



Our performance

Metro South Health performed well against its targets and key performance indicators in 2012–2013 while operating in a challenging fiscal and external environment.

Performance highlights

In the 2012–2013 financial year:

- National Emergency Access Target (NEAT) performance—the percentage of patients discharged or admitted within four hours—increased from 57 per cent to 74 per cent.
- National Elective Surgery Access Target (NEST) performance—the percentage of elective surgery patients who receive their treatment within the clinically recommended timeframe for their urgency category—improved by four per cent for category 1 surgeries.
- Patient Off Stretcher Time (POST) performance—the percentage of patients handed over from the ambulance to the treating team within 30 minutes—increased from 71 per cent to 85 per cent, with Princess Alexandra Hospital meeting the national 90 per cent target.
- The cost per weighted activity unit was \$4390, \$79 below the target of \$4469.
- Metro South Health exceeded its activity target, delivering a community dividend of 5136 weighted activity units valued at \$24 million.
- Metro South Health achieved a financial surplus of \$19.989 million.
- There were 65 joint appointments in place with major southern Queensland universities.
- Metro South Health met the target of fewer than 1 per cent of patients recording their Aboriginal or Torres Strait Islander status as “unknown or not stated”.
- A number of infrastructure projects have been successfully completed including Redland Hospital’s expanded emergency department, Princess Alexandra Hospital’s new vascular hybrid operating theatre, and the new Southern Queensland Centre of Excellence for Aboriginal and Torres Strait Islander Primary Health Care.
- Metro South Health has substantially decreased its rates of hospital acquired pressure ulcers and healthcare-associated *Staphylococcus aureus*.

Government's objectives for the community

Metro South Health is committed to contributing to the Queensland Government's statement of objectives for the community, *Getting Queensland back on track*.

In keeping with the Queensland Government's commitment to revitalise front-line services for the community, Metro South Health aims to provide services that are efficient, diverse and flexible to changing community and government need.

The following are examples of how Metro South Health has contributed directly to the ethos of the government's statement of objectives in 2012–2013.

Grow a four pillar economy

Metro South Health is contributing to the government's commitment of returning the state budget to surplus by investigating opportunities for greater efficiency at all levels of the organisation. During 2012–2013, the health service focused on performing business improvement reviews at every level of the organisation and implementing reform, as well as consolidating functions that have transitioned from the Department of Health.

Metro South Health's Finance Service provides a monthly report and financial performance report to the Board. In addition, the Finance sub-committee of the Board meets regularly and considers all matters related to cost, revenue analysis and cost reduction initiatives.

Invest in better infrastructure and better planning

Metro South Health has developed an *Asset Strategic Plan* that addresses the future asset management procedures of the health service. The strategy has been developed to create a planning process around the future management of assets including the disposal of ageing and redundant items. It also aims to create efficiencies in asset management operations to reduce expenditure.

Metro South Health has progressed the establishment of public-private partnerships in a contestability model to pursue efficiencies and improved clinical outcomes for health care service users and consumers.

Revitalise front-line services

Metro South Health is committed to delivering better access to emergency, specialist and maternal health care for Queenslanders. This is demonstrated through:

- implementing reform of the health system in Metro South Health including detailed planning activities and a number of service improvement reviews
- ensuring statutory and standards obligations are realised including processes to monitor national standards such as the National Elective Surgery Target and the National Emergency Access Target
- implementing load-sharing strategies and banning ambulance bypass as mechanisms to ensure care is available when and where it is required
- re-introducing birthing and procedural services at Beaudesert Hospital.

Restore accountability in government

Metro South Health has introduced a comprehensive consumer and community engagement program in line with the government's commitment to give people a real say on issues affecting their local community. The Metro South Hospital and Health Board endorsed a *Consumer and Community Engagement Strategy* in November 2012, which outlines the organisation's approach to ensure consumers and the community are involved in the development of health policies, programs, services and projects. In 2012–2013, Metro South Health has:

- realigned existing Metro South Health staff to lead the implementation of the strategy and support facilities in meeting quality and safety standards relating to consumer and community engagement
- leveraged relationships with Medicare Locals to develop and implement high level engagement mechanisms, and work in partnership to respond to shared issues
- identified opportunities to include consumers or community members on existing committees or groups, for example, safety and quality meetings
- developed new reference groups where gaps have been identified, which include community members
- identified strategies to enhance capacity internally and externally to ensure effective engagement, including the establishment of an online engagement platform
- developed and implemented high-level engagement mechanisms, particularly those to be shared with Medicare Locals.

Blueprint for better healthcare in Queensland

In 2013, the Queensland Government introduced its *Blueprint for better healthcare in Queensland*, an action plan for structural and cultural improvements to improve productivity, care and efficiency and access to services.

The *Blueprint* has four principal themes, which are:

1. Health services focused on patients and people
2. Empowering the community and our health workforce
3. Providing Queenslanders with value in health services
4. Investing, innovating and planning for the future.

Metro South Health is committed to helping the government deliver on the objectives outlined in the *Blueprint*. The following are examples of how Metro South Health has already implemented programs to address these objectives.

Health services focused on patients and people

- During 2012–2013, Metro South Health undertook a number of clinical service redesign processes to ensure the organisation can continue to provide the best services, at the best time and in the best place. Health service-wide clinical streams have been implemented to ensure services provided across the region are delivered in an integrated and seamless way.
- Metro South Health hospitals were the first to end ambulance bypass, the practice of diverting ambulances to other emergency departments during periods of high demand. This has resulted in significant improvements in emergency department waiting times, benefiting the local community.
- Metro South Health is committed to giving rural and remote communities better access to medical specialists through a telehealth program. PAH's newly opened Telehealth Centre includes six consultation rooms and is equipped with the latest video conferencing technology.
- Metro South Health's planning team routinely undertakes detailed analysis of each community's population and demographic profile to ensure any new services meet their needs.
- In response to community need, Metro South Health will re-introduce birthing and procedural services at Beaudesert Hospital by July 2014.
- A vascular hybrid operating theatre is being constructed at PAH, combining state-of-the-art endovascular imaging with a conventional operating theatre.

Empowering the community and our workforce

- Metro South Health has a dedicated consumer and community engagement team whose role it is to ensure people have a voice in the planning, design, delivery and monitoring of health services and programs. In 2012–2013, the team developed a *Consumer and Community Engagement Strategy* that provides a framework to enable structured engagement to take place across the health service.
- Metro South Health has implemented working together agreements with the Greater Metro South Brisbane Medicare Local and the West Moreton-Oxley Medicare Local.
- A *Clinician Engagement Strategy* has been developed that describes how Metro South Health will embed the engagement of health professionals into our planning processes. The first clinician forum was held in November 2012.

Providing Queenslanders with value in health services

- Metro South Health has conducted comprehensive reviews of many units and services to examine opportunities for efficiencies.
- Metro South Health is investigating options for partnerships with non-government and private organisations. For example, in 2012, home care services were transferred to appropriate non-government providers to enable a stronger focus on acute health services, while maintaining quality care for clients.

Investing, innovating and planning for the future

- Metro South Health is committed to involving stakeholders in planning activities to ensure future health services have the capacity and capability to meet the changing needs of the community. This will ensure that value is achieved from every health dollar.
- Metro South Health has a strong record of collaboration in medical research and translation of research into improved outcomes for patients. PAH is one of the primary partners of one of Australia's pinnacle research institutions, the Translational Research Institute.
- Metro South Health is investing in long-term service planning and infrastructure including expansions of Logan and QEII Jubilee hospitals and the building of the Southern Queensland Centre of Excellence for Aboriginal and Torres Strait Islander Primary Healthcare.

Agency objectives and performance indicators

Metro South Health's *Strategic Plan 2012–2016* describes how the health service will provide quality care for the community over the next four years, including key priority areas, objectives and performance indicators. Metro South Health carefully monitors its achievements against these targets. This section contains highlights of the health service's achievements against the strategic plan's objectives over the past financial year.

Ensure the needs of our stakeholders influence all our efforts

Empower local communities with a greater say over their hospital and local health services

The Metro South Health *Consumer and Community Engagement Strategy* was endorsed by the Metro South Hospital and Health Board at the board meeting held on 27 November 2012.

In accordance with the *Hospital and Health Boards Act 2011*, the strategy has been developed following broad consultation with consumers and members of the community, and has been published on the Metro South Health internet site. The strategy complies with the prescribed requirements as detailed in the *Hospital and Health Boards Regulation 2012*. In fulfilling the requirements of the strategy, Metro South Health has implemented the following:

- establishment of a consumer and community engagement section on the Metro South Health website
- the training and support of staff
- the training and support of consumers
- commencement of the Metro South Community of Interest
- establishment of an online Metro South Health consultation hub
- development of consumer engagement procedures
- appointment of consumers to various Metro South Health committees
- involvement of consumers in quality improvement activities
- consumers asked to provide input in planning documents.

Metro South Health has also actively initiated a number of partnership arrangements with primary healthcare and other organisations, including formal 'working together agreements' with Medicare Locals. The following agreements are in place:

- A *Working Together Agreement* (i.e. protocol) between Metro South Health and the Greater Metro South Brisbane Medicare Local has been developed. This agreement was endorsed and signed off by the Chair of the Metro South Hospital and Health Board on 3 September 2012, and by the Chair of Greater Metro South Brisbane Medicare Local Board on 29 October 2012.
- A *Partnership Protocol* (i.e. working together agreement) between Metro South Health and West Moreton-Oxley Medicare Local has been developed. This agreement was endorsed and signed off by the Chair of Metro South Hospital and Health Board on 29 January 2013, and by the Chair of West Moreton-Oxley Medicare Local Board on 8 March 2013.

In addition to the agreements with Medicare Locals, Metro South Health has initiated discussions with non-government organisations, including a number of peak bodies, to determine how the health service can best work with these organisations. Key outcomes of the discussions have been agreements to form protocols that will detail principles of partnerships between the organisations and scope of work to be undertaken over a period of time. A key focus of the partnership protocols will relate to the current redesign of Metro South Health's clinical services. Partnership protocols are currently being pursued with the Council on the Ageing (COTA), the National Disability Service, Health Consumers Queensland, Women's Health, and the Queensland Alliance of Mental Health, among others.

Ensure the involvement of clinicians in the planning, implementation and evaluation of health care

The *Metro South Health Clinician Engagement Strategy 2012–2015* has been developed and was endorsed by the Metro South Hospital and Health Board at the meeting on 27 November 2012.

In accordance with the *Hospital and Health Boards Act 2011*, the strategy has been developed following broad consultation with health professionals across Metro South Health, as well as with members of the community, and has been posted to Metro South Health internet and intranet sites. The strategy complies with the prescribed requirements as detailed in the *Hospital and Health Boards Regulation 2012*.

The Metro South Health *Workforce Engagement Strategy 2013–2015* has been drafted following broad consultation with health professionals across Metro South Health, as well as a literature review and analysis of previous results from the Best Practice Australia workplace survey. The strategy shapes the way workforce engagement is considered within Metro South Health, so as to influence the way employees approach their jobs, their careers and the patients they care for. It describes the context—both environmental and legislative—and articulates clear priority areas for workforce engagement across Metro South Health.

The purpose of the strategy is to ultimately describe the mechanisms for embedding workforce engagement in the organisational culture and practice of Metro South Health.

Establish a person-centred approach to care, placing the individual at the centre of all services they receive

Metro South Health provides a range of health resources to assist consumers in managing their own health and consumers are also actively involved in developing specific resources to ensure suitability for patients.

To ensure health services are planned according to need, Metro South Health invites consumers and community members to provide input into all of its service plans. To support staff in implementing a patient centred approach, Metro South Health provides a number of educational opportunities such as motivational interviewing, which are available through an online learning and development pathway. Metro South Health also works closely with Medicare Locals to ensure patients have access to self-management workshops.

The Metro South Health Patient Satisfaction Survey (facilitated independently by Best Practice Australia) demonstrates a yearly improvement regarding involvement and satisfaction with decision making related to their care.

Providing efficient, safe and timely health care services

Improve access and reduce waiting times in emergency departments, elective surgery and specialist diagnostic services

Metro South Health is committed to improving timely access and quality of care in all of its health services and hospitals. Two of the health service's highest priorities are improving waiting times for care in emergency departments and elective surgery.

Emergency departments

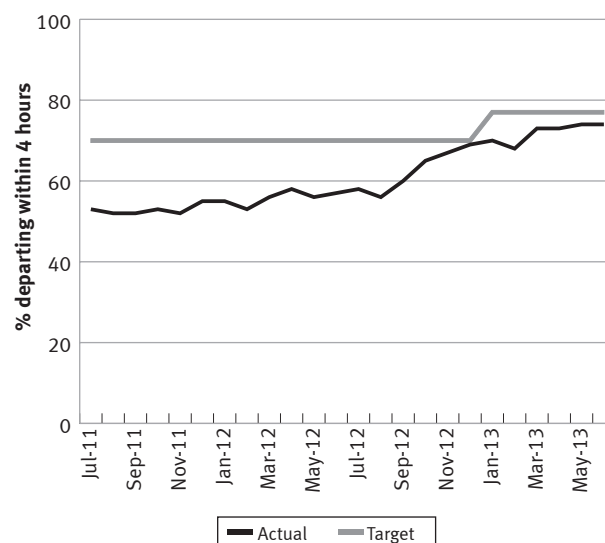
There have been significant initiatives undertaken to improve waiting times in emergency departments throughout Metro South Health in 2012–2013. This has resulted in an increase to the health service's National Emergency Access Target (NEAT) performance from 57 per cent (June 2012) to its current performance of 74 per cent of all emergency attendances departing within four hours.

Some key strategies that Metro South Health has put in place to improve NEAT performance include:

- streamlined processes for discharging patients
- short stay wards
- a rapid assessment team
- 'READi' strategy—all inpatient units pulling from the emergency department
- direct admissions

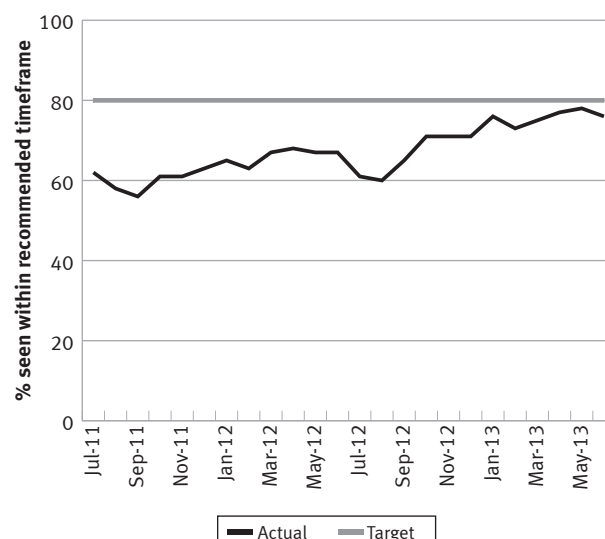
Improvements have also been made to Metro South Health's performance in the percentage of emergency department presentations seen within clinically recommended triage times—with a target of 80 per cent set by the *National Partnership Agreement on Improving Public Hospital Services*. At the end of the 2011–2012 year performance was only 67 per cent; this has since improved in 2012–2013 to 76 per cent.

Figure 1: National Emergency Access Target (NEAT) performance



Hospital	NEAT (%) at 30 June 2013
Princess Alexandra	63.6%
Logan	73.8%
QEII Jubilee	81.5%
Redland	79.6%
HHS Total	73.8%

Figure 2: Percentage of emergency department presentations seen within the clinically recommended timeframe



Triage category	Target	Actual
Category 1 (within 2 minutes)	100%	100.0%
Category 2 (within 10 minutes)	80%	87.6%
Category 3 (within 30 minutes)	75%	70.3%
Category 4 (within 60 minutes)	70%	76.7%
Category 5 (within 120 minutes)	70%	91.3%
All categories	80%	76.0%

In 2012–2013, Metro South Health worked closely with the Queensland Ambulance Service to improve its Patient Off Stretcher Time (POST). POST refers to the time between a patient's arrival at an emergency department via ambulance to the completion of the handover to the treating team; the current target is 90 per cent of patients handed over within 30 minutes. At the end of 2011–2012 year, Metro South Health's performance was at 71 per cent. This has since improved to 85 per cent at the end of June 2013, with Princess Alexandra Hospital meeting the target at 90 per cent.

Hospital	POST (%) at 31 May 2013
Princess Alexandra	90.0%
Logan	84.6%
QEII Jubilee	81.9%
Redland	78.2%
HHS Total	85.2%

Elective surgery

The National Elective Surgery Target (NEST), as set in the *National Partnership Agreement on Improving Public Hospital Services*, measures the percentage of elective surgery patients who receive their treatment within the clinically recommended timeframe for their urgency category. In the first six months of 2012–2013, Metro South Health made progress in reaching the NEST. However, budgetary restraints had a significant impact in the second half of the year.

NEST at 30 June 2013			
Hospital	Cat 1 (%)	Cat 2 (%)	Cat 3 (%)
Princess Alexandra	89.45%	69.10%	62.50%
Logan	80.91%	17.86%	46.43%
QEII Jubilee	96.18%	74.33%	62.20%
Redland	90.91%	93.55%	100%
HHS Total	89.48%	69.54%	64.49%

Figure 4: Category 1—National Elective Surgery Target performance

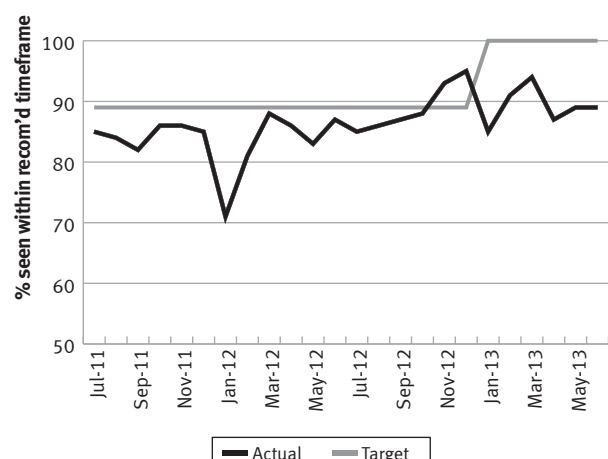


Figure 3: Patient Off Stretcher Time (POST) performance

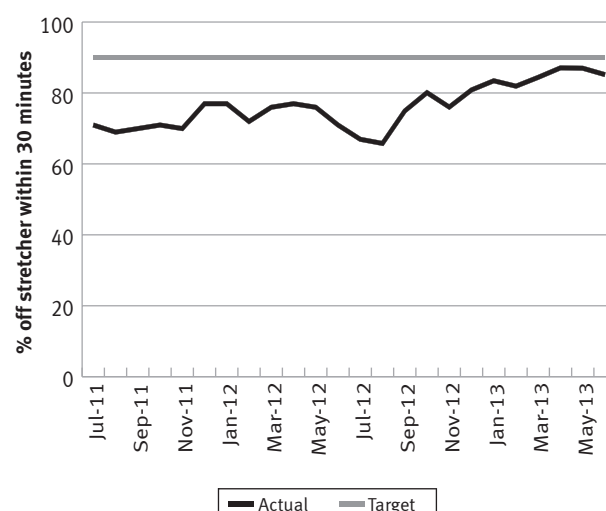


Figure 5: Category 2—National Elective Surgery Target performance

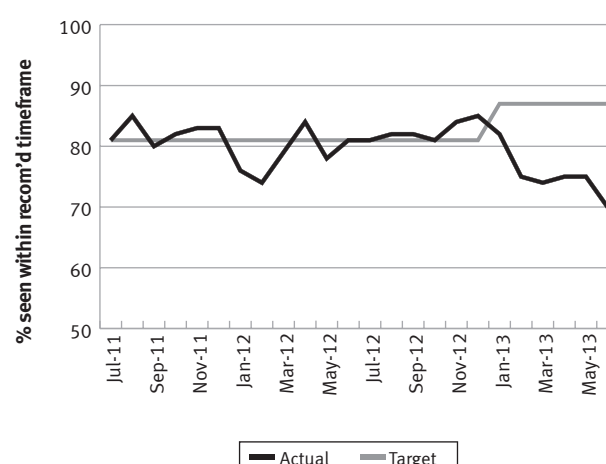


Figure 6: Category 3—National Elective Surgery Target performance



Ensure our services are appropriately delivered and meet the changing needs of our communities

In 2012, the Wynnum Health Service's emergency care clinic was re-named the 'primary care clinic' to more accurately reflect the service it provides. The primary care clinic's opening hours were changed to 8am to 10pm, seven days per week.

The Moreton Bay Nursing Care Unit was in a poor state of repair and beyond the reasonable lifespan for a health care facility of this type. The decision was made to close this facility and relocate the residents to other facilities. This was announced at a public forum on 24 October 2012 and relocation of residents was completed in May 2013.

Detailed planning is underway for the future use of both the Wynnum Health Service and Moreton Bay Nursing Care Unit sites.

Metro South Health continues to work toward re-establishing birthing and procedural services at Beaudesert Hospital. Postnatal services commenced in November 2012 and minor surgical services recommenced at Beaudesert Hospital on 28 May 2013, two months ahead of schedule.

Work with the Medicare Locals to ensure a greater range of services are provided in the community and in the home

Metro South Health is committed to working productively with the Greater Metro South Brisbane Medicare Local (GMSBML) and the West Moreton-Oxley Medicare Local (WMOML) to improve our health system and achieve better health outcomes for the community.

Working groups have been formed to progress the various action areas identified in the working together agreements, and include the following:

- consumer and community engagement
- chronic disease
- provider engagement
- re-introduction of birthing and procedural services at Beaudesert Hospital
- Beaudesert working group.

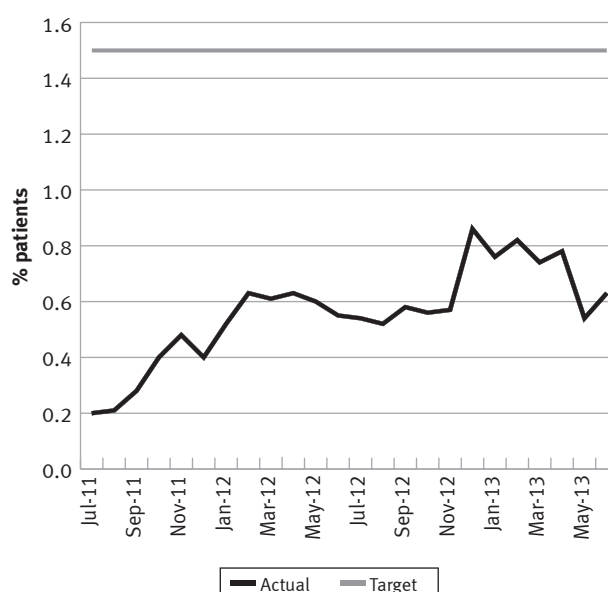
Metro South Health and the Medicare Locals are collaborating on a number of activities. A snapshot of joint activities includes:

- improving consumer and community engagement
- improving the patient journey
- the re-introduction of birthing and procedural services at Beaudesert Hospital
- initiatives around chronic disease including chronic obstructive pulmonary disease, asthma and diabetes
- implementation of a central referral hub
- implementation of a general practice liaison officer program
- clean sheet redesign processes
- promotion of an after hours GP service.

These activities have assisted in the improvement of the National Elective Surgery Target (see figures 4–6, above) and the National Emergency Access Target (see figure 1, above) performance in Metro South Health.

Hospital in the Home (HITH) activity has also increased from 0.2 per cent of inpatient activity in July 2011 to 0.63 per cent across Metro South Health hospitals (three of the four major facilities provide HITH services). Metro South Health continues to work towards the 2012–2013 target of 1.5 per cent of inpatient activity provided as HITH.

Figure 7: Inpatient activity as Hospital in the Home (HITH)



Ensure that the planning of future health services is based on population growth, demographics and health needs

Metro South Health completed health service plans for the Surgical Services and Aged Care and Rehabilitation Services streams in May 2013. These plans are based on advanced demographic and epidemiological analysis of the population and its future health needs. Relevant staff members were consulted in the development of these plans. Consultation with key organisations and the community is occurring in June and July 2013.

Metro South Health is currently collaborating with the West Moreton Hospital Health Service and the Department of Health (Policy and Planning Branch) to develop a South West Growth Corridor Health Service Plan. It is proposed that this plan will provide the basis for future capital planning and development in this area of significant population growth.

Improve the safety and quality of health services

Metro South Health's service agreement with the Department of Health stipulates three key performance indicators with which to measure our safety and quality performance. These new indicators for the health service had extreme performance targets set against them. Although Metro South Health has not met these new targets, the results have significantly improved on previous years.

Key performance indicator	Target	2010–2011	2011–2012	2012–2013
Never Events	0	–	–	1
Hospital acquired 3rd and 4th stage pressure injuries	≤3 (5% of 2010–2011 actuals)	51	41	18
Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	≤13 (20% of 2010–2011 actuals)	63	56	56

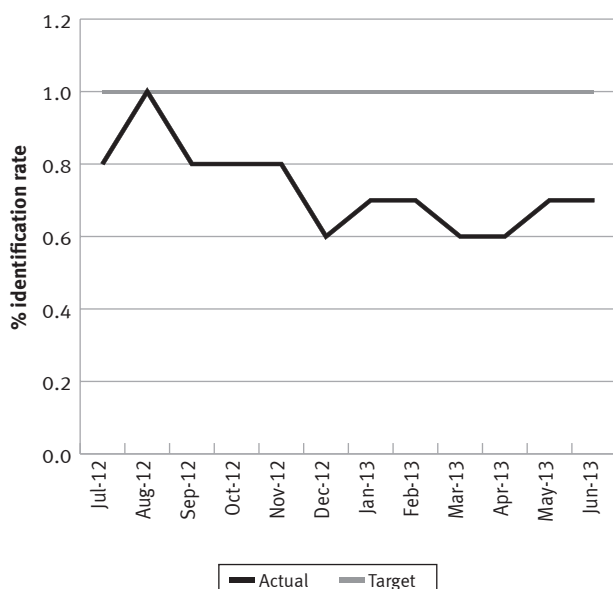
All Metro South Health services have been compliant with safety and quality requirements in 2012–2013 and have therefore remained accredited in this time.

Further advance the health of Aboriginal and Torres Strait Islander people

Metro South Health is committed to improving the identification of Aboriginal and/or Torres Strait Islander patients. Effective identification ensures that those who access the health service can be referred to culturally appropriate services, helping to ‘close the gap’ in Indigenous health outcomes.

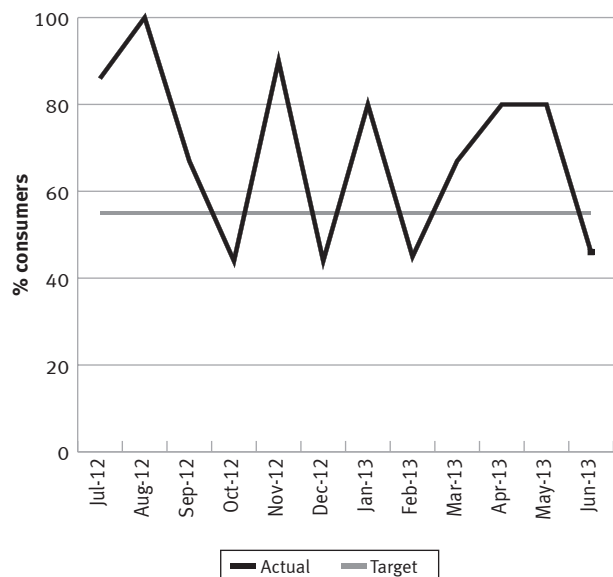
To ensure appropriate identification, Metro South Health monitors the percentage of patients who are recorded as having an Aboriginal or Torres Strait Islander status of “unknown or not stated”. Metro South Health met the target of less than 1 per cent of patients having “unknown or not stated” status in 2012–2013.

Figure 8: ‘Not stated’ Aboriginal or Torres Strait Islander status



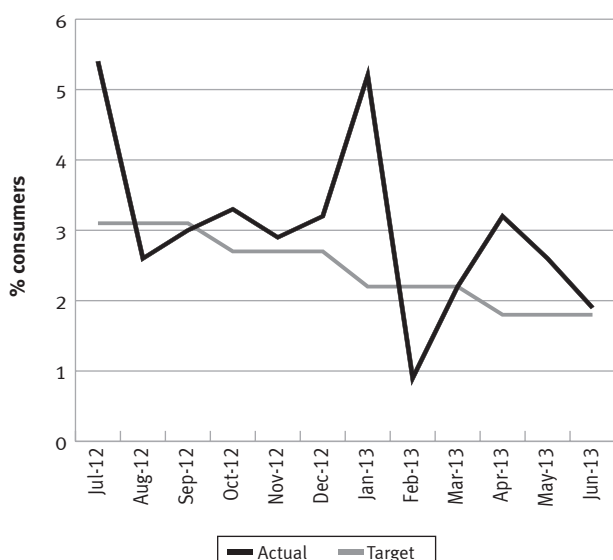
There is an overall reduction against the target of the proportion of Aboriginal and Torres Strait Islander mental health consumer separations with a community contact within seven days of discharge. However, the result is variable and requires focus and effort to reduce and reorient this trend.

Figure 9: Aboriginal and/or Torres Strait Islander mental health consumers with a community contact within seven days of discharge



Furthermore, there is an overall reduction against the target of the proportion of Aboriginal and Torres Strait Islander separations for discharge against medical advice. However, the result is variable and requires focus and effort to maintain this trend.

Figure 10: Aboriginal and/or Torres Strait Islander mental health consumers who discharge themselves against medical advice



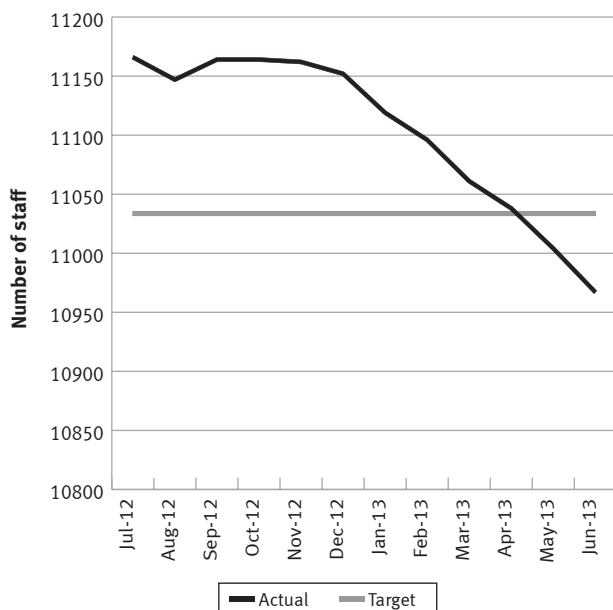
A sustainable, high quality workforce to meet future health needs

Attract, develop and support a high quality workforce

Metro South Health has worked to ensure its workforce is responsive and aligned with strategic direction, clinical activity and financial targets in 2012–2013. This included a reduction of Mandatory Obligatory Human Resources Information (MOHRI) full time equivalent (FTE) staff to meet requirements outlined in the 2012–2013 service agreement.

Performance against the MOHRI target is shown below. Overall, Metro South Health reduced its MOHRI FTE by 710 in 2012–2013.

Figure 11: Year to date average MOHRI full time equivalent staff



Build and maintain a positive and productive workplace where staff can perform at their best, are acknowledged and supported

Best Practice Australia employee engagement surveys were undertaken in at Princess Alexandra Hospital (PAH) in 2011 and at Redland Hospital and Wynnum Health Service in 2012. Both PAH and Redland-Wynnum have shown an upward trend over the past few years in employee levels of engagement and culture. The survey will be rolled out to all Metro South Health staff in late 2013.

In 2012–2013 financial year, two health service-wide management programs and one leadership program were held. Discipline specific management and leadership programs are also continuing.

Metro South Health had 581 advertised vacancies in the period July 2012 to May 2013, with a total of 13,800 applicants—an average of 24 applicants per position.

Industrial disputation remains very low despite significant organisational change occurring throughout 2012. There have been a total of nine separate industrial disputes in 2012–2013, with no adverse findings against Metro South Health.

Teaching and research—supporting research and translation of this into improved health outcomes for patients

Optimise research partnerships to build capacity and attract funding

Significant partnerships are in place with the major southern Queensland universities, with Metro South Health having 65 joint appointments in 2012–2013 in a variety of areas and disciplines.

A highlight is the collaboration with Diamantina Health Partners, which is focused on delivering improved and more cost-effective treatments through integration and innovation of research, clinical enablers and technologies.

Ensuring the best use of allocated resources

Ensure a smooth transition to the new national health funding system

Targeted actions have resulted in improvement in both the accurate coding of clinical activity and procurement costs as evidenced in the graphs opposite. Currently, coding for clinical activity is completed within the Metro South Health target of 15 days. There is currently no easily identifiable coding accuracy measure to establish our performance within five per cent coding accuracy.

Reduction in clinical procurement costs has been achieved in 2012–2013 through the following:

- A centrally controlled catalogue unit managing the electronic imprest system, ensuring that clinical products used are consistent and purchased under standing offer arrangements.
- Consolidation of purchase orders to enable better bulk purchasing discounts from suppliers, and better management of standing offer arrangement compliance.
- Consolidation of freight deliveries (pallets instead of cartons, improving the goods inwards movement flow) has reduced freight cost.
- The review of inbound and outbound freight arrangements and the consolidation of freight from Sydney and Brisbane has reduced freight costs significantly using leverage of scale.

Manage the growth in per capita health expenditure to ensure that health services and outcomes in Queensland are both affordable and sustainable

Under the activity based funding model, weighted activity units (WAU) provide a common unit of comparison for all clinical activities so that hospital activity can be measured and costed consistently. The cost per WAU in Metro South Health activity based funded facilities is \$4390 (below the 2012–2013 target of \$4469), and is \$118 less than the previous financial year. At the end of 2012–2013 year Metro South Health's year-to-date operating position was \$19.989 million in surplus.

Figure 12: Number of days to complete clinical coding

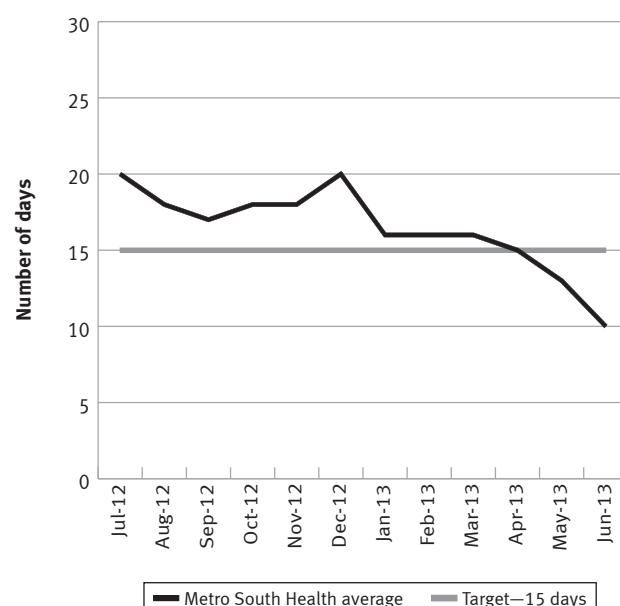
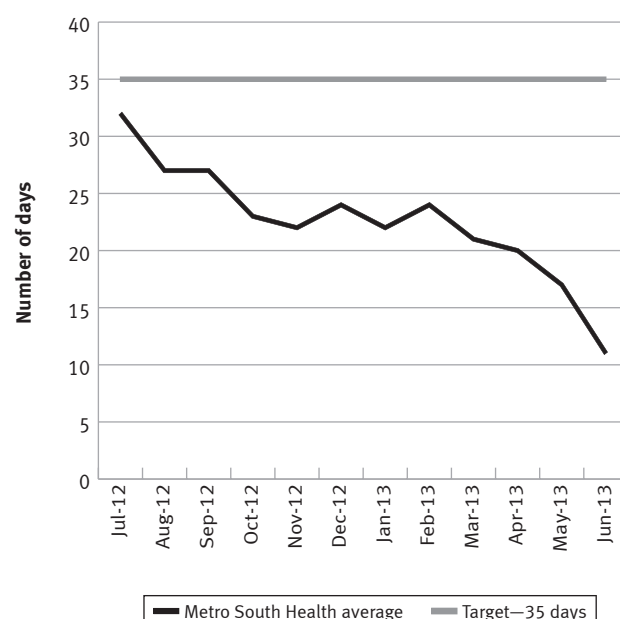


Figure 13: Number of days to submit data to the Department of Health's data collection unit



Improve the management of health budgets and finances

Finance staff within Metro South Health have a variety of skill development opportunities available to them. Online and classroom training is available for users of the Finance and Materials Management Information System (FAMMIS), the Decision Support System (DSS) and the Budget Planning Tool system (including both initial training and ongoing use). Online self-paced training modules are also available on subjects such as goods and services tax, accounting basics, corporate card, internal control training and fraud awareness.

Revenue training and updates on relevant information is provided by the Metro South Health revenue manager directly to facility managers at monthly meetings. Staff also have the opportunity to attend external training courses or conferences to develop their networks and knowledge.

In 2012–2013, Metro South Health made some significant improvements in own source revenue identification and processes, particularly in the area of outpatient private practice billing. This resulted in a surplus of \$18.9 million above the 2011–2012 financial year and a \$4.8 million surplus to the total own source revenue budget.

Ensure that critical health infrastructure projects are delivered on time, within budget and with value for the taxpayer

Metro South Health has continued to work in partnership with the Department of Health's Health Infrastructure Branch and private-sector contractors during 2012–2013, to progress infrastructure projects with total project budgets in excess of \$250 million across Metro South Health facilities. These new and upgraded facilities and equipment will increase Metro South Health's capacity to provide health services, research and education, providing significant value to our community.

The Logan Hospital redevelopment (\$145 million) and QEII Hospital expansion (\$37 million) continue to progress within allocated budgets and towards completion as planned in 2014.

A number of other health infrastructure developments have been completed during 2012–2013, adding to Metro South Health's service capacity and capabilities. Completed projects included the expansion of Redland Hospital's emergency department (\$13.6 million); construction of the new Southern Queensland Centre of Excellence for Aboriginal and Torres Strait Islander Primary Health Care (\$7 million); and Princess Alexandra Hospital's vascular hybrid operating theatre (\$3 million). Work is also continuing on a number of mental health projects including new community care units at Logan Central (\$6.9 million) and Redland Bay (\$9.4 million), and a new adult inpatient unit at Logan Hospital (\$15.4 million).

Major equipment replacements totalled more than \$10 million in 2012–2013, including a linear accelerator and three computerised tomography scanners.

A significant boost to health research and education infrastructure has also been delivered with the completion of the Translational Research Institute and Biopharmaceuticals Australia facilities on the PAH campus.

Promote and market our world-class health service—locally, nationally and internationally

Promote and market our world-class health service – locally, nationally and internationally

Metro South Health has a dedicated media and communications team that manages all aspects of media relations, web, marketing, and service-wide communication to both internal staff and the general public. A key focus for this team in 2012-2013 was the development of a strong media profile to:

- establish the Metro South Health brand as a new HHS and to build a reputation for innovation and the highest standard of healthcare delivery
- establish positive, open relationships with media outlets and ensure issues are presented accurately and with balance.

Despite significant organisational change, Metro South Health has maintained a strong media profile throughout the financial year. An analysis of the year's media coverage showed that 26 per cent of all media activity was classified as positive while only 18 per cent was negative. There was also a large amount of neutral coverage (56 per cent) due to ongoing interest in high-profile patients.

Communications strategies and media issues management are ongoing to inform the community and to protect the Metro South Health brand during significant changes to services such as the closure of the Moreton Bay Nursing Care unit, changes to services at Wynnum and the re-introduction of birthing services to Beaudesert. Key proactive achievements include exceptionally improved relationships with community newspapers, greater provision of Metro South Health staff for expert media comment, increased media stories featuring research and the introduction of standardised websites for each facility showcasing services and achievements. Metro South Health now provides input to, and features regularly, on the Department of Health's Facebook site.

Metro South Health is committed to communicating openly and effectively throughout all levels of its workforce. A suite of internal and external communications materials were tailored and distributed to accompany all reviews and reforms of Metro South Health services and units in this financial year. Ongoing work is also being undertaken to market the health service as an employer of choice. During the period July 2012 to May 2013, the health service had a total of 13,800 applicants to 581 vacancies, an average of 24 applicants per position.

Figure 14: Tone of media coverage

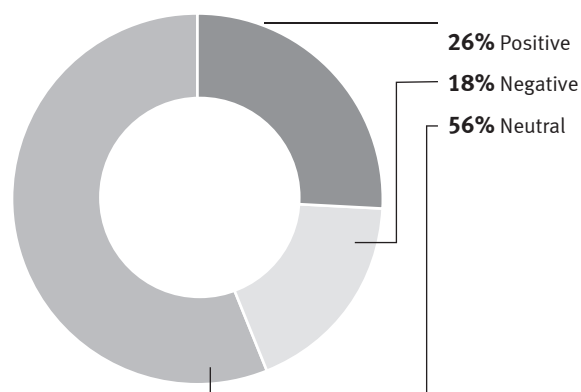
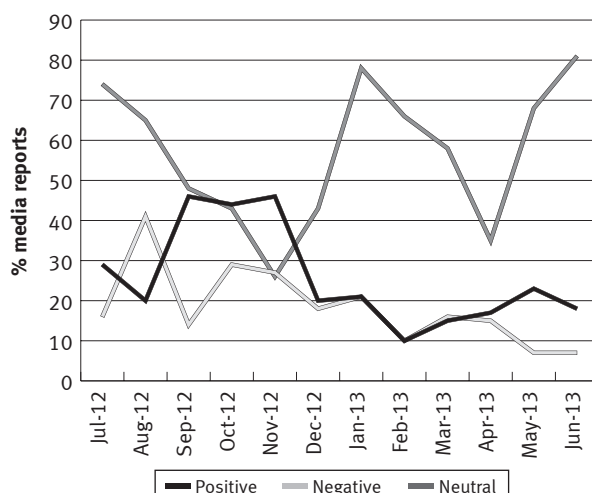


Figure 15: Tone of media coverage over time



Optimise the use of technology

Increase the use of technological advances to improve the efficiency, effectiveness and quality of health services

Metro South Health has implemented a number of projects during 2012–2013 to deliver better health services through the use of technology.

Overtime Recording and Fatigue Leave Management System

An overtime recording and fatigue leave management system has been developed and implemented by the Clinical Informatics and Technology Services (CITS) team in conjunction with the medical executive. The system is designed to assist medical managers to effectively use and manage resources to meet clinical demand. It enables them to visualise trends in overtime so that strategies can be developed to minimise cost to the organisation as well as gaps in service delivery due to clinicians being unable to attend rostered shifts due to fatigue leave. Benefits include reductions in unrostered overtime and reductions in hours worked without an appropriate fatigue break.

Pathology Utilisation Medical Program

The Pathology Utilisation Medical Program (PUMP) was implemented across Metro South Health in 2012–2013. PUMP provides staff with support material to manage and monitor pathology activity and decrease the number of unnecessary tests being ordered.

Recording All Facility Transport

The Recording All Facility Transport (RAFT) system has been developed by Metro South Health to meet an increasing requirement to manage the costs of patient transport. RAFT has been implemented at all Metro South Health hospitals and is now utilised by the Queensland Ambulance Service with transport activity logged via the system directly. This has delivered a significant financial saving to the health service. Benefits include improved accuracy in the allocation of appropriate non-urgent transport type, a central record of all non-urgent transport, and improved approval rate of non-urgent transport.

Integrated Electronic Medical Record

Metro South Health through the Princess Alexandra Hospital has its own clinically-led project team to manage the implementation of the the Integrated Electronic Medical Record (ieMR). Input from all units across the hospital is managed through site reference group change leads and their 'change champions'.

The ieMR program will be rolled out in a phased approach to ensure the solution is implemented effectively. Most importantly this approach will give the sites the ability to better absorb the change and minimise risk.

Release 1 is the first phase of the ieMR solution rollout, and will implement scanning functionality and the foundations of the system on which the subsequent releases will build.

Release 1 includes:

- document scanning:
 - single patient record—incorporates all information for the same patient, from all ieMR sites into the one record
 - clinical forms are barcoded
 - implementation of a statewide order of filing in health records
 - scan at end of current episode of care
 - no back-scanning
- code build:
 - establishing the foundation of the system for all releases including patient locations and user security.

Service agreement—key performance indicators

The following table contains performance against the mandatory key performance indicators defined in Metro South Health's service agreement with the Department of Health.

KPI	Description	Target	Actual
Safety and Quality			
<i>Never events</i>	■ Intravenous gas embolism resulting in death or neurological damage	0	0
	■ Retained instrument/other material requiring intervention	0	1
	■ Procedures involving wrong patient or body part	0	0
	■ Bed rail entrapment	0	0
	■ Haemolytic blood transfusion	0	0
	■ Infant discharged to the wrong family	0	0
	■ Hospital acquired 3rd and 4th stage pressure injuries	≤ 3 (5% of 2010-11 actuals)	18
	■ Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	≤ 12 (20% of 2010-11 actuals)	56
	■ Proportion of the defined target number of women screened (for BreastScreen Queensland for the defined catchment areas in a given financial year)	95%	96%
Access			
<i>National Emergency Access Target</i>	■ % of ED attendances who depart within 4 hours of their arrival in emergency department	2012: 70% 2013: 77%	2012: 69% 2013: 72%
<i>Emergency Department: % seen within recommended timeframe</i>	■ All categories	80%	71%
	■ Category 1 : within 2 minutes	100%	100%
	■ Category 2 : within 10 minutes	80%	87%
	■ Category 3 : within 30 minutes	75%	63%
	■ Category 4 : within 60 minutes	70%	71%
	■ Category 5 : within 120 minutes	70%	91%
	■ Patient Off Stretcher Time (POST) : < 30 mins	90%	80%
<i>Elective Surgery : % treated within the clinically recommended timeframe for their category</i>	■ Category 1 : within 30 days	2012: 89% 2013: 100%	2012: 95% 2013: 90%
	■ Category 2 : within 90 days	2012: 81% 2013: 87%	2012: 85% 2013: 75%
	■ Category 3 : within 365 days	2012: 91% 2013: 94%	2012: 81% 2013: 85%

<i>Elective Surgery : Number of patients waiting more than the clinically recommended timeframe for their category</i>	■ Category 1 : within 30 days	0	63
	■ Category 2 : within 90 days	0	1,997
	■ Category 3 : within 365 days	0	870
	■ Activity : variance between purchased Activity Based Funded activity and year-to-date recorded Activity Based Funded activity	0% to +/- 1%	2.00%
Efficiency and financial performance			
	■ Year to date operating position	Balanced or Surplus	Surplus \$19.989M
	■ Full-Year Forecast Operating Position	Balanced or Surplus	Surplus \$19.989M
	■ Own Source Revenue Budget	Balanced or Surplus	Deficit \$1.77M ¹
	■ Year to date average FTE (MOHRI headcount)	11,042	10,967
Closing the Gap			
<i>Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement</i>	■ Estimated level of completion of Indigenous status - specifically the reporting of 'not stated' on admission	< 1%	0.73%
	■ Percentage of in-scope separations of Aboriginal and Torres Strait Islanders consumers from the health service's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or videoconference), was recorded in one to seven days immediately following that separation.	55%	67%
	■ The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice	Q1: 3.38% Q2: 2.85% Q3: 2.31% Q4: 1.77%	Q1: 3.6% Q2: 3.1% Q3: 2.8% Q4: 2.6%
	■ Percentage of Aboriginal and Torres Strait Islander cultural practice program participants by facility	20%	6.13%
	■ Total achievement of Closing the Gap escalation indicators	50%	50%
Mental Health and Alcohol and Other Drug Treatment Services			
<i>Achievement of Mental Health and Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement</i>	■ Ambulatory service contacts	100%	122%
	■ Ambulatory service contacts: duration (hours)	100%	79%
	■ Extended treatment facility and psychiatric hospital beds (accrued patient days in block funded mental health facilities)	95%	93% ²
	■ Closure of Alcohol and Other Drugs Services client intake	< 2 weeks	Unable to report
	■ Total achievement of Mental Health and Alcohol and Other Drug Treatment escalation indicators	67%	33%

Notes:

1. Own source revenue figure does not include other revenue.
2. Does not include Wisteria Unit (Casuarina Lodge) after January 2013.

Financial highlights

Metro South Health has achieved a financial surplus of \$19.989 million for the year ending 30 June 2013. This represents a 1.1% variance against its revenue base of \$1.8 billion.

The result contains \$19.6 million of one-off gains from services and a further \$7.8 million of timing issues relating to research and donated funds that will be spend in subsequent years.

Removing these distortions, it shows that the underlying financial operating result for Metro South Health remains challenging in a constrained funding environment. However, the result was extremely pleasing given the large amount of savings initiatives that the health service successfully delivered to respond to the required productivity and efficiency targets contained in its funding agreement.

It is also important to note that the financial result was achieved while Metro South Health is facing growing demands on its services. These demand pressures arise from increasing chronic conditions (such as diabetes, respiratory and cardiovascular disease) and from a growing and ageing population base.

Metro South Health delivered a range of services at levels 1.8 per cent higher than it is funded for, which demonstrates the value the health service is providing to its local communities.

Income

Metro South Health's income includes operating revenue, which is sourced from three major areas:

- State government grants
- Australian government grants
- own-source revenue.

Figure 16 details the extent of these funding sources for 2012–2013. Metro South Health's total income was \$1.8 billion. The activity based funding for hospital services was 77 per cent or \$1.38 billion, block funding was 7 per cent or \$123.8 million, other grants funding was 10 per cent or \$171.6 million for health services, own source revenue was 6 per cent or \$108.5 million and other revenue was 1 per cent or \$19.5million. The grant funding was predominantly from State government (71.3 per cent) and Australian Government (28.1 per cent).

Figure 16: Revenue by funding

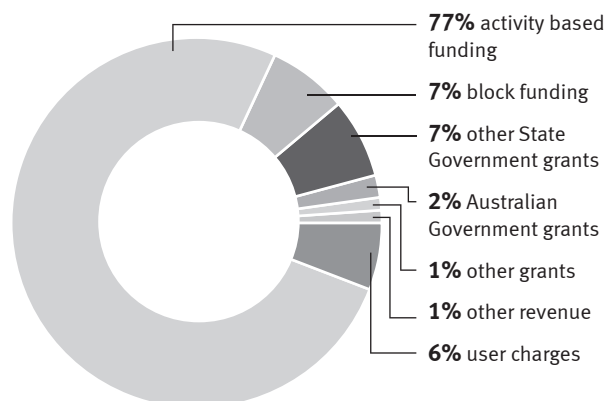
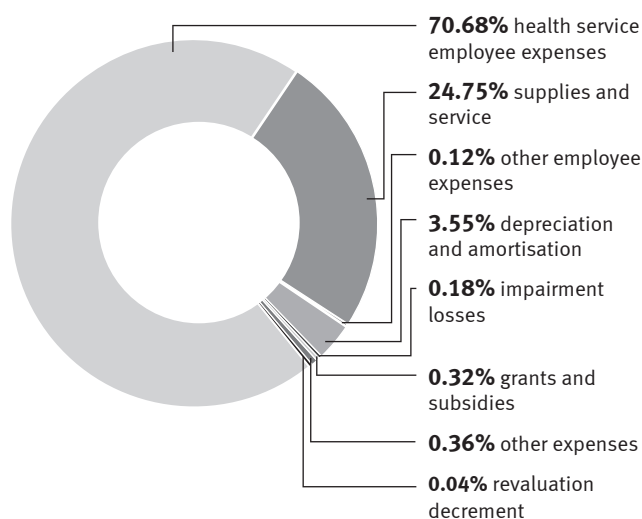


Figure 17: Expenses 2012–2013



Expenses

The total expenses were \$1.783 billion averaging at \$4.885 million a day for providing health services. Figure 17 provides a breakdown of expenditure to the main categories.

Metro South Health's main expenditure was health service employee expenses (70.7 per cent) and supplies and services (24.8 per cent) supporting health services. Depreciation/amortisation of Metro South Health assets is 3.55 per cent, representing the consumption of a \$1.06 billion asset portfolio. Metro South Health has implemented significant cost saving initiatives during the financial year resulting in reduction of expenditure during the year.

In addition to the above Metro South Health has invested in its asset portfolio of \$38.6 million funded predominantly from State funding.

Comparison of actual financial results with budget

Metro South Health's actual result in comparison to its budget as published in the *State Budget Papers 2012–2013 Service Delivery Statements* are presented in the following tables with accompanying notes.

	Notes	2012–2013 actual \$'000	2012–2013 budget \$'000	Variance %
Income				
User charges	1	108,506	102,827	6%
Grants and contributions	2	1,675,096	1,532,826	9%
Other revenue	3	19,396	2,500	676%
Gains		143	–	n/a
Total income		1,803,141	1,638,153	10%
Expenses				
Employee expenses	4	2,075	989	110%
Health service employee expenses	5	1,260,411	1,130,712	11%
Supplies and services		441,375	441,506	0%
Grants and subsidies	6	5,695	3,816	49%
Depreciation and amortisation	7	63,214	54,071	17%
Impairment losses	8	3,266	1,647	98%
Revaluation decrement	9	772	–	n/a
Other expenses	10	6,344	5,412	17%
Total expenses		1,783,152	1,638,153	9%
Operating result		19,989	–	n/a

Notes

1. The increase in user charges is predominantly due to revenue maximisation initiatives with patient fees and right of private practice revenues.
2. The increase in grants is predominantly due to amendments to the Service Agreement between Metro South Health and the Department of Health (DOH) for the transfer of new services to Metro South Health. These included the Medical Aids Subsidy Scheme, Queensland Artificial Limb Service, Organ and Tissue Services and the Public Health Unit. In addition to this, Metro South Health was reimbursed for all voluntary redundancy pay outs in 2012-13 by Queensland Treasury and Trade.
3. The increase in other revenue is predominantly due to the reimbursement of joint appointment costs with a change in accounting treatment as these were budgeted as an offset to expenditure.
4. The higher than budgeted employee expenses includes executives and board remuneration.
5. The increase in health service employee expenses are due to transfer of a number of services to Metro South Health from DOH. These include the Medical Aids Subsidy Scheme, Queensland Artificial Limb Service, Organ and Tissue Services and the Public Health Unit. Additionally, joint appointment costs are captured here with the budget assuming cost reimbursement. The actual cost offset was applied to other revenue due to a change in the accounting treatment of these reimbursements.
6. The increase in grants expense is due to new funding arrangements including the commitment to the Centre of Excellence for Head and Neck Cancer.
7. The increase in depreciation is due to the review of useful life of the building and medical equipment portfolio including increased depreciation charges of \$6.8 million relating to the Moreton Bay Nursing Care Unit which has closed.
8. The increase in impairment losses is due to a review of the debt collectability of Metro South Health hospital fees predominantly relating to overseas patients.
9. The revaluation decrement is due to the impact of the land valuation.
10. The increase in other expenses is spread across various categories and includes increases in costs with interpreter services and legal fees from various reform initiatives.

Statement of financial position as at 30 June 2013

	Notes	2012–2013 actual \$'000	2012–2013 budget \$'000	Variance %
Current assets				
Cash and cash equivalents	11	81,687	45,682	79%
Receivables	12	49,780	27,381	82%
Inventories		12,638	12,656	0%
Other	13	1,355	1,992	–32%
Total current assets		145,460	87,711	66%
Non-current assets				
Intangibles		570	781	–27%
Property, plant and equipment	14	1,061,771	1,177,553	–10%
Other		17	–	n/a
Total non-current assets		1,062,358	1,178,334	–10%
Total assets		1,207,818	1,266,045	–5%
Current liabilities				
Payables	15	105,907	65,210	62%
Accrued employee benefits		91	19	379%
Other liabilities	16	577	–	n/a
Total current liabilities		106,575	65,229	63%
Total liabilities		106,575	65,229	63%
Net assets		1,101,243	1,200,816	–8%
Equity				
Contributed equity				
Retained surpluses	17	1,048,900	1,189,042	–12%
Asset revaluation surplus	18	19,989	–	n/a
Total equity	19	32,354	11,774	175%
		1,101,243	1,200,816	–8%

Notes

11. The increase in cash is due to net cash used in operating activities.
12. The increase in receivables is predominantly due to increases in grants funding receivable from the Department of Health.
13. The decrease is due to less than budgeted prepaid goods and services.
14. The decrease in property, plant and equipment is predominantly due to less than budgeted capital acquisition (timing of capital works completion) offset by an increase due to the revaluation of buildings.
15. The increase in payables is predominantly due to health service employee expenses accruals resulting from the Department of Health moving pay dates out.
16. The increase in other liabilities is due to hospital fees received in advance.
17. The decrease in contributed equity is due to difference in the opening balance transfer from the Department of Health under the National Health Reform.
18. The increase in retained surplus is due to the end of year result.
19. The increase in asset revaluation surplus is due to the result of the revaluation of buildings.