

PERFORMANCE

During the year the HHS continued to deliver high-quality services to residents across northern Queensland while maintaining COVID-19 preparedness. The HHS continued to monitor its progress against the measures in the Townsville Hospital and Health Service Strategic Plan 2018-2022.

Hospital bed capacity and appropriate streaming of patients was a key focus area during the intense COVID-19 preparation period, affecting service standard performance. This requirement will continue into 2021-2022.

Provide high-quality, person-centred care for northern Queensland

Accreditation under the Australian Council for Healthcare Standards is directly linked to the organisation's compliance with the National Safety and Quality Health Service Standards. Throughout 2020-2021, self-assessments to ensure compliance and any required rectification against these standards were ongoing ahead of the organisation-wide accreditation scheduled for late 2021.

Aligned to our strategic objective to ensure that our services are safe and of the highest quality to improve the health of our communities, in 2020-2021 the Townsville Hospital and Health Service:

- undertook a \$1.6 million redevelopment and expansion of the emergency department to create a separate and more aesthetically and socially appropriate waiting area for children and their families
 - undertook detailed concept and infrastructure design to introduce renal dialysis to the rural communities of Charters Towers and Ingham
 - trialled home sleep studies through Hospital in the Home, reducing wait times and allowing patients to sleep in their own beds while undergoing clinical sleep assessment
 - created a highly specialised diagnostic clinic for genetic kidney disease at TUH
 - operationalised a \$1.48 million digital subtraction angiography suite enabling patients to access diagnostic radiology interventions, including a forecast endovascular clot retrieval service for stroke patients
 - introduced an outpatient hysteroscopy day service allowing for a more comfortable and streamlined discharge of patients
 - created a mental health recovery journal inviting consumers to take control of their mental health journey through self-paced art therapy, mindfulness, and an integrated wellness recovery action plan
 - transitioned the HHS's residential aged care facilities and the Hughenden Multipurpose Health Service and Richmond Health Service to National Disability Insurance Scheme (NDIS) provider status enabling improved quality and safety of care for NDIS recipients
 - established an antenatal clinic for women in the Upper Ross region of Townsville to support young families and reduce fail-to-attend rates exacerbated by difficulties with public transport
 - hosted the Children's Burns Camp for North Queensland to build emotional resilience and confidence in children with traumatic burn injury
- launched the Healthy Ageing in North Queensland Strategy, an ambitious roadmap to provide more joined-up care and access to services for older residents.

Closing the Gap in Indigenous health outcomes, a key strategy of the Townsville Hospital and Health Service, was advanced by:

- reducing wait lists for cardiac care in rural areas, including Palm Island, through a cardiac outreach service, and the provision of further outreach, in conjunction with the North West Health Service, to treat and reduce the prevalence of cardiac disease in people living in communities such as Doomadgee and Mornington Island
- establishing community-based outpatient services for Aboriginal and Torres Strait Islander patients living with chronic disease by partnering with the non-government sector
- providing training to Indigenous health workers in rural areas to ensure access to foot screening services for Aboriginal and Torres Strait Islander patients
- codesigning with Yamani Meta, a dedicated space for early and family learning within the Townsville Aboriginal and Islander Health Service, to provide a service where senior health workers partner with TUH midwives to offer culturally safe maternity care
- rolling out the Syphilis in Pregnancy clinical practice guideline and education program to support the North Queensland STI Action Plan
- approving funding for a First Nations pharmacist at TUH to assist Aboriginal and Torres Strait Islander patients with medications support and advice on discharge.

Keeping North Queenslanders closer to home is a strategic imperative of the HHS. In 2020-2021, the initiatives and programs that reduced our dependence on Brisbane-based services included:

- partnering with Mater Private Hospital Townsville to introduce robotic surgery to treat complex cases locally, delivering faster recovery times and better surgical outcomes for North Queenslanders
- being successfully awarded the Kidney Transplant Service North Queensland after a competitive selection process to determine the optimal location for the service
- completing construction and commissioning of a \$5.1 million pharmacy manufacturing unit to produce life-saving medications allowing the most unwell patients at TUH to receive their care locally
- successfully implementing a telehealth pathway for surgical pre-admission and post-surgery review in Charters Towers, Richmond and Hughenden saving rural residents significant travel for appointments in Townsville

- delivering new scopes to the Charters Towers Health Service's endoscopy unit enabling more patients requiring gastroenterology services to be treated closer to home
- securing \$1.4 million to establish a paediatric cardiology service enabling children with heart conditions to be treated locally.

Ensuring safe, quality healthcare measured by positive engagement via social media was a key measure of the strategic pillar. The HHS's Facebook page had an organic reach of more than 2.33 million people. Audiences watched more than 11,208 hours of original video content.

Consumers from culturally and linguistically diverse backgrounds were supported by the development of a draft Culturally and Linguistically Diverse Action Plan 2021-2022 which outlines the development and implementation of strategies and tactics to support sharing information and delivering care to people from migrant and refugee populations and those for whom English is not their first language.

The Townsville Hospital and Health Service has a robust interpreter program; in 2020-2021, this model provided interpreters for 3,560 consumers and patients either in person or via video or teleconference.

Ensure efficient and sustainable stewardship of resources

The Townsville Hospital and Health Service committed an Annual Asset Management and Maintenance Plan budget of \$23.1 million in 2020-2021 towards sustaining and refurbishing buildings and infrastructure. Significant completed works included refurbishments and facility upgrades to TUH, Joyce Palmer Health Service, and Ingham Health Service, and a major electrical infrastructure upgrade at the Hughenden Multipurpose Health Service to provide resilient and reliable critical infrastructure supporting healthcare delivery.

The HHS also entered into a \$45 million whole-of-government retail electricity supply agreement to ensure long-term, cost-effective, sustainable provision of electricity supply to HHS facilities. In the first year of the agreement, the HHS saved more than \$650,00 in electricity costs.

The health service also established a \$150,000, 100-kilowatt solar farm at the Hughenden Multipurpose Health Service in 2020-2021. The system will generate 150,000kw of renewable energy and reduce carbon emissions by 120 tonnes per year. The project, which is expected to self-amortize in six years, is a key component

of the Townsville Hospital and Health Service's Energy Management Strategy 2020-2030.

In 2020-2021, more than \$15 million (20 per cent) in contracts were awarded to local (within 125km) Townsville businesses.

In 2020-2021, the HHS focussed strongly on supporting local contractors to deliver services. A local benefits test ensured that local suppliers and manufacturers had fair and equal opportunity to successfully compete for HHS tenders.

Work collaboratively, embrace innovation and continuously improve

Continuous improvement, collaboration and innovation in the development and delivery of exemplary clinical and non-clinical care and strong support for individuals, families and communities was a key priority for the HHS. In 2020-2021, the HHS:

- developed a referral pathway for general practitioners to make the healthcare journey easier for lung cancer patients
- collaborated with the Queensland Rheumatic Heart Surveillance Program and local correctional and detention facilities to host an art exhibition illustrating the lived experience of acute rheumatic fever
- harnessed the gaming adventures of Minecraft to assist in the treatment of children with complex social and behavioural issues engaged with Evolve Therapeutic Services
- collaborated with Children's Health Queensland's Queensland Centre for Perinatal and Infant Mental Health to roll out 'Relaxing with Birdie', a program teaching kindergarten-aged children how to de-stress by connecting body, breath, and emotions
- commenced a retrospective review of divers treated at TUH as part of a project to revise the state-wide protocol governing dive injury treatment and response
- created a community advisory network in the Burdekin to ensure local healthcare reflected community needs and aspirations
- collaborated with the Queensland Department of Education to establish a school-based health worker traineeship (identified) to reduce gaps in healthcare service delivery
- obtained a \$20,000 community road safety grant to partner with a local driver training centre, delivering a course for local teenagers and raising awareness of the medical and human consequences of reckless and unsafe driving
- partnered with the Commonwealth Department of Health to establish the 'Hapee' Hearing Health Program for children aged zero to five years

- developed a birth kit under the Imminent Birth Equipment Standardisation Project to support clinicians working in non-birthing hospitals to safely deliver birth and post-natal care to local women.

Maintain an exceptional workforce and be a great place to work

The HHS's commitment to fostering a values-based culture and aligned to feedback from the Employee Engagement Survey, the organisation commenced a program to clearly define demonstration of organisational values at all levels. This process will enable capacity building for staff at all layers of the HHS.

In 2020-2021, the HHS hosted its annual Staff Excellence Awards which recognise those staff that live the Vision, Purpose, and Values of the organisation. The awards are peer nominated and this year attracted 166 nominations from across the health service catchment.

Growing the Aboriginal and Torres Strait Islander workforce is a clearly articulated measure in both the Townsville Hospital and Health Service Strategic Plan 2018-2022 and the Reconciliation Action Plan. In 2020-2021, the HHS's Indigenous Academic Merit Scholarship financially supported nursing students and connected them with nurse mentors from the health service. The strategy aims to increase Aboriginal and Torres Strait Islander nurses and midwives in our future workforce.

The organisation also secured \$30,000 in funding to help make it easier for Aboriginal and Torres Strait Islander allied health professionals to enter the HHS workforce. The initiative includes development of cultural, professional, and clinical practice support to build a solid pathway for graduates.

The HHS also developed a framework of core clinical areas to support rural allied health clinicians who experience significant variety in their role. This framework supports rural allied health clinicians to maintain and develop safe, quality practice against a background of clinical diversity.

SERVICE STANDARDS

Table 3: Service Standards – Performance 2020-2021

	2020-2021 Target	2020-2021 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%	81%
Category 3 (within 30 minutes)	75%	82%
Category 4 (within 60 minutes)	70%	87%
Category 5 (within 120 minutes)	70%	99%
Percentage of emergency department attendances who depart within four hours of their arrival in the department ¹	>80%	76%
Percentage of elective surgery patients treated within clinically recommended times: ²		
Category 1 (30 days)	>98%	82%
Category 2 (90 days) ³	..	58%
Category 3 (365 days) ³	..	64%
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%	76.8%
Proportion of readmissions to acute psychiatric care within 28 days of discharge ⁶	<12%	16.8%
Percentage of specialist outpatients waiting within clinically recommended times: ⁷		
Category 1 (30 days)	98%	96%
Category 2 (90 days) ⁸	..	81%
Category 3 (365 days) ⁸	..	97%
Percentage of specialist outpatients seen within clinically recommended times: ⁹		
Category 1 (30 days)	98%	96%
Category 2 (90 days) ⁸	..	84%
Category 3 (365 days) ⁸	..	90%
Median wait time for treatment in emergency departments (minutes) ¹	..	10
Median wait time for elective surgery treatment (days) ²	..	66
Efficiency Measure		
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$ 4,894	\$5,244
Other Measures		
Number of elective surgery patients treated within clinically recommended times: ²		
Category 1 (30 days)	3,633	3,005
Category 2 (90 days) ³	..	2,220
Category 3 (365 days) ³	..	1,274
Number of Telehealth outpatient occasions of service events ¹¹	10,758	10,262
Total weighted activity units (WAU's) ¹²		
Acute Inpatient	100,289	95,440
Outpatients	20,970	26,740
Sub-acute	12,993	11,261
Emergency Department	16,184	16,785
Mental Health	10,280	12,741
Prevention and Primary Care	2,441	2,570
Ambulatory mental health service contact duration (hours) ⁵	>68,647	57,888
Staffing ¹³	5,602	5,577

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- 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.
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- 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.
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- 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.
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- 4 Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
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- 5 Mental Health measures reported as at 22 August 2021.
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- 6 Mental Health readmissions 2020-2021 Actual is for the period 1 July 2020 to 31 May 2021.
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- 7 Waiting within clinically recommended time is a point in time performance report and was impacted by preparing for COVID-19 in 2019-2020.
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- 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.
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- 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.
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- 10 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. 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.
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- 11 Telehealth data reported as at 23 August 2021.
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- 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.
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- 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.
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FINANCIAL SUMMARY

As the HHS spends public funds and provides a diverse and extensive service profile across a wide geographical area, costs and revenues must be carefully managed. The Townsville HHS has a robust accounting and reporting system to ensure satisfactory financial outcomes and continuing sustainability.

The Townsville Hospital and Health Service achieved a financial surplus of \$4.5 million for the year ending 30 June 2021. This is the ninth financial year as a statutory body that an operating surplus has been achieved, while still delivering on agreed major services and meeting key safety and quality performance indicators.

Where the money comes from

The Townsville Hospital and Health Service total income from continuing operations for 2020-2021 was \$1.135 billion. Of this, the Queensland Government's contribution was \$663.5 million and the Commonwealth contribution was \$345.5 million. Specific-purpose grants worth \$25.4 million were received and own source and other revenue was \$100.6 million.

REVENUE AND EXPENSES - FINANCIAL YEAR ENDING 30 JUNE 2021

	\$(000)s
Revenue	1,135,454
Expenses	
Labour and employment	(782,042)
Supplies and Services	(269,229)
Other	(13,755)
Depreciation and amortisation	(65,953)
Total	(1,130,979)
Net surplus from operations	4,475

Where the money goes

Townsville Hospital and Health Service operates a complex group of services. The table above shows the proportion of budget spent on services within the HHS.

Total expenses for 2020-2021 were \$1.131 billion, averaging \$3.1 million per day spent on servicing the diverse regions of Townsville, Ingham, Ayr, Home Hill, Charters Towers, Richmond, Hughenden and Palm Island. The largest percentage of spend was against labour costs including clinicians and support staff (69.1 per cent). Non-labour expenses such as clinical supplies, drugs, prosthetics, pathology, catering, repairs and maintenance, communications, computers and energy accounted for 25.1 per cent of expenditure; 5.8 per cent of expenditure was related to depreciation and amortisation of the fixed-asset base.

Financial outlook

The THHB and management of the Townsville Hospital and Health Service remain vigilant in ensuring optimal services are achieved, with a modest contingency reserve to meet the ongoing needs of its communities into the future. The coming financial year, with the continuation of COVID-19, will see the Townsville Hospital and Health Service move to a period where improved efficiency and productivity will be required to meet the planned growth targets and work within the allocated budget. The HHS will continue to reinvest in its existing facilities, while integrating information technology and pursuing projects that will support the delivery of health services and contribute to improved health outcomes for the community.

The HHS will continue to focus on the financial sustainability of services given the expected increase in demand over the next five to 10 years, and associated pressures resulting from future financial allocations anticipated from both Commonwealth and Queensland Governments.

The Queensland Government has increased funding in 2021-2022 to \$1,129.2 billion. This growth is inclusive of both efficiency and productivity dividends and will require management's continued focus to ensure that the increased activity is achieved with the allocated budget.

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.

As of 30 June 2021, Townsville Hospital and Health Service had reported total anticipated maintenance of \$56 million. The Townsville Hospital and Health Service has commenced planning of significant sustaining capital maintenance and renewal programs for its major facilities to ensure reliable and sustainable health infrastructure that underpins health service delivery capability.

The Townsville Hospital and Health Service has the following strategies in place to mitigate any risks associated with these anticipated items:

- prioritised State Health Infrastructure Planning for replacement of facilities that have exceeded service life
- priority capital program funding submissions for applicable sustaining capital projects
- coordinated HHS and Queensland Health-funded capital redevelopment projects to include applicable anticipated remediation works where possible
- prioritised HHS funded anticipated maintenance program as detailed in the Annual Asset Management and Maintenance Plan
- funding of all identified anticipated maintenance with assessed very high risk and emergent condition-based maintenance activity that cannot be deferred
- regular preventative maintenance inspections and minor repairs where necessary
- management of critical spare stock holdings where appropriate.

Capital works

The Townsville Hospital and Health Service, with the support of the Queensland Government, has continued to deliver a substantial capital works program to address the current and future health service needs for our communities.

Capital works projects **delivered** in 2020-2021 included:

- \$6.78 million TUH Pharmacy Manufacturing Clean Rooms and Cytotoxic Laboratory
- \$6.34 million TUH Medical Imaging Department MRI2 / DSA1 Suites
- \$1.6 million TUH Emergency Department Paediatric Unit refurbishment.

Capital works projects **under construction** in 2020-2021 included:

- \$10.10 million TUH Adult Acute Mental Health In-Patient Unit – High Dependency Unit redevelopment.

Capital works projects **under design** in 2020-2021 included:

- \$12.98 million TUH South Block Level 1 – Ward Fit-out
- \$2.12 million Charters Towers Hospital Renal Unit
- \$1.89 million Ingham Hospital Renal Unit.