

Our performance

The following provides a snapshot of how Sunshine Coast Health is tracking against their key performance indicators (KPIs) set out in the 2020-2024 strategic plan. Table 5 also provides an overview of Sunshine Coast Health's performance against the service standards.

Responsive health service

Sunshine Coast Health is undertaking a significant capital works program in relation to Nambour General Hospital's redevelopment to better service the growing needs of the local community and technical completion of Sunshine Coast University Hospital Stage 3 was achieved on 30 June 2021.

Work continues on the development of our Master Clinical Services Plan which will provide a 10-year roadmap for the delivery of healthcare services across Sunshine Coast Health.

Environmental sustainability

Sunshine Coast Health's Environmental Sustainability Committee meets monthly with representatives from a range of clinical, administrative and operational services. Two Environmental Sustainability Forums have been held to showcase the achievements, activities and staff initiatives underway across services and facilities. The first forum was on 10 November 2020 during National Recycling Week, and the second was held on 3 June 2021 to launch the inaugural health service *Environmental Sustainability Strategy 2021-2024* ahead of World Environment Day.

Sunshine Coast Health joined the Global Green and Healthy Hospitals network in 2020 and through this has established a partnership with Griffith University as part of their Climate Action Beacon. This project is engaging staff on projects aimed at 'Facilitating Transition to Climate Resilient and Sustainable Health Systems'.

In this reporting period, Sunshine Coast Health:

- signed a Memorandum of Understanding with Griffith University to undertake a Pilot Project as part of their Climate Action Beacon
- progressed applications through the Queensland Health Emissions Reduction Program for Sunshine Coast Health sites for installation of roof top solar
- introduced electric vehicles into the Fleet along with the current hybrid vehicles - and promoting the use of E10 fuel confirming SCHHS as a virtual
- was confirmed as a virtual host site for the 2021 Greening the Health Care Sector Forum.

Safe, high quality care

Throughout 2020-2021 Sunshine Coast Health also 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 shows Sunshine Coast Health's performance against the service standards.

Partnerships

There is ongoing regular collaboration with key partners to ensure effective interface across the community. This is being achieved through the Sunshine Coast Health Stakeholder Engagement Strategy. Additionally, the Consumer and Community Engagement Framework and associated procedures have been approved and published. The new Consumer and Community Consultative Panel is meeting as planned. The panel hosted kitchen table sessions with vulnerable community groups to determine how Sunshine Coast Health can better provide care to these groups. The feedback is being used to inform models of care.

Sunshine Coast Health is determined to ensure all its consumers have access to appropriate information about their health and the services available to them. The Health Literacy Framework was developed in collaboration with community partners and the Central Queensland, Wide Bay and Sunshine Coast PHN and is being implemented.

Focus on our People

Staff wellbeing

Sunshine Coast Health fosters and promotes a supportive environment where employees are involved in healthy lifestyles and our workplace is conducive to employee wellness.

Our Employee Wellness Framework recognises the multi-faceted nature of wellbeing across four dimensions (emotional, physical, social and financial). Sunshine Coast Health has continued to support our own Peer Support Program, known as CareForUs, with a trained network of staff volunteers in psychological first aid available to support their colleagues. In response to the initial stages of the COVID-19 situation, a dedicated Employee Support and Wellbeing Response Plan was put in place to support our workforce.

Leadership and Management

Sunshine Coast Health's Leadership and Management Culture and Capability initiative aims to create an environment where our leaders strive to create and sustain a community of care where staff feel supported at work, while delivering exceptional healthcare and wellbeing to our community. Sunshine Coast Health identifies leadership capability development as a guiding principle in shaping a positive and productive organisational culture and the behaviours that underpin this. A range of strategies, programs and support mechanisms are in place and continue to be reviewed and developed to support staff. Sunshine Coast Health has continued to partner with the Department of Health's Clinical Excellence Queensland branch in the delivery of a range of leadership programs lifting the capability of frontline and middle and senior management and clinicians to lead and manage people.

Workplace health and safety

Our Health, Safety and Wellbeing Management System (HSWMS) was modified to align with the Queensland Health system. The implementation plan will also see Sunshine Coast Health safety management system upgraded to the *International Standard ISO 45001:2018 Occupational Health and Safety Management Systems*.

In response to the COVID-19 pandemic a dedicated Workplace Health and Safety Plan was implemented to support our workforce. This plan has been continually updated to keep abreast with the ever-changing environment. This included a Pandemic Safe Workplace Assessment that was implemented across 274 work areas and then reassessed after six months.

The Safety and Wellbeing team has also developed and released a Respiratory Protection Program (RPP) that guides the process to ensure our staff have adequate respiratory protection from the COVID-19 virus. A significant aspect of the RPP is the requirement to ensure all personnel who need, or may need to, wear a P2/N95 respirator, have a "fit test" conducted to ensure an adequate seal is achieved whilst wearing the respirator. At 30 June 2021 more than 2000 staff had been successfully fit tested with a zero per cent failure rate following retests.

The Safety and Wellbeing Unit together with our Union partners established across all Sunshine Coast Health facilities a network of Health and Safety Representative (HSR). All 45 elected HSRs received five days training to become a qualified Queensland Health and Safety Representative. The HSRs support over 250 Work Area Safety Practitioners (WASPs) ensuring that WHS issues remaining unresolved are escalated for action.

The inaugural HSR Consultative Forum met with 27 HSRs attending. The Forum was developed for HSRs to consider and disseminate relevant WHS related information to their work groups, as well as a platform for HSRs to promote and support a positive and proactive safety culture.

Workforce inclusion and diversity

Our vision is to have a respectful and supportive workplace that enables us to attract, retain and develop a capable, diverse, and inclusive workforce to the benefit of our patients and community. The Diversity and Inclusion Strategy and Action Plan is being developed from the ground up. This strategy is a two-year plan to help us achieve our health service and people goals. It provides a shared

direction and commitment for Sunshine Coast Health so we can work together to respect and value our diverse workforce and build a more inclusive workplace.

It comprises four key priorities and identifies the actions we will take over the next two years:

- Communication and Engagement (internal and external)
- Recruitment and Retention
- Line Manager support
- Orientation and training.

We have established a Diversity and Inclusion Working Group, Networks for priority groups (LGBTIQ+, Culturally and Linguistically Diverse people and people with a disability). An intranet site has been developed, diversity and inclusion calendar of events are in place, and a number of promotional activities are occurring. This work goes hand-in-hand with the development of Sunshine Coast Health's health equity plan for consumers.

Grow research and education capability

The Sunshine Coast Health Institute Health Symposium was successfully delivered on 18 March 2021, with more than 500 participants.

Significant work has been undertaken to develop a clinical trials governance framework, appointment of a research clinical monitor and a clinical trial steering committee. Roll-out of Queensland led National Health and Medical Research Council project to increase opportunities for regional and remote participation in clinical trials.

A framework for research support and governance that enables greater participation in research within Sunshine Coast Health has been developed. This comprises a comprehensive suite of supporting policies and procedures for researchers.

Embrace technology for a digital future

In partnership with local GPs, the GP Smart Referrals system has continued to be rolled out, and this has resulted in an improvement in the quality of referrals received by Sunshine Coast Health. The majority of GPs in the region are now using this system. Sunshine Coast Health will continue to roll out the system to all local GPs.

Closing the Gap

Cultural Practice Program

There were 1022 staff who completed the face-to-face Cultural Practice Program during the financial year, an increase of 4.96 per cent from 56.96 per cent in 2019-2020 to 61.92 per cent in 2020-2021.

Yarning Circles

Our Aboriginal and Torres Strait Islander employees were invited to attend two Yarning Circles with the Chief Executive and Executive Director People and Culture. The purpose of the Yarning Circles is to meet, listen and discuss the matters that interest our Aboriginal and Torres Strait Islander employees working within Sunshine Coast Health. Held every six months the Yarning Circles also enable peer support and network opportunities.

Aboriginal and Torres Strait Islander employees

The number of staff at Sunshine Coast Health identifying as Aboriginal and/or Torres Strait Islander is continuing to increase. To support this, the development of a new *Aboriginal and Torres Strait Islander Workforce Strategy* has progressed following a successful Workshop with local Aboriginal and Torres Strait Islander community, Universities, TAFE, Education Queensland and Community Employment providers. The workshop with 38 community members was held in May to discuss and develop strategies and actions for attracting, recruiting and retaining Aboriginal peoples and Torres Strait Islander peoples to Sunshine Coast Health. Further consultation with our employees is underway before the strategy is taken back to the community for final feedback and endorsement.

Table 5: Service standards

Sunshine Coast Hospital and Health Service	2020-21 Target	2020-21 Actual
Effectiveness measures		
Percentage of emergency department patients seen within recommended timeframes ¹		
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%
	80%	74%
	75%	70%
	70%	80%
	70%	98%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	70%
Percentage of elective surgery patients treated within the clinically recommended times ²		
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	82%
	..	75%
	..	85%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.9
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	73.2%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	10.7%
Percentage of specialist outpatients waiting within clinically recommended times ⁷		
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	80%	57%
	..	56%
	..	85%
Percentage of specialist outpatients seen within clinically recommended times ⁹		
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	82%	84%
	..	56%
	..	62%
Median wait time for treatment in emergency departments (minutes) ¹	..	14
Median wait time for elective surgery treatment (days) ²	..	50
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$5,370	\$5,433
Other measures		
Number of elective surgery patients treated within clinically recommended times ²		
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	3,156	3,663
	..	3,529
	..	2,450
Number of Telehealth outpatients service events ¹¹	6,963	11,837

Sunshine Coast Hospital and Health Service	2020-21 Target	2020-21 Actual
Total weighted activity units (WAU) ¹²		
<ul style="list-style-type: none"> • Acute Inpatients • Outpatients • Sub-acute • Emergency Department • Mental Health • Prevention and Primary Care 	111,447 23,962 9,078 23,845 10,540 4,239	107,795 23,530 8,821 24,476 10,149 4,826
Ambulatory mental health service contact duration (hours) ⁵	>64,184	69,706
Staffing ¹³	6,122	6,344

1	During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020-21 Actual includes some fever clinic activity.
2	In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019-20. This has impacted the treat in time performance and has continued to impact performance during 2020-21 as the system worked to reduce the volume of patients waiting longer than clinically recommended.
3	Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
4	Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
5	Mental Health measures reported as at 22 August 2021.
6	Mental Health readmissions 2020-21 Actual is for the period 1 July 2020 to 31 May 2021.
7	Waiting within clinically recommended time is a point in time performance report and was impacted by preparing for COVID-19 in 2019-20.
8	Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.
9	As a result of preparing for COVID-19, the seen in time performance was impacted in 2019-20. This impact has continued throughout 2020-21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended.
10	The 2020-21 Target varies from the published 2020-21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAW Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. Data reported as at 23 August 2021.
11	Telehealth data reported as at 23 August 2021.
12	The 2020-21 Target varies from the published 2020-21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAW Phase Q23. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur. Data reported as at 23 August 2021.
13	Corporate FTEs are allocated across the service to which they relate. The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Financial highlights

The health service reported total comprehensive income of \$9.198 million for the year incorporating a net revaluation increment of \$30.480 million on land and buildings and an underlying operating deficit of \$21.282 million.

Table 6: Summary of Financial results for past two years:

Financial performance	2020-21 \$'000	2019-20* \$'000
Operating income	1,355,175	1,282,314
Operating expenditure	(1,376,457)	(1,310,802)
Operating result	(21,282)	(28,488)
Financial position		
Current assets	90,977	90,964
Non-current assets	1,888,949	1,954,380
Total assets	1,979,926	2,045,344
Current liabilities	(170,040)	(131,775)
Non-current liabilities	(569,302)	(583,686)
Total liabilities	(739,342)	(715,461)
Net assets (equity)	1,240,584	1,329,883

* The 2019-20 financial results have been restated to align with changes to Australian Accounting Standards

The operating result reflects higher than expected costs of delivering services during the year as a result of significant increases in emergency demand across the health service, challenges in responding to the COVID-19 pandemic, other operational cost increases. Demand management and the ongoing commitment to efficiency and sustainability is continuing to address performance and enable the health service to transition to long term financial sustainability.

Financial performance

Total Income

Total income for 2020-2021 was \$1.355 billion, an increase of \$72.9 million or 5.7 per cent (2019-2020: \$1.282 billion). The increase mainly relates to additional activity purchased by the Department of Health as part of the COVID-19 recovery, and \$33.398 million (2019-20: \$4.104 million) being received 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 2020-2021 were \$1.376 billion, up \$65.7 million or five per cent (2019-2020: \$1.311 billion). In addition to costs expended in delivering purchased activity, the health service incurred additional expenditure in responding to the COVID-19 pandemic, predominantly in labour and employment related costs, of which the majority were eligible for reimbursement.

Percentage of total expenses by expense category 2020-2021

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

- Employee expenses—64 per cent
- Supplies and services—23 per cent
- Depreciation and ammortisation—10 per cent
- Interest—two per cent
- Other—one per cent.

Anticipated Maintenance

Anticipated maintenance is a common building maintenance strategy utilised 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 building. 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, and the value and quantum of anticipated maintenance will fluctuate in accordance with the assessment programs and completed maintenance works.

As of 30 June 2021, the health service had reported total anticipated maintenance of \$18.0 million. The health service has implemented a new condition assessment program for its major facilities which commenced in June 2021. The program outputs will inform long term maintenance plans and assist with prioritisation of works based on risk and linkage to critical service delivery.

Financial position

Total assets

The health service's total assets amount to \$1.980 billion. Ninety-five per cent or \$1.885 billion is comprised of property, plant, and equipment. Total assets decreased by \$65.4 million in 2020-2021 predominantly reflecting a net reduction in property, plant, and equipment attributed to increased accumulated depreciation, offset by net revaluation movements, changes in accounting standards with regards to the way the Noosa Hospital is accounted for, and new asset acquisitions net of disposals.

Total equity

Total equity is at \$1.241 billion which is a decrease of \$89.3 million from the prior year. This mainly reflects a decrease in contributed equity offset by an increase in the 2020-2021 accumulated deficit and increase in the asset revaluation surplus.

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 2021-2022 will continue to be fiscally challenging for the health service as we continue to respond to the COVID-19 pandemic and implement strategies to transition to long term financial stability. Construction works on the \$86.2 million re-development of Nambour General Hospital continues to progress and will provide additional capacity and capability across the health service and will be balanced with the ongoing focus on our sustainable future.