

Sunshine Coast Hospital and Health Service

2012–13 Annual Report

What the health reform means for me...

- Decision-making and accountability that is more responsive to local health priorities
- Stronger clinician, consumer and community participation
- A more seamless patient experience across sections of the health system

From 1 July 2012, Queensland's public health system embarked on the most significant organisational change in a generation: Queensland Health was transformed from a single organisational structure covering the entire state, to 17 independent statutory bodies known as Hospital and Health Services (HHSs). While Queensland Health remains as a regulator and system manager, overseeing the performance of our service, the Sunshine Coast Hospital and Health Service (SCHHS) is overseen by the Sunshine Coast Hospital and Health Board (SCHHB/the board) and is accountable to the local community and the Minister for Health.

The change has created an environment which enables working relationships among all local health service providers to better integrate local services and drive improvements in health outcomes. It also provides improved support for innovation and change on the part of clinical staff, health managers and policy makers.

Ultimately, it will allow Queensland to meet current and emerging health challenges at the local level while future-proofing the state's health system.



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- Phoning the Communications and Community Engagement Unit on (07) 5470 5916
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The Sunshine Coast Hospital and Health Service is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on (07) 5470 5915 and we will arrange an interpreter to effectively communicate the report to you.

Our vision

Health and wellbeing through exceptional care

To achieve our vision we:

- will work for the community and be part of the community
- will provide exceptional services to ensure the community is confident in us
- acknowledge everything we do involves people and we will ensure they feel respected, safe, valued and listened to and that their dignity is maintained
- commit to fundamentally changing health care delivery across our health service including establishment of the new Sunshine Coast University Hospital as a key part of our services from 2016.

Our vision acknowledges we need to work in and with our community to improve people's health. We will work in partnership with our consumers (the people who use our services), our Medicare Local, our local regional councils, other government and non-government organisations and health care providers, and community groups to improve the health outcomes in our community. Our vision emphasises our acknowledgement and commitment to a person-centred approach to health care that is respectful of and responsive to the preferences, needs and values of patients and consumers.

Our purpose

Our purpose is to deliver the highest standards of safe, accessible, sustainable, evidence based health care with a highly skilled and valued workforce that optimises the wellbeing of our community.



Our vision acknowledges we need to work in and with our community to improve people's health.



Our values

Vision: a meaningful and sustainable vision requires excellence in purpose, planning, process and people.

Integrity: to have the courage to balance justice, fairness and authority for the greater good.

Collaboration: creating the opportunity to achieve our shared goals autonomously and together.

Influence and inspiration: maximise our capacity.

Resilience: the conviction to our core values in leading the way forward.

These values underpin the cultural expectations within our organisation. We will continue to do more to develop a strong, positive organisational culture that models these core values.





Thank you to the dedicated staff who have gone above and beyond to ensure a quality and accurate report.



About this report

The Sunshine Coast Hospital and Health Service (SCHHS) annual report 2012–13 aims to provide accurate and relevant information to meet the needs of our communities and stakeholders.

It is an integral part of our governance process, continuing to ensure we are open and accountable to our communities. It provides a review of our operational and financial performance during the 2012–13 financial year against our strategies, objectives and targets as detailed in our strategic plan 2012–16 (page 14), key performance indicators (KPIs) (pages 15–25), and service delivery statements (page 100) with the Department of Health.

More importantly it enables you, our community, to see how we are servicing your health needs and expectations, and how we plan to continue this into the future.

As part of our publication scheme, and in line with the requirements set out in the *Right to Information Act 2009*, we publish a range of plans, strategies and information to ensure our community and stakeholders can form an accurate total picture of our health service. Key plans include:

- *SCHHS Interim Strategic Plan 2012–2016*
- *SCHHS Strategic Plan 2013–2017*
- *SCHHS Health Service Plan 2012–2022 and outlook to 2026–27*
- *SCHHS Consumer and Community Engagement Strategy and Implementation Plan 2013–2016*
- *SCHHS Employee Engagement Strategy 2013–2016*
- *Sunshine Coast 2012–2013 Service Agreement*
- *SCHHS and Sunshine Coast Medicare Local – Protocol.*

These plans are available on our website at www.health.qld.gov.au/sunshinecoast/html/pblctns.asp. We are committed to the Queensland Government's open data strategy and have published additional information to form part of our 2012–13 annual report. Data for consultancy expenditure, overseas travel expenditure and our results against the *Queensland Multicultural Action Plan* can be accessed via www.health.qld.gov.au/sunshinecoast/annual-reports or www.qld.gov.au/data

To reduce the production cost of our annual report, this year we have only printed the minimum government requirement of hard copy reports, in-house. We encourage the use of the report online via our website.



We acknowledge the traditional owners on whose land we walk, work and live.

We acknowledge the Elders, both past and present, and pay our respects to all Aboriginal and Torres Strait Islander people who walk this land.

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Letter of compliance

03/09/2013

The Honourable Lawrence Springborg MP
Minister for Health
Member for Southern Downs
GPO Box 48
Brisbane QLD 4000

Dear Minister

I am pleased to present the *Sunshine Coast Hospital and Health Service annual report 2012–13 and Financial statements – 30 June 2013*.

I certify that this annual report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*, and
- the detailed requirements set out in the *Annual report requirements for Queensland Government agencies*.

A checklist outlining the reporting requirements can be found on page 107 of this annual report.

Following machinery-of-government changes implemented in Queensland's health system, the Sunshine Coast Hospital and Health Service (SCHHS) became an independent statutory body as at 1 July 2012.

The core function of the SCHHS is to deliver the highest standards of safe, accessible, sustainable, and evidence based health care with a highly skilled and valued workforce that optimises the wellbeing of our community.

This report outlines our activities and achievements as an independent statutory body for 2012–13.

Yours sincerely



Emeritus Professor Paul Thomas AM
Chair of SCHH Board
Sunshine Coast Hospital and Health Service

Our profile

Health boards and local people involved in making local decisions in the best interest of the community

The Sunshine Coast Hospital and Health Service (SCHHS) is one of Queensland's 17 Hospital and Health Services. It covers communities from Caloundra in the south, Kilkivan in the west, to Gympie and Tin Can Bay in the north. We provide a range of health services to communities within the Sunshine Coast and Gympie Regional Council areas.

At the core of our service are four established hospitals, Caloundra, Gympie, Maleny Soldiers Memorial and Nambour Hospital, as well as a residential aged care facility, Glenbrook, located in Nambour. We provide a range of community and primary health services at 26 locations across our service area. Centres are located at Caloundra, Maroochydore, Nambour, Gympie and Noosa, with smaller centres at Maleny and Cooloola.

Community services include adult health, alcohol and drug, BreastScreen, oral health, palliative care, transition care, Community Hospital Interface Program (CHIP), primary health and chronic disease, children's, mental health and population health.

We also fund public patient services through Noosa Hospital under a contract with Ramsay Health Care.

Over the next 10 years, we will experience significant growth in both service range and capacity. A key component of this growth is the construction of the new \$1.8 billion tertiary Sunshine Coast University Hospital (SCUH) at Kawana, which will open with 450 beds in late 2016 and expand to a 738 bed facility by 2021 (refer to page 81).

SCUH will be Queensland's first public hospital procured as a Public Private Partnership and will offer a range of new and expanded services for the Sunshine Coast, including a Skills, Academic and Research Centre on site.

Currently our hospitals provide approximately 87 per cent of the public hospital demand of our residents, with the balance provided by metropolitan Brisbane public hospitals. After the opening of SCUH, our local hospital service will be able to meet 95 per cent and of local demand.

Our communities

We provide health services to a population of approximately 390,000 people, which is forecast to grow by 23 per cent (to approximately 480,000) by 2021. Added to the expected population growth is the ageing population which will create greater demand for our services. Our area is also a popular tourist and visitor destination, with approximately 2,700,000 overnight visitors per year.

We acknowledge the Traditional Owners of the Sunshine Coast and Gympie regions, the Gubbi Gubbi people. Around 1.5 per cent of our communities are Aboriginal and Torres Strait Islanders. Our cultural practice program ensures our employees continue to acknowledge and respect our heritage and diverse communities. We are committed to ensuring progress as part of the *Closing the Gap* initiative (page 54).



Around one sixth of our population (17.2 per cent) was born overseas, and 3.3 per cent speak a language other than English at home. We value the diversity of our communities and aim to ensure our health services continue to cater for and meet the expectations of all our patients.

Our commitment to our communities is further demonstrated through the refinement of our overall strategic objectives this year, which reflect our person-centred approach in providing health and wellbeing through exceptional care.

Our operating environment

Following Queensland's health reform, we operate as an independent statutory body governed by the Sunshine Coast Hospital and Health Board (SCHHB), responsible to the local community and the Minister for Health.

Our responsibilities are set out in legislation through the *Hospital and Health Boards Act 2011* and the *Financial Accountability Act 2009* and subordinate legislation.

We operate according to a service agreement with the Department of Health, which identifies the services to be provided, the funding arrangements for our services, the defined performance indicators and targets to ensure outcomes are achieved, and how the Department of Health will manage our performance and reporting requirements.

Our service agreement establishes the funding arrangements. Activity Based Funding is being progressively implemented to allocate health funding to our hospitals based on the planned health care services delivered.

This framework promotes smarter health care choices and better care by placing greater focus on the value of the health care delivered for the amount of money spent. The four main funding sources contributing to our service agreement budget are:

- State funding
- Commonwealth funding
- Grants and contributions
- Own source revenue (OSR).

In order to ensure sustainable services are provided over the long term and are responsive to the environment and community, we have developed and implemented an effective

integrated strategic planning framework into the operating environment.

The framework facilitates the identification and development of priorities into our strategic plan. The strategic plan, as well as our health service, enabling, operational and individual plans, are closely aligned to whole-of-government strategic directions outlined in the:

- *National Healthcare Agreement*
- *Queensland Government Statement of Objectives for the Community*
- *Queensland Health Strategic Plan 2012–2016*
- *Blueprint for Better Healthcare in Queensland, February 2013*
- *Statement of Government Health Priorities 2012.*

Our services for a diverse population

A range of primary care and community services are provided at our facilities, centres and vans including:

- Aged care
- Aboriginal and Torres Strait Islander health
- Oral health
- Community rehabilitation
- Child health
- Adult health
- School health
- Chronic disease management
- Primary health
- Alcohol tobacco and other drug services
- Mental health
- Community hospital interface
- Home and community care
- Transition care
- Palliative care
- Community Hospital Interface Program (CHIP)
- Primary health and chronic disease
- Population health

Clinical services provided include:

- Inpatient services
- Breast surgery
- Medical oncology
- Children's services
- Head and neck surgery
- Cardiology/interventional
- Angiography
- Immunology and infections
- Chemotherapy and radiotherapy
- Neurology
- Colorectal surgery
- Neurosurgery
- Dental surgery
- General medicine
- Dermatology
- General surgery
- Ear, nose and throat
- Maternity
- Endocrinology
- Ophthalmology
- Endoscopy
- Orthopaedics
- Gastroenterology
- Gynaecology

- Haematology
- Drug and alcohol
- Psychiatry
- Renal
- Respiratory medicine
- Rheumatology
- Thoracic surgery
- Nuclear medicine
- Urology
- Vascular surgery
- Palliative care
- Critical care
- Anaesthetic services
- Pain management

Outpatient and ambulatory services:

- Allied health (including psychology, audiology, nutrition, physiotherapy, occupational therapy, social work and speech pathology)
- Gastroenterology
- Emergency Department (ED)
- Diabetes
- Drug and alcohol
- Endocrinology
- Older persons
- Paediatric medicine
- Infectious diseases
- Internal medicine
- Cardiology
- Neurology
- Chemotherapy
- Maternity
- Haematology
- Pain management
- Oncology
- Palliative care
- Mental health
- Gynaecology
- Rehabilitation
- General surgery
- Renal
- Ophthalmology
- Rheumatology
- Orthopaedic surgery
- Thoracic medicine
- Urology
- Vascular surgery



Our region

*Caring for communities across
6,093 square kilometres of South East Queensland*



Our facilities

Nambour Hospital

Nambour Hospital is an acute regional hospital that provides a range of specialty services to communities in the Sunshine Coast and Gympie regions. The hospital currently provides anaesthetics, cardiac, children's, emergency, haematological malignancy, intensive care, maternity, medical, medical imaging, medical oncology, medication, mental health, neonatal, nuclear medicine, pathology, perioperative, radiation oncology, renal, surgical and palliative care services. It is our largest facility and also acts as the referral centre for all other facilities. Currently, the hospital has a total of 388 beds and 53 bed alternatives.

Gympie Hospital

Gympie Hospital provides services primarily to residents in the Gympie, Cooloola and Kilkivan areas. With 67 beds and 22 bed alternatives, services include anaesthetics, cardiac, children's, emergency, haematological malignancy, maternity, medical, medical imaging, medical oncology, medication, mental health, neonatal, pathology, perioperative, radiation oncology, rehabilitation, renal, surgical and palliative care. Community outreach services are provided to Tin Can Bay and Rainbow Beach.

Maleny Soliders Memorial Hospital

Maleny Soliders Memorial Hospital is a 24-bed rural facility providing services to the southern Sunshine Coast hinterland, including emergency, maternity, medical, medication, pathology, radiation oncology, rehabilitation and palliative care services.

Caloundra Hospital

Caloundra Hospital provides services to the southern end of the Sunshine Coast, and comprises of 68 beds and 20 bed alternatives. Services provided include anaesthetics, children's, emergency, medical, medical imaging, medication, pathology, perioperative, rehabilitation, renal, surgical and palliative care.

The focus of Caloundra Hospital will change when SCUH opens. Its services will include renal dialysis, dental and palliative care services, an expanded role in community health, and a general practitioner operated walk-in centre.

Glenbrook Residential Aged Care Facility

Glenbrook is a high care 45-bed residential aged care facility in Nambour, accredited by the Aged Care Standards Agency (latest accreditation in December 2012 resulted with no recommendations). Its services include psycho-geriatric, frail aged and secure dementia units, and 13 transition care beds.



Highlights, challenges

- Established and functioned as an independent statutory body
- Key plans developed and released for formal consultation which aim to influence the direction of our organisation well into the future:
 - *Consumer and Community Engagement Strategy and Implementation Plan 2013–2016*
 - *Strategic Plan 2013–2017*
 - *Health Service Plan 2012–2022 and outlook to 2026–27*
 - *Employee Engagement Strategy 2013–2016.*
- Achieved the National Emergency Access Target (NEAT) for 2012–13 (page 42)
- With the commitment of employees and ongoing innovation, we treated more patients through our Emergency Departments and Operating Theatres, as well as achieving reduced waiting times (page 42)
- Reduced the cost for a weighted patient activity unit (WAU) to \$4,257, almost 2.5 per cent below the state average (page 40)
- Patient satisfaction survey produced positive results as well as indicating areas for improvement in service provision (page 60)
- Reduced the average length of stay for overnight patients (page 41)
- Continued to implement initiatives as part of the Closing the Gap (page 54)
- Met the workforce and efficiency targets set by Government (pages 12, 19 and 66)
- The development of the Sunshine Coast University Hospital reached key milestones (page 81)



and opportunities

- Managing the growing demand and expanded range of services, largely due to the growing and ageing population, within available and financial resources
- Continuing to meet or perform better than the state average for cost per weighted activity unit (WAU)
- Building public confidence in the healthcare system and responding to rising public expectations
- Providing a seamless transition for patients as they move across healthcare providers and settings
- Ability to introduce new and advanced technologies to improve efficiency, effectiveness and quality of health service
- Responding to the Government's decision on how services at the Sunshine Coast University Hospital will be delivered to ensure the project meets the original aims of providing our community with free, high-quality healthcare and enhancing patient outcomes through advanced research and training
- Attracting and retaining a skilled workforce, especially for specialist services and in rural and remote areas, as well as implementing initiatives in response to an ageing workforce



Financial highlights

With a diverse and extensive service profile, our revenue and cost bases must be carefully managed to ensure satisfactory financial outcomes are achieved on a continuing and sustainable basis.

This year presented some particular challenges. A variety of service targets and KPIs were required to be met along with the achievement of financial savings, both to meet budget and to reduce

recurrent costs to ensure ongoing sustainability.

These financial and operational realities have largely been satisfied and the cost base has been reduced, however the fiscal challenges will continue in 2013–14.

The small surplus achieved in 2012–13 will help ensure capacity to meet future challenges.

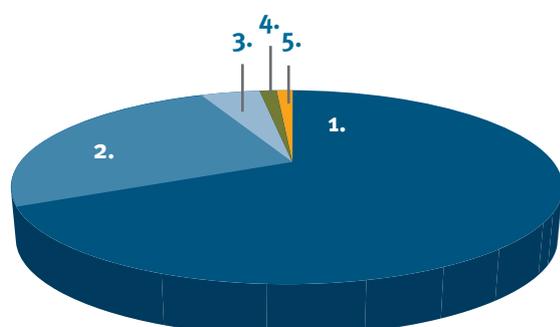
Operating statement – financial year ending 30 June	2013 \$(000)'s
Revenue	658,801
Labour and employment related expenditure	421,700
Supplies and services	150,101
Other expenses	59,493
Depreciation	19,446
Net surplus from operations	8,061

Operating income

The following chart shows the major sources of total operating income by percentage, with the Queensland State Government (predominantly

the Department of Health) being the largest funder of total operating income.

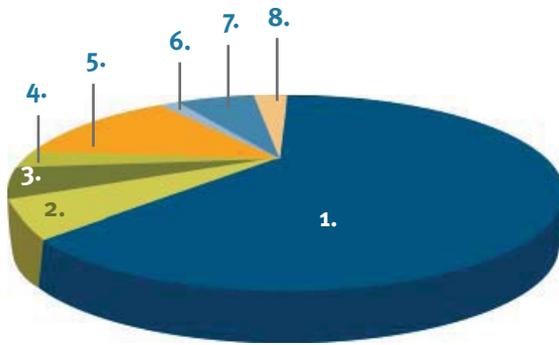
Income by category



1. Queensland State funding 69%
2. Commonwealth funding 23%
3. Patient fees 4%
4. Other grants funding 2%
5. Other revenue 2%

Operating expenditure

The following chart shows the major parts of total operating expenditure by percentage with labour



and employment related expenses being the largest component of total operating expenditure.

1. Labour and related costs 65%
2. Clinical supplies 5%
3. Drugs 4%
4. Pathology charges 2%
5. Contract payments (Sunshine Coast University Private Hospital/Noosa) 11%
6. Repairs and maintenance 1%
7. Other expenses 9%
8. Depreciation 3%

Balance sheet

As at 30 June 2013	2013 \$(000)'s
Current assets	60,866
Non-current assets	318,597
Current liabilities	(47,661)
Non-current liabilities	0
Net assets (equity)	331,802

Cash and investments

As at balance date, we had \$48.023 million in cash and investments. This balance is largely a result of the timing of payables including payroll

and the reported surplus. Depreciation is not cash funded, but investment in non-current assets is.

Financial ratios

Current ratio: At 30 June 2013, the current ratio (current assets divided by current liabilities) was 1.28. This means for every \$1.00 of current liabilities payable we hold \$1.28 in current assets. A current ratio of this magnitude indicates that we are able to meet our current liabilities as and when they fall due.

Quick asset ratio: The quick asset ratio is similar to the current ratio, but provides a better indication of our short term solvency by only

including those current assets and current liabilities of a short term nature. We have \$1.20 in liquid assets for every \$1.00 of short term liabilities.

Debt to equity ratio: We currently have no debt.

Debtors days: On average, it took us 43 days to recoup money owed for patient, client and resident fees over the year. The average age of debtors for patient, client and resident fees at year end was 37 days.



Our strategic direction

We are facing an exciting, unique and challenging journey.

Our future developments will deliver an expansion of service range, complexity and capacity of health services to our communities – the key development, the \$1.8 billion Sunshine Coast University Hospital.

Delivering health services in a diverse and rapidly expanding environment requires a concerted and coordinated effort to face the challenges and risks, and act on the opportunities.

Our *Interim Strategic Plan 2012–16* set five objectives and the strategies to achieve our vision, purpose and deliver as promised to our community:

1. Effective and efficient health promotion, illness prevention and early intervention

- A community focussed on prevention of illness and maintenance of good health.
- Health promotion, prevention and early intervention are incorporated into all care.
- Networked services with primary health care providers ensuring integrated care.

2. Access to quality services delivered in the right way, the right place and at the right time

- Effective, integrated patient-centred care.
- Safe, timely and appropriate care.
- Strong effective partnerships supporting coordination and collaboration across the continuum and all settings.
- An effective fully operational Sunshine Coast University Hospital

3. Improve the equity of health outcomes

- An informed, health literate community being engaged in the Sunshine Coast Hospital and Health Service (SCHHS) decision making.

- Culturally sensitive health care delivery and environments.

4. A sustainable, proactive and continually improving health system

- Mature Governance structure instilling confidence in staff and the community.
- Funding and budgets are allocated transparently and ensure delivery of care in the most effective and efficient ways.
- Performance targets are met.
- Information and communications technology that supports care within the SCHHS and partnerships with external providers.
- Infrastructure and assets support delivery of safe, efficient and effective service delivery.

5. A sustainable and high quality workforce to meet future health needs

- Research, education and training across all disciplines focussed on health outcomes for residents of the SCHHS.
- Integrated research and educational services across all streams and facilities.
- A workplace that promotes and encourages innovation, leadership and collaboration.
- A sustainable workforce grown by the SCHHS.
- A continually improving safe workplace, through leadership, injury prevention and management.



Our performance

How we performed against our Key Performance Indicators

The National Health Reform Agreement requires the state of Queensland to establish a service agreement with the HHS for the purchasing of health services and to implement a performance and accounting framework including processes of remediation for poor performance. Our key performance indicators (KPIs) set by the Department of Health, reflect the progress against our service agreement and are supported by targets to measure the level of performance achieved. Our progress at the end of the financial year has been represented by:

- ✓ Favourable
- ✗ Unfavourable



The 2012-13 year has been one of exceptional challenge, change and achievement.

Kevin Hegarty, SCHHS CE



Safety and quality

Key performance indicator (KPI)	Target	Actual performance	Performance indicators
Never events	0	0	✓
Hospital acquired third and fourth stage pressure injuries	1 (≤5% of 2010–11 actuals)	1 <small>Note 1</small>	✓
Healthcare-associated staphylococcus aureus (including MRSA) bacteraemia	Quarter 4: 0.37-1.87 (20% of 2010-11 actuals)	0.96	✓
Falls risk assessment <small>Note 2</small>	70% compliance	61% <small>Note 1</small>	✗
VTE risk assessment documentation at point of care <small>Note 3</small>	>50%	24%	✗
Hospital standardised mortality ratio (HSMR)	HSMR <100 or HSMR not statistically significant to 100	Caloundra: 31.4% Nambour: 66.5% Gympie: 52.1% <small>Note 1</small>	✓ ✓ ✓
Death in low-mortality diagnostic related groups (DRGs) death in low-mortality	Death in low-mortality DRG not statistically different to expected	0 <small>Note 1</small>	✓



Key performance indicator (KPI) (continued)	Target	Actual performance	Performance indicators
In hospital mortality for: <ul style="list-style-type: none"> • acute myocardial infarction • stroke ^{Note 4} • fractured neck of femur ^{Note 5} • pneumonia 	Within control limits	0 1 1 0 <small>Note 1</small>	✓ ✗ ✗ ✓
Unplanned hospital readmission for patients discharged following management of: ^{Note 6} <ul style="list-style-type: none"> • acute myocardial infarction • heart failure • knee replacement • hip replacement ^{Note 7} • depression • schizophrenia • paediatric tonsillectomy and adenoidectomy 	Within control limits	0 0 0 2 0 0 0 <small>Note 1</small>	✓ ✓ ✓ ✗ ✓ ✓ ✓
Healthcare associated clostridium difficile infections	Definitions were never provided by Department of Health. We have reported the total figure for quarter 4	Nambour: 2 Caloundra: 0 Gympie: 0 Maleny: 0	✓ na na na
Acute stroke care in recognised stroke unit	Facilities with existing stroke unit: ≥50% Facilities developing a stroke unit: ≥20%	Nambour (existing): 85% Gympie (developing): 35% <small>Note 1</small>	✓ ✓
Fractured neck of femur to theatre in two days of admission ^{Note 8}	95%	84.5% <small>Note 9</small>	✗
Hospital acquired bloodstream information (all)	20% of 2011–12 actuals	Nambour: 4.33 Caloundra: 0.33 Gympie: 0 Maleny: 0	✓ na na na
Renal dialysis treatment received at home	≥50%	27.1% <small>Note 9</small>	✗



Access

Key performance indicator (KPI)	Target	Actual performance	Performance indicators
National Emergency Access Target (NEAT): % of ED attendances who depart within 4 hours of their arrival in ED <small>Note 11</small>	2012: 70% 2013: 77%	77.1%	✓
Emergency Department: percentage seen within recommended timeframe: <ul style="list-style-type: none"> • Category 1: within 2 minutes • Category 2: within 10 minutes • Category 3: within 30 minutes • Category 4: within 60 minutes • Category 5: within 120 minutes <small>Note 12</small>	80% of all categories: Category 1: 100% Category 2: 80% Category 3: 75% Category 4: 70% Category 5: 70%	100% 86% 68.8% 77.8% 91.2%	✓ ✓ ✗ ✓ ✓
Patient off stretcher time (POST): <30 minutes (%) <small>Note 13</small>	90%	89%	✗
Elective surgery: % treated within the clinically recommended timeframe for their category (National Elective Surgery Target – NEST Part 1): <ul style="list-style-type: none"> • Category 1: within 30 days • Category 2: within 90 days • Category 3: within 365 days <small>Note 14</small>	2013: Category 1: 100% Category 2: 87% Category 3: 94% (Target changed in 2013)	91% 70.9% 90.4%	✗ ✗ ✗
Elective surgery: number of patients waiting more than the clinically recommended timeframe for their category: <ul style="list-style-type: none"> • Category 1: within 30 days • Category 2: within 90 days • Category 3: within 365 days 	0 0 0	0 86 4	✓ ✗ ✗
Activity: variance between purchased Activity Based Funding (ABF) and YTD recorded ABF activity	0% to +/- 2%	-1.5%	✓
Emergency Department: median waiting time	20 minutes	17 minutes	✓
Emergency Department 'did not waits'	0	3.72	✗
Elective surgery volume	6,712 (Maintain 2010–11 baseline actuals)	7,844	✓



Key performance indicator (KPI) (continued)	Target	Actual performance	Performance indicators
Reduction in elective surgery long waits: average overdue wait time (in days) for those who have waited beyond the recommended time	2013: Category 1: 0 Category 2: 45 Category 3: 41 (Target changed in 2013)	0 35 53 <small>Note 9</small>	✓ ✓ ✗
In each elective surgery category, of the patients, who have not had their procedure within the clinically recommended time, the 10% of patients who have waited the longest must have their procedure in each year	The 10% who have waited the longest (per category) 100%	100% (as at Dec 2012)	✓
Elective surgery cancellations (hospital initiated)	10%	9.8% <small>Note 9</small>	✓
Elective surgery: median waiting time <small>Note 16</small>	25 days	29 days <small>Note 9</small>	✗
Pre-operative elective bed days	0	0.1	✓
Provision of appropriate surgical services at rural hub hospitals (where applicable)	na	na	na
Categorisation of new case outpatient referrals (within five days of receipt of referral) <small>Note 17</small>	100%	90.13%	✗
Category 1 outpatients: % waiting in time <small>Note 18</small>	95%	57%	✗
Ambulatory care access (outpatient ratio) <small>Note 19</small>	1.5%	2.14%	✗
Inpatient separations undertaken as Hospital in the Home (HITH) <small>Note 20</small>	1.5%	0.1%	✗
Cancer care pathway – waiting times for cancer care		<small>Note 23</small>	
Telehealth non-admitted occasions of service	Baseline in 2012–13	193	na



Efficiency and financial performance

Key performance indicator (KPI)	Target	Actual performance	Performance indicators
Year to date (YTD) operating position	Balanced or surplus	\$8.061 million surplus	✓
Full year forecast operating position (projected during the year)	Balanced or surplus	Surplus	✓
YTD average FTE (MOHRI head count) – variance to target		-50	✓
YTD average FTE (MOHRI head count)	3,661	3,611	✓
Cost per WAU (by ABF facility) ^{Note 21}	Variance to funded price of WAU	\$4,257 -2.49% variance	✓
Relative Stay Index for multi-day stay patients ^{Note 22}		Note 23	
Day of surgery admission rates for non-emergency multi-day stay patients ^{Note 22}		Note 23	
Day case surgery rates ^{Note 24}	90% achievement	87.93%	✗
Extended day case surgery rates ^{Note 25}	80% achievement	78.65%	✗
Out of scope procedures	0	1	✗
Clinical data coded within recommended timeframe ^{Note 26}	100%	100%	✓
Maintenance expenditure ^{Note 27}	2.15% of asset replacement value (ARV) or % of ARV from Annual Maintenance Plan	1.83%	✗
Facility condition index	2-4%	1.63%	✓
Planned maintenance expenditure ratio	60-70%	70.43%	✓



Patient experience

Key performance indicator (KPI)	Target	Actual performance	Performance indicators
Complaints acknowledged within five calendar days ^{Note 28}	80%	91%	✓

Workforce

Key performance indicator (KPI)	Target	Actual performance	Performance indicators
Hours lost (WorkCover) versus occupied FTE ^{Note 29}	0.35% as of January 2013	0.55% (financial year average)	✗
Sick leave ^{Note 30}	3.5%	3.8%	✗

Closing the gap

Key performance indicator (KPI)	Target	Actual performance	Performance indicators
Achievement of Closing The Gap (CTG) escalation indicators contained within schedule 8 of the service agreement.			
Listed below:			
<ul style="list-style-type: none"> CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of ‘not stated’ on admission. 	<1% of ‘not stated’	0.4%	✓
<ul style="list-style-type: none"> CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HSS’s acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation. 	55% of in-scope separations of Aboriginal and Torres Strait Islander consumers	100% <small>Note 4</small>	✓
<ul style="list-style-type: none"> CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA). <small>Note 31</small> 	Quarter 4:1.37%	1.8%	✗
<ul style="list-style-type: none"> CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility. <small>Note 32</small> 	12.5%	3.3%	✗
CTG KPI 5 – Number of Indigenous Hospital Liaison Officers, including gender specific Aboriginal and Torres Strait Islander Hospital Liaison Officers.	Minimum of 2	Currently 3, with 2 more being recruited	✓
CTG KPI 6 – The number of Aboriginal and Torres Strait Islander people as a percentage of the total HHS workforce: using MOHRI occupied headcount. <small>Note 33</small>	2.13%	1.48%	✗



Key performance indicator (KPI) (continued)	Target	Actual performance	Performance indicators
CTG KPI 7 – Number of potentially preventable hospitalisations (Indigenous patients) ^{Note 34}	Targets were not addressed and defined by the Department of Health until the end of this year, for the next service agreement.		
CTG KPI 8 – Increase Indigenous participation in BreastScreen Queensland for women aged 50-69 years within the BreastScreen Queensland service catchment ^{Note 35}	70%	80%	✓

Mental health and alcohol and other drug treatment services

Key Performance Indicator (KPI)	Target	Actual performance	Performance indicators
Achievement of Mental Health and Alcohol and Other Drug Treatment Services escalation indicators contained within schedule 9 of the service agreement	Achieve target (listed below) in >67% of the escalation indicators.		
Listed below (where applicable):			
• Ambulatory service contacts	100% of ambulatory service targets	127.8%	✓
• Ambulatory service contacts duration (hours)	100% of ambulatory service targets	130%	✓
• Extended treatment facility and psychiatric hospital beds (accrued patient days in block funded mental health facilities)	95% of accrued patient day target delivered	108%	✓
• Closure of Alcohol, Tobacco and Other Drugs Service (ATODS) client intake		Note 36	
• Number of dedicated hospital alcohol and other drugs withdrawal beds		Note 37	
• Significant variation in number of dedicated residential alcohol and other drugs withdrawal beds		Note 37	
Rate of community follow up within 1-7 days following discharge from an acute mental health inpatient unit	55%	72.18%	✓

Key performance indicator (KPI) (continued)	Target	Actual performance	Performance indicators
Proportion of inpatient service episodes where an end of episode/ discharge summary clinical note is recorded within 48 hours of discharge	35%	61.11%	✓
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	14%	11.44%	✓
Proportion of service episodes where a consumer has nominated general practitioner	30%	88.58%	✓
Change in consumers' clinical outcomes	No target Baseline in 2012–13		
• Acute inpatient – improvement		57.1%	na
• Acute inpatient – no significant change		42.9%	na
• Acute inpatient – deteriorate		0.0%	na
• Ambulatory complete – improvement		62.3%	na
• Ambulatory complete – no significant change		34.2%	na
• Ambulatory complete – deteriorate		3.5%	na
• Ambulatory ongoing – improvement		44.6%	na
• Ambulatory ongoing – no significant change		41.5%	na
• Ambulatory ongoing – deteriorate		13.9%	na
Proportion of service episodes where a consumer is secluded at least once	≤10%	2.28%	✓
Proportion of in-scope outcome collection occasions where required clinical outcome measure(s) were recorded	40%	40.24%	✓
Number of specialised alcohol and other drug treatment service contacts by program by agency		Note 36	
Proportion of specialised alcohol and other drug treatment service contacts by treatment type by agency		Note 36	
Proportion of ATODS-IS mandatory data items entered: 95% of mandatory data entered other than 'not stated/ unknown'		Note 36	



Key performance indicator (KPI) (continued)	Target	Actual performance	Performance indicators
Significant variation in source of referrals for alcohol and drug diversion programs		Note 36	
Significant variation in source of referrals for children's alcohol and other drugs residential programs		Note 36	
Significant variation in number of specialist clinical education and, consult and liaison sessions delivered by Dovetail		Note 36	
Significant variation in number of specialist clinical education and training sessions delivered by InSight		Note 36	

Notes:

- 1 The data ending 30 June 2013 was not available in time for inclusion in this annual report - this data is as at end of March 2013 (previous quarter results).
- 2 A new integrated risk assessment form was introduced in May 2013. A follow up audit in June 2013 demonstrated a marked improvement in performance.
- 3 An improvement plan was instituted that involved nominating clinical champions in key areas. The initiative resulted in a marked improvement with a venous thromboembolism (VTE) risk assessment at 88 per cent on a repeat audit.
- 4 The local adherence to best practice in actively pursuing palliative treatment approaches in patients with extremely poor prognosis is considered to have resulted in this outcome. This deliberate clinical approach emphasises optimal communication with clients in relation to choices between survival and severe dependency. Furthermore, an older case-mix with higher than average rates of co-morbidities also contributed to the result.
- 5 The flag was driven by above-average morbidity. Large proportion of patients in the sample came from residential care and had increased pre-operative risk of mortality.
- 6 Results are expected to be improved through our Working Together, Working Better project, established this year. The project aims to reduce avoidable admissions and length of stay of patients with chronic conditions through better integration of hospital and community services. The coming year will see implementation.
- 7 Only half the flagged cases were found to be related to hip surgery. The flag was therefore related to interpretive limits of the prevailing coding methodology
- 8 Following initiatives implemented to improve a patients journey to surgery who are suffering from a fractured neck of femur, significant progress has been achieved – May 2012: 66 per cent, May 2013: 84.5 per cent.
- 9 The data ending 30 June 2013 was not available in time for inclusion in this annual report - this data is as at end of May 2013.
- 10 We did not meet the target due to environmental issues and the inability to find suitable patients.
- 11 Our NEAT performance over the year continued to improve, achieving the targets set and remaining stable over the final quarter. Our macro-NEAT project at Nambour Hospital, implemented in September 2012 to improve NEAT for both admitted and non-admitted patients, resulted with continual monthly improvements.
- 12 Although falling short of the target for Category 3, results have improved from 2011-12 (63 per cent) and are above the state average of 67 per cent, in an environment of an increase in presentations. Work was completed on triage criteria which improved patient flow from the Emergency Department to succeeding areas including the Medical Assessment and Planning Unit, Surgery, Orthopaedic and Kidz Direct.
- 13 As part of improving the POST, we implemented all recommendations from the state-wide Metropolitan Emergency Department Access Initiative (MEDAI), which was monitored monthly through our Patient Flow Committee. While our end of year result fell short by one per cent, we have continued to meet the target for the second half of the year.
- 14 While improvement strategies for elective surgery were undertaken throughout the year, we did not achieve



all targets for 2012–13. The Department of Health, through the Relationship Management Group meetings, was made aware of the situation, forecast and strategies. Emergency surgery continues to impact on elective surgery wait times, which is four per cent higher than the final 2011–12 result. There was and will be continuing focus on improvements. Strategies included:

- Surgery Connect arrangements progressed. In May and June, 221 patients were outsourced for ear, nose and throat, orthopaedic, urology and general surgery.
 - Theatre scheduling to maximise theatre utilisation across all hospitals and priority management to disciplines with significant wait list issues.
 - The Surgical Assessment Unit implemented a direct admission and triage of surgical patients' process. Despite not meeting the end-of-year target for Category 2, significant improvement had been made from the previous quarterly result ending in March 2013, and continues to be better than the state average. To note, there were only four long wait Category 3 patients at the end of the year, all of whom were not ready for surgery at that date. Additional surgery capacity will be available under a service agreement for the Sunshine Coast University Private Hospital.
- 15 The 'did not waits' rate remained relatively stable over the year. Although slightly above the state average, this has been experienced with a growth in presentations across all facilities.
 - 16 Our result is slightly above the target and equal to the state average.
 - 17 Results have remained relatively stable for all facilities. Across our organisation, we continue to be better than the state average. Actions to improve include progressing the Central Referral Centre review, education of nursing staff to minimise Fail to Attends (FTA), KPIs have been allocated to Practice Managers with monthly reporting and weekly meetings, and orthopaedics changes for returning referrals have taken place.
 - 18 While our year to date result is 57 per cent, we achieved 77 per cent for the month of June 2013, both results better than the state average. The state financial year average is 46 per cent, and the state average for June 2013 is 49 per cent.
 - 19 Our outpatient ratio remained stable through the year.
 - 20 We are currently revising the service model for HITH, and have commenced education to promote self-management. We are also awaiting state-side initiatives for partnering with non-government service providers.
 - 21 Our percentage variance for 2012–13 YTD is 2.49 per cent below the state average.
 - 22 No advice received.
 - 23 Data definitions were never provided by the Department of Health and therefore could not be reported on.
 - 24 Our result for 2012-13 is comparable with the state average.
 - 26 Out of scope procedures was a new KPI introduced for 2012-13. Our performance is a result of keeping our commitment to patients out of scope who were already scheduled prior to the introductions of the KPI.
 - 27 Amount spent equated to \$7,592 million. Undepreciated ARV at the start of the financial year was \$414.768 million. We ensured all necessary maintenance was completed.
 - 28 This year we recorded an increase in compliments and a decrease in complaints (refer to page 61). An in-depth analysis of all patient feedback and how it is categorised is currently being undertaken, as requested by the board.
 - 29 While our 2012–13 average did not meet the monthly target of 0.4 per cent, our performance over the year shows improvement (refer to page 76).
 - 30 While our end of year result fell short of the target, continual improvement has been achieved throughout the year due to initiatives implemented including the Healthy Lifestyle Program (page 74). Our rate has reduced from 4.74 per cent in July 2012 to 3.8 per cent at the end of June 2013.
 - 31 We have reviewed and amended our procedures to ensure contact with one of our Aboriginal and Torres Strait Islander Liaison Officers occurs when patients indicate they wish to discharge themselves against medical advice. We are also in the process of employing additional liaison officers to ensure gender balance.
 - 32 The number of participants has improved significantly from 93 participants in the first quarter of 2012-13, to 222 participants in the final quarter.
 - 33 We have identified our Aboriginal and Torres Strait Islander workforce representation as an area for improvement. Due to the identification being voluntary by employees, we are working on initiatives to increase the rate of employees who choose to identify as an Aboriginal and Torres Strait Islander. The option to identify is promoted through our Cultural Practice Program Coordinator. Through our Aboriginal and Torres Strait Islander Workforce Reference Group, we are working on a proposal to allow placement in identified roles.
 - 34 This KPI was not properly addressed and defined by the Department of Health until the end of the year, for the next financial year service agreement.
 - 35 We have achieved an increase in the number of Aboriginal and Torres Strait Islander women participating, with 340 screened this year (2011–12: 248).
 - 36 In line with an increased focus on reporting quality indicators as opposed to quantity, instructions were received from the the Department of Health to remove indicators for our Alcohol, Tobacco and Other Drugs program which were previously stated in our health service agreement.
 - 37 These KPIs are not applicable to our hospital and health service. Clients requiring this service are referred to other Queensland hospitals.



Chair's report

It is with a sense of pride and satisfaction that I provide the inaugural Chair's report for the Sunshine Coast Hospital and Health Board.

Queensland's Hospital and Health Boards were created under the *Hospital and Health Boards Act 2011* and came into effect from 1 July 2012. The Act clearly articulates the purpose, role and functions of the boards. Together with the accompanying regulations, the Act also provides a significant level of direction on the conduct and operation of the boards.

Our board has been very clear in its focus on providing strategic direction and governance to our Hospital and Health Service (HHS). We ensured the required committees were established and functional as soon as possible, following the appointment of board members. The strong and focussed committee structure ensures targeted governance is provided in key areas such as safety and quality, finance, and audit. The creation of a board committee for each of these functions provides structured and considered input into board meetings that allows evidence-based decisions to be made.

A vital aspect of the board's responsibility, that all members are committed to, is the development and implementation of a consumer and community and engagement strategy. The wide-ranging strategy was endorsed by the board and its progressive embedding in the functioning of the HHS will be an ongoing focus. Community engagement is now a key element the board structure brings to public health services. This was not a feature of the previous structure, where there was no real local decision-making. We are pleased with the progress that has already been achieved in relation to this important undertaking, consistent with the Government philosophy in establishing local boards.

Following a period of public consultation, the board was pleased to formally approve the *Health Services Plan 2012–2022 and outlook to 2026–27*. This is the most comprehensive presentation of our plans for the development of health care for our region that has ever been produced.

The board is realistic in its approach to its role and acknowledges that the Department of Health, as the system manager, allocates funding to HHSs and requires them to provide specified levels of services. This is a formal process under which each board negotiates and executes a service agreement with the Department. This



Emeritus Professor Paul Thomas AM

agreement contains a range of performance indicators that must be satisfied. Together the Sunshine Coast Hospital and Health Board and the health service have ensured that, within the prescribed requirements of the service agreement, as much local emphasis as possible has been applied in the provision of health services to our community.

In addition to the provisions of the service agreement, the board operated within the reality of the state government's fiscal recovery objective. The board considered and approved a range of service redesign and other innovations that ensured the HHS operated within its allocated budget. As a board, we were particularly pleased that within this environment, more health services were provided than ever before, and this was achieved with improved elective surgery and emergency department waiting times.

On behalf of the board, I acknowledge the sensitive and positive leadership of the organisation's executive leadership team and the leadership within each of the service groups. The board has quickly realised that the delivery of quality health services is dependent on the commitment and dedication of all staff involved in the provision of these services. The board and I are pleased to be responsible for the provision of governance to an organisation that is made up of staff that consistently give their best, not only to serve the community, but to proactively seek new and innovative ways of working that lead to even greater efficiencies and enhanced quality.

A handwritten signature in black ink, appearing to read 'Paul Thomas', written in a cursive style.

Emeritus Professor Paul Thomas AM – Chair

Our board

The Sunshine Coast Hospital and Health Board provides strategic guidance and oversight of management, including:

- overseeing our operations, including our control and accountability systems
- appointing and removing the Chief Executive (CE) subject to approval by the Minister: *Hospital and Health Boards Act 2011, s74(5)*
- providing input into and final approval of management's development of organisational strategy and performance objectives, including approving the terms of our service agreement with the Chief Executive (Director General) of the Department of Health
- reviewing, ratifying and monitoring systems of risk management and internal control and legal compliance
- monitoring our CE and senior executives' performance and implementation of strategy
- approving and monitoring the progress of minor capital expenditure, capital management, and acquisitions and divestitures; and
- approving and monitoring the annual budget, and financial and other reporting.

An induction program is conducted to allow members to participate fully and actively in board decision-making at the earliest opportunity.

Members will gain an understanding of:

- our financial, strategic, operational and risk management position
- our culture and values
- their rights, duties and responsibilities as a member
- the roles and responsibilities of senior executives
- the role of Board Committees
- meeting arrangements
- member interaction with each other, senior executives and other stakeholders.

Members also have access to continuing education to update and enhance their skills

and knowledge. This may include education concerning key developments in our organisation, and in the industry and environment in which we operate.

Key board decisions and achievements this year include:

- approved and endorsed a range of administrative measures necessary for the operation of our Hospital and Health Service from 1 July 2012
- oversight of our 2012–13 service agreement
- endorsed and provided oversight of our 2012–13 annual operating budget
- approved our strategic plan for submission to the Department of Premier and Cabinet
- approved the Board Charter
- oversight and approval for the formation of Board Committees, including the Executive Committee, Finance Committee, Safety and Quality Committee and the Audit Committee
- endorsed several plans including:
 - *SCHHS Operational Plan 2012–13*
 - *SCHHS Employee Engagement Strategy 2013–2016*
 - *SCHHS Health Service Plan 2012–2022 and outlook to 2026–27*
 - *SCHHS Strategic Plan 2013–2017*
 - *SCHHS Consumer and Community Strategy and Implementation Plan 2013–2016*
- endorsed the proposal for our HHS to enter into a hub and spoke arrangement with other HHSs for the provision of an internal audit function
- endorsed all Committee Charters
- endorsed the recommended risk reporting process
- confirmed its commitment to education and research.



Board profiles



Emeritus Professor Paul Thomas AM

Chair

BSc(Hons), DipEd, MA, PhD, FACE, LRPS

Emeritus Professor Paul Thomas AM has substantial board experience, well established networks in the Sunshine Coast region, and has served on a number of boards, governing councils and community associations.

Paul has occupied senior posts in the British higher education system before taking up a position in Australia as Head of Education at the Brisbane College of Advanced Education (now known as Queensland University of Technology, QUT). At the college he became the campus principal and a professor.

Paul was successful in establishing the University of the Sunshine Coast (USC). In 1994 he became planning president, and in 1996 he became the university's inaugural vice-chancellor until he retired in 2010.

In 2002 Paul was one of 2000 Australians to receive a Commonwealth Centenary Medal for service to Australian society and higher education. In 2007 he was awarded an Order of Australia Medal for services to higher education and the establishment of the USC. In 2009 Paul was the recipient of the Asia-Pacific Chief Executive Leadership Award by the Council for the Advancement and Support of Education.

Paul is a Fellow of the Australian College of Educators, a recipient of two Rotary International Paul Harris Fellowships and is a member of the National Leadership Institute National Advisory Board.



Dr Lorraine Ferguson AM

Deputy chair

RN, BSocSc, MPH, PhD, FACN, Ass.FACHSM, ACCCN (life member), Dip Company Directors Course

Dr Lorraine Ferguson AM is a registered nurse, a respected educator, an experienced executive, board member and author of a number of published works on healthcare reform, clinical management and nursing. She was appointed a Member of the Order of Australia in 2002 for service to critical care nursing, particularly in clinical, management and education disciplines, and to professional nursing organisations.

Since 2008, Lorraine has worked as a casual academic and independent education consultant, and has been involved in research and development of online educational materials for a number of tertiary institutions. Previously she held a conjoint appointment as Associate Professor of Nursing (Clinical Leadership and Professional Development) with the University of Western Sydney and the Sydney West Area Health Service.

Lorraine has held senior nursing and management positions at The College of Nursing, Northern Sydney Area Health Service and Royal North Shore Hospital.

She has also served as a member of nursing executive teams, and as a member and chair of local, state and national committees including quality, casemix, clinical costing, health care funding, research ethics and curriculum development. She also held numerous board memberships and executive positions including President and Honorary Treasurer, New South Wales College of Nursing.

Members of the board are appointed by the Governor in Council on the recommendation of the Minister for Health.



Dr Edward Weaver

Board member

MBBS, FRANZCOG, FACM (Hon)

Dr Edward (Ted) Weaver is a Senior Medical Officer within the Department of Obstetrics and Gynaecology at Nambour hospital. He is also an Associate Professor in the Department of Obstetrics and Gynaecology and Deputy Head of the Sunshine Coast Clinical School, both within the University of Queensland (UQ).

From 1990-2011, he was a private specialist in obstetrics and gynaecology in Nambour and a visiting medical officer at Nambour and Selangor Private Hospitals. In 2001, he was awarded an Honorary Fellowship of the Australian College of Midwives in recognition of work developing collaborative systems of maternity care.

Ted was Vice President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) from 2006, and President from 2008, during a time of significant maternity care reform in Australia.

Ted is currently the Chair of the Queensland Training Accreditation Committee for RANZCOG, overseeing specialist Obstetrician and Gynaecologist training in Queensland hospitals. He was on the Board of Directors for the RANZCOG Research Foundation, responsible for the financial management, fundraising and overall financial viability of the foundation, and for overseeing the annual awarding of eight research scholarships. He is a member of the Recognition of Medical Specialists committee of the Australian Medical Council. In 2011, Ted was awarded the University of Queensland Medical Society and School of Medicine Distinction in Clinical Teaching Award for the Sunshine Coast Clinical School.



Peter Sullivan

Board member

BBus(Acc), FCPA

Peter Sullivan is the Pro Vice-Chancellor (Corporate Services) and Chief Financial Officer of USC. He is responsible for overseeing a range of business functions to facilitate the ongoing financial and planning viability of the university.

In 2002 Peter was appointed Executive Director of Finance and Resource Planning at the Queensland University of Technology (QUT), where he reported directly to the vice-chancellor and was responsible and accountable for corporate planning and resourcing policies and practices of the university.

In 2007, Peter was appointed to the Board of the Southbank Institute of Technology where he was accountable to the Minister for the Institute's financial performance.

Peter currently provides advice to the Vice-Chancellor and President of the USC, and the University Council on budget and financial risk management.

His key achievements include the establishment of a planning and reporting framework that has allowed USC to undertake strategic and operational planning to assist it realise its vision and achieve its goals on an ongoing basis. He has also established an audit and assurance framework to assist the university in its stewardship and leadership responsibilities, as well as establishing an open and accountable system of governance and continuous improvement processes.



Board profiles



Dr Mason Stevenson

Board member

MB ChB

Dr Mason Stevenson has 28 years' experience as a General Practitioner (GP), the majority on the Sunshine Coast. He has held senior roles within medical associations since 1996 and owned and managed medical practices since 1990.

Mason began his medical career in Melbourne after completing his studies at Monash University in 1983. He completed his internship and Junior Resident Medical Officer training at the Queen Victoria Medical Centre. Once completed, Mason worked as a doctor for the Melbourne Doctors After Hours Cooperative for a number of years before joining the Glen Waverley Medical Centre in Melbourne as a Principal General Practitioner (GP) Assistant in 1988.

In 1990, Mason moved to the Sunshine Coast to open and work in his own private practice as a GP. Mason received his Vocational Registration – General Practitioner in 1996. This same year he became an owner in a group GP practice with three other doctors and Treasurer of the Sunshine Coast Division of General Practice for two years. He is currently a member of Focus Health (formerly the Sunshine Coast Division of General Practice).

Mason has held various executive positions within medical associations including Treasurer and President of the Sunshine Coast Local Medical Association (SCLMA), Treasurer and President of the Australian Medical Association (AMA) of Queensland, and Queensland representative for the AMA Federal Council. Since 2010, Mason has worked as a GP subcontractor while continuing in executive positions within these organisations.



Dr Karen Woolley

Board member

PhD(MedSc), BSc/BEEd(HonsClass)

Dr Karen Woolley has more than 25 years' experience in medical research and publications within tertiary hospital settings and the biotech and pharmaceutical industry in North America and the Asia Pacific.

Karen is the Chief Executive Officer of ProScribe Medical Communications, an internationally-recognised medical writing company she co-founded in 2000.

In 2012, Karen was appointed as Director of the International Society for Medical Publication Professionals (USA) and Chair of its Asia-Pacific Advisory Committee.

In 2011, Karen accepted Professor (Adjunct) positions with USC, Faculty of Science Health and Education, and UQ, Faculty of Health Sciences.

Between 2007 and 2011, Karen was a member of The Innovation Centre Board at USC. From 1989 to 2000, Karen worked as a Scientific Officer and Clinical Research Manager, and was a member of the Queensland Government Small Business Advisory Council from 2007 to 2010.

Karen is the recipient of an Honorary Doctorate from USC, is a Fellow of the American Medical Writers Association, a Life Member of the Association of Regulatory and Clinical Scientists and has received several business awards (including the Telstra Business Woman of the Year Award) in recognition of her ethical practices and commercial acumen. She is also a Certified Medical Publication Professional.

Committed to improving the health of our community, the board oversees direction, control and operations.



Brian Anker

Board member

MAICD

Brian Anker has held senior executive roles within the Queensland Government. Until November 2010 he was the Deputy Director-General, Innovation of the former Queensland Department of Employment, Economic Development and Innovation, and worked in partnership with leaders in industry, science and technology.

In 2011, Brian established Anker Consulting Pty Ltd, to provide strategic advice and planning particularly to the research and industry sector. He has undertaken strategic reviews for the USC, assisted UQ and QUT on specific funding projects, and assisted the Sunshine Coast Regional Council on project assessments. In addition he provides employee mentoring to corporations.

Brian is currently Chair of the Education Investment Fund, Research Data Storage Infrastructure (RDSI) Project, a member of the Australian Government's Australian eResearch Infrastructure Committee, and a member of the Sunshine Coast Economic Development Board. He has also acted as strategic advisor to a number of Queensland based universities.

Brian has an extensive background in the business and industry sectors. He is a current member of the Australian Institute of Company Directors, and has been a member on a number of boards and committees. Brian has also served as a government representative on review bodies for the Australian Institute of Bioengineering and Nanotechnology, Australian Tropical Forest Institute, Australian Tropical Science and Innovation Precinct, and the Institute for Molecular Bioscience.



Cosmo Schuh

Board member

BBus, CA, CPA

Cosmo Schuh has worked as a Public Accountant in Gympie and South East Queensland for more than 35 years. After graduating from the University of Southern Queensland in 1976, he moved to Gympie and developed an accounting business, servicing the Gympie area and extending throughout rural Queensland.

Cosmo has been involved extensively in property development and syndication, financial management, estate planning and strategic management for small to medium businesses. He sits on a number of boards for private and public companies and is a Director of a family Charitable Foundation. He is also a Registered Company Auditor.

Past board members 2012–13

Mr Bradley Elms

Dr Martine Pop



Chief Executive's report

The 2012–13 year has been one of exceptional challenge, change and achievement.

Substantial preparatory work was undertaken by the then district to facilitate a smooth transition to the status of an independent statutory body from 1 July 2012. This ensured the organisation commenced life as a Hospital and Health Service with a strong organisational framework and the capacity to satisfy the myriad accountabilities that are associated with our new autonomy.

Our preparation was assessed and independently validated by Ernst and Young as being of the highest standard. Our report card showed we rated very highly in each of the four domains evaluated: quality (patient safety); governance; people and finance.

As a statutory body, the responsibility of ensuring services are provided within the reality of a finite budget is a requirement, not just an objective. This challenge was also readily accepted across the organisation. Our devolved management structure, with its inherent and increasingly mature performance culture, is the foundation of our success.

The safety and quality of our services is paramount. Our focus on the continual improvement of the services we provide is underpinned by a culture where innovation and learning are basic tenets of our operation. Any appraisal of the safety and quality of our services demonstrates that our performance continues to improve, even on our already high levels.

This year saw the health service set a new record for the quantum of health services delivered to our community. Our total hospital activity increased by 5.7 per cent over the previous year.

We have responded to the challenge of the National Emergency Access Target, with ongoing improvement throughout the year. This is evidenced by the health service since January 2013 achieving or exceeding the target of 77 per cent of patients being admitted to a hospital bed, or discharged from an emergency department within four hours.

The improved Emergency Department (ED) performance across the health service is even more significant given that there was an overall increase of 6,859 presentations to ED in 2012–13. That is an increase of seven per cent.



Kevin Hegarty

Despite a significant increase in emergency surgery activity, our elective surgery capacity has been maintained. Our end of year performance saw no category 1 (urgent) cases waiting longer than the bench mark 30 days.

By any assessment, the performance of the health service over the past 12 months (detailed in our KPIs from page 15) has been exceptional. To treat more people and provide that treatment in a shorter time period than was previously the case, is testament to the professionalism, dedication and skill of the clinical and other staff involved in the provision of patient care.

This year has seen us demonstrate our capacity to manage resources in an efficient and effective manner. To achieve a small surplus not only provides proof of this claim, but demonstrates the responsibility to ensure the ongoing sound financial basis of the organisation as it enters a period of unprecedented growth with the development of the Sunshine Coast University Hospital.

The continued development of increasingly complex services, perhaps best show-cased by the opening of our cardiac catheter laboratory, is all part of our deliberate staged progression towards our objective of being a tertiary health care provider. Our well earned reputation for excellence in clinical education continues to be acknowledged. Our challenge now is to continue the development of a research capacity to complement our long standing involvement in clinical trials. This of course is an essential element of a genuine tertiary level health care provider.

One of the most pleasing aspects of being a statutory body is our ability to develop and implement our own consumer and community engagement strategy. This endeavour has been a key component of our work during the past 12 months and we look forward to the successful implementation of a range of strategies over the next 12 months.

I acknowledge with appreciation the strategic direction and governance provided by the Sunshine Coast Hospital and Health Board, under the leadership of Emeritus Prof. Paul Thomas AM. The health service is fortunate to have a board with the experience and skill mix ours possesses.

The Sunshine Coast and Gympie communities are entitled to have confidence in and be proud of the professionalism and commitment of the staff that are the Sunshine Coast Hospital and Health Service. They are our most valuable asset.

I commend our first annual report to you and am pleased that its pages evidence our achievements and unequivocal commitment to providing person centred and responsive health care.



Kevin Hegarty – Health Service Chief Executive

Sunshine Coast Hospital and Health Service Contribution to meeting Public Sector Renewal Program Principles	
Customer focus	<ul style="list-style-type: none"> • <i>Consumer Engagement Strategy and Implementation Plan 2013-2016</i>, developed and implementation commenced. This includes the creation of the Critical Friends Group for input into the design of the Sunshine Coast University Hospital, and the creation of the Consumer Advisory Group.
Innovation	<ul style="list-style-type: none"> • Clinical redesign projects carried out. • Workplace redesign implemented. • Development of a research strategic plan and expansion of research activities.
Contestability, commissioning and core services	<ul style="list-style-type: none"> • Outsourced services in Oral Health, Transition Care and a range of clinical services. • Established a build, own, operate, transfer contract with Ramsay Health Care, which underpins the operation of Noosa Hospital. • Implemented a service agreement to acquire services from the Sunshine Coast University Private Hospital from December 2013. • Commenced the contestability process to establish value-for-money service delivery options for the Sunshine Coast University Hospital.
Excellence, agility and productivity	<ul style="list-style-type: none"> • Continued our service excellence as demonstrated by clinical indicators and other benchmark comparisons. • Operated at 2.5 per cent below the state average for cost per weighted activity unit for inpatient services.
Governance and accountability	<ul style="list-style-type: none"> • Robust governance and accountability structure evident from the board to the executive and at all levels of the organisation.



Our executive leadership team

Kevin Hegarty

Health Service Chief Executive

BBus(Acc), AssocDipBus(Acc), MAICD

The Health Service Chief Executive (HSCE) is accountable to the board for all aspects of our performance, including the overall management of human, material and financial resources, and the maintenance of service and professional performance standards. The HSCE, with the board, is also responsible for ensuring the development of our strategic direction.

Kevin has served in senior positions in Queensland Health since joining the organisation in 1995, including District Manager of the Rockhampton Health Service, District Manager of the Sunshine Coast Health Service, and District Chief Executive (CE) of the Sunshine Coast Wide Bay Health Service. As of 1 November 2010, the Sunshine Coast Health Service District became an entity

in its own right with Kevin remaining as its District CE.

Kevin is committed to engaging with employees at all levels. He is passionate about improving the quality, safety and sustainability of health services, particularly in the areas of mental health and Aboriginal and Torres Strait Islander health. Kevin has specific interests in working with other key organisation within the health sector and looks forward to partnering with the Sunshine Coast Medicare Local and maintaining very strong links with the North Coast Aboriginal Corporation for Community Health. Kevin is also passionate about education and research and has developed strong links with the University of the Sunshine Coast and the Sunshine Coast Institute of TAFE.

Jacheline Hanson

Chief Operating Officer (COO)

BHlthSci

The role of the Chief Operating Officer (COO) is to manage our operations through leading, directing, managing, planning and evaluating each of the Health Service Groups. The COO is supported by the Executive Director of Medical Services, Executive Director of Allied Health Services, and Director of Nursing and Midwifery Services, each of which report directly to the COO.

Jacheline began her career with Queensland Health in 1980. In 2004, she was appointed Operations Director, Institute of Surgery for the Townsville Health Service

District. During the period of the Sunshine Coast Wide Bay Health Service District, Jacheline was the Manager Southern Cluster, before taking on her current role as Chief Operating Officer.

Jacheline's primary role is to implement strategies to manage our responses, as planned and negotiated by the Resource Committee. She has led significant change management and performance improvement by realigning services, clearly identifying leaders and assigning accountabilities to those roles.

Scott Lisle

Executive Director, Planning and Capacity Development

BPhy, MHA

The Executive Director, Planning and Capacity Development's (EDP&CD) responsibilities extend to all service planning within our organisation including Information and Communication Technology, and workforce planning. They also lead the strategic direction, governance and support for the planning and development of the Sunshine Coast University Hospital (SCUH)

Scott commenced with Queensland Health in January 2010, after almost four years as Executive Director Service Planning and Development in South

Metropolitan Area Health Service in Perth. He was a senior executive on the Fiona Stanley Hospital project, a position similar to his current role in the development of SCUH.

Scott is committed to ensuring we continue to deliver on community expectations and work towards providing the majority of services on the Sunshine Coast. He is committed to delivering health services of a high quality and balancing available resources with growing demands.

Graham Wilkinson

Executive Director, Nursing and Midwifery Services

RN, BAppSc (Nursing), MHA, Wharton Fellow from the University of Pennsylvania

The Executive Director of Nursing and Midwifery Services (EDN&MS) is the professional lead for nursing and midwifery services. They lead the strategic direction, clinical governance and professional support for all nursing and midwifery services. The role also focuses on research, innovation, education, the nursing and midwifery workforce, and the future development of these services.

Graham has worked as a nurse with Queensland Health for more than 30 years, commencing as an enrolled nurse. He has a diverse clinical background having held positions of Charge Nurse and Nurse Unit Manager in

surgical, medical and oncology units. Over the past 20 years, Graham has worked in senior management positions, including District Director of Nursing at West Moreton prior to his current position. He currently holds an Adjunct Associate Professorship with the University of the Sunshine Coast (USC) and has held similar appointments with the University of Queensland (UQ) and Griffith University.

Graham strives to bridge the gap between theory and practice, and provide nursing services to the community which are contemporary, sustainable and enriching for the nurses and midwives involved.



Executives' profiles

Dr Piotr Swierkowski

Executive Director, Medical Services

BSc (Biochem), MBBS(Hons), FRACGP, FRACMA, MHA, E-MBA, GAICD

The Executive Director of Medical Services (EDMS) is the professional lead for all medical practitioners. The EDMS leads the strategic direction, governance and professional support for the patient safety agenda, including the functions of patient safety management, patient complaints, maintenance of clinical standards and compliance with the National Standards for Safety and Quality in Health Care, medical administration including credentialing and recruitment, and medical education and research.

Piotr (pronounced Peter), commenced his role as EDMS in March 2009, after moving from the Central Coast of NSW where he worked as Director of Medical Services. His clinical background is in general practice, with continuing limited clinical practice and the Fellowship of the Royal Australian College of General Practitioners. He has worked clinically in various settings, both in Australia and the United States of America. His particular interest is in data analysis and financial mathematics and he is pursuing a PhD in a related area.

Dr. Jeremy Long

Chair, Clinical Leadership Group

MB BCh, FCP(SA), FRACP

The Clinical Leadership Group (CLG) is a forum for the strategic engagement of clinicians. This group enables the opportunity for clinicians to have formal input by providing advice and decisions that are considered part of our strategic and operational planning processes.

Jeremy was appointed as inaugural Chair of the CLG for two years, from July 2011. He is included in the CLG as a member of the ELT, to support the organisation's decision making processes.

Originally trained in South Africa, Jeremy moved

to New Zealand to continue his work as a Medical Oncologist, becoming a Fellow of the Royal Australasian College of Physicians in 1998. Jeremy has directed the Cancer Unit at Waikato hospital in New Zealand, was a member of the cancer treatment working party of the Ministry of Health, and was the inaugural clinical Chair of the Midland Cancer Network.

Jeremy is a clinician with an interest in service development and is active in teaching and contributing to clinical trials.

Executive Director, People and Culture (position vacant), formerly held by Annabelle Kirwan

The Executive Director, People and Culture (EXP&C) is responsible for the strategic and operational control of the human resources function. The CFO is currently

providing oversight and leadership to People and Culture services.



Tracey Warhurst

Executive Director, Strategy and Performance

RN, BN, GCM

The Executive Director of Strategy and Performance (EDS&P) is primarily responsible for overseeing and leading the effective program management and alignment of key strategic initiatives. The core accountabilities of the EDS&P include strategic planning, risk management, audit and compliance, quality systems, administrative records management, procedural development, organisational performance, and communications and community engagement.

Tracey commenced in the role of EDS&P in February 2011. Prior to this, she was the Director of Nursing at Gympie Health Services for six and a half years. During this time she played a key role in the amalgamation of

the Gympie Health Service District with the Sunshine Coast Health Service District. Originally trained as a Registered Nurse and later on a Clinical Nurse, Tracey has also held roles as the Manager Corporate Development and Administration, and the Manager Allied and Community Health Services, both within the Gympie Health Service District prior to the amalgamation.

Tracey is committed to working collaboratively to build and sustain a world-class health service that is person-centred, outcome focussed and responsive to the health needs of the community.

Rodney Margetts

Chief Finance Officer

BCom (Acc), CA(NZICA), MAICD

The Chief Finance Officer (CFO) provides leadership and strategic advice on the financial performance and the financial management of our organisation to the board, CE, ELT and senior management. The CFO supports the CE in strategic negotiations with Health, and has an over-arching responsibility to enable the maximisation of our revenue streams.

Rod commenced employment as Chief Finance Officer in April 2009. Prior to this he worked in the Department of Education and Training as Director Business Analysis (TAFE) and as Chief Operating Officer for

SkillsTech Australia. He has also previously worked in Queensland Health from 1997 to 2004, assisting with the implementation of accrual accounting, as Director of the Goods and Services Tax (GST) Implementation Project and Team Leader Financial Business Improvement. During this time, he also worked in the Townsville Health Service District as Executive Director, Corporate Services.

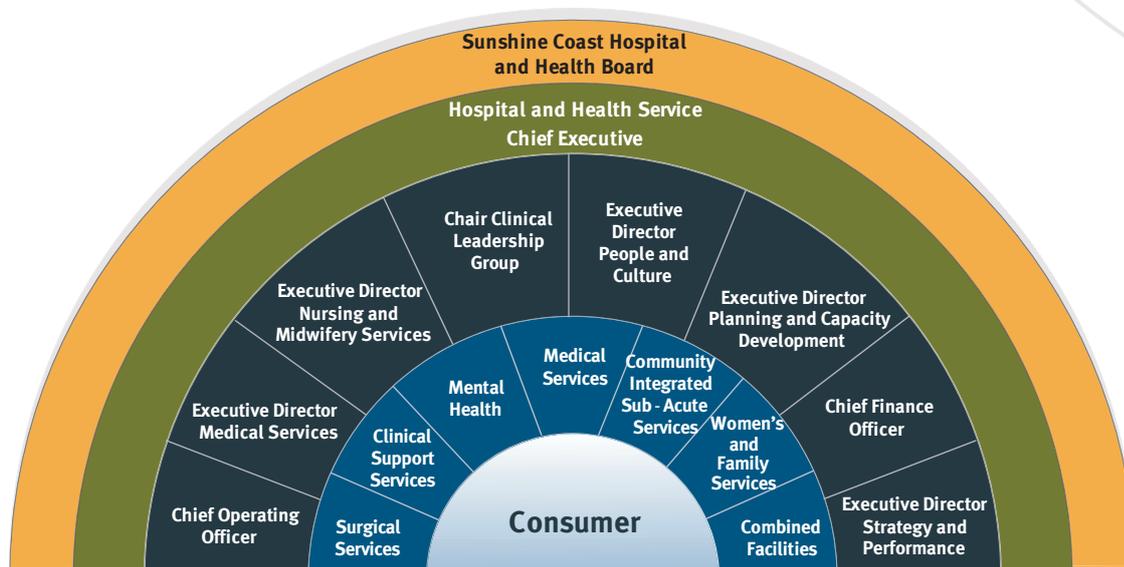
Rod is committed to providing the best possible health services through the most effective utilisation of the resources available.

Executive Director, Allied Health (position abolished), formerly held by Karen Hayes



Our organisational structure

Our organisational structure provides clear lines of reporting, accountability and responsibility – based on health services functioning in partnership through an integrated services delivery, clinical service stream model.



The consumer (patient) is the core focus of all our health care services. They are the underpinning point of reference for all change, and the design of services, systems, structures and processes.

Critical to the success of providing exceptional care in a highly complex establishment is the effective and deliberate organisation of services, people and units into functional and professional teams, streams and specialties. This structural alignment enables us to be responsive, integrated and efficient, allowing decisions to be made at the most appropriate level. It also facilitates openness and transparency in key decisions.

We are organised into a matrix model which facilitates an integrated and collaborative approach to health service delivery.

The organisation is functionally divided into the four broad service functions of People and Culture, Planning and Capacity Development, Finance, and Health Services. This concentration of skills and expertise is important for fulfilling the respective responsibilities of service delivery.

These functions are further subdivided into specialty streams, teams and units relevant to the specific service delivery, specialty or discipline accountabilities. However, in an attempt to maximise our governance, communication, flexibility, innovation and performance, the service and discipline functions are supported by the Patient Safety, and Strategy and Performance teams.

The devolved nature of our structure enables the achievement of the service level objectives, while maximising the ability of individual business units to address their local environments. Individual unit managers make decisions that tie their activities to our core values and priorities, and enable them to improve the quality of care they deliver to their patients in their units.