



State Budget 2012-13

Service Delivery Statements

Queensland Health



2012–13 State Budget Papers

- 1. Budget Speech**
 - 2. Budget Strategy and Outlook**
 - 3. Capital Statement**
 - 4. Budget Measures**
 - 5. Service Delivery Statements**
- ### **Appropriation Bills**

The suite of Budget Papers is similar to that published in 2011-12.

In April 2012, machinery-of-Government changes saw the creation of 20 departments with each department reporting directly to one Minister.

These new arrangements have required minor changes to how information is presented in some Budget Papers. The 2012-13 Budget Papers provide continuity of information between the previous departmental structure and the new arrangements.

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Service Delivery Statements

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Health Portfolio

Summary of portfolio budgets

Page	Agency ^{1,2}	2011-12 Budget \$'000	2011-12 Est. Actual \$'000	2012-13 Estimate \$'000
1	Health Consolidated³	11,046,410	11,236,855	11,862,132
36	Queensland Health – controlled	11,046,410	11,236,855	11,049,034
	Queensland Health – administered	25,316	25,460	26,748
49	Cairns and Hinterland Hospital and Health Service	..	..	581,030
57	Cape York Hospital and Health Service	..	..	67,869
63	Central Queensland Hospital and Health Service	..	..	431,889
71	Central West Hospital and Health Service	..	..	51,132
78	Children's Health Queensland Hospital and Health Service	..	..	300,899
86	Darling Downs Hospital and Health Service	..	..	540,922
94	Gold Coast Hospital and Health Service	..	..	827,754
102	Mackay Hospital and Health Service	..	..	287,791
110	Metro North Hospital and Health Service	..	..	2,034,644
118	Metro South Hospital and Health Service	..	..	1,638,153

126	North West Hospital and Health Service	..	..	126,718
134	South West Hospital and Health Service	..	..	107,759
141	Sunshine Coast Hospital and Health Service	..	..	634,917
149	Torres Strait – Northern Peninsula Hospital and Health Service	..	..	81,140
156	Townsville Hospital and Health Service	..	..	699,397
164	West Moreton Hospital and Health Service	..	..	373,291
172	Wide Bay Hospital and Health Service	..	..	440,860
180	Health Quality and Complaints Commission	10,154	10,632	10,426
187	The Council of the Queensland Institute of Medical Research	82,240	76,337	96,642

Notes:

1. The Hospital and Health Services (HHS) were established on 1 July 2012. Hence there are no figures available for the HHS for 2011-12.
2. Explanations of variances are provided in the financial statements.
3. The Consolidated Budget for Health includes the Queensland Health – Controlled Budget and Hospital and Health Services Budgets with funding movements between the entities eliminated to present a consolidated position. The Health 2012-13 Consolidated Budget is comparable to the 2011-12 Budget and 2011-12 Est. actuals for Queensland Health prior to 2012-13 reforms.

PORTFOLIO OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent entities. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

Another focus of the reforms is to enhance sustainability of the health system. The public health system in Queensland faces pressures arising from population growth and ageing, the increasing prevalence of chronic disease, the escalating costs of health care and technology, and rising consumer expectations. By decentralising decision-making, implementing a purchaser-provider model and refocusing resources on front-line services, the reforms will improve the efficiency of the public health system and ensure that resources are focused on health needs and priorities.

Preliminary comparisons identify Queensland Health as the second most inefficient state provider of healthcare on the Australian mainland. The preliminary estimates released by the Independent Hospital Pricing Authority showcase that the cost of delivering public hospital services in Queensland is 11% above the national efficient price. That is, it costs Queensland 11% more, on average, to deliver public hospital services compared to the Australian average, and this needs to be addressed by improving efficiency.

To address these challenges, a comprehensive corporate restructure, the devolution of decision-making and systemic changes are underway, which will provide savings of \$2.049 billion over four years from 2012-13. The revised organisational arrangements implement a best-practice model to ensure that Queensland steps towards the national efficient price determined by the Independent Hospital Pricing Authority.

Staffing reductions across the system will deliver \$1.646 billion over four years and will see a reduction of 2,754 full-time equivalents (FTE) by the end of 2012-13 net of growth in FTEs for front line services. The job losses in 2012-13 could have been reduced by a further 1,300 FTEs. Funds that could have been used for growth in front line services have been internally redirected to absorb the unfunded cost of the former Government's failed payroll implementation. The full-year cost of the payroll system in 2012-13 is \$230.2 million, of which KPMG has identified an unfunded component of \$150.1 million. While the new Government has taken immediate action to commence the rectification of these issues, the costs to be borne will have long-term impacts.

These savings will be delivered through the restructure of Queensland Health's corporate office and autonomy for Hospital and Health Boards. The leaner, more efficient head office will manage the system-wide aspects of the organisation, while Hospital and Health Boards will continue to deliver frontline health services. True corporate office workforce, excluding State-wide Commercialised Business Units and Queensland Health's Shared Service Provider, will see a reduction of approximately 43% (reduced from 2,531 FTEs as at 30 June 2012 to 1,441 FTEs as at 30 June 2013).

The System Manager will seek opportunities to outsource major functions where it is more efficient to do so. This will include areas such as payroll, internal audit, metropolitan linen services, diagnostic services such as pathology and radiology, supply and logistics arrangements, biomedical technology services and the health contact centre. Providing contestability in these areas will deliver additional savings beyond those directly identified in the budget papers, and consideration of the potential financial benefits of such changes will be considered over the coming twelve months. In addition, the System Manager will work with major vendors to consider opportunities to outsource information technology functions such as desktop support, helpdesk arrangements and in-house hosted software development and infrastructure, and to partner with other Government agencies in areas such as housing and accommodation management and the delivery of whole-of-Government schemes such as the Medical Aids Subsidy Scheme.

With the generation of these savings, the new Queensland Health will transfer a greater proportion of funding into frontline service delivery, improving the cost effectiveness of service delivery in key areas and significantly reducing corporate overheads. Additionally, discontinuation of grants that do not support core clinical services (\$120 million over four years) and savings on Contractors, Consultants, Travel, and Advertising (\$283 million over four years) will contribute to the expenditure savings. The review of Queensland Health's grants program will be undertaken by a former Auditor-General of Queensland and will take into consideration the efficacy of current grants, their capacity to complement core services delivered by the Department and their value for money for the taxpayers of Queensland.

But these commitments will not be sufficient, given that an efficient health system is the only way to ensure that Queenslanders get value for money from their investment in healthcare. Without significant improvements in productivity, Queensland will not be able to take maximum advantage of 'efficient growth' funding, whereby the Commonwealth will meet 45% of the efficient cost of additional public hospital activity from 2014-15.

In that regard, increased efficiency in the delivery of front line services will be expected of Hospital and Health Boards over coming years (\$944 million over four years). Productivity within Hospital and Health Services (HHS) declined significantly in recent years. Preliminary estimates by the Independent Hospital Pricing Authority show that the cost of delivering public hospital services in Queensland is 11% above the national efficient price.

In 2012-13, Hospital and Health Boards have been directed to deliver greater efficiency whilst ensuring that any changes do not impact on key frontline service delivery. While they will have an overall increase in budgets of more than half a billion dollars, the purchasing framework provides for efficiency requirements of no more than 3% for all Hospital and Health Services except West Moreton, which has an efficiency dividend of around 4.6% in light of its significant budget deficit in 2011-12.

It is expected that more targeted efficiency requirements will be required in 2013-14 and subsequent years and, as a consequence, HHSs will be required to address their underlying cost structures over 2012-13 to ensure that the full year effect of such action delivers the likely required savings in 2013-14. As noted above, notwithstanding these efficiency requirements, the HHSs purchasing agreements total \$9.713 billion (including activity purchased from Mater Health Services), an increase of \$667.6 million originally allocated to the then Health Service Districts for 2011-12. Additional funding is also expected, as usual, to be provided to HHSs through contract variations during 2012-13.

To deliver these efficiencies, Hospital and Health Boards will be encouraged to consider outsourcing opportunities in fields such as catering, cleaning, security, gardening and general maintenance. They will also be able to seek opportunities to work with the private sector to more efficiently deliver aged care and other services, and to explore other means of more efficiently using the funding which they are provided. Decisions about the most cost effective way of delivering these services will be the responsibility of Hospital and Health Boards, which have already showcased a renewed focus on delivering quality services more efficiently and in accordance with the Government's commitment to revitalise frontline services.

Funds realised from the sale of assets fraudulently acquired by a former Queensland Health employee will be returned to Consolidated Revenue and re-directed to Queensland Health to ensure more public money is spent on essential frontline services. Funds estimated at \$11.9 million will support a number of initiatives including:

- human papilloma virus vaccinations for boys in grades 8 and 10
- additional funding for Breastscreen Queensland
- Operating Room Management Information Systems
- the Outbreak Response Program at Forensic and Scientific Services
- continued funding for the Know Your Numbers campaign administered by the National Stroke Foundation
- funding to continue the Queensland Quitline telephone service
- a grant to Professor Robyn McDermott to establish a Centre for Chronic Disease Prevention and Care in Cairns working closely with the James Cook University and the Cairns Base Hospital. The centre will serve rural and remote communities in far north Queensland, especially Aboriginal and Torres Strait Islander communities
- a grant to Professor Ken O'Byrne to develop a comprehensive cancer translational research program including establishing a tissue biobank and conducting clinical trials at the Princess Alexandra Hospital.

The portfolio for the Minister for Health also includes the following two reporting entities:

- The Queensland Institute of Medical Research, an independent statutory body committed to better health through medical research
- The Health Quality and Complaints Commission, an independent statutory body dedicated to improving the safety and quality of healthcare.

Resources and Performance

Health (including Queensland Health and HHSs) has an operating budget of \$11.862 billion for 2012-13.

2012-13 Budget Highlights

In 2012-13 Queensland Health will focus on delivering the following commitments:

- ensuring health workers are provided with appropriate wages and conditions through negotiation of enterprise bargaining agreements. Since May 2012, three agreements have been certified providing wage increases for staff employed in the administrative, operational, professional, technical and dental streams, building, engineering and maintenance services, and nurses and midwives. In addition, an in-principle agreement to improve wages for medical officers is currently undergoing employee consultation
- increase the subsidies provided for patients accessing the Patient Travel Subsidy Scheme
- expand Maternal and Child Health Service to give all mums and bubs the best start by providing home visits at 2 and 4 weeks of age, and free consultations at community centres at 2, 4, 6 to 8 and 12 months old
- increase medical, nursing and allied health staff on weekends to ensure patients can be treated and discharged without unnecessary delays

- engage private providers to treat 'long wait' patients to reduce pressure on elective surgery
- provide up to an additional 40,000 specialist outpatient appointments to enable better access to specialist care
- fund General Practice (GP) Liaison Officers at 20 public hospitals to improve GP referral processes across Queensland
- establish a General Practice advisory group to improve coordination and feedback between GPs and Queensland Health
- establish a Queensland Mental Health Commission
- develop enhanced bed management practices
- commence the Sunshine Coast University Hospital without delays
- delivering 3 Paediatric Intensive Care beds at the Townsville Hospital (\$14.75M over 3 years)
- to put the Cairns Base Hospital on the Path to "Tier One" status, with additional funding of \$15 million over four years to enable the recruitment of extra specialists to revitalise frontline services
- \$51.6 million rural and remote infrastructure rectification works at Atherton, Ayr, Biloela, Charleville, Charters Towers, Emerald, Kingaroy, Longreach, Mareeba, Roma, Sarina and Thursday Island
- implement health awareness and prevention campaigns
- job creation through the \$1.886 billion health infrastructure program.

In addition, the Government is committed to transparency and accountability through the commissioning and release of a range of external reviews and reports to guide improvements in our health system. Queensland Health is currently implementing:

- recommendations from the Metropolitan Emergency Department Access Initiative Report on ambulance ramping in metropolitan hospitals which focus on a whole-of-hospital approach to improving efficiency in our facilities and delivering faster, more appropriate care to the patients of Queensland
- recommendations from the Chesterman Inquiry into medical misconduct which will revise administrative structures that oversee the handling of complaints and the enforcement of standards in Queensland Health facilities
- priority actions to deliver payroll improvements as outlined in the KPMG Review of the Queensland Health Payroll System.

Hospital and Health Services

HHSs will operate as independent statutory bodies overseen by Hospital and Health Boards. The key role of HHSs is to deliver hospital and health services. The HHSs will be accountable for their performance to the Minister for Health and to the local community and will have the flexibility to determine how services are provided in order to meet local needs. The Chief Executive is responsible for the management of operations of the HHS and is accountable to the Hospital and Health Board for making and implementing decisions consistent with the strategies set by the Board. Enhanced autonomy and decision making at the local level involving clinicians, Medicare locals, consumers and the community will support the delivery of services that are more responsive to local health needs and priorities.

System Manager

As system manager, Queensland Health will retain oversight of the public health system as a whole to promote equitable access to services and ensure health services across the State meet consistent clinical standards. The system managers' main function is to purchase hospital and health services from HHSs. The system manager will also determine the legislative basis and governance arrangements for public hospital services and manage system-wide public hospital service planning and performance. Planning, funding and delivery of teaching, training, research and major capital works will also be undertaken by the system manager.

Service Agreements

From 1 July 2012, public hospital and health services in Queensland are being delivered using a purchaser-provider model whereby the system manager purchases health services from HHSs, which is facilitated and monitored through a Service Agreement and underpinned by a Performance Framework.

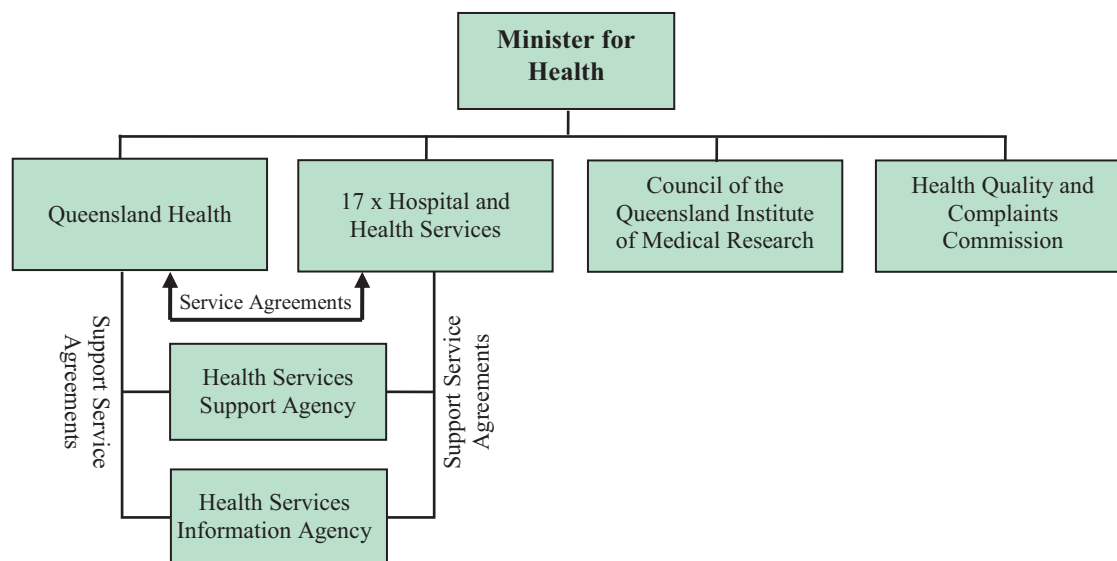
Performance

HHSs and Queensland Health, as system manager, each have binding roles and responsibilities with regards to performance management. These responsibilities are set out in legislation through the *Hospital and Health Boards Act 2011*, the *Financial Accountability Act 2009* and subordinate legislation.

The *Hospital and Health Services Performance Framework 2012-13* (the Framework) provides an integrated process for the review, assessment and reporting of performance across the HHSs. The Framework forms part of the service agreement between each HHS and the system manager and is intended to give HHSs a clear understanding of how performance is monitored and assessed.

The Framework uses key performance indicators (KPIs) as the basis for monitoring and driving performance. Each KPI includes targets which provide a benchmark for the expected level of performance. Where possible, targets are linked to performance agreed to in national agreements such as the National Healthcare Agreement, National Partnership Agreements and National Performance and Accountability Framework.

Below is a diagram of the new Health Portfolio structure:



Activity Based Funding

The National Health Reform Agreement commits the states and territories and the Commonwealth to work in partnership to implement new arrangements for the health system including through the use of activity-based funding (ABF). ABF is a system for funding public hospital services provided to individual patients using national classifications and cost weights to determine prices for those services. ABF aims to improve patient access to services and increase public hospital efficiency by funding providers based on the services they provide, rather than on an historical basis. Block funding is provided to support public patient services provided by facilities that are not appropriately funded through ABF.

By creating an explicit relationship between funds allocated and services provided and strengthening Queensland Health’s ability to focus on outputs, outcomes and quality of services, ABF provides the tools to support more efficient and effective service delivery and improved clinical outcomes at the local level. These activities complement and support the establishment of a purchaser-provider model for the delivery of health services.

In 2011-12, Queensland Health introduced ABF as the dominant mechanism for funding in 28 of the states largest public hospitals and the three Mater public hospitals. In 2012-13, Queensland has commenced transitioning to the proposed national ABF model being developed by the Independent Hospital Pricing Authority, and it is proposed to adopt the national model as far as practicable by 2013-14. The remaining Queensland Health hospitals and some specialised services, as well as non-hospital services such as primary and community care are funded by block grants. These arrangements are subject to agreed adjustments in the service agreements between the system manager and HHSs.

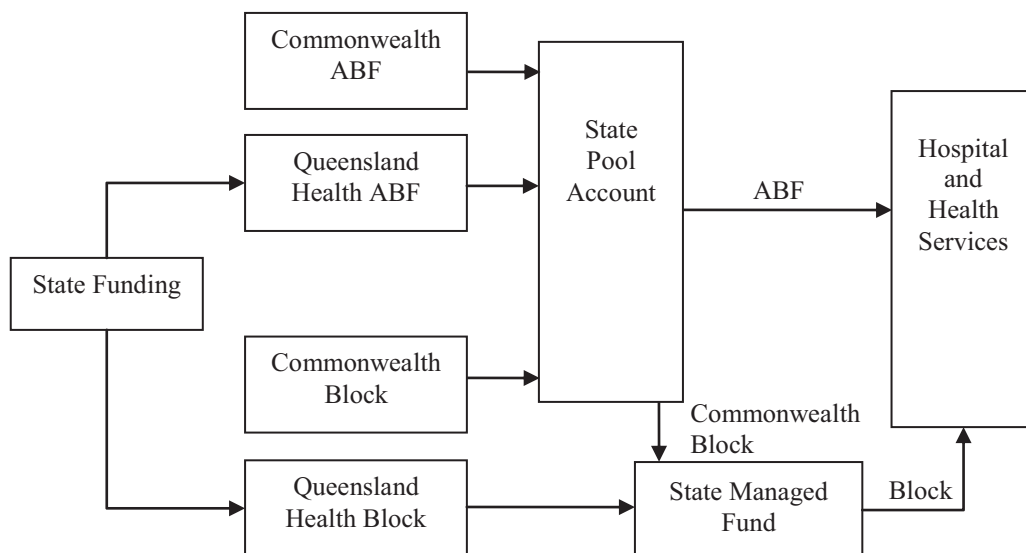
The Commonwealth has also committed to fund 45% of the efficient growth in public hospital activity from 1 July 2014, increasing to 50% from 1 July 2017.

National Health Funding Pool

As a result of the implementation of the National Health Reform Agreement, State and Commonwealth funding arrangements will be more streamlined, and transparent through the creation of a single National Health Funding Pool and an independent Administrator.

The National Health Funding Administrator is an independent statutory office holder, whose role (with support from the National Health Funding Body) is to administer the payment of public hospital funding according to the National Health Reform Agreement, and to oversee payments into and out of a National Health Funding Pool.

State and Commonwealth funding will flow to hospital and health services as follows:



Other Reforms

Queensland Health will be working with the newly established national health bodies to deliver the Government's commitment to revitalise frontline services and restore accountability in government. The Australian Commission on Safety and Quality in Health Care (established to improve standards of clinical care) and the National Health Performance Authority (formed to improve performance reporting) will publically provide valuable information to enable benchmarking and identification of areas for clinical improvement.

Queensland Mental Health Commission

Queensland Health is progressing the Government's commitment to establish an independent Queensland Mental Health Commission to drive reform in the planning and delivery of mental health services in Queensland.

There is strong stakeholder and community support for the advancement of reforms aimed at promoting greater continuity of care and better integration and coordination across the full continuum of mental health services.

Queensland Health Priorities

The Statement of Health Priorities acknowledges the need to focus reform of the health system on the delivery of front-line services to provide value for money and ensure better healthcare outcomes for Queenslanders. The statement identifies the following priorities for action to ensure that the health system meets the needs of Queenslanders:

- Revitalising Services for Patients
- Reforming Queensland's health System
- Focusing Resources on Frontline Services
- Restoring Accountability and Confidence in the Health System.

Portfolio Structure and Services

Minister for Health
The Honourable Lawrence Springborg MP

Assistant Minister for Health
Dr Chris Davis MP

Queensland Health
Director General: Dr Tony O'Connell

Objective: To provide leadership and direction for the public health system, and create an environment that encourages innovation and improvement in the delivery of health services.

Hospital and Health Services

Objective: Hospital and Health Services are independent statutory bodies established on 1 July 2012 to provide public hospital and health services in accordance with the *Hospital and Health Boards Act 2011*, the principles and objectives of the national health system and the Queensland Government's priorities for the public health system.

Cairns and Hinterland Hospital and Health Service

Board Chair: Robert (Bob) Norman
Chief Executive: Julie Hartley-Jones

Cape York Hospital and Health Service

Board Chair: Scott McCahon
Chief Executive: Susan Turner

Central Queensland Hospital and Health Service

Board Chair: Emeritus Professor Robert Miles
Chief Executive: Maree Geraghty

Central West Hospital and Health Service

Board Chair: Edward Warren
Chief Executive: Michel Lok

Children's Health Queensland Hospital and Health Service

Board Chair: Susan Johnston
Chief Executive: Dr Peter Steer

Darling Downs Hospital and Health Service

Board Chair: Michael Horan
Chief Executive: Dr Peter Bristow

Gold Coast Hospital and Health Service

Board Chair: Ian Langdon
Interim Health Service Chief Executive: Naomi Dwyer

Mackay Hospital and Health Service

Board Chair: Colin Meng
Chief Executive: Kerry McGovern

Metro North Hospital and Health Service

Board Chair: Dr Paul Alexander AO
Chief Executive: Professor Keith McNeil

Metro South Hospital and Health Service

Board Chair: Terry White AO
Chief Executive: Dr Richard Ashby

North West Hospital and Health Service

Board Chair: Paul Woodhouse
Chief Executive: Sue Belsham

South West Hospital and Health Service

Board Chair: Dr Julie Leeds
Interim Health Service Chief Executive: Meryl Brumpton

Sunshine Coast Hospital and Health Service

Board Chair: Emeritus Professor Paul Thomas AM
Chief Executive: Kevin Hegarty

Torres Strait and Northern Peninsula Hospital and Health Service

Administrator: Dr Tony O'Connell
Interim Health Service Chief Executive: Simone Kolaric

Townsville Hospital and Health Service

Board Chair: John Bearne
Interim Health Service Chief Executive: Karen Roach

West Moreton Hospital and Health Service

Board Chair: Dr Mary Corbett
Chief Executive: Lesley Dwyer

Wide Bay Hospital and Health Service

Board Chair: Gary Kirk
Chief Executive: Adrian Pennington

Health Quality and Complaints Commission

Commissioner: Adjunct Professor Russell Stitz

Chief Executive Officer: Adjunct Professor Cheryl Herbert

Objective: To drive healthcare safety and quality improvement through independent complaint management, investigations and quality monitoring and reporting; increase community involvement in improving healthcare safety and quality; strengthen the HQCC's leadership and independence; and strengthen its business operations.

The Council of the Queensland Institute of Medical Research

Acting Council Chair: Mr Christopher Coyne

Director and Chief Executive Officer: Professor Frank Gannon

Objective: Working in close collaboration with clinicians and other research institutes, QIMR aims to enhance health by developing improved diagnostics, treatments and prevention strategies in the areas of cancer, infectious diseases, mental health and complex disorders.

RESOURCES AND PERFORMANCE

HEALTH OVERVIEW

In 2012-13, Health's overall budget (including Queensland Health and HHSs) will grow to \$11.862 billion, an increase of 7.4 % on the 2011-12 budget. Queensland Health will also be investing \$1.886 billion in health infrastructure and capital grant projects in 2012-13. Queensland Health's 2012-13 budget is inclusive of savings which will contribute to the state's fiscal repair task.

Queensland Health is supporting the Queensland Government's commitment to getting Queensland back on track by progressing key health priorities and deliverables including:

- Revitalising front line services for families through the reform of the health system to provide value for money and ensure better health outcomes for Queenslanders
- Lowering the cost of living for families by providing additional support through the Patient Travel Subsidy Scheme
- Delivering better infrastructure and better planning with the future construction of the new Sunshine Coast University Hospital under a public-private partnership
- Restoring accountability in government with the commencement of Hospital and Health Boards on 1 July 2012 to deliver regional management of Queensland's health system.

In 2012-13 Queensland Health will focus on delivering the following commitments:

- ensuring health workers are provided with appropriate wages and conditions through negotiation of enterprise bargaining agreements. Since May 2012, three agreements have been certified providing wage increases for staff employed in the administrative, operational, professional, technical and dental streams, building, engineering and maintenance services, and nurses and midwives. In addition, an in-principle agreement to improve wages for medical officers is currently undergoing employee consultation
- increase the subsidies provided for patients accessing the Patient Travel Subsidy Scheme
- expand Maternal and Child Health Service to give all mums and bubs the best start by providing home visits at 2 and 4 weeks of age, and free consultations at community centres at 2, 4, 6 to 8 and 12 months old
- increase medical, nursing and allied health staff on weekends to ensure patients can be treated and discharged without unnecessary delays
- engage private providers to treat 'long wait' patients to reduce pressure on elective surgery
- provide up to an additional 40,000 specialist outpatient appointments to enable better access to specialist care
- fund General Practice (GP) Liaison Officers at 20 public hospitals to improve GP referral processes across Queensland
- establish a General Practice advisory group to improve coordination and feedback between GPs and Queensland Health
- establish a Queensland Mental Health Commission
- develop enhanced bed management practices
- commence the Sunshine Coast University Hospital without delays
- delivering three Paediatric Intensive Care beds at the Townsville Hospital (\$14.75M over 3 years)
- to put the Cairns Base Hospital on the Path to "Tier One" status, with additional funding of \$15 million over four years to enable the recruitment of extra specialists to revitalise frontline services

- \$51.6 million rural and remote infrastructure rectification works at Atherton, Ayr, Biloela, Charleville, Charters Towers, Emerald, Kingaroy, Longreach, Mareeba, Roma, Sarina and Thursday Island
- implement health awareness and prevention campaigns
- job creation through the \$1.886 billion health infrastructure program.

Funding in 2011-12 enabled Queensland Health to progress a range of capital projects with completion expected in 2012-13. These projects will support the delivery of health services and contribute to improved health outcomes for Queenslanders through the delivery of a 750 bed tertiary hospital at the Gold Coast, a range of new mental health units, enhanced and new paediatric and aged care services, new cancer and community health care centres and education and research facilities.

Health Consolidated Budget Summary

The table below shows the total resources available across the health system in 2012-13 from all sources and summarises how resources will be applied by service area and by controlled and administered classifications.

Health Consolidated	2011-12 Budget \$'000	2011-12 Est. Actual \$'000	2012-13 Estimate \$'000
CONTROLLED			
Income			
Appropriation for services ¹			
Deferred from previous year/s	..	..	..
Balance of service appropriation ²	9,935,644	9,986,341	7,792,873
Other revenue ²	1,110,766	1,272,915	4,069,259
Total income	11,046,410	11,259,256	11,862,132
Expenses			
Prevention Promotion and Protection	500,715	554,082	564,015
Primary Health Care	627,103	638,148	647,869
Ambulatory Care	2,218,148	2,248,185	2,367,073
Acute Care	5,790,634	5,874,348	6,201,582
Rehabilitation and Extended Care	959,081	962,778	1,009,497
Integrated Mental Health Service	950,729	959,314	1,072,096
Total expenses	11,046,410	11,236,855	11,862,132
Operating surplus/deficit	..	22,401	..
Net assets	8,689,258	8,395,801	9,886,694
ADMINISTERED			
Revenue			
Commonwealth revenue	..	..	..
Appropriation of administered items	25,359	25,503	26,791
Other administered revenue	..	..	..
Total revenue	25,359	25,503	26,791
Expenses			
Administered expenses	25,316	25,460	26,748
Total expenses	25,316	25,460	26,748
Transfers to government	43	43	43
APPROPRIATIONS			
Controlled Items			
Departmental services ¹	9,935,644	10,053,900	7,725,314
Equity adjustment	1,203,991	1,144,055	1,354,981
Administered items	25,309	25,273	26,921
VOTE TOTAL ³	11,164,944	11,223,228	9,107,216

Notes:

1. Includes State and Commonwealth funding.
2. Commonwealth Health Reform funding flows directly to Queensland Health from 1 July 2012.
3. As represented in the 2012-13 Appropriation Bills.

Budget Measures Summary

The table shows a summary of Budget measures relating to the Department since the 2011-12 Budget. Further details are contained in Budget Paper No. 4.

Health Consolidated	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000	2015-16 \$'000
Revenue measures					
Up to and including 2011-12 MYR					
Administered	..	..	..	..	..
Departmental	..	..	..	..	..
2012-13 Budget					
Administered	..	..	..	..	..
Departmental	..	..	..	..	..
Total revenue measures					
Administered	..	..	..	..	..
Departmental	..	..	..	..	..
Expense measures					
Up to and including 2011-12 MYR					
Administered	..	..	..	..	..
Departmental	29,604	25,502	29,665	35,967	36,940
2012-13 Budget					
Administered	..	..	..	..	..
Departmental	5,000	(247,504)	(543,865)	(507,226)	(507,667)
Total expense measures					
Administered	..	..	..	..	..
Departmental	34,604	(222,206)	(514,200)	(471,259)	(470,727)
Capital measures					
Up to and including 2011-12 MYR					
Administered	..	..	..	..	..
Departmental	800	..	..	..	..
2012-13 Budget					
Administered	..	..	..	..	..
Departmental	(5,000)	683	683	683	683
Total capital measures					
Administered	..	..	..	..	..
Departmental	(4,200)	683	683	683	683

Staffing

Health Consolidated	Notes	2011-12 Adjusted Budget	2011-12 Est. Actual	2012-13 Estimate
	1	67,733	68,864	66,110

Notes:

1. Full-time equivalents (FTEs) as at 30 June.

SERVICE PERFORMANCE

The previously reported service areas have been retained in the 2012-13 Service Delivery Statement to enable reporting for the 2011-12 estimated performance against service standards. While these represent an indication of the types and scope of services provided across the system, service areas will be reviewed for the 2013-14 Service Delivery Statement to ensure that service areas are identified which represent the delivery of services and priorities in a reformed Queensland Health system.

Prevention Promotion and Protection

Aims to prevent illness and injury, actively promote and protect the good health and wellbeing of Queenslanders and reduce the health status gap between the most and least advantaged in the community. This service area is directed at the entire well population or specific sub populations rather than individual treatment and care, using a range of strategies such as disease control, regulation, social marketing, community development and screening.

Primary Health Care

Address health problems or established risk factors of individuals and small targeted groups by providing curative, promotive, preventative and rehabilitative services. Queensland Health, through multidisciplinary teams of healthcare professionals, provides a range of primary health care services that include early detection and intervention services and risk factor management programs through community health facilities, child health centres and dental clinics.

Ambulatory Care

Provides equitable access to quality emergency medical services provided in public hospital Emergency Departments and services provided through Queensland's public hospital outpatient departments including a range of pre-admission, post acute and other specialist medical, allied health, nursing and ancillary services.

Acute Care

Aims to increase equity of access to high quality acute hospital services on a statewide basis and includes the provision of medical, surgical and obstetric services to people treated as acute admitted patients in Queensland's public acute hospitals.

Rehabilitation and Extended Care

Targeting people with prolonged conditions and chronic consequences by improving the functional status of a patient with an impairment or disability, slow the progression of and assist them to maintain and better manage their health condition. It includes rehabilitation, palliative care, respite, psychogeriatric, geriatric evaluation and management, residential aged care services, residential services for young people with physical and intellectual disabilities, and it also includes extended care services that focus on maintaining a person's health and current functional status.

Integrated Mental Health Services

Spanning the health continuum through the provision of mental health promotion and prevention activities (including suicide prevention strategies), community-based services, acute inpatient services and extended treatment services. The aim of mental health services is to promote the mental health of the community, prevent the development of mental health problems where possible, and to provide timely access to assessment and treatment services.

2012-13 Service Summary

Service area ¹	Sources of Revenue				
	Total cost \$'000	State Contribution \$'000	User Charges \$0'000	C'wealth Revenue \$'000	Other Revenue \$'000
Prevention Promotion and Protection	564,015	303,075	18,465	233,522	8,953
Primary Health Care	647,869	549,536	2,667	92,287	3,379
Ambulatory Care	2,367,073	1,549,181	149,631	652,536	15,725
Acute Care	6,201,582	3,825,488	762,964	1,569,494	43,636
Rehabilitation and Extended Care	1,009,497	522,682	44,432	330,009	112,374
Integrated Mental Health Service	1,072,096	691,166	21,705	353,191	6,034
Total	11,862,132	7,441,128	999,864	3,231,039	190,101

Note:

1. Explanations of variances are provided in the financial statements.

Performance Statement

	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/est.
Service Area: Prevention, Promotion and Protection				
Service standards				
Percentage of the Queensland population who consume recommended amounts of fruits and vegetables				
	1	7.5%	7.4%	7.6%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit:				
• Persons		61.1%	56.3%	61.0%
• Male		66.0%	59.7%	65.8%
• Female	1, 2, 3	56.3%	52.9%	56.3%
Percentage of the Queensland population who are overweight or obese:				
• Persons		58.1%	57.5%	58.3%
• Male		65.9%	64.6%	65.6%
• Female	1, 3	50.1%	50.4%	51.0%
Percentage of the Queensland population who consume alcohol at risky and high risk levels:				
• Persons		12.2%	11.4%	11.0%
• Male		13.0%	12.8%	12.3%
• Female	1	11.4%	9.9%	9.6%
Percentage of the Queensland population who smoke daily:				
• Persons		13.6%	14.4%	13.3%
• Male		15.4%	15.3%	14.6%
• Female	1, 4	12.0%	13.5%	12.1%
Percentage of the Queensland population who were sunburnt on the previous weekend				
• Persons		6.0%	9.3%	8.0%
• Male		..	11.9%	10.6%
• Female	1, 3, 5	..	6.7%	5.1%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter				
	3	62%	63.9%	63.9%
Annual notification rate of HIV infection				
	6	New Measure	5.0	5.0

	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/est.
Vaccination rates at designated milestones for:				
• all children 12 – 15 months			91.6%	92%
• all children 24 – 27 months		New	92.7%	92%
• all children 60 – 63 months	7	Measure	90.3%	92%
Fall related hospitalisations for older people (aged over 65 years):				
• Percentage		2.5%	2.6%	2.5%
• Number		14,306	15,915	16,000
Other measures				
Percentage of target population screened for:				
• breast cancer	8	57.5%	57.6%	57.6%
• cervical cancer	9	57.6%	55.3%	55.3%
• bowel cancer	10	37.0%	36.6%	38.0%
Percentage of Queensland population with access to fluoridated drinking water				
	11	87%	87%	91%
Number of high risk complaints investigated and the risk controlled				
	12	..	81	..
State contribution (\$000)		259,043	300,987	303,075
Other revenue (\$000)		241,672	254,199	260,940
Total cost (\$000)	13	500,715	555,186	564,015
Service Area: Primary Health Care				
Service standards				
Number and age standardised rate of potentially preventable admitted patient episodes of care:				
• Non-Aboriginal and Torres Strait Islander patients		113,059	125,453	113,059
		25	27.4	25
• Aboriginal and Torres Strait Islander patients		7,795	8,595	7,559
	14	69.7	77.1	67.6
Percentage of women who, during their pregnancy were smoking after 20 weeks:				
• Non-Aboriginal and Torres Strait Islander patients		11%	11.1%	10.5%
• Aboriginal and Torres Strait Islander patients	15	43%	45.3%	41.2%
Other measures				
Number of adult oral health weighted occasions of service (ages 16+)	16	1,800,000 – 2,000,000	1,725,337	1,800,000

	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/est.
Number of children and adolescent oral health weighted occasions of service (0-15 years)	17	1,200,000	1,273,531	1,300,000
State contribution (\$000)		538,005	541,081	549,536
Other revenue (\$000)		89,098	98,339	98,333
Total cost (\$000)	13	627,103	639,420	647,869
Service Area: Ambulatory Care				
Service standards				
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	18, 19	New Measure	63%	74%
Median wait time for treatment in emergency departments (minutes)		..	23	20
Percentage of emergency department patients seen within recommended timeframes:				
• Category 1 (within 2 minutes)		100%	100%	100%
• Category 2 (within 10 minutes)		80%	82%	80%
• Category 3 (within 30 minutes)		75%	62%	75%
• Category 4 (within 60 minutes)		70%	67%	70%
• Category 5 (within 120 minutes)		70%	88%	70%
• All categories	20, 21	..	68%	..
Percentage of live born, low birth weight babies born to:				
• Non-Aboriginal and Torres Strait Islander patients		5.8%	6.30%	5.8%
• Aboriginal and Torres Strait Islander patients	15	9.4%	11.80%	9.1%
Other measures				
Total weighted activity units:				
• Emergency Department		418,127 –	203,228	207,656
• Outpatients	22, 23, 24	459,940	263,913	263,734
Percentage of women who gave birth and had 5 antenatal visits or more in the antenatal period:				
• Non-Aboriginal and Torres Strait Islander women		92.5%	96.3%	96.50%
• Aboriginal and Torres Strait Islander women	15	89.3%	86.6%	93.8%
State contribution (\$000)		1,507,617	1,503,661	1,549,181
Other revenue (\$000)		710,531	749,006	817,892
Total cost (\$000)	13	2,218,148	2,252,667	2,367,073

	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/est.
Service Area: Acute Care				
Service standards				
Median wait time for elective surgery (days):				
• Category 1 (30 days)		..	13	..
• Category 2 (90 days)		..	50	..
• Category 3 (365 days)		..	114	..
• All categories	25	..	29	25
Percentage of elective surgery patients treated within clinically recommended timeframes:				
• Category 1 (30 days)		..	88%	95%
• Category 2 (90 days)		..	78%	84%
• Category 3 (365 days)	26, 27, 28	..	90%	93%
Number of days waited at the 90 th percentile for elective surgery:				
• Category 1 (30 days)		30	35	30
• Category 2 (90 days)		90	133	90
• Category 3 (365 days)		365	365	365
Percentage of admitted patients discharged against medical advice:				
• Non-Aboriginal and Torres Strait Islander patients		0.8%	0.8%	0.8%
• Aboriginal and Torres Strait Islander patients		2.2%	2.23%	1.9%
Average cost per weighted activity unit for Activity Based Funding facilities	29	\$4,140 - \$4,390	\$4,422	\$4,359
Other measures				
Total weighted activity units – Inpatients (including critical care)	22, 23, 30	910,380 – 963,900	925,513	962,625
State contribution (\$000)		3,725,780	3,710,455	3,825,488
Other revenue (\$000)		2,064,854	2,175,604	2,376,094
Total cost (\$000)	13	5,790,634	5,886,059	6,201,582
Service Area: Rehabilitation and Extended Care				
Service standard				
Average number of public hospital beds occupied each day by nursing home type patients				
		375	372	375
Other measures				
Total weighted activity units – Sub acute	22, 23	91,187 – 109,425	106,519	107,458

	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/est.
Number of State Government Residential Aged Care Facilities and Services meeting National Accreditation Standards		20	20	20
State contribution (\$000)		490,221	500,698	522,682
Other revenue (\$000)		468,860	463,999	486,815
Total cost (\$000)	13	959,081	964,697	1,009,497
Service Area: Integrated Mental Health Services				
Service standard				
Proportion of re-admissions to acute psychiatric care within 28 days of discharge	31, 32, 33	15% - 20%	11.3%	10% - 14%
Other measures				
Extended treatment facility and psychiatric hospital patient days	34	New Measure	132,044	140,000
Mental health acute admitted psychiatric care days		190,000 – 200,000	207,904	200,000 – 210,000
Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit	32, 33, 35, 36	55% - 60%	51.2%	55% - 60%
Total weighted activity units – Mental Health	22, 37	72,274 – 86,728	87,736	89,069
Number of ambulatory service contacts (Mental Health)	36	New Measure	1,213,844	1,199,000
Number of support hours provided by Transitional Recovery Programs	38, 39, 40	165,000	246,429	208,915
Number of places provided by Transitional Recovery Programs	38, 39, 40, 41	530	561	493
Number of places provided by Housing and Support Programs	38, 42	240	245	259
Number of hours of support through Community Mental Health Early Intervention Programs	38	72,500	77,893	78,000
Number of unique service users with psychiatric disability	38, 43	2,300 – 2,500	2,360	488
State contribution (\$000)		611,784	613,246	691,166
Other revenue (\$000)		338,945	347,981	380,930
Total cost (\$000)	13	950,729	961,227	1,072,096

Notes:

1. 2011-12 Est. actual is derived from an interim data set. 2012-13 Target/est. is based on population trends, using comparable data collections from the previous 5 to 10 years, which may result in a lower target than 2011-12.
2. While the 2011-12 Est. Actual was below the target, rates have increased by 3.6% per year since 2004.
3. The 2012-13 Target/est. is based on trend data from the previous 5 to 10 years which may result in a lower target than 2011-12.
4. While the 2011-12 Target/est. was not achieved, rates have decreased by 4% per year since 2001.
5. No target was included for 2011-12 (males and females) as the baseline survey did not provide information from which a target could be derived.
6. The previous measure (New notifications of HIV infection) has been amended to 'Annual notification rate of HIV infection'. Measurement by notification rate is a new measure, and is a reflection of the number of notifications per 100,000 population. Measures to address HIV notifications during 2012-13 will be under the direction of the new HIV Ministerial Advisory Committee. Queensland Health anticipates increased testing will result in a short-term increase in the notification rate, but is committed to meeting the United Nations' and Commonwealth declarations to reduce transmission rates by 50% by 2015.
7. The 2011-12 measure has been amended to be consistent with reporting milestones under the National Partnership Agreement (NPA) on Essential Vaccines and is represented as a new measure. Queensland, along with other states and territories, is unable to publish vaccination rates for Indigenous children subject to the agreement of data release protocols with the Commonwealth Department of Health and Ageing. These issues are expected to be resolved to enable reporting in the 2013-14 Service Delivery Statements. Prior to this, Queensland data on vaccination rates for Indigenous children will be publically available in the next performance report for the NPA, which is scheduled to be released later in 2012.
8. The 2011-12 Est. actual is the most recent period for which data is available (Jan 2009 to Dec 2010). There has been a slight decrease in the participation rate from 58.3% (Jan 2008 to Dec 2009) to 57.6% (Jan 2009 to Dec 2010). Queensland's participation was higher than the national average of 54.8%.
9. The 2011-12 Est. actual figure relates to the most recent period for which data is available and reported (Jan 2009 to Dec 2010). The Queensland decrease in participation from 57.0% (Jan 2008 to Dec 2009) to 55.3% (Jan 2009 to Dec 2010) mirrored a decrease in the national screening participation rate, from 58.6% to 57.4% over the same period. The 2012-13 Target/est. relates to the next reporting period (Jan 2010 – Dec 2011) and is based on preliminary screening data.
10. The 2011-12 Est. actual figure relates to the participation rate for the 2010 calendar year. The actual rate of 36.6% was lower than the 2011-12 Target/est. (37.0%) which can be attributed to a suspension of the program nationally due to a fault with the screening kit.
11. The wording of the fluoridation measure has been amended to improve clarity. There has been no change to the scope of the measure.
12. The 2011-12 Est. actual is based on preliminary/available data. No target is set for this measure as Queensland Health does not have the ability to control the number of high risk complaints received. High risk issues managed may include significant communicable disease outbreaks; suspected intentional food contamination of public health importance and significant environmental health, food and food borne illness complaints.
13. Explanations of variances are provided in the financial statements.
14. Age-standardised rates are calculated per 1,000 population.
15. The 2012-13 Target/est. has been set to align with the NPA on Closing the Gap in Indigenous Health Outcomes by 2033-34.
16. The 2011-12 Target/est. was set based on a preliminary data set.
17. Weighted occasions of service for children and adolescent oral health were introduced as a new measure in the 2011-12 SDS. The 2011-12 Est. actual and 2012-13 Target/est. are based on data sets that continue to be refined.
18. Target set as the midway point between the 2012 and the 2013 calendar year National Emergency Access Targets (NEAT), as agreed to in the NPA on Improving Public Hospital Services.
19. As the NEAT was only introduced in January 2012, Queensland is reporting performance in 2011-12 substantially below the 2012-13 Target/est.
20. The wording of the service standard has been amended to align with the NEAT (Refer note 17). The scope of this measure has not changed. A target is not included for 'all categories' as there is no national benchmark, however the service standard has been included (without a target) as it is a nationally recognised standard measure for Emergency Department (ED) performance.

21. The triage Category 3 results have been consistently under target in previous years however performance has improved from the 2010-11 Est. actual (57%) to the 2011-12 Est. actual (62%). Category 3 patients represent the largest cohort of patients among the categories (41%).
22. The 2011-12 Target/est. has been amended to reflect Phase 14 Activity Based Funding Model (ABF) Weighted Activity Unit (WAU) to enable comparison with 2011-12 Est. actuals. The 2012-13 Target/est. has been set based on the latest phase 15 figures, for which costs are not materially different to the phase 14 and for consistency with the Hospital and Health Service (HHS) Service Agreements.
23. The statewide totals (2011-12 Est. actuals and 2012-13 Target/est.) also include activity provided through agreements with Mater Health Services, St Vincent's Brisbane and services delivered under Surgery Connect.
24. Previous measure was reported across three categories (emergency services, speciality clinics and diagnostics and outreach services) has been amended to 'total weighted activity units: emergency services and outpatients'. The costs for the diagnostics and outreach services are now included in the WAUs as reported.
25. A target is not included for categories 1-3 as there is no national benchmark at the 50th percentile. A target has been included for 'All Categories' to be consistent with the HHS service agreements.
26. Previous measure amended to include reporting by category which is consistent with the HHS Service Agreements.
27. The 2012-13 Target/est. is set at the midway point between the 2012 and 2013 calendar year National Elective Surgery Targets (NEST), as agreed in the NPA on Improving Public Hospital Services.
28. As the NEST was introduced in January 2012, Queensland is reporting performance below the 2012-13 Target/est.
29. The previous service standard 'Average cost per WAU for acute admitted patients' has been amended to the Average cost per WAU for ABF facilities, which is consistent with the HHS Service Agreements. The scope of the measure has not changed. The 2011-12 Target/est. has been amended to reflect Phase 14 ABF Model WAU to enable comparison with 2011-12 Est. actuals.
30. Service standard amended from 'Acute admitted patient weighted activity unit to 'Total weighted activity units – inpatients' to be consistent with HHS service agreements.
31. The methodology for this indicator has been revised. Prior to 2011-12, this indicator reflected readmission to the same facility, and related only to adults. For 2011-12 onwards, this now includes readmission to any facility in Queensland, and includes all age groups.
32. Data for 2011-12 is preliminary. 2011-12 Est. actual has been calculated on a pro rata basis from the July 2011 to March 2012 figures.
33. The service standard wording has been amended to be consistent with HHS Service Agreements.
34. This measure is similar to the discontinued measure 'Mental health extended treatment accrued mental health care days', however relates only to standalone facilities not funded through ABF.
35. The methodology has been revised. Prior to 2011-12 this indicator related only to adults. For 2011-12 onwards, the indicator reflects performance for all age groups. This has led to a reduction in performance as rates of follow-up are lower among the Child/Youth and Older Persons populations.
36. The statewide total also includes service contacts to be delivered by the Mater Health Services.
37. This indicator refers to the number of separations from a mental health service organisation's acute mental health inpatient unit(s) for which a public sector community mental health service contact was recorded in the seven days immediately following that separation.
38. This service standard was transferred from the 'Disability and Community Care Services' service area of the Department of Communities, Child Safety and Disability Services following Machinery of Government (MoG) changes.
39. This performance measure relates to the transition from Correction Facilities, Residential Recovery and Transitional Recovery Services.
40. The 2012-13 Target/est. takes into account re-negotiated contracts with service providers based on a revised methodology for determining outputs. The previous methodology, on which the 2011-12 Est. actuals were based, counted hours of service received by individual clients (e.g. one hour of service to a group of six clients would count as six hours). The new methodology requires service providers to report the hours of service actually delivered, whether to an individual or to a group of clients. The change is most significant for service types that are delivered in shared residential settings.
41. This measure relates to the total number of clients supported by this service. As it is a short/medium term facility the 'places' are filled by more than one client in a year.

42. The Housing and Support Program coordinates the long-term provision of social housing and support services, so 'places' are typically filled by one client for several years or longer. Figures refer to the number of clients that can be assisted at any one time.
43. The 2011-12 Est. actual refers to service users whose primary disability is psychiatric and excludes those whose primary disability is not psychiatric, but who also have a significant psychiatric disability. For the 2012-13 Target/est. the scope of this measure has been revised to include only users of the psychiatric disability services that are now delivered through Queensland Health (i.e. the Housing and Support Program, and Project 300) after the MoG change.

Discontinued Measures

Performance measures included in the 2011-12 Service Delivery Statements which have been discontinued or replaced by more appropriate measures are reported in the following table:

	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/est.
Service Area: Prevention, Promotion and Protection				
Percentage of the Queensland population who adopt ultraviolet protective behaviours				
• Persons		..	52.6%	
• Male		..	53.5%	Discontinued
• Female	1	..	51.7%	measure
Vaccination rates at designated milestones for:				
• All children aged 2 years		92%	92.7%	
• Aboriginal and Torres Strait Islander children aged 2 years		92%	..	
• Year 8 female students for Human Papilloma Virus (HPV)	2	75%	62%	Discontinued measure
Service Area: Ambulatory Care				
Total number of non-admitted occasions of service (including emergency services):			11,214,558	
• Emergency services			1,708,783	
• Specialty clinics		11,500,000 –	3,427,424	Discontinued
• Diagnostic and outreach services	3	12,000,000	6,078,351	measure
Service Area: Acute Care				
Percentage of patients admitted from emergency departments within 8 hours				Discontinued measure
	4	80%	63%	
Acute admitted patient episodes of care				Discontinued measure
	3	950,000 – 980,000	954,420	
Patient Days				Discontinued measure
	5	2,600,000 – 2,800,000	2,554,723	
Number of available bed and bed alternatives for public acute hospitals				Discontinued measure
	6	10,970 – 11,020	10,804	
Service Area: Rehabilitation and Extended Care				
Sub and non acute patient days (including Maintenance care, Rehabilitation and Palliative Care)				Discontinued measure
	3	525,000 – 535,000	542,195	
Average cost per weighted activity unit for sub and non acute patients				Discontinued measure
	7	\$4,550 – \$4,800	\$4,290	

	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/est.
Service Integrated Mental Health Service				
Mental health acute admitted patient episodes of care	3, 10	14,000 – 15,000	15,835	Discontinued measure
Mental health patients assessing community mental health care	9, 10	70,000 – 75,000	81,178	Discontinued measure
Mental health extended treatment accrued mental health care days	8, 10	190,000 – 200,000	178,343	Discontinued measure
Community mental health occasions of service	9, 10	950,000 – 1,050,000	1,213,844	Discontinued measure

Notes:

1. This measure has been discontinued as the continuing measure (Percentage of the QLD population who were sunburnt on the previous weekend) is a more appropriate indicator of sun protection behaviours.
2. The 2011-12 service standard has been amended to be consistent with reporting milestones under the NPA on Essential Vaccines and is represented as a new measure. Queensland, along with other states and territories, is unable to publish vaccination rates for Indigenous children subject to the agreement of data release protocols with the Commonwealth Department of Health and Ageing. These issues are expected to be resolved to enable reporting in the 2013-14 SDS. Prior to this, Queensland data on vaccination rates for Indigenous children will be publically available in the next performance report for the NPA, which is scheduled to be released in late 2012.
3. As a result of implementation of the Activity Based Funding (ABF) model this measure has been replaced by the service standards reporting the number of Weighted Activity Units (WAUs).
4. The measure has been discontinued and a new measure included (Percentage of emergency department attendances who depart within 4 hours of their arrival in the department) which is consistent with the NEAT, as agreed to in the NPA on Improving Public Hospital Services.
5. This measure has been discontinued as it is considered that as a throughput measure it is no longer a meaningful/informative standard.
6. This measure has been discontinued as a result of the introduction of ABF, as bed numbers are no longer an accurate form of reporting hospital capacity or activity. Hospitals are now measured on WAUs across inpatients, outpatients, critical care, sub acute, emergency and mental health.
7. As a result of implementation of the ABF model this measure has been replaced by a new measure (Average cost per weighted activity unit for ABF facilities). The 2011-12 Target/est. has been amended to reflect Phase 14 ABF WAU to enable comparison with 2011-12 Est. actuals.
8. This measure has been replaced by 'Extended treatment facility and psychiatric hospital patient days' which excludes the count of activity that occurs in beds located on general acute hospital campuses as measures associated with the activity are reported in the WAU service standard.
9. This measure has been replaced by a new measure (Number of ambulatory service contacts) which aligns with national reporting and the 2012-13 HHS service agreements.
10. 2011-12 Est. actual is a preliminary figure based on 9 months of data (July 2011 to April 2012).

CAPITAL

Capital program

The total capital program for Queensland Health (including Queensland Health, Hospital and Health Services and capital grants) will invest \$1.886 billion in 2012-13, with an additional capital investment of \$21.8 million for the Council of the Queensland Institute of Medical Research.

In 2012-13, Queensland Health will continue its capital investment across a broad range of health infrastructure including hospitals, health technology, pathology, research and scientific services, mental health services, residential care, staff accommodation, and information and communication technologies.

The capital investment program will ensure that health infrastructure and assets support the delivery of health services and contribute to improved health outcomes for Queenslanders.

Capital budget statement

Health System	Notes	2011-12 Adjusted Budget \$'000	2011-12 Est. actual \$'000	2012-13 Estimate \$'000
Capital Purchases				
Total plant and equipment	1	1,741,431	1,728,094	1,784,580
Total other capital	2, 3, 4	68,644	38,574	42,512
Total capital grants		10,000	21,997	58,988
Total Capital Purchases		1,820,075	1,788,665	1,886,080

Notes:

1. For more detail on the agency's capital acquisitions please refer to Budget Paper 3.
2. Decrease from 2011-12 Budget to 2011-12 Est. actuals relates to deferrals in the Information Communication and Technology (ICT) program including e-Health Clinical Systems and other software development.
3. Increase from 2011-12 Budget to 2012-13 Estimate relates to increased investment in the ICT program including e-Health Clinical Systems and other software development.
4. Increase from 2011-12 Est. actual to 2012-13 Estimate relates to increased investment in the ICT program including e-Health Clinical Systems and other software development.

BUDGETED FINANCIAL STATEMENTS

Analysis of budgeted financial statements

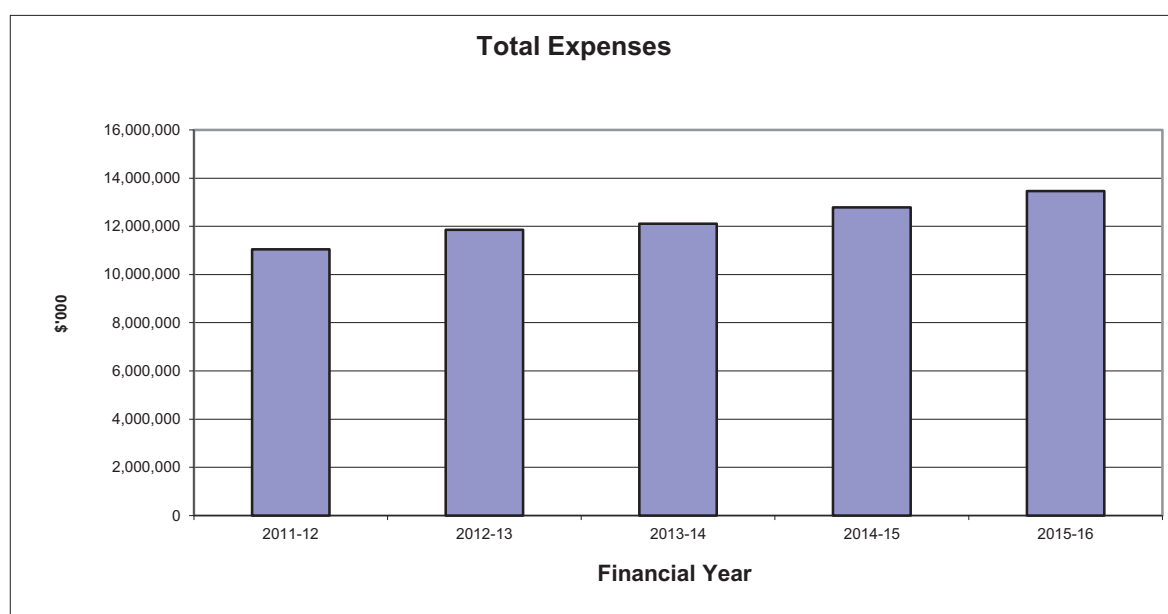
An analysis of the consolidated budgeted financial statements of Queensland Health and HHSs, as reflected in the Department's financial statements, is provided below.

Health income statement

Total expenses are estimated to be \$11.862 billion in 2012-13, an increase of \$815.7 million from the 2011-12 budget. The 2012-13 budget supports growing demand and critical service needs, and includes growth funding for a number of initiatives including Regional Cancer Centres, More Beds for Hospitals, Mental Health, and Enterprise Bargaining increases.

Total expenditure will increase by \$1.606 billion or 14% from 2012-13 to 2015-16 predominately due to new and existing initiatives and enterprise bargaining arrangements.

Chart: Total departmental expenses across the Forward Estimates period



Health balance sheet

The Department's major assets in property, plant and equipment have a balance sheet value of \$8.385 billion. This is expected to increase to \$12.056 billion over the next three years, as a result of commissioning buildings and upwards movements in both building and land valuations.

INCOME STATEMENT

Health Consolidated	Notes	2011-12 Budget \$'000	2011-12 Est. Act. \$'000	2012-13 Estimate \$'000
Income				
Service revenue	1, 10, 18	9,935,644	9,986,341	7,792,873
User charges	2, 11, 19	837,466	900,165	999,864
Grants and other contributions	3, 12, 20	243,447	329,290	3,042,447
Other revenue		29,853	40,041	26,948
Gains on sale/revaluation of property, plant and equipment and investments		..	3,419	..
Total income		11,046,410	11,259,256	11,862,132
Expenses				
Employee expenses	5, 13, 21	7,121,860	7,298,844	7,569,239
Supplies and services	6, 14, 22	2,537,106	2,461,046	2,767,025
Grants and subsidies	7, 15	866,225	919,928	924,702
Depreciation and amortisation	8, 16, 23	420,040	371,946	436,815
Finance/borrowing costs		..	..	..
Other expenses	9, 17, 24	99,179	126,177	136,190
Losses on sale/revaluation of property, plant and equipment and investments		2,000	58,914	28,161
Total expenses		11,046,410	11,236,855	11,862,132
OPERATING SURPLUS/(DEFICIT)		..	22,401	..

STATEMENT OF CHANGES IN EQUITY

Health Consolidated	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments		..	..	..
Increase/(decrease) in asset revaluation reserve	25, 27, 30	133,650	(147,344)	144,354
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		133,650	(147,344)	144,354
Surplus/(deficit) for the period		..	22,401	..
Total recognised income and expense for the period		133,650	(124,943)	144,354
Equity injection/(withdrawal)	26, 28, 31	1,235,133	1,218,187	1,341,837
Equity adjustments (MoG transfers)	29, 32	..	..	4,702
Total movement in equity for period		1,368,783	1,093,244	1,490,893

BALANCE SHEET

Health Consolidated	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS				
Cash assets	33, 44	149,050	(66,224)	(72,241)
Receivables	34, 45, 55	362,474	654,824	685,648
Other financial assets		..	..	..
Inventories		123,229	130,191	132,060
Other	35, 46	84,790	126,425	137,621
Non-financial assets held for sale		..	..	..
Total current assets		719,543	845,216	883,088
NON-CURRENT ASSETS				
Receivables		13,829	20,191	20,191
Other financial assets	36, 56	95,312	60,923	90,769
Property, plant and equipment	37, 47, 57	8,617,514	8,384,641	9,909,533
Intangibles		150,948	149,429	159,867
Other	48	8,022	..	..
Total non-current assets		8,885,625	8,615,184	10,180,360
TOTAL ASSETS		9,605,168	9,460,400	11,063,448
CURRENT LIABILITIES				
Payables	38, 49, 58	323,621	393,160	469,777
Accrued employee benefits	39, 50, 59	357,395	404,878	463,299
Interest-bearing liabilities and derivatives	51, 60	120,787	134,421	179,857
Provisions		..	..	..
Other	40, 61	878	69,627	2,068
Total current liabilities		802,681	1,002,086	1,115,001
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives	41, 52	110,862	59,977	59,977
Provisions		..	..	..
Other		2,367	2,536	1,776
Total non-current liabilities		113,229	62,513	61,753
TOTAL LIABILITIES		915,910	1,064,599	1,176,754
NET ASSETS/(LIABILITIES)		8,689,258	8,395,801	9,886,694
EQUITY				
Capital/contributed equity	42, 53, 62	4,877,543	5,034,146	6,380,685
Accumulated surplus/(accumulated deficit)		2,397,181	2,417,194	2,417,194
Reserves:				
- Asset revaluation surplus	43, 54, 63	1,414,534	944,461	1,088,815
- Other (specify)		..	..	..
TOTAL EQUITY		8,689,258	8,395,801	9,886,694

CASH FLOW STATEMENT

Health Consolidated	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
Service receipts	64, 77, 87	9,935,644	10,053,900	7,725,314
User charges	78, 88	822,348	815,265	961,493
Grants and other contributions	65, 79, 89	243,447	328,697	3,042,447
GST input tax credits received	66, 80	305,581	476,712	476,738
Other	67	29,377	38,584	26,472
Outflows:				
Employee costs	68	(7,096,655)	(7,249,564)	(7,525,241)
Supplies and services	69, 81	(2,538,799)	(2,477,872)	(2,766,526)
GST paid on purchases	70, 82	(305,940)	(475,033)	(477,095)
Grants and subsidies		(866,225)	(914,692)	(924,702)
Borrowing costs		..	..	..
Other	71, 83, 90	(70,891)	(169,183)	(124,921)
Net cash provided by/(used in) operating activities		457,887	426,814	413,979
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment	72, 91	..	11,853	..
Investments redeemed		..	..	..
Loans and advances redeemed	73, 92	..	5,255	..
Outflows:				
Payments for property, plant and equipment and intangibles		(1,808,554)	(1,766,668)	(1,827,092)
Payments for investments	74, 93	(27,981)	..	(29,846)
Loans and advances made	75, 94	(309)	(15,920)	(309)
Net cash provided by/(used in) investing activities		(1,836,844)	(1,765,480)	(1,857,247)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings	84, 95	138,669	134,421	45,436
Equity injections	76, 85, 96	1,494,241	1,429,200	2,068,824
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals	86, 97	(259,108)	(260,991)	(677,009)
Net cash provided by/(used in) financing activities		1,373,802	1,302,630	1,437,251
Net increase/(decrease) in cash held		(5,155)	(36,036)	(6,017)
Cash at the beginning of financial year		154,205	(30,188)	(66,224)
Cash transfers from restructure		..	..	..
Cash at the end of financial year		149,050	(66,224)	(72,241)

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Major variations between 2011-12 Budget and 2011-12 Estimated actual include:

1. The increase in service revenue is predominantly due to funding related to the public sector voluntary separation program, funding associated with the transitioning to the Hospital and Health services (HHS), higher than forecast capital expensing, grant indexation and increased essential vaccines funding. These increases are offset by the savings component associated with the public sector voluntary separation program, returned enterprise bargaining and depreciation funding and a reduction in Commonwealth national healthcare specific purpose payments funds.
2. The increase is due to greater than forecast revenue received from the Department of Veteran's Affairs, right of private practice revenues, Private Patient's fees and other reimbursements.
3. The increase is due to higher than expected revenue from other Government departments and various Australian Government funded health services programs.
4. The increase is due to the higher than forecast reimbursements and asset sales proceeds.
5. Increase in employee expenses is associated with additional recruitment, increased expenditure for new and existing initiatives and increases due to enterprise bargaining arrangements.
6. The reduction in supplies and services expenses is due to reductions for contractors travel and general supplies and services.
7. Increase is due to indexation arrangements for existing initiatives and new funding arrangements.
8. Decrease is due to lower than expected commissioning of Buildings and Plant & Equipment throughout the year.
9. Increase is due to higher than forecast sundry expenditure for existing and new initiatives including insurance.

Major variations between 2011-12 Budget and 2012-13 Estimate include:

10. The decrease in service revenue is due to the reclassification of the national health reform funding from appropriation revenue to grants and contributions. Further reductions due to Government savings initiatives and the voluntary separation program which were offset by increases in enterprise bargaining funding, election commitment funding and general services funding.
11. The increase is due to revenue from the Department of Veteran's Affairs, other jurisdictions to cover the costs associated with service to interstate patients, right of private practice revenues, private patient's fees and other reimbursements.
12. The increase is due to new national health reform funding arrangements together with increased revenue expectations from other Government departments and various Australian Government funded health services.
13. Increase in employee expenses is associated with additional recruitment, increased expenditure for new and existing initiatives and increases due to enterprise bargaining.
14. Increase is associated with the purchase of supplies and services to support health service delivery for existing and new initiatives.
15. Increase is due to indexation arrangements for existing initiatives and new funding arrangements.
16. Increase is due to expected commissioning throughout the year including the Gold Coast University Hospital (GCUH).
17. Increase is due to expected increases for existing and new initiatives including insurance.

Major variations between 2011-12 estimated actual and the 2012-13 Estimate include:

18. The decrease in service revenue is due to the reclassification of the national health reform funding from appropriation revenue to grants and contributions. Further reductions due to Government savings initiatives and the voluntary separation program which were offset by increases in enterprise bargaining funding, election commitment funding and general services funding.
19. The increase is due to revenue from the Department of Veteran's Affairs, other State Governments to cover the costs associated with service to patients who normally reside in other states, right of private practice revenues, private patient's fees and other reimbursements.
20. The increase is due to the reclassification of the national health reform funding as grants and contributions revenue together with increased revenue expectations from other Government departments and various Australian Government funded health services.
21. Increase in employee expenses is associated with additional recruitment, increased expenditure for new and existing initiatives and increases due to enterprise bargaining.

22. Increase is associated with the purchase of supplies and services to support health service delivery for existing and new initiatives.
23. Increase is due to expected commissioning throughout the year.
24. Increase is due to expected increases for existing and new initiatives including insurance.

Statement of changes in equity

Major variations between 2011-12 Budget and 2011-12 Estimated actual include:

25. Decrease as a result of reduction in asset values due to the outcomes of comprehensive revaluations.
26. Decrease in Equity injection is due to capital project deferrals in the Capital Acquisition Plan (CAP) for projects including Robina Hospital, Townsville Hospital and Sunshine Coast University Hospital (SCUH).

Major variations between 2011-12 Budget and 2012-13 Estimate include:

27. Increase is due to an expected positive indexation factor applied to the revaluation of buildings.
28. Increase reflects investment in the capital program including, Queensland Children's Hospital (QCH), GCUH, SCUH, Mackay Base Hospital, Cairns Base Hospital and other capital projects.
29. Increase due to the MOG transfer of the community mental health program from the Department of Communities to Queensland Health.

Major variations between 2011-12 Estimated actual and the 2012-13 Estimate include:

30. Increase is due to an expected positive indexation factor applied to the revaluation of buildings.
31. Increase reflects investment in the capital program including, QCH, GCUH, SCUH, Mackay Base Hospital, Cairns Base Hospital and other capital projects.
32. Increase due to the Machinery of Government (MOG) transfer of the community mental health program from the Department of Communities to Queensland Health.

Balance sheet

Major variations between 2011-12 Budget and 2011-12 Estimated actual include:

33. Decrease in cash assets is due to net cash used in operating and non-operating activities.
34. Increase predominately relates to the 2010-11 year end flow through effect and Increases in receivables for salary overpayments and interstate patient fees.
35. Increase predominately relates to the prepayment of the 2012-13 Queensland Government Insurance Fund (QGIF) premium and transfer of non-current prepayments to current prepayments.
36. Decrease relates to a revised share of profit under equity accounting for the Translational Research Institute (TRI).
37. Reduction is due to capital project deferrals in the CAP for projects including, Robina Hospital, Townsville Hospital and SCUH.
38. Increase reflects 2010-11 year end balance flow through effect offset by appropriated equity withdrawal payable.
39. Increase due to additional day's accrual for salaries and wages.
40. Increase due to end of year appropriation adjustment accruals.
41. Decrease is due to reclassification of TRI payments from non-current to current.
42. Increase is due to 2010-11 year end balance flow through effect of higher than expected investment in the capital program in 2010-11.
43. Decrease is a result of a reduction in asset values due to the outcomes of the revaluation of buildings.

Major variations between 2011-12 Budget and 2012-13 Estimate include:

44. Decrease in cash assets is due to net cash used in operating and non-operating activities.
45. Increase reflects 2010-11 year end flow through effect and Increases in receivables for salary overpayments and interstate patient Fees.
46. Increase predominately relates to the prepayment of the 2012-13 QGIF premium and reclassification of TRI prepayment of lease payments from non-current assets to current assets.
47. Increase reflects investment in the capital program including, QCH, GCUH, SCUH, Mackay Base Hospital, Cairns Base Hospital and other capital projects.
48. Decrease is due to movement from non-current to current prepayments.
49. Increase reflects 2010-11 year end balance flow through effect.
50. Increase is due to 2010-11 flow through effect for salary and wages payable, an additional day's accrual for salaries and wages payable and an increase in Annual Leave Central Scheme (ALCS).

51. Increase is due to reclassification of TRI payments from non-current liabilities to current liabilities.
52. Decrease is due to reclassification of liabilities from non-current to current.
53. Increase reflects investment in the capital program including, QCH, GCUH, SCUH, Mackay Base Hospital, Cairns Base Hospital and other capital projects.
54. Decrease is a result of a reduction in asset values due to the outcomes of revaluation of buildings.

Major variations between 2011-12 Estimated actual and the 2012-13 Estimate include:

55. Increase in receivables is due to the ALCS and salary overpayments.
56. Increase relates to revised share of profit under equity accounting for TRI.
57. Increase reflects investment in the capital program including, QCH, GCUH, SCUH, Mackay Base Hospital, Cairns Base Hospital and other capital projects.
58. Increase relates to equity withdrawal payable and payables of an operating nature.
59. Increase is due to ALCS and salaries and wages accrual.
60. Increase is due to a change in the prepayment of lease payments by TRI.
61. Decrease is due to 2011-12 year end appropriation adjustment payable.
62. Increase reflects investment in the capital program including QCH, GCUH, SCUH, Mackay Base Hospital, Cairns Base Hospital and other capital projects.
63. Increase is due to expected upward movement in the revaluation of buildings.

Cash flow statement

Major variations between 2011-12 Budget and 2011-12 Estimated actual include:

64. The increase in service revenue is predominantly due to funding related to the public sector voluntary separation program, funding associated with the transitioning to the Hospital and Health services, higher than forecast capital expensing, grant indexation and increased essential vaccines funding. These increases are offset by the savings component associated with the public sector voluntary separation program, returned enterprise bargaining and depreciation funding and a reduction in Commonwealth national healthcare specific purpose payments funds.
65. Increase is due to higher than expected revenue from other Government departments and various Australian Government funded health services programs.
66. Increase is due to higher than forecast expenditure for existing initiatives including increased indexation arrangement.
67. Increase is due to an increase in sundry revenues.
68. Increase in employee expense is associated with additional recruitment, increased expenditure for new and existing initiatives and increases due to enterprise bargaining arrangements.
69. The reduction in supplies and services expenses is due to reductions for contractors travel and general supplies and services.
70. Increase relates to 2010-11 balance flow through effect and increased purchases.
71. Increase predominately relates to the prepayment of the 2012-13 QGIF premium and sundry expenditure for new and existing initiatives.
72. Increase is due to the sale of land, buildings and equipment.
73. Increase predominately relates to collections made from loans and advances to external entities.
74. Decrease relates to revised investment in TRI to match expected cash flows.
75. Increase relates to loans and advances made to entities for capital projects.
76. Decrease reflects deferrals in the capital program including Robina Hospital, Townsville and SCUH.

Major variations between 2011-12 Budget and 2012-13 Estimate include:

77. The decrease in service revenue is predominantly due to the reclassification of the National Health Reform funding from appropriation revenue to grants and contributions. Further reductions due to Government savings initiatives and the Voluntary Separation Program which were offset by increases in Enterprise Bargaining funding, Election Commitment funding and general services funding.
78. The increase is due to revenue from the Department of Veteran's Affairs, other jurisdictions to cover the costs associated with service to interstate patients, right of private practice revenues, private patient's fees and other reimbursements.
79. The increase is due to new national health reform funding arrangements together with increased revenue expectations from other Government departments and various Australian Government funded health services.
80. Increase is due to higher than forecast expenditure for existing initiatives including increased indexation arrangement.

81. Increase is associated with the purchase of supplies and services to support health service delivery for existing and new initiatives.
82. Increase relates to 2010-11 balance flow through effect and increased purchases.
83. Increase predominately relates to the prepayment of the 2012-13 QGIF premium and sundry expenditure for new and existing initiatives.
84. Decrease is due to a change in the prepayment of lease payments by TRI.
85. Equity injections - \$570 million Increase reflects increased investment in the capital program including, QCH, GCUH, SCUH, Mackay and Cairns Base Hospitals and other capital projects.
86. Decrease relates to 2011-12 end of year appropriation payable.

Major variations between 2011-12 Estimated actual and the 2012-13 Estimate include:

87. The decrease in service revenue is due to the reclassification of the national health reform funding from appropriation revenue to grants and contributions. Further reductions due to Government savings initiatives and the voluntary separation program were offset by increases in enterprise bargaining funding, election commitment funding and general services funding.
88. The increase is due to revenue from the Department of Veteran's Affairs, other State Governments to cover the costs associated with service to patients who normally reside in other states, right of private practice revenues, private patient's fees and other reimbursements.
89. The increase is due to the reclassification of the national health reform funding as grants and contributions revenue together with increased revenue expectations from other Government departments and various Australian Government funded health services.
90. Reduction relates to balance sheet adjustment for Goods and Services Tax (GST) Payments to the Australian Taxation Office (ATO).
91. Decrease is due to no planned cash inflows from sales in 2012-13.
92. Decrease is due to uncertain nature of forecasting realisable sales proceeds.
93. Increase is due to a change in the prepayment of lease payments by TRI.
94. Decrease due to no outstanding advances expected at 2012-13 year end.
95. Decrease is due to a re-scheduling of payments by TRI.
96. Equity injections - \$570 million Increase reflects increased investment in the capital program including, QCH, GCUH, SCUH, Mackay Base Hospital, Cairns Base Hospital and other capital projects.
97. Decrease relates to 2011-12 end of year appropriation payable.

QUEENSLAND HEALTH

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

Queensland Health as system manager is responsible for:

- establishing the legislative basis and governance arrangements for public hospital services
- system-wide public hospital service planning and performance
- purchasing of public hospital services and monitoring the delivery of services purchased
- planning, funding and delivering capital infrastructure
- planning and funding (with the Commonwealth) teaching, training and research
- managing Hospital and Health Services (HHS) and system performance
- directing state-wide public hospital industrial relations functions, including negotiation of enterprise bargaining agreements
- taking a lead role in managing public health
- managing the relationship with the HHSs to ensure a single point of accountability in the State for public hospital performance, performance management and planning.

Queensland Health will purchase and monitor the delivery of public health services through Service Agreements with the 17 HHSs. The Service Agreements identify the health services to be provided, funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

RESOURCES AND PERFORMANCE

Queensland Health has an operating budget of \$11.049 billion for 2012-13.

2012-13 Budget Highlights

In 2012-13 Queensland Health will focus on delivering the following commitments:

- ensuring health workers are provided with appropriate wages and conditions through negotiation of enterprise bargaining agreements. Since May 2012, three agreements have been certified providing wage increases for staff employed in the administrative, operational, professional, technical and dental streams, building, engineering and maintenance services, and nurses and midwives. In addition, an in-principle agreement to improve wages for medical officers is currently undergoing employee consultation
- increase the subsidies provided for patients accessing the Patient Travel Subsidy Scheme
- expand Maternal and Child Health Service to give all mums and bubs the best start by providing home visits at 2 and 4 weeks of age, and free consultations at community centres at 2, 4, 6 to 8 and 12 months old

- increase medical, nursing and allied health staff on weekends to ensure patients can be treated and discharged without unnecessary delays
- engage private providers to treat 'long wait' patients to reduce pressure on elective surgery
- provide up to an additional 40,000 specialist outpatient appointments to enable better access to specialist care
- fund General Practice (GP) Liaison Officers at 20 public hospitals to improve GP referral processes across Queensland
- establish a General Practice advisory group to improve coordination and feedback between GPs and Queensland Health
- establish a Queensland Mental Health Commission
- develop enhanced bed management practices
- commence the Sunshine Coast University Hospital without delays
- delivering three Paediatric Intensive Care beds at the Townsville Hospital (\$14.75M over 3 years)
- put Cairns Base Hospital on the Path to "Tier One" status, with additional funding of \$15 million over 4 years to enable the recruitment of extra specialists to revitalise frontline services
- \$51.6 million rural and remote infrastructure rectification works at Atherton, Ayr, Biloela, Charleville, Charters Towers, Emerald, Kingaroy, Longreach, Mareeba, Roma, Sarina and Thursday Island.
- implement health awareness and prevention campaigns
- job creation through the \$1.886 billion health infrastructure program.

To deliver the expected benefits of health reforms, the Government has committed to a more streamlined organisational structure for Queensland Health. Queensland Health's Corporate Office is transitioning to a structure that includes the following Divisions to focus governance, systems and processes as the role of the system manager:

- **System Policy and Performance Division** will manage, guide and coordinate the health system through policy and regulation, purchasing and funding of services and monitoring performance
- **Health Service and Clinical Innovation Division** will lead the development of innovative approaches to service delivery to achieve better value for money and improve patient access and clinical outcomes. The Division will also be responsible for delivery of a range of statutory public health services including vaccinations, infectious disease and emergency responses
- **System Support Services Division** will provide corporate, financial and human resource systems and processes and delivery of efficient and effective capital infrastructure.

It is intended that two Divisions will transition to Commercialised Business Units (CBU) over the next three years. The services provided by the following agencies are principally delivered under fee-for-service arrangements:

- **Health Services Support Agency** will provide statewide clinical support services such as pathology and radiology with the aim of increasing the efficiency of public hospital services
- **Health Services Information Agency** will provide ICT support for the HHSs and the system manager as well as administering information technology programs such as e-health.

The functional alignment and organisational reform process will better direct corporate resources to align with the system manager role to support the delivery of safe, sustainable, efficient, quality and responsible public health services for all Queenslanders.

Queensland Health Payroll Update

The Queensland Government commissioned KPMG to undertake an independent audit of Queensland Health's payroll system in May 2012. The report was tabled in Parliament on 6 June 2012 and identified nine key issues:

- historical payroll forms submission
- the relationship between the former Health Service Districts and payroll hubs
- time between roster close date and pay date
- payroll processing accountabilities of Queensland Health and Queensland Shared Services
- overpayments and entitlements
- electronic rostering for line managers
- payroll system fixes
- upgrading and/or reimplementing of the payroll and awards interpretation systems
- payroll project funding.

Queensland Health is implementing strategic projects and other initiatives to address KPMG's findings through:

- development of an overpayments recovery strategy including personally notifying 49,040 staff of their overpayment situation
- moving the employee pay date by one week in October 2012 to enable a greater percentage of roster changes to be captured and reflected in employee's fortnightly pays
- implementing Payroll Self Service to provide line managers and staff with online access to their payslips, payroll enquiries, status of overpayment repayment plans and introducing workflow supporting the electronic lodgement of payroll forms
- investigating alternative rostering and payroll solutions in use in environments similar to Queensland Health
- improving support to HHSs through localisation of payroll services.

STATEMENTS

Staffing

System Manager	Notes	2011-12 Adjusted Budget	2011-12 Est. Actual	2012-13 Estimate
	1	..	..	8,463

Notes:

1. Full-time equivalents (FTEs) as at 30 June.

Performance Statement

	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/est.
Service Area: System Manager - Performance and Governance				
Service standard				
Percentage of Hospital and Health Services demonstrating an improvement from the starting performance category	1, 2	New Measure	..	100%
Service Area: System Manager - Corporate Support Services				
Service standards				
Proportion of the organisation receiving an outcome rated as “conforming” in the annual audit for Safer Healthier Workplaces Standard with no major non-conformances recorded		New Measure	..	100%
Percentage of capital infrastructure projects delivered on scope, time, cost and quality with a variance to budget less than +/- 5%		New Measure	..	95%
Service Area: System Manager - Safety, Quality and Clinical Support				
Service standards				
Percentage of Hospital and Health Services participating in Statewide Clinical Networks	1	New Measure	..	100%
Percentage of Clinical Service Redesign projects delivered on time and with a variance to budget less than +/- 2%		New Measure	..	100%
Service Area: System Manager - Human Resources				
Other measures				
Percentage of off cycle pays	3	New Measure	..	1.4%

	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/est.
Service Area: Health Services Support Agency - Safety, Quality and Clinical Support				
Service standard				
Percentage of formal reviews undertaken on Hospital and Health Service responses to significant negative variance in Variable Life Adjusted Displays and other National Safety and Quality indicators				
	1, 4	New Measure	..	100%
Other measures				
Number of calls to 13 HEALTH (information and teletriage service)				
	5	283,000	305,019	285,000
Percentage of calls to 13 HEALTH answered within 20 seconds				
	6	80%	90%	80%
Service Area: Health Services Information Agency - Health Information Technology				
Service standards				
Percentage of ICT availability for major enterprise applications:				
• Metro				99.8%
• Regional		New Measure		95.7%
• Remote	7	Measure	..	92%
Percentage of all high level ICT incidents resolved within targets defined in the Service Catalogue				
	8	New Measure	..	80%
Percentage of initiatives with a status reported as critical ('Red')				
	9, 10	New Measure	..	<20%

Notes:

- 2011-12 Est. actuals are not included as the Hospital and Health Services (HHS) were not established until 1 July 2012.
- Under the HHS Performance Framework, HHSs were assigned a starting performance category at 1 July 2012. The starting performance category is a combined measure of performance against the escalation Key Performance Indicators in the Service Agreements. Under the HHS Performance Framework, the system manager is required to identify and monitor performance issues and determine appropriate responses on a monthly basis, including allocating a performance category to each HHS.
- The 2012-13 Target/est. has been set to take into account the change in the pay date in October 2012. Off cycle payments are payments made outside of the normal fortnightly pay run to facilitate employee payments in specific circumstances including separation payments and to address late receipt and processing of employee entitlements in the previous roster period. Figures represent the number of off cycle payments in a year as a percentage of the total number of payments made during the year.
- HHSs participate in monitoring of patient outcome indicators e.g. Variable life adjusted display indicators. Where the results indicate a potentially poor performance, hospitals are required to undertake a review and provide a formal report on their performance and actions to be implemented to resolve any poor performance identified. The system manager is required to review all reports, follow up on non-compliance of reporting, incomplete reviews and inadequate identification of actions.
- The 2011-12 Est. actual was higher than expected. This can be attributed to the repeat of the Healthier Queensland advertising campaign in January / February 2012.

6. The 2011-12 Est. actual was higher than the target due to the improvements in Smart Service Queensland's capacity to handle call volumes. The 2012-13 Target/est. is set at 80% as this is internationally recognised as a suitable target / grade of service (GOS) for health call centres.
7. This is a new service standard that measures continuity and availability of ICT services. The 2012-13 Target/est. is based on trend data from previous years which has resulted in a lower target than what was achieved in 2011-12.
8. This is a new service standard measure ICT incidents resolved within recommended timeframes.
9. This measure tracks and monitors performance of Queensland Health's ICT investment portfolio.
10. This measure relates to all new initiatives and those not fully operational. The measure is calculated as a rolling average of the reported status of ICT portfolio initiatives, as indicated in the Health Services Information Agency ICT Portfolio Report developed each quarter.

INCOME STATEMENT

Queensland Health - Controlled	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income				
Services Revenue		7,792,873
User charges		473,357
Grants and other contributions		2,771,610
Other revenue		11,194
Gains on sale/revaluation of property, plant and equipment and investments	
Total income		11,049,034
Expenses				
Employee expenses		1,224,465
Supplies and services		410,313
Grants and subsidies		9,197,675
Depreciation and amortisation		95,102
Finance/borrowing costs	
Other expenses		114,241
Losses on sale/revaluation of property, plant and equipment and investments		7,238
Total expenses		11,049,034
OPERATING SURPLUS/(DEFICIT)	

STATEMENT OF CHANGES IN EQUITY

Queensland Health - Controlled	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	
Increase/(decrease) in asset revaluation reserve		89,410
Net amount of all revenue and expense adjustments direct to equity not disclosed above	
Net income recognised directly in equity		89,410
Surplus/(deficit) for the period	
Total recognised income and expense for the period		89,410
Equity injection/(withdrawal)		1,574,166
Equity adjustments (MoG transfers)		(8,131,588)
Total movement in equity for period		(6,468,012)

BALANCE SHEET

Queensland Health - Controlled	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS				
Cash assets		(231,090)
Receivables		713,384
Other financial assets	
Inventories		60,295
Other		125,080
Non-financial assets held for sale	
Total current assets		667,669
NON-CURRENT ASSETS				
Receivables		20,191
Other financial assets		90,769
Property, plant and equipment		2,019,426
Intangibles		157,037
Other		(2,217)
Total non-current assets		2,285,206
TOTAL ASSETS		2,952,875
CURRENT LIABILITIES				
Payables		318,314
Accrued employee benefits		463,095
Interest-bearing liabilities and derivatives		179,857
Provisions	
Other		2,068
Total current liabilities		963,334
NON-CURRENT LIABILITIES				
Payables	
Accrued employee benefits	
Interest-bearing liabilities and derivatives		59,977
Provisions	
Other		1,775
Total non-current liabilities		61,752
TOTAL LIABILITIES		1,025,086
NET ASSETS/(LIABILITIES)		1,927,789
EQUITY				
Capital/contributed equity		(1,523,276)
Accumulated surplus/(accumulated deficit)		2,417,194
Reserves:				
- Asset revaluation surplus		1,033,871
- Other (specify)	
TOTAL EQUITY		1,927,789

CASH FLOW STATEMENT

Queensland Health - Controlled	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
Service receipts		7,725,314
User charges		292,944
Grants and other contributions		2,771,610
Other		302,781
Outflows:				
Employee costs		(1,180,671)
Supplies and services		(702,889)
Grants and subsidies		(9,197,675)
Borrowing costs	
Other		(102,972)
Net cash provided by/(used in) operating activities		(91,558)
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment	
Investments redeemed	
Loans and advances redeemed		1,711
Outflows:				
Payments for property, plant and equipment and intangibles		(1,717,708)
Payments for investments		(29,846)
Loans and advances made		(262)
Net cash provided by/(used in) investing activities		(1,746,105)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		45,436
Equity injections		1,959,440
Outflows:				
Borrowing redemptions	
Finance lease payments	
Equity withdrawals		(335,296)
Net cash provided by/(used in) financing activities		1,669,580
Net increase/(decrease) in cash held		(168,083)
Cash at the beginning of financial year		(66,224)
Cash transfers from restructure		3,217
Cash at the end of financial year		(231,090)

ADMINISTERED INCOME STATEMENT

Queensland Health - Administered	Notes	2011-12 Adjusted Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Revenues				
Commonwealth grants		..	..	..
Taxes, fees and fines		50	50	50
Royalties, property income and other territorial revenue		..	..	..
Interest		..	..	..
Administered revenue	2, 4	25,309	25,453	26,741
Other		..	..	..
Total revenues		25,359	25,503	26,791
Expenses				
Supplies and services		..	..	..
Depreciation and amortisation		..	..	..
Grants and subsidies	3, 5	18,760	18,926	20,192
Benefit payments		..	..	..
Borrowing costs		6,549	6,527	6,549
Other		7	7	7
Total expenses		25,316	25,460	26,748
Net surplus or deficit before transfers to Government		43	43	43
Transfers of administered revenue to Government		43	43	43
OPERATING SURPLUS/(DEFICIT)		..	..	..

ADMINISTERED BALANCE SHEET

Queensland Health - Administered	Notes	2011-12 Adjusted Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS				
Cash assets	6, 8	12	11	11
Receivables		8,329	9,050	8,870
Inventories		..	..	..
Other		..	..	..
Non-financial assets held for sale		..	..	..
Total current assets		8,341	9,061	8,881
NON-CURRENT ASSETS				
Receivables	9, 11	87,128	86,585	77,723
Other financial assets		..	..	..
Property, plant and equipment		..	..	..
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		87,128	86,585	77,723
TOTAL ADMINISTERED ASSETS		95,469	95,646	86,604
CURRENT LIABILITIES				
Payables		..	180	..
Transfers to Government payable		42	32	32
Interest-bearing liabilities	7	8,299	8,849	8,849
Other		..	..	..
Total current liabilities		8,341	9,061	8,881
NON-CURRENT LIABILITIES				
Payables		..	..	..
Interest-bearing liabilities	10	87,128	86,585	77,723
Other		..	..	..
Total non-current liabilities		87,128	86,585	77,723
TOTAL ADMINISTERED LIABILITIES		95,469	95,646	86,604
ADMINISTERED NET ASSETS/(LIABILITIES)		..	..	..
EQUITY				
Capital/Contributed equity		..	..	..
Accumulated surplus/(Accumulated deficit)		..	..	..
Reserves:		..	..	..
- Asset revaluation surplus		..	..	..
- Other (specify)		..	..	..
TOTAL ADMINISTERED EQUITY		..	..	..

ADMINISTERED CASH FLOW STATEMENT

Queensland Health - Administered	Notes	2011-12 Adjusted Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
Administered item receipts	12, 14	25,309	25,273	26,921
Grants and other contributions		..	..	..
Taxes, fees and fines		50	50	50
Royalties, property income and other territorial revenues		..	..	..
Other		(7)	(7)	(7)
Outflows:				
Transfers to Government		(43)	(43)	(43)
Grants and subsidies	13, 15	(18,760)	(18,746)	(20,372)
Supplies and services		..	..	..
Borrowing costs		(6,549)	(6,527)	(6,549)
Other		..	..	..
Net cash provided by/(used in) operating activities		..	..	..
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		8,862	8,876	8,862
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	..
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by/(used in) investing activities		8,862	8,876	8,862
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	..
Outflows:				
Borrowing redemptions		(8,862)	(8,876)	(8,862)
Finance lease payments		..	..	..
Equity withdrawals		..	..	..
Net cash provided by/(used in) financing activities		(8,862)	(8,876)	(8,862)
Net increase/(decrease) in cash held		..	..	..
Administered cash at beginning of financial year		12	11	11
Cash transfers from restructure		..	..	..
Administered cash at end of financial year		12	11	11

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Controlled financial statements

1. Queensland Health's financial statements include transactions with Hospital and Health Services (HHSs) excluding revenue of approximately \$6.330 billion related to labour hire agreements and expense for salary and wages. Transactions between Queensland Health and HHSs are eliminated on consolidation for the system financials contained in the Services Delivery Statement.

Administered income statement

Major variations between 2011-12 Budget and 2012-13 Estimate include:

2. Administered Revenue - Increase is due to additional Enterprise Bargaining Agreement (EB) funding provided for the Health Quality Complaints Commission (HQCC).
3. Grants and Subsidies Expense - Increase is due to additional EB funding paid to the HQCC.

Major variations between 2011-12 Estimated actual and the 2012-13 Estimate include:

4. Administered Revenue - Increase is due to additional EB funding provided for the HQCC.
5. Grants and Subsidies Expense - Increase is due to additional EB funding paid to the HQCC.

Administered balance sheet

Major variations between 2011-12 Budget and 2011-12 Estimated actual include:

6. Current Receivables - Increase reflects the transfer from non-current of the current receivable portion of the loan for the Mater Hospital for the redevelopment of the public hospital component.
7. Interest Bearing Liabilities – Increase reflects the transfer from non-current to current liability for the amount payable to QTC in respect of borrowings for the Mater Hospital redevelopment loan.

Major variations between 2011-12 Budget and 2012-13 Estimate include:

8. Current Receivables - Increase reflects the transfer from non-current of the current receivable portion of the loan for the Mater Hospital for the redevelopment of the public hospital component.
9. Non-Current Receivables – Decrease reflects the transfer from non-current to current receivable for the portion of the advance to the Mater Hospital for repayment.
10. Interest Bearing Liabilities – Increase reflects the transfer from non-current to current liability for the amount payable to QTC in respect of borrowings for the Mater Hospital redevelopment loan.

Major variations between 2011-12 Estimated actual and the 2012-13 Estimate include:

11. Non-Current Receivables – Decrease reflects the transfer from non-current to current receivable for the portion of the advance to the Mater Hospital for repayment.

Administered cash flow statement

Major variations between 2011-12 Budget and 2012-13 Estimate include:

12. Administered item receipts – Increase is due to additional EB funding provided for the HQCC.
13. Grants and Subsidies – Increase is due to on-payment of EB funding to the HQCC.

Major variations between 2011-12 Estimated actual and the 2012-13 Estimate include:

14. Administered item receipts – Increase is due to additional EB funding provided for the HQCC.
15. Grants and Subsidies - Increase is due to on-payment of EB funding to the HQCC.

STATUTORY BODIES

CAIRNS AND HINTERLAND HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The Cairns and Hinterland HHS is an independent statutory body, overseen by a local Hospital and Health Board, with responsibility for providing public hospital and health services to a population of around 250,000 people residing in a geographical area stretching from Tully in the south to Mossman in the north and Croydon in the west. The Cairns and Hinterland HHS provide public hospital and health services and achieve health system outcomes as defined in the Service Agreement with Queensland Health as manager of the public hospital system.

The Cairns and Hinterland HHS is responsible for the direct management of the facilities within the HHS's geographical boundaries including:

- Atherton Hospital
- Babinda Hospital
- Cairns Base Hospital
- Gordonvale Memorial Hospital
- Herberton Hospital/Aged Care Unit
- Innisfail Hospital
- Mareeba Hospital
- Mossman Multi-Purpose Health Service
- Tully Hospital

The Cairns and Hinterland HHS operates a number of Community Health Centres and Primary Health Care Centres providing a comprehensive range of community and primary health services, including aged care assessment, Aboriginal and Torres Strait Islander health programs; child and maternal health services; alcohol, tobacco and other drug services; home care services; community health nursing, sexual health service, allied health services, oral health, offender and refuge health services and health promotion programs.

The HHS also provides outreach services to Cape York HHS and Torres Strait-Northern Peninsula HHS. Some higher level acute services are provided outside the HHS area in Townsville or Brisbane.

The Cairns and Hinterland HHS's key priorities for 2012-13 include:

- providing better access to health services
- addressing and improving key population health challenges and risks
- supporting the Government commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers.

RESOURCES AND PERFORMANCE

The Cairns and Hinterland HHS has an operating budget of \$581 million for 2012-13.

The Service Agreement between the Cairns and Hinterland HHS and Queensland Health identifies the health services to be provided, funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved. The HHS will manage activity so as to achieve the requirements and performance standards identified in the Service Agreement and ensure that all services are provided to patients within the time limits prescribed.

The Hospital and Health Services Performance Framework 2012-13 outlines the requirements for the ongoing performance monitoring and reporting of activity against the targets contained in the Service Agreement.

The Cairns and Hinterland HHS Strategic Plan is currently being finalised, this plan will reflect local priorities in line with whole-of-Government statewide plans and commitments.

The Government will provide additional funding of \$4 million in 2012-13 (\$15 million over four years) to put the Cairns Base Hospital on the Path to "Tier One" status. The additional funds will enable the recruitment of extra specialists and the revitalisation of frontline health services.

During 2012-13, work will continue on the Cairns Base Hospital Redevelopment which will provide an additional 168 beds (overnight and same day) and improved health services by the end of 2014.

STATEMENTS

Staffing

Cairns and Hinterland Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	..	..	3,673

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 3,669 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

Cairns and Hinterland Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
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Service standards

Percentage of patients attending emergency departments seen within recommended timeframes:

• Category 1 (within 2 minutes)			100%	100%
• Category 2 (within 10 minutes)			81%	80%
• Category 3 (within 30 minutes)			65%	75%
• Category 4 (within 60 minutes)			71%	70%
• Category 5 (within 120 minutes)		New	91%	70%
• All categories	1, 2	Measure	72%	..

Percentage of emergency department attendances who depart within four hours of their arrival in the department

		New		
	1, 3	Measure	57%	74%

Median wait time for treatment in emergency departments (minutes)

		New		
	1	Measure	15	20

Median wait time for elective surgery (days)

		New		
	1	Measure	35	25

Percentage of elective surgery patients treated within clinically recommended times:

• Category 1 (30 days)			88%	95%
• Category 2 (90 days)		New	70%	84%
• Category 3 (365 days)	1, 3	Measure	87%	93%

Other measures

Total weighted activity units:

• Inpatients (including Critical Care)			57,485	61,270
• Outpatients			18,198	16,477
• Sub acute			9,800	9,030
• Emergency Department		New	15,140	14,414
• Mental Health	1	Measure	5,154	4,095

Cairns and Hinterland Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	1	New Measure	59%	55% - 60%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	1	New Measure	10%	10% - 14%
Number of ambulatory service contacts (Mental Health)	1	New Measure	70,762	69,218

Notes:

1. The 2011-12 est. actuals for service standards and other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.
2. A target is not included as there is no national benchmark for all triage categories, however the service standard has been included (without a target) as it is a nationally recognised standard measure.
3. The 2012-13 targets have been set as the midway point between the 2012 and the 2013 calendar year National Elective Surgery Target and National Emergency Access Target, as per the National Partnership Agreement on Improving Public Hospital Services.

INCOME STATEMENT

Cairns and Hinterland Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income				
User charges		42,098
Grants and other contributions		538,385
Other revenue		547
Gains on sale/revaluation of property, plant and equipment and investments	
Total income		581,030
Expenses				
Employee expenses		868
Supplies and services		550,200
QH Contract Staff				394,544
Grants and subsidies		3,691
Depreciation and amortisation		20,598
Finance/borrowing costs	
Other expenses		2,179
Losses on sale/revaluation of property, plant and equipment and investments		3,494
Total expenses		581,030
OPERATING SURPLUS/(DEFICIT)	

STATEMENT OF CHANGES IN EQUITY

Cairns and Hinterland Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	
Increase/(decrease) in asset revaluation reserve		2,543
Net amount of all revenue and expense adjustments direct to equity not disclosed above	
Net income recognised directly in equity		2,543
Surplus/(deficit) for the period	
Total recognised income and expense for the period		2,543
Equity injection/(withdrawal)		(14,955)
Equity adjustments (MoG transfers)		418,232
Total movement in equity for period		405,820

BALANCE SHEET

Cairns and Hinterland Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	11,403
Receivables		..	..	11,378
Other financial assets		..	..	..
Inventories		..	..	5,192
Other		..	..	336
Non-financial assets held for sale		..	..	..
Total current assets		..	..	28,309
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	404,332
Intangibles		..	..	73
Other		..	..	..
Total non-current assets		..	..	404,405
TOTAL ASSETS		..	..	432,714
CURRENT LIABILITIES				
Payables		..	..	26,877
Accrued employee benefits		..	..	17
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	26,894
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	26,894
NET ASSETS/(LIABILITIES)		..	..	405,820
EQUITY				
Capital/contributed equity		..	..	403,277
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	2,543
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	405,820

CASH FLOW STATEMENT

Cairns and Hinterland Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	38,168
Grants and other contributions		..	..	538,385
Other		..	..	14,652
Outflows:				
Employee costs		..	..	(851)
Supplies and services		..	..	(552,627)
Grants and subsidies		..	..	(3,691)
Borrowing costs		..	..	..
Other		..	..	(2,179)
Net cash provided by/(used in) operating activities		..	..	31,857
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	(4)
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(5,643)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by/(used in) investing activities		..	..	(5,647)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	5,643
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(20,598)
Net cash provided by/(used in) financing activities		..	..	(14,955)
Net increase/(decrease) in cash held		..	..	11,255
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	148
Cash at the end of financial year		..	..	11,403

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement / Balance sheet / Cash flow statement

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

CAPE YORK HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The Cape York HHS is an independent statutory body, overseen by a local Hospital and Health Board, with responsibility for providing public health services from Wujal Wujal and Kowanyama in the south to Mapoon in the north and serves a population of over 13,000 people. The Cape York HHS will provide public health services and achieve health system outcomes as defined in the Service Agreement with Queensland Health as manager of the public hospital system.

The Cape York HHS delivers primary health and sub-acute care services through the operations of two multi-purpose facilities at Cooktown and Weipa, and 10 primary healthcare centres at:

- Napranum
- Mapoon
- Coen
- Aurukun
- Lockhart River
- Pormpuraaw
- Kowanyama
- Hope Vale
- Laura
- Wujal Wujal

The Cape York HHS's key priorities for 2012-13 include:

- providing better access to health services
- addressing and improving key population health challenges and risks
- supporting the Government commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers.

RESOURCES AND PERFORMANCE

The Cape York HHS has an operating budget of \$67.9 million for 2012-13.

The Service Agreement between the Cape York HHS and Queensland Health identifies the services to be provided, the funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

The Cape York HHS Strategic Plan is being finalised, this plan will reflect local priorities in line with whole-of-Government statewide plans and commitments.

During 2012-13, work will continue on the:

- \$1.84 million Cape York Improved Primary Healthcare Centre
- \$2.29 million staff accommodation projects at Kowanyama and Lockhart River.

STATEMENTS

Staffing

Cape York Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	..	..	370

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 368 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

Cape York Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Measures	1			
Total weighted activity units:				
• Inpatients (including Critical Care)			1,541	1,903
• Outpatients			6,238	6,862
• Sub acute			211	122
• Emergency Department		New	1,047	1,194
• Mental Health	2	Measure	50	29
Number of ambulatory service contacts (Mental Health)	2	New Measure	4,799	5,287

Notes:

1. Cape York HHS has a smaller set of measures than other HHSs as this reflects the different services that are provided within this HHS.
2. The 2011-12 est. actuals for other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.

INCOME STATEMENT

Cape York Health and Hospital Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income	1			
User charges		..	..	1,341
Grants and other contributions		..	..	66,489
Other revenue		..	..	39
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	67,869
Expenses				
Employee expenses		..	..	382
Supplies and services		..	..	58,174
QH Contract Staff				37,154
Grants and subsidies		..	..	2,684
Depreciation and amortisation		..	..	6,507
Finance/borrowing costs		..	..	..
Other expenses		..	..	127
Losses on sale/revaluation of property, plant and equipment and investments		..	..	(5)
Total expenses		..	..	67,869
OPERATING SURPLUS/(DEFICIT)		..	..	..

STATEMENT OF CHANGES IN EQUITY

Cape York Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	1	..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	766
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	766
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	766
Equity injection/(withdrawal)		..	..	(5,632)
Equity adjustments (MoG transfers)		..	..	152,144
Total movement in equity for period		..	..	147,278

BALANCE SHEET

Cape York Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	1,097
Receivables		..	..	1,305
Other financial assets		..	..	..
Inventories		..	..	350
Other		..	..	..
Non-financial assets held for sale		..	..	..
Total current assets		..	..	2,752
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	147,244
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		..	..	147,244
TOTAL ASSETS		..	..	149,996
CURRENT LIABILITIES				
Payables		..	..	2,714
Accrued employee benefits		..	..	4
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	2,718
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	2,718
NET ASSETS/(LIABILITIES)		..	..	147,278
EQUITY				
Capital/contributed equity		..	..	146,512
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	766
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	147,278

CASH FLOW STATEMENT

Cape York Health and Hospital Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	1,306
Grants and other contributions		..	..	66,489
Other		..	..	2,017
Outflows:				
Employee costs		..	..	(378)
Supplies and services		..	..	(59,149)
Grants and subsidies		..	..	(2,684)
Borrowing costs		..	..	..
Other		..	..	(127)
Net cash provided by/(used in) operating activities		..	..	7,474
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	1
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(875)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by/(used in) investing activities		..	..	(874)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	875
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(6,507)
Net cash provided by/(used in) financing activities		..	..	(5,632)
Net increase/(decrease) in cash held		..	..	968
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	129
Cash at the end of financial year		..	..	1,097

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement / Balance sheet / Cash flow statement

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

CENTRAL QUEENSLAND HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The Central Queensland HHS is an independent statutory body, overseen by a local Hospital and Health Board, with responsibility for providing public hospital and health services in regional Queensland, from Miriam Vale in the south, inland to the Central Highlands and north along the Capricorn Coast and serves a population of around 225,000 people. The Central Queensland HHS will provide public hospital and health services and achieve health system outcomes as defined in the Service Agreement with Queensland Health as manager of the public hospital system.

The Central Queensland HHS is responsible for the direct management of the facilities within the HHS's geographical boundaries including:

- Rockhampton Hospital
- Capricorn Coast Hospital (Yeppoon)
- Emerald Hospital
- Gladstone Hospital
- Mount Morgan Hospital
- Moura Hospital
- Biloela Hospital

The Central Queensland HHS also provides services from a number of Multi-Purpose Health Centres and a number of outpatient clinics.

The Central Queensland HHS's key priorities for 2012-13 include:

- providing better access to health services
- addressing and improving key population health challenges and risks
- supporting the Government commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers.

RESOURCES AND PERFORMANCE

The Central Queensland HHS has an operating budget of \$431.9 million for 2012-13.

The Service Agreement between the Central Queensland HHS and Queensland Health identifies the services to be provided, the funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

The Central Queensland HHS Strategic Plan is being finalised, this plan will reflect local priorities in line with whole-of-Government statewide plans and commitments.

A project to expand Rockhampton Hospital is underway. This has delivered a number of improvements to the hospital including a new Emergency Department which was opened in April 2011. A Regional Cancer Care Centre on the Rockhampton Hospital site comprising radiation oncology and day oncology is scheduled to be completed in 2014.

STATEMENTS

Staffing

Central Queensland Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	..	..	2,621

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 2,619 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

Central Queensland Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Service standards				
Percentage of patients attending emergency departments seen within recommended timeframes:				
• Category 1 (within 2 minutes)			100%	100%
• Category 2 (within 10 minutes)			81%	80%
• Category 3 (within 30 minutes)			76%	75%
• Category 4 (within 60 minutes)			71%	70%
• Category 5 (within 120 minutes)		New	87%	70%
• All categories	1, 2	Measure	75%	..
Percentage of emergency department attendances who depart within four hours of their arrival in the department				
		New		
	1, 3	Measure	76%	77%
Median wait time for treatment in emergency departments (minutes)				
		New		
	1	Measure	19	20
Median wait time for elective surgery (days)				
		New		
	1	Measure	32	25
Percentage of elective surgery patients treated within clinically recommended times:				
• Category 1 (30 days)			86%	100%
• Category 2 (90 days)		New	66%	87%
• Category 3 (365 days)	1, 3	Measure	98%	94%
Other measures				
Total weighted activity units:				
• Inpatients (including Critical Care)			31,708	31,397
• Outpatients			10,389	11,032
• Sub acute			3,938	5,265
• Emergency Department		New	13,874	13,216
• Mental Health	1	Measure	2,041	1,997

Central Queensland Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	1	New Measure	47%	55% - 60%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	1	New Measure	15%	10% - 14%
Number of ambulatory service contacts (Mental Health)	1	New Measure	47,375	46,823

Notes:

1. The 2011-12 Est. actuals for service standards and other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.
2. A target is not included as there is no national benchmark for all triage categories, however the service standard has been included (without a target) as it is a nationally recognised standard measure.
3. The 2012-13 targets have been set as the midway point between the 2012 and the 2013 calendar year National Elective Surgery Target and National Emergency Access Target, as per the National Partnership Agreement on Improving Public Hospital Services.

INCOME STATEMENT

Central Queensland Health and Hospital Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income	1			
User charges		..	..	21,374
Grants and other contributions		..	..	409,947
Other revenue		..	..	568
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	431,889
Expenses				
Employee expenses		..	..	498
Supplies and services		..	..	404,778
QH Contract Staff				270,098
Grants and subsidies		..	..	9,218
Depreciation and amortisation		..	..	15,570
Finance/borrowing costs		..	..	..
Other expenses		..	..	934
Losses on sale/revaluation of property, plant and equipment and investments		..	..	891
Total expenses		..	..	431,889
OPERATING SURPLUS/(DEFICIT)		..	..	..

STATEMENT OF CHANGES IN EQUITY

Central Queensland Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	1	..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	2,069
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	2,069
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	2,069
Equity injection/(withdrawal)		..	..	(11,403)
Equity adjustments (MoG transfers)		..	..	352,015
Total movement in equity for period		..	..	342,681

BALANCE SHEET

Central Queensland Health and Hospital Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	8,075
Receivables		..	..	6,380
Other financial assets		..	..	..
Inventories		..	..	2,328
Other		..	..	644
Non-financial assets held for sale		..	..	..
Total current assets		..	..	17,427
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	341,022
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		..	..	341,022
TOTAL ASSETS		..	..	358,449
CURRENT LIABILITIES				
Payables		..	..	15,758
Accrued employee benefits		..	..	10
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	15,768
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	15,768
NET ASSETS/(LIABILITIES)		..	..	342,681
EQUITY				
Capital/contributed equity		..	..	340,612
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	2,069
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	342,681

CASH FLOW STATEMENT

Central Queensland Health and Hospital Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	20,441
Grants and other contributions		..	..	409,947
Other		..	..	15,833
Outflows:				
Employee costs		..	..	(488)
Supplies and services		..	..	(412,831)
Grants and subsidies		..	..	(9,218)
Borrowing costs		..	..	..
Other		..	..	(934)
Net cash provided by/(used in) operating activities		..	..	22,750
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	(3)
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(4,167)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by/(used in) investing activities		..	..	(4,170)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	4,167
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(15,570)
Net cash provided by/(used in) financing activities		..	..	(11,403)
Net increase/(decrease) in cash held		..	..	7,177
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	898
Cash at the end of financial year		..	..	8,075

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement / Balance sheet / Cash flow statement

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

CENTRAL WEST HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The Central West HHS is an independent statutory body, overseen by a local Hospital and Health Board with responsibility for providing public hospital and health services to the communities of rural central west Queensland from Tambo in the south-east to Boulia in the north-west and serves a population of around 12,000 people. The Central West HHS will provide public hospital and health services and achieve health system outcomes as defined in the Service agreement with Queensland Health as manager of the public hospital system.

The Central West HHS is responsible for the direct management of the facilities within the HHS's geographical boundaries including:

- Alpha Hospital
- Barcaldine Hospital
- Blackall Hospital
- Longreach Hospital and
- Winton Hospital

The model of service delivery is based on a procedural hub at Longreach, service spokes at Barcaldine, Blackall and Winton and satellite services at Alpha, Aramac, Boulia, Isisford, Jundah, Muttaburra, Tambo and Windorah.

The Central West HHS's key priorities for 2012-13 include:

- providing better access to health services
- addressing and improving key population health challenges and risks
- supporting the Government commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers.

RESOURCES AND PERFORMANCE

The Central West HHS has an operating budget of \$51.1 million for 2012-13.

The Service Agreement between the Central West HHS and Queensland Health identifies the services to be provided, the funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved. The Central West HHS Strategic Plan is being finalised, this plan will reflect local priorities in line with whole-of-Government statewide plans and commitments.

STATEMENTS

Staffing

Central West Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	..	..	273

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 272 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

Central West Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Measures	1			
Total weighted activity units:				
• Inpatients (including Critical Care)			1,286	1,483
• Outpatients			1,476	1,529
• Sub acute			221	314
• Emergency Department		New	1,280	1,556
• Mental Health	2	Measure	41	63
Number of ambulatory service contacts (Mental Health)	2	New Measure	2,361	1,984

Notes:

1. Central West HHS has a smaller set of measures than other HHSs as this reflects the different services that are provided within this HHS.
2. The 2011-12 est. actuals for other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.

INCOME STATEMENT

Central West Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income	1			
User charges		..	..	2,709
Grants and other contributions		..	..	48,394
Other revenue		..	..	29
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	51,132
Expenses				
Employee expenses		..	..	195
Supplies and services		..	..	46,112
QH Contract Staff				26,764
Grants and subsidies		..	..	2,182
Depreciation and amortisation		..	..	2,481
Finance/borrowing costs		..	..	..
Other expenses		..	..	104
Losses on sale/revaluation of property, plant and equipment and investments		..	..	58
Total expenses		..	..	..
OPERATING SURPLUS/(DEFICIT)		..	..	51,132

STATEMENT OF CHANGES IN EQUITY

Central West Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	1	..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	180
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	180
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	180
Equity injection/(withdrawal)		..	..	(1,467)
Equity adjustments (MoG transfers)		..	..	30,304
Total movement in equity for period		..	..	29,017

BALANCE SHEET

Central West Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	549
Receivables		..	..	362
Other financial assets		..	..	..
Inventories		..	..	365
Other		..	..	62
Non-financial assets held for sale		..	..	..
Total current assets		..	..	1,338
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	29,004
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		..	..	29,004
TOTAL ASSETS		..	..	30,342
CURRENT LIABILITIES				
Payables		..	..	1,321
Accrued employee benefits		..	..	4
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	1,325
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	1,325
NET ASSETS/(LIABILITIES)		..	..	29,017
EQUITY				
Capital/contributed equity		..	..	28,837
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	180
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	29,017

CASH FLOW STATEMENT

Central West Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	2,695
Grants and other contributions		..	..	48,394
Other		..	..	1,648
Outflows:				
Employee costs		..	..	(191)
Supplies and services		..	..	(47,026)
Grants and subsidies		..	..	(2,182)
Borrowing costs		..	..
Other		..	..	(104)
Net cash provided by/(used in) operating activities		..	..	3,234
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	(1)
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(1,014)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by/(used in) investing activities		..	..	(1,015)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	1,014
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(2,481)
Net cash provided by/(used in) financing activities		..	..	(1,467)
Net increase/(decrease) in cash held		..	..	752
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	(203)
Cash at the end of financial year		..	..	549

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement / Balance sheet / Cash flow statement

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

CHILDREN'S HEALTH QUEENSLAND HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The Children's Health Queensland HHS is an independent statutory body overseen by a local Hospital and Health Board with responsibility for providing children's public hospital and health services. The Children's Health Queensland HHS will provide public hospital and health services and achieve health system outcomes as defined in the Service Agreement with Queensland Health as manager of the public hospital system including:

- provision of tertiary paediatric services at the Royal Children's Hospital
- delivery of new and enhanced services at the Queensland Children's Hospital (once open)
- provision of paediatric services to the local community
- child and youth mental health services
- outreach children's specialist services across Queensland
- paediatric education and research
- advocacy of children's health service needs across the State and nationally.

The Children's Health Queensland HHS key priorities for 2012-13 include:

- providing better access to children's health services
- supporting the Government commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers.

RESOURCES AND PERFORMANCE

The Children's Health Queensland HHS has an operating budget of \$300.9 million for 2012-13.

The service agreement between the Children's Health Queensland HHS and Queensland Health identifies the services to be provided, the funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

The Children's Health Queensland HHS Strategic Plan is being finalised, this plan will reflect local priorities in line with whole-of Government and statewide plans and commitments.

The development of the new Queensland Children's Hospital (QCH) is well underway and is due to be opened at the end of 2014. The QCH will bring together the existing specialist paediatric services delivered at the Royal Children's Hospital, Mater Children's Hospital and Prince Charles Hospital's Queensland Paediatric Cardiac Service. QCH will offer children, young people and their families, access to the best treatment and health care facilities available in Queensland and will be purpose-designed to cater for the distinct needs of different age groups.

The Queensland Children's Hospital Academic and Research Facility will open alongside QCH which will bring together dedicated paediatric researchers under one roof to create a critical mass of expertise and speciality knowledge focussed on translating research findings into better care for Queensland children and their families.

STATEMENTS

Staffing

Children's Health Queensland Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	..	..	1,801

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 1,797 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

Children's Health Queensland Hospital and Health Service	Notes	2011-12 Target/Est.	2011-12 Est. actual	2012-13 Target/Est.
Service standards				
Percentage of patients attending emergency departments seen within recommended timeframes:				
• Category 1 (within 2 minutes)			100%	100%
• Category 2 (within 10 minutes)			96%	80%
• Category 3 (within 30 minutes)			71%	75%
• Category 4 (within 60 minutes)		New	80%	70%
• Category 5 (within 120 minutes)	1	Measure	97%	70%
Percentage of emergency department attendances who depart within four hours of their arrival in the department				
		New		
	1, 2	Measure	79%	74%
Median wait time for treatment in emergency departments (minutes)				
		New		
	1	Measure	19	20
Median wait time for elective surgery (days)				
		New		
	1	Measure	27	25
Percentage of elective surgery patients treated within clinically recommended times:				
• Category 1 (30 days)			97%	95%
• Category 2 (90 days)		New	80%	84%
• Category 3 (365 days)	1, 2	Measure	96%	93%
Other measures				
Total weighted activity units:				
• Inpatients (including Critical Care)			21,137	20,961
• Outpatients			10,354	9,733
• Sub acute			145	377
• Emergency Department		New	4,182	4,159
• Mental Health	1	Measure	2,277	2,108

Children's Health Queensland Hospital and Health Service	Notes	2011-12 Target/Est.	2011-12 Est. actual	2012-13 Target/Est.
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	1	New Measure	33%	55%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	1	New Measure	10%	14%
Number of ambulatory service contacts (Mental Health)	1	New Measure	38,034	36,840

Notes:

1. The 2011-12 est. actuals for service standards and other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.
2. The 2012-13 targets have been set as the midway point between the 2012 and the 2013 calendar year National Elective Surgery Target and National Emergency Access Target, as per the National Partnership Agreement on Improving Public Hospital Services.

INCOME STATEMENT

Children's Health Queensland Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income	1			
User charges		..	..	19,276
Grants and other contributions		..	..	280,354
Other revenue		..	..	1,269
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	300,899
Expenses				
Employee expenses		..	..	848
Supplies and services		..	..	288,925
QH Contract Staff				222,110
Grants and subsidies		..	..	442
Depreciation and amortisation		..	..	6,707
Finance/borrowing costs		..	..	..
Other expenses		..	..	2,766
Losses on sale/revaluation of property, plant and equipment and investments		..	..	1,211
Total expenses		..	..	300,899
OPERATING SURPLUS/(DEFICIT)		..	..	..

STATEMENT OF CHANGES IN EQUITY

Children's Health Queensland Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	1	..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	1,351
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	1,351
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	1,351
Equity injection/(withdrawal)		..	..	(3,514)
Equity adjustments (MoG transfers)		..	..	114,085
Total movement in equity for period		..	..	111,922

BALANCE SHEET

Children's Health Queensland Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	1,819
Receivables		..	..	9,792
Other financial assets		..	..	..
Inventories		..	..	3,012
Other		..	..	315
Non-financial assets held for sale		..	..	..
Total current assets		..	..	14,938
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	106,068
Intangibles		..	..	3
Other		..	..	..
Total non-current assets		..	..	106,071
TOTAL ASSETS		..	..	121,009
CURRENT LIABILITIES				
Payables		..	..	9,071
Accrued employee benefits		..	..	16
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	9,087
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	9,087
NET ASSETS/ (LIABILITIES)		..	..	111,922
EQUITY				
Capital/contributed equity		..	..	110,571
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	1,351
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	111,922

CASH FLOW STATEMENT

Children's Health Queensland Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	18,017
Grants and other contributions		..	..	280,354
Other		..	..	5,629
Outflows:				
Employee costs		..	..	(832)
Supplies and services		..	..	(288,210)
Grants and subsidies		..	..	(442)
Borrowing costs		..	..	..
Other		..	..	(2,766)
Net cash provided by/(used in) operating activities		..	..	11,750
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	(100)
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(3,193)
Payments for investments		..	..	..
Loans and advances made		..	..	(3)
Net cash provided by/(used in) investing activities		..	..	(3,296)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	3,193
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(6,707)
Net cash provided by/(used in) financing activities		..	..	(3,514)
Net increase/(decrease) in cash held		..	..	4,940
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	(3,121)
Cash at the end of financial year		..	..	1,819

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement / Balance sheet / Cash flow statement

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The Darling Downs HHS is an independent statutory body, overseen by a local Hospital and Health Board, with responsibility for providing public hospital and health services to a population of almost 300,000 people covering a predominantly rural area extending from the New South Wales border south of Stanthorpe to west of Goondiwindi to Taroom in the north and east to Murgon and then south to Stanthorpe and including the major regional centre of Toowoomba. The Darling Downs HHS will provide public hospital and health services as defined in the Service Agreement with Queensland Health as manager of the public hospital system.

The Darling Downs HHS is responsible for the oversight of the facilities within the HHS's geographical boundaries which includes rural hospitals, multipurpose health services, community and primary care facilities:

- Toowoomba Hospital
- Dalby Hospital
- Kingaroy Hospital
- Warwick Hospital
- Murgon Hospital
- Taroom Hospital
- Chinchilla Hospital
- Oakey Hospital
- Millmerran Hospital
- Stanthorpe Hospital
- Goondiwindi Hospital
- Nanango Hospital
- Wondai Hospital
- Cherbourg Hospital
- Miles Hospital
- Jandowae Hospital
- Tara Hospital
- Inglewood Hospital
- Baillie Henderson Hospital
- Wandoan Outpatients
- Proston Outpatients
- Meandarra Outpatients
- Glenmorgan Outpatients
- Moonie Outpatients
- Texas Hospital

Residential Aged Care services are provided at:

- Toowoomba
- Oakey
- Warwick
- Dalby
- Wondai
- Kingaroy
- Miles

The Darling Downs HHS provides a comprehensive range of community and primary health services, including aged care assessment, Aboriginal and Torres Strait Islander health programs; child and maternal health services; alcohol, tobacco and other drug services; home care services; community health nursing, sexual health service, allied health services, oral health and health promotion programs.

The Darling Downs HHS also operates a comprehensive integrated mental health service which provides specialist services across the following clinical programs:

- Child and Youth inpatient and community services
- Adult acute inpatient and community services
- Older people's acute inpatient and community services
- Extended treatment inpatient services for those who require extended treatment and rehabilitation, extended secure treatment, have an acquired brain injury, dual diagnosis and / or intellectual disability.

The Darling Downs HHS will have a strong focus in 2012-13 on:

- providing better access to health services
- supporting the Government commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers.

RESOURCES AND PERFORMANCE

The Darling Downs HHS has an operating budget of \$540.9 million for 2012-13.

The Service Agreement between the Darling Downs HHS and Queensland Health identifies the services to be provided, the funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

The Darling Downs HHS Strategic Plan is being finalised, this plan will reflect local priorities in line with whole-of-Government statewide plans and commitments.

During 2012-13 the Toowoomba Regional Cancer Centre, Adolescent Mental Health Unit and Intensive Rehabilitation facility in Toowoomba and replacement Cherbourg Community Health Centre are expected to open and commence operations.

STATEMENTS

Staffing

Darling Downs Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	..	..	3,794

Notes:

3. Full-time equivalents (FTEs) as at 30 June.
4. 3,786 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

Darling Downs Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Service standards				
Percentage of patients attending emergency departments seen within recommended timeframes:				
• Category 1 (within 2 minutes)			100%	100%
• Category 2 (within 10 minutes)			78%	80%
• Category 3 (within 30 minutes)			56%	75%
• Category 4 (within 60 minutes)			50%	70%
• Category 5 (within 120 minutes)		New	71%	70%
• All categories	1, 2	Measure	55%	..
Percentage of emergency department attendances who depart within four hours of their arrival in the department				
		New		
	1, 3	Measure	63%	74%
Median wait time for treatment in emergency departments (minutes)				
		New		
	1	Measure	33	20
Median wait time for elective surgery (days)				
		New		
	1	Measure	31	25
Percentage of elective surgery patients treated within clinically recommended times:				
• Category 1 (30 days)			88%	95%
• Category 2 (90 days)		New	67%	84%
• Category 3 (365 days)	1, 3	Measure	93%	93%
Other measures				
Total weighted activity units:				
• Inpatients (including Critical Care)			38,325	38,365
• Outpatients			9,700	11,551
• Sub acute			6,690	6,689
• Emergency Department		New	13,600	13,575
• Mental Health	1	Measure	4,515	4,497

Darling Downs Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	1	New Measure	48%	55% - 60%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	1	New Measure	9%	10% - 14%
Number of ambulatory service contacts (mental health)	1	New Measure	105,501	105,707
Extended treatment facility and psychiatric hospital patient days	1	New Measure	62,946	64,119

Notes:

1. The 2011-12 est. actuals for service standards and other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.
2. A target is not included as there is no national benchmark for all triage categories, however the service standard has been included (without a target) as it is a nationally recognised standard measure.
3. The 2012-13 targets have been set as the midway point between the 2012 and the 2013 calendar year National Elective Surgery Target and National Emergency Access Target, as per the National Partnership Agreement on Improving Public Hospital Services.

INCOME STATEMENT

Darling Downs Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income	1			
User charges		..	..	27,499
Grants and other contributions		..	..	512,911
Other revenue		..	..	512
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	540,922
Expenses				
Employee expenses		..	..	1,874
Supplies and services		..	..	514,083
QH Contract Staff				403,529
Grants and subsidies		..	..	2,304
Depreciation and amortisation		..	..	19,615
Finance/borrowing costs		..	..	..
Other expenses		..	..	1,767
Losses on sale/revaluation of property, plant and equipment and investments		..	..	1,279
Total expenses		..	..	540,922
OPERATING SURPLUS/(DEFICIT)		..	..	..

STATEMENT OF CHANGES IN EQUITY

Darling Downs Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	1	..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	2,920
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	2,920
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	2,920
Equity injection/(withdrawal)		..	..	(14,123)
Equity adjustments (MoG transfers)		..	..	328,338
Total movement in equity for period		..	..	317,135

BALANCE SHEET

Darling Downs Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	10,447
Receivables		..	..	5,283
Other financial assets		..	..	..
Inventories		..	..	5,044
Other		..	..	272
Non-financial assets held for sale		..	..	..
Total current assets		..	..	21,046
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	315,277
Intangibles		..	..	..
Other		..	..	3
Total non-current assets		..	..	315,280
TOTAL ASSETS		..	..	336,326
CURRENT LIABILITIES				
Payables		..	..	19,180
Accrued employee benefits		..	..	11
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	19,191
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	19,191
NET ASSETS/(LIABILITIES)		..	..	317,135
EQUITY				
Capital/contributed equity		..	..	314,215
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	2,920
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	317,135

CASH FLOW STATEMENT

Darling Downs Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	26,206
Grants and other contributions		..	..	512,911
Other		..	..	11,676
Outflows:				
Employee costs		..	..	(1,863)
Supplies and services		..	..	(514,410)
Grants and subsidies		..	..	(2,304)
Borrowing costs		..	..	..
Other		..	..	(1,767)
Net cash provided by/(used in) operating activities		..	..	30,449
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	(73)
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(5,492)
Payments for investments		..	..	..
Loans and advances made		..	..	(2)
Net cash provided by/(used in) investing activities		..	..	(5,567)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	5,492
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(19,615)
Net cash provided by/(used in) financing activities		..	..	(14,123)
Net increase/(decrease) in cash held		..	..	10,759
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	(312)
Cash at the end of financial year		..	..	10,447

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement / Balance sheet / Cash flow statement

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

GOLD COAST HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The Gold Coast HHS is an independent statutory body, overseen by a local Hospital and Health Board, with responsibility for providing public hospital and health services from the New South Wales border in the south to the Coomera region and north to the Logan River and services a population of over 540,000 people. The Gold Coast HHS will provide public hospital and health services and achieve health system outcomes as defined in the Service Agreement with Queensland Health as manager of the public hospital system.

The Gold Coast HHS is responsible for the direct management of the facilities within the HHS's geographical boundaries.

The Gold Coast HHS currently offers services over two campuses in Southport and Robina and provides a comprehensive range of community and primary health services, including aged care assessment, Aboriginal and Torres Strait Islander health programs; child and maternal health services; alcohol, tobacco and other drug services; home care services; community health nursing, sexual health service, allied health services, oral health and health promotion programs.

The Gold Coast HHS's key priorities for 2012-13 include:

- providing better access to health services
- addressing and improving key population health challenges and risks
- supporting the Government commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers.

RESOURCES AND PERFORMANCE

The Gold Coast HHS has an operating budget of \$827.8 million for 2012-13.

The Service Agreement between the Gold Coast HHS and Queensland Health identifies the services the health services to be provided, funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

The Gold Coast HHS Strategic Plan is being finalised, this plan will reflect local priorities in line with whole-of-Government statewide plans and commitments.

During 2012-13, construction of the Gold Coast University Hospital at Southport is due for completion. The hospital will be one of Queensland's largest clinical teaching and research facilities, providing specialised health services that meet the needs of patients and the learning requirements of students.

STATEMENTS

Staffing

Gold Coast Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	..	..	5,089

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 5,082 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

Gold Coast Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Service standards				
Percentage of patients attending emergency departments seen within recommended timeframes:				
• Category 1 (within 2 minutes)			100%	100%
• Category 2 (within 10 minutes)			74%	80%
• Category 3 (within 30 minutes)			46%	75%
• Category 4 (within 60 minutes)			60%	70%
• Category 5 (within 120 minutes)		New	82%	70%
• All categories	1, 2	Measure	55%	..
Percentage of emergency department attendances who depart within four hours of their arrival in the department				
	1	New Measure	58%	74%
Median wait time for treatment in emergency departments (minutes)				
	1	New Measure	28	20
Median wait time for elective surgery (days)				
	1	New Measure	29	25
Percentage of elective surgery patients treated within clinically recommended times:				
• Category 1 (30 days)			90%	95%
• Category 2 (90 days)		New	83%	84%
• Category 3 (365 days)	1	Measure	97%	93%
Other measures				
Total weighted activity units:				
• Inpatients (including Critical Care)			87,012	95,617
• Outpatients			16,225	15,411
• Sub acute			11,581	11,367
• Emergency Department		New	17,342	15,921
• Mental Health	1	Measure	9,690	10,318

Gold Coast Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	1	New Measure	36%	55% - 60%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	1	New Measure	9%	10% - 14%
Number of ambulatory service contacts (Mental Health)	1	New Measure	98,500	111,507

Notes:

1. The 2011-12 est. actuals for service standards and other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.
2. A target is not included as there is no national benchmark for all triage categories, however the service standard has been included (without a target) as it is a nationally recognised standard measure.

INCOME STATEMENT

Gold Coast Health and Hospital Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income	1			
User charges		..	..	43,203
Grants and other contributions		..	..	784,245
Other revenue		..	..	306
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	827,754
Expenses				
Employee expenses		..	..	1,436
Supplies and services		..	..	766,424
QH Contract Staff				572,788
Grants and subsidies		..	..	2,966
Depreciation and amortisation		..	..	54,487
Finance/borrowing costs		..	..	..
Other expenses		..	..	1,059
Losses on sale/revaluation of property, plant and equipment and investments		..	..	1,382
Total expenses		..	..	827,754
OPERATING SURPLUS/(DEFICIT)		..	..	..

STATEMENT OF CHANGES IN EQUITY

Gold Coast Health and Hospital Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	1	..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	4,746
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	4,746
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	4,746
Equity injection/(withdrawal)		..	..	(47,621)
Equity adjustments (MoG transfers)		..	..	2,141,525
Total movement in equity for period		..	..	2,098,650

BALANCE SHEET

Gold Coast Health and Hospital Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	719
Receivables		..	..	11,916
Other financial assets		..	..	..
Inventories		..	..	7,615
Other		..	..	3,292
Non-financial assets held for sale		..	..	..
Total current assets		..	..	23,542
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	2,095,553
Intangibles		..	..	1,573
Other		..	..	2,089
Total non-current assets		..	..	2,099,215
TOTAL ASSETS		..	..	2,122,757
CURRENT LIABILITIES				
Payables		..	..	24,079
Accrued employee benefits		..	..	28
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	24,107
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	24,107
NET ASSETS/(LIABILITIES)		..	..	2,098,650
EQUITY				
Capital/contributed equity		..	..	2,093,904
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	4,746
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	2,098,650

CASH FLOW STATEMENT

Gold Coast Health and Hospital Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	41,295
Grants and other contributions		..	..	784,245
Other		..	..	7,506
Outflows:				
Employee costs		..	..	(1,408)
Supplies and services		..	..	(759,494)
Grants and subsidies		..	..	(2,966)
Borrowing costs		..	..	..
Other		..	..	(1,059)
Net cash provided by/(used in) operating activities		..	..	68,119
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	(232)
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(6,866)
Payments for investments		..	..	..
Loans and advances made		..	..	(6)
Net cash provided by/(used in) investing activities		..	..	(7,104)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	6,866
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(54,487)
Net cash provided by/(used in) financing activities		..	..	(47,621)
Net increase/(decrease) in cash held		..	..	13,394
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	(12,675)
Cash at the end of financial year		..	..	719

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement / Balance sheet / Cash flow statement

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

MACKAY HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The Mackay HHS is an independent statutory body, overseen by a local Hospital and Health Board, with responsibility for providing public hospital and health services to a population of around 185,000 people residing in a geographical area from Sarina in the south, Clermont in the west, Bowen in the north and Collinsville in the north-west. The Mackay HHS will provide public hospital and health services and achieve health system outcomes as defined in the Service Agreement with Queensland Health as manager of the public hospital system.

The Mackay HHS is responsible for the direct management of the facilities within the HHS's geographical boundaries, including:

- Mackay Base Hospital
- Bowen Hospital
- Dysart Hospital
- Clermont Hospital
- Collinsville Hospital
- Moranbah Hospital
- Sarina Hospital

The Mackay HHS also provides a comprehensive range of community and primary health services, including aged care assessment, Aboriginal and Torres Strait Islander programs; child and maternal health services; alcohol, tobacco and other drug services; home care services; community health nursing, sexual health service, allied health services, oral health and health promotion programs.

The Mackay HHS will have a strong focus in 2012-13 on:

- providing better access to health services
- addressing and improving key population health challenges and risks
- supporting Government commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers.

RESOURCES AND PERFORMANCE

The Mackay HHS has an operating budget of \$287.8 million for 2012-13.

The Service Agreement between the Mackay HHS and Queensland Health identifies the health services to be provided, funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

An extensive redevelopment of the Mackay Base Hospital is underway and is scheduled for completion in 2013. At a cost of \$408 million, the redevelopment will double the capacity of the existing hospital to provide 318 beds. The redeveloped hospital will offer the local community a wider range of public health services and will be equipped to offer additional and extended specialised services, enabling more patients to be treated locally and minimise the need to travel for certain types of care and treatment.

STATEMENTS

Staffing

Mackay Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	..	..	1,777

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 1,776 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

Mackay Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Service standards				
Percentage of patients attending emergency departments seen within recommended timeframes:				
• Category 1 (within 2 minutes)			99%	100%
• Category 2 (within 10 minutes)			77%	80%
• Category 3 (within 30 minutes)			63%	75%
• Category 4 (within 60 minutes)			73%	70%
• Category 5 (within 120 minutes)		New	95%	70%
• All categories	1, 2	Measure	71%	..
Percentage of emergency department attendances who depart within four hours of their arrival in the department				
		New		
	1, 3	Measure	77%	74%
Median wait time for treatment in emergency departments (minutes)				
		New		
	1	Measure	19	20
Median wait time for elective surgery (days)				
		New		
	1	Measure	31	25
Percentage of elective surgery patients treated within clinically recommended times:				
• Category 1 (30 days)			86%	95%
• Category 2 (90 days)		New	77%	84%
• Category 3 (365 days)	1, 3	Measure	85%	93%
Other measures				
Total weighted activity units:				
• Inpatients (including Critical Care)			24,732	25,804
• Outpatients			9,441	8,695
• Sub acute			1,486	1,655
• Emergency Department		New	8,360	7,916
• Mental Health	1	Measure	1,832	2,089

Mackay Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	1	New Measure	54%	55% - 60%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	1	New Measure	11%	10% - 14%
Number of ambulatory service contacts (Mental Health)	1	New Measure	40,511	41,498

Notes:

1. The 2011-12 est. actuals for service standards and other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.
2. A target is not included as there is no national benchmark for all triage categories, however the service standard has been included (without a target) as it is a nationally recognised standard measure.
3. The 2012-13 targets have been set as the midway point between the 2012 and the 2013 calendar year National Elective Surgery Target and National Emergency Access Target, as per the National Partnership Agreement on Improving Public Hospital Services.

INCOME STATEMENT

Mackay Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income	1			
User charges		..	..	18,314
Grants and other contributions		..	..	269,275
Other revenue		..	..	202
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	287,791
Expenses				
Employee expenses		..	..	268
Supplies and services		..	..	273,374
QH Contract Staff				191,119
Grants and subsidies		..	..	2,790
Depreciation and amortisation		..	..	9,751
Finance/borrowing costs		..	..	..
Other expenses		..	..	1,069
Losses on sale/revaluation of property, plant and equipment and investments		..	..	539
Total expenses		..	..	287,791
OPERATING SURPLUS/(DEFICIT)		..	..	..

STATEMENT OF CHANGES IN EQUITY

Mackay Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	1	..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	868
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	868
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	868
Equity injection/(withdrawal)		..	..	(6,864)
Equity adjustments (MoG transfers)		..	..	161,409
Total movement in equity for period		..	..	155,413

BALANCE SHEET

Mackay Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	5,374
Receivables		..	..	2,933
Other financial assets		..	..	..
Inventories		..	..	1,571
Other		..	..	466
Non-financial assets held for sale		..	..	..
Total current assets		..	..	10,344
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	153,925
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		..	..	153,925
TOTAL ASSETS		..	..	164,269
CURRENT LIABILITIES				
Payables		..	..	8,851
Accrued employee benefits		..	..	5
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	8,856
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	8,856
NET ASSETS/(LIABILITIES)		..	..	155,413
EQUITY				
Capital/contributed equity		..	..	154,545
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	868
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	155,413

CASH FLOW STATEMENT

Mackay Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	17,906
Grants and other contributions		..	..	269,275
Other		..	..	4,967
Outflows:				
Employee costs		..	..	(263)
Supplies and services		..	..	(273,114)
Grants and subsidies		..	..	(2,790)
Borrowing costs		..	..	..
Other		..	..	(1,069)
Net cash provided by/(used in) operating activities		..	..	14,912
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	(6)
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(2,887)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by/(used in) investing activities		..	..	(2,893)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	2,887
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(9,751)
Net cash provided by/(used in) financing activities		..	..	(6,864)
Net increase/(decrease) in cash held		..	..	5,155
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	219
Cash at the end of financial year		..	..	5,374

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS**Income statement / Balance sheet / Cash flow statement**

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

METRO NORTH HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The Metro North HHS is an independent statutory body, overseen by a local Hospital and Health Board, with responsibility for providing public hospital and health services to a population of approximately 900,000 people residing in a geographical area extending from the Brisbane River to north of Kilcoy. The HHS will provide public health services and achieve health system outcomes as defined in the Service Agreement with Queensland Health as manager of the public hospital system.

The Metro North HHS is responsible for the direct management of the facilities within the HHS's geographical boundaries including:

- Royal Brisbane and Women's Hospital
- The Prince Charles Hospital
- Redcliffe Hospital
- Caboolture Hospital
- Kilcoy Hospital
- Brighton Health Campus and Services

The Metro North HHS also operates a number of Primary and Community Health Services, Mental Health Services, Oral Health Services and Sub-acute Services.

The Metro North HHS's key priorities for 2012-13 include:

- providing the right care in the right place at the right time
- supporting the Government commitments to revitalise frontline services for families
- addressing key population health challenges including chronic disease and ageing
- enhance system and workforce capacity
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other providers.

RESOURCES AND PERFORMANCE

The Metro North HHS has an operating budget of \$2.035 billion for 2012-13.

The Service Agreement between the Metro North HHS and Queensland Health identifies the health services to be provided, funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

The Metro North HHS Strategic Plan, Health Service Plan and Sub-Acute Plan 2012-16 are being finalised. These plans will reflect local priorities in line with whole-of-Government statewide plans and commitments. Significant work is underway to improve patient flow from the hospital and community services following a major review of the effectiveness of these processes during 2011.

A number of health infrastructure projects have been completed since 1 July 2012 or are on their way to being completed in 2012-13, including:

- Redcliffe/Caboolture Acute and Secure Mental Health Rehabilitation Units were completed in July 2012
- paediatric emergency department, short stay, inpatient unit, and outpatient unit at The Prince Charles Hospital were recently opened
- paediatric upgrades underway at the Caboolture and Redcliffe Hospital Emergency Departments
- Caboolture Hospital Education and Skills Centre.

STATEMENTS

Staffing

Metro North Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	..	..	12,886

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 12,872 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

Metro North Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Service standards				
Percentage of patients attending emergency departments seen within recommended timeframes:				
• Category 1 (within 2 minutes)			100%	100%
• Category 2 (within 10 minutes)			79%	80%
• Category 3 (within 30 minutes)			62%	75%
• Category 4 (within 60 minutes)			69%	70%
• Category 5 (within 120 minutes)		New	91%	70%
• All categories	1, 2	Measure	69%	..
Percentage of emergency department attendances who depart within four hours of their arrival in the department				
		New		
	1, 3	Measure	56%	74%
Median wait time for treatment in emergency departments (minutes)				
		New		
	1	Measure	19	20
Median wait time for elective surgery (days)				
		New		
	1	Measure	27	25
Percentage of elective surgery patients treated within clinically recommended times:				
• Category 1 (30 days)			88%	95%
• Category 2 (90 days)		New	74%	84%
• Category 3 (365 days)	1, 3	Measure	89%	93%
Other measures				
Total weighted activity units:				
• Inpatients (including Critical Care)			221,884	222,142
• Outpatients			58,854	56,461
• Sub acute			22,854	22,183
• Emergency Department		New	30,640	31,011
• Mental Health	1	Measure	20,416	23,499

Metro North Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	1	New Measure	50%	55%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	1	New Measure	15%	14%
Number of ambulatory service contacts (Mental Health)	1	New Measure	216,145	227,315

Notes:

1. The 2011-12 est. actuals for service standards and other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.
2. A target is not included as there is no national benchmark for all triage categories, however the service standard has been included (without a target) as it is a nationally recognised standard measure.
3. The 2012-13 targets have been set as the midway point between the 2012 and the 2013 calendar year National Elective Surgery Target and National Emergency Access Target, as per the National Partnership Agreement on Improving Public Hospital Services.

INCOME STATEMENT

Metro North Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income	1			
User charges		..	..	132,005
Grants and other contributions		..	..	1,896,168
Other revenue		..	..	6,471
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	2,034,644
Expenses				
Employee expenses		..	..	3,588
Supplies and services		..	..	1,954,071
QH Contract Staff				1,454,759
Grants and subsidies		..	..	3,692
Depreciation and amortisation		..	..	68,683
Finance/borrowing costs		..	..	..
Other expenses		..	..	251
Losses on sale/revaluation of property, plant and equipment and investments		..	..	4,359
Total expenses		..	..	2,034,644
OPERATING SURPLUS/(DEFICIT)		..	..	..

STATEMENT OF CHANGES IN EQUITY

Metro North Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	1	..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	15,853
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	15,853
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	15,853
Equity injection/(withdrawal)		..	..	(42,254)
Equity adjustments (MoG transfers)		..	..	1,493,438
Total movement in equity for period		..	..	1,467,037

BALANCE SHEET

Metro North Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	24,254
Receivables		..	..	36,392
Other financial assets		..	..	..
Inventories		..	..	17,391
Other		..	..	3,429
Non-financial assets held for sale		..	..	..
Total current assets		..	..	81,466
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	1,448,816
Intangibles		..	..	3
Other		..	..	113
Total non-current assets		..	..	1,448,932
TOTAL ASSETS		..	..	1,530,398
CURRENT LIABILITIES				
Payables		..	..	63,340
Accrued employee benefits		..	..	20
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	63,360
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	1
Total non-current liabilities		..	..	1
TOTAL LIABILITIES		..	..	63,361
NET ASSETS/(LIABILITIES)		..	..	1,467,037
EQUITY				
Capital/contributed equity		..	..	1,451,184
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	15,853
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	1,467,037

CASH FLOW STATEMENT

Metro North Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	125,882
Grants and other contributions		..	..	1,896,168
Other		..	..	41,999
Outflows:				
Employee costs		..	..	(3,568)
Supplies and services		..	..	(1,953,007)
Grants and subsidies		..	..	(3,692)
Borrowing costs		..	..	..
Other		..	..	(251)
Net cash provided by/(used in) operating activities		..	..	103,531
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	(757)
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(26,429)
Payments for investments		..	..	..
Loans and advances made		..	..	(21)
Net cash provided by/(used in) investing activities		..	..	(27,207)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	26,429
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(68,683)
Net cash provided by/(used in) financing activities		..	..	(42,254)
Net increase/(decrease) in cash held		..	..	34,070
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	(9,816)
Cash at the end of financial year		..	..	24,254

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement / Balance sheet / Cash flow statement

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

METRO SOUTH HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The Metro South HHS is an independent statutory body, overseen by a local Hospital and Health Board, with responsibility for providing public health services to a population of over 1 million people residing in a geographical area including all of Brisbane City south of the Brisbane River, Redland City, Logan City, Beaudesert City and the eastern portion of the Scenic Rim. The Metro South HHS will provide public health services and achieve health system outcomes as defined in the Service Agreement with Queensland Health as manager of the public hospital system.

The Metro South HHS is responsible for the direct management of the facilities within the HHS's geographical boundaries including:

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

The HHS operates a number of Community Health Centres and Primary Health Care Centres providing a comprehensive range of community and primary health services, including aged care assessment, Aboriginal and Torres Strait Islander health programs; child and maternal health services; alcohol, tobacco and other drug services; home care services; community health nursing, sexual health service, allied health services, oral health and health promotion programs.

The Metro South HHS's key priorities for 2012-13 include:

- providing better access to health services
- addressing and improving key population health challenges and risks
- supporting the Government commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers
- developing stronger partnerships with Universities, Medicare Locals, and the private sector.

RESOURCES AND PERFORMANCE

The Metro South HHS has an operating budget of \$1.638 billion for 2012-13.

The Service Agreement between the Metro South HHS and Queensland Health identifies the health services to be provided, funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

The Metro South HHS Strategic Plan is being finalised, this plan will reflect local priorities in line with whole-of-Government statewide plans and commitments.

During 2012-13, the following projects are due for completion:

- \$37 million QEII Hospital expansion including the emergency department redevelopment and construction of a new Endoscopy Unit and Transit Lounge
- \$13.6 million Redland Hospital emergency department upgrade. The planned extensions, due for completion in 2012 will increase the treatment spaces in the emergency department from 31 to 45
- \$276.1 million Translational Research Institute at the Princess Alexandra Hospital will focus on a wide range of health and medical research areas including cervical and breast cancer, melanoma, liver and kidney disease, malaria, HIV, osteoporosis, obesity, arthritis and diabetes
- Logan Acute Mental Health Unit which will provide 25 new beds
- Bayside and Logan Mental Health Community Care Units which will provide 36 new beds (20 Bayside and 16 Logan)
- Southern Queensland Centre of Excellence in Indigenous Primary Care which will build on the current range of Indigenous Primary Health Care services currently being provided at Inala
- The reopening of obstetric and procedural services at Beaudesert Hospital by July 2014.

In addition, work will continue on the \$175 million upgrade to the Logan Hospital, which will provide:

- a new expanded emergency department
- 14 new paediatric overnight beds
- 12 new inpatient beds, 2 new procedure rooms and 6 new day ward recovery spaces in a new ward for elective surgery and 23-hour care
- 24 rehabilitation beds in a new a sub-acute rehabilitation ward.

STATEMENTS

Staffing

Metro South Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	..	..	10,572

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 10,567 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

Metro South Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Service standards				
Percentage of patients attending emergency departments seen within recommended timeframes:				
• Category 1 (within 2 minutes)			100%	100%
• Category 2 (within 10 minutes)			83%	80%
• Category 3 (within 30 minutes)			54%	75%
• Category 4 (within 60 minutes)			62%	70%
• Category 5 (within 120 minutes)		New	87%	70%
• All categories	1, 2	Measure	63%	..
Percentage of emergency department attendances who depart within four hours of their arrival in the department				
		New		
	1, 3	Measure	54%	74%
Median wait time for treatment in emergency departments (minutes)				
		New		
	1	Measure	23	20
Median wait time for elective surgery (days)				
		New		
	1	Measure	28	25
Percentage of elective surgery patients treated within clinically recommended times:				
• Category 1 (30 days)			84%	95%
• Category 2 (90 days)		New	80%	84%
• Category 3 (365 days)	1, 3	Measure	80%	93%
Other measures				
Total weighted activity units:				
• Inpatients (including Critical Care)			165,596	170,141
• Outpatients			49,395	45,368
• Sub acute			19,301	20,139
• Emergency Department		New	30,441	29,986
• Mental Health	1	Measure	16,245	17,382

Metro South Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	1	New Measure	59%	55% - 60%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	1	New Measure	9%	10% - 14%
Number of ambulatory service contacts (Mental Health)	1	New Measure	293,456	273,707

Notes:

1. The 2011-12 est. actuals for service standards and other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.
2. A target is not included as there is no national benchmark for all triage categories, however the service standard has been included (without a target) as it is a nationally recognised standard measure.
3. The 2012-13 targets have been set as the midway point between the 2012 and the 2013 calendar year National Elective Surgery Target and National Emergency Access Target, as per the National Partnership Agreement on Improving Public Hospital Services.

INCOME STATEMENT

Metro South Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income	1			
User charges		..	..	102,827
Grants and other contributions		..	..	1,532,826
Other revenue		..	..	2,500
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	1,638,153
Expenses				
Employee expenses		..	..	989
Supplies and services		..	..	1,572,218
QH Contract Staff				1,130,71
				2
Grants and subsidies		..	..	3,816
Depreciation and amortisation		..	..	54,071
Finance/borrowing costs		..	..	..
Other expenses		..	..	5,317
Losses on sale/revaluation of property, plant and equipment and investments		..	..	1,742
Total expenses		..	..	1,638,153
OPERATING SURPLUS/(DEFICIT)		..	..	..

STATEMENT OF CHANGES IN EQUITY

Metro South Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
	1			
Net effect of the changes in accounting policies and prior year adjustments		..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	11,774
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	11,774
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	11,774
Equity injection/(withdrawal)		..	..	(28,522)
Equity adjustments (MoG transfers)		..	..	1,217,564
Total movement in equity for period		..	..	1,200,816

BALANCE SHEET

Metro South Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	45,682
Receivables		..	..	27,381
Other financial assets		..	..	..
Inventories		..	..	12,656
Other		..	..	1,992
Non-financial assets held for sale		..	..	..
Total current assets		..	..	87,711
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	1,177,553
Intangibles		..	..	781
Other		..	..	..
Total non-current assets		..	..	1,178,334
TOTAL ASSETS		..	..	1,266,045
CURRENT LIABILITIES				
Payables		..	..	65,210
Accrued employee benefits		..	..	19
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	65,229
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	65,229
NET ASSETS/(LIABILITIES)		..	..	1,200,816
EQUITY				
Capital/contributed equity		..	..	1,189,042
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	11,774
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	1,200,816

CASH FLOW STATEMENT

Metro South Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	100,177
Grants and other contributions		..	..	1,532,826
Other		..	..	31,937
Outflows:				
Employee costs		..	..	(970)
Supplies and services		..	..	(1,568,125)
Grants and subsidies		..	..	(3,816)
Borrowing costs		..	..	..
Other		..	..	(5,317)
Net cash provided by/(used in) operating activities		..	..	86,712
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	(349)
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(25,549)
Payments for investments		..	..	..
Loans and advances made		..	..	(10)
Net cash provided by/(used in) investing activities		..	..	(25,908)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	25,549
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(54,071)
Net cash provided by/(used in) financing activities		..	..	(28,522)
Net increase/(decrease) in cash held		..	..	32,282
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	13,400
Cash at the end of financial year		..	..	45,682

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement / Balance sheet / Cash flow statement

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

NORTH WEST HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The North West HHS is an independent statutory body, overseen by a local Hospital and Health Board, with responsibility for providing public hospital and health services to a population of around 34,000 people residing in a geographical area within north western Queensland and the Gulf of Carpentaria including Mount Isa, and areas of Burketown, Camooweal, Cloncurry, Dajarra, Doomadgee, Julia Creek, Karumba, Mornington Island, Normanton and Urandangi. The North West HHS will provide public health services and achieve health system outcomes as defined in the Service Agreement with Queensland Health as manager of the public hospital system.

The North West HHS is responsible for the direct management of the facilities within the HHS's geographical boundaries including its main referral centre, the Mount Isa Hospital, two Multipurpose Health Services, three rural/remote hospitals, four Primary Healthcare Centres and five Community Healthcare Centres.

The North West HHS provides a comprehensive range of community and primary health services, including aged care assessment, Aboriginal and Torres Strait Islander health programs; child and maternal health services; alcohol, tobacco and other drug services; home care services; community health nursing, sexual health service, allied health, oral health and health promotion programs.

The North West HHS's key priorities for 2012-13 include:

- providing better access to health services
- addressing and improving key population health challenges and risks
- supporting the Government commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers.

RESOURCES AND PERFORMANCE

The North West HHS has an operating budget of \$126.7 million for 2012-13.

The Service Agreement between the North West HHS and Queensland Health identifies the services to be provided, the funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

The North West HHS Strategic Plan is being finalised, this plan will reflect local priorities in line with whole-of-Government statewide plans and commitments.

The Mount Isa Hospital redevelopment which is due for completion in 2013-14, will deliver upgrades to the existing maternity, surgical and paediatric wards, along with a new outpatients centre, oral health and community mental health facilities. Redevelopment and expansion of the hospital's emergency centre and new cancer treatment facilities are also included in the project.

Development of the aged care annex at Cloncurry Hospital providing 10 new beds is expected to be completed in early 2013.

STATEMENTS

Staffing

North West Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	..	..	609

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 608 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

North West Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Service standards				
Percentage of patients attending emergency departments seen within recommended timeframes:				
• Category 1 (within 2 minutes)			100%	100%
• Category 2 (within 10 minutes)			95%	80%
• Category 3 (within 30 minutes)			83%	75%
• Category 4 (within 60 minutes)			68%	70%
• Category 5 (within 120 minutes)		New Measure	81%	70%
• All categories	1, 2	Measure	76%	..
Percentage of emergency department attendances who depart within four hours of their arrival in the department				
	1, 3	New Measure	88%	74%
Median wait time for treatment in emergency departments (minutes)				
	1	New Measure	18	20
Median wait time for elective surgery (days)				
	1	New Measure	21	25
Percentage of elective surgery patients treated within clinically recommended times:				
• Category 1 (30 days)			99%	95%
• Category 2 (90 days)		New Measure	99%	84%
• Category 3 (365 days)	1, 3	Measure	100%	93%
Other measures				
Total weighted activity units:				
• Inpatients (including Critical Care)			7,162	7,359
• Outpatients			3,439	2,938
• Sub acute			258	127
• Emergency Department		New Measure	5,124	4,786
• Mental Health	1	Measure	110	135

North West Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Number of ambulatory service contacts (Mental Health)	1	New Measure	9,667	10,049

Notes:

1. The 2011-12 est. actuals for service standards and other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.
2. A target is not included as there is no national benchmark for all triage categories, however the service standard has been included (without a target) as it is a nationally recognised standard measure.
3. The 2012-13 targets have been set as the midway point between the 2012 and the 2013 calendar year National Elective Surgery Target and National Emergency Access Target, as per the National Partnership Agreement on Improving Public Hospital Services.

INCOME STATEMENT

North West Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income	1			
User charges		..	..	2,967
Grants and other contributions		..	..	123,644
Other revenue		..	..	107
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	126,718
Expenses				
Employee expenses		..	..	239
Supplies and services		..	..	117,074
QH Contract Staff				67,672
Grants and subsidies		..	..	4,574
Depreciation and amortisation		..	..	4,248
Finance/borrowing costs		..	..	..
Other expenses		..	..	284
Losses on sale/revaluation of property, plant and equipment and investments		..	..	299
Total expenses		..	..	126,718
OPERATING SURPLUS/(DEFICIT)		..	..	..

STATEMENT OF CHANGES IN EQUITY

North West Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
	1			
Net effect of the changes in accounting policies and prior year adjustments		..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	593
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	593
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	593
Equity injection/(withdrawal)		..	..	(3,085)
Equity adjustments (MoG transfers)		..	..	85,798
Total movement in equity for period		..	..	83,306

BALANCE SHEET

North West Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	2,295
Receivables		..	..	834
Other financial assets		..	..	..
Inventories		..	..	1,136
Other		..	..	4
Non-financial assets held for sale		..	..	..
Total current assets		..	..	4,269
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	82,960
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		..	..	82,960
TOTAL ASSETS		..	..	87,229
CURRENT LIABILITIES				
Payables		..	..	3,918
Accrued employee benefits		..	..	5
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	3,923
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	3,923
NET ASSETS/(LIABILITIES)		..	..	83,306
EQUITY				
Capital/contributed equity		..	..	82,713
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	593
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	83,306

CASH FLOW STATEMENT

North West Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	2,806
Grants and other contributions		..	..	123,644
Other		..	..	3,891
Outflows:				
Employee costs		..	..	(234)
Supplies and services		..	..	(119,020)
Grants and subsidies		..	..	(4,574)
Borrowing costs		..	..	..
Other		..	..	(284)
Net cash provided by/(used in) operating activities		..	..	6,229
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	(3)
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(1,163)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by/(used in) investing activities		..	..	(1,166)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	1,163
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(4,248)
Net cash provided by/(used in) financing activities		..	..	(3,085)
Net increase/(decrease) in cash held		..	..	1,978
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	317
Cash at the end of financial year		..	..	2,295

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS**Income statement / Balance sheet / Cash flow statement**

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

SOUTH WEST HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The South West HHS is an independent statutory body, overseen by a local Hospital and Health Board, with responsibility for providing public hospital and health services to a population of just over 26,000 residing over 319 square kilometres including the three main centres: Roma, Charleville and St George and surrounding areas of Augathella, Cunnamulla, Dirranbandi, Injune, Mitchell, Morven, Mungindi, Quilpie, Surat, St George, Thargomindah and Wallumbilla. The South West HHS provide public health services and achieve health system outcomes as defined in the Service Agreement with Queensland Health as manager of the public hospital system.

The South West HHS is responsible for the direct management of the facilities and services within the HHS's geographical boundaries including:

- Charleville Hospital
- Roma Hospital
- Cunnamulla Hospital
- Injune Hospital
- St George Hospital
- Surat Hospital
- Westhaven Aged Care Facility
- Waroona Aged Care Facility
- Quilpie Multi-Purpose Health Service (MPHS)
- Mitchell MPHS
- Augathella MPHS
- Dirranbandi MPHS
- Mungindi MPHS
- Wallumbilla Outpatients Clinic (OPC)
- Thargomindah OPC
- Morven OPC

The South West HHS operates a number of Community Health Centres and Primary Health Care Centres providing a comprehensive range of community and primary health services, including aged care assessment, Aboriginal and Torres Strait Islander health programs; child and maternal health services; alcohol, tobacco and other drug services; home care services; community health nursing, sexual health service, allied health services, oral health and health promotion programs.

The South West HHS's key priorities for 2012-13 include:

- providing better access to health services
- addressing and improving key population health challenges and risks
- supporting the Government commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers.

RESOURCES AND PERFORMANCE

The South West HHS has an operating budget of \$107.8 million for 2012-13.

The Service Agreement between the South West HHS and Queensland Health identifies the services to be provided, the funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

The South West HHS Strategic Plan is being finalised, this plan will reflect local priorities in line with whole-of-Government statewide plans and commitments.

STATEMENTS

Staffing

South West Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	..	..	653

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 652 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

South West Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Measures	1			
Total weighted activity units:				
• Inpatients (including Critical Care)			3,597	3,699
• Outpatients			2,712	2,435
• Sub acute			720	1,143
• Emergency Department			2,996	2,774
• Mental Health	2	New Measure	79	102
Number of ambulatory service contacts (Mental Health)	2	New Measure	6,197	5,292

Notes:

1. South West HHS has a smaller set of measures than other HHSs as this reflects the different services that are provided within this HHS.
2. The 2011-12 est. actuals for other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.

INCOME STATEMENT

South West Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income	1			
User charges		..	..	4,381
Grants and other contributions		..	..	103,291
Other revenue		..	..	87
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	107,759
Expenses				
Employee expenses		..	..	213
Supplies and services		..	..	98,847
QH Contract Staff				65,246
Grants and subsidies		..	..	3,303
Depreciation and amortisation		..	..	4,607
Finance/borrowing costs		..	..	..
Other expenses		..	..	482
Losses on sale/revaluation of property, plant and equipment and investments		..	..	307
Total expenses		..	..	107,759
OPERATING SURPLUS/(DEFICIT)		..	..	..

STATEMENT OF CHANGES IN EQUITY

South West Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	1	..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	503
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	503
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	503
Equity injection/(withdrawal)		..	..	(3,164)
Equity adjustments (MoG transfers)		..	..	86,976
Total movement in equity for period		..	..	84,315

BALANCE SHEET

South West Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	2,216
Receivables		..	..	1,093
Other financial assets		..	..	..
Inventories		..	..	399
Other		..	..	38
Non-financial assets held for sale		..	..	..
Total current assets		..	..	3,746
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	83,966
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		..	..	83,966
TOTAL ASSETS		..	..	87,712
CURRENT LIABILITIES				
Payables		..	..	3,393
Accrued employee benefits		..	..	4
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	3,397
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	3,397
NET ASSETS/(LIABILITIES)		..	..	84,315
EQUITY				
Capital/contributed equity		..	..	83,812
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	503
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	84,315

CASH FLOW STATEMENT

South West Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	4,348
Grants and other contributions		..	..	103,291
Other		..	..	4,286
Outflows:				
Employee costs		..	..	(209)
Supplies and services		..	..	(101,428)
Grants and subsidies		..	..	(3,303)
Borrowing costs		..	..	..
Other		..	..	(482)
Net cash provided by/(used in) operating activities		..	..	6,503
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	1
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(1,443)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by/(used in) investing activities		..	..	(1,442)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	1,443
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(4,607)
Net cash provided by/(used in) financing activities		..	..	(3,164)
Net increase/(decrease) in cash held		..	..	1,897
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	319
Cash at the end of financial year		..	..	2,216

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement / Balance sheet / Cash flow statement

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

SUNSHINE COAST HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The Sunshine Coast HHS is an independent statutory body, overseen by a local Hospital and Health Board, with responsibility for providing public hospital and health services to a population of around 390,000 residing in a geographical area located in south east Queensland and extends through coastal and hinterland areas from Caloundra in the south to Gympie in the north. The Sunshine Coast HHS provides public health services and achieves health system outcomes as defined in the Service Agreement with Queensland Health as manager of the public hospital system.

The Sunshine Coast HHS is responsible for the direct management of the facilities within the HHS's geographical boundaries including:

- Caloundra Hospital
- Gympie Hospital
- Maleny Memorial Hospital
- Nambour Hospital
- Glenbrook Residential Aged Care Facility

The Sunshine Coast HHS also has a Build Own Operate Transfer Contract with Ramsay Health Care, the operators of Noosa Hospital. Under this arrangement, Ramsay provides services to public patients at the Noosa Hospital.

The Sunshine Coast HHS operates a number of Mental Health Services, Community Health Centres and Primary Health Care Centres providing a comprehensive range of community and primary health services, including aged care assessment, Aboriginal and Torres Strait Islander health programs; child and maternal health services; alcohol, tobacco and other drug services; home care services; community health nursing, sexual health service, allied health services, oral health and health promotion programs.

The Sunshine Coast HHS's key priorities for 2012-13 include:

- providing better access to health services
- addressing and improving key population health challenges and risks
- supporting the Government commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers.

RESOURCES AND PERFORMANCE

The Sunshine Coast HHS has an operating budget of \$634.9 million for 2012-13.

The Service Agreement between the Sunshine Coast HHS and Queensland Health identifies the services to be provided, the funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

The Sunshine Coast HHS Strategic Plan is being finalised, this plan will reflect local priorities in line with whole-of-Government state-wide plans and commitments.

Expansion of both the range of services and capacity within the Sunshine Coast HHS is planned in recognition of the high level of population growth in the local area and in preparation for the opening of the Sunshine Coast University Hospital (SCUH) in 2016. A new Cardiac Catheter Laboratory, Vascular and Endoscopy Procedural Suites became operational in April 2012. For the first time public patients on the Sunshine Coast have local and timely access to the diagnostic capacity of a Cardiac Catheter Laboratory. Interventional services will commence as the Laboratory's capacity is fully developed. The new procedural suites have also expanded the Nambour General Hospital's vascular and endoscopy services.

A private hospital is currently under construction on SCUH site at Kawana. Ramsay Health Care who will be the operators of the hospital has a five year agreement with Queensland Health to treat public patients. The 200 bed hospital will provide up to 110 public bed equivalents of services to be provided to public patients from late 2013 to mid 2018.

Health Infrastructure projects continuing in 2012-13 include:

- expansion of Caloundra Hospital's Department of Emergency Medicine to be completed in late 2012 at a total cost of \$11.5 million
- the construction of the \$1.872 billion SCUH at Kawana which will deliver 450 beds available in 2016 and 738 beds in total by 2021. The SCUH once open will be the first Public-Private-Partnership (PPP) hospital in Queensland.

STATEMENTS

Staffing

Sunshine Coast Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	..	..	3,511

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 3,506 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

Sunshine Coast Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Service standards				
Percentage of patients attending emergency departments seen within recommended timeframes:				
• Category 1 (within 2 minutes)			100%	100%
• Category 2 (within 10 minutes)			82%	80%
• Category 3 (within 30 minutes)			66%	75%
• Category 4 (within 60 minutes)			75%	70%
• Category 5 (within 120 minutes)		New Measure	91%	70%
• All categories	1, 2	Measure	74%	..
Percentage of emergency department attendances who depart within four hours of their arrival in the department				
	1, 3	New Measure	68%	74%
Median wait time for treatment in emergency departments (minutes)				
	1	New Measure	17	20
Median wait time for elective surgery (days)				
	1	New Measure	33	25
Percentage of elective surgery patients treated within clinically recommended times:				
• Category 1 (30 days)			86%	95%
• Category 2 (90 days)		New Measure	80%	84%
• Category 3 (365 days)	1, 3	Measure	93%	93%
Other measures				
Total weighted activity units:				
• Inpatients (including Critical Care)			59,223	62,276
• Outpatients			11,770	12,411
• Sub acute			6,677	6,010
• Emergency Department		New Measure	14,161	11,676
• Mental Health	1	Measure	5,890	5,320

Sunshine Coast Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	1	New Measure	52%	55% - 60%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	1	New Measure	9%	10% - 14%
Number of ambulatory service contacts (Mental Health)	1	New Measure	84,342	79,229

Notes:

1. The 2011-12 est. actuals for service standards and other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.
2. A target is not included as there is no national benchmark for all triage categories, however the service standard has been included (without a target) as it is a nationally recognised standard measure.
3. The 2012-13 targets have been set as the midway point between the 2012 and the 2013 calendar year National Elective Surgery Target and National Emergency Access Target, as per the National Partnership Agreement on Improving Public Hospital Services.

INCOME STATEMENT

Sunshine Coast Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income	1			
User charges		..	..	29,731
Grants and other contributions		..	..	604,320
Other revenue		..	..	866
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	634,917
Expenses				
Employee expenses		..	..	988
Supplies and services		..	..	525,928
QH Contract Staff				390,739
Grants and subsidies		..	..	86,004
Depreciation and amortisation		..	..	20,005
Finance/borrowing costs		..	..	..
Other expenses		..	..	784
Losses on sale/revaluation of property, plant and equipment and investments		..	..	1,208
Total expenses		..	..	634,917
OPERATING SURPLUS/(DEFICIT)		..	..	..

STATEMENT OF CHANGES IN EQUITY

Sunshine Coast Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	1	..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	2,943
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	2,943
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	2,943
Equity injection/(withdrawal)		..	..	(12,065)
Equity adjustments (MoG transfers)		..	..	563,088
Total movement in equity for period		..	..	553,966

BALANCE SHEET

Sunshine Coast Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	13,692
Receivables		..	..	5,667
Other financial assets		..	..	..
Inventories		..	..	4,311
Other		..	..	274
Non-financial assets held for sale		..	..	..
Total current assets		..	..	23,944
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	551,710
Intangibles		..	..	..
Other		..	..	7
Total non-current assets		..	..	551,717
TOTAL ASSETS		..	..	575,661
CURRENT LIABILITIES				
Payables		..	..	21,676
Accrued employee benefits		..	..	19
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	21,695
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	21,695
NET ASSETS/(LIABILITIES)		..	..	553,966
EQUITY				
Capital/contributed equity		..	..	551,023
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	2,943
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	553,966

CASH FLOW STATEMENT

Sunshine Coast Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	28,615
Grants and other contributions		..	..	604,320
Other		..	..	15,337
Outflows:				
Employee costs		..	..	(969)
Supplies and services		..	..	(530,531)
Grants and subsidies		..	..	(86,004)
Borrowing costs		..	..	..
Other		..	..	(784)
Net cash provided by/(used in) operating activities		..	..	29,984
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	(3)
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(7,940)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by/(used in) investing activities		..	..	(7,943)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	7,940
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(20,005)
Net cash provided by/(used in) financing activities		..	..	(12,065)
Net increase/(decrease) in cash held		..	..	9,976
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	3,716
Cash at the end of financial year		..	..	13,962

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement / Balance sheet / Cash flow statement

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

TORRES STRAIT - NORTHERN PENINSULA HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The Torres Strait HHS is an independent statutory body, which will be overseen by a local Hospital and Health Board once appointed. Currently, the Director-General of Queensland Health is appointed as the Torres Strait Administrator. The Administrator will work closely with the Torres Strait-Northern Peninsula HHS to transition control to a Hospital and Health Board when appointed.

The Torres Strait HHS is responsible for providing public health services to a population of approximately 11,000 people residing in a geographical area situated across the Torres Strait and expands to the five communities on the Northern Peninsula Area. The Torres Strait HHS provides public health services as defined in the Service Agreement with Queensland Health as manager of the public hospital system.

The Torres Strait HHS is responsible for providing a range of primary and community health services including chronic disease management, maternal and child health services, men's and women's health services, oral health, post acute rehabilitation aged care, general home and community care services and family support.

The Torres Strait - Northern Peninsula HHS's key priorities for 2012-13 include:

- providing better access to health services
- addressing and improving key population health challenges and risks
- supporting the Government commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers.

RESOURCES AND PERFORMANCE

The Torres Strait HHS has an operating budget of \$81.1 million for 2012-13.

The Service Agreement between the Torres Strait HHS and Queensland Health identifies the services to be provided, the funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

The Torres Strait HHS Strategic Plan is being finalised, this plan will reflect local community and health priorities in line with whole-of-Government statewide plans and commitments.

Health infrastructure projects continuing in 2012-13 include:

- Thursday Island Chronic Disease Centre
- construction of staff accommodation on Thursday Island and Saibai Island and
- development of a new Primary Healthcare Centre on Saibai Island.

STATEMENTS

Staffing

Torres Strait – Northern Peninsula Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1,2	..	..	403

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 402 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

Torres Strait – Northern Peninsula Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Measures	1			
Total weighted activity units:				
• Inpatients (including Critical Care)			7,390	2,013
• Outpatients			1,384	6,593
• Sub acute			121	60
• Emergency Department		New	496	365
• Mental Health	2	Measure	38	53
Number of ambulatory service contacts (Mental Health)	2	New Measure	2,474	3,254

Notes:

1. The Torres Strait and Northern Peninsula HHS has a smaller set of measures than other HHSs as this reflects the different services that are provided within this HHS.
2. The 2011-12 est. actuals for other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.

INCOME STATEMENT

Torres Strait & Northern Peninsula Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income	1			
User charges		..	..	3,275
Grants and other contributions		..	..	77,793
Other revenue		..	..	72
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	81,140
Expenses				
Employee expenses		..	..	213
Supplies and services		..	..	72,287
QH Contract Staff				36,665
Grants and subsidies		..	..	1,948
Depreciation and amortisation		..	..	4,042
Finance/borrowing costs		..	..	..
Other expenses		..	..	199
Losses on sale/revaluation of property, plant and equipment and investments		..	..	2,451
Total expenses		..	..	81,140
OPERATING SURPLUS/(DEFICIT)		..	..	..

STATEMENT OF CHANGES IN EQUITY

Torres Strait & Northern Peninsula Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	1	..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	799
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	799
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	799
Equity injection/(withdrawal)		..	..	(3,120)
Equity adjustments (MoG transfers)		..	..	101,273
Total movement in equity for period		..	..	98,952

BALANCE SHEET

Torres Strait & Northern Peninsula Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	4,653
Receivables		..	..	1,145
Other financial assets		..	..	..
Inventories		..	..	408
Other		..	..	..
Non-financial assets held for sale		..	..	..
Total current assets		..	..	6,206
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	97,086
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		..	..	97,086
TOTAL ASSETS		..	..	103,292
CURRENT LIABILITIES				
Payables		..	..	4,336
Accrued employee benefits		..	..	4
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	4,340
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	4,340
NET ASSETS/(LIABILITIES)		..	..	98,952
EQUITY				
Capital/contributed equity		..	..	98,153
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	799
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	98,952

CASH FLOW STATEMENT

Torres Strait – Northern Peninsula Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	742
Grants and other contributions		..	..	77,793
Other		..	..	1,584
Outflows:				
Employee costs		..	..	(209)
Supplies and services		..	..	(71,750)
Grants and subsidies		..	..	(1,948)
Borrowing costs		..	..
Other		..	..	(199)
Net cash provided by/(used in) operating activities		..	..	6,013
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	(7)
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(922)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by/(used in) investing activities		..	..	(929)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	922
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(4,042)
Net cash provided by/(used in) financing activities		..	..	(3,120)
Net increase/(decrease) in cash held		..	..	1,964
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	2,689
Cash at the end of financial year		..	..	4,653

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement / Balance sheet / Cash flow statement

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

TOWNSVILLE HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The Townsville HHS is an independent statutory body, overseen by a local Hospital and Health Board, with responsibility for providing public hospital and health services to a population over 240,000 people. The Townsville HHS will provide public hospital and health services and achieve health system outcomes as defined in the Service Agreement with Queensland Health as manager of the public hospital system.

The Townsville HHS is responsible for the direct management of the facilities within the HHS's geographical boundaries including:

- Townsville Hospital
- Charters Towers Hospital
- Charters Towers Rehabilitation Unit
- Home Hill Hospital
- Hughenden Hospital
- Magnetic Island Health Service Centre
- Ingham Hospital
- Richmond Hospital
- Ayr Hospital
- Joyce Palmer Health Service
- Kirwan Mental Health Rehabilitation Unit

The Townsville HHS will also provide a comprehensive range of Community and Primary Health Services, including aged care assessment; Aboriginal and Torres Strait Islander health programs; child and maternal health services; alcohol, tobacco and other drug services; home care services; community health nursing; sexual health service; allied health services; oral health and health promotion programs.

The Townsville HHS's key priorities for 2012-13 include:

- providing better access to health services
- addressing and improving key population health challenges and risks
- supporting the Government commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers.

RESOURCES AND PERFORMANCE

The Townsville HHS has an operating budget of \$699.4 million for 2012-13.

The Service Agreement between the Townsville HHS and Queensland Health identifies the health services to be provided, funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

The Townsville HHS Strategic Plan is being finalised, this plan will reflect local priorities in line with whole-of-Government statewide plans and commitments.

During 2012-13, work will continue on a number of health infrastructure projects including:

- the Townsville Hospital expansion, which is due for completion in 2014 and will deliver:
 - a new 66 bed ward block
 - two new operating theatres and associated support services
 - a new Central Energy Facility
 - expansion and upgrade of the Pathology Laboratory
 - expansion of Medical Imaging, Pharmacy and other clinical service departments
 - new and refurbished space for essential support services including Kitchen, Medical Records and Mortuary
- expansion to the neonatal intensive care unit and
- construction of the Townsville Hospital Mental Health Adolescent Unit.

2012-13 will see the establishment of the \$14.75 million (over three years) Townsville Paediatric Intensive Care Service.

STATEMENTS

Staffing

Townsville Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1,2	..	..	4,540

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 4,536 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

Townsville Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Service standards				
Percentage of patients attending emergency departments seen within recommended timeframes:				
• Category 1 (within 2 minutes)			100%	100%
• Category 2 (within 10 minutes)			89%	80%
• Category 3 (within 30 minutes)			69%	75%
• Category 4 (within 60 minutes)			62%	70%
• Category 5 (within 120 minutes)		New	80%	70%
• All categories	1, 2	Measure	69%	..
Percentage of emergency department attendances who depart within four hours of their arrival in the department				
		New		
	1, 3	Measure	60%	74%
Median wait time for treatment in emergency departments (minutes)				
		New		
	1	Measure	19	20
Median wait time for elective surgery (days)				
		New		
	1	Measure	35	25
Percentage of elective surgery patients treated within clinically recommended times:				
• Category 1 (30 days)			89%	95%
• Category 2 (90 days)		New	65%	84%
• Category 3 (365 days)	1, 3	Measure	68%	93%
Other measures				
Total weighted activity units:				
• Inpatients (including Critical Care)			72,499	75,148
• Outpatients			21,067	21,332
• Sub acute			5,346	6,775
• Emergency Department		New	13,205	12,646
• Mental Health	1	Measure	9,533	8,511

Townsville Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	1	New Measure	48%	55% - 60%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	1	New Measure	10%	10% - 14%
Number of ambulatory service contacts (Mental Health)	1	New Measure	64,211	56,184
Extended treatment facility and psychiatric hospital patient days	1	New Measure	18,027	18,702

Notes:

1. The 2011-12 est. actuals for service standards and other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.
2. A target is not included as there is no national benchmark for all triage categories, however the service standard has been included (without a target) as it is a nationally recognised standard measure.
3. The 2012-13 targets have been set as the midway point between the 2012 and the 2013 calendar year National Elective Surgery Target and National Emergency Access Target, as per the National Partnership Agreement on Improving Public Hospital Services.

INCOME STATEMENT

Townsville Health and Hospital Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income	1			
User charges		..	..	38,774
Grants and other contributions		..	..	660,039
Other revenue		..	..	584
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	699,397
Expenses				
Employee expenses		..	..	768
Supplies and services		..	..	665,628
QH Contract Staff				502,826
Grants and subsidies		..	..	3,990
Depreciation and amortisation		..	..	25,909
Finance/borrowing costs		..	..	..
Other expenses		..	..	2,340
Losses on sale/revaluation of property, plant and equipment and investments		..	..	762
Total expenses		..	..	699,397
OPERATING SURPLUS/(DEFICIT)		..	..	..

STATEMENT OF CHANGES IN EQUITY

Townsville Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	1	..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	3,801
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	3,801
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	3,801
Equity injection/(withdrawal)		..	..	(17,180)
Equity adjustments (MoG transfers)		..	..	425,330
Total movement in equity for period		..	..	411,951

BALANCE SHEET

Townsville Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	13,177
Receivables		..	..	8,531
Other financial assets		..	..	..
Inventories		..	..	5,497
Other		..	..	835
Non-financial assets held for sale		..	..	..
Total current assets		..	..	28,040
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	406,431
Intangibles		..	..	397
Other		..	..	3
Total non-current assets		..	..	406,831
TOTAL ASSETS		..	..	434,871
CURRENT LIABILITIES				
Payables		..	..	22,905
Accrued employee benefits		..	..	15
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	22,920
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	22,920
NET ASSETS/(LIABILITIES)		..	..	411,951
EQUITY				
Capital/contributed equity		..	..	408,150
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	3,801
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	411,951

CASH FLOW STATEMENT

Townsville Health and Hospital Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	37,814
Grants and other contributions		..	..	660,039
Other		..	..	14,851
Outflows:				
Employee costs		..	..	(753)
Supplies and services		..	..	(668,253)
Grants and subsidies		..	..	(3,990)
Borrowing costs		..	..	..
Other		..	..	(2,340)
Net cash provided by/(used in) operating activities		..	..	37,368
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	(44)
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(8,729)
Payments for investments		..	..	..
Loans and advances made		..	..	(1)
Net cash provided by/(used in) investing activities		..	..	(8,774)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	8,729
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(25,909)
Net cash provided by/(used in) financing activities		..	..	(17,180)
Net increase/(decrease) in cash held		..	..	11,414
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	1,763
Cash at the end of financial year		..	..	13,177

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement / Balance sheet / Cash flow statement

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

WEST MORETON HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The West Moreton HHS is an independent statutory body, overseen by a local Hospital and Health Board, with responsibility for providing public hospital and health services to a population of around 220,000 residing in a geographical area stretching from Ipswich in the east, to Boonah in the south, north to Esk and west to Gatton. The West Moreton HHS will provide public health services and achieve health system outcomes as defined in the Service Agreement with Queensland Health as manager of the public hospital system.

The West Moreton HHS is responsible for the direct management of the facilities within the HHS's geographical boundaries including:

- Ipswich Hospital
- Boonah Hospital
- Esk Hospital
- Gatton Hospital
- Laidley Hospital
- The Park – Centre for Mental Health

The West Moreton HHS provides a comprehensive range of community and primary health services, including aged care assessment, Aboriginal and Torres Strait Islander health programs; child and maternal health services; alcohol, tobacco and other drug services; home care services; community health nursing, sexual health services, allied health services, oral health, mental health, offender health and health promotion programs.

The West Moreton HHS's key priorities for 2012-13 include:

- providing better access to health services
- addressing and improving key population health challenges and risks
- supporting the Government commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers.

RESOURCES AND PERFORMANCE

The West Moreton HHS has an operating budget of \$373.3 million for 2012-13.

The Service Agreement between the West Moreton HHS and Queensland Health identifies the health services to be provided, funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

The West Moreton HHS Strategic Plan is being finalised, this plan will reflect local priorities in line with whole-of-Government statewide plans and commitments.

During 2012-13, work will continue on the Ipswich Hospital Expansion which will transform the existing hospital into a new, expanded facility, offering quality and timely health services to the region. The expanded hospital will include an additional 90 beds including six paediatric short stay beds and associated facilities/services at the Ipswich Hospital.

STATEMENTS

Staffing

West Moreton Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	..	..	2,507

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 2,503 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

West Moreton Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Service standards				
Percentage of patients attending emergency departments seen within recommended timeframes:				
• Category 1 (within 2 minutes)			100%	100%
• Category 2 (within 10 minutes)			96%	80%
• Category 3 (within 30 minutes)			61%	75%
• Category 4 (within 60 minutes)			63%	70%
• Category 5 (within 120 minutes)		New Measure	81%	70%
• All categories	1, 2	Measure	68%	..
Percentage of emergency department attendances who depart within four hours of their arrival in the department				
	1, 3	New Measure	62%	74%
Median wait time for treatment in emergency departments (minutes)				
	1	New Measure	25	20
Median wait time for elective surgery (days)				
	1	New Measure	24	25
Percentage of elective surgery patients treated within clinically recommended times:				
• Category 1 (30 days)			81%	95%
• Category 2 (90 days)		New Measure	79%	84%
• Category 3 (365 days)	1, 3	Measure	87%	93%
Other measures				
Total weighted activity units:				
• Inpatients (including Critical Care)			32,082	32,587
• Outpatients			6,616	5,617
• Sub acute			3,403	4,378
• Emergency Department		New Measure	7,940	7,291
• Mental Health	1	Measure	4,452	3,995

West Moreton Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	1	New Measure	50%	55% - 60%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	1	New Measure	7%	10% - 14%
Number of ambulatory service contacts (Mental Health)	1	New Measure	62,832	62,977
Extended treatment facility and psychiatric hospital patient days	1	New Measure	51,071	59,130

Notes:

1. The 2011-12 est. actuals for service standards and other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.
2. A target is not included as there is no national benchmark for all triage categories, however the service standard has been included (without a target) as it is a nationally recognised standard measure.
3. The 2012-13 targets have been set as the midway point between the 2012 and the 2013 calendar year National Elective Surgery Target and National Emergency Access Target, as per the National Partnership Agreement on Improving Public Hospital Services.

INCOME STATEMENT

West Moreton Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income	1			
User charges		..	..	13,728
Grants and other contributions		..	..	359,166
Other revenue		..	..	397
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	373,291
Expenses				
Employee expenses		..	..	981
Supplies and services		..	..	359,329
QH Contract Staff				278,566
Grants and subsidies		..	..	1,580
Depreciation and amortisation		..	..	9,469
Finance/borrowing costs		..	..	..
Other expenses		..	..	1,054
Losses on sale/revaluation of property, plant and equipment and investments		..	..	878
Total expenses		..	..	373,291
OPERATING SURPLUS/(DEFICIT)		..	..	..

STATEMENT OF CHANGES IN EQUITY

West Moreton Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	1	..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	1,909
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	1,909
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	1,909
Equity injection/(withdrawal)		..	..	(6,104)
Equity adjustments (MoG transfers)		..	..	190,977
Total movement in equity for period		..	..	186,782

BALANCE SHEET

West Moreton Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	5,223
Receivables		..	..	4,298
Other financial assets		..	..	..
Inventories		..	..	1,785
Other		..	..	402
Non-financial assets held for sale		..	..	..
Total current assets		..	..	11,708
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	186,478
Intangibles		..	..	..
Other		..	..	2
Total non-current assets		..	..	186,480
TOTAL ASSETS		..	..	198,188
CURRENT LIABILITIES				
Payables		..	..	11,387
Accrued employee benefits		..	..	19
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	11,406
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	11,406
NET ASSETS/(LIABILITIES)		..	..	186,782
EQUITY				
Capital/contributed equity		..	..	184,873
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				..
- Asset revaluation surplus		..	..	1,909
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	186,782

CASH FLOW STATEMENT

West Moreton Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	12,758
Grants and other contributions		..	..	359,166
Other		..	..	8,904
Outflows:				
Employee costs		..	..	(962)
Supplies and services		..	..	(360,265)
Grants and subsidies		..	..	(1,580)
Borrowing costs		..	..	..
Other		..	..	(1,054)
Net cash provided by/(used in) operating activities		..	..	16,967
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	(130)
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(3,365)
Payments for investments		..	..	..
Loans and advances made		..	..	(4)
Net cash provided by/(used in) investing activities		..	..	(3,499)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	3,365
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(9,469)
Net cash provided by/(used in) financing activities		..	..	(6,104)
Net increase/(decrease) in cash held		..	..	7,364
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	(2,141)
Cash at the end of financial year		..	..	5,223

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement / Balance sheet / Cash flow statement

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.
2. The amount identified under Supplies and Services as 'QH contract staff' represents the significant component of supplies and services expense related to staff hired by the HHSs from Queensland Health.

WIDE BAY HOSPITAL AND HEALTH SERVICE

OVERVIEW

In accordance with the Government's commitment at the March 2012 election to revitalise frontline services, on 1 July 2012 Hospital and Health Boards commenced operation and Queensland Health's corporate office transitioned to the role of System Manager. These two fundamental first steps have already delivered local control of healthcare decisions to local communities, and have started the process of delivering more efficient public hospital and health services at the quality that Queenslanders expect.

The reforms are intended to decentralise the delivery of healthcare. They transform Queensland Health from a single organisation into a collection of independent agencies. In combination with other policy initiatives, the decentralisation of decision-making will improve the flexibility, responsiveness and innovative capability of the public health system.

The Wide Bay HHS is an independent statutory body, overseen by a local Hospital and Health Board, with responsibility for providing public hospital and health services to a population of around 220,000 people residing in a geographical area that incorporates the North Burnett, Bundaberg and Fraser Coast local government areas and part of Gladstone Regional Council (Miriam Vale). The Wide Bay HHS will provide public health services and achieve health system outcomes as defined in the Service Agreement with Queensland Health as manager of the public hospital system.

The Wide Bay HHS is responsible for the direct management of the facilities within the HHS's geographical boundaries including:

- Bundaberg Hospital
- Maryborough Hospital
- Hervey Bay Hospital
- Childers Multi-Purpose Health Service (MPHS)
- Mundubbera MPHS
- Gayndah Hospital
- Gin Gin Hospital
- Monto Hospital
- Biggenden MPHS
- Monto MPHS
- Mount Perry Health Centre
- Yaralla Place Residential Aged Care Facility

The Wide Bay HHS provides acute inpatient and specialist services, comprehensive mental health services, oral health services and a wide range of community and outreach services. Services are provided from three major facilities (Bundaberg, Hervey Bay and Maryborough hospitals) as well as eight smaller rural health facilities. A large aged care facility is also based in Maryborough. The HHS operates a number of Community Health Centres providing a comprehensive range of community and primary health services, including aged care assessment, Aboriginal and Torres Strait Islander health programs; child and maternal health services; alcohol, tobacco and other drug services; home care services; community health nursing, breast screening, sexual health service, allied health services, and health promotion programs.

Demographically, the Wide Bay HHS is classified as a 'high needs' area given its low socio-economic status and high elderly population. Over the last 10 years the population of the Fraser Coast has increased by 39% while Bundaberg has grown by 24%¹, placing significant demands on the local health services.

¹Australian Bureau of Statistics (population projections based on 2006 census), March 2012

The Wide Bay HHS's key priorities for 2012-13 are to:

- support the Government commitments to revitalise frontline services for families and deliver better infrastructure
- develop integrated models of care that reflect the Wide Bay's Continuum of Care philosophy by working closely with rural and community providers to ensure that health services are delivered in the right way, at the right place and the right time
- manage the growing demand for health services within budget by continually reviewing services to ensure maximum efficiency and increased access
- improve the equity of health outcomes by developing health services that are culturally appropriate for the Indigenous community
- create a healthier and more resilient community by changing the focus of health care from illness to wellness
- consistently provide safe, high quality patient care by continually reviewing services to ensure they are up to date, sustainable and meet national safety and quality standards
- ensure business decisions (both clinical and non-clinical) are based on accurate information and consistent management practice
- continue to enhance the skills and competencies of the workforce by developing and supporting staff to meet the challenges being faced now and into the future.

The Wide Bay HHS faces significant challenges during 2012-13, including:

- driving cultural change to achieve better performance
- transitioning to an activity based funding model of funding health services
- up-skilling and sustaining the workforce across 11 facilities
- engaging with the community to ensure alignment of service delivery to community needs.

RESOURCES AND PERFORMANCE

The Wide Bay HHS has an operating budget of \$440.9 million for 2012-13.

The Service Agreement between the Wide Bay HHS and Queensland Health identifies the health services to be provided, funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

The Wide Bay HHS Strategic Plan is being finalised, this plan will reflect local priorities in line with whole-of-Government statewide plans and commitments. Many of the projects commenced in 2011 will be enhanced in 2012-13 and a number of new initiatives commenced (e.g. clinical services redesign project), to enable the Wide Bay HHS to meet the challenges of an expanding health services.

STATEMENTS

Staffing

Wide Bay Hospital and Health Service	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	..	..	2,568

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. 2,567 staff are employees of Queensland Health and have been contracted to the HHS.

Performance Statement

Wide Bay Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Service standards				
Percentage of patients attending emergency departments seen within recommended timeframes:				
• Category 1 (within 2 minutes)			100%	100%
• Category 2 (within 10 minutes)			88%	80%
• Category 3 (within 30 minutes)			76%	75%
• Category 4 (within 60 minutes)			72%	70%
• Category 5 (within 120 minutes)		New	89%	70%
• All categories	1, 2	Measure	76%	..
Percentage of emergency department attendances who depart within four hours of their arrival in the department				
		New		
	1, 3	Measure	62%	74%
Median wait time for treatment in emergency departments (minutes)				
		New		
	1	Measure	23	20
Median wait time for elective surgery (days)				
		New		
	1	Measure	28	25
Percentage of elective surgery patients treated within clinically recommended times:				
• Category 1 (30 days)			92%	95%
• Category 2 (90 days)		New	81%	84%
• Category 3 (365 days)	1, 3	Measure	85%	93%
Other measures				
Total weighted activity units:				
• Inpatients (including Critical Care)			37,711	38,781
• Outpatients			8,688	6,431
• Sub acute			5,151	6,345
• Emergency Department		New	13,601	13,291
• Mental Health	1	Measure	2,600	2,193

Wide Bay Hospital and Health Service	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	1	New Measure	61%	55%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	1	New Measure	9%	10% - 14%
Number of ambulatory service contacts (Mental Health)	1	New Measure	41,200	38,285

Notes:

1. The 2011-12 est. actuals for service standards and other measures were delivered by the former Health Service District, prior to the establishment of the Hospital and Health Service and were not subject to a service agreement with Queensland Health.
2. A target is not included as there is no national benchmark for all triage categories, however the service standard has been included (without a target) as it is a nationally recognised standard measure.
3. Targets set at the midway point between the 2012 and the 2013 calendar year National Elective Surgery Targets and National Emergency Access Targets, as per the National Partnership Agreement on Improving Public Hospital Services.

INCOME STATEMENT

Wide Bay Health and Hospital Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
	1			
Income				
User charges		..	..	23,005
Grants and other contributions		..	..	416,657
Other revenue		..	..	1,198
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		..	..	440,860
Expenses				
Employee expenses		..	..	212
Supplies and services		..	..	419,474
QH Contract Staff				284,923
Grants and subsidies		..	..	4,910
Depreciation and amortisation		..	..	14,963
Finance/borrowing costs		..	..	..
Other expenses		..	..	1,233
Losses on sale/revaluation of property, plant and equipment and investments		..	..	68
Total expenses		..	..	440,860
OPERATING SURPLUS/(DEFICIT)		..	..	..

STATEMENT OF CHANGES IN EQUITY

Wide Bay Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
	1			
Net effect of the changes in accounting policies and prior year adjustments		..	..	..
Increase/(decrease) in asset revaluation reserve		..	..	1,326
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
Net income recognised directly in equity		..	..	1,326
Surplus/(deficit) for the period		..	..	..
Total recognised income and expense for the period		..	..	1,326
Equity injection/(withdrawal)		..	..	(11,256)
Equity adjustments (MoG transfers)		..	..	273,794
Total movement in equity for period		..	..	263,864

BALANCE SHEET

Wide Bay Hospital and Health Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS	1			
Cash assets		..	..	8,174
Receivables		..	..	4,062
Other financial assets		..	..	..
Inventories		..	..	2,705
Other		..	..	180
Non-financial assets held for sale		..	..	..
Total current assets		..	..	15,121
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	262,682
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		..	..	262,682
TOTAL ASSETS		..	..	277,803
CURRENT LIABILITIES				
Payables		..	..	13,935
Accrued employee benefits		..	..	4
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		..	..	13,939
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		..	..	..
TOTAL LIABILITIES		..	..	13,939
NET ASSETS/(LIABILITIES)		..	..	263,864
EQUITY				
Capital/contributed equity		..	..	262,538
Accumulated surplus/(accumulated deficit)		..	..	..
Reserves:				
- Asset revaluation surplus		..	..	1,326
- Other (specify)		..	..	..
TOTAL EQUITY		..	..	263,864

CASH FLOW STATEMENT

Wide Bay Health and Hospital Service	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES	1			
Inflows:				
User charges		..	..	22,885
Grants and other contributions		..	..	416,657
Other		..	..	13,712
Outflows:				
Employee costs		..	..	(208)
Supplies and services		..	..	(425,218)
Grants and subsidies		..	..	(4,910)
Borrowing costs		..	..
Other		..	..	(1,233)
Net cash provided by/(used in) operating activities		..	..	21,685
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	(1)
Outflows:				
Payments for property, plant and equipment and intangibles		..	..	(3,707)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by/(used in) investing activities		..	..	(3,708)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	3,707
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	(14,963)
Net cash provided by/(used in) financing activities		..	..	(11,256)
Net increase/(decrease) in cash held		..	..	6,721
Cash at the beginning of financial year		..	..	..
Cash transfers from restructure		..	..	1,453
Cash at the end of financial year		..	..	8,174

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS**Income statement / Balance sheet / Cash flow statement**

1. Hospital and Health Services were established on 1 July 2012, therefore no data is available in 2011-12 for comparative purposes.

HEALTH QUALITY AND COMPLAINTS COMMISSION

AGENCY OVERVIEW

The Health Quality and Complaints Commission (the HQCC) is an independent statutory body established under the *Health Quality and Complaints Commission Act 2006*. The HQCC contributes to the Government's *Getting Queensland back on track: Statement of objectives for the community* (Pledge 5: We will restore accountability in government) and the *Statement of Government Health Priorities* by providing Queenslanders with independent and impartial healthcare complaint management and quality monitoring services to maintain accountability in the health system.

Strategic direction

The legislative objectives of the HQCC are to provide for oversight, review of, and improvement in the quality of health services; and independent review and management of health complaints.

The HQCC works with healthcare providers, consumers and other organisations to prevent patient harm and improve service quality by managing complaints about health services; investigating serious and systemic issues and recommending quality improvement; monitoring, reviewing and reporting on healthcare quality; identifying healthcare risks and recommending action; sharing information about healthcare safety and quality; and promoting healthcare rights.

The HQCC's strategic objectives are to drive healthcare safety and quality improvement; increase community involvement in improving healthcare safety and quality; strengthen the HQCC's leadership and independence; and strengthen its business operations.

The implementation of national and state health reforms in 2012-13 will have a significant impact on the work of the HQCC and the healthcare organisations and practitioners which the HQCC oversees.

RESOURCES AND PERFORMANCE

In 2011-12, the HQCC managed a 28% increase in healthcare complaints, with 3,244 complaints received compared to 2,525 in 2010-11. To maintain a high quality service to clients within existing resources, the HQCC completed an internal operational review in December 2011. Initiatives arising from the review include a new complaint triage process, an increased focus on the informal early resolution of complaints within 30 days, and the establishment of information collation, analysis and sharing functions to produce reports on the learning from complaint management, investigations and quality monitoring to drive healthcare improvement. Development of complaint triage and early resolution services will continue in 2012-13 as the HQCC strives to maximise the efficiency and effectiveness of its services.

To improve oversight and reporting of healthcare quality issues, the HQCC will expand monitoring of reportable events (unforeseen and serious events where patients are harmed or unexpectedly die while receiving healthcare) in Queensland's public and private health facilities and during the provision of ambulance services. From 1 July 2012, the HQCC will monitor all reportable events, not only those reportable events for which healthcare providers conduct a root cause analysis, as has been the practice previously. The HQCC will also commence the transition to the *National Safety and Quality Health Service Standards* by retiring 6 of its 9 healthcare standards for Queensland acute and day hospitals on 31 December 2012. The HQCC's 2012-13 Budget is \$10.4 million.

STATEMENTS

Staffing

Health Quality and Complaints Commission	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1	70	71	71

Notes:

1. Full-time equivalents (FTEs) as at 30 June.

Performance Statement

Health Quality and Complaints Commission	Notes	2011-12 Target/est.	2011-12 Est. actual	2012-13 Target/Est.
Service standards				
Percentage of client satisfaction with complaint service:				
• ease of access		75%	88%	75%
• staff		75%	79%	75%
• timeliness	1	75%	61%	75%
• quality		75%	72%	75%
• outcome		50%	60%	60%
• overall		75%	76%	75%
Percentage of investigation recommendations implemented by healthcare providers within agreed timeframes				
	2	75%	72%	80%
Percentage of quality monitoring recommendations implemented by healthcare providers within agreed timeframes				
	3	75%	100%	75%
Other measures				
Percentage of complaints in early resolution closed within 30 days				
		100%	91%	100%
Percentage of complaints in assessment closed within 90 days				
		100%	93%	100%
Percentage of complaints in conciliation closed within 12 months				
		60%	59%	60%
Percentage of investigations closed within 12 months				
	4	70%	42%	70%
Percentage of Queensland acute and day hospital compliance with HQCC healthcare standards				
	5	90%	87%	100%

Notes:

1. Variance between the 2011-12 target/est. and 2011-12 Est. actual is due to a 28% increase in the number of complaints received in 2011-12 and other factors outside the HQCC's control.
2. While the 2011-12 target/est. of 75% was not achieved, the HQCC expects most healthcare providers to meet the agreed deadlines for the implementation of recommendations arising from investigations and has therefore increased the 2012-13 target/est. to 80%.
3. The number of quality monitoring recommendations made to healthcare providers by the HQCC varies from year to year. In 2011-12, six quality monitoring recommendations were due for completion. All six recommendations were implemented within agreed timeframes. The HQCC recognises that some recommendations may not be implemented within the initially agreed timeframe and therefore the 2012-13 target/est. for this measure remains 75%.
4. Variance between the 2011-12 target/est. and 2011-12 estimated actual is due to a focus on closing a number of complex and lengthy investigations exceeding 12 months. Additional staff has been recruited to improve the timeliness of investigations.
5. Queensland acute and day hospitals will report against the HQCC's healthcare standards for the final time in September 2012 (reporting period 1 July 2011 to 30 June 2012). Version 2.0 of the standards (released 1 July 2010) expanded the scope of some standards, resulting in a 6% decrease in hospital self-reported compliance in 2010-11. The HQCC expects hospitals will have implemented processes to achieve full compliance with version 2.0 of the standards during 2011-12. Hospital self-reported compliance for 2011-12 will be reported in 2012-13 and therefore the 2012-13 target/est for this measure has been increased to 100%.

INCOME STATEMENT

Health Quality and Complaints Commission	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income				
User charges		..	..	..
Grants and other contributions	1, 4	9,898	10,078	10,170
Other revenue		256	300	256
Gains on sale/revaluation of property, plant and equipment and investments		..	..	..
Total income		10,154	10,378	10,426
Expenses				
Employee expenses	2, 6	7,341	7,615	7,561
Supplies and services	5, 7	2,354	2,229	2,405
Grants and subsidies		..	..	..
Depreciation and amortisation		430	451	430
Finance/borrowing costs		..	..	..
Other expenses	3, 8	29	330	30
Losses on sale/revaluation of property, plant and equipment and investments		..	7	..
Total expenses		10,154	10,632	10,426
OPERATING SURPLUS/(DEFICIT)		..	(254)	..

STATEMENT OF CHANGES IN EQUITY

Health Quality and Complaints Commission	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	
Increase/(decrease) in asset revaluation reserve	
Net amount of all revenue and expense adjustments direct to equity not disclosed above	
Net income recognised directly in equity	
Surplus/(deficit) for the period		..	(254)	..
Total recognised income and expense for the period		..	(254)	..
Equity injection/(withdrawal)	
Equity adjustments (MoG transfers)	
Total movement in equity for period		..	(254)	..

BALANCE SHEET

Health Quality and Complaints Commission	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS				
Cash assets	9, 15, 22	1,874	463	893
Receivables		93	356	356
Other financial assets		..	..	..
Inventories		..	..	..
Other		46	62	62
Non-financial assets held for sale		..	..	..
Total current assets		2,013	881	1,311
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	10, 16, 23	1,410	1,564	1,214
Intangibles	11, 17, 24	687	605	525
Other		..	..	..
Total non-current assets		2,097	2,169	1,739
TOTAL ASSETS		4,110	3,050	3,050
CURRENT LIABILITIES				
Payables	12, 18	1,041	189	189
Accrued employee benefits		620	629	629
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		139	..	..
Total current liabilities		1,800	818	818
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits	13, 19	..	95	95
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other	14, 20	1,080	919	919
Total non-current liabilities		1,080	1,014	1,014
TOTAL LIABILITIES		2,880	1,832	1,832
NET ASSETS/(LIABILITIES)		1,230	1,218	1,218
EQUITY				
Capital/contributed equity		..	..	..
Accumulated surplus/(accumulated deficit)	21	1,230	1,218	1,218
Reserves:				
- Asset revaluation surplus		..	..	..
- Other (specify)		..	..	..
TOTAL EQUITY		1,230	1,218	1,218

CASH FLOW STATEMENT

Health Quality and Complaints Commission	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges		..	..	..
Grants and other contributions		9,898	9,898	10,170
Other		256	500	256
Outflows:				
Employee costs		(7,341)	(7,471)	(7,561)
Supplies and services		(2,354)	(2,427)	(2,405)
Grants and subsidies		..	..	..
Borrowing costs		..	..	..
Other		(29)	(491)	(30)
Net cash provided by/(used in) operating activities		430	9	430
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for property, plant and equipment and intangibles		..	(239)	..
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by/(used in) investing activities		..	(239)	..
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	..
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	..
Net cash provided by/(used in) financing activities		..	..	..
Net increase/(decrease) in cash held		430	(230)	430
Cash at the beginning of financial year	25	1,444	693	463
Cash transfers from restructure		..	..	..
Cash at the end of financial year	26, 27	1,874	463	893

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement

Major variations between 2011-12 Budget and 2011-12 Estimated actual include:

1. An increase of \$180,000 has been allocated for the enterprise bargaining agreement.
2. Increase in employee costs due to staffing levels exceeded in frontline positions to meet service delivery demands.
3. Increase in other expenses due to a posting error for the trustee/board fees.

Major variations between 2011-12 Budget and 2012-13 Estimate include:

4. An increase of \$40,000 will be received for colocation rent expenses; a further increase of \$12,000 added to the funding for the transition of the new payroll and finance system.
5. Increase in supplies and services due to annual rent rise and payroll and financial services provided.

Major variations between 2011-12 Estimated actual and the 2012-13 Estimate include:

6. Decrease in employee expenses due to a reduction in normal staffing levels.
7. Increase in supplies and services due to annual rent rise and payroll and financial services provided.
8. Decrease in other expenses due to the correction of a posting error of the trustee/board fees.

Balance sheet

Major variations between 2011-12 Budget and 2011-12 Estimated actual include:

9. Decrease in cash asset as a result of HQCC posting a deficit in the 2011-12 financial year.
10. Increase in PPE due to an upgrade on equipment needs.
11. Decrease in Intangibles due to software at the end of useful life.
12. Decrease in Payables due to accounts processed before end of financial year and no major accrual invoices expected.
13. Increase in Non-current accrued employee benefits is equal to annual leave >20days.
14. Decrease in Other Non-current liabilities due to the building owner incentive received for lease held with the Department of Housing and Public Works.

Major variations between 2011-12 Budget and 2012-13 Estimate include:

15. Decrease in cash asset as a result of HQCC posting a deficit in the 2011-12 financial year
16. Decrease in property, plant and equipment (PPE) due to various items at the end of their useful life.
17. Decrease in Intangibles due to software at the end of useful life.
18. Decrease in Payables due to accounts processed before end of financial year and no major accrual invoices expected.
19. Increase in Non-current accrued employee benefits is equal to annual leave >20days.
20. Decrease in Other Non-current liabilities due to the building owner incentive received for lease held with the Department of Housing and Public Works.
21. Decrease in accumulated surplus as a result of HQCC posting a deficit in the 2011-12 financial year.

Major variations between 2011-12 Estimated actual and the 2012-13 Estimate include:

22. Decrease in cash asset as a result of HQCC posting a deficit in the 2011-12 financial year.
23. Decrease in PPE due to various items at the end of their useful life.
24. Decrease in Intangibles due to software at the end of useful life.

Cash flow statement

Major variations between 2011-12 Budget and 2011-12 Estimated actual include:

25. Decrease from budgeted cash held and estimated cash held is a result of higher than forecast expenditure in 2010-11.

Major variations between 2011-12 Budget and 2012-13 Estimate include:

26. Decrease in cash asset as a result of HQCC posting a deficit in the 2011-12 financial year.

Major variations between 2011-12 Estimated actual and the 2012-13 Estimate include:

27. Decrease in cash asset as a result of the reduction in estimated actual cash and HQCC posting a deficit in the 2011-12 financial year has contributed to a lower cash balance estimate for the 2012-13 financial year.

QUEENSLAND INSTITUTE OF MEDICAL RESEARCH

OVERVIEW

Strategic direction

The Queensland Institute of Medical Research (QIMR) is a world-leading translational research institute, established as a statutory body under the *Queensland Institute of Medical Research Act 1945*. QIMR's research strategy focuses on three major areas: Cancer, Infectious Diseases, and Mental Health and Complex Disorders.

QIMR's scientists perform world class research with consequences and contribute to the Government's *Getting Queensland back on track: Statement of objectives for the community* and its pledge to *'Revitalise front-line services for families'* through improved health outcomes such as new diagnostic, prevention and treatment strategies. QIMR also contributes to the *Statement of Government Health Priorities* by providing better health services through the transfer of knowledge from the laboratory to the clinic with over 60% of the QIMR research faculty having active collaborative linkages with clinicians. QIMR's role in the Queensland Tropical Health Alliance with James Cook University forms part of the Government's pledge to *'Grow a four pillar economy'*.

The realisation of QIMR's strategic objectives is dependent on its success in securing funding from both government and non-government sources, including community and philanthropic donations and income from commercialisation activities. In 2012-13, QIMR will receive \$14 million from the Queensland Government, which represents 14% of estimated revenue. This together with competitive peer-reviewed medical research grants are the Institutes two most significant sources of funding. The State Government grant and the operations it supports, enables QIMR to leverage this funding to secure competitive peer-reviewed medical research grants and other income.

RESOURCES AND PERFORMANCE

In 2012-13 QIMR is entering a period of accelerated growth with the completion of its \$180 million Health and Medical Research Centre at Herston. QIMR is actively recruiting researchers in areas of high strategic importance to Queensland, including tropical diseases, vaccine development, cancer and genetics to increase its capacity by 50% to approximately 1,000 staff and students over the next four years. The successful recruitment and retention of leading Australian and international scientists will be a critical issue in a highly competitive sector. Higher operating costs associated with the increased research activity and the newly opened Medical Research Centre are the main drivers of QIMR's 2012-13 Estimate.

During 2011-12 QIMR:

- used experimental immunotherapy treatments to help a bone marrow transplant patient overcome a life threatening infection
- identified several new genes that increase the risk of melanoma, cancers of the breast, ovary, prostate and endometrium, glaucoma, blindness, heart disease, schizophrenia, bipolar disorder, Alzheimer's disease and dementia
- released Wolbachia infected mosquitoes in Cairns to test the effectiveness against the spread of dengue fever
- developed a simple blood test to monitor the risk of contracting cytomegalovirus, one of the leading causes of death for transplant patients

- completed pre-clinical testing of a vaccine for cytomegalovirus in transplant patients and newborn babies
- headed up the largest Australian study of asthma genetics
- used brain imaging to develop a stress test for dementia, to predict the function of patients for up to two years.

In the wider research community QIMR:

- was the best performing research institute in the Asia Pacific Region in 2011 (based on Nature Publishing rankings)
- published over 250 research articles annually, demonstrating the scientific value of QIMR's work
- was the prime source of research that resulted in a new skin cancer drug manufactured in Queensland
- raised the international profile of Queensland by an average of 118 invitations per annum to QIMR researchers to speak at other leading medical research institutes
- partnered with the Royal Brisbane and Women's Hospital (RBWH), The University of Queensland (UQ) and QUT to develop new diagnostics based on advanced imaging technology
- has been an integral part of the discussions to establish an Advanced Health Sciences Centre on the Herston campus (together with the RBWH, UQ and QUT)
- partnered with UQ in the recently established Australian Infectious Diseases Research Centre.

QIMR has engaged with the community and has:

- informed Queensland secondary students by organising visits for more than 700 students from more than 60 schools annually
- provided information on relevant research progress to the community through the regular communication with over 14,000 citizens
- organised the largest charity cycle event in Queensland, with over 1,300 direct participants and 39,000 supporters, which brings information on cancer research to the community.

In 2012-13, QIMR will:

- use experimental immunotherapy treatments on patients with aggressive brain tumours
- continue to test immunotherapy treatments which have already led to a cancer breakthrough in a patient with aggressive throat cancer
- work on Q-Skin, the largest skin cancer research study ever conducted in Australia
- conduct a two-year trial of a rheumatoid arthritis medication to treat asthma
- continue to test anti-malarial drugs on humans infected with malaria parasites
- work towards the first diagnostic test for depression
- establish a world first comparative tissue bank of samples from women with recurring breast cancer
- continue its role as a key member of the Queensland Tropical Health Alliance
- continue research which will help understand childhood degenerative brain diseases in collaboration with the University of Queensland's Centre for Clinical Research
- partner in the Queensland Head and Neck Cancer Centre of Excellence based at the Princess Alexandra Hospital.

STATEMENTS**Staffing**

Queensland Institute of Medical Research	Notes	2011-12 Budget	2011-12 Est. actual	2012-13 Estimate
	1, 2	452	446	500

Notes:

1. Full-time equivalents (FTEs) as at 30 June.
2. This does not include visiting scientists or students.

INCOME STATEMENT

Queensland Institute of Medical Research	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Income				
User charges		4,868	2,919	4,872
Grants and other contributions	1, 5, 7	142,243	77,434	98,654
Other revenue	1, 2, 8	3,576	10,771	4,082
Gains on sale/revaluation of property, plant and equipment and investments	3	3,922	(76)	2,947
Total income		154,609	91,048	110,555
Expenses				
Employee expenses	4, 9	45,583	37,678	48,608
Supplies and services	6	28,421	31,120	37,243
Grants and subsidies		..	..	..
Depreciation and amortisation		7,490	6,204	9,709
Finance/borrowing costs		..	..	..
Other expenses		746	1,331	1,082
Losses on sale/revaluation of property, plant and equipment and investments		..	4	..
Total expenses		82,240	76,337	96,642
OPERATING SURPLUS/(DEFICIT)		72,369	14,711	13,913

STATEMENT OF CHANGES IN EQUITY

Queensland Institute of Medical Research	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
Net effect of the changes in accounting policies and prior year adjustments	
Increase/(decrease) in asset revaluation reserve		1,300	(179)	..
Net amount of all revenue and expense adjustments direct to equity not disclosed above	
Net income recognised directly in equity		1,300	(179)	..
Surplus/(deficit) for the period		72,369	14,711	13,913
Total recognised income and expense for the period		73,669	14,532	13,913
Equity injection/(withdrawal)	
Equity adjustments (MoG transfers)	
Total movement in equity for period		73,669	14,532	13,913

BALANCE SHEET

Queensland Institute of Medical Research	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CURRENT ASSETS				
Cash assets	10, 13, 14	49,173	82,242	68,880
Receivables		11,568	9,121	9,121
Other financial assets		..	..	..
Inventories		281	255	255
Other		550	270	270
Non-financial assets held for sale		..	..	..
Total current assets		61,572	91,888	78,526
NON-CURRENT ASSETS				
Receivables		..	..	..
Investments accounted for using the equity method		490	301	301
Other financial assets		68,209	64,026	67,023
Property, plant and equipment	10, 14	267,488	242,572	254,693
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		336,187	306,899	322,017
TOTAL ASSETS		397,759	398,787	400,543
CURRENT LIABILITIES				
Payables	11, 15	43,382	23,117	10,960
Accrued employee benefits		1,181	3,496	3,496
Interest-bearing liabilities and derivatives		23	25	25
Provisions		121	121	121
Other		689	(121)	(121)
Total current liabilities		45,396	26,638	14,481
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		644	913	913
Interest-bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		644	913	913
TOTAL LIABILITIES		46,040	27,551	15,394
NET ASSETS/(LIABILITIES)		351,719	371,236	385,149
EQUITY				
Capital/contributed equity		..	..	..
Accumulated surplus/(accumulated deficit)	12	308,525	332,288	346,201
Reserves:				
- Asset revaluation surplus		43,194	38,948	38,948
- Other (specify)		..	..	..
TOTAL EQUITY		351,719	371,236	385,149

CASH FLOW STATEMENT

Queensland Institute of Medical Research	Notes	2011-12 Budget \$'000	2011-12 Est. act. \$'000	2012-13 Estimate \$'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges		4,845	1,993	4,872
Grants and other contributions	1, 5, 7	142,243	77,941	98,654
Interest Received	1, 5, 7	1,675	6,080	1,073
Other		1,851	5,584	2,960
Outflows:				
Employee costs	4, 9	(45,583)	(36,641)	(48,608)
Supplies and services		(37,022)	(37,012)	(37,243)
Grants and subsidies	1, 19	(58,296)	(469)	(12,157)
Borrowing costs		..	..	..
Other		(220)	(1,391)	(1,082)
Net cash provided by/(used in) operating activities		9,493	16,085	8,469
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of property, plant and equipment		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for property, plant and equipment and intangibles	16, 18	(74,961)	(42,973)	(21,831)
Payments for investments	17	..	(3,324)	..
Loans and advances made		..	..	..
Net cash provided by/(used in) investing activities		(74,961)	(46,297)	(21,831)
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	1	..
Equity injections		..	..	..
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	..
Net cash provided by/(used in) financing activities		..	1	..
Net increase/(decrease) in cash held		(65,468)	(30,211)	(13,362)
Cash at the beginning of financial year		114,641	112,453	82,242
Cash transfers from restructure		..	..	..
Cash at the end of financial year		49,173	82,242	68,880

EXPLANATION OF VARIANCES IN THE FINANCIAL STATEMENTS

Income statement

Major variations between 2011-12 Budget and 2011-12 Estimated actual include:

1. 2011-12 Budget revenue includes \$72.3 million in capital grants and interest income (included in other revenue) for the construction of the new Medical Research Centre. QIMR previously deferred capital grants upon receipt (i.e. set up a liability included in payables) and recognised revenue in line with actual construction costs. As part of the financial year-end audit (2011-12) the Queensland Audit Office (QAO) required QIMR to change this accounting practice and recognise capital grants upon receipt. This led to only \$11.4 million of capital grants revenue in 2011-12 which is \$60.9 million less than budgeted.
2. Change in the timing of reimbursements for major capital expenditure associated with the QLD Tropical Health Alliance (QTHA) leads to higher income in 2011-12 Estimated actual.
3. Actual returns on long term investments significantly lower than 2011-12 Budget estimates commensurate with volatility in global financial markets.
4. Lower than budgeted employee expenses due to a conservative recruitment strategy in non-research areas.

Major variations between 2011-12 Budget and 2012-13 Estimate include:

5. Slow down in capital grant revenue recognition for Medical Research Centre in 2012-13 Estimates as project is nearing completion.
6. Supplies and services in 2012-13 Estimate expected to increase in line with expanded research capacities of the new Medical Research Centre. This line item also includes the financial impact of higher utility charges and the carbon tax.

Major variations between 2011-12 Estimated actual and the 2012-13 Estimate include:

7. Effect of change in accounting treatment described in note 1. Increase in research grant revenue and donation and gift receipts in the 2012-13 Estimates due to the planned expansion following the opening of the new Medical Research Centre.
8. Reduction in interest income in 2012-13 mainly driven by lower cash balances due to nearing completion of the Medical Research Centre project.
9. 2012-13 Estimates reflect the full-year effect of previously vacant positions now being filled. The estimates also take into consideration the salary increases in line with the recently ratified enterprise bargaining agreement.

Balance sheet

Major variations between 2011-12 Budget and 2011-12 Estimated actual include:

10. 2011-12 Estimated actual cash balance positively impacted by savings in operating costs plus completion of phase two of the Medical Research Centre project completed below budget. The resulting temporary higher cash balance and lower than budgeted additions to property, plant and equipment will revert upon project completion.
11. Discontinued recognition of unexpended capital grants as a liability in the balance sheet in 2011-12 Estimated actual due to change in accounting practice (refer note 1).
12. Recognition of capital grants revenue and interest income for the construction of the new Medical Research Centre in prior years leads to increase in retained earnings (refer note 1).

Major variations between 2011-12 Budget and 2012-13 Estimate include:

13. Increase in cash balance in 2012-13 Estimate versus budget due to increased scientific research grant funding and slower than anticipated cash outflows for Medical Research Centre project.

Major variations between 2011-12 Estimated actual and the 2012-13 Estimate include:

14. 2012-13 Estimate period will see further cash outflows for the Medical Research Centre project and additions to property, plant & equipment.
15. Reduction in payables in line with the nearing completion of the Medical Research Centre project.

Cash flow statement

Major variations between 2011-12 Budget and 2011-12 Estimated actual include:

16. Savings on construction costs compared to 2011-12 Budget for phase 2 of the Medical Research Centre project resulted in lower payments for work in progress.
17. 2011-12 Estimated actual investment in managed funds of cash and donations previously held in term deposits.

Major variations between 2011-12 Budget and 2012-13 Estimate include:

18. Slow down in additions to property, plant & equipment for Medical Research Centre in 2012-13 Estimates as project is nearing completion.

Major variations between 2011-12 Estimated actual and the 2012-13 Estimate include:

19. Increase due to the planned expansion following the opening of the new Medical Research Centre.

GLOSSARY OF TERMS

Accrual Accounting — Recognition of economic events and other financial transactions involving revenue, expenses, assets, liabilities and equity as they occur and reporting in financial statements in the period to which they relate, rather than when a flow of cash occurs.

Administered Items — Assets, liabilities, revenues and expenses an entity administers, without discretion, on behalf of the Government.

Agency/Entity — Used generically to refer to the various organisational units within Government that deliver services or otherwise service Government objectives. The term can include departments, commercialised business units, statutory bodies or other organisations established by Executive decision.

Appropriation — Funds issued by the Treasurer, under Parliamentary authority, to agencies during a financial year for:

- 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.
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Financial Statements	— Collective description of the Income Statement, the Balance Sheet and the Cash Flow Statement for an entity's controlled and administered activities.
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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.
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Outcomes	— Whole-of-government outcomes are intended to cover all dimensions of community well being. They express the current needs and future aspirations of communities, within a social, economic and environment context.
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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.
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Priorities	— Key policy areas that will be the focus of Government activity.
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Services	— The actions or activities (including policy development) of an agency which contribute to the achievement of the agency's objectives.
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For a more detailed Glossary of Terms, please refer to the Reader's Guide available on the Budget website at www.budget.qld.gov.au.

