Department of Health

WEST MORETON HOSPITAL AND HEALTH SERVICE

# Service Agreement

## 2013/14 – 2015/16

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# Introduction

Queensland Health is committed to strengthening performance and improving services and programs that will better meet the needs of the community.

The development of service agreements between the Chief Executive and Hospital and Health Services (HHSs), assists this process by formally assigning accountability for the high level outcomes and targets to be met during the period to which the service agreement relates.

The content and process for the preparation of this service agreement is consistent with the requirements of the *Hospital and Health Boards Act 2011*. Key elements of this service agreement include the hospital, health and other services to be provided by the HHS; funding provided to the HHS for the provision of these services; purchased activity and key performance indicators.

Fundamental to the success of this agreement is a strong partnership between the HHS and its Board and the Department of Health (the department). This partnership is supported through the relationship management group whose members comprise representatives from both the HHS and the department and which provides the routine forum within which a range of aspects of HHS (and system wide) performance are discussed and jointly managed.

# Definitions

In this service agreement:

**Amendment Proposal** means the written notice of a proposed amendment to the terms of this service agreement by the Chief Executive (or Deputy Director-General) or the Health Service Chief Executive to the other party, as required under section 39 of the *Hospital and Health Boards Act 2011.*

**Amendment Window** means the period within which amendment proposals are negotiated and resolved as specified in the section 'Amendments to this Service Agreement'.

**Business Day** means a day which is not a Saturday, Sunday or bank or public holiday in Brisbane.

**Chair** means the Chair of the Hospital and Health Board.

**Chief Executive** means the chief executive of the department administering the *Hospital and Health Boards Act 2011*.

**Clinical Network** means a formally recognised group, principally comprising clinicians, established to address issues in quality and efficiencies of health care.

**Deed of Amendment** means the resolved amendment proposals.

**Department of Health** means Queensland Health, acting through the Chief Executive.

**Department of Health-Service Agreement (DH-SA) Contact Person** means the position nominated by the Department of Health as the primary point of contact for all matters relating to this service agreement.

**Force Majeure** means an event:

a) which is outside of the reasonable control of the party claiming that the event has occurred; and

b) the adverse effects of which could not have been prevented or mitigated against by that party by reasonable diligence or precautionary measures, and includes lightning, earthquake, fire, cyclone, flood, natural disasters, health pandemics, acts of terrorism, riots, civil disturbances, industrial disputes and strikes (other than strikes involving that party, its agents, employees or suppliers), war (declared or undeclared), revolution, or radioactive contamination

**Health Service Chief Executive** means a health service chief executive appointed for a HHS under section 33 of the *Hospital and Health Boards Act 2011.*

**Hospital and Health Board** means the hospital and health board appointed under section 23 of the *Hospital and Health Boards Act 2011*.

**Hospital and Health Service-Service Agreement (HHS-SA) Contact Person** means the position nominated by the HHS as the primary point of contact for all matters relating to this service agreement.

**Inter-HHS dispute** means a dispute between two or more HHSs.

**National Health Reform Agreement (NHRA)** means the document titled *National Health Reform Agreement* made between the Council of Australian Governments (CoAG) in 2011.

**Negotiation Period** means a period of no less than 15 business days (or such longer period agreed in writing between the parties) from the date an amendment proposal is received by the other party.

**Notice of Dispute** means the written notice of a dispute provided by the Chief Executive or the HHS to the other party or the written notice of a dispute provided by a HHS to another HHS.

**Performance Management Framework** means the reference document titled 'Hospital and Health Services Performance Management Framework'.

**Referral Notice** means the referral of a dispute which cannot be resolved within 30 days for resolution through discussions between the Chief Executive and the Chair.

**Relationship Management Group** means the body established on the terms of reference agreed by the HHS and Department of Health which routinely reviews and discusses a range of aspects of HHS and system wide performance in accordance with the accountabilities contained within this service agreement. The relationship management group members comprise:

- the DH-SA Contact Person and the HHS-SA Contact Person
- Executive Directors from the Finance, Clinical Access and Redesign, and Healthcare Purchasing, Funding and Performance Management areas; and
- Senior Executive representatives nominated by the HHS, including the Chief Finance Officer, Chief Operating Officer, Director of Performance or equivalent.

**Service Agreement** means this service agreement including the schedules in annexures, as amended from time to time.

Other terms are defined within each of the schedules of this service agreement.

## Interpretation

Unless expressed to the contrary, in this service agreement:

a) words in the singular include the plural and vice versa

b) any gender includes the other genders

c) if a word or phrase is defined its other grammatical forms have corresponding meanings

d) "includes" and "including" are not terms of limitation

e) no rule of construction will apply to a clause to the disadvantage of a party merely because that party put forward the clause or would otherwise benefit from it

f) a reference to:

   i. a party is a reference to a party to this service agreement

   ii. a person includes a partnership, joint venture, unincorporated association, corporation and a government or statutory body or authority; and

   iii. a person includes the person's legal personal representatives, successors, assigns and persons substituted by novation

g) any legislation includes subordinate legislation under it and includes that legislation and subordinate legislation as modified or replaced

h) an obligation includes a warranty or representation and a reference to a failure to comply with an obligation includes a breach of warranty or representation; and

i) headings do not affect the interpretation of this service agreement.

## Objectives of the Agreement

This service agreement is designed to:

- Specify the hospital services (with respect to outcomes and outputs), other health services, teaching, research and other services to be provided by the HHS.
- Specify the funding to be provided to the HHS for the provision of the services.
- Define the performance measures for the provision of the services.
- Specify the performance and other data to be provided by the HHS to the Chief Executive.
- Provide a platform for greater public accountability.
- Facilitate the achievement of state and commonwealth priorities, services, outputs and outcomes.
- Facilitate the progressive implementation of a purchasing framework that is based on an activity based funding mechanism and on assessment of health service need.

This service agreement outlines the services that the Department of Health will purchase from the HHS during the 2013/2014 financial year and provides an indication of purchased activity and funding for the out-years 2014/15 and 2015/16.

This service agreement is underpinned by and is to be managed in line with the following supporting documents:

1. Health Systems Priorities for Queensland 2013/14
2. Hospital and Health Services Performance Management Framework
3. Health Funding Principles and Guidelines 2013/14

This service agreement does not cover the provision of clinical and non clinical services by the Department of Health to the HHS. Separate arrangements will be established for these services including the Health Services Support Agency (HSSA) Support Services Agreement 2013/14 and the Information and Communication Technology (ICT) Support Service Agreement.

## Regulatory and Legislative Framework

The *National Health Reform Agreement* (NHRA) requires the State of Queensland to establish service agreements with each HHS for the purchasing of health services and to implement a performance and accountability framework including processes for remediation of poor performance. The *Hospital and Health Boards Act 2011* states under section 35(3) that the service agreement executed between the Chief Executive and the Hospital and Health Board Chair binds each of them.

A HHS is a statutory body under the *Financial Accountability Act 2009* and the *Statutory Bodies Financial Arrangements Act 1982* and is a unit of public administration under the *Crime and Misconduct Act 2001*. HHSs are responsible for ensuring they comply with the legislation as it applies to them.

Under the *Hospital and Health Boards Act 2011* one of the functions of HHSs is to comply with the health service directives that apply to the HHS. Section 50 of the *Hospital and Health Boards Act 2011* states that a health service directive is binding on the HHS to which it relates. The HHS must also comply with other directives, such as directives applied under the *Public Service Regulation 2008*.

The *Hospital and Health Boards Act 2011* states that it recognises and gives effect to the principles and objectives of the national health system agreed by the Commonwealth, State and Territory governments, including the Medicare principles and health system principles set out in section 4. Section 5 of the *Hospital and Health Boards Act 2011* states that the object of the Act is to establish a public sector health system that delivers high-quality hospital and other health services to persons in Queensland having regard to the principles and objectives of the national health system. This service agreement is an integral part of implementing these objectives and principles.

## Strategic Context

Ensuring the provision of public health services across Queensland requires clear priorities, supportive leadership and staff who work together and across each level of the health system.

The priorities for the Queensland public sector health system are defined in the *Queensland Health Strategic Plan 2012-2016*, the *Blueprint for Better Healthcare in Queensland* and in the Statement of Government Health Priorities.

In accordance with section 9 of the Financial and Performance Management Standard 2009, HHSs are required to develop a strategic plan. The HHS's strategic plan will reflect local priorities and will be developed considering the shared Queensland priorities outlined the *Queensland Health Strategic Plan 2012-2016*, the *Blueprint for Better Healthcare in Queensland* and the Statement of Government Health Priorities.

In delivering health services, HHSs are required to meet the applicable conditions of the Council of Australian Government national agreements and national partnership agreements (NPAs) between the Queensland Government and the Commonwealth Government and commitments under any related implementation plans.

HHSs are further required to ensure that all applicable Government policies and requirements issued by the Queensland or Commonwealth Governments are complied with and that strategic planning undertaken is informed by Government plans and priorities and that any reporting requirements specified within these plans are complied with.

## Performance Management Framework

The NHRA requires the State of Queensland to establish a service agreement with each HHS and to implement a performance and accountability framework that includes processes for remediation of poor performance.

The *Hospital and Health Service Performance Management Framework* (the Performance Management Framework) sets out the systems and processes that the Department of Health will employ to fulfil its responsibility as the overall manager of public health system performance. These processes include, but are not limited to, assessing and rating HHS performance, monitoring HHS performance, and as required, intervening to manage identified performance issues. The Performance Management Framework also recognises high performance.

The Performance Management Framework defines the in-year service agreement management rules for financial adjustments and is integral to measuring and monitoring performance and accountability.

The key performance indicators (KPIs) against which the HHS's performance will be measured are detailed in schedule 3 of this service agreement.

## Period of this Service Agreement

This service agreement commences on 1 July 2013 and expires on 30 June 2016. The service agreement framework is in place for three years in order to provide HHSs with a level of guidance regarding funding and purchased activity for the years 2014/15 and 2015/16. However, finance and activity schedules for the outer two years are indicative only.

In this service agreement, references to 2013/2014 are references to the period commencing on 1 July 2013 and ending on 30 June 2014.

Using the provisions of the *Hospital and Health Boards Act 2011* as a guide, the parties will enter into negotiations to finalise funding and purchased activity for the 2014/15 and 2015/16 years six months before the end of the preceding year (i.e. 31 December 2013 and 31 December 2014).

In accordance with the *Hospital and Health Boards Act 2011* the parties will enter negotiations for the next service agreement at least six months before the expiry of the existing service agreement (i.e. 31 December 2015).

## Amendments to this Service Agreement

Section 39 of the *Hospital and Health Boards Act 2011* requires that, if the Chief Executive or the HHS want to amend the terms of a service agreement, the party wishing to amend the agreement must give written notice of the proposed amendment to the other party (Amendment Proposal).

In order for the Department of Health to manage amendments across all HHS service agreements and their effect on the delivery of public health services in Queensland, amendment proposals will be negotiated and finalised during set periods of time during the year (Amendment Windows). The parties recognise two types of amendments to the service agreement:

1. An amendment to the service agreement that only affects the value and/or purchased activity levels
2. Other amendments to the service agreement (e.g. a variation to the content of schedule 1)

While a party may submit an amendment proposal at any time, during 2013/14 negotiation will only commence at the dates below for each amendment window:

| | Amendments to service agreement value and/or purchased activity | Other amendments |
|---|---|---|
| Amendment window 1 | 1 August 2013 | Not applicable |
| Amendment window 2 | 29 November 2013 | 29 November 2014 |
| Amendment window 3 | 28 February 2014 | Not applicable |
| Amendment window 4 | 16 May 2014 | 16 May 2014 |

Amendment window dates for the years 2014/15 and 2015/16 will be agreed through the service agreement amendment process.

An amendment proposal is made by:

- The Chief Executive or responsible Deputy Director-General signing and providing an amendment proposal to the HHS-SA Contact Person prior to the commencement of any amendment window.
- The Health Service Chief Executive signing and providing an amendment proposal to the DH-SA Contact Person prior to the commencement of any amendment window.

Subject to the terms of this agreement, any requests for amendment made outside these periods are not an amendment proposal for the purposes of this agreement and need not be considered by the other party. A party giving an amendment proposal must provide the other party with the following information:

a) the reasons for the proposed amendment

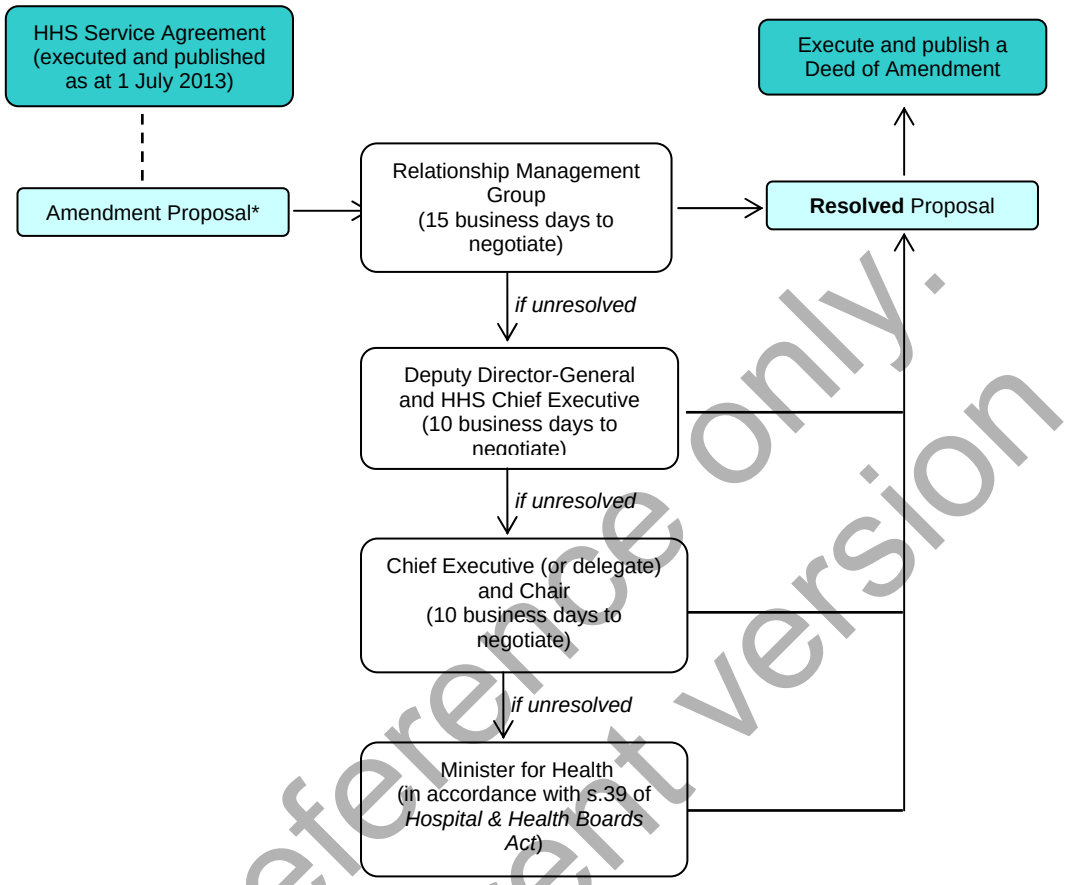
b) the precise drafting for the proposed amendment

c) any information and documents relevant to the proposed amendment; and

d) details and explanation of any financial, activity or service delivery impact of the amendment.

Negotiation and resolution of amendment proposals will be through a tiered process commencing with the relationship management group and culminating if required with the Minister for Health, as illustrated in Figure 1.

**Figure 1: Amendment Proposal Negotiation and Resolution**




* If the Chief Executive considers that an amendment proposal (whether made by the Chief Executive / Deputy Director-General or a Health Service Chief Executive) relates to an urgent matter, the Chief Executive (or delegate) may reduce the negotiation period.

The in-year service agreement management rules for financial adjustments detailed in the Performance Management Framework describe the occasions when financial adjustments will be made as a result of variation in activity. Financial adjustments will be confirmed through the Relationship Management Group which will take account of any relevant matters identified in the analysis/reviews conducted. These adjustments will then be executed by means of an amendment.

If the Chief Executive at any time:

a) considers that an amendment agreed with the HHS may or will have associated impacts on other HHSs; or

b) considers it appropriate for any other reasons

then the Chief Executive may:

a) propose further amendments to any HHS affected; and

b) may address the amendment and/or associated impacts of the amendment in other ways, including through the exercise of any statutory powers and/or statutory directions under the *Hospital and Health Boards Act 2011*.

Amendment proposals that are resolved will be documented in a deed of amendment to this service agreement and executed by the Chief Executive and the Chair.

Only upon execution of a deed of amendment by both the Chief Executive and the Hospital and Health Board Chair will the amendments documented by that deed be deemed to be an amendment to this agreement.

## Publication of Amendments

The Department of Health will publish each executed deed of amendment within 14 days of the date of execution on www.health.qld.gov.au/hhsserviceagreement/default.asp.

## Dispute Resolution

The dispute resolution process set out below is designed to resolve disputes which may arise between the parties to this service agreement in a final and binding manner.

These procedures and any disputes addressed or to be addressed by them are subject to the provisions of the *Hospital and Health Boards Act 2011*, including in respect of any directions issued under that legislation or by Government in respect of any dispute.

Resolution of disputes will be through a tiered process commencing with the relationship management group and culminating if required with the Minister for Health, as illustrated in Figure 2 following. Use of the dispute resolution process set out in this section should only occur following the best endeavours of both parties to agree a resolution to an issue at the local level. Escalation through the dispute resolution process should be implemented only as a means of last resort. The dispute resolution process is not intended for the resolution of ongoing issues or performance related issues. At each stage of the dispute resolution process, the parties agree to cooperate and assist in respect of any requests for additional information or documents.

Other than disputes about amendments to this service agreement (which are addressed under the heading “Amendments to this Service Agreement” above), if a dispute arises in connection with this service agreement (including in respect of interpretation of the terms of this service agreement), then either party may give the other a written notice of dispute.

The notice of dispute must be provided to the DH-SA Contact Person if the notice of dispute is being given by the HHS and to the HHS-SA Contact Person if the notice of dispute is being given by the Department of Health.

The notice of dispute must contain the following information:

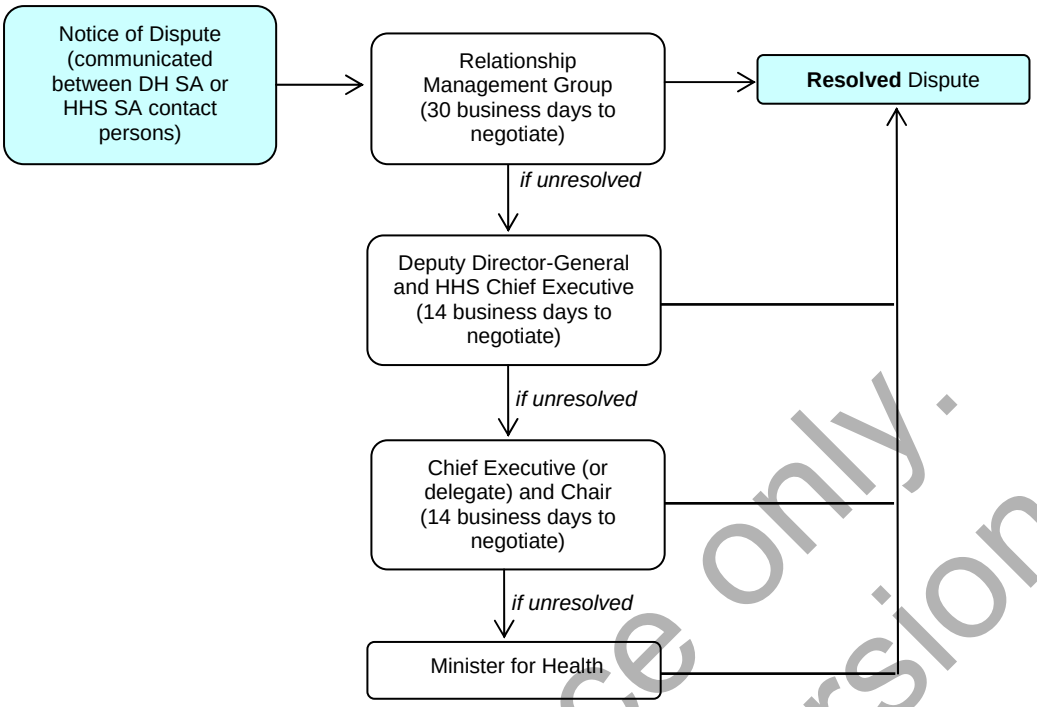
a) a summary of the matter in dispute

b) an explanation of how the party giving the notice of dispute believes the dispute should be resolved and reasons to support that belief

c) any information or documents to support the notice of dispute; and

d) a definition and explanation of any financial or service delivery impact of the dispute.

**Figure 2: Dispute Resolution Process**




## Resolution of a Dispute

Resolution of a dispute at any level is final. The resolution of the dispute is binding on the parties, but does not set a precedent to be adopted in similar disputes between other parties.

The parties agree that each dispute (including the existence and contents of each notice of dispute) and any exchange of information or documents between the parties in connection with the disputes is confidential and must not be disclosed to any third party without the prior written consent of the other party, other than if required by law and only to the extent required by law.

## Continued Performance

Notwithstanding the existence of one or more disputes, the HHS must continue to perform and comply with this service agreement to the best of their abilities given the circumstances.

## Disputes arising between Hospital and Health Services

In the event of a dispute arising between two or more HHSs (an inter-HHS dispute), the process set out in Figure 3 will be initiated. Resolution of inter-HHS disputes will be through a tiered process, commencing with local resolution and culminating if required with formal and binding arbitration by the Minister for Health under the provisions of the *Hospital and Health Boards Act 2011*, section 44.

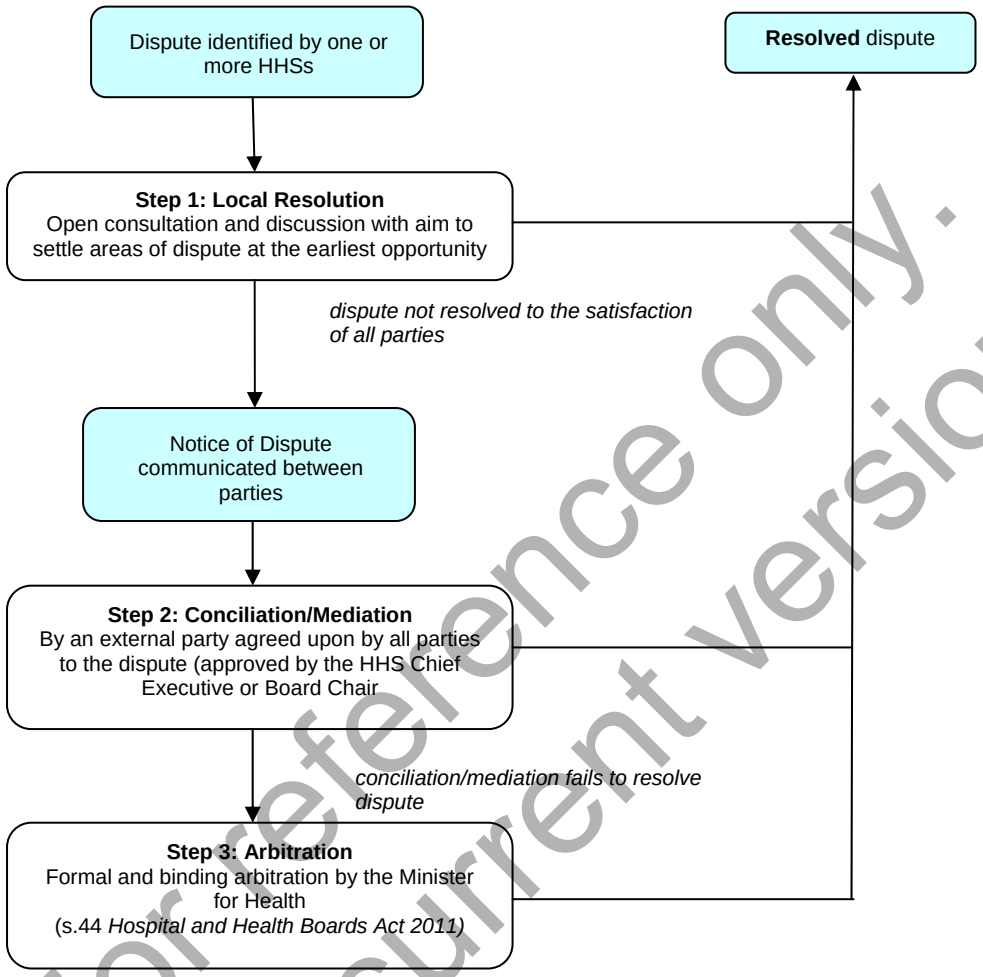
Any HHS wishing to escalate a dispute will be expected to demonstrate that best endeavours (including Chair and Board involvement) to resolve the dispute between all parties at an informal and local level have taken place.

Management of inter-HHS relationships should be informed by the following principles:

- All HHSs manage patients from their own catchment population if it is within their clinical capability to do so as specified by the CSCF v3.1.
- Where it is proposed that a service move from one HHS to another, agreement between the respective Chief Executives will be secured prior to any change in patient flows. Once agreed, funding should follow the patient.

- HHSs should maintain (for both the base level of funding and growth) the proportion of out of HHS work undertaken unless as a result of agreed repatriation of patients.
- All HHSs agree to abide by the agreed dispute resolution process.
- All HHSs agree to operate in a manner which is consistent with the health system principles and objectives as set out in the National Health Reform Agreement and the *Hospital and Health Boards Act 2011*.

**Figure 3: Inter-HHS Dispute Resolution Process**






## Force Majeure

If a party (Affected Party) is prevented or hindered by force majeure from fully or partly complying with any obligation under this agreement, that obligation may (subject to the terms of this force majeure clause) be suspended, provided that if the affected party wishes to claim the benefit of this force majeure clause, it must:

a) give prompt written notice of the force majeure to the other party of:

- the occurrence and nature of the force majeure
- the anticipated duration of the force majeure
- the effect the force majeure has had (if any) and the likely effect the force majeure will have on the performance of the affected party's obligations under this agreement; and
- any disaster management plan that applies to the party in respect of the force majeure

b) use its best endeavours to resume fulfilling its obligations under this agreement as promptly as possible; and

c) give written notice to the other party within 5 days of the cessation of the force majeure.

Without limiting any other powers, rights or remedies of the Chief Executive, if the affected party is the HHS and the delay caused by the force majeure continues for more than 14 days from the date that the Chief Executive determines that the force majeure commenced, the Chief Executive may give directions to the HHS regarding the HHS' performance or non-performance of this agreement during the force majeure and the HHS must comply with that direction.

Neither party may terminate this agreement due to a force majeure event.

## Hospital and Health Service Accountabilities

Without limiting any other obligations of the HHS, it must comply with:

- The terms of this service agreement
- All legislation applicable to the HHS, including the *Hospital and Health Boards Act 2011*
- All Cabinet decisions applicable to the HHS
- All Ministerial directives applicable to the HHS
- All agreements entered into between the Queensland and Commonwealth governments applicable to the HHS
- All regulations made under the *Hospital and Health Boards Act 2011*; and
- All health services directives applicable to the HHS.

The HHS must ensure that:

- All persons (including off site reporting radiologists) who provide a clinical service for which there is a national or Queensland legal requirement for registration, have current registration and only practise within the scope of that registration.
- All persons who provide a clinical service, and who fall within the scope of current credentialing policies (i.e. including medical, dental, nursing, midwifery and allied health), have a current scope of clinical practice and practise within that scope of clinical practice (which includes practising within their registration conditions and within the scope of the clinical service framework of the facility/s at which the service is provided).
- All facilities must undertake a self assessment in September each year against the Clinical Services Capability Framework (CSCF) to ensure the maintenance and provision of high quality, safe and sustainable services which meet the healthcare needs of our community. This self assessment must be reported annually to the Department of Health.
  - For 2013/2014 the baseline assessment will be the 2012 assessment against CSCF version 3.1. The Department of Health recognises that CSCF levels can change during the course of a year. HHSs will ensure that the Department of Health is advised of any changes in CSCF level through the notification process established by the Clinical Access and Redesign Unit.
  - Where funding is directly linked to CSCF level, the Department of Health may seek to obtain verification of a change in level notified by a HHS, for example through review of the service by a Clinical Network.
- The facilities and services outlined in schedule 1 'Hospital and Health Service Profile', for which funding is provided in schedule 2 'Purchased Activity and Funding' continue to be provided.
- Through accepting the funding levels defined in schedule 2 'Purchased Activity and Funding', the HHS accepts responsibility for the delivery of the associated programs and reporting requirements to State and Commonwealth bodies as defined by the Department of Health.
- Buildings and infrastructure are maintained in accordance with the specifications of the transfer notice as mandated by the *Hospital and Health Boards Act 2011* (section 307).
  - The service agreement includes funding provision for regular maintenance of buildings and infrastructure. The Department of Health has determined that a sustainable budget

allocation for maintenance expenditure is 2.15% of the undepreciated asset replacement value of the building portfolio (or another amount mutually agreed between the parties).

- The HHS will be pro-active in its asset planning, management and maintenance, and will provide support for the adopted maintenance budget allocation through appropriate maintenance and risk mitigation strategies for buildings and infrastructure.

**Accreditation**

- All Queensland public hospitals, day procedure services and health care centres (howsoever titled) managed within the framework of Hospital and Health Services are to maintain accreditation under the *Australian Health Service Safety and Quality Accreditation* (AHSSQA*) Scheme.*
- Accreditation will be against the ten clinical National Safety & Quality Health Service Standards (NSQHSS) and will include any other standards offered by the accrediting agency, engaged by the HHS.
- Accreditation of residential aged care facilities by the Aged Care Standards and Accreditation Agency will continue.
- General practices owned or managed by the HHS are to be externally accredited. Accreditation of general practices will be in accordance with the current edition of the Royal Australian College of General Practitioners (RACGP) published accreditation standards.
- Mental health services must maintain accreditation against the National Safety and Quality Health Service Standards and the National Standards for Mental Health Services.
- For the purpose of accreditation, the performance of the HHS against the NSQHS Standards can only be assessed by accrediting agencies that are approved by the Australian Commission on Safety and Quality in Healthcare (ACSQHC).
- The HHS will select their accrediting agency from among the approved agencies. A list of approved accrediting agencies is available from the ACSQHC website at www.safetyandquality.gov.au.
- Following an accreditation event the HHS will provide the outcome of assessment of each action (core and developmental) to the Senior Director, Patient Safety Unit within 7 days, providing no significant patient risks have been identified (see below for *Significant Patient Risk)*.
- The award recognising that the HHS has met the NSQHS Standards will be issued for a period of up to four years. The HHS will apply to an approved accrediting agency for a re-accreditation assessment prior to the expiry of their current accreditation period.

*Significant Patient Risk*

The AHSSQA Scheme requires approved accrediting agencies to notify regulators if a significant risk of patient harm is identified during an onsite visit to a health service organisation. www.safetyandquality.gov.au/wp-content/uploads/2012/12/Significant-patient-risk.doc

Where a surveyor identifies one or more major risks in a health service organisation that could result in significant harm to patients the following actions are to be taken:

i. surveyors are to notify both the HHS and their accrediting agency that a significant issue has been identified

ii. surveyors and/or an accrediting agency are to negotiate with the HHS a plan of action and timeframe to remedy the issues

iii. an accrediting agency is to notify the Senior Director, Patient Safety Unit that a significant issue has been identified and confirm the action being taken, within two business days of a surveyor confirming a significant patient risk.

*Non accreditation*

If a HHS does not meet accreditation requirements at a mid cycle survey or full survey, the HHS then has 120 days in the 2013 calendar year (90 days from 1 January 2014) to address any not met actions. If the HHS has not met accreditation requirements at mid cycle survey (a Tier 1 KPI), the HHS will inform the Department of Health through the Relationship Management Group meeting. After the period to address not met actions, the accrediting agency will review any not met actions and informally notify the HHS if they have met the requirements, in which case no further action is required. If the HHS has not met accreditation requirements after the 120 or 90 day period, the accrediting agency and the HHS will inform the Senior Director, Patient Safety Unit within 2 business days by email to the PSU email account (PSU@health.qld.gov.au). The Department of Health responsive regulatory process will then be activated.

*Responsive Regulatory Process*

A responsive regulatory process is utilised in the following circumstances:

- where a significant patient risk/s is identified by a certified accrediting agency during a mid cycle or full survey against the NSQHS Standards
- where a HHS has failed to address 'not met' core item/s of the NSQHS Standards within specified timeframes.

An initial regulatory response will begin with a process of verifying the scope, scale and implications of the reported issues, review of documentation, and may include one or more site visits.

The Senior Director, Patient Safety Unit will provide to the Patient Safety Board for review, the action plan agreed between the HHS and the accrediting agency using the regulatory process. The Patient Safety Board will escalate any significant patient safety issues to the Performance Management Executive Committee (PMEC).

The regulatory process may include one or a combination of the following actions:

- seek further information from a HHS
- request a progress report for the implementation of an action plan
- escalate non-compliance to the PMEC
- provide advice, information on options or strategies that could be used to address the non-met actions within a designated time frame
- connect the hospital to other hospitals that have addressed similar deficits or have exemplar practice in this area.

In the case of serious or persistent non-compliance and where required action is not taken by the HHS, the response may be gradually escalated. The PMEC may undertake one or a combination of the following actions:

- restrict specified practices/activities in areas/units or services of the HHS where the NSQHS Standards have not been met
- suspend particular services at the HHS until the area/s of concern are resolved
- suspend all service delivery at a facility within an HHS for a period of time

**Workforce Management**

Health service employees (excluding persons appointed as a Health Executive) are employees of the Chief Executive as provided for in the *Hospital and Health Boards Act 2011*. The Chief Executive will provide health service employees to perform work for the Hospital and Health Service.

The Hospital and Health Service will have control of the day-to-day management of these employees. The HHS will administer this control in accordance with:

- terms and conditions of employment specified by the Department of Health in accordance with section 66 of the *Hospital and Health Boards Act 2011*

- Health service directives, issued by the Chief Executive under section 47 of the *Hospital and Health Boards Act 2011*
- any policy document that applies to the health service employee
- any Industrial Instrument that applies to the health service employee; and
- any other relevant legislation.

Schedule 4 details this arrangement.

**Occupational Health and Safety**

The HHS will continue to provide occupational health and safety practitioner services to all employees working within the geographic boundary of the HHS, unless other arrangements are made by the Department of Health or Health Services Support Agency. This includes safety arrangements for employee incident investigation, workers compensation, rehabilitation and reporting.

The HHS will work in partnership with the Department of Health to deliver a public health system that delivers high quality hospital and other health services to the residents of Queensland.

## Department of Health Accountabilities

Without limiting any other obligations of the Department of Health, it must comply with:

- the terms of this service agreement
- the legislative requirements as set out within the *Hospital and Health Boards Act 2011*
- all regulations made under the *Hospital and Health Boards Act 2011*; and
- all Cabinet decisions applicable to the Department of Health.

The Department of Health will work in partnership with HHSs to ensure the public health system delivers high quality hospital and other health services to persons in Queensland having regard to the principles and objectives of the national health system. In support of realising this objective, in accordance with Section 5 of the *Hospital and Health Boards Act 2011* the Department of Health will:

- provide state-wide health system management including health system planning coordination and standard setting, and
- balance the benefits of the local and system-wide approach.

## Indemnity

The Hospital and Health Service indemnifies the Department of Health against all and any liabilities, claims, actions, demands, costs and expenses made by any person which may be brought against or made upon or incurred by the Department of Health arising directly or indirectly from or in connection with:

a) any wilful, unlawful or negligent act or omission of the Hospital and Health Service or an officer, employee or agent of the Hospital and Health Service in the course of the performance or attempted or purported performance of this agreement, or

b) any penalty imposed for breach of any applicable law in relation to the Hospital and Health Service's performance of this agreement, or

c) a breach of this agreement.

except to the extent that any act or omission by the Department of Health caused or contributed to the liability, claim, action, demand, cost or expense.

The indemnity referred to in this clause will survive the expiration or termination of this agreement.

## Legal Proceedings

Subject to any law, and for any demand, claim, action, liability or proceedings for an asset, contract, agreement or instrument that:

a) is transferred to a HHS under section 307 of the *Hospital and Health Boards Act 2011*; or

b) is otherwise retained by the Department

each party must (at its own cost):

a) do all things

b) execute such documents; and

c) share such information

in its possession and control that is relevant to and which is reasonably necessary to enable the other party to institute or defend (as the case may be) any demand, claim, liability or legal proceeding for which it is responsible.

# Execution

Executed as an agreement in Queensland

Signed by the Chief Executive, Queensland Health in the presence of: )
)
)



Witness signature



Signature of Chief Executive

Nicholas Steele

Name of Witness (print)

Dr Tony O'Connell

Name of Chief Executive (print)

20 June 2013

(date)

Signed by the Chair, West Moreton Hospital and Health Board, in the presence of: )
)
)

Witness signature



Signature of Hospital and Health Board Chair

JACQUELINE KELLER

Name of Witness (print)

MARY CORBETT

Name of Hospital and Health Board Chair (print)

28 JUNE 2013

(date)

## Schedule 1
## Hospital and Health Service Profile

# Purpose

This schedule provides an overview of West Moreton HHS; and sets out

- the services
- the teaching training and research responsibilities; and
- the hosted services

which the HHS is required to provide throughout the period of this service agreement and which are funded through schedule 2 (Purchased Activity and Funding) of this service agreement.

# Definitions

In this schedule 1:

**Activity Based Funding (ABF)** – the funding framework which is used to fund public health care services delivered across Queensland. The ABF framework applies to those Queensland Health facilities which are operationally large enough and have the systems which are required to support the framework. The ABF framework allocates health funding to these hospitals based on standardised costs of health care services (referred to as 'activities') delivered. The Framework promotes smarter health care choices and better care by placing greater focus on the value of the health care delivered for the amount of money spent.

**Ambulatory Care** – the care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics. Can also be used to refer to care provided to patients of community-based (non-hospital) healthcare services.

**Clinical Services Capability Framework** – the Clinical Services Capability Framework for Public and Licensed Private Health Facilities v3.1 provides a standard set of minimum capability criteria for service delivery and planning. The Framework outlines the minimum service requirements, staffing, support services and risk considerations for both public and private health services to ensure safe and appropriately supported clinical service delivery. It applies to all public and private licensed facilities in Queensland.

**Clinical Support Service** – clinical services, such as pharmacy, pathology, diagnostics and medical imaging that support the delivery of inpatient, outpatient and ambulatory care.

**Community Service** – means non-admitted patient health services, excluding hospital outpatient services, typically delivered outside of a hospital setting.

**Day Case -** a treatment or procedure undertaken where the patient is admitted and discharged on the same date.

**Eligible Population** – (Oral Health Services) refers to the proportion of the population for whom publicly funded oral health services is to be provided and is defined by the following criteria:

- adults, and their dependents, who are Queensland residents, and where applicable, currently in receipt of benefits from at least one of the following concession cards:
  - Pensioner Concession Card issued by the Department of Veteran's Affairs
  - Pensioner Concession Card issued by Centrelink
  - Health Care Card (this includes Low Income Health Care Card Holders who are automatically eligible for services)
  - Commonwealth Seniors Health Card
  - Queensland Seniors Card

- children who are Queensland residents and are four years of age or older and have not completed Year 10 of secondary school.
- children who are younger than four years of age or have completed Year 10 of secondary school if they are dependents of current concession card holders or hold a current concession card themselves.

**Facility** – a physical or organisational structure that may operate a number of services of a similar or differing capability level.

**Hospital and Health Service Area** - the geographical area for the HHS, determined by the Hospital and Health Boards Regulation 2012.

**Hosted Services** – a service provide by one HHS on behalf of other HHSs.

**Inpatient Service** – a service provided under a hospital's formal admission process. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients).

**Interventions and Procedures** – services delivered to non-emergency department patients for specified services: chemotherapy, dialysis, endoscopy, interventional cardiology and radiation oncology.

**Outpatient service** – services delivered to non-admitted non-emergency department patients in defined locations.

**Outreach services** – services delivered in sites outside of the HHS area to meet or complement local service need. Outreach services include services provided from one HHS to another as well as statewide services that may provide services to multiple sites.

**Primary Care** - first level healthcare provided by a range of healthcare professionals in socially appropriate and accessible ways and supported by integrated referral systems. It includes health promotion, illness prevention, care of the sick, advocacy and community development.

**Public health event of state significance** – an event where the actual or potential impact extends beyond the community service by a particular Hospital and Health Service.

**Public Health Services** – programs that prevent illness and injury, promote health and wellbeing, create healthy and safe environments, reduce health inequalities and address factors in those communities whose health status is the lowest.

**Service** – a clinical service provided under the auspices of an organisation.

**Statewide service** – services for the whole of Queensland provided from only one or two service bases within Queensland as self-sufficiency in these services cannot be maintained due to the inadequate volume of cases. The service may include a statewide regulatory, coordination and/or monitoring role.

**Telehealth** – the delivery of health services and information using telecommunication technology, including:

- live interactive video and audio links for clinical consultations and education
- store and forward systems to enable the capture of digital images, video, audio and clinical data stored on a computer and forwarded to another location to be studied and reported on by specialists
- teleradiology to support remote reporting and provision of clinical advice associated with diagnostic images
- telehealth services and equipment for home monitoring of health

# Hospital and Health Service Overview

The HHS is responsible for the HHS area assigned to the HHS under the Hospital and Health Boards Regulation 2012. Situated 40 kilometres to the west of Brisbane, the HHS area extends from Ipswich in the east, Boonah in the south, north to Esk and west to Gatton.

West Moreton HHS area has the fastest growing population in the state and is anticipated to increase by over 50% from 249,576 to 379,660[1] by 2021. The demographic within this HHS area is diverse and includes 13.4% of the population being born overseas and 3.6% Indigenous Australians (11.3% of the state total).

The HHS supports one main acute care hospital, four rural hospitals and The Park Centre for Mental Health. The Park Centre for Mental Health is a large hospital-based and community mental health service which caters for all age groups across the range of mental health care, including forensic mental health and specialist services. The HHS also provides primary health care services, ambulatory services, acute and non-acute care, aged care and oral health care services.

## Hospital Services and Facilities

### Facilities

The HHS is responsible for operating the following hospital facilities. The levels allocated to each facility under the CSCF (v3.1) based on the 2012 self assessment is attached at Appendix 1.

- Boonah Health Service
- Esk Health Service
- Gatton Hospital
- Ipswich Hospital
- Laidley Health Service
- The Park Centre for Mental Health

### Clinical Services Provided

The HHS will continue to provide the following services through the facilities listed above (Note: not all facilities provide all services and some services may be provided only in a limited capacity i.e. on an emergency basis.



[1] Source: Population Projections (Medium Series) by Age and Sex for Health Service Districts (HHS), Queensland (based on 2006 census figures; ASGC 2011, released April 2012)

**Inpatient Services**

- Anaesthetic Services
- Breast Surgery
- Burns
- Cardiology
- Children's Services
- Colorectal Surgery
- Critical Care
- Dental Surgery
- Dermatology
- Drug & Alcohol
- Ear, Nose & Throat
- Endocrinology
- Gastroenterology
- General Medicine
- General Surgery
- Geriatric Medicine
- Gynaecology
- Haematological Surgery
- Head and Neck Surgery
- Immunology & Infections
- Medical Oncology
- Neonatology
- Neurology
- Neurosurgery
- Nuclear Medicine
- Obstetrics
- Ophthalmology
- Orthopaedics
- Pain Management
- Palliative Care
- Plastic & Reconstructive Surgery
- Psychiatry, including Forensic Psychiatry
- Renal Medicine
- Respiratory Medicine
- Rheumatology
- Sub-Acute Care
- Thoracic Surgery
- Urology
- Upper Gastrointestinal Tract Surgery
- Vascular Surgery

**Outpatient and Ambulatory Services**

- Allied Health (psychology, audiology, physiotherapy, podiatry, occupational therapy, social work and speech pathology)
- Cardiology
- Diabetes
- Drug & Alcohol
- Ear Nose & Throat
- Emergency Department
- Paediatrics
- General Medicine
- Gynaecology
- Infectious Diseases
- Internal Medicine
- Maternity
- Older person's
- Oncology
- Ophthalmology
- Orthopaedics
- Palliative Care
- Plastic & Reconstructive
- Psychiatry
- Rehabilitation
- Renal
- Rheumatology
- Thoracic Medicine
- Urology

**Interventions and Procedures**

- Chemotherapy
- Dialysis
- Endoscopy

**Statewide Services**

The HHS has oversight responsibility for the following statewide services provided by The Park Centre for Mental Health:

- extended treatment and rehabilitation/dual diagnosis
- high security program
- adolescent unit services

**State Funded Outreach Services**

The HHS forms part of a referral network with other HHSs. Where state funded outreach services are currently provided the HHS will deliver these services in line with the following principles:

- historical agreements for the provision of outreach services will continue as agreed between HHSs
- funding will remain part of the providing HHSs funding base
- activity should be recorded at the HHS where the service is being provided; and
- the Department (in its function as system manager) will purchase outreach activity based on the utilisation of the ABF price when outreach services are delivered in an ABF facility.

Where new or expanded state funded outreach services are developed the following principles will apply:

- the Department (in its function as system manager) will purchase outreach activity based on the utilisation of the ABF price when outreach services are delivered in an ABF facility
- agreements between HHSs to purchase outreach services will be based on a cost recovery model, which will ensure providing sites are not financially disadvantaged and annual increases will be consistent with the ABF model
- any proposed expansion of commencement of outreach services will be negotiated between HHSs
- the HHS is able to purchase the outreach service from the most appropriate provider including private providers or other HHSs. However, when a change to existing services is proposed, a transition period of at least 12 months will apply during which time the HHS will be required to continue to purchase outreach services from the HHS currently providing the service
- any changes to existing levels of outreach services need to be agreed to by both HHSs and any proposed realignment of funding needs to be communicated to the Department to action where relevant as part of the service agreement amendment process and/or the service contract negotiations; and
- the activity should be recorded at the HHS where the service is being provided

In the event of a disagreement regarding the continued provision of state funded outreach services:

- proposed cessation of outreach services will be negotiated between HHSs to mitigate any potential disadvantage or risks to either HHS; and
- redistribution of funding will be agreed between the HHSs and communicated to the Department to action through the service agreement amendment process and/or service contract negotiations.

**Telehealth Services**

The HHS will maintain existing telehealth services delivered (provided and received) in the financial year 2012/13 via the continuation of current telehealth service delivery models. The HHS will grow the range and volume of telehealth services through substitution of existing face to face services and identification of new telehealth enabled models of care. Any decrease in the range or level of service must be agreed by both parties.

The HHS will support implementation of the 'Rural Telehealth Service' contemplated in the '*Blueprint for Better Healthcare in Queensland*'. The HHS will collaborate with the Department

of Health, other HHSs, relevant NGOs and primary care stakeholders to contribute to an expanded network of telehealth services.

The HHS will support and grow telehealth enabled inpatient, outpatient and emergency services within and across the HHS's boundaries and link with primary care providers to deliver equitable access to safe and sustainable care for residents in rural and remote communities at locations as close as possible to the patients' home.

#### Organ and Tissue Donation

The HHS will comply with the two 2012-14 funding agreements between the State of Queensland and the Commonwealth Government for organ and tissue donation.

#### Rural and Remote Clinical Support

Darling Downs HHS will host clinical support functions on behalf of all HHSs operating rural and remote facilities as outlined in the Darling Downs service agreement (www.health.qld.gov.au/hhsserviceagreement/html/service_agreements.asp).

Cape York HHS will host the functions provided by the Rural and Remote Clinical Support Unit on behalf of all HHS operating rural and remote facilities as detailed in the Cape York HHS service agreement (www.health.qld.gov.au/hhsserviceagreement/html/service_agreements.asp).

## Primary Health, Community Services and Public Health

### Facilities

The HHS will deliver primary health, community services and public health in the following locations:

- Boonah Health Service
- Esk Health Service
- Gatton Hospital
- Goodna Community Health Centre
- Ipswich Health Plaza
- Laidley Health Service
- West Moreton Public Health Unit

### Services Provided

A range of primary care, community services and public health will be provided by the HHS, including:

- Aboriginal and Torres Strait Islander Health
- Child Health
- Child & Youth Mental Health
- Chronic Disease Management
- Community Health Programs
- Community Rehabilitation
- Family Support Service
- Health Information Service
- Home and Community Care
- Older People's Health
- Oral Health
- Public Health
- Sexual Health Services
- School Health
- Women's Health

### Public Health Services

#### Specialist Public Health Units

The HHS will provide public health services in line with public health related legislation and the service and reporting requirements outlined in the Public Health Practice Manual, including:

- a specialist communicable disease, epidemiology and surveillance, disease prevention and control service
- a specialist environmental health service, which includes assessment and coordination of local responses to local environmental health risks. The HHS will undertake regulatory monitoring, enforcement and compliance activity on behalf of the Department of Health

**Public Health Events of State Significance**

The HHS will contribute to and support investigation, prevention and control activities for communicable diseases and environmental hazards. These services include but are not limited to:

- provision of immunisation clinics
- contact tracing
- provision of prophylactic medications
- public health risk assessment for the management of public health events of state significance.

The HHS will lead the investigation and response in situations where there is a risk of communicable disease transmission in their public hospitals.

**Tuberculosis Services**

The HHS will ensure there is no financial barrier for any person, to tuberculosis diagnostic and management services ensuring full adherence to treatment and appropriate screening in accordance with *The Strategic Plan for Control of Tuberculosis in Australia: 2011-2015*, and the *Tuberculosis (TB) CDNA National Guidelines for the Public Health Management of TB*.

The HHS will provide data to support Queensland meeting the mandatory reporting requirements of the National Notifiable Diseases Surveillance System.

**Immunisation Services**

The HHS will maintain or improve existing immunisation coverage through

- national immunisation program
- opportunistic immunisation in health care facilities
- special immunisation programs; and
- delivery of the annual school based vaccination program. Funding for service delivery for the school based vaccination program will be provided non-recurrently by the Department according to the current funding model.

**Sexual Health and Viral Hepatitis Services**

The HHS will:

- maintain or increase service delivery at the Ipswich Sexual Health Clinic by suitably qualified staff in accordance with the Queensland Sexual Health Clinical Management Guidelines
- Maintain or increase the service level of Indigenous Blood Borne Viruses (BBV) and Sexually Transmitted Infections (STI) related outreach services
- maintain or increase the service level of BBV and STI offender related outreach service.
- maintain or increase the service level of psychiatrist/psychologist sessions to people impacted by BBVs and STIs
- maintain or increase level of support to the Metro South HHS based Contact Tracing Support Officer program
- maintain or increase level of support provided to the Darling Downs HHS based BBV and STI Coordinator program
- Maintain or increase level of support for BBV and STI community based programs for at risk populations including access to relevant resources

**Preventive Health Services**

The HHS will:

- maintain delivery of risk factor prevention and early intervention programs and services targeting nutrition, physical activity, alcohol consumption, tobacco use, overweight and obesity and falls prevention
- maintain delivery of the school based youth nursing program throughout Queensland secondary schools
- promote brief interventions, lifestyle modification programs and other prevention, promotion or early intervention activities

## Cancer Screening Services

The HHS will:

- maintain the existing Mobile Women's Health Service in accordance with the Procedure Manual for Authorised Pap Smear Providers and national cervical screening policy documents
- provide Queensland Bowel Cancer Screening Program (QBCSP) services in accordance with the National Bowel Cancer Screening Program policy documents and the QBCSP Policy Manual
  - services to be provided across West Moreton HHS excluding the Statistical Local Area (SLA)'s of Lockyer Valley (R) - Gatton, Lockyer Valley (R) - Laidley
  - services to be provided within Metro South HHS for the SLA of Wacol only
  - services to be provided within Metro North HHS for the SLA of Karana Downs-Lake Manchester only
  - services to be provided within Darling Downs HHS for the SLA's Cherbourg, South Burnett (R) - Kingaroy, South Burnett (R) - Murgon, South Burnett (R) - Nanango, Western Downs (R) - Wambo, and South Burnett (R) - Wondai only
- provide BreastScreen Queensland (BSQ) services, including screening services through Mobile Vans, in accordance with the *BreastScreen Australia National Accreditation Standards*, the BreastScreen Queensland Standards Policy and Protocols Manual and national policies
- continue to provide mobile breast screening services to rural and remote areas
- allow the use of the HHS BSQ Mobile asset by other HHSs during periods where practical to maximise utilisation of BSQ Mobile fleet
- provide confirmation of mobile and relocatable sites to BreastScreen Queensland Registry eight weeks prior to commencement at each site to ensure invitations for screening are prepared and distributed to women in the catchment area
- ensure repair and maintenance services for the BSQ mobile service fleet will be provided by the Mobile Dental Clinic Workshop in Metro South HHS. The Mobile Dental Clinic Workshop in Metro South HHS will meet the costs for these services subject to availability of allocated funding for this purpose in any given financial year
  - services to be provided across the West Moreton HHS including Ipswich Local Government Area (LGA), parts of the Scenic Rim, Somerset, and Lockyer Valley LGAs
  - services to be provided within Metro North HHS for Karana Downs-Lake Manchester Statistical Local Areas only

## Oral Health Services

The HHS will:

- ensure that oral health services are provided to the eligible population at no cost to the patient and that the current range of clinical services will continue.
- ensure that oral health services fulfil the relevant Commonwealth Agreement obligations relating to the *National Partnership Agreement on Treating More Public Dental Patients*.
- ensure that the repair, maintenance and relocation services for the mobile dental fleet continues to be provided by the Mobile Dental Clinic Workshop in Metro South HHS.

## Offender Health Services

The HHS will:

- provide oral health services to South Queensland Correctional Centre (Gatton) which is located in Darling Downs HHS.
- continue to host the statewide management of medical records for all Queensland prisoners (archiving facility provided at no cost by Queensland Corrective Services at Arthur Gorrie Correctional Centre)
- provide appropriate health services to prisons located within the HHS consistent with the Memorandum of Understanding in relation to the provision of health services in Queensland Correctional Centres between Queensland Health and the Department of Community Safety.
- where necessary, for both health and security reasons, agree for the transportation of the prisoner to the Princess Alexandra Security Unit for tertiary and secondary health services.
- participate in the development, and operate within the agreed parameters, of governance arrangements with Queensland Corrective Services and Department of Community Safety.
- be familiar with Queensland Corrective Services and Department of Community Safety procedures and the safety and security principles and acknowledge the associated security and impacts of the correctional environment.
- apply existing Offender Health Services policy, procedure and/or guidelines and the *Royal Australian College of General Practitioners Standards for Health Service in Australian Prisons.*
- work within the 2012 Business Planning Framework for nursing which includes the Nursing Service Profiles and the funded FTE.
- On release of a prisoner, medical records are to be transferred to the Arthur Gorrie Correctional Centre for long term archiving.
- Ensure medical records transfer with the prisoner when they are moving to another facility.

# Mental Health and Alcohol and Other Drug Facilities and Services

## Facilities

The HHS will provide a range of integrated mental health services and specialised alcohol and other drug services at the following locations:

- Cherbourg Community Mental Health Service
- Goodna Community Mental Health Service
- Ipswich Adult Community Mental Health Service
- Ipswich Alcohol Tobacco and Other Drug Service
- Ipswich Child and Youth Community Mental Health Service
- Ipswich Hospital
- Kingaroy Community Mental Health Service
- The Park Centre for Mental Health

## Clinical Services Provided

The HHS will continue to provide the following services through the facilities listed above (note: not all facilities provide all services):

#### Admitted Patient Mental Health Services

- Adult Acute Inpatient Services
- Extended Treatment and Rehabilitation Services
- Older Persons Acute Inpatient Services

- Older Persons Extended Treatment Services
- Secure Mental Health Rehabilitation Services

**Community Ambulatory Mental Health Services**

- 1300 Mental Health Access/Triage Services
- Acute Care Services
- Child and Youth Community Mental Health Services
- Community Care Services
- Consultation Liaison Psychiatry Services
- Ed-LinQ Program
- Evolve Therapeutic Services
- Forensic Liaison Program
- Indigenous Mental Health Services
- Mental Health Intervention Program
- Older Persons Mental Health Community Services
- Primary Care Liaison
- Prison Mental Health Service (services to Southern Queensland Correctional Centre, Wolston Correctional Centre, Arthur Gorrie Correctional Centre, Brisbane Correctional Centre, Brisbane Women's Correctional Centre, Woodford Correctional Centre and Maryborough Correctional Centre)
- Rural and Remote Community Mental Health Services
- Service Integration Program
- Transcultural Mental Health Services

**Alcohol and Other Drug Services**

- Consultation and Liaison Services
- Court Referral Treatment Services
- Family Support Services
- Opioid Treatment Programs

**State-wide Services**

The HHS has oversight responsibility for the delivery of the following state-wide (or multi-HHS) services:

- Adolescent Extended Treatment and Rehabilitation Centre (state-wide)
- High Security Inpatient Service (state-wide)
- Extended Treatment and Rehabilitation Forensic Unit (state-wide)

**Clinical and Service Support Services**

The HHS will continue to provide a range of services that support the functioning and delivery of integrated mental health services and specialised alcohol and other drug services, including:

- Consumer and Carer Services
- Consumer Companion Program
- Mental Health Act Liaison and Delegate Program
- Mental Health Information Management Program

**Hosted Services**

The HHS will continue to host and deliver the following state-wide (or multi-HHS) services:

- Mental Health Benchmarking Unit
- Queensland Centre for Mental Heath Learning

- Queensland Centre for Mental Health Research
- Service Evaluation and Research Unit (state-wide)

## Closing the Gap in Health Outcomes for Aboriginal and Torres Strait Islander People

*Making Tracks towards Closing the Gap in Health Outcomes for Indigenous Queenslanders by 2033* (Making Tracks) articulates the Queensland Government's long-term strategy to close the health gap by 2033 and achieve sustainable health gains for Aboriginal and Torres Strait Islander people in Queensland.

To support the delivery of the Making Tracks priorities, the HHS has been funded in schedule 2 to provide the following services focused on the needs of Aboriginal and Torres Strait Islander people:

- child and maternal health services
- sexual and reproductive health services
- continuous quality improvement activities
- Indigenous cultural capability services

To ensure that the Making Tracks commitments and goals are being met, the Department of Health will report annually against the indicators set out in the *Making Tracks Performance and Accountability Framework*. This report will quantify both the HHS and the Queensland Government's progress towards closing the gap in health inequality for Indigenous Queenslanders.

More details on the specific funding and reporting requirements to address Closing the Gap are available in the memo titled 'Closing the Gap funding allocations to West Moreton Hospital and Health Service for 2013/2014', file reference PP003447 (10 May 2013).

## Teaching, Training and Research

The HHS will provide the teaching, training and research programs for which funding is identified within schedule 2 of this service agreement and as described below.

Four principles underpin the provision of teaching (generally referred to as clinical education and training) and research within and across Hospital and Health Services:

- Sustainability - Clinical education and training and research programs are maintained and support investment in pre-entry clinical education and assist the development of a sustainable workforce.
- Consistency – Clinical education and training of clinicians is managed in a consistent manner across Hospital and Health Services to support transferability and flexibility.
- Efficiency – Clinical education and training and research programs are managed in a way that promotes the efficient use of available resources within and across Hospital and Health Services.
- Collaboration - Hospital and Health Services work together to promote appropriate clinical workforce distribution and meet community needs.

**Clinical Education and Training**

Hospital and Health Services will continue to:

- provide placements for:
  - medical students
  - nursing students
  - pre-entry clinical placement for allied health students
  - interns
  - rural generalist trainees
  - vocational medical trainees

  - first year nurses and midwives
  - oral health students
- participate in vocational medical rotational training schemes and facilitation of the movement of vocational trainees between Hospital and Health Services.
- implement agreed projects to increase clinical training capacity in line with the Clinical Training Funding Program Agreement between Queensland Health and and HWA project CTF10-179-01
- provide clinical area placements for physiotherapy pre-entry students from additional funding provided through the University Heads of Agreement
- provide clinical area placements for dietetics pre-entry students from additional funding provided through relevant agreements with Universities

In addition, the *Health Practitioner (Queensland Health) Certified Agreement (No 2) 2011* (the HP agreement) requires Hospital and Health Services to:

- continue to support development of allied health research capacity through continued implementation and retention of health practitioner research positions provided through the HP agreement ; and
- continue to implement the models of care projects that are trialling advanced/extended scope of practice roles, use of support staff and integration of health services across the continuum. This includes the evaluation of these trials, quarterly reporting on the trials, renegotiation of trials, approval of successful models and the permanent implementation of these new approved roles/positions by or before 31 August 2013 as provided under clause 51.3 of the HP agreement.
- continue to support the implementation of the Clinical Education Management Initiative as provided under clause 43 of the HP agreement through the hosting of the statewide Exercise Physiology Clinical Educator and support for the statewide Exercise Physiology Group.

**Health and Medical Research**

The HHS will:

- articulate an investment strategy for research which integrates with the clinical environment to improve clinical outcomes
- work with the Health and Medical Research Preventive Unit to
  - develop mechanisms for completing administrative governance for the approval of research in line with a national benchmark of 25 days (*Standard Operating Procedures for Queensland Health Research Governance Officers,* June 2013).
  - develop mechanisms for monitoring site research activity in line with jurisdictional commitments and National Health and Medical Research Council Guidelines (*Framework for Monitoring Guidance for the national approach to single ethical review of multi-centre research*, January 2012)
- develop systems to capture Research and Development expenditure and revenue data and associated information on research.

**Schedule 2**
**Purchased Activity and Funding**

# Introduction

This schedule sets out:

- the activity purchased by the Department from the HHS
- the funding provided for delivery of the purchased activity
- specific funding commitments; and
- the sources of funding that this service agreement is based on and the manner in which these funds will be provided to the HHS.

# Definitions

In this schedule:

**Activity Based Funding (ABF)** – the funding framework which is used to fund public health care services delivered across Queensland. The ABF framework applies to those Queensland Health facilities which are operationally large enough and have the systems which are required to support the framework. The ABF framework allocates health funding to these hospitals based on standardised costs of health care services (referred to as 'activities') delivered. The Framework promotes smarter health care choices and better care by placing greater focus on the value of the health care delivered for the amount of money spent.

**Block Funding** means funding for those services which are outside the scope of ABF.

**Own Source Revenue (OSR)** means, as per Section G3 of the National Healthcare Agreement, 'private patients, compensable patients and ineligible persons may be charged an amount for public hospital services as determined by the State and Territory'. The funding for these patients is called own source revenue and includes:

- Medicare ineligible patients, such as overseas visitors (not covered under reciprocal agreements), people in community detention and overseas students studying in Australia
- compensable patients with an alternate funding source, such as:
  - workers' compensation insurers
  - motor vehicle accident insurers
  - personal injury insurers
  - Department of Defence
  - Department of Veterans' Affairs
- Medicare eligible patients can elect to be treated as a public or private patient, allowing HHS' to recoup a portion of the healthcare service delivery cost.

**Quality Improvement Payment (QIP)** means a non-recurrent payment due to the HHS for having met the goals set out in the QIP PI Specification.

**Service Agreement Value** means the figure set out in schedule 2 as the expected annual service agreement value of the services purchased by the Department of Health.

## Data reporting requirements

The Department of Health and the HHS will monitor actual activity against purchased levels, taking action as necessary to ensure delivery of purchased levels. This process will be governed by the Performance Management Framework.

A monthly performance report will be produced by the Department of Health for the HHS which will include:

- actual activity compared with purchased activity levels
- any variance(s) from purchased activity; and
- performance information as required by the Department of Health to demonstrate the achievement of commitments linked to specifically allocated funding included in table 2.1 below.

The HHS also has a responsibility to actively monitor variances from purchased activity levels, and will notify the Department of Health immediately via the DH-SA contact person as soon the HHS becomes aware that activity variances are likely to exceed agreed tolerances.

The HHS will also notify the Department of Health if the HHS forecasts an inability to achieve commitments linked to specifically allocated funding included in table 2.1 below.

The HHS has a minimum requirement, which will be subject to 'in-year' change, to provide the following information on a monthly basis to their DH-SA contact person: actual, year-to-date and forecast (by month) information for FTEs (as recorded by MOHRI), expenditure, OSR, activity and NEAT and NEST trajectories where KPI targets are not being met.

The HHS will notify the Department of Health of deliberate changes to the consistent recording of activity within year that would result in activity moving between purchased activity types and levels, for example, activity moving from Inpatients to Outpatients.

Changes are to be agreed through the service agreement amendment process.

## Specific Funding Commitments

As part of the 2013/14 service agreement value, the additional services set out in table 2.1 below have been purchased by the Department from the HHS. These services will be the focus of detailed monitoring.

**Table 2.1: Specific Funding Commitments**

| Specific Funding | Description |
|---|---|
| NPA Improving Public Hospital Services Schedule 2: Subacute | The project implementation plan for subacute under the *National Partnership Agreement on Improving Public Hospital Services* sets out the service delivery obligations of the HHS for the funding provided.<br>Performance against these obligations will be monitored through Relationship Management Group meetings and six monthly reporting to the Commonwealth Government on project deliverables. |
| NPA: Treating More Public Dental Patients | July to December 2013:<br>$1,751,157 to deliver an additional 30,192 WOOS above baseline activity<br>January to June 2014:<br>$701,370 to deliver an additional 12,093 WOOS above baseline activity.<br>Funding provided in year via a service agreement amendment and will include additional funding negotiated in windows 3 and 4 of 2012/13. |
| Mums and Bubs Election Commitment | $357,194 to deliver 2,646 additional visits. |
| Breast Screen | Funding has been provided to deliver a target of 10,700 screens in 2013/14. |
| Mental Health | Total funding in 2013/14 of:<br>$1,768,961 for the operation of 9 bed HSU.<br>$2,692,210 for the operation of 20 bed ETRFU.<br>This is in addition to composite prior year funding allocations. |
| Transition Funding | $2,241,216 for Ipswich Hospital. |

| Specific Funding | Description |
|---|---|
| Patient Travel Subsidy Scheme | Additional non-ABF state funding will be provided for the election commitment to deliver the Patient Travel Subsidy Scheme (PTSS).<br>Funding will be subject to ongoing PTSS data collection, reporting and analysis as detailed in Section 4.10 of the Guidelines for Administration of the Patient Travel Subsidy Scheme and the Health Service Directive Patient Travel Subsidy Scheme.<br>The funding allocation for each HHS will be based on 2011/12 and 2012/13 expenditure as reported in DSS against the patient transport general ledger codes and will be released in 2013/14 in two parts through amendment windows 2 and 4. |

Where funding has been provided for specific programs or commitments, it is at the discretion of the Department of Health to withdraw allocated funding pro rata to the level of under delivery if the program is not being delivered according to the program objective or is not being delivered in full.

Where funding is allocated in-year for other specific State Government funding announcements, the service agreement value will be amended.

## MOHRI FTE

It should be noted that on the basis of the growth purchased by the Department of Health, it is anticipated that the total year to date FTE (as measured by MOHRI) will be no more than 2,745FTE in 2013/14.

## Non-ABF Funding

The non-ABF funding for 2013/14 has been split over a number of categories and will be reviewed in year with any changes agreed by both parties.

| Finance and Activity Schedule<br>*HHS: West Moreton*<br>*As at Round 4 (SLA) - June 2013* | 2012/13<br>QWAU<br>*Price: $* | <br>$<br>*4,660.00* | 2013/14<br>QWAU<br>*Price: $* | <br>$<br>*4,660.00* | Change (12/13 to 13/14)<br>QWAU | <br>$ | 2014/15 (Not Legally Binding)<br>QWAU<br>*Price: $* | <br>$<br>*4,660.00* | 2015/16 (Not Legally Binding)<br>QWAU<br>*Price: $* | <br>$<br>*4,660.00* |
|---|---|---|---|---|---|---|---|---|---|---|
| **Activity Based Funding** | | | | | | | | | | |
| **ABF Activity** | | | | | | | | | | |
| Inpatient | 27,638 | 128,794,470 | 29,206 | 136,100,325 | 1,568 | 7,305,855 | 32,994 | 153,752,742 | 33,657 | 156,843,930 |
| Outpatient | 4,807 | 22,402,116 | 5,266 | 24,540,994 | 459 | 2,138,879 | 5,617 | 26,175,117 | 5,932 | 27,642,210 |
| Interventions and Procedures | 2,189 | 10,201,728 | 3,774 | 17,586,592 | 1,585 | 7,384,864 | 4,452 | 20,744,372 | 4,452 | 20,744,372 |
| Emergency Department | 5,273 | 24,573,414 | 8,184 | 38,135,155 | 2,910 | 13,561,741 | 8,184 | 38,135,155 | 8,740 | 40,729,572 |
| Sub Acute | 2,985 | 13,911,825 | 3,030 | 14,121,825 | 45 | 210,000 | 3,030 | 14,121,825 | 3,030 | 14,121,825 |
| Mental Health | 4,402 | 20,512,801 | 4,402 | 20,512,801 | - | - | 5,333 | 24,850,925 | 5,471 | 25,493,983 |
| **Total** | **47,295** | **220,396,354** | **53,862** | **250,997,693** | **6,567** | **30,601,338** | **59,609** | **277,780,136** | **61,282** | **285,575,893** |
| **Other ABF Adjustments** | | | | | | | | | | |
| Site Specific Grants | | 2,005,578 | | 451,538 | - | (1,554,040) | - | 451,538 | - | 451,538 |
| Clinical Education & Training | | 7,880,034 | | 9,213,904 | - | 1,333,870 | - | 9,213,904 | - | 9,213,904 |
| Non-WAU Demand Management | | (400,000) | | (172,500) | - | 227,500 | - | (172,500) | - | (172,500) |
| Productivity Dividend | | | | (6,423,384) | - | (6,423,384) | - | (6,423,384) | - | (6,423,384) |
| Transitional and Other ABF Adjustments | | (19,955,408) | - | (14,905,488) | - | 5,049,920 | - | (14,905,488) | - | (14,905,488) |
| **Total** | **-** | **(10,469,796)** | **-** | **(11,835,930)** | **-** | **(1,366,134)** | **-** | **(11,835,930)** | **-** | **(11,835,930)** |
| *12/13 ABF Control* | | *209,926,558* | | | | | | | | |
| **Subtotal ABF Funding** | **47,295** | **209,926,558** | **53,862** | **239,161,763** | **6,567** | **29,235,205** | **59,609** | **265,944,206** | **61,282** | **273,739,963** |
| *Provisional ABF Budget per QWAU:* | *$* | *4,438.63* | *$* | *4,440.26* | *$* | *1.63* | | | | |
| | *$* | *4,229.61* | *$* | *4,260.81* | | | | | | |
| **Non-Activity Based Funding** | | | | | | | | | | |
| **Non-ABF** | | | | | | | | | | |
| Block Funded Facilities (IHPA Inscope) | 5,275 | 23,936,199 | 5,275 | 23,936,199 | - | - | 5,275 | 23,936,199 | 5,275 | 23,936,199 |
| Block Funded Facilities (IHPA Out of Scope) | - | - | - | - | - | - | - | - | - | - |
| Block (Private) | 112 | | 112 | - | - | - | 112 | - | 112 | - |
| Mental Health Facilities | 16,710 | 66,324,861 | 16,710 | 66,324,861 | - | - | 16,710 | 66,324,861 | 16,710 | 66,324,861 |
| Block Funded Transition | | | - | - | - | - | - | - | - | - |
| **Total** | **22,098** | **90,261,060** | **22,098** | **90,261,060** | **-** | **-** | **22,098** | **90,261,060** | **22,098** | **90,261,060** |
| **Non-ABF - Block Funded Services** | | | | | | | | | | |
| Community Health Care | | 25,772,471 | | 25,355,648 | - | (416,823) | - | 25,355,648 | - | 25,355,648 |
| Depreciation | | 9,615,202 | | 9,615,202 | - | - | - | 9,615,202 | - | 9,615,202 |
| Grants & Subsidies | | 3,636,788 | | 2,084,202 | - | (1,552,586) | - | 2,084,202 | - | 2,084,202 |
| Intellect Disability Services | | 92,837 | | 92,837 | - | - | - | 92,837 | - | 92,837 |
| Interstate Patient (Payable to other states) | | 1,879,000 | | 1,879,000 | - | - | - | 1,879,000 | - | 1,879,000 |
| Medical Aids & Appliances (MASS) | | 4,841 | | 4,841 | - | - | - | 4,841 | - | 4,841 |
| Mental Health Community | | 13,352,953 | | 13,352,953 | - | - | - | 13,352,953 | - | 13,352,953 |
| Offender Health Services | | 10,286,902 | | 10,286,902 | - | - | - | 10,286,902 | - | 10,286,902 |
| Oral Health Services (Non-admitted) | | 9,232,509 | | 9,232,509 | - | - | - | 9,232,509 | - | 9,232,509 |
| Patient Transport | | 587,942 | | 587,942 | - | - | - | 587,942 | - | 587,942 |
| Population Health - ATODS | | 2,951,472 | | 2,951,472 | - | - | - | 2,951,472 | - | 2,951,472 |
| Population Health - Breast Screen | | 1,997,397 | | 1,997,397 | - | - | - | 1,997,397 | - | 1,997,397 |
| Population Health - Other Services | | 3,617,680 | | 4,762,934 | - | 1,145,254 | - | 4,762,934 | - | 4,762,934 |
| Pre-commissioning (Transition) | | 568,893 | | 2,727,101 | - | 2,158,208 | - | 2,727,101 | - | 2,727,101 |
| Primary Health Care | | 367,056 | | 435,329 | - | 68,273 | - | 435,329 | - | 435,329 |
| Research | | 235,770 | | 235,770 | - | - | - | 235,770 | - | 235,770 |
| Residential Aged Care Facilities | | - | | - | - | - | - | - | - | - |
| Specified Budget Items | | 1,093,167 | | 1,093,167 | - | - | - | 1,093,167 | - | 1,093,167 |
| Statewide Functions | | 6,526,379 | | 6,526,379 | - | - | - | 6,526,379 | - | 6,526,379 |
| Other | | (667,683) | | (4,947,981) | - | (4,280,298) | - | (4,446,441) | - | (4,803,228) |
| **Total** | **-** | **91,151,576** | **-** | **88,273,605** | **-** | **(2,877,972)** | **-** | **88,775,145** | **-** | **88,418,358** |
| **Subtotal Non ABF Funding** | **22,098** | **181,412,636** | **22,098** | **178,534,665** | **-** | **(2,877,972)** | **22,098** | **179,036,205** | **22,098** | **178,679,418** |
| **Total Contract of Offer** | **69,393** | **391,339,195** | **75,960** | **417,696,428** | **6,567** | **26,357,233** | **81,707** | **444,980,411** | **83,380** | **452,419,381** |
| ***ABF (Efficiency) / Inefficient - Transitional Adjustment*** | | | | ***(21,328,872)*** | | | | ***(21,328,872)*** | | ***(21,328,872)*** |

## Funding Sources

The four main funding sources contributing to the HHS service agreement value are:

- Commonwealth funding
- State funding
- Grants and Contributions
- Own Source Revenue (OSR)

The following table (Table 2.3) provides a summary of the funding sources for the HHS and mirrors the total value of the service agreement included at schedule 2 above.

**Table 2.3: Hospital and Health Service Funding Sources 2013/14**

| Funding Source | Value ($) |
|---|---|
| Pool Account – ABF Funding[2] | |
| State and Commonwealth | 239,161,763 |
| State Managed Fund – Block Funding[3] | |
| State and Commonwealth | 111,018,969 |
| Locally Receipted Grants | 7,880,232 |
| Locally Receipted Own Source Revenue | 17,047,527 |
| Department of Health Grants[4] | 42,587,937 |
| **TOTAL** | **417,696,428** |

## Funds Disbursement

The Chief Executive of the Department, as system manager of the public hospital system, will direct the disbursement of both State and Commonwealth funding from the State's National Health Funding Pool Sub Account and the State Managed Fund to the HHS.

However, the State (represented by the Chief Executive) will not:

- redirect Commonwealth payments between HHSs; or
- redirect Commonwealth payments between funding streams (e.g. from ABF to Block Funding); or
- adjust the payment calculations underpinning the Commonwealth's funding.

Payment of ABF and Block Funding to the HHS will be on a fortnightly basis.

Further information on the disbursement of funds is available in the supporting document *'Health Funding Principles and Guidelines 2013/14'*.



[2] Pool Account - ABF Funding includes: Inpatient; Critical Care; Emergency Department; Mental Health; and Outpatient each allocated a proportion of Other ABF Adjustments (less Clinical Education) and Site Specific Grants. The totals included within this table are included in the Commonwealth Local Hospital Network Service Agreement Table included at the end of this Schedule 2.

[3] State Managed Fund - Block Funding includes: Subacute; CSO Facilities; Primary Care Outpatient Centres; 29% of Community Mental Health (estimate of Hospital Auspiced); Tertiary Mental Health; Clinical Education and Research/Training. The total included here for the Commonwealth contribution to the State Managed Fund can be found in the Commonwealth Local Hospital Network Service Agreement Table included at the end of this Schedule 2.

[4] Department of Health Grants represents funding by the Department of Health for items not covered by the National Health Reform Agreement including such items as: Primary Health Care; Prevention, Promotion and Protection; and Depreciation.

# Funding Adjustments

Any adjustment (including withdrawal of funds for non-delivery) to funding provided by the Department of Health will be negotiated through the service agreement amendment process.

## Quality Improvement Payments

In order to incentivise improved performance and patient care, an uplift on funding will be made for those HHSs who achieve improved performance in specific areas as summarised in the table below.

| QIP Scheme | Summary of Requirements and Total Potential Value |
|---|---|
| Achievement of NEAT/ NEST targets | Incentive payment for achievement of the 2013 and 2014 NEAT/NEST targets. |
| Timely surgery for fractured neck of femur | Preoperative delays results in an increase in mortality and an increase in length of postoperative stay. Incentive payment for 80% or more patients with fractured neck of femur taken to theatre within 2 days. |
| Stroke unit access | Stroke unit care reduces death and disability by approximately 20% (Cochrane Review, 2007).<br>Target for access to stroke unit care for a facility increased (to 75% for established stroke units and 50% for new stroke units).<br>New target introduced for HHS wide performance in order to incentivise access for rural and remote populations.<br>New opportunity for rural and remote HHS to achieve reward funding. |
| Mental Health community contact | To promote continuity of care across community and admitted patient mental health services<br>Incentive payment for meeting target of 70% of all mental health inpatient episodes of care receiving pre-admission community contact in the 1-7 days prior to an acute mental health admission. |
| Patient experience in the Emergency Department | Consumer-centred care is the first of the three dimensions of a safe and high-quality standard of care identified in the Australian Safety and Quality Framework. It is also one of the 10 national safety and quality health service standards.<br>Incentive payments for meeting targets related to patient experience in Emergency Department. |

The full detail of each QIP scheme can be found in the relevant specification sheet. These are available on-line as detailed in Appendix 2.

**Table 2.4 Hospital and Health Service Service Agreement and State Level Block Payment to state managed funds from Commonwealth payments into national funding pool**

| | | | |
|---|---|---|---|
| State: | QLD | Service agreement for financial year: | 2013-14 |
| HHS | West Moreton | Version for financial year: | 2.1 |
| HHS ID | | Version effective for payments from: | 1/07/2013 |
| | | Version status: | Round 4 |

**HHS ABF payment requirements:**

Expected National Weighted Activity Unit (NWAU)

| | ABF Service group | Projected NWAU | National efficient price (NEP) (as set by IHPA) | C'w % funding rate | C'w ABF funding contribution | State ABF funding contribution |
|---|---|---|---|---|---|---|
| | Admitted acute public services | 28,118 | $4,993 | 37.51% | $52,665,997 | $82,342,924 |
| | Admitted acute private services | 2,034 | $4,993 | 37.51% | $3,809,614 | $5,956,305 |
| | Emergency department services | 8,221 | $4,993 | 37.51% | $15,397,701 | $24,074,199 |
| | Non-admitted services | 5,492 | $4,993 | 37.51% | $10,286,757 | $16,083,275 |
| | Mental health services | 3,365 | $4,993 | 37.51% | $6,303,215 | $9,855,033 |
| | Sub-acute services | 2,580 | $4,993 | 37.51% | $4,831,979 | $7,554,766 |
| | **LHN ABF Total** | **49,810** | | | **$93,295,262** | **$145,866,501** |

**Note:** **NWAU estimates do not take account of cross-border activity.**

**HHS block funding payment requirements:**

| Commonwealth block funding for state: | |
|---|---|
| **Block funding component** | **Commonwealth block funding contribution** |
| Block funded hospitals | $36,228,529 |
| Community mental health services | $3,626,523 |
| Teaching, Training and Research | $945,436 |
| Other block funded services | $846,176 |
| **Total block funding for state** | **$41,646,664** |

**Reporting requirements by LHN - block funding paid (total including Commonwealth) per LHN, as set out in service agreement:**

| Amount (Commonwealth and state) for each amount of block funding from state managed fund to LHN: | |
|---|---|
| **Block funding component** | **Commonwealth and state block funding contribution (ex GST)** |
| Block funded hospitals | $96,575,657 |
| Community mental health services | $9,667,349 |
| Teaching, Training and Research | $2,520,283 |
| Other block funded services | $2,255,680 |
| **Total block funding for LHN** | **$111,018,969** |

**Total Commonwealth payments to LHN** **$134,941,926**

**Commonwealth % funding rate** 37.51%

**Schedule 3**
**Key Performance Indicators**

# Purpose

This schedule outlines the key performance indicators (KPIs) and their associated targets that the HHS will be required to meet during the 2013/2014 financial year.

It is not expected that significant changes to the KPIs will be made for the 2014/15 and 2015/16 financial years. However, should any changes to KPIs be required these will be agreed with the HHS through the service agreement amendment process prior to the commencement of each financial year.

# Key Performance Indicators

The KPIs defined within this schedule are used within the Performance Management Framework to monitor the extent to which HHS are delivering the high level objectives set out within this service agreement and to inform the performance category which is allocated to each HHS on a monthly basis.

The KPIs for 2013/14 have been listed in the following table and have been defined as either 'Tier 1' KPIs or 'Tier 2' KPIs in accordance with how they are utilised within the Performance Management Framework.

**Tier 1 KPIs** are critical system markers which operate as intervention triggers. This means that underperformance in an escalation KPI triggers immediate attention, analysis of the cause of the deviation, and consideration of the need for intervention. This provides an early warning system to enable appropriate intervention as a performance issue arises within critical performance areas.

**Tier 2 KPIs** are used as supporting indicators to assist in providing context to tier 1 KPIs when triggered within a specific domain. Tier 2 KPIs will be reported through similar processes as tier 1 KPIs, when data is made available.

**Table 3.1: Key Performance Indicators (Note: only KPIs which are applicable to the HHS are included in the table below)**

| KPI No. | Level | Key Performance Indicator (KPI) | Target | Strategic Link |
|---|---|---|---|---|
| **EFFECTIVENESS – SAFETY AND QUALITY** | | | | |
| 1.1 | Tier 1 | **National Safety and Quality Health Service Standards Compliance** | All actions met | *National Safety and Quality Health Service (NSQHS) Standards,* Australian Commission on Safety and Quality in Healthcare<br>*Blueprint for Better Healthcare in Queensland*<br>*Queensland Health Strategic Plan 2012-2016* |
| 2.1 | Tier 2 | **Healthcare–associated infections**<br>Healthcare associated *staphylococcus aureus* (Including MRSA) bacteraemia | Rate is less than or equal to 2.0 per 10,000 occupied bed days | *National Performance and Accountability Framework*<br>*National Healthcare Agreement*<br>*Blueprint for Better Healthcare in Queensland* |
| 2.2 | Tier 2 | **28 day mental health readmission rate**<br>Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge | Less than or equal to 12% | *Blueprint for Better Healthcare in Queensland*<br>*Queensland Plan for Mental Health 2007-2017*<br>*Fourth National Mental Health Plan*<br>*The Roadmap for National Mental Health Reform 2012-2022*<br>*National Standards for Mental Health Services*<br>*National Performance and Accountability Framework* |
| **EQUITY AND EFFECTIVENESS – ACCESS** | | | | |
| 1.2 | Tier 1 | **Shorter stays in emergency departments**<br>National Emergency Access Target (NEAT): % of patients who attended an emergency department (ED) who depart within 4 hours of arrival | 2013:<br>77%<br><br>2014:<br>83% | *National Performance and Accountability Framework*<br>*National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target*<br>*Blueprint for Better Healthcare in Queensland* |

| KPI No. | Level | Key Performance Indicator (KPI) | Target | Strategic Link |
|---|---|---|---|---|
| 2.4 | Tier 2 | **Shorter waits for emergency departments**<br>Emergency department patients seen within the clinically recommended time:<br>Category 1: within 2 minutes<br>Category 2: within 10 minutes<br>Category 3: within 30 minutes<br>Category 4: within 60 minutes<br>Category 5: within 120 minutes | Category 1: 100%<br>Category 2: 80%<br>Category 3: 75%<br>Category 4: 70%<br>Category 5: 70% | *National Performance and Accountability Framework*<br>*National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target* |
| 2.5 | Tier 2 | **Treating elective surgery patients in turn**<br>% of elective surgery patients who were treated in turn | 60% | *National Partnership Agreement on Improving Public Hospital Services*<br>*Blueprint for Better Healthcare in Queensland* |
| 2.6 | Tier 2 | **Shorter maximum wait for elective surgery**<br>Maximum waiting time of elective surgery patients waiting<br>(Note: report by speciality to be provided through the HHS Dashboard)<br>Cardiothoracic<br>ENT<br>General Surgery<br>Gynaecology<br>Ophthalmology<br>Orthopaedics<br>Neurosurgery<br>Plastic & Reconstructive Surgery<br>Urology<br>Vascular Surgery | 365 days | *National Partnership Agreement on Improving Public Hospital Services*<br>*Blueprint for Better Healthcare in Queensland* |
| 1.3 | Tier 1 | **Shorter waits for elective surgery**<br>National Elective Surgery Target (NEST): % of patients receiving elective surgery who were treated within the clinically recommended timeframe for their urgency category:<br>Category 1: within 30 days<br>Category 2: within 90 days<br>Category 3: within 365 days | 2013:<br>Category 1: 100%<br>Category 2: 87%<br>Category 3: 94%<br><br>2014:<br>Category 1: 100%<br>Category 2: 94% | *National Performance and Accountability Framework*<br>*National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target*<br>*Blueprint for Better Healthcare in Queensland* |

| KPI No. | Level | Key Performance Indicator (KPI) | Target | Strategic Link |
|---|---|---|---|---|
| | | | Category 3: 97% | |
| 1.4 | Tier 1 | **Maintain surgical activity**<br>Elective Surgery Volume | ≥ 5% than 2010 Volume | *National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target* |
| 1.5 | Tier 1 | **Fewer Long Waiting Patients**<br>Elective surgery patients waiting more than the clinically recommended timeframe for their category:<br>Category 1: within 30 days | 2013:<br>Category 1: 0- ≤ 2% with no patients waiting longer than 60 days. | *National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target*<br>*Blueprint for Better Healthcare in Queensland* |
| 2.7 | Tier 2 | **Fewer Long Waiting Patients**<br>Elective surgery patients waiting more than the clinically recommended timeframe for their category:<br>Category 2: within 90 days<br>Category 3: within 365 days | 2013:<br>Category 2: ≤ 13%<br>Category 3: ≤ 6.0% | *National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target*<br>*Blueprint for Better Healthcare in Queensland* |
| 2.8 | Tier 2 | **Shorter waits for specialist outpatient clinics**<br>Specialist outpatients waiting within the clinically recommended time:<br>Category 1: within 30 days<br>Category 2: within 90 days<br>Category 3: within 365 days | Category 1: 95%<br>Category 2: 90%<br>Category 3: 90% | *Blueprint for Better Healthcare in Queensland* |
| 2.9 | Tier 2 | **Postnatal in-home visiting**<br>Enhanced maternal and child health service – post natal in-home visiting | 4,882 | *Blueprint for Better Healthcare in Queensland* |
| 2.10 | Tier 2 | **Aboriginal and Torres Strait Islander potentially preventable hospitalisations** | Less than or equal to 17.7<br>(Queensland average for Aboriginal and Torres Strait Islander potentially preventable hospitalisations for the period July 2012 – March 2013) | *Making Tracks: toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 Policy and Accountability Framework*<br>*National Healthcare Agreement* |
| 2.11 | Tier 2 | **Potentially preventable hospitalisations – chronic conditions** | Less than or equal to 4.9<br>(Queensland average for the period July 2012 – March 2013) | *National Performance and Accountability Framework* |

| KPI No. | Level | Key Performance Indicator (KPI) | Target | Strategic Link |
|---|---|---|---|---|
| 2.12 | Tier 2 | **Aboriginal and Torres Strait Islander discharge against medical advice**<br>Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA) | Jul to Sep 2013 – 2.5%<br>Oct to Dec 2013 – 2.2%<br>Jan to Mar 2014 – 1.8%<br>Apr to Jun 2014 – 1.5% | Aboriginal and Torres Strait Islander Health Performance Framework<br>Chronic Disease Indigenous Health (Queensland Health Indigenous Health Funding Package)<br>*National Partnership Agreement Closing the Gap in Indigenous Health Outcomes*<br>*Making Tracks: towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Policy and Accountability Framework* |
| 2.14 | Tier 2 | **Rate of post discharge community contact**<br>Rate of community follow up within 1 to 7 days following discharge from an acute mental health inpatient unit | 60% | *Blueprint for Better Healthcare in Queensland*<br>*Queensland Plan for Mental Health 2007-2017*<br>*National Performance and Accountability Framework*<br>*Fourth National Mental Heal Plan*<br>*National Standards for Mental Health Services* |
| 2.15 | Tier 2 | **Ambulatory mental health activity**<br>Progress towards duration of ambulatory mental health service contacts annual target | 100% | *Blueprint for Better Healthcare in Queensland*<br>*Queensland Plan for Mental Health 2007-2017*<br>*Fourth National Mental Health Plan* |
| 2.16 | Tier 2 | **BreastScreen Queensland screening activity**<br>Proportion of the annual breastscreening target achieved | 98% | |
| 2.17 | Tier 2 | **Dental waiting lists**<br>Number of patients waiting more than the clinically recommended maximum time for their general dental care | 0 | *National Partnership Agreement on Treating More Public Dental Patients* |
| **EFFICIENCY – EFFICIENCY AND FINANCIAL PERFORMANCE** | | | | |
| 1.6 | Tier 1 | **Full Year Forecast Operating Position**<br>(agreed position between the Department of Health and HHS) | Balanced or surplus | *Financial Accountability Act 2009*<br>Financial and Performance Management Standard 2009<br>*National Performance and Accountability Framework* |

| KPI No. | Level | Key Performance Indicator (KPI) | Target | Strategic Link |
|---|---|---|---|---|
| 2.18 | Tier 2 | **Year to date operating position** | Balanced or surplus | *Financial Accountability Act 2009*<br>Financial and Performance Management Standard 2009<br>*National Performance and Accountability Framework* |
| 1.7 | Tier 1 | **Purchased activity monitoring**<br>Variance between YTD purchased activity and actual activity | 0% to +/-2% | |
| 2.20 | Tier 2 | **Average QWAU cost**<br>Average cost per Queensland weighted activity unit (QWAU) | At or below the Queensland ABF price | *National Performance and Accountability Framework* |
| 2.21 | Tier 2 | **YTD MOHRI FTE**<br>MOHRI FTE – number of MOHRI year to date | HHS specific target as identified in schedule 2 | |
| 2.22 | Tier 2 | **WorkCover absenteeism**<br>Hours lost (WorkCover) vs Occupied FTE | 0.40 | |
| **EFFECTIVENESS – PATIENT EXPERIENCE** | | | | |
| 2.23 | Tier 2 | **Emergency department patient experience**<br>Emergency Department patient experience survey (EDPES) | Question 1: 40%<br>Question 2: 40%<br>Question 3: 60%<br>Question 4: 90% | *National Performance and Accountability Framework* |

## Schedule 4
## Workforce Management

# Recitals

Overall management of the public sector health system is the responsibility of the Department of Health, through the Chief Executive, pursuant to section 8 of the *Hospital and Health Boards Act 2011* (the Act).

The Hospital and Health Service is a statutory body established pursuant to section 17 of the Act.

The Chief Executive is responsible for managing State-wide industrial relations pursuant to section 8(3) of the Act.

The Chief Executive is authorised under the *Industrial Relations Act 1999* to negotiate certified agreements for Health Service Employees and for other health system industrial relations matters, pursuant to section 10 of the Act.

# Definitions

**Act** means the *Hospital and Health Boards Act 2011*.

**Agreement** means this service agreement.

**Chief Executive** means the chief executive of the department administering the *Hospital and Health Boards Act 2011*.

**Department of Health** means Queensland Health, acting through the Chief Executive.

**Directive** means a directive made under the Act, and directives forming part of the applied law.

**Health Service Employees** means all persons, existing and future, appointed as health service employees by the Chief Executive under section 67(1) of the Act. For the purposes of this schedule, health service employee excludes persons appointed as Health Executives.

**Health Executive** means a person appointed as a health executive under section 67(2) of the Act.

**HR management functions** means the formal system for managing people within the HHS, including recruitment and selection (incorporating administrative support and coordination functions previously supplied by Queensland Health Shared Service Partner); induction and orientation; training and professional development; industrial and employee relations; performance management; work health and safety and well-being; workforce planning; equity and diversity; and workforce consultation, engagement and communication.

**Industrial Instrument** means an industrial instrument made under the *Industrial Relations Act 1999.*

**Hospital and Health Service** or **HHS** means the Hospital and Health Service to which this agreement applies.

**Parties** means the Chief Executive and the HHS to which this agreement applies.

**Policy** means any policy document that applies to Health Service Employees, including Department of Health policies and HHS policies.

**Schedule** means this schedule to the service agreement.

**Service Agreement** means this service agreement including the schedules in annexures, as amended from time to time.

## Provision of Health Service Employees

The Chief Executive agrees to provide Health Service Employees to:

- perform work for the Hospital and Health Service (the HHS) for the purpose of enabling the HHS to perform its functions and exercise powers under the Act; and
- ensure delivery of the services prescribed in the service agreement between the Chief Executive and the HHS.

Subject to a delegation by the Chief Executive under section 46 of the Act, the HHS is responsible for the day-to-day management (the HR management functions) of the Health Service Employees provided by the Chief Executive to perform work for the HHS under this agreement.

The HHS will, in the management of Health Service Employees, comply with all obligations owed to Health Service Employees under relevant legislation, directives, policies and Industrial Instruments.

The HHS will exercise its decision-making power in relation to all HR management functions which may be delegated to it by the Chief Executive under section 46 of the Act, in respect of the Health Service Employees, in a lawful and reasonable manner and with due diligence, and in accordance with:

- the relevant HR delegations manual
- the terms and conditions of employment specified by the Department of Health in accordance with section 66 of the Act
- policies
- Industrial Instruments; and
- any relevant legislation.

This includes, but is not limited to, ensuring Health Service Employees are suitably qualified to perform their required functions.

## Reporting Requirements

The HHS will provide to the Chief Executive human resource and workforce health and safety reports of a type, and at the intervals, agreed between the Parties, or as specified by the Chief Executive.

## Indemnity

The Chief Executive (or delegate) will provide indemnity for, and is the decision-maker, in respect of applications by Health Service Employees working in and for the HHS seeking indemnity in accordance with:

- indemnity for Queensland Health Medical Practitioners HR Policy I2; and
- indemnity for Queensland Health Employees and Other Persons HR Policy I3.

## Occupational Health and Safety

The HHS, in the management of Health Service Employees, will comply with all obligations and responsibilities imposed, in accordance with the:

- *Work Health and Safety Act 2011*, and relevant Regulations and Codes of Practice made under the *Work Health and Safety Act 2011*
- *Workers' Compensation and Rehabilitation Act 2003* and Workers' Compensation and Rehabilitation Regulation 2003
- *Fire and Rescue Services Act 1990*
- *Electrical Safety Act 2002*

- Queensland Health Occupational Health and Safety Management System, including associated occupational health and safety policies and implementation standards; and
- the Safety Assurance Assessment Model including key performance indicators and audit/inspection programs.

## Appendix 1
## Clinical Services Capability Framework – 2012 Self-assessment

| | Hospital Facilities | | | | | Other |
|---|---|---|---|---|---|---|
| | Ipswich Hospital | Gatton Hospital | Laidley Hospital | Esk Hospital | Boonah Hospital | The Park Centre for Mental Health |
| Anaesthetic Services | 5 | | | | | 3 |
| Children's Anaesthetic Services | 4 | | | | | |
| Medication Services | 5 | 2 | 2 | 2 | 2 | 4 |
| Medical Imaging Services | 4 | 2 | 2 | 2 | 2 | |
| Pathology Services | 4 | 2 | 2 | 2 | 2 | 1 |
| Medical Services | 5 | 2 | 2 | 2 | 2 | 2 |
| Children's Medical Services | 4 | 2 | 2 | 2 | 2 | |
| Surgical Services | 5 | | | | | |
| Children's Surgical Services | 3 | | | | | |
| Perioperative | | | | | | |
| ▪ Operating suite | 5 | | | | | |
| ▪ Endoscopy | 5 | | | | | |
| ▪ Day surgery | 4 | | | | | |
| ▪ Post anaesthetic care | 5 | | | | | 3 |
| ▪ Post anaesthetic care (children) | 3 | | | | | |
| ▪ Acute pain | 5 | | | | | |
| Emergency Services | 5 | 2 | 2 | 2 | | |
| Children's Emergency Services | 4 | 2 | 2 | | | |
| Intensive Care Services | 5 | | | | | |
| Medical Oncology Services | 3 | | | | | |
| Palliative Care Services | 5 | 2 | 2 | 2 | 2 | |
| Cardiac Services | | | | | | |
| ▪ Cardiac medicine | 4 | | | | | |
| ▪ Cardiac care unit | 4 | | | | | |
| ▪ Cardiac diagnostic & interventional | 3 | | | | | |

| | Hospital Facilities | | | | | Other |
|---|---|---|---|---|---|---|
| | Ipswich Hospital | Gatton Hospital | Laidley Hospital | Esk Hospital | Boonah Hospital | The Park Centre for Mental Health |
| ▪ Cardiac rehabilitation - inpatient | 5 | | | | | |
| ▪ Cardiac rehabilitation - outpatient | 5 | | | | | |
| ▪ Cardiac rehabilitation - ongoing prevention & maintenance | 5 | | | | | |
| Maternity Services | 4 | 1 | 2 | 1 | | |
| Neonatal Services | 4 | | | | | |
| Rehabilitation Services | 4 | 1 | 2 | 1 | 2 | |
| Renal Services | 3 | | | | | |
| Mental Health Services | | | | | | |
| ▪ Child & Youth Services | | | | | | |
| - Ambulatory | 5 | | | | | |
| - Non-acute inpatient | | | | | | 6 |
| ▪ Adult Services | | | | | | |
| - Ambulatory | 5 | | | | | |
| - Acute inpatient | 5 | | | | | |
| - Non-acute inpatient | | | | | | 5 |
| ▪ Older Persons Services | | | | | | |
| - Acute inpatient | 5 | | | | | |
| ▪ Statewide & Other Targeted Services | | | | | | |
| - Adult forensic | | | | | | 6 |
| - Emergency | 5 | | | | | |
| - Evolve therapeutic | 5 | | | | | |

# Appendix 2
# Key Documents

Hospital and Health Services Service Agreements and supporting documents including:

- **Hospital and Health Services Service Agreements**
- **Health Systems Priorities for Queensland 2013-14**
- **Hospital and Health Services Performance Management Framework**
- **Health Funding Principles and Guidelines 2013/14**

are available at:

www.health.qld.gov.au/hhsserviceagreement/html/service_agreements.asp

**Healthcare Purchasing Framework – Specification sheets**

http://qheps.health.qld.gov.au/hpfp/html/purchasing_framework.htm

**Blueprint for Better Healthcare in Queensland**

www.health.qld.gov.au/blueprint/default.asp

**Queensland Health Strategic Plan 2012-2016**

www.health.qld.gov.au/about_qhealth/strat_plan/12-16/

**Statement of Government Health Priorities**

www.health.qld.gov.au/hhsserviceagreement/docs/health_priorities.pdf