

# PERFORMANCE

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The Townsville HHS has again received state-wide recognition as a level-one performing HHS, one of just four in Queensland.

For the sixth consecutive year, the Townsville HHS has ended the financial year with no one waiting longer than clinically recommended for elective surgery. This has been achieved in a time of increased demand being felt across the system. The result is more remarkable due to the days of operating theatre time that were lost during the Townsville floods.

The HHS maintained zero long waits for general dental and zero ready for care long waits for gastrointestinal endoscopies.

There were 124 specialist outpatient ready for care long waits as the end of the financial year. These long waits were due to the cancellation of approximately 3,900 appointments during the flood event. All patients have now been seen, treated or rescheduled.



**3,900** APPOINTMENTS  
CANCELLED AFTER MAJOR  
FLOOD EVENT HAVE NOW BEEN  
SEEN, TREATED OR RESCHEDULED

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**ZERO** READY FOR CARE LONG  
WAITS FOR GENERAL DENTAL



**ZERO** READY FOR CARE LONG  
WAITS FOR GASTROINTESTINAL  
ENDOSCOPIES



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**8,125** TELEHEALTH  
CONSULTATIONS DELIVERED

# Demand on services

Table 3: Delivering more care

|  | 2018-2019 | Change since last year |
|--|-----------|------------------------|
| Babies born <sup>a</sup>   | 2,597 *   | -115 *                 |
| Oral health treatments <sup>b 1</sup>  | 192,414   | 2,808                  |
| Emergency Department presentations <sup>c</sup>                                | 121,823   | 1,143                  |
| Emergency Department 'Seen in time' <sup>c</sup>                               | 92,519    | 2,393                  |
| Patient admissions (from ED) <sup>c</sup>                                      | 33,323    | 796                    |
| Emergency surgeries <sup>d 2</sup>   | 4,571     | 20                     |
| Outpatient occasions of service (specialist and non-specialist) <sup>d 3</sup> | 382,983   | -17,022                |
| Specialist outpatient first appointments delivered in time <sup>e 4</sup>      | 30,461    | -5,306                 |
| Gastrointestinal endoscopies delivered <sup>f</sup>                            | 3,943     | -29                    |
| Gastrointestinal endoscopies delivered in time <sup>f</sup>                    | 3,550     | -144                   |
| Elective surgeries, from a waiting list, delivered <sup>g</sup>                | 8,188     | -937                   |
| Elective surgeries, from a waiting list, delivered in time <sup>g</sup>        | 7,722     | -1,400                 |
| Number of telehealth services <sup>h</sup>                                     | 8,125     | 853                    |
| Hospital in the Home admissions <sup>d 5</sup>                                 | 775       | -43                    |

<sup>1</sup> Oral Health treatments are identified as Weighted Occasions of Service.

<sup>2</sup> Emergency surgeries data is preliminary.

<sup>3</sup> Only includes Activity Based Funding (ABF) facilities.

<sup>4</sup> Specialist outpatient services are a subset of outpatient services, where the clinic is led by a specialist health practitioner.

<sup>5</sup> Hospital in the Home admissions data is preliminary.

\* Perinatal data collection is based on calendar year 2018.

Source: <sup>a</sup> Perinatal Data Collection, <sup>b</sup> Oral Health Service, <sup>c</sup> Emergency Data Collection, <sup>d</sup> GenWau, <sup>e</sup> Specialist Outpatient Data Collection, <sup>f</sup> Gastrointestinal Endoscopy Data Collection,

<sup>g</sup> Elective Surgery Data Collection, <sup>h</sup> Monthly Activity Collection.

# Service standards

Table 4: Service Standards – Performance 2018-2019

|  | Target  | Actual               |
|--|---------|----------------------|
| <b>Effectiveness measures</b>  |         |                      |
| Percentage of patients attending emergency departments seen within recommended timeframes: <sup>a</sup>  |         |                      |
| Category 1 (within 2 minutes)  | 100%    | 99.1%                |
| Category 2 (within 10 minutes)   | 80%     | 74.7%                |
| Category 3 (within 30 minutes)   | 75%     | 74.5%                |
| Category 4 (within 60 minutes)   | 70%     | 84.2%                |
| Category 5 (within 120 minutes)  | 70%     | 98.6%                |
| Percentage of emergency department attendances who depart within four hours of their arrival in the department <sup>a</sup>                              | >80%    | 79.9%                |
| Percentage of elective surgery patients treated within clinically recommended times: <sup>b</sup>  |         |                      |
| Category 1 (30 days)   | >98%    | 98.9%                |
| Category 2 (90 days)   | >95%    | 92.5%                |
| Category 3 (365 days)  | >95%    | 87.6%                |
| Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>c</sup> | <2      | 1.0 <sup>e</sup>     |
| Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit <sup>d</sup>                                  | >65%    | 82.6%                |
| Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge <sup>d</sup>   | <12%    | 18.6% <sup>7</sup>   |
| Percentage of specialist outpatients waiting within clinically recommended times: <sup>e</sup>   |         |                      |
| Category 1 (30 days)   | 98%     | 99.1%                |
| Category 2 (90 days)   | 95%     | 98.3%                |
| Category 3 (365 days)  | 95%     | 99.2%                |
| Percentage of specialist outpatients seen within clinically recommended times: <sup>e</sup>  |         |                      |
| Category 1 (30 days)   | 98%     | 95.1%                |
| Category 2 (90 days)   | 95%     | 90.8%                |
| Category 3 (365 days)  | 95%     | 91.7%                |
| Median wait time for treatment in emergency departments (minutes) <sup>a</sup>   | ..      | 14                   |
| Median wait time for elective surgery (days) <sup>b</sup>  | ..      | 41                   |
| <b>Efficiency Measure</b>  |         |                      |
| Average cost per weighted activity unit for Activity Based Funding facilities <sup>f,g</sup>   | \$4,686 | \$4,884 <sup>8</sup> |
| <b>Other Measures</b>  |         |                      |
| Number of elective surgery patients treated within clinically recommended times: <sup>b</sup>  |         |                      |
| Category 1 (30 days)   | 3,562   | 3,415                |
| Category 2 (90 days)   | 3,882   | 2,989                |
| Category 3 (365 days)  | 2,015   | 1,318                |
| Number of Telehealth outpatient occasions of service events <sup>h</sup>   | 7,724   | 8,125                |
| Total weighted activity units (WAU's) <sup>g</sup>   |         |                      |
| Acute Inpatient  | 93,460  | 93,116 <sup>9</sup>  |
| Outpatients  | 26,488  | 24,245               |
| Sub-acute  | 10,187  | 11,584               |
| Emergency Department   | 16,714  | 15,754               |
| Mental Health  | 9,572   | 10,370               |
| Prevention and Primary Care  | 2,559   | 2,727                |
| Ambulatory mental health service contact duration (hours) <sup>d</sup>   | >68,647 | 63,709               |
| Staffing <sup>i</sup>  | 5,401   | 5,415                |

<sup>a</sup> SAB data presented is preliminary.

<sup>7</sup> Readmission to acute Mental Health inpatient unit data presented as May-19 FYTD.

<sup>8</sup> Cost per WAU data presented as Mar-19 FYTD.

<sup>9</sup> As extracted on 19 August 2019.

**Source:** <sup>a</sup> Emergency Data Collection, <sup>b</sup> Elective Surgery Data Collection, <sup>c</sup> Communicable Diseases Unit, <sup>d</sup> Mental Health Branch, <sup>e</sup> Specialist Outpatient Data Collection, <sup>f</sup> DSS Finance, <sup>g</sup> GenWAU, <sup>h</sup> Monthly Activity Collection, <sup>i</sup> DSS Employee Analysis.

# Financial summary

As the HHS spends taxpayers' money and provides a diverse and extensive service profile across a wide geographical area, costs and revenues must be carefully managed. A robust accounting and reporting system is key to ensuring satisfactory financial outcomes and continuing sustainability. The Townsville HHS achieved a financial surplus of \$5.3 million for the year ending 30 June 2019. This is the seventh financial year as a statutory body that an operating surplus has been achieved, while still delivering on agreed major services and meeting and improving key safety and quality performance indicators.

## Where the money comes from

The Townsville HHS total income from continuing operations for 2018-2019 was \$1,031 billion. Of this, the Queensland Government contribution was \$578.8 million and the Commonwealth contribution \$341.7 million. Specific-purpose grants worth \$24.5 million were received and own source and other revenue was \$85.4 million.

## Revenue and expenses - financial year ending 30 June 2019

|                                    | \$(000)s           |
|------------------------------------|--------------------|
| Revenue                            | 1,030,500          |
| Expenses                           |                    |
| Labour and employment              | (709,089)          |
| Supplies and Services              | (249,314)          |
| Other                              | (14,342)           |
| Depreciation and amortisation      | (52,474)           |
| <b>Total</b>                       | <b>(1,025,219)</b> |
| <b>Net surplus from operations</b> | 5,281              |

## Where the money goes

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

Total expenses for 2018-2019 were \$1,025.2 billion, averaging \$2.8 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 (69.2 per cent). Non-labour expenses such as clinical supplies, drugs, prosthetics, pathology, catering, repairs and maintenance, communications, computers and energy accounted for 25.7 per cent of expenditure; 5.1 per cent of expenditure was related to depreciation and amortisation of the fixed-asset base.

## Financial outlook

The Board and management of the Townsville HHS 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 will see the Townsville HHS move to period where improved productivity will be required to meet the planned growth targets. 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 2019-2020 to \$1,038.3 million because of planned increased service activity. This growth provided, inclusive of both an efficiency and productivity dividend, will require management's continued focus to ensure that the increased activity is achieved with the allocated budget.

## Digital hospital program

The HHS has continued the investment in the digital hospital program in 2018-2019, with a further \$5.4 million of investment with a large component of this staffing. The program continues in early 2019-2020, then will transition to a business as usual state.

### Weighted activity units (WAU)

The opening activity target for 2018-2019 was 161,131 QWAU. During the year the target was converted to new price weights resulting in a year-end target of 157,749 QWAU. This decrease is not a reflection of decreased activity, with the HHS treating more patients than last financial year. The end-of-year forecast is to achieve target. The 2019-2020 target of 164,098 WAU is a further 4 per cent increase.

### 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 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 2019, Townsville Hospital and Health Service had reported total anticipated maintenance of \$42,610,610.

The Townsville HHS has the following strategies in place to mitigate any risks associated with these anticipated items:

- 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
  - Operational Risk Assessment and Treatment Plans.
- 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 DoH funded Capital Redevelopment projects to include applicable anticipated remediation works where possible

## Capital works

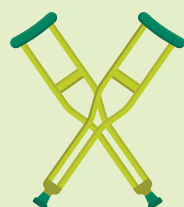
The Townsville HHS has continued to deliver a substantial capital works program to address the current and future health service needs for our communities.

### Capital Works Program projects commenced and/or completed construction in 2018-2019



**\$4.55 million**

Townsville Institute of Health  
Research and Innovation



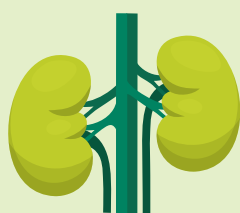
**\$6.19 million**

Townsville Hospital Surgical  
Outpatients Departments



**\$16.5 million**

Palm Island Primary  
Health Care Centre



**\$10.67 million**

Townsville Hospital Clinical Services  
(Renal Services and Endoscopy  
Services) redevelopment project



**\$2.5 million**

Hughenden and Richmond  
staff accommodation project

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### Capital Works Program projects under design in 2018-2019



**\$5.1 million**

Townsville Pharmacy Cytotoxic  
Laboratory project



**\$7.27 million**

Townsville Hospital Adult Acute Mental  
Health Inpatient Unit upgrade project





*Board Chair Tony Mooney, Minister for Communities and Member for Mundingburra Coralee O'Rourke, Deputy Premier of Queensland Jackie Trad and Professor of Medicine Townsville Institute of Health Research and Innovation Professor Damon Eisen*

## Research institute a game-changer for North Queensland

The \$4.4 million Townsville Institute of Health Research and Innovation (TIHRI) was officially opened at The Townsville Hospital on 6 March 2019 by Minister for Communities and Minister for Disability Services and Seniors Coralee O'Rourke.

The Minister said the TIHRI would further establish Townsville as northern Australia's premier health and knowledge centre.

"Every year more and more people look to the public health system to care and health research is essential in finding new and innovative ways to meet this demand," she said.

"This institute is about providing a modern space to conduct world-leading research.

"The goal is that one day the work done here will lead to breakthroughs that help improve the way we care, not just for Queenslanders, but for all."

Townsville Hospital and Health Board Chair Tony Mooney said health professionals had punched above their weight in delivering nationally recognised research.

"In this facility, our researchers will have access to all our research support staff who can provide advice about

governance, ethics and attracting funding," he said. "We also have a dedicated area for clinical trials."

Mr Mooney said Townsville researchers had pioneered major research breakthroughs that have led to delivering chemotherapy via telehealth, using technology to reduce rates of preventable amputations in diabetics and world-leading treatment methods for jellyfish stings.

"While the big cities in Australia have the population advantage we have unique health research opportunities in North Queensland that are incomparable world-wide," he said.

"By providing a modern, on-site research space and by working with our neighbours at James Cook University we will be able to better attract the best and brightest researchers.

"This is another major step towards solidifying Townsville as the health and knowledge precinct of northern Australia."

The TIHRI includes space for clinical trials, research, education and support staff as well as study areas for researchers from both The Townsville Hospital and JCU.