

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## AGENCY OVERVIEW

### Strategic direction

The Darling Downs Hospital and Health Service (HHS) is an independent statutory body, overseen by a local Hospital and Health Board. The Darling Downs HHS provides public hospital and healthcare services as defined in the service agreement with the Department of Health.

Geographically, the Darling Downs HHS provides services across an area of approximately 90,000 square kilometres, covering the local government areas of the Toowoomba Regional Council, Western Downs Regional Council, Southern Downs Regional Council, South Burnett Regional Council, Goondiwindi Regional Council, Cherbourg Aboriginal Shire Council and part of the Banana Shire Council (community of Taroom).

The Darling Downs HHS delivers clinical services to approximately 300,000 people from 26 locations. The majority of the Darling Downs HHS residents receive inpatient care either at their local hospital or at the Toowoomba Hospital. Patients are at times required to travel to Brisbane to access some types of specialist services only offered at tertiary facilities.

The Darling Downs HHS has four strategic objectives including:

- delivering quality healthcare
- ensuring resources are sustainable
- ensuring processes are clear
- ensuring dedicated trained staff.

These objectives align with the *Blueprint for better healthcare in Queensland* and support the Government's objectives for the community to deliver better infrastructure and planning and revitalise frontline services for families.

## RESOURCES AND PERFORMANCE

The Darling Downs HHS has an operating budget of \$616.5 million for 2014-15 which is an increase of \$48.2 million (8.5%) from the published 2013-14 operating budget of \$568.3 million.

Darling Downs HHS performed well in the clinical area meeting all of its National Emergency Access Targets (NEAT) and two of its National Elective Surgery Targets (NEST).

Significant progress has been made in reducing the specialist outpatients' waiting list to ensure all patients are seen within clinically appropriate times and reducing waiting times for general (non-urgent) dental treatments. In Toowoomba and Warwick no people are waiting longer than the clinically recommended time for general (non-urgent) dental treatment. In addition, improvements have also been made in rural areas.

The operating surplus for 2012-13, generated through the identification and implementation of efficiencies while retaining a focus on safe, quality and strengthened service delivery, has been reinvested in service development and delivery for our community. This includes the \$1 million refurbishment of the Stanthorpe Hospital maternity unit and a \$0.36 million project to build a dedicated palliative care room at Goondiwindi Hospital. Work is set to be completed in late 2014. The Board also committed funds from the surplus to underwrite the service performing extra surgery as described above.

As well as delivering core health services, priorities for 2014-15 include:

- continuing work on a \$50 million backlog maintenance and remediation program to improve buildings across the HHS. Examples of works include re-painting, roof and guttering repairs and replacements, road works, plumbing, air conditioning upgrades, improved security and electrical switchboard upgrades or replacements
- progressing a new purpose-built \$9.8 million kitchen at Toowoomba Hospital
- completion of a Commonwealth Government funded new mental health community care unit complex in Toowoomba. The 24-bed facility is for adult mental health consumers who are in recovery but require additional support and life skills rehabilitation to successfully transition to independent community living
- a \$2 million expansion of the endoscopy unit at Toowoomba Hospital which will double existing capacity in the unit and free up other operating theatres so more complex surgery can be performed and
- \$0.5 million to commence planning for the establishment of Magnetic Resonance Imaging services at Toowoomba Hospital.

## STATEMENTS

### Staffing

Darling Downs Hospital and Health Service	Notes	2013-14 Budget	2013-14 Est. Actual	2014-15 Budget
	1, 2, 3, 4, 5	3,855	3,790	3,849

#### Notes:

- 2013-14 Estimate published in the 2013-14 SDS was the 2013-14 average budgeted FTE.
- 2013-14 Est. Actual is the estimated Full-time equivalents (FTEs) as at 30 June 2014.
- 2014-15 Budget is the forecast at 30 June 2015.
- 3,843 staff included in the 2014-15 Budget are employees of the Department of Health and have been contracted to the HHS.
- Increase in FTEs in 2014-15 relates to the delivery of additional activity in the public healthcare system or under arrangements with the private sector.

### Performance Statement

Darling Downs Hospital and Health Service	Notes	2013-14 Target/est.	2013-14 Est. Actual	2014-15 Target/est.
<b>Service standards</b>				
Percentage of patients attending emergency departments seen within recommended timeframes:				
• Category 1 (within 2 minutes)		100%	100%	100%
• Category 2 (within 10 minutes)		80%	94%	80%
• Category 3 (within 30 minutes)		75%	75%	75%
• Category 4 (within 60 minutes)		70%	71%	70%
• Category 5 (within 120 minutes)		70%	85%	70%
• All categories	1	..	76%	..
Percentage of emergency department attendances who depart within four hours of their arrival in the department				
	2	80%	80%	86%
Median wait time for treatment in emergency departments (minutes)				
	3	20	18	20
Median wait time for elective surgery (days)				
	3	25	30	25
Percentage of elective surgery patients treated within clinically recommended times:				
• Category 1 (30 days)		100%	100%	100%
• Category 2 (90 days)		91%	100%	97%
• Category 3 (365 days)	2	96%	76%	98%

Darling Downs Hospital and Health Service	Notes	2013-14 Target/est.	2013-14 Est. Actual	2014-15 Target/est.
Percentage of specialist outpatients waiting within clinically recommended times:				
• Category 1 (30 days)		64%	66%	64%
• Category 2 (90 days)		20%	32%	20%
• Category 3 (365 days)	4	90%	40%	90%
Total weighted activity units:				
• Acute Inpatient		40,170	42,649	43,718
• Outpatients		8,474	9,763	10,581
• Sub-acute	5	7,333	4,230	4,623
• Emergency Department		14,251	16,226	16,243
• Mental Health	6	15,636	15,636	16,013
• Interventions and Procedures	7	3,066	3,753	4,843
Average cost per weighted activity unit for Activity Based Funding facilities	8	\$4,395	\$4,104	\$4,206
Rate of healthcare associated <i>Staphylococcus aureus</i> (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days	9	0.9	1.0	<2.0
Number of in-home visits, families with newborns	10	3,742	4,517	4,633
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit		>60%	74.3%	>60%
Proportions of readmissions to an acute mental health inpatient unit within 28 days of discharge	11	<12%	14.4%	<12%
Ambulatory mental health service contact duration (hours)	12	56,491 – 69,330	59,701	>56,680

Notes:

1. A target is not included as there is no national benchmark for all triage categories, however the service standard has been included (without a target) as it is a nationally recognised standard measure. The 2013-14 Est. Actual figures are based on data from July to December 2013.
2. The 2013-14 targets were set as the midway point between the 2013 and 2014 calendar year National Elective Surgery Target (NEST) and National Emergency Access Target (NEAT), as per the National Partnership Agreement on Improving Public Hospital Services. The 2014-15 targets have been set as the midway point between the 2014 and 2015 calendar year NEST and NEAT. The 2013-14 Est. Actual figures are based on data from July 2013 to February 2014. Darling Downs HHS is now achieving 100% in all elective surgery categories (year to date) in calendar year 2014.
3. There is no nationally agreed target for median waiting time for treatment in emergency departments or in elective surgery. The 2013-14 Est. Actual figures are based on data from July 2013 to February 2014. The large number of Category 3 patients treated impacts on the 2013-14 Est. Actual figure.

4. The 2013-14 targets for Category 1 and 2 were based on actual 2012-13 performance, and the target for Category 3 aligns with the *Blueprint for better healthcare in Queensland*. Specialist outpatient performance is reported for patients waiting as at 1 January 2014.
5. The 2013-14 Target/Est. was based on 2011-12 data for the sub-acute category which included significant one-off activity as a result of discharge of long stay Veterans' Affairs patients in rural facilities. The 2013-14 Est. Actual and 2014-15 Target/Est. data reflects required levels of activity.
6. Actual Mental Health QWAU data fluctuates at the Baillie Henderson Hospital mental health facility based on discharges. As such, the 2013-14 Est. Actual has been set to equal the 2013-14 Target/Est.
7. The 2013-14 Target/Est. and Est. Actual that were published in the 2013-14 Service Delivery Statements have been recalculated based on the Phase 17 ABF model to enable comparison with 2014-15 Target/Est. figures. The 2013-14 Target/Est. and 2014-15 Target/Est. have been calculated as per the *Blueprint* Value for Money indicator methodology, excluding Site Specific Grants and Clinical Education and Training.
8. Estimates of average cost per WAU are affected by the parameters of the ABF model and are specific to the ABF model under which they are calculated. The 2013-14 Target/Est. and Est. Actual that were published in the 2013-14 Service Delivery Statements have been recalculated based on the Phase 17 ABF model to enable comparison with 2014-15 Target/Est. figures.
9. *Staphylococcus aureus* are bacteria commonly found on around 30% of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with *Staphylococcus aureus* (including MRSA) and are reported as a rate of infection per 10,000 patient days aggregated to HHS level. The Target/Est. for 2014-15 has been revised to align with the national benchmark of 2.0 cases per 10,000 acute public hospital patient days.
10. The 2014-15 Target/Est. is based on the 2013-14 Target/Est. as a starting point and projecting further in-home visits based on additional funding allocations for participating HHSs proportionate to projected births per HHS. It is anticipated that, where required, improvements will occur in relation to data collection.
11. The target for mental health readmissions is the nationally indicative target identified in the *Fourth National Mental Health Plan Measurement Strategy*. As such, it represents a stretch target of good practice for HHSs to attain rather than an incremental improvement from prior year performance. This HHS has made improvements on this measure over the past five years and a range of initiatives continue to be progressed to achieve targets on this measure.
12. For 2013-14, a standard methodology was adopted based on previous investment in mental health services, with adjustments for variation expected due to geographic locality. However, due to a range of issues including known under-reporting within clinical information systems that capture the data, most HHSs are not expected to meet the target for 2013-14. A range of strategies, both state-wide and localised, are being implemented to improve data collection across HHSs. In addition, the targets for 2014-15 have been revised slightly to reflect better understanding of investments that are directed towards clinical activity.

## INCOME STATEMENT

Darling Downs Hospital and Health Service	Notes	2013-14 Adjusted Budget \$'000	2013-14 Est. Act. \$'000	2014-15 Budget \$'000
<b>Income</b>				
User charges and fees	1, 2, 7, 11	536,885	567,694	581,841
Grants and other contributions	1	30,921	31,022	30,936
Interest		187	111	111
Other revenue	3, 8	354	3,568	3,568
Gains on sale/revaluation of assets		..	..	..
<b>Total income</b>		<b>568,347</b>	<b>602,395</b>	<b>616,456</b>
<b>Expenses</b>				
Employee expenses		2,142	1,613	1,693
Supplies and services:				
- Outsourced service delivery	4, 9	..	7,726	8,127
- Other supplies and services	5, 10, 12	119,522	139,679	149,232
- Department of Health Contract Staff		420,682	410,406	431,700
Grants and subsidies		2,404	1,573	1,655
Depreciation and amortisation		21,083	21,383	21,584
Finance/borrowing costs		..	..	..
Other expenses		959	1,055	1,104
Losses on sale/revaluation of assets		1,555	1,460	1,361
<b>Total expenses</b>		<b>568,347</b>	<b>584,895</b>	<b>616,456</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	6	<b>..</b>	<b>17,500</b>	<b>..</b>

## STATEMENT OF CHANGES IN EQUITY

Darling Downs Hospital and Health Service	Notes	2013-14 Budget \$'000	2013-14 Est. Act. \$'000	2014-15 Budget \$'000
Net effect of the changes in accounting policies and prior year adjustments		..	..	..
Increase/(decrease) in asset revaluation reserve		17,249	7,043	7,229
Net amount of all revenue and expense adjustments direct to equity not disclosed above		..	..	..
<b>Net income recognised directly in equity</b>		<b>17,249</b>	<b>7,043</b>	<b>7,229</b>
Surplus/(deficit) for the period		..	17,500	..
<b>Total recognised income and expense for the period</b>		<b>17,249</b>	<b>24,543</b>	<b>7,229</b>
Equity injection/(withdrawal)		(15,420)	(15,758)	(16,135)
Equity adjustments (inc. MoG transfers)		2,400	6,675	(6,728)
<b>Total movement in equity for period</b>		<b>4,229</b>	<b>15,460</b>	<b>(15,634)</b>