

Confidential information

The *Hospital and Health Boards Act 2011* requires annual reports to state the nature and purpose of any confidential information disclosed in the public interest during the financial year. During the 2019-20 period, two disclosures were authorised in relation to specified patient information:

- two data sets of information regarding a patient were disclosed to the Office of Information Commission for the purpose of obtaining expert opinion regarding the data sets and Metro North's obligations.
- provision of patient details and other information to the Queensland Police Services (and/or other law enforcement) for the purpose of an ongoing investigation and/or prosecution.

Performance

Service standards

Following the suspension of all non urgent elective surgery due to COVID-19, Metro North resumed full elective surgery services at the end of May 2020

Telehealth appointments for outpatients increased during this period.

Own source revenue was impacted as a result of the reduction of elective surgery and the impact of ineligible patients.

Metro North's COVID-19 response comprised expenditure on staffing for the Emergency Operations Centre, Fever Clinics, preparedness for expansion of ED and ICU capacity, Virtual Ward, Clinical Consumables and PPE, public health contact tracing and screening and COVID-19 testing.

Table 4: Service Standards – Performance 2019-20

| Service Standards | Target | Actual |
|--|--------|--------------------|
| EFFECTIVENESS MEASURES | | |
| Percentage of patients attending emergency departments seen within recommended timeframes: ^a | | |
| – Category 1 (within 2 minutes) | 100% | 99.8% |
| – Category 2 (within 10 minutes) | 80% | 74.4% |
| – Category 3 (within 30 minutes) | 75% | 63.4% |
| – Category 4 (within 60 minutes) | 70% | 79.5% |
| – Category 5 (within 120 minutes) | 70% | 97.1% |
| Percentage of emergency department attendances who depart within four hours of their arrival in the department ^a | >80% | 69.9% |
| Percentage of elective surgery patients treated within clinically recommended times: ^b | | |
| – Category 1 (30 days) | >98% | 96.4% ¹ |
| – Category 2 (90 days) | >95% | 91.0% |
| – Category 3 (365 days) | >95% | 92.7% |
| Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ^c | <2 | 0.8 ² |
| Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit ^d | >65% | 58.0% |

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

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

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

4 Cost per WAU data presented as Mar-20 FYTD

| | | |
|--|----------|----------------------|
| Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge ^d | <12% | 14.4% ³ |
| Percentage of specialist outpatients waiting within clinically recommended times: ^e | | |
| – Category 1 (30 days) | 56% | 82.5% ¹ |
| – Category 2 (90 days) | 70% | 61.2% |
| – Category 3 (365 days) | 94% | 85.5% |
| Percentage of specialist outpatients seen within clinically recommended times: ^e | | |
| – Category 1 (30 days) | 81% | 82.4% ¹ |
| – Category 2 (90 days) | 62% | 64.0% |
| – Category 3 (365 days) | 89% | 88.1% |
| Median wait time for treatment in emergency departments (minutes) ^a | .. | 18 |
| Median wait time for elective surgery (days) ^b | .. | 36 |
| Efficiency Measure | | |
| Average cost per weighted activity unit for Activity Based Funding facilities ^{f,g} | \$4,549 | \$4,931 ⁴ |
| Other Measures | | |
| Number of elective surgery patients treated within clinically recommended times: ^b | | |
| – Category 1 (30 days) | 10,276 | 10,190 ¹ |
| – Category 2 (90 days) | 11,184 | 9,446 |
| – Category 3 (365 days) | 6,123 | 5,465 |
| Number of Telehealth outpatient occasions of service events ^h | 18,442 | 27,650 |
| Total weighted activity units (WAU's) ^g | | |
| Acute Inpatient | 283,939 | 276,404 ⁵ |
| Outpatients | 101,656 | 88,980 |
| Sub-acute | 23,835 | 26,554 |
| Emergency Department | 42,612 | 43,422 |
| Mental Health | 37,438 | 35,077 |
| Prevention and Primary Care | 9,741 | 8,170 |
| Ambulatory mental health service contact duration (hours) ^d | >171,919 | 149,074 |
| Staffing ⁱ | 16,860 | 16,851 ⁶ |

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

⁶ As at 30 June 2020.

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

Financial summary for the year ended 30 June 2020

Metro North achieved a surplus of \$31.8m for the year ending 30 June 2020.

This financial year has presented significant challenges with the outbreak of Novel Coronavirus or COVID-19 in early 2020.

In March 2020, the Commonwealth and States entered into a National Partnership on COVID-19 response. Under this agreement the parties agreed to work together in response to the COVID-19 pandemic and to jointly fund additional health expenditure incurred to effectively manage the COVID-19 outbreak. Additional funding of \$42.9 million has been included in this year's revenue in relation to this agreement.

Whilst there is a National Partnership Agreement to support healthcare COVID-19 costs, not all costs including loss of revenue are eligible for compensation.

Despite the impacts of COVID-19, Metro North has delivered on all health care activity requirements under the Service Agreement with the Department of Health.

Revenue and expenditure

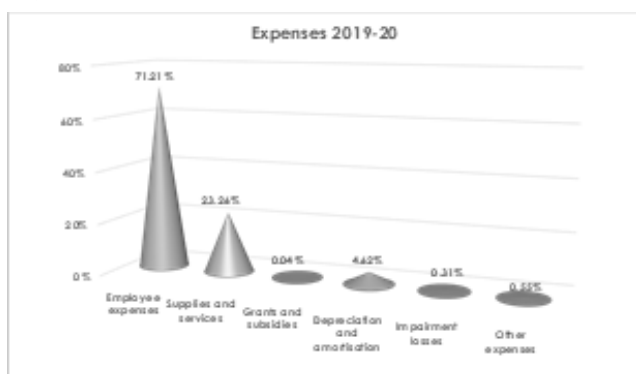
Metro North's income is derived from two major sources:

- Department of Health funding for public health services (including Commonwealth contributions)
- own source revenue.

Metro North's total revenue was \$3.196 billion, which is an increase of \$245.3 million (8.29 per cent) from the prior year.

- the activity based funding for hospital services was 71.32 per cent or \$2.280 billion.
- Block and other Department of Health funding was 16.87 per cent or \$539.2 million.
- Commonwealth grants and other grants funding was 1.77 per cent or \$56.4 million for health services.
- own source revenue was 8.19 per cent or \$261.7 million.
- other revenue was 1.86 per cent or \$59.5 million.

Total expenses were \$3.166 billion, averaging at \$8.7 million a day for providing public health services. Total expenditure increased by \$217.9 million (7.39 per cent from last financial year).



Assets and liabilities

Metro North's asset base amounts to \$1.958 billion, with 83.22 per cent or \$1.629 billion of this invested in property, plant and equipment. The remaining balance or \$328.6 million is held in cash, receivables and inventory.

Metro North's liabilities total \$274.8 million and consist of payables and employee benefits, leaving an equity base of \$1.683 billion.

Financial outlook

Metro North has an operating budget of \$3.211 billion for 2020-21, which is an increase of \$161.8 million (or 5.31%) from the published 2019-20 operating budget of \$3.049 billion.

Future potential impacts from a second wave of COVID-19 in Queensland are difficult to quantify however the health service is well prepared to meet this challenge if it arises.

A number of capital projects will be completed in 2020-21 including STARS, the Herston Biofabrication Institute and the Redcliffe multistorey carpark.

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 3 June 2020, Metro North had reported anticipated maintenance of \$234.6 million. Metro North is currently completing a condition assessment program for its major facilities, and the value of anticipated maintenance may vary as a result.

Metro North has the following strategies in place to mitigate any risks associated with these items:

- actively engaging with Queensland Health to access other funding sources such as the Priority Capital Program funding.
- identify current and forecast issues in the Strategic Asset Management Plan (SAMP).
- continue to address emergent issues within existing funding constraints.
- wherever possible address maintenance issues through funded capital projects.