

Our performance

The Sunshine Coast Hospital and Health Board is responsible for the delivery of the organisation’s strategy and monitoring of performance. In accordance with our Strategic Plan (2016-2020) and the Service Agreement with Department of Health. In 2019-2020, the health service’s performance against the Service Agreement was impacted by the COVID-19 pandemic. This included:

- the requirement to focus on preparation and response to COVID-19 which began early 2020 and continued for the remainder of 2019-2020
- the associated significant reduction in non-urgent care including elective surgery, outpatients, screening and oral health to create capacity for the significant expansion of public health, emergency and critical care associated with the COVID-19 response
- an increase in operating costs, both workforce and non-labour, to prepare and respond to COVID-19
- the deferment of some efficiency strategies so leadership could focus on the pandemic management response
- the increased costs in goods and services including purchase of PPE equipment.

Notwithstanding the significant impact of COVID-19, the health service continued to deliver safe, high quality care to its community with record volumes of care in a number of areas, and a particular focus on those patients requiring the highest clinical priority.

Table 5: Service standards performance 2019-20

Service standards	Target	Actual
Effectiveness measures		
Percentage of patients attending emergency departments seen within recommended timeframes: ^a		
Category 1 (within 2 minutes)	100%	100%
Category 2 (within 10 minutes)	80%	75.5%
Category 3 (within 30 minutes)	75%	73.8%
Category 4 (within 60 minutes)	70%	82.1%
Category 5 (within 120 minutes)	70%	97.8%
Percentage of emergency department attendances who depart within four hours of their arrival in the department ^a	>80%	72.8%
Percentage of elective surgery patients treated within clinically recommended times: ^b		
Category 1 (30 days)	>98%	88.5% ¹
Category 2 (90 days)	95%	69.7%
Category 3 (365 days)	95%	69.8%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ^c	<2	0.9 ²
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit ^d	>65%	68.8%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge ^d	<12%	10.4% ³

Service standards	Target	Actual
Percentage of specialist outpatients waiting within clinically recommended timeframes: ^e		
Category 1 (30 days)	80%	73.8% ¹
Category 2 (90 days)	70%	43.9%
Category 3 (365 days)	90%	75.7%
Percentage of specialist outpatients seen within clinically recommended times: ^e		
Category 1 (30 days)	82%	87.4% ¹
Category 2 (90 days)	70%	50.8%
Category 3 (365 days)	90%	64.2%
Median wait time for treatment in emergency departments (minutes) ^a	...	14
Median wait time for elective surgery (days) ^b	...	49
Efficiency measure Average cost per weighted activity unit for Activity Based Funding facilities ^{f,g}	\$5428	\$5407 ⁴
Other measures		
Number of elective surgery patients treated within clinically recommended times: ^b		
Category 1 (30 days)	3156	3243 ¹
Category 2 (90 days)	4407	2765
Category 3 (365 days)	1799	1382
Number of Telehealth outpatient occasions of service events ^h	4311	12,781
Total weighted activity units (WAUs) ^g		
Acute inpatient	104,914	99,473 ⁵
Outpatients	22,040	22,186
Sub-acute	7756	8251
Emergency department	22,974	22,066
Mental health	11,033	9727
Prevention and primary care	3565	4394
Ambulatory mental health service contact duration (hours) ^d	>65,184	62,820
Staffing ⁱ	6007	6170

¹Non urgent elective surgery and specialist outpatient services were temporarily suspended as part of COVID-19 preparation. Seen in time performance and service volumes were impacted as a result.

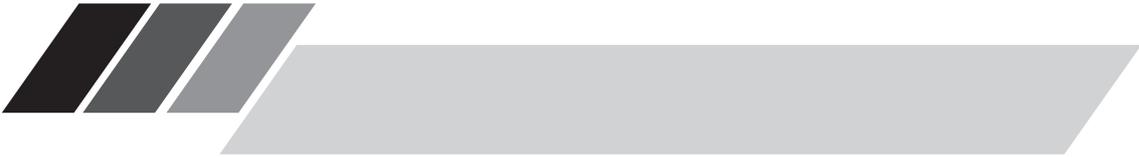
²The Epidemiology and Research Unit in the Communicable Diseases Branch are unable to provide full year SAB data as resources are redirected to the COVID-19 response. SAB data presented as Mar-20 FYTD and is preliminary.

³Readmission to acute Mental Health inpatient unit data presented as May-20 FYTD.

⁴Cost per WAU data presented as Mar-20 FYTD.

⁵Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix of 2018-19 year and COVID-19 preparation and the temporary suspension of non urgent planned care services reduced the volume of patient activity. Activity data presented is preliminary. Data presented is full year as at 17 August 2020.

Source: a Emergency Data Collection, b Elective Surgery Data Collection, c Communicable Diseases Unit, d Mental Health Branch, e Specialist Outpatient Data Collection, f DSS Finance, g GenWAU, h Monthly Activity Collection, i DSS Employee Analysis. Note: Targets presented are full year targets as published in 2019-20 Service Delivery Statements.



Financial summary

The health service reported total comprehensive income of \$1.638 million for the year incorporating a net revaluation increment of \$28.665 million on land and buildings and an underlying operating deficit of \$27.027 million.

Table 6: Summary of financial results for past two years

Financial performance	2019-2020 \$'000	2018-2019 \$'000
Total income	1,281,487	1,254,834
Total expenses	(1,308,514)	(1,277,016)
Operating result	(27,027)	(22,128)
Financial position		
Current assets	90,964	122,284
Non-current assets	1,922,415	1,996,093
Total assets	2,013,379	2,118,377
Current liabilities	(131,775)	(126,046)
Non-current liabilities	(583,686)	(595,524)
Total liabilities	(715,461)	(721,570)
Total equity	1,297,918	1,396,807

The operating result reflects higher than expected costs of delivering services during the year which saw the health service on track to deliver record levels of care to patients followed by unprecedented challenges faced in responding to the COVID-19 pandemic. Further rigour in demand management and ongoing commitment to efficiency and sustainability strategies is continuing to be implemented to address performance and enable the health service to transition to long term financial sustainability.

Financial performance

Total Income

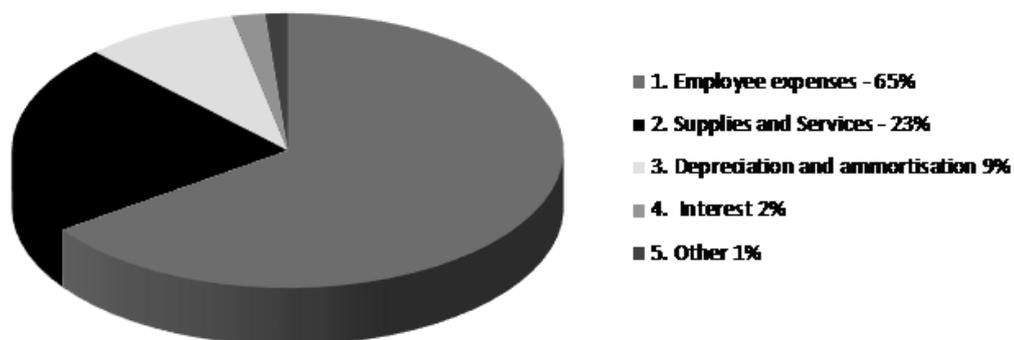
Total income for 2019-2020 was \$1.281 billion, an increase of \$26.6 million or 2.1 per cent from 2018-2019 (\$1.255 billion). The increase mainly relates to additional growth funding and activity purchased by the Department of Health. \$4.104 million was received from the Australian Government through the COVID-19 National Partnership Agreement and the Department of Health Service Agreement toward the costs of managing the COVID-19 response.

Total Expenses

Total expenses for 2019-2020 were \$1.309 billion, and increase of \$31.5 million or 2.5 per cent from 2018-2019 (\$1.277 billion). In addition to costs expended in delivering additional activity, the health service incurred additional expenditure in responding to the COVID-19 pandemic, predominantly in labour and employment related costs. While there is a National Partnership Agreement to support healthcare COVID-19 costs, not all financial impacts, including loss of revenue, were eligible for reimbursement.

The following chart shows the breakdown of total expenses with employee expenses being the largest component.

Chart 1: total expenses 2019-2020

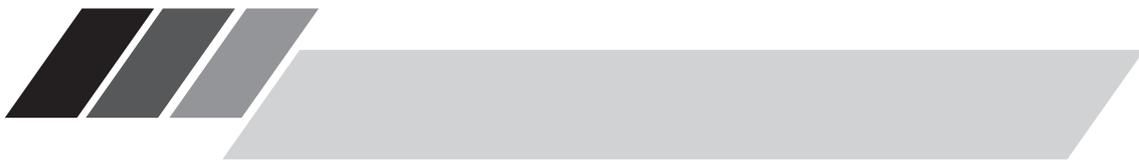


Anticipated Maintenance

Anticipated maintenance is a common building maintenance strategy used by public and private sector industries. All Queensland Health entities comply with the Queensland Government Maintenance Management Framework which requires the reporting of anticipated maintenance.

Anticipated maintenance is defined as maintenance that is necessary to prevent the deterioration of an asset or its function, but which has not been carried out. Some anticipated maintenance activities can be postponed without immediately having a noticeable effect on the functionality of the asset. All anticipated maintenance items are risk assessed to identify any potential impact on users and services and are closely managed to ensure all facilities are safe. Anticipated maintenance items are identified through the completion of triennial condition assessments, with the value and quantum of anticipated maintenance will fluctuate in accordance with the assessment programs and completed maintenance works.

As at 3 June 2020, the health service had reported total anticipated maintenance of \$15.3 million. The health service is currently completing a condition assessment program for its major facilities, and the value of anticipated maintenance may vary as a result.



Financial position

Total assets

The health service's asset base amounts to \$2.013 billion. Ninety-five per cent or \$1.916 billion is comprised of property, plant and equipment. Total assets decreased by \$105 million in 2019-20 predominantly reflecting a reduction in cash and cash equivalents of \$37.1 million (\$38.6 million attributable to use for operating activities) and property, plant and equipment of \$72.310 million. The net reduction in total property, plant and equipment is mainly attributed to increased accumulated depreciation offset by net revaluation movements and new asset acquisitions net of disposals.

Total equity

Total equity is at \$1.298 billion which is a decrease of \$98.889 million from 2018-2019. This decrease mainly reflects a decrease in contributed equity offset by an increase in the 2019-2020 accumulated deficit and increase in the asset revaluation surplus.

Implementation of a new enterprise resource planning system

On 1 August 2019, the health service implemented S/4 HANA, a new state-wide enterprise resource planning system replacing an older instance of SAP known as FAMMIS. Refer to Note G8 of the Financial Statements.

Future financial outlook

The health service is committed to providing better health outcomes for its community through redesign and innovation but also investment in its people and infrastructure. Financial year 2020-2021 will remain fiscally challenging for the health service as the health service continues to respond to the COVID-19 pandemic and implement strategies to transition to long-term financial sustainability. Construction works on the \$86.2 million re-development of Nambour General Hospital and the planning for stage three of Sunshine Coast University Hospital has begun, and will provide additional capacity and capability across the health service. This will be balanced against the continued focus on our sustainable future.