

Performance

Service standards

Fiscal constraints, infrastructure and significant growth in patients requiring care continue to provide a challenging environment for Metro North Health in 2020-2021.

The economic impacts of COVID-19 and the continued and increasing emergency demand has impacted Metro North's ability to meet planned elective surgery and service delivery needs.

Overall, there has been a significant reduction achieved in the long wait patient numbers, and this has been a key focus for all sites. The establishment of additional beds and the implementation of new models of care has assisted in maintaining access.

Metro North has continued to expand telehealth and virtual care services, with telehealth outpatient occasions of service exceeding the target.

Efficiency has improved on the previous financial year by 4.21 per cent (as measured by cost per weighted activity unit – WAU). This improvement is evidenced in the financial and operational results delivered for 2020-2021.

Table 4: Service Standards – Performance 2020-2021

	2020-21 Target	2020-21 Actual
EFFECTIVENESS MEASURES		
Percentage of emergency department patients seen within recommended timeframes ¹		
• Category 1 (within 2 minutes)	100%	100%
• Category 2 (within 10 minutes)	80%	69%
• Category 3 (within 30 minutes)	75%	55%
• Category 4 (within 60 minutes)	70%	74%
• Category 5 (within 120 minutes)	70%	98%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	74%
Percentage of elective surgery patients treated within clinically recommended times: ²		
– Category 1 (30 days)	>98%	95%
– Category 2 (90 days) ³	..	88%
– Category 3 (365 days) ³	..	88%
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%	59.6%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	8.5%
Percentage of specialist outpatients waiting within clinically recommended times: ⁷		
– Category 1 (30 days)	56%	77%
– Category 2 (90 days) ⁸	..	68%
– Category 3 (365 days) ⁸	..	91%
Percentage of specialist outpatients seen within clinically recommended times: ⁹		
– Category 1 (30 days)	81%	85%
– Category 2 (90 days) ⁸	..	64%
– Category 3 (365 days) ⁸	..	78%
Median wait time for treatment in emergency departments (minutes) ¹	..	18
Median wait time for elective surgery treatment (days) ²	..	36
Efficiency Measure		
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$4,681	\$4,846

	2020-21 Target	2020-21 Actual
Other Measures		
Number of elective surgery patients treated within clinically recommended times: ²		
– Category 1 (30 days)	10,276	11,108
– Category 2 (90 days) ³	..	9,663
– Category 3 (365 days) ³	..	5,718
Number of Telehealth outpatient occasions of service events ¹¹	28,112	38,188
Total weighted activity units (WAU) ¹²		
• Acute Inpatients	293,474	291,708
• Outpatients	105,141	93,233
• Sub-acute	21,651	27,411
• Emergency Department	40,883	52,482
• Mental Health	38,884	37,663
• Prevention and Primary Care	9,668	10,060
Ambulatory mental health service contact duration (hours) ⁵	>171,919	155,820
Staffing ¹³	18,569	17,630

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 2020-2021 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 2019-2020. This has impacted the treat in time performance and has continued to impact performance during 2020-2021 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 2020-2021.
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 2020-2021 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 2019-2020.
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 2020-2021.
9	As a result of preparing for COVID-19, the seen in time performance was impacted in 2019-2020. This impact has continued throughout 2020-2021 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 2020-2021 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU 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 2020-2021 Target varies from the published 2020-2021 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU 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.

PERFORMANCE

Progress in 2020-2021 toward achieving the Plan objectives:

Objective 1 – To always put people first

All Directorates can demonstrate at least three codesign initiatives with consumers for organisational development per annum.	<ul style="list-style-type: none">• 26 co-design initiatives commenced, progressed and/or completed across 7 directorates comprising RBWH, TPCH, Redcliffe, Caboolture, Mental Health Services (including Alcohol and Drug Services), Community and Oral Health, and STARS.
Increase staff participation in leadership development by at least 10 per cent each year.	<ul style="list-style-type: none">• 114 staff completed the Leadership Essentials for Managers Program, an increase of 40 per cent from the previous year.• 12 Metro North Health staff are undertaking the Executive Leaders Program out of 31 participants from other hospital and health services across Queensland.• 20 staff were awarded a Graduate Certificate in Health Services Innovation (totalling 47 graduates since 2019) and a further 55 staff are enrolled and expected to graduate within two years.
Improved staff engagement and satisfaction results by 5 per cent each survey (every two years).	<ul style="list-style-type: none">• Staff participation in the Have Your Say survey increased by 9 per cent with 52 per cent of staff (representing 10,670 people) completing the survey compared to 43 per cent previously.
Compliance to action plans based on staff engagement survey results for every business unit across Metro North.	<ul style="list-style-type: none">• New measure with data available December 2021.
Comparable Metro North workforce diversity compared to Metro North population diversity.	<ul style="list-style-type: none">• Aboriginal and Torres Strait Islander peoples comprise 1.5 per cent of the Metro North workforce compared to 2.5 per cent in the catchment.• People from culturally and linguistically diverse backgrounds comprise 15.2 per cent of the Metro North workforce compared to 12 per cent in Queensland.• People with disability comprise 1.6 per cent of the Metro North workforce compared to 19.1 per cent in Queensland.

Objective 2 – To improve health equity, access, quality, safety and health outcomes

Increased access to local services for Caboolture and Redcliffe residents to 60 per cent of services provided close to home each year.	<ul style="list-style-type: none">• 55.8 per cent of patients who resided in the Redcliffe Hospital catchment received their admitted care at Redcliffe Hospital.• 60.4 per cent of patients who resided in the Caboolture Hospital catchment received their admitted care at Caboolture Hospital.
First ieMR implementation completed at Surgical, Treatment and Rehabilitation Service (STARS).	<ul style="list-style-type: none">• Full scope of ieMR¹ for STARS implemented and successfully transitioned to operations.

1 ieMR refers to the integrated electronic medical record which replaces paper-based clinical charts with an integrated suite of digital health care services to improve safety, efficiency and quality in clinical workflow processes.

Objective 3 – To deliver value based health services through a culture of research, education, learning and innovation.

Increase patient participation in Metro North clinical trials and clinical research by 10 per cent each year.	<ul style="list-style-type: none"> Clinical Trials Scoping Project undertaken to identify the current and desired future state of clinical trials management and reporting capacity in Metro North Health. 829 patients (compared to 896 the previous year) participated in clinical trials in RBWH Cancer Care, TPCH Cardiology, Cystic Fibrosis, TPCH Cancer Care and Redcliffe Cancer Care.
Increase the percentage of new Senior Medical Officer (SMO) appointments with a higher degree towards a target of 50 per cent.	<ul style="list-style-type: none"> 36 per cent of new SMO appointments in 2020-2021 have completed a higher degree qualification compared to 35 per cent in 2019-2020.
At least 90 per cent of patients indicate they are “always partners” in their care in the standardised Patient Reported Experience Measures (PREM) survey.	<ul style="list-style-type: none"> 78 per cent of patients reported, “yes definitely” which is 1 per cent higher than the Queensland average of 77 per cent. Results for the statewide inpatient survey for the 2020-2021 financial year with 3980 inpatients completing a survey after discharge from hospital (representing 16 per cent of all patients invited). Surveying commenced at RBWH in October 2020 and in December 2020 in all other directorates.

Objective 4 – To be accountable for delivery of sustainable services, high performance and excellent patient outcomes.

Achieve sustainable positive financial results.	<ul style="list-style-type: none"> Achieved a surplus of \$11.7 million for the year ended 30 June 2021.
All projects will have a robust evaluation framework.	<ul style="list-style-type: none"> Commenced development of a project evaluation framework tool which will be available for trial and feedback by December 2021. The framework tool will be available for all project teams to use by 30 June 2022.
The achievement of our Service Agreement Performance Measures.	<ul style="list-style-type: none"> Metro North has achieved the majority of the performance targets for the Service Agreement performance measures and most safety and quality indicators were at, or above, the benchmarks for the majority of the reporting period. The impact of COVID -19 and subsequent increase in demand has been very challenging and has put pressure on Emergency Department performance measures, particularly in the second half of the financial year.

Financial summary for the year ended 30 June 2021

Metro North achieved a surplus of \$11.7m for the year ending 30 June 2021.

This financial year has presented significant challenges with the continuation of the response to the COVID-19 outbreak.

In January 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 \$77.9 million has been included in this year's revenue in relation to this agreement.

Despite the impacts of COVID-19 Metro North has delivered on health care activity requirements under the service agreement with the Department of Health.

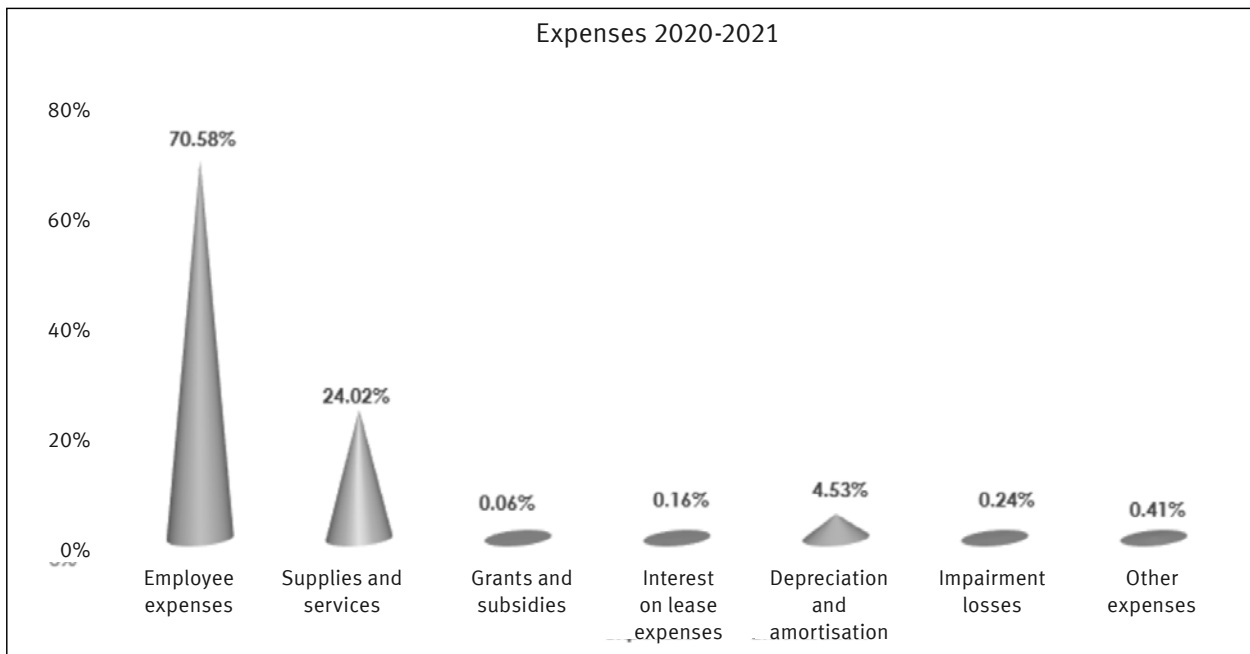
Revenue and expenditure

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 \$3.380 billion, which is an increase of \$180.1 million (5.63 per cent) from the prior year.

- Activity-based funding for hospital services represented 68 per cent (\$2.297 billion) of total revenue.
- Block and other Department of Health funding represented 21 per cent (\$699 million) of total revenue.
- Own source revenue represented 8 per cent (\$278.5 million) of total revenue.
- Total expenses were \$3.369 billion, averaging at \$9.2 million a day for providing public health services. Total expenditure increased by \$201.1 million (6.35 per cent) from last financial year.



Assets and liabilities

Metro North's asset base amounts to \$2.496 billion, with 66.2 per cent or \$1.653 billion of this invested in property, plant and equipment. The right to use the STARS building for the current 20 year term of the lease represents \$453.2 million, with the remaining balance (\$390.3 million) held in cash, receivables and inventory.

Metro North's liabilities total \$787.4 million consisting of payables, employee benefits and \$462.7 million lease liability related to STARS, resulting in an equity base of \$1.709 billion.

Financial outlook

Metro North has an operating budget of \$3.364 billion for 2021-2022, which is an increase on prior year revenue (excluding COVID) of \$65 million.

A number of significant capital projects will be undertaken in 2021-2022 including Caboolture hospital redevelopment and the Caboolture multistorey carpark, and commencing construction of three satellite hospitals at Bribie Island, Caboolture and Pine Rivers.

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, Metro North had reported anticipated maintenance of \$266 million. Metro North has completed a condition assessment program for its major facilities, and the value of anticipated maintenance has increased 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.