

Our performance

Summary of financial performance

Gold Coast Health reported a surplus of \$7.956 million for the year. This included a net revaluation increment of \$0.9 million on land and buildings that is due to a number of property-related factors, including the current state of the Gold Coast property market. The underlying operating performance was therefore a surplus of \$7.055 million.

Where our funds came from

The Queensland Department of Health commissions services from Gold Coast Health on behalf of the State and the Commonwealth. The relationship is managed and monitored using a Service Agreement underpinned by a performance management framework.

The total income for Gold Coast Health for 2017–18 was \$1.455 billion (compared to \$1.359 billion in 2016–17). The primary source of funds is the Department of Health.

Chart 1a: Revenue by funding source (over three years)

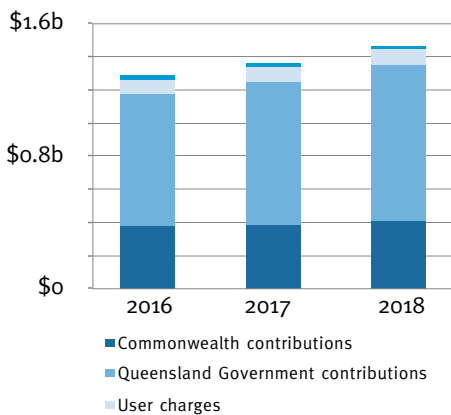


Chart 1b: Revenue, expenses and QWAUs (over three years)

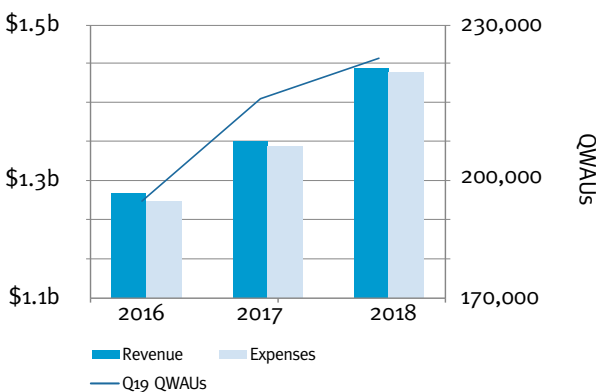
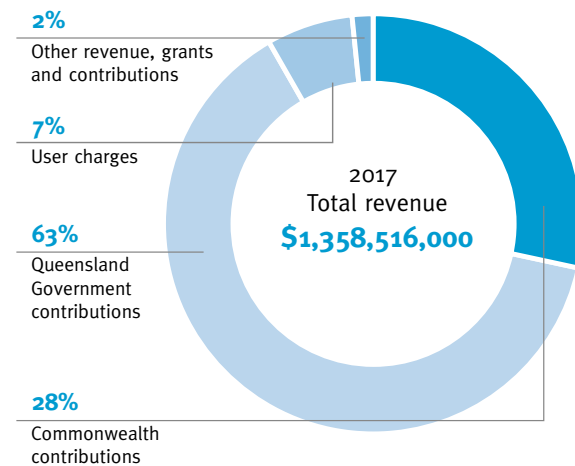
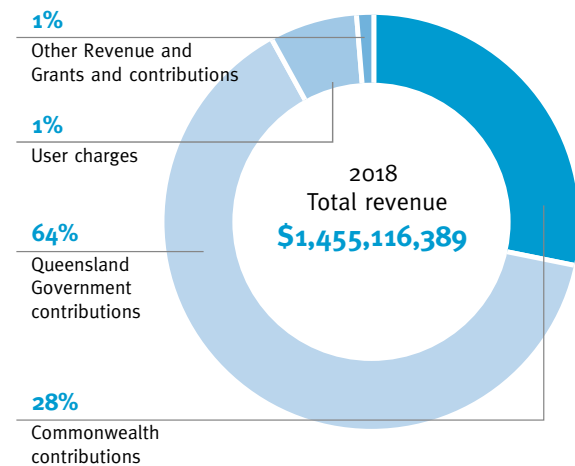


Chart 2: Revenue by funding source



Activity-based funding

In the service agreement between Gold Coast Health and the Department of Health the measure of activity is known as Queensland Weighted Activity Units (QWAU). A QWAU is a measure of the level of resources consumed during the patient’s journey through our health service. The value is recalculated each year based on the national average which is determined by the Independent Hospital Pricing Authority (IHPA). The QWAU used throughout 2017–18 is the 19th for Queensland and is referred to as ‘Q19 QWAU’.

How our funds were used

The significant increase in delivered activity combined with the operational requirements of the enhanced Gold Coast University Hospital facility have been the primary driver behind the 7 per cent increase in expenditure from \$1.352 billion to \$1.447 billion, evidenced by a 6.9 per cent increase in employee expenses to \$971 million alone.

Chart 3: QWAUs by purchasing category

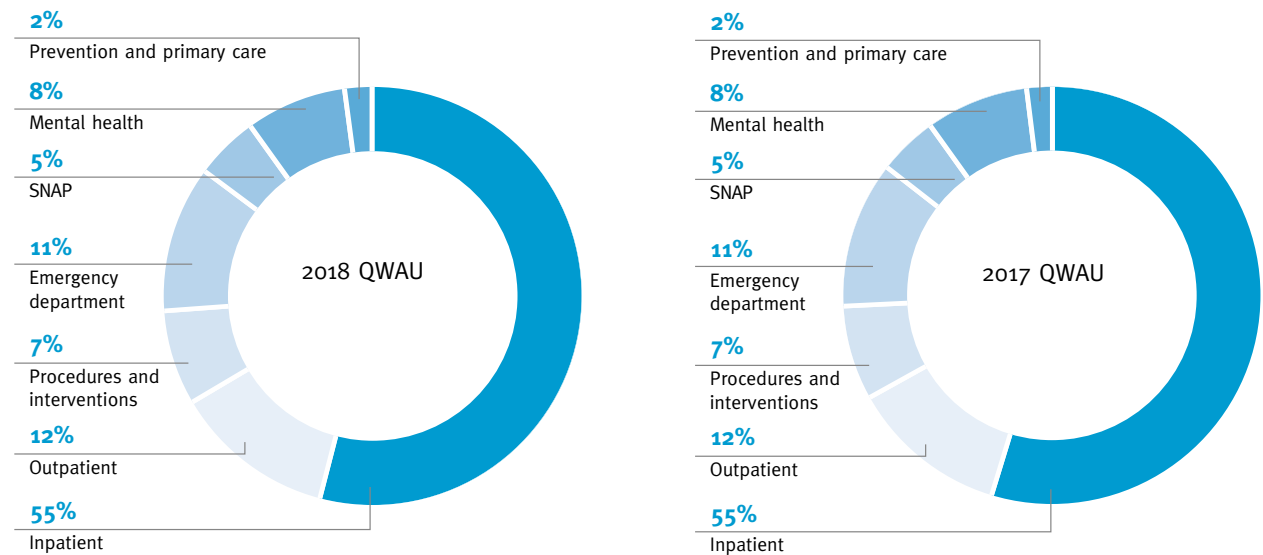
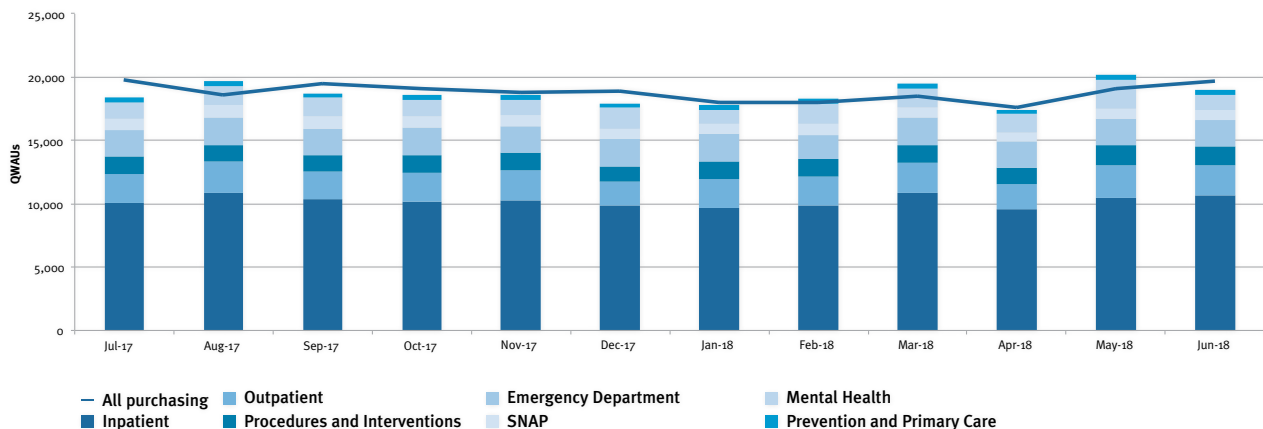


Chart 4: 2018 Monthly Gold Coast Health QWAUs vs Targets



Future financial outlook

Gold Coast Health is committed to providing better health outcomes for the community and achieves this goal through reinvesting in its people and infrastructure. The organisation is exploring innovative and cost-effective solutions to enhance the value of services we provide to the community.

Assurance statement

For the financial year ended 30 June 2018, the Chief Finance Officer provided an assurance statement to the Gold Coast Health Board and Chief Executive about the preparation of the financial statements and notes thereto, the internal financial control framework, and compliance with prescribed requirements for establishing and keeping the financial records in accordance with applicable accounting standards.

In accordance with Auditing and Assurance Standards Board (AASB) Standard 720 *The Auditor's responsibilities relating to other information*, the Queensland Audit Office reviewed the 2017–18 Annual Report prior to publication to ensure that the financial and non-financial information is not inconsistent with the financial report.

Chart 5: Expenditure by major category

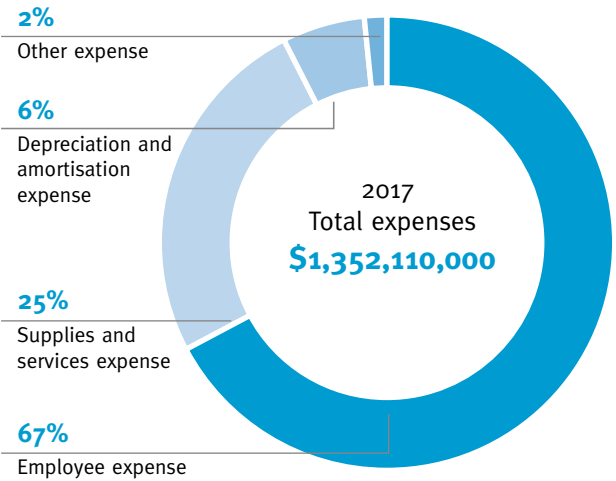
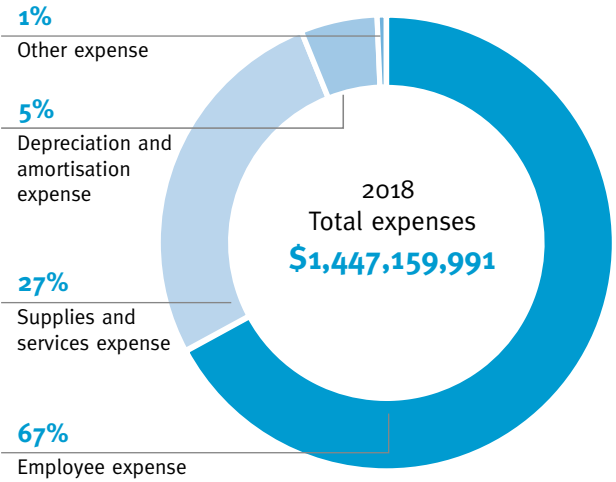


Table 1: Service performance statement

Gold Coast Hospital and Health Service	Note*	2017–18 target	2017–18 est. actual	2018–19 target
Service standards – percentage of patients attending emergency departments seen within recommended timeframes:	1			
Category 1 (within 2 minutes)		100%	100%	100%
Category 2 (within 10 minutes)		80%	57%	80%
Category 3 (within 30 minutes)		75%	46%	75%
Category 4 (within 60 minutes)		70%	68%	70%
Category 5 (within 120 minutes)		70%	91%	70%
Percentage of emergency department attendances who depart within four hours of their arrival in the department	2	>80%	76%	>80%
Percentage of elective surgery patients treated within clinically recommended times:	3			
Category 1 (30 days)		>98%	100%	>98%
Category 2 (90 days)		>95%	97%	>95%
Category 3 (365 days)		>95%	97%	>95%
Rate of healthcare associated STAPHYLOCOCCUS AUREUS (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patients days	4	<2	0.8	<2
Rate of community follow-up within 1–7 days following discharge from an acute psychiatric care	5	>65%	53.8%	>65%
Proportion of readmissions to an Acute Mental Health inpatient unit within 28 days of discharge	6	<12%	13.7%	<12%
Percentage of specialist outpatients waiting within clinically recommended times:	7			
Category 1 (30 days)		65%	66%	66%
Category 2 (90 days)		56%	50%	56%
Category 3 (365 days)		94%	87%	94%
Percentage of specialist outpatients seen within clinically recommended times:	8			
Category 1 (30 days)		84%	82%	84%
Category 2 (90 days)		47%	62%	62%
Category 3 (365 days)		66%	67%	67%
Median wait time for treatment in emergency departments (minutes)	9	20	27	--
Median wait time for elective surgery (days)	10	25	40	--
Efficiency Measure	11	\$4798	\$4885	\$4879
Average cost per weighted activity unit for Activity Based Funding facilities				
Other measures	12			
Number of elective surgery patients treated within clinically recommended times:				
Category 1 (30 days)		6291	6478	6672
Category 2 (90 days)		6224	6563	6825
Category 3 (365 days)		3387	3245	3781
Number of Telehealth outpatient occasions of service events	13,14	963	1417	1156
Total weighted activity units (WAUs)	15			
Acute Inpatient		137,488	138,644	145,916
Outpatients		35,205	35,772	38,728
Sub-acute		10,308	10,378	10,798
Emergency Department		24,003	24,313	26,798
Mental Health		12,052	12,154	12,682
Prevention and Primary Care		3926	3926	3974
Ambulatory mental health service contact duration (hours)	16	>90,125	80,419	>90,125

This service performance statement is consistent with data provided through the Queensland State Budget service delivery statement, available at <https://s3.budget.qld.gov.au/budget/papers/5/bps-qh-2017-18.pdf> (pages 115–124).

*see appendix 5