 5.6 per cent from the 2021–22 Budget.

The 2022–23 Queensland 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 and management of COVID-19, enterprise bargaining agreements and depreciation.

Departmental balance sheet

Queensland Health's major assets are in property, plant and equipment (\$14.133 billion), whilst its main liabilities relate to employee benefits (\$1.369 billion) and payables of an operating nature (\$721 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	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
Appropriation revenue	12,919,108	13,388,292	13,846,208
Taxes	..	..	..
User charges and fees	1,656,566	1,668,641	1,645,734
Royalties and land rents	..	..	..
Grants and other contributions	6,212,823	6,297,750	6,445,281
Interest and distributions from managed funds	3,127	2,607	2,486
Other revenue	96,504	247,102	107,622
Gains on sale/revaluation of assets	1,825	1,163	1,072
Total income	20,889,953	21,605,555	22,048,403
EXPENSES			
Employee expenses	13,880,201	13,907,886	14,526,681
Supplies and services	5,590,755	6,056,430	5,935,175
Grants and subsidies	99,708	224,546	193,314
Depreciation and amortisation	1,004,169	1,001,868	1,056,091
Finance/borrowing costs	53,880	50,144	49,086
Other expenses	238,815	263,954	258,404
Losses on sale/revaluation of assets	17,425	95,727	25,652
Total expenses	20,884,953	21,600,555	22,044,403
Income tax expense/revenue	..	..	..
OPERATING SURPLUS/(DEFICIT)	5,000	5,000	4,000

Reporting entity balance sheet

Queensland Health and Hospital and Health Services	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	792,053	886,759	782,820
Receivables	675,482	959,656	980,905
Other financial assets	..	..	..
Inventories	342,575	358,175	365,079
Other	130,311	118,758	122,901
Non-financial assets held for sale	..	..	..
Total current assets	1,940,421	2,323,348	2,251,705
NON-CURRENT ASSETS			
Receivables	76,790	95,352	85,760
Other financial assets	72,686	73,072	73,072
Property, plant and equipment	14,047,750	13,499,540	14,133,107
Deferred tax assets	..	..	..
Intangibles	315,304	358,164	394,932
Other	6,323	6,957	6,957
Total non-current assets	14,518,853	14,033,085	14,693,828
TOTAL ASSETS	16,459,274	16,356,433	16,945,533
CURRENT LIABILITIES			
Payables	667,055	715,974	720,825
Current tax liabilities	..	..	..
Accrued employee benefits	1,251,502	1,286,170	1,369,232
Interest bearing liabilities and derivatives	48,509	48,468	48,122
Provisions	184	184	184
Other	127,596	92,570	94,724
Total current liabilities	2,094,846	2,143,366	2,233,087
NON-CURRENT LIABILITIES			
Payables	..	..	..
Deferred tax liabilities	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	1,045,940	1,008,553	961,046
Provisions	..	..	..
Other	85,193	83,625	79,887
Total non-current liabilities	1,131,133	1,092,178	1,040,933
TOTAL LIABILITIES	3,225,979	3,235,544	3,274,020
NET ASSETS/(LIABILITIES)	13,233,295	13,120,889	13,671,513
EQUITY			
TOTAL EQUITY	13,233,295	13,120,889	13,671,513

Reporting entity cash flow statement

Queensland Health and Hospital and Health Services	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	12,714,683	12,508,755	13,831,521
User charges and fees	1,667,657	1,617,756	1,635,611
Royalties and land rent receipts	..	..	..
Grants and other contributions	6,118,255	6,204,971	6,349,617
Interest and distribution from managed funds received	3,127	2,607	2,486
Taxes	..	..	..
Other	442,339	741,787	610,810
Outflows:			
Employee costs	(13,812,062)	(13,494,247)	(14,452,017)
Supplies and services	(5,871,522)	(6,366,091)	(6,345,756)
Grants and subsidies	(99,708)	(224,716)	(193,314)
Borrowing costs	(54,081)	(50,345)	(49,304)
Taxation equivalents paid	..	..	..
Other	(268,491)	(260,995)	(272,020)
Net cash provided by or used in operating activities	840,197	679,482	1,117,634
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	2,636	2,381	1,812
Investments redeemed	..	..	..
Loans and advances redeemed	7,436	5,922	5,615
Outflows:			
Payments for non-financial assets	(1,346,104)	(1,030,448)	(1,530,328)
Payments for investments	..	..	..
Loans and advances made	..	11	..
Net cash provided by or used in investing activities	(1,336,032)	(1,022,134)	(1,522,901)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,073,301	921,355	1,205,075
Outflows:			
Borrowing redemptions	(9,868)	(9,868)	(10,737)
Finance lease payments	(33,932)	(39,680)	(38,711)
Equity withdrawals	(800,841)	(793,547)	(854,299)
Dividends paid	..	..	..
Net cash provided by or used in financing activities	228,660	78,260	301,328
Net increase/(decrease) in cash held	(267,175)	(264,392)	(103,939)
Cash at the beginning of financial year	1,059,228	1,151,151	886,759
Cash transfers from restructure	..	..	..
Cash at the end of financial year	792,053	886,759	782,820

Department of Health

Overview

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

The department delivers expert health system governance, statewide clinical health support services, information and communication technologies, health promotion and disease prevention strategy, urgent patient retrieval services, health infrastructure planning and corporate support services for the employment of over 100,000 Queensland Health staff.

The department provides strategic leadership and direction to the Queensland public health system. The department is committed to partnerships with the 16 Hospital and Health Services (HHS) across the state, with consumers, with clinicians and with external providers of health and social services.

The department supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

The service area within the department aligns to the following department objectives:

Department's service area	Department's objectives
Queensland Health Corporate and Clinical Support To support the delivery of safe and responsive services for Queenslanders	Protect the health of all Queenslanders through effectively planned and timely responses to system-wide threats Effective partnerships with primary care and Queensland Ambulance Service to drive co-designed models of care Advance Health Equity for First Nations peoples Health reform that plans for a sustainable future Interconnected system governance that delivers the building blocks to support HHSs

Department highlights

In 2022–23, the department will:

- continue to develop and implement a Palliative and End-of-Life Strategy including a new Workforce Plan which will support the provision of frontline specialist palliative care. New community-based palliative services will also commence in 2022–23
- continue to lead the implementation of the Voluntary Assisted Dying scheme, with access to voluntary assisted dying commencing on 1 January 2023
- lead the delivery of the 7 Satellite Hospitals through a Prescribed Partnership Approach, in collaboration with other agencies and relevant HHSs
- continue to lead the health equity reform agenda to ensure all Queenslanders have an opportunity to attain their full health potential and no-one is disadvantaged from achieving this potential through the Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework
- lead the reform agenda to embed and accelerate system-wide improvements in health, targeted to achieve greater sustainability and affordability so the health system is operating at its greatest potential, leveraging off the Unleashing the potential: an open and equitable health system
- continue to work with HHSs to continue to manage the acute COVID-19 needs of the community, including vaccination programs and planned care recovery
- partner with health services, clinicians and consumers to drive measurable improvements in patient care through a continual pursuit for excellence.

Performance statement

Queensland Health Corporate and Clinical Support

Objective

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

Description

The responsibilities of this service area are to:

- provide direction to the promotion of health and delivery of public health services in consultation with HHSs and other health service providers and stakeholders
- manage statewide policy, planning, industrial relations and major capital works
- purchase health services
- monitor the performance of individual HHSs and the system as a whole
- employ departmental staff and non-prescribed HHS staff
- provide diagnostic, scientific and clinical support services which enable the provision of frontline health services.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Effectiveness measures			
Percentage of Wide Area Network (WAN) availability across the state ¹			
<ul style="list-style-type: none"> • Metro • Regional • Remote 	99.8% 95.7% 92.0%	99.91% 98.97% 98.83%	99.8% 95.7% 92.0%
Percentage of high-level ICT incidents resolved within specified timeframes ²			
<ul style="list-style-type: none"> • Priority 1 • Priority 2 	80% 80%	100% 66.3%	80% 80%
Efficiency measures			
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5 per cent unfavourable tolerance ³	95%	92.5%	95%
Percentage of correct, on time pays ⁴	98%	99.82%	98%
Other measures			
Percentage of initiatives with a status reported as "action required" (Red) ^{5, 6}	<15%	0.0%	<15%
Percentage of formal reviews undertaken on Hospital and Health Service responses to significant negative variance in Variable Life Adjusted Displays (VLAD) and other National Safety and Quality indicators ⁷	100%	100%	100%

Notes:

1. The Wide Area Network (WAN) 2021–22 Estimated Actual represents average monthly availability across the period from July 2021 to 31 March 2022.
2. ICT service levels have been impacted by COVID-19 resulting in disruptions to ICT supply chains, increased equipment shortages and a restricted labour market. The high-level ICT incidents resolved 2021–22 Estimated Actual is calculated across the period 1 July 2021 to 31 March 2022. Figures include downgraded incidents.
3. The percentage of capital infrastructure projects delivered on budget and within time 2021–22 Estimated Actual is based on data as at 17 May 2022.

4. Payroll Transactional Services reports this service standard by pay period. The current actual percentage is based on pay period 01_2122 (27 June 2021) to current pay period 23_2122 (11 May 2022).
5. The service standard is derived from the Queensland Health ICT initiatives reported on the Queensland Government Digital Projects Dashboard and reflects the percentage of Queensland Health ICT initiatives that are reporting "action required" (or Red) in a specific reporting period. An Estimated Actual percentage lower than the Target/Estimate (which represents the historic threshold for "action required") is desirable and is a proxy indicator of sound portfolio performance.
6. The 2021–22 Target/Estimate has been recast from 5.7 per cent to <15 per cent to address an error in the *2021–22 Service Delivery Statements* – the 5.7 per cent estimate was the Estimated Actual for 2020–21 not the intended (and historic) target of <15 per cent. The 2021–22 Estimated Actual percentage is based on the January 2022 Queensland Government Digital Projects Dashboard update.
7. Formal reviews by statewide clinical experts are undertaken on HHS responses to significant negative variance in VLADs and other National Safety and Quality indicators to independently assess the adequacy of the response and action plans and to escalate areas of concern if required.

Staffing

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

Queensland Health	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Department of Health	8,183	8,183	8,428
Queensland Ambulance Service	5,025	5,337	5,283
Total FTEs	13,208	13,520	13,711

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, and therefore cannot be allocated by Service Area.

Controlled income statement

Queensland Health	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
Appropriation revenue	12,919,108	13,388,292	13,846,208
Taxes	..	..	..
User charges and fees	11,681,526	12,248,353	12,395,129
Royalties and land rents	..	..	..
Grants and other contributions	5,992,739	6,080,559	6,228,946
Interest and distributions from managed funds	1,051	1,388	1,254
Other revenue	21,578	166,568	29,777
Gains on sale/revaluation of assets	900	816	900
Total income	30,616,902	31,885,976	32,502,214
EXPENSES			
Employee expenses	11,635,054	12,126,627	12,452,601
Supplies and services	18,659,325	19,295,013	19,636,797
Grants and subsidies	89,660	214,290	183,303
Depreciation and amortisation	164,186	99,438	165,784
Finance/borrowing costs	1,073	1,073	990
Other expenses	45,858	47,898	49,109
Losses on sale/revaluation of assets	1,545	72,184	1,630
Total expenses	30,596,701	31,856,523	32,490,214
OPERATING SURPLUS/(DEFICIT)	20,201	29,453	12,000

Controlled balance sheet

Queensland Health	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	270,696	248,773	144,852
Receivables	1,050,676	1,586,383	1,643,514
Other financial assets	..	..	..
Inventories	230,018	237,222	243,153
Other	99,633	60,542	62,536
Non-financial assets held for sale	..	..	..
Total current assets	1,651,023	2,132,920	2,094,055
NON-CURRENT ASSETS			
Receivables	76,790	95,352	85,760
Other financial assets	72,686	73,072	73,072
Property, plant and equipment	1,722,666	1,348,178	2,101,736
Intangibles	297,969	331,874	377,435
Other	5,748	6,675	6,675
Total non-current assets	2,175,859	1,855,151	2,644,678
TOTAL ASSETS	3,826,882	3,988,071	4,738,733
CURRENT LIABILITIES			
Payables	369,425	506,483	512,064
Accrued employee benefits	1,162,974	1,244,502	1,320,666
Interest bearing liabilities and derivatives	3,298	2,916	2,980
Provisions	..	..	..
Other	107,663	56,292	56,296
Total current liabilities	1,643,360	1,810,193	1,892,006
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	67,236	80,967	77,655
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	67,236	80,967	77,655
TOTAL LIABILITIES	1,710,596	1,891,160	1,969,661
NET ASSETS/(LIABILITIES)	2,116,286	2,096,911	2,769,072
EQUITY			
TOTAL EQUITY	2,116,286	2,096,911	2,769,072

Controlled cash flow statement

Queensland Health	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	12,714,683	12,508,755	13,831,521
User charges and fees	11,658,922	12,295,580	12,358,210
Royalties and land rent receipts	..	..	..
Grants and other contributions	5,898,237	5,986,057	6,132,166
Interest and distribution from managed funds received	1,051	1,388	1,254
Taxes	..	..	..
Other	149,007	525,404	321,832
Outflows:			
Employee costs	(11,572,542)	(11,722,027)	(12,384,835)
Supplies and services	(18,708,046)	(19,506,063)	(19,829,147)
Grants and subsidies	(89,660)	(213,139)	(182,152)
Borrowing costs	(1,073)	(1,073)	(990)
Other	(63,093)	(70,767)	(50,384)
Net cash provided by or used in operating activities	(12,514)	(195,885)	197,475
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	1,650	1,553	1,650
Investments redeemed	..	..	..
Loans and advances redeemed	7,436	5,922	5,615
Outflows:			
Payments for non-financial assets	(1,328,846)	(975,947)	(1,503,910)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(1,319,760)	(968,472)	(1,496,645)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,913,284	1,833,785	2,095,382
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(3,239)	(2,855)	(3,248)
Equity withdrawals	(836,901)	(838,254)	(896,885)
Net cash provided by or used in financing activities	1,073,144	992,676	1,195,249
Net increase/(decrease) in cash held	(259,130)	(171,681)	(103,921)
Cash at the beginning of financial year	529,826	420,454	248,773
Cash transfers from restructure	..	..	..
Cash at the end of financial year	270,696	248,773	144,852

Administered income statement

Queensland Health	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
Appropriation revenue	77,212	71,381	71,129
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	77,216	71,385	71,133
EXPENSES			
Employee expenses	..	..	..
Supplies and services	..	..	..
Grants and subsidies	77,216	71,385	71,133
Depreciation and amortisation	..	..	..
Finance/borrowing costs	..	..	..
Other expenses	..	..	..
Losses on sale/revaluation of assets	..	..	..
Transfers of Administered Revenue to Government	..	..	..
Total expenses	77,216	71,385	71,133
OPERATING SURPLUS/(DEFICIT)	..	..	..

Administered balance sheet

Queensland Health	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	4	5	5
Receivables	..	..	..
Other financial assets	..	..	..
Inventories	..	..	..
Other	..	..	..
Non-financial assets held for sale	..	..	..
Total current assets	4	5	5
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	..	..	..
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	..	..	..
TOTAL ASSETS	4	5	5
CURRENT LIABILITIES			
Payables	..	1	1
Transfers to Government payable	4	4	4
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	4	5	5
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	4	5	5
NET ASSETS/(LIABILITIES)	..	..	..
EQUITY			
TOTAL EQUITY	..	..	..

Administered cash flow statement

Queensland Health	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	77,212	71,381	71,129
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	(77,216)	(71,385)	(71,133)
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	5	5
Cash transfers from restructure	..	..	..
Cash at the end of financial year	4	5	5

Queensland Ambulance Service

Overview

The Queensland Ambulance Service's (QAS) 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 2022–23, the QAS will continue to deliver improved health access and outcomes through:

- building the capacity and capability of the workforce by continuing the Queensland Government's commitment for an additional 535 ambulance operatives during this term of government to meet continuing growth in demand for ambulance services and pre-hospital emergency medical care
- commissioning an additional 4 Mental Health Co-responder services in the Darling Downs, Mackay, Wide Bay and Sunshine Coast Hospital and Health Services (HHSs) to deliver provision of patient-centred, timely and appropriate health responses to patients in their own environment. The additional 4 services expand the services commissioned in 2021–22 in the Gold Coast, Metro North, Metro South and Rockhampton HHSs pursuant to the Care4Qld strategy
- enhancing health access and patient outcomes through the expansion of the QAS Clinical Hub which provides a secondary triage for Code 2 patients, that are historically a high non-transport category of patient, by determining the most appropriate entry point into the health system and healthcare pathway corresponding to the acuity of the individual
- commissioning 130 new and replacement ambulance vehicles
- progressing the planning and construction phases for new ambulance stations at Caloundra South, Petrie (Lawnton), Morayfield, Ormeau, the new Ripley Ambulance Station and West Moreton District Office, replacement of the North Rockhampton Ambulance Station and Central Regional Office, the new Burdell Ambulance Station and the Townsville District Office
- undertaking 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 the completion of the refurbishment of the Rockhampton Ambulance Station and Operations Centre.

Performance statement

Ambulance Services

Objective

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

Description

The Queensland Ambulance Service achieves this objective by providing pre-hospital ambulance response services, emergency and non-emergency pre-hospital patient care and transport services, inter-facility ambulance transport, casualty room services, and planning and coordination of multi-casualty incidents and disasters.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Effectiveness measures			
Time within which code 1 incidents are attended - 50th percentile response time (minutes) ¹			
• Code 1A	8.2	8.7	8.2
• Code 1B	8.2	11.4	8.2
• Code 1C	8.2	12.7	8.2
Time within which code 1 incidents are attended - 90th percentile response time (minutes) ¹			
• Code 1A	16.5	17.4	16.5
• Code 1B	16.5	23.2	16.5
• Code 1C	16.5	25.6	16.5
Percentage of Triple Zero (000) calls answered within 10 seconds ¹	90%	85.18%	90%
Percentage of non-urgent incidents attended to by the appointment time ¹	70%	78.7%	70%
Percentage of patients who report a clinically meaningful pain reduction ¹	85%	81.2%	85%
Patient experience ²	97%	96%	97%
Efficiency measures			
Gross cost per incident ³	\$772	\$844	\$862
Percentage of calls to 13 HEALTH answered within 20 seconds ⁴	80%	54.19%	80%

Notes:

1. The 2021–22 Estimated Actuals for Queensland Ambulance Services measures are for the period 1 July 2021 to 30 April 2022.
2. The patient experience percentage 2021–22 Estimated Actual is from the Council of Ambulance Authorities annual report released in October 2021.
3. The variance between the 2021–22 Estimated Actual and 2021–22 Target/Estimate reflects that funding provided for the COVID-19 pandemic response that is provided on a cost recovery basis in line with Australian and state funding arrangements. The 2022–23 Target/Estimate reflects additional costs associated with frontline staff enhancements to meet increasing demand for ambulance transport services, wage increases and increased operating costs.
4. The 13 HEALTH measure has been moved from Queensland Health Corporate and Clinical Support to Queensland Ambulance Service. There has been no change to the definition. The 2021–22 Estimated actual is based on the period 1 July 2021 to 31 May 2022. The 13 HEALTH calls performance is based on the period 1 July 2021 to 31 May 2022. The 2021–22 Target/Estimate varies from the published 2021–22 Service Delivery Statement due to extremely high demand for COVID-19 health information and advice from July 2021 to January 2022 on both 134 COVID and 13 HEALTH numbers. During this 7-month period, resources had to be prioritised between the numbers depending on the surges of the pandemic, promotion of the numbers and consumer demand across topics such as health directions, travel and boarder restrictions, COVID-19 vaccine program, and assessment/advice concerning symptoms.

Controlled income statement

Queensland Ambulance Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
Appropriation revenue	921,344	967,986	1,030,034
Taxes	..	..	..
User charges and fees	36,802	32,842	35,268
Royalties and land rents	..	..	..
Grants and other contributions	33,129	33,220	34,218
Interest and distributions from managed funds	..	..	..
Other revenue	1,181	1,285	1,150
Gains on sale/revaluation of assets	900	816	900
Total income	993,356	1,036,149	1,101,570
EXPENSES			
Employee expenses	774,957	818,691	855,445
Supplies and services	160,879	161,643	189,180
Grants and subsidies	..	38	..
Depreciation and amortisation	42,410	40,109	42,446
Finance/borrowing costs	..	..	..
Other expenses	8,565	8,826	8,869
Losses on sale/revaluation of assets	1,545	1,842	1,630
Total expenses	988,356	1,031,149	1,097,570
OPERATING SURPLUS/(DEFICIT)	5,000	5,000	4,000

Controlled balance sheet

Queensland Ambulance Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	42,360	61,693	44,414
Receivables	21,619	27,551	28,091
Other financial assets	..	..	..
Inventories	..	..	..
Other	8,159	8,771	10,958
Non-financial assets held for sale	..	..	..
Total current assets	72,138	98,015	83,463
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	536,910	565,475	598,377
Intangibles	15,528	6,227	7,947
Other	..	..	..
Total non-current assets	552,438	571,702	606,324
TOTAL ASSETS	624,576	669,717	689,787
CURRENT LIABILITIES			
Payables	19,500	18,114	18,650
Accrued employee benefits	30,840	37,921	39,240
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	311	240	240
Total current liabilities	50,651	56,275	58,130
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	50,651	56,275	58,130
NET ASSETS/(LIABILITIES)	573,925	613,442	631,657
EQUITY			
TOTAL EQUITY	573,925	613,442	631,657

Controlled cash flow statement

Queensland Ambulance Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	919,344	966,198	1,030,034
User charges and fees	35,257	31,000	33,535
Royalties and land rent receipts	..	..	..
Grants and other contributions	26,093	26,184	27,091
Interest and distribution from managed funds received	..	..	..
Taxes	..	..	..
Other	1,181	1,285	1,150
Outflows:			
Employee costs	(772,694)	(816,479)	(856,750)
Supplies and services	(160,879)	(161,643)	(188,723)
Grants and subsidies	..	(38)	..
Borrowing costs	..	..	..
Other	(1,529)	(1,790)	(1,742)
Net cash provided by or used in operating activities	46,773	44,717	44,595
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	1,650	1,566	1,650
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(61,774)	(51,775)	(81,694)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(60,124)	(50,209)	(80,044)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	5,600	5,600	19,742
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	(1,572)	(1,572)
Net cash provided by or used in financing activities	5,600	4,028	18,170
Net increase/(decrease) in cash held	(7,751)	(1,464)	(17,279)
Cash at the beginning of financial year	50,111	63,157	61,693
Cash transfers from restructure	..	..	..
Cash at the end of financial year	42,360	61,693	44,414

Cairns and Hinterland Hospital and Health Service

Overview

The vision of the Cairns and Hinterland Hospital and Health Service (HHS) 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, health equity and wellbeing in Far North Queensland.

The HHS supports the government's objectives for the community:

- More jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

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

HHS's service area	HHS's objectives
Cairns and Hinterland Hospital and Health Service To deliver public hospital and health services for the Cairns and Hinterland community	Work to provide safe and equitable health care close to home for our patients, their families and our communities, including partnering across the care continuum to optimise health outcomes Improve our service delivery and partnerships 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 Optimise our use of current and emerging technologies to provide better continuity of care Meet the needs of our community through safe and sustainable growth and service delivery, providing care as close to home as possible (where it is safe and sustainable to do so)

Key deliverables

In 2022–23, Cairns and Hinterland HHS will:

- provide connected and innovative services to achieve sustainable solutions to deliver safe, quality and cost-effective health care. This includes the implementation of key programs aimed at transforming services with the vision to support Queenslanders to be amongst the healthiest people in the world by 2026
- progress the investment in health infrastructure in the region, such as the Atherton Hospital redevelopment, redevelopment of the Adult Acute Care Mental Health Unit at Cairns Hospital, and expansion of the Cairns Hospital Emergency Department
- develop a targeted recruitment and retention plan that reflects our diverse community and implement strategies to increase the representation of Aboriginal and Torres Strait Islander peoples within our workforce at all levels and across all disciplines
- deliver the COVID-19 vaccination program in the Cairns and Hinterland HHS, as directed by Queensland Health and continue to meet the acute COVID-19 healthcare needs of the community
- deliver on a Health Equity Strategy, in collaboration with our First Nations communities and partners.

Staffing

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

Cairns and Hinterland Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	5,397	5,312	5,245

Performance statement

Cairns and Hinterland Hospital and Health Service

Objective

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

Description

The Cairns and Hinterland HHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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%	98% 70% 69% 71% 92%	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%	88% 80% 87%	>98%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.6	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	60.2%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	14.1%	<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 	83%	52% 34% 75%	83%
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 	77%	76% 51% 74%	77%

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Median wait time for treatment in emergency departments (minutes) ^{1, 10}	..	17	..
Median wait time for elective surgery treatment (days) ²	..	35	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$4,993	\$5,288	\$5,079
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 12}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	3,092	2,798 1,790 858	3,092
Number of Telehealth outpatients service events ¹³	8,600	10,771	10,529
Total weighted activity units (WAU) ¹⁴			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	96,017 23,078 11,016 22,566 8,434 3,357	90,706 20,986 8,841 21,615 8,417 2,595	99,683 27,059 14,406 21,804 8,025 3,416
Ambulatory mental health service contact duration (hours) ¹⁵	>72,247	51,496	>72,247

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021–22 Estimated Actual rate is based on data reported between 1 July 2021 and 31 December 2021.
- Mental health rate of community follow up 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
- Mental health readmissions 2021–22 Estimated Actuals are for the period 1 July 2021 to 28 February 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.

10. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
11. The 2021–22 Target/Estimate varies from the published *2021–22 Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
12. Elective surgery performed in public hospitals treated volume 2021–22 Estimated Actual is a 12-month projection based on the period 1 July 2021 to 30 April 2022.
13. Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
14. The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021–22 Target/Estimate varies from the published 2021–22 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.
15. Ambulatory Mental Health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022. Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021–22 Target/Estimate has not been met.

Income statement

Cairns and Hinterland Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	1,062,426	1,145,705	1,159,037
Grants and other contributions	11,749	11,322	11,493
Interest and distributions from managed funds	42	11	12
Other revenue	7,057	7,680	8,556
Gains on sale/revaluation of assets	..	..	..
Total income	1,081,274	1,164,718	1,179,098
EXPENSES			
Employee expenses	132,768	132,768	142,120
Supplies and Services:			
Other supplies and services	159,301	260,563	263,196
Department of Health contract staff	703,252	678,469	678,937
Grants and subsidies	..	..	..
Depreciation and amortisation	55,096	62,494	63,528
Finance/borrowing costs	..	..	..
Other expenses	29,054	28,621	29,489
Losses on sale/revaluation of assets	1,803	1,803	1,828
Total expenses	1,081,274	1,164,718	1,179,098
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Cairns and Hinterland Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	9,028	11,197	11,705
Receivables	20,140	27,079	27,782
Other financial assets	..	..	..
Inventories	4,968	6,954	6,861
Other	1,779	4,654	4,688
Non-financial assets held for sale	..	..	..
Total current assets	35,915	49,884	51,036
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	707,443	860,411	834,841
Intangibles	584	..	..
Other	..	..	..
Total non-current assets	708,027	860,411	834,841
TOTAL ASSETS	743,942	910,295	885,877
CURRENT LIABILITIES			
Payables	53,861	68,553	69,685
Accrued employee benefits	1,614	726	775
Interest bearing liabilities and derivatives	187	521	521
Provisions	..	..	..
Other	1,739	547	551
Total current liabilities	57,401	70,347	71,532
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	1,135	1,121
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	1,135	1,121
TOTAL LIABILITIES	57,401	71,482	72,653
NET ASSETS/(LIABILITIES)	686,541	838,813	813,224
EQUITY			
TOTAL EQUITY	686,541	838,813	813,224

Cash flow statement

Cairns and Hinterland Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,060,047	1,142,846	1,156,633
Grants and other contributions	11,749	11,322	11,493
Interest and distribution from managed funds received	42	11	12
Other	22,827	23,450	24,326
Outflows:			
Employee costs	(132,719)	(132,719)	(142,071)
Supplies and services	(877,288)	(952,252)	(956,868)
Grants and subsidies	..	(67)	..
Borrowing costs	..	..	..
Other	(29,054)	(29,589)	(29,489)
Net cash provided by or used in operating activities	55,604	63,002	64,036
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	188	79	14
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(79)	(79)	(14)
Equity withdrawals	(55,096)	(62,494)	(63,528)
Net cash provided by or used in financing activities	(54,987)	(62,494)	(63,528)
Net increase/(decrease) in cash held	617	508	508
Cash at the beginning of financial year	8,411	10,689	11,197
Cash transfers from restructure	..	..	..
Cash at the end of financial year	9,028	11,197	11,705

Central Queensland Hospital and Health Service

Overview

The vision of the Central Queensland Hospital and Health Service (HHS) is to deliver great care for Central Queenslanders by living our values of Care, Integrity, Respect and Commitment. Our purpose is great people, delivering quality care and improving health.

The HHS supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

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

HHS's service area	HHS's objectives
Central Queensland Hospital and Health Service To deliver public hospital and health services for the Central Queensland community	<p>Great Care, Great Experience: Safe, compassionate care, delivered to the highest standards, close to home, with consumers at the heart of all we do</p> <p>Great Learning and Research: Great place to learn, research and shape the future of healthcare</p> <p>Great Partnerships: Working collaboratively with our partners to deliver great care and improve the health of Central Queenslanders</p> <p>Sustainable Future: Securing the future of great healthcare with efficient, effective, affordable and sustainable services</p>

Key deliverables

In 2022–23, Central Queensland HHS will:

- deliver service improvements to meet the community's health needs with the right staff delivering the right service in the right place at the right time
- reduce patient travel through increased use of hospital avoidance measures including Telehealth and Hospital in the Home
- partner with general practitioners and pharmacies to maintain high-level COVID-19 protection in the Central Queensland community
- continue the planning and development of:
 - Woorabinda Multipurpose Health Service (MPHS) upgrade including construction of a 14 aged care bed facility
 - Moura MPHS 8-bed aged care extension
 - Rockhampton Mental Health Inpatient Unit expansion and upgrade
 - Blackwater MPHS replacement
 - Rockhampton Hospital Cardiac Hybrid Theatre.

Staffing

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

Central Queensland Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	3,419	3,567	3,444

Performance statement

Central Queensland Hospital and Health Service

Objective

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

Description

The Central Queensland HHS is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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% 68% 70% 81% 95%	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%	90% 81% 84%	>98%
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%	60.1%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	4.7%	<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%	67% 41% 60%	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%	86% 59% 61%	98%

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Median wait time for treatment in emergency departments (minutes) ^{1, 10}	..	15	..
Median wait time for elective surgery treatment (days) ²	..	53	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,070	\$5,388	\$5,035
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 12}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	1,876	1,522 1,438 802	1,876
Number of Telehealth outpatients service events ¹³	17,133	18,361	20,981
Total weighted activity units (WAU) ¹⁴			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	51,030 13,306 4,785 19,625 5,419 2,774	49,274 10,985 6,170 17,173 4,146 2,691	53,652 14,874 5,891 19,157 5,045 2,801
Ambulatory mental health service contact duration (hours) ¹⁵	>38,352	34,037	>38,352

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021–22 Estimated Actual rate is based on data reported between 1 July 2021 and 31 December 2021.
- Mental health rate of community follow-up 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
- Mental health readmissions 2021–22 Estimated Actuals are for the period 1 July 2021 to 28 February 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.

10. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
11. The 2021–22 Target/Estimate varies from the published *2021–22 Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
12. Elective surgery performed in public hospitals treated volume 2021–22 Estimated Actual is a 12-month projection based on the period 1 July 2021 to 30 April 2022.
13. Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
14. The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021–22 Target/Estimate varies from the published 2021–22 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.
15. Ambulatory Mental Health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022. Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021–22 Target/Estimate has not been met.

Income statement

Central Queensland Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	667,612	709,436	726,492
Grants and other contributions	20,221	23,995	24,183
Interest and distributions from managed funds	3	12	12
Other revenue	3,568	3,031	3,069
Gains on sale/revaluation of assets	..	..	..
Total income	691,404	736,474	753,756
EXPENSES			
Employee expenses	76,683	83,219	85,300
Supplies and Services:			
Other supplies and services	175,909	203,932	213,909
Department of Health contract staff	397,149	391,558	398,941
Grants and subsidies	582	556	570
Depreciation and amortisation	28,090	41,732	39,159
Finance/borrowing costs	1	6	..
Other expenses	12,544	15,045	15,421
Losses on sale/revaluation of assets	446	426	456
Total expenses	691,404	736,474	753,756
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Central Queensland Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	3,739	3,459	2,623
Receivables	7,899	10,478	10,244
Other financial assets	..	..	..
Inventories	5,003	5,832	5,860
Other	343	1,533	1,587
Non-financial assets held for sale	..	..	..
Total current assets	16,984	21,302	20,314
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	462,889	430,213	447,865
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	462,889	430,213	447,865
TOTAL ASSETS	479,873	451,515	468,179
CURRENT LIABILITIES			
Payables	31,105	34,676	33,547
Accrued employee benefits	2,794	919	950
Interest bearing liabilities and derivatives	563	734	708
Provisions	..	..	..
Other	737	64	64
Total current liabilities	35,199	36,393	35,269
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	121	121
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	121	121
TOTAL LIABILITIES	35,199	36,514	35,390
NET ASSETS/(LIABILITIES)	444,674	415,001	432,789
EQUITY			
TOTAL EQUITY	444,674	415,001	432,789

Cash flow statement

Central Queensland Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	668,105	710,065	726,889
Grants and other contributions	15,472	16,463	16,463
Interest and distribution from managed funds received	3	12	12
Other	17,168	19,174	17,009
Outflows:			
Employee costs	(76,652)	(83,188)	(85,269)
Supplies and services	(588,379)	(611,435)	(627,886)
Grants and subsidies	(582)	(556)	(570)
Borrowing costs	(1)	(6)	..
Other	(8,481)	(9,058)	(8,404)
Net cash provided by or used in operating activities	26,653	41,471	38,244
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	71	555	71
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	71	555	71
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	107	107	34
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(113)	(113)	(26)
Equity withdrawals	(28,090)	(41,732)	(39,159)
Net cash provided by or used in financing activities	(28,096)	(41,738)	(39,151)
Net increase/(decrease) in cash held	(1,372)	288	(836)
Cash at the beginning of financial year	5,111	3,171	3,459
Cash transfers from restructure	..	..	..
Cash at the end of financial year	3,739	3,459	2,623

Central West Hospital and Health Service

Overview

The vision of the Central West Hospital and Health Services (HHS) is to be a leading provider of far-reaching healthcare. Our purpose is to draw on the resilience and resourcefulness of our experienced and committed people as we work collaboratively to overcome distance.

The HHS supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

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

HHS's service area	HHS's objectives
Central West Hospital and Health Service To deliver public hospital and health services for the Central West community	Sustainable delivery of safe, quality healthcare services Integrated planning and design of sustainable primary and acute healthcare delivery which maximises opportunity for improved health outcomes

Key deliverables

In 2022–23, Central West HHS will:

- consider flexible and innovative approaches to fulfil obligations in terms of COVID-19 response and maintain access to safe, quality and appropriate healthcare services
- 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 the 30 June in the respective years.

Central West Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	386	386	441

Performance statement

Central West Hospital and Health Service

Objective

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

Description

The Central West HHS is responsible for providing public hospital and health services including acute care, general surgery, emergency care, medical, paediatrics, gynaecology, obstetrics, maternity and mental health.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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% 97% 97% 98% 100%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	94%	>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%	93% 90% 97%	>98%
Median wait time for treatment in emergency departments (minutes) ^{1, 4}	..	1	..
Median wait time for elective surgery treatment (days) ²	..	84	..
Efficiency measure			
Not identified			
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 5}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	41	50 43 90	41
Number of Telehealth outpatients service events ⁶	4,300	3,871	4,426

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Total weighted activity units (WAU) ⁷			
• Acute Inpatients	2,343	2,103	2,165
• Outpatients	1,833	1,914	1,861
• Sub-acute	281	228	365
• Emergency Department	969	1,018	993
• Mental Health	105	53	119
• Prevention and Primary Care	150	186	164
Ambulatory mental health service contact duration (hours) ⁸	>2,016	2,046	>2,016

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- Elective surgery performed in public hospitals treated volume 2021–22 Estimated Actual is a 12-month projection based on the period 1 July 2021 to 30 April 2022.
- Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
- The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021–22 Target/Estimate varies from the published *2021–22 Service Delivery Statements* due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.
- Ambulatory Mental Health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.

Income statement

Central West Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	86,141	88,773	90,554
Grants and other contributions	3,405	2,589	2,529
Interest and distributions from managed funds	3	..	..
Other revenue	389	477	479
Gains on sale/revaluation of assets	..	7	7
Total income	89,938	91,846	93,569
EXPENSES			
Employee expenses	9,661	9,010	8,990
Supplies and Services:			
Other supplies and services	26,873	29,360	29,034
Department of Health contract staff	43,948	44,518	46,340
Grants and subsidies	..	..	..
Depreciation and amortisation	7,388	7,113	7,315
Finance/borrowing costs	20	21	14
Other expenses	1,958	1,738	1,790
Losses on sale/revaluation of assets	90	86	86
Total expenses	89,938	91,846	93,569
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Central West Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	934	1,341	1,583
Receivables	697	1,040	1,046
Other financial assets	..	..	..
Inventories	768	768	741
Other	203	309	317
Non-financial assets held for sale	..	..	..
Total current assets	2,602	3,458	3,687
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	103,137	102,401	110,354
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	103,137	102,401	110,354
TOTAL ASSETS	105,739	105,859	114,041
CURRENT LIABILITIES			
Payables	4,219	5,321	5,518
Accrued employee benefits	438	127	159
Interest bearing liabilities and derivatives	332	717	742
Provisions	..	..	..
Other	..	..	..
Total current liabilities	4,989	6,165	6,419
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	422	680	539
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	422	680	539
TOTAL LIABILITIES	5,411	6,845	6,958
NET ASSETS/(LIABILITIES)	100,328	99,014	107,083
EQUITY			
TOTAL EQUITY	100,328	99,014	107,083

Cash flow statement

Central West Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	86,133	88,894	90,543
Grants and other contributions	2,494	1,642	1,558
Interest and distribution from managed funds received	3	..	..
Other	2,237	2,325	2,327
Outflows:			
Employee costs	(9,626)	(9,055)	(8,958)
Supplies and services	(72,577)	(75,086)	(77,079)
Grants and subsidies	..	..	..
Borrowing costs	(20)	(21)	(14)
Other	(1,047)	(1,417)	(819)
Net cash provided by or used in operating activities	7,597	7,282	7,558
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(11)	(1)	(1)
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	(321)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(11)	(322)	(1)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	560	698	717
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(560)	(698)	(717)
Equity withdrawals	(7,388)	(7,113)	(7,315)
Net cash provided by or used in financing activities	(7,388)	(7,113)	(7,315)
Net increase/(decrease) in cash held	198	(153)	242
Cash at the beginning of financial year	736	1,494	1,341
Cash transfers from restructure	..	..	..
Cash at the end of financial year	934	1,341	1,583

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. The CHQ vision is to lead life-changing care for children and young people – for a healthier tomorrow.

The HHS supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

The service area within CHQ aligns to the following HHS objectives:

HHS's service area	HHS's objectives
Children's Health Queensland Hospital and Health Service To deliver specialist statewide hospital and health services for children and young people from across Queensland and northern New South Wales	Create an inclusive environment where all people feel valued, safe, engaged and empowered Build and harness creativity, research, technology and collective expertise to prepare for the future Adapt and improve to achieve sustainable high-quality outcomes Work together with a shared purpose to create a connected system of care

Key deliverables

In 2022–23, CHQ will:

- deploy CHQ's *Aboriginal and Torres Strait Islander Health Equity Strategy 2022–2025* and associated implementation plan in partnership with community. This will include \$700,000 in continued investments to support the implementation of health equity strategies to close the gap on First Nations health outcomes
- optimise alternative models of service delivery and hospital avoidance models to improve access to the right professional, at the right place, at the right time. This includes \$900,000 towards the commissioning and operationalisation of the Paediatric Minor Injury and Illness Clinic in the Queensland Children's Hospital, in partnership with The University of Queensland to create alternative access pathways for patients who may otherwise present to the emergency department at the Queensland Children's Hospital
- work in partnership across the system to lead the development of fit-for-purpose paediatric service models, plans and evaluation mechanisms that promote safe and equitable access for children, young people and their families across the state
- in collaboration with the Department of Health, scope and develop a statewide Paediatric Health Services Strategy and Plan that aligns with identified infrastructure planning (CHQ Master Plan 2022–2036) and population health needs
- co-develop a statewide Paediatric Genomics Strategy and Implementation plan that integrates and builds upon existing foundations and partnerships to scale across the state
- in partnership with the statewide Services team, complete the review of CHQ's statewide services and co-develop an effective and sustainable model of evaluation and annual reporting
- invest in innovative solutions that address existing performance and capacity challenges including \$11.1 million to manage demand and to stabilise performance across several planned care and statewide services, with a focus on expanding access and capacity across surgical specialties, in response to the pressures primarily caused by the COVID-19 pandemic.

Staffing

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

Children's Health Queensland Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	3,930	3,954	3,981

Performance statement

Children's Health Queensland Hospital and Health Service

Objective

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

Description

The Children's Health Queensland HHS provides the following services:

- secondary, tertiary and quaternary paediatric services at the Queensland Children's Hospital
- statewide paediatric service co-ordination and support
- child and youth community health services including child health, child development, and child protection services
- Hospital in the Home services
- child and youth mental health services
- outreach children's specialist services across Queensland
- paediatric education and research
- leadership and advocacy for children's health service needs across the state, nationally, and internationally.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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%	100%	100%
	80%	85%	80%
	75%	80%	75%
	70%	88%	70%
	70%	97%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	72%	>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%	>98%
	..	67%	..
	..	79%	..
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%	57.0%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	13.2%	<12%

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
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%	57% 47% 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%	83% 52% 66%	98%
Median wait time for treatment in emergency departments (minutes) ^{1, 10}	..	12	..
Median wait time for elective surgery treatment (days) ²	..	48	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,141	\$5,834	\$5,234
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 12} <ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	1,562	1,645 2,260 985	1,562
Number of Telehealth outpatients service events ¹³	8,542	19,836	16,124
Total weighted activity units (WAU) ¹⁴ <ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health 	61,746 15,722 2,424 8,365 4,533	55,132 14,671 1,293 7,749 4,340	64,274 16,548 2,149 8,308 5,651
Ambulatory mental health service contact duration (hours) ¹⁵	>65,767	60,355	>65,767

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.

4. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021–22 Estimated Actual rate is based on data reported between 1 July 2021 and 31 December 2021.
5. Mental health rate of community follow up 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
6. Mental health readmissions 2021–22 Estimated Actuals are for the period 1 July 2021 to 28 February 2022.
7. In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
8. As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
9. In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
10. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
11. The 2021–22 Target/Estimate varies from the published 2021–22 *Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
12. Elective surgery performed in public hospitals treated volume 2021–22 Estimated Actual is a 12-month projection based on the period 1 July 2021 to 30 April 2022.
13. Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
14. The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021–22 Target/Estimate varies from the published 2021–22 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.
15. Ambulatory Mental Health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022. Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021–22 Target/Estimate has not been met.

Income statement

Children's Health Queensland Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	885,756	881,327	911,119
Grants and other contributions	8,676	9,414	9,649
Interest and distributions from managed funds	195	194	199
Other revenue	3,457	3,375	3,459
Gains on sale/revaluation of assets	..	..	..
Total income	898,084	894,310	924,426
EXPENSES			
Employee expenses	114,503	124,503	127,768
Supplies and Services:			
Other supplies and services	211,169	209,265	213,847
Department of Health contract staff	485,281	485,281	501,544
Grants and subsidies	2,790	2,790	2,470
Depreciation and amortisation	69,183	70,362	70,509
Finance/borrowing costs	..	..	..
Other expenses	14,933	15,204	15,788
Losses on sale/revaluation of assets	225	1,025	500
Total expenses	898,084	908,430	932,426
OPERATING SURPLUS/(DEFICIT)	..	(14,120)	(8,000)

Balance sheet

Children's Health Queensland Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	27,745	18,575	11,827
Receivables	19,999	21,015	22,171
Other financial assets	..	..	..
Inventories	7,428	8,614	8,653
Other	2,730	4,815	3,980
Non-financial assets held for sale	..	..	..
Total current assets	57,902	53,019	46,631
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,060,284	1,058,144	1,005,530
Intangibles	1,917	8,232	6,550
Other	..	..	..
Total non-current assets	1,062,201	1,066,376	1,012,080
TOTAL ASSETS	1,120,103	1,119,395	1,058,711
CURRENT LIABILITIES			
Payables	44,571	62,248	64,990
Accrued employee benefits	5,988	3,426	2,296
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	3,296	1,777	1,777
Total current liabilities	53,855	67,451	69,063
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	53,855	67,451	69,063
NET ASSETS/(LIABILITIES)	1,066,248	1,051,944	989,648
EQUITY			
TOTAL EQUITY	1,066,248	1,051,944	989,648

Cash flow statement

Children's Health Queensland Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	885,345	880,116	909,516
Grants and other contributions	2,084	2,544	2,607
Interest and distribution from managed funds received	195	194	199
Other	8,332	8,250	8,334
Outflows:			
Employee costs	(114,503)	(122,708)	(128,898)
Supplies and services	(699,887)	(699,778)	(716,781)
Grants and subsidies	(2,790)	(2,790)	(2,470)
Borrowing costs	..	..	..
Other	(8,341)	(8,334)	(8,746)
Net cash provided by or used in operating activities	70,435	57,494	63,761
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	(3,965)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	(3,965)	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(69,183)	(70,362)	(70,509)
Net cash provided by or used in financing activities	(69,183)	(70,362)	(70,509)
Net increase/(decrease) in cash held	1,252	(16,833)	(6,748)
Cash at the beginning of financial year	26,493	35,408	18,575
Cash transfers from restructure	..	..	..
Cash at the end of financial year	27,745	18,575	11,827

Darling Downs Hospital and Health Service

Overview

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

The HHS supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

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

HHS's service area	HHS's objectives
Darling Downs Hospital and Health Service To deliver public hospital and health services for the Darling Downs community	Patients recommend our care and have a 'hassle free' experience provided by a compassionate team We inspire our communities about healthy lifestyle choices and take action to care for our environment We deliver safe, reliable care every day in every environment for everyone

Key deliverables

In 2022–23, Darling Downs HHS will:

- undertake Toowoomba Hospital Emergency Department expansion completion of works including stage 4 readiness for service
- complete the Toowoomba Hospital COVID-19 ward works including stage 4 readiness for service
- construct Baillie Henderson Hospital campus day theatres
- implement the priorities of the First Nations Health Equity Strategy.

Staffing

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

Darling Downs Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	4,961	5,144	5,170

Performance statement

Darling Downs Hospital and Health Service

Objective

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

Description

The Darling Downs HHS is responsible for providing public hospital and health services including acute care, general surgery, emergency care, medical, paediatrics, gynaecology and obstetrics.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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%	98% 74% 63% 80% 97%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	81%	>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%	97% 80% 83%	>98%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.6	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	64.2%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	12.4%	<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%	97% 71% 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%	96% 77% 82%	98%

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Median wait time for treatment in emergency departments (minutes) ^{1, 10}	..	13	..
Median wait time for elective surgery treatment (days) ²	..	42	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,215	\$5,213	\$5,168
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 12}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	2,168	2,123 1,952 684	2,168
Number of Telehealth outpatients service events ¹³	13,500	14,140	15,376
Total weighted activity units (WAU) ¹⁴			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	65,284 13,159 6,924 19,967 11,598 3,122	62,426 12,017 9,029 21,109 16,519 2,762	65,237 14,524 8,177 21,026 15,013 3,387
Ambulatory mental health service contact duration (hours) ¹⁵	>72,612	53,934	>72,612

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021–22 Estimated Actual rate is based on data reported between 1 July 2021 and 31 December 2021.
- Mental health rate of community follow-up 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
- Mental health readmissions 2021–22 Estimated Actuals are for the period 1 July 2021 to 28 February 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.

10. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
11. The 2021–22 Target/Estimate varies from the published *2021–22 Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
12. Elective surgery performed in public hospitals treated volume 2021–22 Estimated Actual is a 12-month projection based on the period 1 July 2021 to 30 April 2022.
13. Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
14. The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021–22 Target/Estimate varies from the published 2021–22 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.
15. Ambulatory Mental Health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022. Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021–22 Target/Estimate has not been met.

Income statement

Darling Downs Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	888,910	933,139	958,736
Grants and other contributions	45,637	48,861	48,381
Interest and distributions from managed funds	204	135	138
Other revenue	2,427	3,235	2,607
Gains on sale/revaluation of assets	..	38	..
Total income	937,178	985,408	1,009,862
EXPENSES			
Employee expenses	103,400	118,038	121,927
Supplies and Services:			
Other supplies and services	213,259	219,237	218,132
Department of Health contract staff	567,759	582,795	602,937
Grants and subsidies	2,550	2,918	2,984
Depreciation and amortisation	38,289	41,675	42,116
Finance/borrowing costs	88	86	88
Other expenses	10,579	19,927	20,384
Losses on sale/revaluation of assets	1,254	732	1,294
Total expenses	937,178	985,408	1,009,862
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Darling Downs Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	33,229	69,856	73,039
Receivables	7,002	6,491	6,549
Other financial assets	..	..	..
Inventories	7,295	7,295	7,477
Other	4,246	5,029	5,154
Non-financial assets held for sale	..	..	..
Total current assets	51,772	88,671	92,219
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	463,350	454,685	422,849
Intangibles	5	72	10
Other	..	..	..
Total non-current assets	463,355	454,757	422,859
TOTAL ASSETS	515,127	543,428	515,078
CURRENT LIABILITIES			
Payables	53,106	69,506	72,514
Accrued employee benefits	1,346	1,569	2,000
Interest bearing liabilities and derivatives	1,601	1,801	1,258
Provisions	..	..	..
Other	3,948	4,381	4,490
Total current liabilities	60,001	77,257	80,262
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	4,210	4,642	3,384
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	4,210	4,642	3,384
TOTAL LIABILITIES	64,211	81,899	83,646
NET ASSETS/(LIABILITIES)	450,916	461,529	431,432
EQUITY			
TOTAL EQUITY	450,916	461,529	431,432

Cash flow statement

Darling Downs Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	888,787	929,559	958,807
Grants and other contributions	36,992	40,834	39,099
Interest and distribution from managed funds received	204	135	138
Other	16,355	18,864	17,021
Outflows:			
Employee costs	(103,016)	(118,088)	(121,496)
Supplies and services	(793,538)	(805,038)	(832,922)
Grants and subsidies	(2,550)	(3,021)	(2,984)
Borrowing costs	(88)	(86)	(88)
Other	(2,578)	3,546	(12,023)
Net cash provided by or used in operating activities	40,568	66,705	45,552
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(247)	(209)	(253)
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(8,691)	(8,445)	..
Payments for investments	..	..	..
Loans and advances made	..	8	..
Net cash provided by or used in investing activities	(8,938)	(8,646)	(253)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	707	2,131	1,801
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,864)	(2,131)	(1,801)
Equity withdrawals	(38,289)	(41,675)	(42,116)
Net cash provided by or used in financing activities	(39,446)	(41,675)	(42,116)
Net increase/(decrease) in cash held	(7,816)	16,384	3,183
Cash at the beginning of financial year	41,045	53,472	69,856
Cash transfers from restructure	..	..	..
Cash at the end of financial year	33,229	69,856	73,039

Gold Coast Hospital and Health Service

Overview

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

The HHS supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

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

HHS's service area	HHS's objectives
Gold Coast Hospital and Health Service To deliver public hospital and health services for the Gold Coast community.	Deliver world-class care – always Make the best use of our resources Drive future-focused change

Key deliverables

In 2022–23, Gold Coast HHS will:

- continue to embed a robust transformation agenda to support organisational sustainability aligned with *Unleashing the potential: an open and equitable health system*, including alternate and virtual models of care, maximising organisational efficiency and productivity, advancing our digital health program, and collaborating across sectors, providers and stakeholders to achieve a system-based approach to health care and service delivery
- commence implementation of the co-designed First Nations Health Equity Strategy, in collaboration with our First Nations communities and partners
- progress construction of the Tugun Satellite Hospital
- deliver a second Computed Tomography (CT) scanner at Robina Hospital
- commence construction of the Secure Mental Health Rehabilitation Unit on the Gold Coast University Hospital campus.

Staffing

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

Gold Coast Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	8,981	9,508	9,189

Performance statement

Gold Coast Hospital and Health Service

Objective

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

Description

The Gold Coast HHS is responsible for providing public hospital and health services including acute care, general surgery, emergency care, medical, paediatrics, gynaecology and obstetrics.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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% 67% 92% 93%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	68%	>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%	97% 87% 90%	>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%	59.0%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	10.2%	<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 	66%	44% 27% 62%	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%	74% 56% 63%	84%

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Median wait time for treatment in emergency departments (minutes) ^{1, 10}	..	8	..
Median wait time for elective surgery treatment (days) ²	..	28	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,160	\$5,619	\$5,267
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 12}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	6,805	6,535 4,886 1,942	6,805
Number of Telehealth outpatients service events ¹³	10,200	27,188	18,126
Total weighted activity units (WAU) ¹⁴			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	164,812 33,372 11,452 29,231 18,794 4,172	148,510 34,876 12,262 26,429 17,918 3,681	165,556 38,164 16,364 40,535 18,554 4,607
Ambulatory mental health service contact duration (hours) ¹⁵	>90,125	83,128	>90,125

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021–22 Estimated Actual rate is based on data reported between 1 July 2021 and 31 December 2021.
- Mental Health rate of community follow up 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
- Mental Health readmissions 2021–22 Estimated Actuals are for the period 1 July 2021 to 28 February 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
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- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.

10. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
11. The 2021–22 Target/Estimate varies from the published *2021–22 Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
12. Elective surgery performed in public hospitals treated volume 2021–22 Estimated Actual is a 12-month projection based on the period 1 July 2021 to 30 April 2022.
13. Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
14. The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021–22 Target/Estimate varies from the published 2021–22 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.
15. Ambulatory Mental Health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022. Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021–22 Target/Estimate has not been met.

Income statement

Gold Coast Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	1,746,796	1,938,603	1,920,497
Grants and other contributions	15,572	13,171	12,988
Interest and distributions from managed funds	206	35	35
Other revenue	11,263	11,041	10,876
Gains on sale/revaluation of assets	..	133	..
Total income	1,773,837	1,962,983	1,944,396
EXPENSES			
Employee expenses	199,738	211,514	207,842
Supplies and Services:			
Other supplies and services	385,972	497,048	489,734
Department of Health contract staff	1,085,447	1,152,884	1,143,860
Grants and subsidies	..	..	..
Depreciation and amortisation	82,114	80,720	81,160
Finance/borrowing costs	..	..	..
Other expenses	19,381	19,632	20,615
Losses on sale/revaluation of assets	1,185	1,185	1,185
Total expenses	1,773,837	1,962,983	1,944,396
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Gold Coast Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	114,424	130,212	132,044
Receivables	16,965	36,474	36,830
Other financial assets	..	..	..
Inventories	11,936	12,762	12,851
Other	4,300	7,699	7,966
Non-financial assets held for sale	..	..	..
Total current assets	147,625	187,147	189,691
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,634,807	1,587,644	1,552,938
Intangibles	47	..	..
Other	..	..	..
Total non-current assets	1,634,854	1,587,644	1,552,938
TOTAL ASSETS	1,782,479	1,774,791	1,742,629
CURRENT LIABILITIES			
Payables	112,673	142,306	144,844
Accrued employee benefits	8,268	3,964	3,970
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	15,994	18,200	18,200
Total current liabilities	136,935	164,470	167,014
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	136,935	164,470	167,014
NET ASSETS/(LIABILITIES)	1,645,544	1,610,321	1,575,615
EQUITY			
TOTAL EQUITY	1,645,544	1,610,321	1,575,615

Cash flow statement

Gold Coast Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,745,495	1,937,302	1,919,196
Grants and other contributions	15,572	13,027	12,988
Interest and distribution from managed funds received	206	35	35
Other	19,313	19,091	18,926
Outflows:			
Employee costs	(199,732)	(211,508)	(207,836)
Supplies and services	(1,477,442)	(1,655,811)	(1,639,617)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(19,381)	(19,632)	(20,615)
Net cash provided by or used in operating activities	84,031	82,504	83,077
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(85)	48	(85)
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	(85)	48	(85)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(82,114)	(80,720)	(81,160)
Net cash provided by or used in financing activities	(82,114)	(80,720)	(81,160)
Net increase/(decrease) in cash held	1,832	1,832	1,832
Cash at the beginning of financial year	112,592	128,380	130,212
Cash transfers from restructure	..	..	..
Cash at the end of financial year	114,424	130,212	132,044

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.

The HHS supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

The service area within the Mackay HHS aligns to the following HHS objectives:

HHS's service area	HHS's objectives
Mackay Hospital and Health Service To deliver public hospital and health services for the Mackay and its surrounding community	Exceptional patient experiences Excellence in integrated care Sustainable service delivery Inspired People

Key deliverables

In 2022–23, Mackay HHS will:

- deliver initiatives to improve patient flow and emergency department access
- deliver the Rural and Regional Renal programs at Proserpine and Bowen Hospitals
- progress the redevelopment of the Sarina Hospital
- deliver the COVID-19 recovery including planned care recovery
- commence implementation of the Health Equity Strategy, in collaboration with First Nations communities and partners.

Staffing

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

Mackay Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	2,621	2,675	2,669

Performance statement

Mackay Hospital and Health Service

Objective

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

Description

The Mackay HHS is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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%	99% 92% 79% 90% 99%	100% 80% 75% 70% 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 <ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	91% 77% 78%	>98%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.3	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	54.7%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	13.4%	<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 	70%	51% 43% 63%	70%
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%	64% 50% 92%	81%

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Median wait time for treatment in emergency departments (minutes) ^{1, 10}	..	10	..
Median wait time for elective surgery treatment (days) ²	..	41	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$4,977	\$5,345	\$5,025
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 12}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	1,179	1,171 895 259	1,179
Number of Telehealth outpatients service events ¹³	13,640	15,389	16,874
Total weighted activity units (WAU) ¹⁴			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	46,075 10,015 3,158 12,227 3,692 1,665	42,343 9,941 3,822 12,543 3,487 1,604	45,372 13,362 3,968 14,170 3,896 1,658
Ambulatory mental health service contact duration (hours) ¹⁵	>27,854	31,254	>27,854

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021–22 Estimated Actual rate is based on data reported between 1 July 2021 and 31 December 2021.
- Mental Health rate of community follow up 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
- Mental Health readmissions 2021–22 Estimated Actuals are for the period 1 July 2021 to 28 February 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
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10. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
11. The 2021–22 Target/Estimate varies from the published *2021–22 Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
12. Elective surgery performed in public hospitals treated volume 2021–22 Estimated Actual is a 12-month projection based on the period 1 July 2021 to 30 April 2022.
13. Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
14. The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021–22 Target/Estimate varies from the published 2021–22 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.
15. Ambulatory Mental Health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022. Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021–22 Target/Estimate has not been met.

Income statement

Mackay Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	494,418	527,676	541,784
Grants and other contributions	14,892	15,009	15,113
Interest and distributions from managed funds	..	..	..
Other revenue	5,270	5,270	5,270
Gains on sale/revaluation of assets	1	1	1
Total income	514,581	547,956	562,168
EXPENSES			
Employee expenses	55,114	58,221	57,493
Supplies and Services:			
Other supplies and services	121,635	141,978	146,271
Department of Health contract staff	300,054	305,747	315,555
Grants and subsidies	10	10	10
Depreciation and amortisation	26,949	31,182	31,599
Finance/borrowing costs	..	..	..
Other expenses	10,505	10,504	10,926
Losses on sale/revaluation of assets	314	314	314
Total expenses	514,581	547,956	562,168
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Mackay Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	34,642	15,215	13,276
Receivables	10,729	12,203	13,251
Other financial assets	..	..	..
Inventories	4,442	3,776	3,876
Other	1,724	4,562	4,572
Non-financial assets held for sale	..	..	..
Total current assets	51,537	35,756	34,975
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	368,558	359,854	407,423
Intangibles	..	17	17
Other	..	..	..
Total non-current assets	368,558	359,871	407,440
TOTAL ASSETS	420,095	395,627	442,415
CURRENT LIABILITIES			
Payables	30,246	30,841	31,970
Accrued employee benefits	2,355	1,133	1,274
Interest bearing liabilities and derivatives	690	470	758
Provisions	..	..	..
Other	3,274	1,715	1,715
Total current liabilities	36,565	34,159	35,717
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	44	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	44	..	..
TOTAL LIABILITIES	36,609	34,159	35,717
NET ASSETS/(LIABILITIES)	383,486	361,468	406,698
EQUITY			
TOTAL EQUITY	383,486	361,468	406,698

Cash flow statement

Mackay Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	494,773	528,031	542,139
Grants and other contributions	10,843	10,843	10,843
Interest and distribution from managed funds received	..	..	..
Other	13,668	13,668	13,668
Outflows:			
Employee costs	(54,973)	(58,080)	(57,352)
Supplies and services	(430,564)	(456,600)	(470,701)
Grants and subsidies	(10)	(10)	(10)
Borrowing costs	..	..	..
Other	(7,036)	(6,918)	(7,236)
Net cash provided by or used in operating activities	26,701	30,934	31,351
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	309	309	309
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	(2,000)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	309	309	(1,691)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	593	706
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	(674)	(706)
Equity withdrawals	(26,949)	(41,182)	(31,599)
Net cash provided by or used in financing activities	(26,949)	(41,263)	(31,599)
Net increase/(decrease) in cash held	61	(10,020)	(1,939)
Cash at the beginning of financial year	34,581	25,235	15,215
Cash transfers from restructure	..	..	..
Cash at the end of financial year	34,642	15,215	13,276

Metro North Hospital and Health Service

Overview

The vision of the Metro North Hospital and Health Service (HHS) 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.

The HHS supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

The service area within the Metro North HHS aligns with the following HHS objectives:

HHS's service area	HHS's objectives
Metro North Hospital and Health Service To deliver public hospital and health services for the Metro North community	To always put people first To improve health equity, access, quality, safety and health outcomes To deliver value-based health services through a culture of research, education, learning and innovation To be accountable for delivery of sustainable services, high performance and excellent patient outcomes

Key deliverables

In 2022–23, Metro North HHS will:

- continue the Caboolture Hospital Expansion which will deliver a new clinical services building in 2023, followed by refurbishment of key areas in the existing hospital to provide an additional 130 beds capacity
- complete the new multi-storey carpark at Caboolture Hospital
- progress service planning and commissioning of 3 satellite hospitals at Caboolture, Kallangur and Bribie Island
- commence implementation of our Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*
- commence the construction of a new 1,500 space multi-storey carpark at the Prince Charles Hospital under the Government Portfolio Model.

Staffing

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

Metro North Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	18,569	18,569	18,675

Performance statement

Metro North Hospital and Health Service

Objective

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

Description

The Metro North HHS is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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% 66% 52% 70% 97%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	67%	>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%	96% 88% 95%	>98%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.7	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	57.2%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	10.3%	<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 	56%	56% 53% 79%	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% 62% 83%	81%

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Median wait time for treatment in emergency departments (minutes) ^{1, 10}	..	20	..
Median wait time for elective surgery treatment (days) ²	..	35	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,045	\$5,055	\$5,126
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 12}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	10,276	11,201 8,851 6,498	10,276
Number of Telehealth outpatients service events ¹³	36,000	56,959	48,622
Total weighted activity units (WAU) ¹⁴			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	300,209 107,271 26,371 44,346 39,759 9,073	279,587 75,609 49,427 45,867 29,370 9,723	309,366 101,984 28,441 64,554 38,418 10,089
Ambulatory mental health service contact duration (hours) ¹⁵	>171,919	121,709	>171,919

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
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- Mental Health rate of community follow up 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
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10. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
11. The 2021–22 Target/Estimate varies from the published *2021–22 Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
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13. Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
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Income statement

Metro North Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	3,309,348	3,540,307	3,565,205
Grants and other contributions	48,764	47,066	47,446
Interest and distributions from managed funds	475	386	389
Other revenue	5,045	5,259	3,794
Gains on sale/revaluation of assets	850	15	11
Total income	3,364,482	3,593,033	3,616,845
EXPENSES			
Employee expenses	373,981	416,454	426,517
Supplies and Services:			
Other supplies and services	728,933	802,348	777,928
Department of Health contract staff	2,033,844	2,125,526	2,175,830
Grants and subsidies	2,131	746	764
Depreciation and amortisation	153,468	157,998	156,474
Finance/borrowing costs	11,788	8,088	8,291
Other expenses	57,187	74,105	63,079
Losses on sale/revaluation of assets	3,150	7,768	7,962
Total expenses	3,364,482	3,593,033	3,616,845
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Metro North Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	98,032	130,617	116,643
Receivables	75,697	87,155	90,505
Other financial assets	..	..	..
Inventories	21,622	22,308	22,513
Other	16,878	21,328	21,614
Non-financial assets held for sale	..	..	..
Total current assets	212,229	261,408	251,275
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	2,231,293	2,173,149	2,160,995
Intangibles	15,343	14,507	8,672
Other	575	282	282
Total non-current assets	2,247,211	2,187,938	2,169,949
TOTAL ASSETS	2,459,440	2,449,346	2,421,224
CURRENT LIABILITIES			
Payables	168,432	220,969	226,776
Accrued employee benefits	29,975	13,159	15,110
Interest bearing liabilities and derivatives	22,387	21,792	22,311
Provisions	..	..	..
Other	1,567	7,330	7,330
Total current liabilities	222,361	263,250	271,527
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	472,607	414,588	387,640
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	472,607	414,588	387,640
TOTAL LIABILITIES	694,968	677,838	659,167
NET ASSETS/(LIABILITIES)	1,764,472	1,771,508	1,762,057
EQUITY			
TOTAL EQUITY	1,764,472	1,771,508	1,762,057

Cash flow statement

Metro North Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	3,302,847	3,587,354	3,553,960
Grants and other contributions	23,118	21,420	21,159
Interest and distribution from managed funds received	475	386	389
Other	44,768	44,982	43,517
Outflows:			
Employee costs	(372,030)	(414,503)	(424,566)
Supplies and services	(2,797,210)	(2,967,812)	(2,988,191)
Grants and subsidies	(2,131)	(746)	(764)
Borrowing costs	(11,788)	(8,088)	(8,291)
Other	(31,541)	(107,901)	(36,792)
Net cash provided by or used in operating activities	156,508	155,092	160,421
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	877	(25)	(30)
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(1,748)	(23,035)	(13,391)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(871)	(23,060)	(13,421)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	21,863	21,863	21,929
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(21,863)	(26,363)	(26,429)
Equity withdrawals	(153,468)	(157,998)	(156,474)
Net cash provided by or used in financing activities	(153,468)	(162,498)	(160,974)
Net increase/(decrease) in cash held	2,169	(30,466)	(13,974)
Cash at the beginning of financial year	95,863	161,083	130,617
Cash transfers from restructure	..	..	..
Cash at the end of financial year	98,032	130,617	116,643

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.

The HHS supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

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

HHS's service area	HHS's objectives
Metro South Hospital and Health Service To deliver public hospital and health services for the Metro South community	Provide equitable access to excellent care Deliver great value Lead by innovating and collaborating

Key deliverables

In 2022–23, Metro South HHS will:

- implement staged decant planning to support the refurbishment and upgrade of Logan's Maternity Ward and Birthing Suites, and continuation of construction and commissioning activities to enable the 206-bed expansion of Logan Hospital
- execute the Development Agreement with the nominated construction partner to commence detailed design and early-stage construction activities for the Logan Urgent and Specialist Care Centre
- progress the Redland Hospital Expansion Program, including construction and practical completion of the new multi-storey carpark and commencement of construction of stage one hospital redevelopment
- deliver services within the new Ward 5A at the QEII Hospital
- deliver an additional modular ward at Logan Hospital (Ward 2Q)
- support delivery and preparations for commissioning of the new Redland Satellite Hospital facility (in Weinam Creek)
- support ongoing planning and construction delivery as well as preparations for commissioning of the Eight Mile Plains Satellite Hospital facility
- commence implementation of the Health Equity Strategy, in collaboration with our First Nations communities and partners.

Staffing

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

Metro South Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	14,373	14,575	14,408

Performance statement

Metro South Hospital and Health Service

Objective

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

Description

The Metro South HHS is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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% 55% 61% 77% 94%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	58%	>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% 75% 86%	>98%
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%	58.4%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	11.1%	<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 	45%	46% 33% 63%	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%	74% 46% 79%	75%

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Median wait time for treatment in emergency departments (minutes) ^{1, 10}	..	17	..
Median wait time for elective surgery treatment (days) ²	..	29	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,218	\$5,543	\$5,240
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 12}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	9,105	9,672 6,312 2,731	9,105
Number of Telehealth outpatients service events ¹³	24,000	32,246	29,841
Total weighted activity units (WAU) ¹⁴			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	239,160 72,795 30,944 47,529 30,210 9,331	218,114 66,334 29,768 44,767 23,563 8,594	252,566 87,603 36,181 45,664 27,637 9,735
Ambulatory mental health service contact duration (hours) ¹⁵	>174,933	140,538	>174,933

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021–22 Estimated Actual rate is based on data reported between 1 July 2021 and 31 December 2021.
- Mental Health rate of community follow up 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
- Mental Health readmissions 2021–22 Estimated Actuals are for the period 1 July 2021 to 28 February 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.

9. In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
10. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
11. The 2021–22 Target/Estimate varies from the published *2021–22 Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
12. Elective surgery performed in public hospitals treated volume 2021–22 Estimated Actual is a 12-month projection based on the period 1 July 2021 to 30 April 2022.
13. Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
14. The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021–22 Target/Estimate varies from the published 2021–22 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.
15. Ambulatory Mental Health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022. Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021–22 Target/Estimate has not been met.

Income statement

Metro South Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	2,713,663	2,892,478	2,957,181
Grants and other contributions	53,877	52,585	52,585
Interest and distributions from managed funds	309	29	29
Other revenue	8,365	12,623	12,623
Gains on sale/revaluation of assets	44	123	123
Total income	2,776,258	2,957,838	3,022,541
EXPENSES			
Employee expenses	313,760	313,760	335,051
Supplies and Services:			
Other supplies and services	614,347	686,557	717,448
Department of Health contract staff	1,688,754	1,789,284	1,795,910
Grants and subsidies	728	1,603	1,452
Depreciation and amortisation	97,667	107,831	112,404
Finance/borrowing costs	217	217	167
Other expenses	59,073	54,702	56,140
Losses on sale/revaluation of assets	1,712	3,884	3,969
Total expenses	2,776,258	2,957,838	3,022,541
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Metro South Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	61,673	56,797	63,623
Receivables	53,936	66,868	67,734
Other financial assets	..	..	..
Inventories	20,985	22,840	22,985
Other	3,753	4,263	4,263
Non-financial assets held for sale	..	..	..
Total current assets	140,347	150,768	158,605
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,332,952	1,315,588	1,316,154
Intangibles	190	215	..
Other	..	..	..
Total non-current assets	1,333,142	1,315,803	1,316,154
TOTAL ASSETS	1,473,489	1,466,571	1,474,759
CURRENT LIABILITIES			
Payables	160,144	182,579	192,970
Accrued employee benefits	17,362	5,355	7,255
Interest bearing liabilities and derivatives	2,195	2,479	2,471
Provisions	..	..	..
Other	1,163	1,163	1,163
Total current liabilities	180,864	191,576	203,859
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	8,875	8,269	5,606
Provisions	..	..	..
Other	13,567	11,242	10,079
Total non-current liabilities	22,442	19,511	15,685
TOTAL LIABILITIES	203,306	211,087	219,544
NET ASSETS/(LIABILITIES)	1,270,183	1,255,484	1,255,215
EQUITY			
TOTAL EQUITY	1,270,183	1,255,484	1,255,215

Cash flow statement

Metro South Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	2,716,419	2,857,156	2,957,681
Grants and other contributions	32,228	28,974	29,250
Interest and distribution from managed funds received	309	29	29
Other	38,179	41,274	41,274
Outflows:			
Employee costs	(311,860)	(311,860)	(333,151)
Supplies and services	(2,322,899)	(2,489,757)	(2,532,972)
Grants and subsidies	(728)	(1,603)	(1,452)
Borrowing costs	(217)	(217)	(167)
Other	(42,120)	(36,286)	(37,501)
Net cash provided by or used in operating activities	109,311	87,710	122,991
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	44	123	123
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(4,555)	(10,760)	(5,002)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(4,511)	(10,637)	(4,879)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	2,689	2,671
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,813)	(2,689)	(2,671)
Equity withdrawals	(97,667)	(106,713)	(111,286)
Net cash provided by or used in financing activities	(99,480)	(106,713)	(111,286)
Net increase/(decrease) in cash held	5,320	(29,640)	6,826
Cash at the beginning of financial year	56,353	86,437	56,797
Cash transfers from restructure	..	..	..
Cash at the end of financial year	61,673	56,797	63,623

North West Hospital and Health Service

Overview

The vision of the North West Hospital and Health Service (HHS) is to lead the delivery of safe, sustainable healthcare in our unique region with our diverse partners and communities. Our purpose is to partner with our communities to improve health outcomes by delivering valued, high-quality and sustainable health services close to home.

The HHS supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

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

HHS's service area	HHS's objectives
North West Hospital and Health Service To deliver public hospital and health services for the North West Queensland community	Healthier people - provide high-quality healthcare to all people of our region, as close to home as we can Collaborative partnerships - working with partners, stakeholders and our communities to hear their voices and act on feedback Sustainable resources - making the best use of our resources, delivering effective and efficient healthcare for North West Queensland

Key deliverables

In 2022–23, North West HHS will:

- manage COVID-19 in our communities with a continued focus on COVID-19 vaccination
- meet the COVID-19 Recovery Plan milestones focused on specialist outpatient, elective surgery, and gastrointestinal endoscopy services
- deliver priorities identified in the *Digital Strategy for Rural and Remote Healthcare*
- implement the Health Equity Action Plan co-designed for North West Queensland.

Staffing

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

North West Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	808	780	820

Performance statement

North West Hospital and Health Service

Objective

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

Description

The North West HHS is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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%	99% 89% 83% 85% 99%	100% 80% 75% 70% 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			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	97% 90% 99%	>98%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	1.8	<2
Percentage of specialist outpatients waiting within clinically recommended times ⁵			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁶ Category 3 (365 days)⁶ 	98%	40% 53% 75%	98%
Percentage of specialist outpatients seen within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁶ Category 3 (365 days)⁶ 	98%	71% 74% 92%	98%
Median wait time for treatment in emergency departments (minutes) ^{1, 8}	..	10	..
Median wait time for elective surgery treatment (days) ²	..	26	..

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ⁹	\$5,201	\$5,503	\$5,431
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 10}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	230	234 178 143	230
Number of Telehealth outpatients service events ¹¹	5,482	5,252	6,076
Total weighted activity units (WAU) ¹²			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	12,121 2,786 883 6,190 202 484	10,542 2,643 1,305 6,506 201 321	12,185 2,996 1,495 6,174 208 636
Ambulatory mental health service contact duration (hours) ¹³	>7,591	5,585	>7,591

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021–22 Estimated Actual rate is based on data reported between 1 July 2021 and 31 December 2021.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2021–22 Target/Estimate varies from the published 2021–22 *Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
- Elective surgery performed in public hospitals treated volume 2021–22 Estimated Actual is a 12-month projection based on the period 1 July 2021 to 30 April 2022.

11. Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
12. The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021–22 Target/Estimate varies from the published 2021–22 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.
13. Ambulatory Mental Health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022. Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021–22 Target/Estimate has not been met.

Income statement

North West Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	201,134	209,020	215,511
Grants and other contributions	5,547	3,904	3,663
Interest and distributions from managed funds	7	7	7
Other revenue	968	972	972
Gains on sale/revaluation of assets	..	..	..
Total income	207,656	213,903	220,153
EXPENSES			
Employee expenses	24,449	25,256	26,862
Supplies and Services:			
Other supplies and services	75,698	72,706	80,018
Department of Health contract staff	92,372	94,221	96,625
Grants and subsidies	423	1,073	1,200
Depreciation and amortisation	10,675	11,649	11,159
Finance/borrowing costs	..	..	..
Other expenses	3,790	3,881	4,033
Losses on sale/revaluation of assets	249	249	256
Total expenses	207,656	209,035	220,153
OPERATING SURPLUS/(DEFICIT)	..	4,868	..

Balance sheet

North West Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	301	10,031	15,904
Receivables	923	2,229	2,231
Other financial assets	..	..	..
Inventories	1,112	1,164	1,193
Other	159	501	500
Non-financial assets held for sale	..	..	..
Total current assets	2,495	13,925	19,828
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	112,261	118,675	115,267
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	112,261	118,675	115,267
TOTAL ASSETS	114,756	132,600	135,095
CURRENT LIABILITIES			
Payables	15,095	20,731	26,617
Accrued employee benefits	1,229	354	371
Interest bearing liabilities and derivatives	316	1,278	791
Provisions	..	..	..
Other	2,027	534	534
Total current liabilities	18,667	22,897	28,313
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	1,152	681	422
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	1,152	681	422
TOTAL LIABILITIES	19,819	23,578	28,735
NET ASSETS/(LIABILITIES)	94,937	109,022	106,360
EQUITY			
TOTAL EQUITY	94,937	109,022	106,360

Cash flow statement

North West Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	200,939	208,825	215,311
Grants and other contributions	4,123	2,513	2,237
Interest and distribution from managed funds received	7	7	7
Other	5,199	5,203	5,203
Outflows:			
Employee costs	(24,268)	(25,141)	(26,845)
Supplies and services	(171,649)	(165,110)	(175,072)
Grants and subsidies	(423)	(1,073)	(1,200)
Borrowing costs	..	..	..
Other	(2,366)	(2,490)	(2,607)
Net cash provided by or used in operating activities	11,562	22,734	17,034
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	..	(104)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(2)	(106)	(2)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	279	474	746
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(279)	(474)	(746)
Equity withdrawals	(10,675)	(11,649)	(11,159)
Net cash provided by or used in financing activities	(10,675)	(11,649)	(11,159)
Net increase/(decrease) in cash held	885	10,979	5,873
Cash at the beginning of financial year	(584)	(948)	10,031
Cash transfers from restructure	..	..	..
Cash at the end of financial year	301	10,031	15,904

South West Hospital and Health Service

Overview

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

The HHS supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

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

HHS's service area	HHS's objectives
South West Hospital and Health Service To deliver public hospital and health services for the South West Queensland community	Ensure care is always person centred Close the gap on health inequalities for all Deliver care that is safe, trusted and as close to home as possible Enable strong primary care services with a preventative care approach Invest in innovative and efficient assets to grow our services Strengthen local collaborative partnerships

Key deliverables

In 2022–23, South West HHS will:

- sustainably increase scope of clinical service capability based on current and future population health needs, including preventative care approaches and primary care services
- build and deliver a highly integrated local network across the care continuum for all populations and communities
- redesign current service delivery models to focus on preventative primary healthcare across all age groups, with special attention to the child's first 1,000 days and early childhood
- design and implement responsive workforce models that optimise scope of practice, capacity and workforce quality to deliver care to our communities
- promote continued improvement in health outcomes and equity measures for First Nations peoples and communities, as detailed with the South West HHS Health Equity Strategy.

Staffing

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

South West Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	827	841	825

Performance statement

South West Hospital and Health Service

Objective

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

Description

The South West HHS is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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% 100% 99% 99% 100%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	92%	>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%	100% 92% 97%	>98%
Median wait time for treatment in emergency departments (minutes) ^{1, 4}	..	2	..
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 ^{2, 5}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	200	180 176 464	200
Number of Telehealth outpatients service events ⁶	4,000	4,324	4,234

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Total weighted activity units (WAU) ⁷			
• Acute Inpatients	5,699	5,348	5,697
• Outpatients	1,686	1,777	2,161
• Sub-acute	919	1,064	1,037
• Emergency Department	3,220	3,199	2,931
• Mental Health	170	160	134
• Prevention and Primary Care	420	550	434
Ambulatory mental health service contact duration (hours) ⁸	>5,410	3,236	>5,410

Notes:

1. During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
2. In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
3. As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
4. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
5. Elective surgery performed in public hospitals treated volume 2021–22 Estimated Actual is a 12-month projection based on the period 1 July 2021 to 30 April 2022.
6. Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
7. The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021–22 Target/Estimate varies from the published *2021–22 Service Delivery Statements* due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.
8. Ambulatory Mental Health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.

Income statement

South West Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	162,288	168,245	173,781
Grants and other contributions	7,065	7,190	7,190
Interest and distributions from managed funds	20	20	20
Other revenue	334	341	341
Gains on sale/revaluation of assets	..	..	..
Total income	169,707	175,796	181,332
EXPENSES			
Employee expenses	13,514	13,499	15,556
Supplies and Services:			
Other supplies and services	46,384	48,439	51,711
Department of Health contract staff	96,195	99,745	99,540
Grants and subsidies	..	..	..
Depreciation and amortisation	11,557	11,597	12,211
Finance/borrowing costs	..	..	..
Other expenses	1,923	2,382	2,172
Losses on sale/revaluation of assets	134	134	142
Total expenses	169,707	175,796	181,332
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

South West Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	24,428	21,762	22,256
Receivables	1,320	3,971	4,011
Other financial assets	..	..	..
Inventories	1,472	1,738	1,742
Other	193	656	658
Non-financial assets held for sale	..	..	..
Total current assets	27,413	28,127	28,667
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	243,311	229,144	235,889
Intangibles	4	119	..
Other	..	..	..
Total non-current assets	243,315	229,263	235,889
TOTAL ASSETS	270,728	257,390	264,556
CURRENT LIABILITIES			
Payables	13,010	17,033	17,573
Accrued employee benefits	464	138	138
Interest bearing liabilities and derivatives	305	203	203
Provisions	..	..	..
Other	24	92	92
Total current liabilities	13,803	17,466	18,006
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	366	816	765
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	366	816	765
TOTAL LIABILITIES	14,169	18,282	18,771
NET ASSETS/(LIABILITIES)	256,559	239,108	245,785
EQUITY			
TOTAL EQUITY	256,559	239,108	245,785

Cash flow statement

South West Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	162,231	168,188	173,691
Grants and other contributions	7,065	7,190	7,190
Interest and distribution from managed funds received	20	20	20
Other	5,029	5,036	5,036
Outflows:			
Employee costs	(13,514)	(13,499)	(15,556)
Supplies and services	(147,097)	(152,702)	(155,744)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(1,683)	(2,142)	(1,932)
Net cash provided by or used in operating activities	12,051	12,091	12,705
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	(865)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	(865)	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	99	51
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(99)	(99)	(51)
Equity withdrawals	(11,557)	(11,597)	(12,211)
Net cash provided by or used in financing activities	(11,656)	(11,597)	(12,211)
Net increase/(decrease) in cash held	395	(371)	494
Cash at the beginning of financial year	24,033	22,133	21,762
Cash transfers from restructure	..	..	..
Cash at the end of financial year	24,428	21,762	22,256

Sunshine Coast Hospital and Health Service

Overview

Sunshine Coast Hospital and Health Service's (HHS) vision is for health and wellbeing through exceptional healthcare. Our purpose is to provide high-quality cost effective, innovative healthcare in collaboration with our communities and partners.

The HHS supports the government's objectives for the community:

- More jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

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

HHS's service area	HHS's objectives
Sunshine Coast Hospital and Health Service To deliver public hospital and health services for the Sunshine Coast community	Provide high-quality, equitable, accessible, person-centred care Manage our financial, physical, and environmental resources responsibly Improve and prepare for the future through research, education and innovation

Key deliverables

In 2022–23, Sunshine Coast HHS will:

- complete the \$86 million Nambour General Hospital redevelopment
- implement an Aboriginal and Torres Strait Islander Health Equity Strategy
- meet the targets set by our health service agreement.

Staffing

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

Sunshine Coast Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	6,430	6,620	6,692

Performance statement

Sunshine Coast Hospital and Health Service

Objective

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

Description

The Sunshine Coast HHS is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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% 70% 79% 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%	73% 54% 69%	>98%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.6	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	66.3%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	10.2%	<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 	80%	55% 44% 70%	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%	81% 47% 75%	82%

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Median wait time for treatment in emergency departments (minutes) ^{1, 10}	..	15	..
Median wait time for elective surgery treatment (days) ²	..	43	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,239	\$5,794	\$5,172
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 12}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	3,156	3,182 1,751 1,042	3,156
Number of Telehealth outpatients service events ¹³	6,963	16,474	15,655
Total weighted activity units (WAU) ¹⁴			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	114,517 24,131 9,312 25,194 11,164 4,785	101,728 20,426 10,260 23,498 8,996 4,328	121,819 26,744 9,960 28,039 11,398 5,439
Ambulatory mental health service contact duration (hours) ¹⁵	>64,184	60,314	>64,184

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021–22 Estimated Actual rate is based on data reported between 1 July 2021 and 31 December 2021.
- Mental Health rate of community follow up 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
- Mental Health readmissions 2021–22 Estimated Actuals are for the period 1 July 2021 to 28 February 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.

10. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
11. The 2021–22 Target/Estimate varies from the published *2021–22 Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
12. Elective surgery performed in public hospitals treated volume 2021–22 Estimated Actual is a 12-month projection based on the period 1 July 2021 to 30 April 2022.
13. Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
14. The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021–22 Target/Estimate varies from the published 2021–22 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.
15. Ambulatory Mental Health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022. Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021–22 Target/Estimate has not been met.

Income statement

Sunshine Coast Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	1,315,541	1,423,063	1,419,271
Grants and other contributions	22,065	22,089	22,113
Interest and distributions from managed funds	106	106	107
Other revenue	11,715	14,167	12,679
Gains on sale/revaluation of assets	..	..	..
Total income	1,349,427	1,459,425	1,454,170
EXPENSES			
Employee expenses	148,968	162,341	166,400
Supplies and Services:			
Other supplies and services	295,549	328,769	317,858
Department of Health contract staff	724,668	767,454	769,566
Grants and subsidies	179	..	..
Depreciation and amortisation	126,478	144,825	129,957
Finance/borrowing costs	40,423	40,441	39,594
Other expenses	26,167	28,173	28,173
Losses on sale/revaluation of assets	2,196	2,623	2,622
Total expenses	1,364,628	1,474,626	1,454,170
OPERATING SURPLUS/(DEFICIT)	(15,201)	(15,201)	..

Balance sheet

Sunshine Coast Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	(16,899)	5,959	3,306
Receivables	25,741	27,017	27,595
Other financial assets	..	..	..
Inventories	6,207	5,902	6,043
Other	3,631	3,527	3,589
Non-financial assets held for sale	..	..	..
Total current assets	18,680	42,405	40,533
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,922,814	1,858,800	1,837,555
Intangibles	1,338	3,128	2,248
Other	..	..	..
Total non-current assets	1,924,152	1,861,928	1,839,803
TOTAL ASSETS	1,942,832	1,904,333	1,880,336
CURRENT LIABILITIES			
Payables	88,991	125,225	130,800
Accrued employee benefits	7,560	2,488	5,645
Interest bearing liabilities and derivatives	10,786	10,933	11,792
Provisions	..	..	..
Other	7,256	7,215	7,215
Total current liabilities	114,593	145,861	155,452
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	482,770	483,559	471,914
Provisions	..	..	..
Other	71,626	71,220	67,482
Total non-current liabilities	554,396	554,779	539,396
TOTAL LIABILITIES	668,989	700,640	694,848
NET ASSETS/(LIABILITIES)	1,273,843	1,203,693	1,185,488
EQUITY			
TOTAL EQUITY	1,273,843	1,203,693	1,185,488

Cash flow statement

Sunshine Coast Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,316,980	1,412,949	1,419,298
Grants and other contributions	11,693	11,717	11,741
Interest and distribution from managed funds received	106	106	107
Other	40,406	57,433	41,370
Outflows:			
Employee costs	(148,354)	(161,727)	(163,243)
Supplies and services	(1,047,540)	(1,136,584)	(1,111,196)
Grants and subsidies	(179)	..	..
Borrowing costs	(40,624)	(40,642)	(39,812)
Other	(22,283)	(29,792)	(24,032)
Net cash provided by or used in operating activities	110,205	113,460	134,233
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(1,365)	(3,902)	(6,025)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(1,365)	(3,902)	(6,025)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	9,166	9,166	9,882
Outflows:			
Borrowing redemptions	(9,868)	(9,868)	(10,737)
Finance lease payments	(249)	(249)	(49)
Equity withdrawals	(126,478)	(144,825)	(129,957)
Net cash provided by or used in financing activities	(127,429)	(145,776)	(130,861)
Net increase/(decrease) in cash held	(18,589)	(36,218)	(2,653)
Cash at the beginning of financial year	1,690	42,177	5,959
Cash transfers from restructure	..	..	..
Cash at the end of financial year	(16,899)	5,959	3,306

Torres and Cape Hospital and Health Service

Overview

The vision of the Torres and Cape Hospital and Health Service (HHS) is to strengthen the region through the development of a sustainable, safe and supported local workforce and grow 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.

The HHS supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

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

HHS's service area	HHS's objectives
Torres and Cape Hospital and Health Service To deliver public hospital and health services for the Torres and Cape community	Health care delivered by the right people with the right skills at the right place and the right time Partner to leverage better health and wellbeing in our communities

Key deliverables

In 2022–23, Torres and Cape HHS will:

- implement the Connecting your Care – Clinical Coordination Hub plan
- implement a Torres and Cape HHS Public Health Unit including Rheumatic Heart Disease services
- deliver and implement a Health Equity Strategy as a requirement under the *Hospital and Health Boards Act 2011*
- achieve accreditation of some of our Primary Health Care Clinics in accordance with Royal Australian College of General Practice (RACGP) Standards of General Practice
- significantly progress redevelopment of Thursday Island Hospital
- continue to 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 the 30 June in the respective years.

Torres and Cape Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	1,061	1,159	1,106

Performance statement

Torres and Cape Hospital and Health Service

Objective

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

Description

The Torres and Cape HHS is responsible for providing a wide range of health services, including emergency care, general surgery, medical imaging, primary health care, chronic disease management, obstetric and birthing services, maternal and child health services, oral health, mental health, allied health, post-acute rehabilitation, aged care, palliative and respite services, visiting specialist services, general home and community care services, and family support.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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% 95% 92% 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%	97%	>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%	100% 100% 100%	>98%
Median wait time for treatment in emergency departments (minutes) ^{1, 4}	..	9	..
Median wait time for elective surgery treatment (days) ²	..	1	..
Efficiency measure			
Not identified			
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 5}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	64	18 38 66	64
Number of Telehealth outpatients service events ⁶	3,265	2,540	2,251

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Total weighted activity units (WAU) ⁷			
• Acute Inpatients	6,018	7,322	5,544
• Outpatients	2,841	2,860	2,961
• Sub-acute	385	266	712
• Emergency Department	2,474	2,566	2,915
• Mental Health	114	81	167
• Prevention and Primary Care	851	675	883
Ambulatory mental health service contact duration (hours) ⁸	>8,116	7,903	>8,116

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- Elective surgery performed in public hospitals treated volume 2021–22 Estimated Actual is a 12-month projection based on the period 1 July 2021 to 30 April 2022.
- Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
- The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021–22 Target/Estimate varies from the published *2021–22 Service Delivery Statements* due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.
- Ambulatory Mental Health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.

Income statement

Torres and Cape Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	231,166	253,701	255,277
Grants and other contributions	17,533	19,823	20,176
Interest and distributions from managed funds	3	3	3
Other revenue	1,321	1,387	1,433
Gains on sale/revaluation of assets	..	..	..
Total income	250,023	274,914	276,889
EXPENSES			
Employee expenses	21,865	26,700	29,487
Supplies and Services:			
Other supplies and services	79,260	80,280	85,878
Department of Health contract staff	124,758	140,632	136,387
Grants and subsidies	..	..	..
Depreciation and amortisation	19,889	21,160	20,273
Finance/borrowing costs	..	..	..
Other expenses	4,241	6,132	4,854
Losses on sale/revaluation of assets	10	10	10
Total expenses	250,023	274,914	276,889
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Torres and Cape Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	24,395	32,479	34,256
Receivables	1,205	6,043	6,091
Other financial assets	..	..	..
Inventories	552	596	607
Other	1,252	1,315	1,315
Non-financial assets held for sale	..	..	..
Total current assets	27,404	40,433	42,269
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	230,492	217,207	214,221
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	230,492	217,207	214,221
TOTAL ASSETS	257,896	257,640	256,490
CURRENT LIABILITIES			
Payables	17,459	28,783	29,188
Accrued employee benefits	1,452	1,418	1,428
Interest bearing liabilities and derivatives	909	2,306	2,288
Provisions	..	..	..
Other	22	779	779
Total current liabilities	19,842	33,286	33,683
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	2,581	3,502	3,461
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	2,581	3,502	3,461
TOTAL LIABILITIES	22,423	36,788	37,144
NET ASSETS/(LIABILITIES)	235,473	220,852	219,346
EQUITY			
TOTAL EQUITY	235,473	220,852	219,346

Cash flow statement

Torres and Cape Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	231,135	253,670	255,245
Grants and other contributions	15,423	17,920	18,225
Interest and distribution from managed funds received	3	3	3
Other	6,704	6,770	6,816
Outflows:			
Employee costs	(21,855)	(26,690)	(29,477)
Supplies and services	(209,111)	(226,005)	(227,351)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(2,061)	(4,159)	(2,832)
Net cash provided by or used in operating activities	20,238	21,509	20,629
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(899)	(3,104)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(899)	(3,104)	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	809	3,504	1,480
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(810)	(810)	(59)
Equity withdrawals	(19,889)	(21,160)	(20,273)
Net cash provided by or used in financing activities	(19,890)	(18,466)	(18,852)
Net increase/(decrease) in cash held	(551)	(61)	1,777
Cash at the beginning of financial year	24,946	32,540	32,479
Cash transfers from restructure	..	..	..
Cash at the end of financial year	24,395	32,479	34,256

Townsville Hospital and Health Service

Overview

The Townsville Hospital and Health Service (HHS) vision is to deliver world-class healthcare for northern Queensland. The Townsville HHS's purpose is to provide great care every day.

The HHS supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

The service area within the Townsville HHS aligns to the following HHS objectives:

HHS's service area	HHS's objectives
Townsville Hospital and Health Service To deliver public hospital and health services for the Townsville community	Enhance patient outcomes Improve patient experience Improve staff experience Better value care

Key deliverables

In 2022–23, Townsville HHS will:

- commission an Australian Government funded 33-bed Acute Medical Assessment Unit
- complete the business case for the establishment of Queensland's second kidney transplant site at Townsville University Hospital (TUH)
- commence for completion in 2024 the construction of a Hybrid Theatre, expansion of the outpatient facilities and expansion of the Pain Clinic
- commence implementation of the Health Equity Strategy, in collaboration with our First Nations communities and partners.

Staffing

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

Townsville Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	5,602	5,602	5,632

Performance statement

Townsville Hospital and Health Service

Objective

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

Description

The Townsville HHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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% 76% 78% 83% 98%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	72%	>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%	84% 68% 71%	>98%
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%	74.8%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	16.6%	<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%	82% 55% 79%	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%	86% 58% 84%	98%

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Median wait time for treatment in emergency departments (minutes) ^{1, 10}	..	11	..
Median wait time for elective surgery treatment (days) ²	..	40	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,168	\$5,407	\$5,205
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 12}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	3,633	3,166 2,023 905	3,633
Number of Telehealth outpatients service events ¹³	10,758	12,539	13,774
Total weighted activity units (WAU) ¹⁴			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	98,915 21,162 13,024 17,880 10,559 2,491	91,423 22,304 11,174 17,497 8,316 2,349	100,772 24,285 12,839 17,368 12,494 2,658
Ambulatory mental health service contact duration (hours) ¹⁵	>68,647	48,783	>68,647

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021–22 Estimated Actual rate is based on data reported between 1 July 2021 and 31 December 2021.
- Mental Health rate of community follow up 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
- Mental Health readmissions 2021–22 Estimated Actuals are for the period 1 July 2021 to 28 February 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.

10. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
11. The 2021–22 Target/Estimate varies from the published *2021–22 Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
12. Elective surgery performed in public hospitals treated volume 2021–22 Estimated Actual is a 12-month projection based on the period 1 July 2021 to 30 April 2022.
13. Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
14. The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021–22 Target/Estimate varies from the published 2021–22 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.
15. Ambulatory Mental Health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022. Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021–22 Target/Estimate has not been met.

Income statement

Townsville Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	1,092,052	1,132,347	1,166,830
Grants and other contributions	32,289	32,289	32,517
Interest and distributions from managed funds	450	250	250
Other revenue	4,355	3,335	3,335
Gains on sale/revaluation of assets	20	20	20
Total income	1,129,166	1,168,241	1,202,952
EXPENSES			
Employee expenses	135,980	163,671	166,355
Supplies and Services:			
Other supplies and services	273,746	251,781	267,902
Department of Health contract staff	633,083	668,586	685,300
Grants and subsidies	279	225	226
Depreciation and amortisation	62,783	62,624	60,796
Finance/borrowing costs	..	(58)	(58)
Other expenses	21,535	20,323	21,337
Losses on sale/revaluation of assets	1,760	1,089	1,094
Total expenses	1,129,166	1,168,241	1,202,952
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Townsville Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	54,890	63,920	65,623
Receivables	13,492	21,405	21,722
Other financial assets	..	..	..
Inventories	9,849	9,802	9,888
Other	2,686	4,905	4,964
Non-financial assets held for sale	..	..	..
Total current assets	80,917	100,032	102,197
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	835,304	794,838	772,537
Intangibles	(2,309)	..	..
Other	..	..	..
Total non-current assets	832,995	794,838	772,537
TOTAL ASSETS	913,912	894,870	874,734
CURRENT LIABILITIES			
Payables	57,240	64,544	66,745
Accrued employee benefits	5,632	4,773	4,773
Interest bearing liabilities and derivatives	2,850	683	(78)
Provisions	..	..	..
Other	617	6,782	6,782
Total current liabilities	66,339	76,782	78,222
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	3,122	3,122
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	3,122	3,122
TOTAL LIABILITIES	66,339	79,904	81,344
NET ASSETS/(LIABILITIES)	847,573	814,966	793,390
EQUITY			
TOTAL EQUITY	847,573	814,966	793,390

Cash flow statement

Townsville Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,090,108	1,131,024	1,165,502
Grants and other contributions	23,407	23,407	23,413
Interest and distribution from managed funds received	450	250	250
Other	20,306	19,286	19,286
Outflows:			
Employee costs	(135,980)	(161,474)	(166,355)
Supplies and services	(920,857)	(936,542)	(967,180)
Grants and subsidies	(279)	(225)	(226)
Borrowing costs	..	58	58
Other	(12,653)	(11,441)	(12,233)
Net cash provided by or used in operating activities	64,502	64,343	62,515
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	20	20	20
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	20	20	20
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	392	770	725
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(674)	(674)	(761)
Equity withdrawals	(62,783)	(62,624)	(60,796)
Net cash provided by or used in financing activities	(63,065)	(62,528)	(60,832)
Net increase/(decrease) in cash held	1,457	1,835	1,703
Cash at the beginning of financial year	53,433	62,085	63,920
Cash transfers from restructure	..	..	..
Cash at the end of financial year	54,890	63,920	65,623

West Moreton Hospital and Health Service

Overview

The vision of the West Moreton Hospital and Health Service (HHS) is for a thriving West Moreton community in which people achieve their best possible health and wellbeing. Our purpose is to provide safe, quality care for the West Moreton community.

The HHS supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

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

HHS's service area	HHS's objectives
West Moreton Hospital and Health Service To deliver public hospital and health services for the West Moreton community	Collaborate and co-design quality care with consumers, community, clinicians, and other partners Remove systemic barriers to equitable health outcomes for Aboriginal and Torres Strait Islander People's Continue to deliver safe, quality services Rapidly grow research capability Transform and optimise our services for the future Deliver care closer to home

Key deliverables

In 2022–23 for West Moreton HHS will:

- continue delivering Stage 1A of the Ipswich Health Precinct expansion with the development of a new 64-bed mental health facility due to open in early 2023
- a new theatre, expansion of renal services and refurbishment of the Emergency Department, with construction to commence in 2022
- progress construction of the new Ripley Satellite Hospital
- 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 the West Moreton Health Local Area Needs Assessment and Plan to identify areas of unmet health or healthcare need for the West Moreton Health community
- deliver on a Health Equity Framework to guide the implementation of the 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 Department of Health
- deliver on the recommendations in the *Unleashing the potential: an open and equitable health system* to meet the growing needs of our community and enable expanded bed capacity across West Moreton Health.

Staffing

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

West Moreton Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	3,790	3,790	3,802

Performance statement

West Moreton Hospital and Health Service

Objective

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

Description

The West Moreton HHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care, sub-acute and clinical support services.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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% 51% 59% 79% 95%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	58%	>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% 86% 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%	65.4%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	11.6%	<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%	72% 32% 78%	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%	79% 38% 79%	98%

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Median wait time for treatment in emergency departments (minutes) ^{1, 10}	..	17	..
Median wait time for elective surgery treatment (days) ²	..	23	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$4,928	\$5,741	\$4,956
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 12}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	1,666	1,382 626 344	1,666
Number of Telehealth outpatients service events ¹³	8,000	12,350	10,982
Total weighted activity units (WAU) ¹⁴			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	58,146 11,460 4,733 13,881 14,379 3,077	46,870 9,811 4,866 13,631 18,545 3,279	60,344 13,031 5,068 15,499 16,611 3,635
Ambulatory mental health service contact duration (hours) ¹⁵	>52,691	54,016	>52,691

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021–22 Estimated Actual rate is based on data reported between 1 July 2021 and 31 December 2021.
- Mental Health rate of community follow up 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
- Mental Health readmissions 2021–22 Estimated Actuals are for the period 1 July 2021 to 28 February 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
- As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021–22 will be carried forward into 2022–23.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Specialist Outpatient measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.

10. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
11. The 2021–22 Target/Estimate varies from the published *2021–22 Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
12. Elective surgery performed in public hospitals treated volume 2021–22 Estimated Actual is a 12-month projection based on the period 1 July 2021 to 30 April 2022.
13. Telehealth 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022.
14. The 2021–22 Estimated Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives, and supplementation of clinical care through outsourcing by the Department. The 2021–22 Target/Estimate varies from the published 2021–22 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 March 2022. The 2022–23 Target/Estimate calculation uses a new methodology which more accurately reflects where services are being delivered by HHSs to commence the new 3-year service agreement cycle. Therefore, delivered activity may be reported under different streams in comparison to 2021–22. The Hospital and Health Services have operational discretion.
15. Ambulatory Mental Health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022. Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021–22 Target/Estimate has not been met.

Income statement

West Moreton Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	739,261	793,546	805,290
Grants and other contributions	9,108	9,427	9,600
Interest and distributions from managed funds	10	10	10
Other revenue	2,109	2,109	2,120
Gains on sale/revaluation of assets	..	..	..
Total income	750,488	805,092	817,020
EXPENSES			
Employee expenses	82,284	86,069	87,759
Supplies and Services:			
Other supplies and services	190,061	180,057	173,692
Department of Health contract staff	435,851	495,191	509,966
Grants and subsidies	376	335	335
Depreciation and amortisation	26,828	26,446	27,651
Finance/borrowing costs	..	..	..
Other expenses	14,150	15,193	15,816
Losses on sale/revaluation of assets	938	1,801	1,801
Total expenses	750,488	805,092	817,020
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

West Moreton Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	23,843	24,006	26,311
Receivables	4,200	13,848	13,457
Other financial assets	..	..	..
Inventories	3,897	5,065	5,065
Other	1,111	2,973	2,973
Non-financial assets held for sale	..	..	..
Total current assets	33,051	45,892	47,806
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	292,282	264,153	272,866
Intangibles	240	..	..
Other	..	..	..
Total non-current assets	292,522	264,153	272,866
TOTAL ASSETS	325,573	310,045	320,672
CURRENT LIABILITIES			
Payables	49,859	62,400	63,959
Accrued employee benefits	1,210	1,476	1,779
Interest bearing liabilities and derivatives	..	..	..
Provisions	184	184	184
Other	..	260	260
Total current liabilities	51,253	64,320	66,182
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	51,253	64,320	66,182
NET ASSETS/(LIABILITIES)	274,320	245,725	254,490
EQUITY			
TOTAL EQUITY	274,320	245,725	254,490

Cash flow statement

West Moreton Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	738,066	786,479	804,003
Grants and other contributions	3,081	3,081	3,096
Interest and distribution from managed funds received	10	10	10
Other	10,649	3,902	3,911
Outflows:			
Employee costs	(81,959)	(85,744)	(87,456)
Supplies and services	(629,443)	(675,153)	(684,033)
Grants and subsidies	(376)	(335)	(335)
Borrowing costs	..	..	..
Other	(7,846)	(14,577)	(9,292)
Net cash provided by or used in operating activities	32,182	17,663	29,904
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	631	620	52
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(674)	(156)	..
Equity withdrawals	(26,828)	(26,446)	(27,651)
Net cash provided by or used in financing activities	(26,871)	(25,982)	(27,599)
Net increase/(decrease) in cash held	5,311	(8,319)	2,305
Cash at the beginning of financial year	18,532	32,325	24,006
Cash transfers from restructure	..	..	..
Cash at the end of financial year	23,843	24,006	26,311

Wide Bay Hospital and Health Service

Overview

The vision of the Wide Bay Hospital and Health Service (HHS) 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 Wide Bay.

The HHS supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

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

HHS's service area	HHS's objectives
Wide Bay Hospital and Health Service To deliver public hospital and health services for the Wide Bay community	Enhance holistic health care Deliver more care locally Plan today for future infrastructure Excellence through innovation

Key deliverables

In 2022–23, Wide Bay HHS will:

- continue with 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
- implement the agreed deliverables in the Health Equity Strategy, as required under the *Hospital and Health Boards Act 2011* s40(c).

Staffing

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

Wide Bay Hospital and Health Service	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	3,428	3,462	3,512

Performance statement

Wide Bay Hospital and Health Service

Objective

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

Description

The Wide Bay HHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 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%	99% 62% 52% 59% 88%	100% 80% 75% 70% 70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	63%	>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%	96% 88% 94%	>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%	59.4%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	10.3%	<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 	98%	91% 74% 84%	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%	94% 67% 83%	98%

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Median wait time for treatment in emergency departments (minutes) ^{1, 10}	..	27	..
Median wait time for elective surgery treatment (days) ²	..	29	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,210	\$5,163	\$5,067
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2, 12}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	2,145	1,918 1,228 784	2,145
Number of Telehealth outpatients service events ¹³	6,911	8,112	8,569
Total weighted activity units (WAU) ¹⁴			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	58,772 15,453 7,360 18,743 5,512 3,648	55,584 13,539 11,331 16,132 4,081 3,557	62,839 16,178 7,959 18,761 5,159 4,163
Ambulatory mental health service contact duration (hours) ¹⁵	>34,523	33,491	>34,523

Notes:

- During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021–22 Estimated Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. The 2021–22 Estimated Actual is for the period 1 July 2021 to 30 April 2022.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. Elective surgery measures 2021–22 Estimated Actual are for the period 1 July 2021 to 30 April 2022.
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- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021–22 Estimated Actual rate is based on data reported between 1 July 2021 and 31 December 2021.
- Mental Health rate of community follow up 2021–22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
- Mental Health readmissions 2021–22 Estimated Actuals are for the period 1 July 2021 to 28 February 2022.
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10. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
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15. Ambulatory Mental Health service contact duration 2021–22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 30 April 2022. Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021–22 Target/Estimate has not been met.

Income statement

Wide Bay Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	707,096	735,662	753,615
Grants and other contributions	10,478	10,678	10,895
Interest and distributions from managed funds	43	21	21
Other revenue	7,283	7,395	7,395
Gains on sale/revaluation of assets	10	10	10
Total income	724,910	753,766	771,936
EXPENSES			
Employee expenses	74,357	75,871	71,913
Supplies and Services:			
Other supplies and services	196,481	212,661	222,506
Department of Health contract staff	417,128	427,695	438,436
Grants and subsidies	..	..	..
Depreciation and amortisation	23,529	24,140	25,114
Finance/borrowing costs	270	270	..
Other expenses	12,731	12,715	13,464
Losses on sale/revaluation of assets	414	414	503
Total expenses	724,910	753,766	771,936
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Wide Bay Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	26,953	42,560	43,949
Receivables	10,747	9,667	9,809
Other financial assets	..	..	..
Inventories	5,021	5,537	5,571
Other	866	2,130	2,163
Non-financial assets held for sale	..	..	..
Total current assets	43,587	59,894	61,492
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	323,907	325,338	321,851
Intangibles	(24)	..	..
Other	..	..	..
Total non-current assets	323,883	325,338	321,851
TOTAL ASSETS	367,470	385,232	383,343
CURRENT LIABILITIES			
Payables	36,911	48,712	49,965
Accrued employee benefits	841	710	710
Interest bearing liabilities and derivatives	2,131	1,635	1,377
Provisions	..	..	..
Other	66	2,174	2,174
Total current liabilities	39,949	53,231	54,226
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	5,636	6,471	5,296
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	5,636	6,471	5,296
TOTAL LIABILITIES	45,585	59,702	59,522
NET ASSETS/(LIABILITIES)	321,885	325,530	323,821
EQUITY			
TOTAL EQUITY	321,885	325,530	323,821

Cash flow statement

Wide Bay Hospital and Health Service	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	706,658	738,440	753,309
Grants and other contributions	4,674	4,874	4,946
Interest and distribution from managed funds received	43	21	21
Other	21,274	21,386	21,386
Outflows:			
Employee costs	(74,357)	(75,871)	(71,913)
Supplies and services	(626,532)	(650,293)	(674,086)
Grants and subsidies	..	..	..
Borrowing costs	(270)	(270)	..
Other	(6,927)	(6,911)	(7,515)
Net cash provided by or used in operating activities	24,563	31,376	26,148
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	10	10	10
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	10	10	10
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,358	1,914	1,778
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,616)	(1,616)	(1,433)
Equity withdrawals	(23,529)	(24,140)	(25,114)
Net cash provided by or used in financing activities	(23,787)	(23,842)	(24,769)
Net increase/(decrease) in cash held	786	7,544	1,389
Cash at the beginning of financial year	26,167	35,016	42,560
Cash transfers from restructure	..	..	..
Cash at the end of financial year	26,953	42,560	43,949

The Council of the Queensland Institute of Medical Research

Overview

The Council of the Queensland Institute of Medical Research, known as QIMR Berghofer Medical Research Institute (QIMR Berghofer) has a purpose to achieve better health through impactful medical research and a vision to lead the way to significant innovation in health - nationally and globally.

QIMR Berghofer's strategic objectives are:

- support ground-breaking research discoveries
- promote a world-class, collaborative and sustainable research environment
- achieve impactful medical research.

The agency supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

Key deliverables

In 2022–23, QIMR Berghofer will:

- implement QIMR Berghofer's 2022–2025 Strategic Plan which outlines 4 key research priorities: cancer, infection and inflammation, mental health and neuroscience, and population health
- implement a new organisational structure promoting supportive leadership, teamwork, effective communication and informed and transparent decision making
- implement strengthened governance and risk processes including a Research Integrity Framework, and a new Performance Management Framework to uplift talent and drive research success
- continue a broad range of world-leading research into COVID-19, including clinical trials with an approved drug that could help prevent COVID-19 related heart problems, developing new drugs to prevent infection with COVID-19, and continuing to investigate the mental and physical health impacts of the COVID-19 pandemic on Queenslanders
- develop and manufacture world-class and unique cell therapy products to fight various cancers such as brain cancer, as well as Multiple Sclerosis, and infectious diseases
- continue research to help identify genetic factors influencing the risk of developing Parkinson's disease, depression, and other mental health disorders
- investigate communication training for mental health professionals, developing cultural sensitivity and capability to improve mental health outcomes for Aboriginal and Torres Strait Islander peoples
- undertake research and provide specialist advice on mosquito-specific viruses such as Japanese Encephalitis, and the novel agents used to control the transmission of arboviral pathogens
- progress the Queensland Alliance for the Control of Infectious Diseases.

Budgeted summary

Staffing

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

The Council of the Queensland Institute of Medical Research	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	568	557	602

Income statement

Council of the Queensland Institute of Medical Research	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	27,080	55,516	40,816
Grants and other contributions	76,683	74,282	74,092
Interest and distributions from managed funds	6,140	6,795	9,987
Other revenue	2,602	9,484	1,230
Gains on sale/revaluation of assets	5,835	5,835	9,602
Total income	118,340	151,912	135,727
EXPENSES			
Employee expenses	66,648	70,906	77,485
Supplies and services	35,709	37,672	44,314
Grants and subsidies	..	..	..
Depreciation and amortisation	11,037	10,709	10,381
Finance/borrowing costs	..	..	..
Other expenses	4,942	17,186	10,468
Losses on sale/revaluation of assets	4	4	5
Total expenses	118,340	136,477	142,653
OPERATING SURPLUS/(DEFICIT)	..	15,435	(6,926)

Balance sheet

Council of the Queensland Institute of Medical Research	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	9,511	28,233	13,513
Receivables	4,044	8,995	5,475
Other financial assets	24,000	21,000	34,000
Inventories	734	1,063	1,063
Other	173	408	408
Non-financial assets held for sale	..	..	..
Total current assets	38,462	59,699	54,459
NON-CURRENT ASSETS			
Receivables	1,563	1,552	1,986
Other financial assets	171,940	217,069	212,253
Property, plant and equipment	258,007	254,244	249,001
Intangibles	149	148	118
Other	..	..	..
Total non-current assets	431,659	473,013	463,358
TOTAL ASSETS	470,121	532,712	517,817
CURRENT LIABILITIES			
Payables	9,669	21,840	13,871
Accrued employee benefits	6,070	6,215	6,359
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	43,438	46,088	45,944
Total current liabilities	59,177	74,143	66,174
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	59,177	74,143	66,174
NET ASSETS/(LIABILITIES)	410,944	458,569	451,643
EQUITY			
TOTAL EQUITY	410,944	458,569	451,643

Cash flow statement

Council of the Queensland Institute of Medical Research	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	29,487	56,311	43,816
Grants and other contributions	74,765	65,402	73,948
Interest and distribution from managed funds received	5,922	6,555	9,713
Taxes	..	..	..
Other	5,724	10,500	3,723
Outflows:			
Employee costs	(66,856)	(72,108)	(77,594)
Supplies and services	(35,948)	(27,051)	(52,389)
Grants and subsidies	136	..	145
Borrowing costs	..	..	..
Other	(5,807)	(18,347)	(11,646)
Net cash provided by or used in operating activities	7,423	21,262	(10,284)
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	1	2
Investments redeemed	18,518	..	21,000
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(5,710)	(4,087)	(5,110)
Payments for investments	(18,634)	(24,841)	(19,894)
Loans and advances made	(770)	..	(434)
Net cash provided by or used in investing activities	(6,596)	(28,927)	(4,436)
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	827	(7,665)	(14,720)
Cash at the beginning of financial year	8,684	35,898	28,233
Cash transfers from restructure	..	..	..
Cash at the end of financial year	9,511	28,233	13,513

Queensland Mental Health Commission

Overview

The Queensland Mental Health Commission's (the Commission) purpose is to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system in Queensland.

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

The Commission supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

The service area within the Commission aligns to the following agency objectives:

Agency's service area	Agency's objectives
Queensland Mental Health Commission 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	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: <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, and• bringing together the wisdom of lived experience and professional expertise

Key deliverables

In 2022–23, the Commission will:

- drive reform through supporting the implementation of *Shifting minds* priorities and continuing to support people with lived experience of mental illness and problematic alcohol and drug use through:

Better lives through person-centred and integrated services

- influence system responses to help obtain safe, secure and affordable housing and pathways out of homelessness
- collaborate with the employment sector to co-design initiatives to enhance workforce participation
- support implementation of the Queensland framework for lived experience workforce development.

Invest to save through improved population mental health and early intervention

- strengthen collaborative and integrated approaches to mental health and wellbeing in the first 2000 days of life
- develop a mental health promotion, prevention and early intervention investment and outcomes framework
- enhance and embed mental health and wellbeing leadership and capacity in community infrastructure and settings.

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

- support the implementation of recommendations of the Queensland Parliamentary inquiry into mental health
- work collaboratively with stakeholders to renew the Shifting minds whole-of-government Strategic Plan and evaluate the progress and impact of the implementation of Shifting minds in driving system change
- review implementation and systemic impact of the Every life suicide prevention plan and develop Every life phase 2
- progress and evaluate the renewed approach to problematic alcohol and other drug use for Queensland
- continue supporting development of the Queensland Mental Health Consumer Peak during its establishment phase
- continue an analysis to aid NGO community mental health services sector growth, development and sustainability
- build the capacity and capability of the mental health, alcohol and other drugs and suicide prevention leadership.

Performance statement

Queensland Mental Health Commission

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, drug and alcohol system in Queensland.

Description

The Commission's functions are to:

- develop and review the whole-of-government strategic plan for mental health, alcohol and other drugs and facilitate, monitor and report on its implementation
- undertake and facilitate reviews, research and reports that support better outcomes for people experiencing mental health difficulties, mental illness and problematic alcohol and other drug use as well as people impacted by suicide
- coordinate, facilitate and support mental health awareness and promotion activities
- engage and enable the mental health, alcohol and other drug sectors by establishing and supporting statewide mechanisms that are collaborative, representative, transparent and accountable.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Effectiveness measure			
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 issues• 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%	55%	60%
	65%	65%	65%
	60%	55%	60%
Efficiency measure			
Not identified			

Budgeted summary

Staffing

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

Queensland Mental Health Commission	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	23	23	23

Income statement

Queensland Mental Health Commission	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	..	..	..
Grants and other contributions	9,383	9,397	8,847
Interest and distributions from managed funds	100	50	50
Other revenue	..	..	..
Gains on sale/revaluation of assets	..	..	..
Total income	9,483	9,447	8,897
EXPENSES			
Employee expenses	3,663	3,627	3,650
Supplies and services	3,000	3,000	2,711
Grants and subsidies	2,651	2,651	2,367
Depreciation and amortisation	20	20	20
Finance/borrowing costs	..	..	..
Other expenses	149	149	149
Losses on sale/revaluation of assets	..	..	..
Total expenses	9,483	9,447	8,897
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Queensland Mental Health Commission	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	3,573	3,735	3,755
Receivables	82	98	98
Other financial assets	..	..	..
Inventories	..	..	..
Other	..	..	..
Non-financial assets held for sale	..	..	..
Total current assets	3,655	3,833	3,853
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	3	4	(16)
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	3	4	(16)
TOTAL ASSETS	3,658	3,837	3,837
CURRENT LIABILITIES			
Payables	194	251	251
Accrued employee benefits	192	179	179
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	386	430	430
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	386	430	430
NET ASSETS/(LIABILITIES)	3,272	3,407	3,407
EQUITY			
TOTAL EQUITY	3,272	3,407	3,407

Cash flow statement

Queensland Mental Health Commission	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	..	..	..
Grants and other contributions	9,383	9,397	8,847
Interest and distribution from managed funds received	100	50	50
Taxes	..	..	..
Other	..	..	..
Outflows:			
Employee costs	(3,663)	(3,627)	(3,650)
Supplies and services	(3,000)	(3,000)	(2,711)
Grants and subsidies	(2,651)	(2,651)	(2,367)
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	3,553	3,715	3,735
Cash transfers from restructure	..	..	..
Cash at the end of financial year	3,573	3,735	3,755

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 agency supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

The service area within the OHO aligns to the following agency objectives:

Agency's service area	Agency's objectives
Office of Health Ombudsman To provide a transparent, accountable and fair system for effectively dealing with complaints and other healthcare matters in Queensland in a timely manner	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

Key deliverables

In 2022–23, the OHO will:

- implement practices to improve client service and the accessibility and responsiveness of OHO's processes
- track the level of demand and engagement with its services, with a focus on population groups and communities which may experience barriers in raising health service complaints
- develop data analytic capabilities to identify and share information on systemic issues and trends identified in complaints and other matters relating to the delivery of health services and the regulation of health practitioners.

Performance statement

Office of the Health Ombudsman

Objective

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

Description

The Office of the Health Ombudsman:

- receives and investigates complaints about health services and health service providers, including registered and unregistered health practitioners
- decides what action to take in relation to those complaints and, in certain instances, takes immediate action to protect the safety of the public
- monitors the health, conduct and performance functions of the Australian Health Practitioner Regulation Agency and national health practitioner boards.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Effectiveness measures			
Percentage of complaints received and accepted within 7 days	90%	98%	90%
Percentage of complaints assessed within timeframes	90%	93%	90%
Percentage of complaints resolved within timeframes	100%	90%	100%
Percentage of investigations finalised within 12 months ¹	75%	54%	75%
Percentage of disciplinary matters in which Queensland Civil and Administrative Tribunal (QCAT) decides there is a case to answer	90%	100%	90%
Percentage of immediate action decisions upheld by QCAT at review hearings ²	90%	..	90%
Efficiency measure			
Not identified			

Notes:

1. The variance between the 2021–22 Target/Estimate and 2021–22 Estimated Actual is due to a range of factors, including (but not limited to) some investigations being paused while the Queensland Police Service (QPS) undertake criminal proceedings. Such matters are not finalised until after completion of the QPS investigation and ensuing court proceedings.
2. No applications for review of immediate action decisions have been lodged with QCAT in the period.

Budgeted summary

Staffing

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

Office of the Health Ombudsman	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	138	140	140

Income statement

Office of the Health Ombudsman	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
User charges and fees	..	..	..
Grants and other contributions	22,436	22,586	23,976
Interest and distributions from managed funds	50	50	50
Other revenue	5	180	5
Gains on sale/revaluation of assets	..	..	..
Total income	22,491	22,816	24,031
EXPENSES			
Employee expenses	18,936	19,484	20,439
Supplies and Services:			
Other supplies and services	3,513	3,286	3,545
Department of Health contract staff	..	..	..
Grants and subsidies	..	..	..
Depreciation and amortisation	20	20	20
Finance/borrowing costs	..	..	..
Other expenses	22	26	27
Losses on sale/revaluation of assets	..	..	..
Total expenses	22,491	22,816	24,031
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Office of the Health Ombudsman	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	742	768	769
Receivables	352	566	566
Other financial assets	..	..	..
Inventories	..	..	..
Other	469	354	354
Non-financial assets held for sale	..	..	..
Total current assets	1,563	1,688	1,689
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	90	90	70
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	90	90	70
TOTAL ASSETS	1,653	1,778	1,759
CURRENT LIABILITIES			
Payables	435	450	450
Accrued employee benefits	764	522	522
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	1,199	972	972
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	1,199	972	972
NET ASSETS/(LIABILITIES)	454	806	787
EQUITY			
TOTAL EQUITY	454	806	787

Cash flow statement

Office of the Health Ombudsman	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	(19)	(19)	(19)
Grants and other contributions	22,436	22,586	23,976
Interest and distribution from managed funds received	50	50	50
Other	5	180	5
Outflows:			
Employee costs	(18,936)	(19,484)	(20,439)
Supplies and services	(3,513)	(3,286)	(3,545)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(22)	(26)	(27)
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)	(80)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(80)	(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	(79)	(79)	1
Cash at the beginning of financial year	821	847	768
Cash transfers from restructure	..	..	..
Cash at the end of financial year	742	768	769

Health and Wellbeing Queensland

Overview

Health and Wellbeing Queensland's (HWQld) vision is for Generation Queensland - an intergenerational opportunity to improve the health and wellbeing of Queenslanders, especially our kids. Our purpose is to partner, create and to amplify policy and actions that achieve real and measurable improvements to the health of every Queenslander.

The agency supports the government's objectives for the community:

- More Jobs in More Industries: Good, secure jobs in our traditional and emerging industries
- Protecting Our Queensland Lifestyle: Protect and enhance our Queensland lifestyle as we grow
- Better Services: Delivering even better services right across Queensland.

The service area within HWQld aligns to the following agency objectives:

Agency's service area	Agency's objectives
Health and Wellbeing Queensland To reduce health inequity and tackle Queensland's high obesity and chronic disease rates	Build partnerships and co-design strategies that drive population change focused on healthy weight in Queensland communities Make healthier options the easier options where Queenslanders live, learn, play and work Empower Queenslanders to live a healthier life Address social determinants that contribute to health inequity

Key deliverables

In 2022–23, HWQld will:

- create a generational shift towards a healthier and fairer future for all, through the release of an evidence and sector informed Queensland Equity Framework for shared action in creating equitable conditions for all; a GenQ Data Platform connecting cross-sector datasets; and leading implementation of the Queensland response to the National Obesity Strategy with delivery of a Queensland Obesity Prevention Action Plan
- partner with community leaders, Indigenous councils and government agencies to address food insecurity in remote First Nations communities through development of a Gather + Grow Remote Food Security Action Plan with solutions to communities' concerns related to freight, economic development and housing
- empower people and communities through building sustainable partnerships with local communities and organisations to develop and lead their own healthy eating and physical activity initiatives
- support the health and wellbeing of children through the delivery of Pick of the Crop whole-of-school healthy eating program to improve children's vegetable and fruit intake; and release of Boost Your Family (Pod Squad) play-centric web and app-based wellbeing program
- invest over \$20 million in Deadly Choices, My health for life program, Jamie's Ministry of Food, 10,000 Steps, Queensland Country Women's Association Country Kitchens and the Healthier Tuckshops programs to provide free and low-cost healthy lifestyle support to communities across the state
- drive policy initiatives including expansion of the A Better Choice Strategy to improve the availability and promotion of healthier food and drinks across healthcare facilities, government agencies, and sport and recreation facilities; and development of a policy for routine growth assessment of children in Queensland
- lead a clinical prevention agenda to support integration of obesity and chronic disease prevention across the health system through delivery of the Clinicians Hub, partnering on prevention-focused service delivery models, and hosting of Project ECHO® series to build clinicians' prevention capacity
- deliver evidence-based and responsive communications and engagement activities to foster healthy social and cultural norms and help people make healthy choices through social marketing campaigns, social media posts and newsletters, sponsorships and events
- grow and bolster state, national and global research partnerships to translate prevention evidence into practice and policy through implementation of the HWQld Research to Impact agenda.

Performance statement

Health and Wellbeing Queensland

Objective

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

Description

HWQld works in partnership with communities, public and private sector and government agencies to drive population change that will prevent chronic disease.

Service standards	2021–22 Target/Est.	2021–22 Est. Actual	2022–23 Target/Est.
Effectiveness measures			
Percentage of the Queensland population who consume recommended amounts of ¹			
<ul style="list-style-type: none"> fruits vegetables 	53.7% 8.9%	47.5% 7.4%	48.9% 7.6%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit ¹			
<ul style="list-style-type: none"> persons male female 	61.5% 64.8% 58.3%	56.6% 58.9% 54.5%	58.3% 60.7% 56.1%
Percentage of adults and children with a body mass index (BMI) in the normal weight category ²			
<ul style="list-style-type: none"> adults children 	33.3% 67.5%	32.3% 65.5%	33.3% 67.5%
Efficiency measure			
Not identified			

Notes:

- These 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.
- The most recent available published data for BMI based on measured BMI is from 2017–18 National Health Survey. This means the 2022–23 BMI Target/Estimates are the same as the 2021–22 Target/Estimates.

Budgeted summary

Staffing

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

Health and Wellbeing Queensland	2021–22 Budget	2021–22 Est. Actual	2022–23 Budget
Total FTEs	41	59	59

Note:

1. The workforce profile of Health and Wellbeing Queensland has expanded as related to the implementation of new programs and projects during the 2021–22 financial year.

Income statement

Health and Wellbeing Queensland	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	..	..	..
Grants and other contributions	45,929	39,947	38,655
Interest and distributions from managed funds	..	160	150
Other revenue	..	..	..
Gains on sale/revaluation of assets	..	..	..
Total income	45,929	40,107	38,805
EXPENSES			
Employee expenses	4,512	8,260	8,260
Supplies and services	41,417	31,707	30,255
Grants and subsidies	..	100	250
Depreciation and amortisation	..	40	40
Finance/borrowing costs	..	..	..
Other expenses	..	..	..
Losses on sale/revaluation of assets	..	..	..
Total expenses	45,929	40,107	38,805
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Health and Wellbeing Queensland	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CURRENT ASSETS			
Cash assets	539	6,779	6,819
Receivables	23	142	142
Other financial assets	..	..	..
Inventories	..	..	..
Other	65	47	47
Non-financial assets held for sale	..	..	..
Total current assets	627	6,968	7,008
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	116	320	280
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	116	320	280
TOTAL ASSETS	743	7,288	7,288
CURRENT LIABILITIES			
Payables	163	1,689	1,689
Accrued employee benefits	145	195	195
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	308	1,884	1,884
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	308	1,884	1,884
NET ASSETS/(LIABILITIES)	435	5,404	5,404
EQUITY			
TOTAL EQUITY	435	5,404	5,404

Cash flow statement

Health and Wellbeing Queensland	2021–22 Budget \$'000	2021–22 Est. Actual \$'000	2022–23 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	..	..	..
Grants and other contributions	45,929	39,947	38,655
Interest and distribution from managed funds received	..	160	150
Taxes	..	..	..
Other	..	..	..
Outflows:			
Employee costs	(4,512)	(8,260)	(8,260)
Supplies and services	(41,417)	(31,707)	(30,255)
Grants and subsidies	..	(100)	(250)
Borrowing costs	..	..	..
Other	..	..	..
Net cash provided by or used in operating activities	..	40	40
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	..	40	40
Cash at the beginning of financial year	539	6,739	6,779
Cash transfers from restructure	..	..	..
Cash at the end of financial year	539	6,779	6,819

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 departments 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.



Queensland Budget 2022–23

Service Delivery Statements

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