Department of Health

West Moreton Hospital and Health Service

Service Agreement 2013/2014 – 2015/2016 Deed of Amendment July 2014

Parties

West Moreton Hospital and Health Service
And
Queensland Health

West Moreton HHS Service Agreement 2013/2014 – 2015/2016 Deed of Amendment July 2014

Published by the State of Queensland (Queensland Health), July 2014

For more information contact:
Provider Engagement and Contract Delivery Branch, Department of Health,
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An electronic version of this document is available at
www.health.qld.gov.au/system-governance/health-system/managing/default.asp

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Introduction

In accordance with section 35 of the *Hospital and Health Boards Act 2011*, a service agreement is in place between the parties to this deed.

The service agreement is binding on the parties and can be amended in accordance with section 39 of the *Hospital and Health Boards Act 2011* and the terms of the service agreement.

The parties have agreed to vary the terms of the service agreement on the terms of this deed.

The amendments made by this deed will be published on the Service agreements and deeds of amendments website (www.health.qld.gov.au/system-governance/health-system/managing/default.asp) within 14 calendar days of the effective date of this deed.

Definitions

In this deed:

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

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*.

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

Deed of Amendment means the resolved amendment proposals.

Effective Date means the date the deed is executed (signed) by both parties.

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

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

Service Agreement means the service agreement between the Department of Health and the HHS made in accordance with section 35 of the *Hospital and Health Boards Act 2011*, including the schedules in annexures, as amended from time to time.

Interpretation

Unless expressed to the contrary, in this deed of amendment:

- words in the singular include the plural and vice versa
- any gender includes the other genders

- if a word or phrase is defined its other grammatical forms have corresponding meanings
- “includes” and “including” are not terms of limitation
- 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
- a reference to:
    i. a party is a reference to a party to this deed of amendment
    ii. a person includes a partnership, joint venture, unincorporated association, corporation and a government or statutory body or authority
    iii. a person includes the person’s legal personal representatives, successors, assigns and persons substituted by novation
- any legislation includes subordinate legislation under it and includes that legislation and subordinate legislation as modified or replaced
- 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
- headings do not affect the interpretation of this deed

General

This deed may only be varied or replaced by a document executed by the parties.

Each party must promptly do whatever any other party reasonably requires of it to give effect to this deed and perform its obligations under it.

Unless expressly stated otherwise in this deed, each party must pay its own legal and other costs and expenses of negotiating, preparing, executing and performing its obligations under this deed.

This deed contains the entire understanding between the parties as to the subject matter of this deed.

This deed supersedes all previous negotiations, understandings, representations, memoranda or commitments concerning the subject matter contained within this deed.

No oral explanation or information provided by any party to another:

(a) Affects the meaning or interpretation of this deed; or

(b) Constitutes any collateral agreement, warranty or understanding between any of the parties

Amendments to Service Agreement

The service agreement 2013/2014 – 2015/2016 July 2014 revision attached as Appendix One contains all the amendments agreed to by the parties through the amendment window that commenced on 16 May 2014.

When the deed has been executed by both parties the effective date will be added to the “Execution’ section, at the end of paragraph 1, where it currently states ‘YYYY 2014’

Execution

Executed as a deed in Queensland

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

[redacted] .....

Witness signature

[redacted]

Signature of Chief Executive

Jessica Callander .....

Name of Witness (print)

Ian Maynard
Director - General
.....

Name of Chief Executive (print)

.....06 AUG 2014.....

(date)

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

.....

Witness signature

.....

Signature of Hospital and Health Board Chair

.....

Name of Witness (print)

.....

Name of Hospital and Health Board Chair (print)

.....

(date)

Execution

Executed as a deed in Queensland

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

.....

Witness signature

.....

Signature of Chief Executive

.....

Name of Witness (print)

.....

Name of Chief Executive (print)

.....

(date)

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

[redacted]

Witness signature

[redacted]

Signature of Hospital and Health Board Chair

JACQUELINE KELLER

Name of Witness (print)

MARY CORBETT

Name of Hospital and Health Board Chair (print)

29 AUGUST 2014

(date)

Appendix 1

Department of Health

Appendix 1

West Moreton Hospital and Health Service

Service Agreement

2013/2014 – 2015/2016

July 2014 Revision

West Moreton Hospital and Health Service

Service Agreement 2013/14 - 2015/16 July 2014 Revision

Published by the State of Queensland (Queensland Health), July 2014

For more information contact:
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1. Introduction

1. Queensland Health is committed to strengthening performance and improving services and programs that will better meet the needs of the community.
2. The development of service agreements between the Chief Executive, Department of Health 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.
3. 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; key performance indicators and other obligations of the parties.
4. Fundamental to the success of this agreement is a strong collaboration between the HHS and its Board and the Department of Health. This collaboration is supported through the relationship management group whose members comprise representatives from both the HHS and the Department of Health and which provides the routine forum within which a range of aspects of HHS (and system wide) performance are discussed and jointly addressed.

2. 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

  (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

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

3. Legislative and Regulatory Framework

1. This service agreement is regulated by the National Health Reform Agreement and the provisions of the *Hospital and Health Boards Act 2011.*
2. 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.
3. 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.

4. Context

1. 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.
2. The priorities for the Queensland public sector health system are defined in the *Department of Health Strategic Plan 2014-2018*, the *Blueprint for Better Healthcare in Queensland* and in the Statement of Government Health Priorities.
3. 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 *Department of Health Strategic Plan 2014-2018*, the *Blueprint for Better Healthcare in Queensland* and the Statement of Government Health Priorities.
4. 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.
5. This service agreement is underpinned by and is to be managed in line with the following supporting documents:

   (a) Health Priorities 2014/15

(b) Hospital and Health Services Performance Management Framework

(c) Health Funding Principles and Guidelines 2014/15

(d) Data Collection and Provision Requirements.

5. Objectives of the agreement

1. 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.

6. Scope

1. This service agreement outlines the services that the Department of Health will purchase from the HHS during the 2014/2015 financial year and provides an indication of purchased activity and funding for the out-year 2015/16.
2. 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 those services provided by the Health Support Queensland (HSQ) and the Health Services Information Agency (HSIA).

7. Performance Management Framework

1. 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 monitoring HHS performance and, as required, intervening to manage identified performance issues.
2. The Performance Management Framework defines the in-year service agreement management rules for financial adjustments.
3. The key performance indicators (KPIs) against which the HHS's performance under the Performance Management Framework will be measured are detailed in schedule 3 of this service agreement.

8. Period of this Service Agreement

1. 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 outer years. However, finance and activity schedules for outer years are indicative only.
2. In this service agreement, references to years are references to the period commencing on 1 July and ending on 30 June unless otherwise stated.
3. 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 outer years six months before the end of the preceding year.
4. 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.

9. Amendments to this Service Agreement

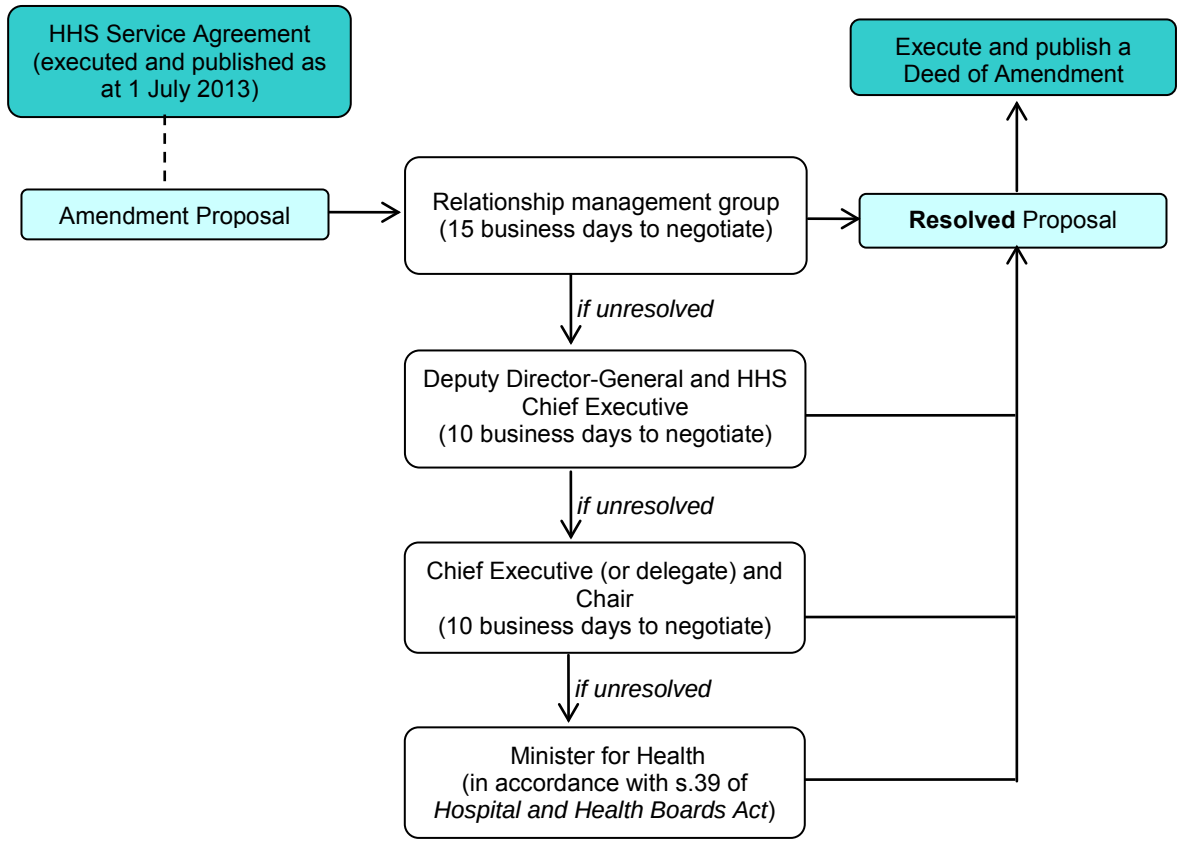
1. Section 39 of the *Hospital and Health Boards Act 2011* requires that, if the Chief Executive or the HHS want to amend the terms of a service agreement, the party wishing to amend the agreement must give written notice of the proposed amendment to the other party (amendment proposal).
2. In order 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:
   - an amendment to the service agreement that only affects the value and/or purchased activity levels
   - other amendments to the service agreement (e.g. a variation to the content of schedule 1).
3. While a party may submit an amendment proposal at any time, negotiation will only commence at the dates below for each amendment window:

Table 1 Amendment Proposal Exchange Dates

Year	Amendment window number	Amendments to service agreement value and/or purchased activity	Other amendments
2014/15	Amendment window 1	26 September 2014	26 September 2014
	Amendment window 2	6 February 2015	Not applicable
	Amendment window 3	15 May 2015	15 May 2015
2015/16	Amendment window 1	25 September 2015	25 September 2015
	Amendment window 2	5 February 2016	Not applicable
	Amendment window 3	13 May 2016	13 May 2016

4. The parties will use their best endeavours to agree amendment window dates for the outer years, but failing agreement those dates will be as specified in table 1.
5. An amendment proposal is made by:
   - the Chief Executive or responsible Deputy Director-General signing and providing an amendment proposal to the Hospital and Health Service – Service Agreement (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 Department of Health Service Agreement (DH-SA) contact person prior to the commencement of any amendment window.
6. 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 until the next window. 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
   (d) details and explanation of any financial, activity or service delivery impact of the amendment.
7. 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 Resolution



8. 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.
9. 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. Financial adjustments will be set out in a deed of amendment or may be determined in any manner set out in a deed of amendment. Final financial adjustments for 2014/15 may be determined after 30 June 2015 in the manner set out in the deed of amendment (without the requirement for a further deed of amendment). This provision will survive expiration of this service agreement.
10. 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*.
11. 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.
12. 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.

10. Publication of Amendments

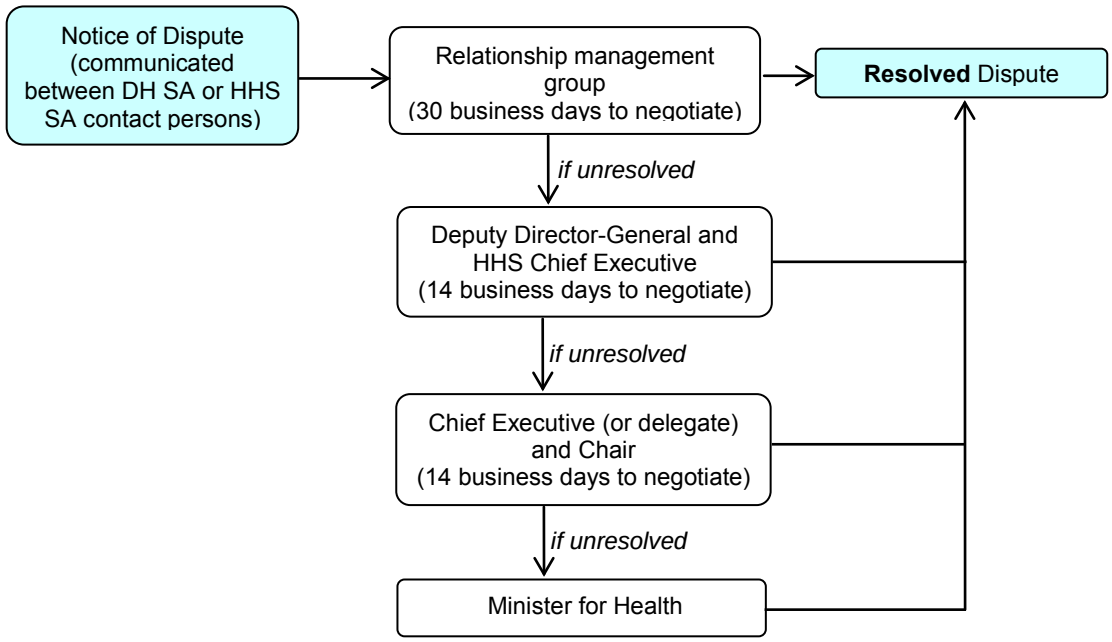
The Department of Health will publish each executed deed of amendment within 14 days of the date of execution on www.health.qld.gov.au/system-governance/health-system/managing/default.asp

11. Dispute Resolution

1. 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.

2. 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.
3. 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.
4. 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.
5. 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.
6. 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
   (d) a definition and explanation of any financial or service delivery impact of the dispute.

Figure 2 Dispute Resolution Process



11.1 Resolution of a Dispute

1. 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.
2. 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.

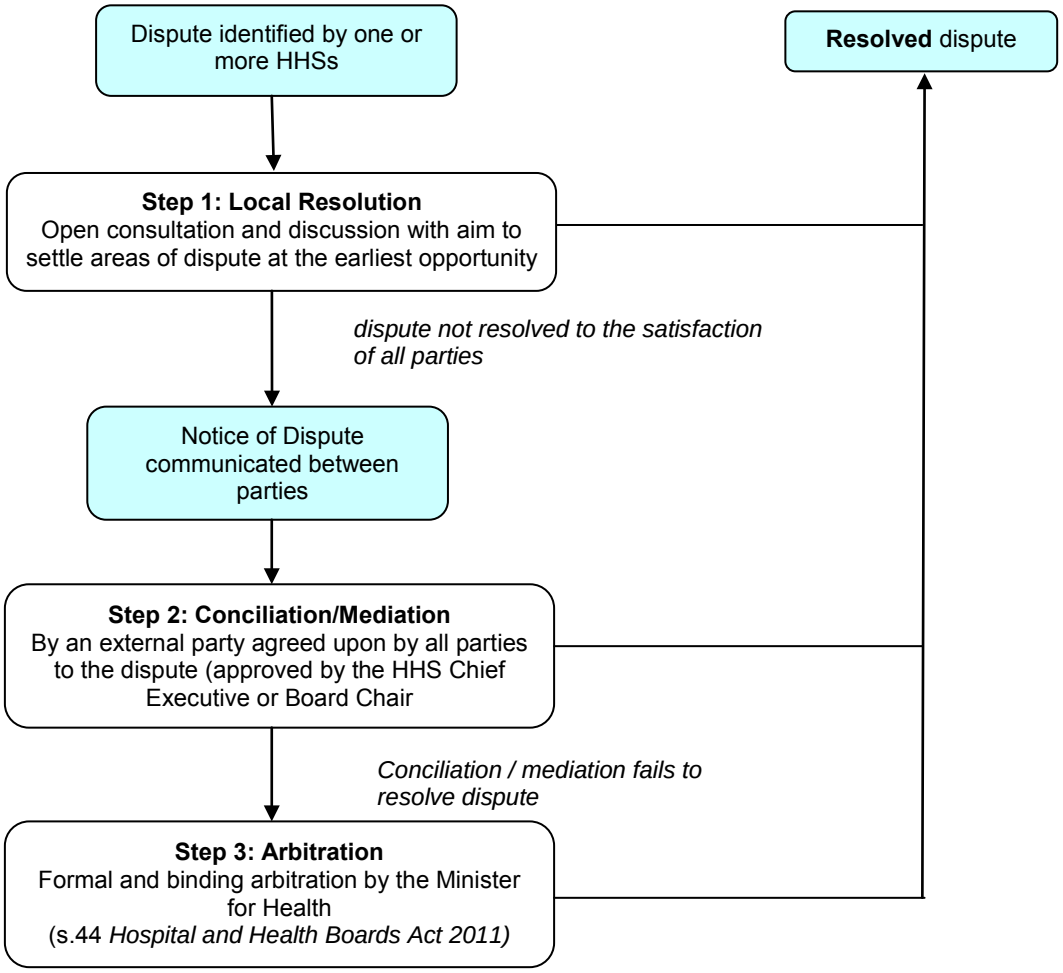
11.2 Continued Performance

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.

11.3 Disputes arising between Hospital and Health Services

1. 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.
2. If the HHS wishes to escalate a dispute that HHS 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.
3. The HHS agreed that 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 Clinical Services Capability Framework (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



12. Force Majeure

1. 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:
     - (i) the occurrence and nature of the force majeure
     - (ii) the anticipated duration of the force majeure
     - (iii) 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
     - (iv) 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
   - (c) give written notice to the other party within five (5) days of the cessation of the force majeure.

2. 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's performance or non-performance of this agreement during the force majeure and the HHS must comply with that direction.
3. Neither party may terminate this agreement due to a force majeure event.

13. Hospital and Health Service Accountabilities

1. 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*
   - all health services directives applicable to the HHS.
2. 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 undertake a self-assessment in September each year against the 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 v3.1. 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 a notification process.
     – 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.

3. 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.

13.1 Accreditation

1. All Queensland public hospitals, day procedure services and health care centres (howsoever titled) managed within the framework of HHSs are to maintain accreditation under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme.
2. Accreditation will be against the ten clinical National Safety and Quality Health Service (NSQHS) Standards and will include any other standards offered by the accrediting agency, engaged by the HHS.
3. Accreditation of residential aged care facilities by the Aged Care Standards and Accreditation Agency will continue.
4. 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.
5. Mental health services must maintain accreditation against the NSQHS Standards and the National Standards for Mental Health Services.
6. 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).
7. 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.
8. Following an accreditation on site survey the HHS will provide details of not met core actions to the Senior Director, Patient Safety Unit within seven (7) days, providing no significant patient risks have been identified (see below for Significant Patient Risk).
9. 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.

13.1.1 Significant Patient Risk

1. 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.

2. 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:
   - surveyors are to notify both the HHS and their accrediting agency that a significant issue has been identified
   - surveyors and/or an accrediting agency are to negotiate with the HHS a plan of action and timeframe to remedy the issues
   - 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 (2) days of a surveyor confirming a significant patient risk.

13.1.2 Non accreditation

1. If a HHS does not meet accreditation requirements at a mid-cycle survey or full survey, the HHS then has 90 days to address any not met actions.
2. If the HHS has not met accreditation requirements at a mid-cycle or full survey, the HHS will inform the Department of Health through the relationship management group meeting.
3. 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.
4. If the HHS has not met accreditation requirements after the 90 day period, the accrediting agency and the HHS will inform the Senior Director, Patient Safety Unit within two (2) days by email to the PSU email account (PSU@health.qld.gov.au). The Department of Health responsive regulatory process will then be activated.

13.1.3 Responsive Regulatory Process

1. 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.
2. 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.
3. 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).
4. 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.

5. 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.

13.2 Provision of clinical products/consumables in outpatient settings

1. Upon discharge as an inpatient or outpatient, and where products/consumables are provided free of charge or at a subsidised charge, the treating HHS shall bear the initial costs of products/consumables provided to the patient/consumer as part of their care. These costs shall be met by the treating HHS for a sufficient period of time to ensure the patient/consumer incurs no disruption to their access to the clinically prescribed clinical products/consumables.
2. Unless otherwise determined by the HHS providing the clinical products/consumables, ongoing direct costs (beyond an initial period following discharge as an inpatient) of the provided products/consumables shall be borne by the residential HHS of the outpatient/consumer.
3. Where guidelines exist (e.g. Guideline for Compression Garments for Adults with Malignancy Related Lymphoedema: Eligibility, Supply and Costing and Guideline for Home Enteral Nutrition Services for Outpatients: Eligibility, Supply and Costing), standardised eligibility criteria and charges should apply.
4. Where a patient is supplied with medicines on discharge, or consequent to an outpatient appointment, that are being introduced to a patient's treatment, the following rules should apply:
   - the treating HHS shall provide prescription(s) for an adequate initial supply. this shall comprise:
     - for medicines reimbursable under the Pharmaceutical Benefits Scheme (PBS), including the Section 100 Highly Specialised Drugs Program – the quantity that has been clinically-appropriately prescribed or the maximum PBS supply, whichever is the lesser
     - or non-reimbursable medicines, one month's supply or a complete course of treatment, whichever is the lesser.
5. For medicines that are non-reimbursable under the PBS, and which are not included in the Queensland Health List of Approved Medicines (LAM), the residential HHS shall be responsible for ongoing supply, provided that the treating HHS has provided the residential HHS with documentary evidence of the gatekeeping approval at the treating HHS for the non-LAM medicine.

6. For non-reimbursable medicines listed on the LAM for the condition being treated, the residential HHS is responsible for ongoing supplies.
7. PBS-reimbursable prescriptions issued by a public hospital may be dispensed at any other public hospital that has the ability to claim reimbursement. Patients may, in accordance with hospital policy, be encouraged to have their PBS prescriptions dispensed at a private pharmacy of their choice.

13.3 Land, Buildings and Maintenance

1. The HHS will ensure building and infrastructure assets are managed in accordance with the specifications of any relevant transfer notices published as a gazette notice by the Minister for Health under section 273A of the *Hospital and Health Boards Act 2011*.
2. 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 annual maintenance expenditure is 2.15% of the undepreciated asset replacement value of the building portfolio (or the nominated percentage in the approved Annual Maintenance Plan).
3. The HHS will proactively address the recommendations within the final Asset Management Capability Assessment report within a two year timeframe or as mutually agreed.
4. 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.

13.4 Occupational Health and Safety

1. The HHS, whether prescribed or not prescribed as an employer, 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. This includes safety arrangements for employee incident investigation, workers compensation, rehabilitation and reporting.
2. The HHS, in the management of Health Service Employees provided by the Chief Executive, will comply with all obligations and responsibilities, in accordance with:
   - the Queensland Health Occupational Health and Safety Management System, or AS4801 Occupational Health and Safety Management System
   - the Safety Assurance Assessment Model including key performance indicators and audit program.

13.5 Workforce Management

1. For HHSs which are not prescribed as employers, health service employees (excluding persons appointed as a Health Executive and contracted senior health service employees) are employees of the Chief Executive as provided for in the

Hospital and Health Boards Act 2011. Where the HHS is not prescribed as an employer, the Chief Executive will provide health service employees to perform work for the HHS.

2. 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.
3. 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:
   - 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*
   - health employment directives, issued by the Chief Executive under section 51A 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
   - the relevant HR delegations manual
   - any other relevant legislation.
4. This includes but is not limited to ensuring Health Service Employees are suitably qualified to perform their required functions.
5. Where the HHS is prescribed as an employer, the HHS will be the employer of the health service employees working for the HHS, and will manage its employees in accordance with section 66 of the *Hospital and Health Boards Act 2011* and applicable health service directives and health employment directives.
6. Persons appointed in a HHS as a health executive or contracted senior health service employees are employees of the HHS, regardless of whether the HHS is prescribed as an employer or not as per section 20 of the *Hospital and Health Boards Act 2011*.
7. All HHSs shall provide to the Chief Executive human resource, workforce, and health and safety reports of a type, and at the intervals, agreed between the Parties, or as reasonably specified by the Chief Executive.

14. Department of Health Accountabilities

1. 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*
   - all Cabinet decisions applicable to the Department of Health.

2. The Department of Health will work in collaboration 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
   - provide the HHS with funding specified under schedule 2 of this service agreement
   - provide and maintain payroll and rostering systems to the HHS unless agreed otherwise between the parties
   - operate 13 HEALTH as a first point of contact for health advice with timely HHS advice and information where appropriate to local issues
   - balance the benefits of the local and system-wide approach.

14.1 Workforce Management

Where a HHS is not prescribed as an employer, the Chief Executive agrees to provide Health Service Employees to:

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

15. Indemnity

1. The HHS 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 any of the following:
   (a) any wilful, unlawful or negligent act or omission of the HHS or an officer, employee or agent of the HHS in the course of the performance or attempted or purported performance of this agreement
   (b) any penalty imposed for breach of any applicable law in relation to the HHS's performance of this agreement
   (c) a breach of this agreement
   (d) 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.
2. The Chief Executive (or delegate) will provide indemnity for Health Service Employees working in and for the HHS seeking indemnity in accordance with:
   - Indemnity for Queensland Health Medical Practitioners HR Policy I2

- Guideline for the grant of indemnities and legal assistance to State employees entitled *Queensland Government Indemnity Guideline*

as amended from time to time.

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

16. 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*

(b) is otherwise retained by the Department of Health

each party must (at its own cost):

(a) do all things

(b) execute such documents

(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.

17. Execution

1. The terms of this service agreement were agreed under the provisions set out in the *Hospital and Health Boards Act 2011*, section 35 on 28 June 2013, and were subsequently amended by the deeds of amendment entered into pursuant to section 39 of the *Hospital and Health Boards Act 2011* and executed on 29 November 2013, 31 January 2014, 30 May 2014 and [YYYY] 2014.
2. This revised service agreement consolidates amendments arising from 2013/14 amendment windows one, two, three and four.
3. Execution source documents are available on the service agreement website www.health.qld.gov.au/system-governance/health-system/managing/default.asp

Schedule 1
Hospital and Health Service Profile

1. Purpose

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

- the services
- the teaching training and research responsibilities
- 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.

2. Hospital and Health Service Overview

1. 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.
2. 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 the 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).
3. 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.

[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)

3. Services and Facilities

3.1 Facilities

The HHS is responsible for operating the following facilities. The levels allocated to each facility under the CSCF (v3.1) based on the 2013 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.

3.2 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).

3.2.1 Inpatient Services

- Anaesthetic Services
- Breast Surgery
- Burns
- Cardiology
- Children's Services
- Colorectal Surgery
- Critical Care
- Dental Surgery
- Dermatology
- Drug and Alcohol
- Ear, Nose and Throat
- Endocrinology
- Gastroenterology
- General Medicine
- General Surgery
- Geriatric Medicine
- Gynaecology
- Haematological Surgery
- Head and Neck Surgery
- Immunology and Infections
- Medical Oncology

- Neonatology
- Neurology
- Neurosurgery
- Nuclear Medicine
- Obstetrics
- Ophthalmology
- Orthopaedics
- Pain Management
- Palliative Care
- Plastic and Reconstructive Surgery
- Psychiatry, including Forensic Psychiatry
- Renal Medicine
- Respiratory Medicine
- Rheumatology
- Sub-Acute Care
- Thoracic Surgery
- Urology
- Upper Gastrointestinal Tract Surgery
- Vascular Surgery.

3.2.2 Outpatient and Ambulatory Services

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

- Rehabilitation
- Renal
- Rheumatology
- Thoracic Medicine
- Urology.

3.2.3 Procedures and Interventions

- Chemotherapy
- Dialysis
- Endoscopy.

3.2.4 State Funded Outreach Services

1. 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 as part of the providing HHS's funding base
   - the activity should be recorded at the HHS where the service is being provided
   - the Department of Health will purchase outreach activity based on the utilisation of the ABF price when outreach services are delivered in an ABF facility.
2. Where new or expanded state funded outreach services are developed the following principles apply:
   - the Department of Health 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 or 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 should be communicated to the Department of Health to ensure that any necessary funding changes are actioned as part of the service agreement amendment process and/or the annual negotiation of the service agreement value
   - the activity should be recorded at the HHS where the service is being provided.

3. In the event of a disagreement regarding the continued provision of state funded outreach services:
   - any proposed cessation of outreach services will be negotiated between HHSs to mitigate any potential disadvantage or risks to either HHS
   - re-distribution of funding will be agreed between the HHSs and communicated to the Department of Health to action through the service agreement amendment process and/or the annual renegotiation of the service agreement value.

3.2.5 Telehealth Services

1. 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. Any decrease in the range or level of service must be agreed by both parties.
2. The HHS will support implementation of the 'Rural Telehealth Service' including the telehealth emergency support service contemplated in the '*Blueprint for Better Healthcare in Queensland*'. The HHS will collaborate with the Department of Health, other HHSs, relevant non-government organisations and primary care stakeholders to contribute to an expanded network of telehealth services better enabling a program of scheduled and unscheduled care.
3. The HHS will ensure dedicated telehealth coordinators progress the telehealth agenda locally, driving stakeholder engagement, adoption, planning and implementation activities that will support and grow telehealth enabled services through substitution of existing face to face services and identification of new telehealth enabled models of care.

3.2.6 Newborn Hearing Screening

In line with the National Framework for Neonatal Hearing Screening the HHS will:

- provide newborn hearing screening in all birthing hospitals and screening facilities
- provide where applicable, co-ordination, diagnostic audiology, family support, and childhood hearing clinic services which meet the existing screening, audiology and medical protocols available from the Healthy Hearing website
- provide data to the Healthy Hearing state-wide program in accordance with Healthy Hearing's protocols.

3.2.7 Rural and Remote Clinical Support

1. Darling Downs HHS will host clinical support functions on behalf of all HHSs operating rural and remote facilities as outlined in the Darling Downs HHS service agreement.
2. Torres and Cape 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 Torres and Cape HHS service agreement.

3.2.8 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.

4. Primary Health, Community Services and Public Health

4.1 Facilities

The HHS will deliver primary health, community services and public health services 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.

4.2 Services Provided

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

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

- School Health
- Women's Health.

4.3 Public Health Services

4.3.1 Specialist Public Health Units

1. 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
   - regulatory monitoring, enforcement and compliance activity on behalf of the Department of Health.
2. The HHS will provide data to support Queensland meeting the mandatory reporting requirements of the National Notifiable Diseases Surveillance System.

4.3.2 Public Health Events of State Significance

1. 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
   - non-communicable disease cluster assessment.
2. The HHS will lead the investigation and response in situations where there is a risk of communicable disease transmission or environmental hazard exposure in their public hospitals.

4.3.3 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.

4.3.4 Immunisation Services

The HHS will maintain or improve existing immunisation coverage through:

- national immunisation program
- opportunistic immunisation in health care facilities
- special immunisation programs
- 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 of Health according to the current funding model.

4.3.5 Tuberculosis Services

1. 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.*
2. The HHS will provide data to support Queensland meeting the mandatory reporting requirements of the National Notifiable Diseases Surveillance System.

4.3.6 Sexual Health and Viral Hepatitis Services

The HHS will:

- maintain or increase Blood Borne Viruses (BBV) and Sexually Transmitted Infections (STI)service delivery by suitably qualified staff in accordance with a locally endorsed and dated Health Management Protocol to support the current *Drug Therapy Protocol – Sexual Health Program Nurse (including Reproductive Health)*
- maintain or increase the service level of Indigenous BBV and 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 the level of support to the Metro South HHS based Contact Tracing Support Officer program
- maintain or increase the level of support provided to the Darling Downs HHS based BBV and STI Coordinator program
- maintain or increase the level of support for BBV and STI community based programs for at risk populations including access to relevant resources including the Needle and Syringe Program.

4.4 Cancer Screening Services

1. 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 bowel cancer screening services in accordance with the National Bowel Cancer Screening Program:
     – services to be provided across West Moreton HHS excluding the Statistical Local Area (SLAs) 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 SLAs of 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:
     – 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.
2. While screening schedules are ideally finalised by HHSs six months in advance, confirmation of mobile and relocatable sites is required by the 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.
3. The 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.

4.5 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 obligations relating to the National Partnership Agreement on Treating More Public Dental Patients
- ensure that oral health services fulfil the relevant obligations under the Medicare Child Dental Benefits Schedule and that benefits are claimed where applicable
- 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.

4.6 Offender Health Services

The HHS will:

- provide health services to prisons located within the HHS (Offender Health Service)
- provide the Department of Health with an annual report detailing the Offender Health Services which have been provided to prisons within the HHS
- where necessary, for both health and security reasons, agree for the transportation of the prisoner to a Queensland Health Secure Unit for tertiary and secondary health services
- continue to host the statewide management of medical records for all Queensland prisoners
- provide offenders with smoking cessation support.

4.7 Refugee Health

This section does not apply to this HHS.

5. Residential and Aged Care Facilities

This section does not apply to this HHS.

6. Mental Health and Alcohol and Other Drug Facilities and Services

6.1 Facilities

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

- 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
- The Park Centre for Mental Health.

6.2 Clinical Services Provided

The HHS will continue to provide the following services through the facilities listed above and in accordance with national standards, including the National Standards for Mental Health Services (2010). Note: not all facilities provide all services and some services may be provided only in a limited capacity. Some services are provided on an outreach basis across the HHS (or multiple HHS where indicated).

6.2.1 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.

6.2.2 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.

6.2.3 Alcohol and Other Drug Services

- Alcohol, Tobacco and Other Drug Services
- Alcohol and Other Drugs Consultation and Liaison Services
- Court Referral Treatment Services
- Needle and Syringe Program
- Opioid Treatment Programs
- Prevention and Early Intervention Program.

6.2.4 Statewide Services

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

- High Security Inpatient Service (statewide)
- Extended Treatment and Rehabilitation Forensic Unit (statewide).

6.2.5 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
- Extended Treatment and Rehabilitation Decentralisation Program
- Mental Health Act Liaison and Delegate Program
- Mental Health Information Management Program.

6.2.6 Hosted Services

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

- Mental Health Benchmarking Unit (statewide)
- Queensland Centre for Mental Health Learning (statewide)
- Queensland Centre for Mental Health Research (statewide)
- Service Evaluation and Research Unit (statewide).

7. Closing the Gap in Health outcomes for Aboriginal and Torres Strait Islander People

1. The Queensland Aboriginal and Torres Strait Islander health investment strategy 2013-16 articulates the broad, evidence-based investment priorities for services and programs aimed at closing the health gap by 2033 and achieving sustainable health gains for Aboriginal and Torres Strait Islander people in Queensland. The investment strategy is incorporated in the *Blueprint for better health outcomes for Aboriginal and Torres Strait Islander people in Queensland* (currently under development).
2. To support the delivery of Indigenous health priorities, the HHS has been funded in schedule 2 to provide health services targeted to Aboriginal and Torres Strait Islander Queenslanders.
3. To ensure that Indigenous health commitments and goals are being met, the Department of Health will report annually against performance measures which underpin the investment strategy. This report will quantify progress towards closing the gap in health inequality for Indigenous Queenslanders at a state-wide and HHS level.
4. More details on the specific funding and reporting requirements to address Aboriginal and Torres Strait Islander health disparities are available in the memorandum *titled 2014-2015 to 2015-2016 Closing the Gap funding allocations to West Moreton Hospital and Health Service, file reference PS000559*.

8. Hosted Services

This section does not apply to this HHS.

9. Teaching, Training and Research

1. 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.
2. Four principles underpin the provision of teaching (generally referred to as clinical education and training) and research within and across HHSs:
   - Sustainability – Clinical education and training programs are maintained, support investment in re-entry and pre-entry clinical education, vocational training programs and assist the development of a sustainable and safe clinical workforce.
   - Consistency – Clinical education and training is managed in a consistent manner across HHSs to develop a workforce with flexible and transferable skills.
   - Efficiency – Clinical education and training programs are managed in a way that promotes the efficient use of available resources within and across HHSs.

- Collaboration – HHSs work together to support education and training programs that provide sufficient number of appropriately trained and qualified staff to meet Queensland's clinical workforce requirements.

9.1 Clinical Education and Training

1. The HHS will:
   - continue to support and align with the current Student Placement Deed Framework which governs clinical placements from relevant tertiary education providers in Queensland HHS facilities
   - comply with the obligations and responsibilities of Queensland Health under the Student Placement Deed, as appropriate, as operator of the facility at which the student placement is taking place
   - comply with the terms and conditions of students from Australian education providers participating in the Student Placement Deed Framework
   - only accept clinical placements of students from Australian education providers participating in the Student Placement Deed Framework
   - continue to provide training placements consistent with and proportionate to the capacity of the HHS. This includes, but is not limited to, the provision of placements for the following professional groups relevant to the HHS:
     – medical students
     – nursing and midwifery students
     – pre-entry clinical allied health students
     – interns
     – rural generalist trainees
     – vocational medical trainees
     – first year nurses and midwives
     – re-entry to professional register nursing and midwifery candidates
     – dental students.
   - participate in vocational medical rotational training schemes, facilitate the movement of vocational trainees between HHSs and work collaboratively across HHSs to support education and training program outcomes
   - report annually on the number of pre-entry clinical placements for allied health professions to the Allied Health Professions' Office of Queensland, Department of Health
   - comply with the state-wide vocational medical training pathway models including:
     – The Queensland Basic Physician Training Pathway
     – The Queensland Intensive Care Training Pathway
     – The Queensland Basic Paediatric Training Network.
   - provide clinical area placements for physiotherapy pre-entry students from additional funding provided through the Physiotherapy pre-registration Clinical Placement Agreement

- provide clinical area placements for dietetics pre-entry students from additional funding provided through relevant agreements with Universities.

2. In addition, *the Health Practitioner (Queensland Health) Certified Agreement (No 2) 2011* (the HP agreement) requires HHSs 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
   - support development of allied health clinical education capacity through continued implementation and retention of clinical educator positions provided through the HP agreement, continuing to provide allied health pre-entry clinical placements and maintaining support for allied health HP 3 to 4 rural development pathway positions
   - 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.

9.2 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 Health 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

1. Introduction

This schedule sets out:

- the activity purchased by the Department of Health from the HHS (table 2.2)
- the funding provided for delivery of the purchased activity (table 2.2)
- specific funding commitments (table 2.1)
- the sources of funding that this service agreement is based on and the manner in which these funds will be provided to the HHS (table 2.3).

2. Data reporting requirements

1. 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.
2. 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
   - 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.
3. 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.
4. 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.
5. 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 full time equivalents (FTEs) (as recorded by Minimum Obligatory Human Resource Information (MOHRI)), expenditure, own source revenue (OSR), activity and National Emergency Access Target (NEAT) and elective surgery and outpatient trajectories.
6. 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.

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

3. Specific Funding Commitments

1. As part of the 2014/15 service agreement value, the specific services set out in table 2.1 below have been purchased by the Department of Health from the HHS. These services will be the focus of detailed monitoring.

Table 2.1 Specific Funding Commitments

Specific Funding	Description
NPA: Treating More Public Dental Patients	1. Baseline 2014/15: • $9,796,000 to deliver 163,190 weighted occasions of service (WOOS) 2. NPA July 2014 to March 2015: • $1,350,179 to deliver an additional 23,279 WOOS above baseline activity. Note: Service items funded by Medicare under the Child Dental Benefit Schedule will not contribute towards activity targets.
Mums and Bubs Election Commitment	Total funding allocation for 2014/2015 of $591,222 to deliver 5,971 postnatal home visits. Includes additional funding of $234,028 to deliver 1,089 additional visits.
Breast Screen	$1,917,529 has been provided to deliver a target of 11,200 screens in 2014/15.
Transition Funding	$1,660,160 for Ipswich Hospital
Backlog Maintenance Remediation Program (BMRP)	An annual allocation of $4,983,000 will be used to address backlog maintenance identified prior to 31 December 2012. The BMRP annual allocation for each of the 2014/2015, 2015/2016, and 2016/2017 financial years consists of: • DoH allocation of $3,971,000 • HHS contribution of $1,012,000. Backlog maintenance liability reduction targets are as follows: • 2013/2014 - $4,983,000 (25%) • 2014/2015 - $9,966,000 (50%) • 2015/2016 - $14,949,000 (75%) • 2016-2017 - $19,933,000 (100%) The BMRP Requirements document sets out the obligations of the HHS for the funding provided. BMRP expenditure is in addition to the HHS regular building maintenance activities and expenditure as demonstrated through an annual maintenance plan approved by the Chief Executive.
Mental Health Alcohol and Other Drugs	Funding in 2014/15 of: • $513,583 non-recurrent transition funding for Gailes New 18-Bed CCU
Emergency Department	$662,115 additional funding provided for Emergency Department activity

<table>
<tr><th>Specific Funding</th><th>Description</th></tr>
<tr><td>Healthcare Innovation Fund (HIF)</td><td>2014/15 funding:
<table>
<tr><th>Program</th><th>Name of Project</th><th>Total</th></tr>
<tr><td>HIF*</td><td>Orthopaedic Screening in Primary Health Care Project (OSiP)</td><td>$494,197</td></tr>
</table>
*50% of the total HIF of $494,197 has been allocated to the HHS. The remaining 50% ($247,098) will be paid during 2014/15 conditional upon program performance and confirmation of actual program resourcing requirements in year.

2013/14 healthcare innovation funding deferred to 2014/15
<table>
<tr><th>Program</th><th>Name of Project</th><th>Total</th></tr>
<tr><td>HIF*</td><td>Orthopaedic Screening in Primary Health Care Project (OSiP)</td><td>$250,000</td></tr>
</table></td></tr>
<tr><td>Queensland Aboriginal and Torres Strait Islander Health Investment Strategy</td><td>2014/2015: $1,352,052 plus $364,905 deferred from 2013/14
2015/2016: $1,379,655
The HHS will deliver the initiatives and outcomes outlined in memorandum PS000559, through the provision of services including:
chronic disease management services
sexual and reproductive health services
Indigenous hospital liaison services
continuous quality improvement activities
Indigenous cultural capability services</td></tr>
</table>

2. 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.
3. Where funding is allocated in-year for other specific State Government funding announcements, the service agreement value will be amended.

4. MOHRI FTE

It should be noted that on the basis of the growth being 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 2,650 FTE in 2014/15.

5. Non-ABF Funding

The non-ABF funding for 2014/15 has been split over a number of categories and will be reviewed as part of the primary and community care project in year as specific service reviews are completed, with any changes agreed by both parties.

6. Minor Capital Funding

The associated equity transfer requires endorsement by the Minister for Health. Following this approval funding for Minor Capital will be provided in the next available amendment window.

Table 2.2a HHS Finance and Activity Schedule

HHS: West Moreton

ABF *2015/16 figures are 2014/15 purchased with general growth & amendments

Service Stream	Purchased 13/14 (W4) QWAU	Purchased 13/14 (W4) $ (Price: $4500)	Purchased 14/15 QWAU	Purchased 14/15 $ (Price: $4676)	Change (13/14 to 14/15) QWAU	Change (13/14 to 14/15) $ (Price: $4676)	Purchased 15/16 * QWAU (Not Legally Binding)	Purchased 15/16 * $ (Price: $4676) (Not Legally Binding)
Inpatients	29,968	$134,853,873	32,529	$152,107,028	2,562	$17,253,154	34,169	$159,775,668
Outpatients	6,235	$28,055,789	7,943	$37,141,834	1,708	$9,086,045	7,943	$37,141,834
Procedures & Interventions	3,048	$13,716,456	3,284	$15,356,867	236	$1,640,411	3,705	$17,325,463
Emergency Department	9,242	$41,588,307	7,996	$37,389,306	(1,246)	($4,199,001)	8,126	$37,997,186
Sub & Non-Acute	2,846	$12,808,730	3,719	$17,389,713	873	$4,580,983	4,251	$19,877,345
Mental Health	3,152	$14,182,792	3,659	$17,110,324	507	$2,927,532	5,664	$26,485,704
Subtotal	**54,490**	**$245,205,947**	**59,131**	**$276,495,072**	**4,640**	**$31,289,125**	**63,859**	**$298,603,200**
Clinical Education & Training	0	$9,213,904	0	$8,650,894	0	($563,010)	0	$8,650,894
Site Specific Grants	0	$293,552	0	$0	0	($293,552)	0	$0
Baseline Adjustment	0	$667,278	0	($14,951,485)	0	($15,618,763)	0	($14,840,230)
Efficiency Adjustment	0	$0	0	($2,452,059)	0	($2,452,059)	0	($2,452,059)
Total ABF Funding	**54,490**	**$255,380,681**	**59,131**	**$267,742,422**	**4,640**	**$12,361,741**	**63,859**	**$288,658,921**

Non-ABF

Category	Purchased 13/14 (W4) QWAU	Purchased 13/14 (W4) $ (Price: $4500)	Purchased 14/15 QWAU	Purchased 14/15 $ (Price: $4676)	Change (13/14 to 14/15) QWAU	Change (13/14 to 14/15) $ (Price: $4676)	Purchased 15/16 * QWAU (Not Legally Binding)	Purchased 15/16 * $ (Price: $4676) (Not Legally Binding)
ABF Equivalent - Block Funded	22,531	$93,418,772	20,987	$97,716,036	(1,544)	$4,297,264	20,987	$97,716,036
Baseline Transition	0	($4,363,596)	0	($6,434,480)	0	($2,070,884)	0	($6,434,480)
Efficiency Adjustment	0	$0	0	($934,188)	0	($934,188)	0	($934,188)
Subtotal NEC	**22,531**	**$89,055,176**	**20,987**	**$90,347,368**	**(1,544)**	**$1,292,192**	**20,987**	**$90,347,368**
Other Non-ABF Funding#	0	$97,841,322	0	$87,228,195	0	($10,613,127)	0	$85,380,670
Total Non-ABF Funding	**22,531**	**$186,896,498**	**20,987**	**$177,575,563**	**(1,544)**	**($9,320,935)**	**20,987**	**$175,728,038**

Grand Total

	Purchased 13/14 (W4) QWAU	Purchased 13/14 (W4) $	Purchased 14/15 QWAU	Purchased 14/15 $ (Price: $4676)	Change (13/14 to 14/15) QWAU	Change (13/14 to 14/15) $ (Price: $4676)	Purchased 15/16 QWAU (Not Legally Binding)	Purchased 15/16 $ (Price: $4676)(Not Legally Binding)
Grand Total	**77,021**	**$442,277,179**	**80,118**	**$445,317,985**	**3,097**	**$3,040,805**	**84,846**	**$464,386,959**

For details see Table 2.2b Other Non-ABF Funding

Table 2.2b Non-ABF Summary

HHS: West Moreton

Category	Purchased 14/15 QWAU	Purchased 14/15 $
ABF Equivalent Activity delivered by Outsourced Provider	0	$0
Aged Care Assessment Program	0	$924,629
Alcohol, Tobacco and Other Drugs	0	$3,242,005
Care Co-ordination	0	$0
Child & Youth	0	$3,616,980
Chronic Disease	0	$3,405,142
Commercial Activities and Other Funding	0	$1,535,802
Commonwealth Home and Community Care (HACC) Program	0	$1,490,973
Communicable Diseases	0	$213,770
Community Allied Health	0	$102,374
Community Care Programs	0	$92,672
Community Mental Health - Adult	0	$8,117,913
Community Mental Health - Child & Youth	0	$158,464
Community Palliative Care	0	$206,744
Community Rehabilitation	0	($566,592)
Consumer Information Services	0	$0
Depreciation	0	$13,997,114
Environmental Health	0	$918,438
Home and Community Medical Aids & Appliances	0	$13,437
Home Care Packages	0	$744,094
IHPA Block Funded Services - TPN, HEN, HV	0	$105,492
Intellectual Disability Residential Care Services	0	$1,797,249
Interstate Patients	0	$2,429,072
Maternal Health	0	$580,646
Multi-Purpose Health Services	0	$0
Offender Health Services	0	$9,435,459
Oral Health	0	$11,391,283
Patient Transport	0	$4,489,271
Preventative Services	0	$1,380,073
Primary Health Care	0	$1,890,101
Research	0	$316,921
Residential Aged Care	0	$0
Screening Programs	0	$2,044,803
Sexual Health	0	$1,335,028
State-Wide Functions	0	$7,090,224
Transition Care	0	$3,822,412
Women's and Men's Health	0	$906,199
Total	**0**	**$87,228,195**

7. Funding Sources

1. The four main funding sources contributing to the HHS service agreement value are:
   - Commonwealth funding
   - State funding
   - Grants and Contributions
   - OSR.
2. 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 in table 2.2.

Table 2.3 Hospital and Health Service Funding Sources 2014/15

Funding Source	Value ($)
Pool Account – ABF Funding[2]	
State and Commonwealth	267,742,422
State Managed Fund – Block Funding[3]	
State and Commonwealth	118,539,234
Locally Receipted Grants	7,531,529
Locally Receipted Own Source Revenue	16,333,313
Department of Health Funding[4]	35,171,487
TOTAL	**445,317,985**

7.1 Funding where actual activity exceeds purchased activity

1. In 2014/15, the Commonwealth Government will fund 45% of 'efficient growth' in public hospital services at ABF facilities. This will include a price adjustment and a volume adjustment. The volume adjustment will be calculated as growth in the number of National Weighted Activity Units (NWAUs) multiplied by the National Efficient Price (NEP) multiplied by 45%. This calculation will be performed at a Statewide level.

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[2] Pool Account - ABF Funding includes: Inpatient; Outpatient; Procedures and Interventions; Emergency Department; Sub-Acute; and Mental Health, each allocated a proportion of Other ABF Adjustments (less Clinical Education) and Site Specific Grants. The totals included within this table are included in table 2.4 'HHS service agreement and state level block payments to state managed funds from Commonwealth payments into national funding pool'.

[3] State Managed Fund - Block Funding includes: CSO Facilities; MPHS Facilities; Primary Care Outpatient Centres; non-admitted Mental Health; Community Health; and Teaching, Training and Research. The total included here for the Commonwealth contribution to the State Managed Fund can be found in table 2.4 'HHS service agreement and state level block payments to state managed funds from Commonwealth payments into national funding pool'.

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

2. Commonwealth growth funding will initially be based on projected NWAUs as per service agreements, and will subsequently be reconciled based on actual volumes. These calculations are undertaken by the Administrator of the National Health Funding Pool.
3. An update to the QWAUs purchased in 2014/15 will be actioned in 2014/15 amendment window 1 to reflect the actual recurrent activity delivered by the HHS in 2013/14.
4. The contract value in service agreements will include both State and Commonwealth ABF funding.
5. Separate 'public Queensland Weighted Activity Unit (QWAU)' targets will be established for HHSs with ABF facilities, based on purchased QWAUs as per the service agreement. Public QWAUS will cover those services that are in-scope for the national ABF model but valued where possible based on the Queensland ABF model. 'Public QWAUs' will apply to ABF facilities only and will be calculated as follows:
   (a) public admitted patients (including acute, sub and non-acute, mental health and admitted procedures and interventions) – calculated at full QWAU value
   (b) private admitted patients – calculated at NWAU value, incorporating discounts in national ABF model
   (c) public emergency department and non-admitted patients (including outpatients and non-admitted procedures and interventions) – calculated at full QWAU value
6. Where a HHS exceeds its public QWAU target as stated in the service agreement, it will receive an additional 45% of the Queensland Efficient Price (QEP) per additional public QWAU.
7. Where a HHS is below its public QWAU target for its ABF facilities, funding will be reduced by 45% of the QEP or the budget cost per QWAU for that particular HHS if this is lower and the level of activity under delivery is greater than the growth provided in 2014/15. Budget cost per QWAU can be calculated from the HHS Finance and Activity Schedule (table 2.2a) as follows:

   (Total ABF Funding – Clinical education and training – site specific grants)/(Purchased ABF QWAUs).
8. Notwithstanding sub-paragraph 7 above:
   (a) where a HHS is below its public QWAU target because a specifically funded initiative has not yet commenced or is operating below capacity, funding will be reduced at 100% of the QEP
   (b) where a HHS is outside its stated tolerance and is not delivering on its key performance indicators, funding will also be reduced at 100% of the QEP.
9. Budget adjustments will be effected to coincide with service agreement amendment windows although accruals may be input into the general ledger during the year to better reflect likely revenue from the Commonwealth.
10. The principles and operation of efficient growth outlined in this section will be formally reviewed in February 2015 and any funding adjustments required will be actioned in the next available amendment window.

7.2 Public and private activity/Own Source Revenue

1. In the Commonwealth funding model, private admitted services attract NWAUs but at a discounted rate compared to public admitted services. Private non-admitted services do not attract NWAUs and are out of scope for Commonwealth growth funding.
2. Where a HHS is above its OSR target in respect of private patients, it will be able to retain the additional OSR with no compensating adjustments to funding from other sources.
3. Conversely where a HHS is below its OSR target in respect of private patients, it will experience a reduction in revenue with no compensating adjustments to funding from other sources.
4. Budget adjustments for changes in OSR from private patients will be effected to coincide with service agreement amendment windows.

8. Funds Disbursement

1. The Chief Executive of the Department of Health 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. The service agreement and state level block payments to state managed funds from Commonwealth payments into national funding pool are stated in table 2.4.
2. However, the State (represented by the Chief Executive) will not:
   - redirect Commonwealth payments between HHSs
   - redirect Commonwealth payments between funding streams (e.g. from ABF to Block Funding)
   - adjust the payment calculations underpinning the Commonwealth's funding.
3. Payment of ABF and Block Funding to the HHS will be on a fortnightly basis.
4. Further information on the disbursement of funds is available in the supporting document Health Funding Principles and Guidelines 2014/15.

Table 2.4 Hospital and Health Service service agreement and State Level Block Payments to state managed funds from Commonwealth payments into national funding pool

State:	QLD	Service agreement for financial year:	2014-15
HHS	West Moreton	Version for financial year:	
HHS ID		Version effective for payments from:	
		Version status:	220704 Final

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	Estimated C'w ABF funding contribution	Estimated State ABF funding contribution
	Admitted acute public services	30,139	$5,007	37.90%	$57,190,141	$95,984,739
	Admitted acute private services	2,638	$5,007	37.90%	$5,006,297	$8,402,289
	Emergency department services	7,996	$5,007	37.90%	$15,173,032	$25,465,570
	Non-admitted services	5,992	$5,007	37.90%	$11,370,980	$19,084,417
	Mental health services	2,619	$5,007	37.90%	$4,969,961	$8,341,305
	Sub-acute services	3,296	$5,007	37.90%	$6,255,243	$10,498,450
	LHN ABF Total	**52,681**			**$99,965,652**	**$167,776,770**

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

HHS block funding payment requirements:

Commonwealth block funding for state:

Block funding component	Estimated Commonwealth block funding contribution
Block funded hospitals	$37,327,397
Community mental health services	$4,082,185
Teaching, Training and Research	$3,474,511
Other block funded services	$39,979
Total block funding for state	**$44,924,072**

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	Estimated Commonwealth and state block funding contribution (ex GST)
Block funded hospitals	$98,494,210
Community mental health services	$10,771,487
Teaching, Training and Research	$9,168,045
Other block funded services	$105,492
Total block funding for LHN	**$118,539,234**

Total Commonwealth payments to LHN **$144,889,724**

Commonwealth % funding rate 37.90%

9. Funding Adjustments

1. The healthcare purchasing framework includes a range of funding adjustments which aim to incentivise cost and clinically effective care. This includes incentive payments (Quality Improvement Payments (QIP) and Payment for Outcomes (PfO)) for HHS who achieve quality targets in specific areas of priority. New and or/changed purchasing initiatives for 2014/15 are summarised in table 2.5.
2. 50% of the available PfO reward funding is included in service agreement values as a prospective payment to enable cash flow. Actual in-year performance will be reconciled at each amendment window and adjustments (additional payments or withdrawal of advance payment, dependent on performance) will be made via the service agreement amendment process.
3. The full detail and HHS value of each QIP scheme can be found in the relevant specification sheet. These are available on-line as detailed in Appendix 2.

Table 2.5 Healthcare Purchasing Framework 2014/15

Initiative	Description	Applicable HHS	Status for 2014/2015	Funding Adjustment
Pay for Outcome (PfO) Specialist outpatient access	Incentive payments for the percentage of people who were, at a monthly census date, waiting within the clinically recommended time for their urgency category for an initial specialist outpatient appointment.	All ABF facilities	New	50% of available reward paid in advance with actuals reconciliation as in-year amendment
PfO Chronic disease readmissions	Incentive payments for the percentage of patients readmitted as an emergency with a chronic condition to any Queensland hospital within 28 days of any in-scope index admission.	All ABF facilities	New	50% of available reward paid in advance with actuals reconciliation as in-year amendment
Quality Improvement Payment (QIP) Stroke	Incentive payments for HHSs that achieve targets in the proportion of acute stroke presentations receiving stroke unit care (for HHSs with stroke units), and targets in the proportion of stroke patients receiving specialist stroke support and multidisciplinary care (for HHSs without stroke units).	ABF and non-ABF facilities	Change from 2013/2014 – target population is now whole of HHS	Paid retrospectively as in-year amendments
QIP Smoking cessation	For HHSs that achieve targets in the proportion of inpatients clinically supported onto the Smoking Cessation Clinical Pathway.	All ABF and non-ABF facilities	New	Paid retrospectively as in-year amendments
QIP Childhood immunisation	For HHSs that achieve targets for the percentage of children fully immunised for their age cohort.	ABF and non-ABF HHS, excluding Children's Health Qld	New	Paid retrospectively as in-year amendments

Initiative	Description	Applicable HHS	Status for 2014/2015	Funding Adjustment
QIP Palliative care	For HHSs that achieve targets in the proportion of patients who have been given the opportunity to contemplate an Advance Care Plan (ACP).	All ABF facilities	New	Paid retrospectively as in-year amendments
QIP non-admitted data	For HHSs that achieve targets in the quality of non-admitted patient level data for national reporting requirements.	All ABF facilities	New	Paid retrospectively as in-year amendments
Rural care activity volume	Additional payment to block funded F and G facilities at a marginal rate ($2,220 per QWAU – 45% of the $4,935 2014/15 Qld price) for additional activity (IP/OP/subacute) up to cap (capped to 10% above the 2014/15 purchased QWAUs for each F/G facility).	ABF and non-ABF HHSs with IHPA F and G facilities	New	Paid retrospectively as in-year amendments
Nurse endoscopist	Same payment for the provision of endoscopy services whether undertaken by doctor or nurse endoscopist.	All ABF facilities	New	ABF Pricing model (Qld modification)
Telehealth	Incentivise uptake of telehealth activity by paying for additional outpatient activity volume or provision of telehealth consultancy for inpatients. *NB: Qld modification of reimbursing both outpatient provider and recipient maintained in ABF pricing model.	All ABF and non-ABF facilities	New	Paid retrospectively as in-year amendments
High cost/low volume activity	Additional payments for unforeseen variations in high cost, low volume activity	Certain in-scope specialist providers only	Change from 2013/2014 – in scope DRGs reviewed for 2014/15	Paid retrospectively as in-year amendments
Fractured neck of femur timely surgical access	DRG payment discounted by 20% if surgical treatment of fractured neck of femur (#NoF) is not within two (2) days	All ABF facilities who repair #NoF	Change from 2013/2014 from QIP to disincentive	ABF Pricing model (Qld modification)
Adverse events - BSI	Disincentives to minimise hospital acquired Blood Stream Infections (BSI)	All ABF facilities (including Mater)	Continues as per 2013/14	Prospective adjustment to service agreement based on past actuals with actuals reconciliation as in-year amendments

Initiative	Description	Applicable HHS	Status for 2014/2015	Funding Adjustment
Adverse events - pressure injury	Disincentives to minimise hospital acquired Stage 3 and 4 Pressure Injuries	All ABF facilities (including Mater)	Continues as per 2013/14	Prospective adjustment to service agreement based on past actuals with actuals reconciliation as in-year amendments
Adverse events - psychotropic medication	Disincentives to minimise hospital acquired injury associated with administration of psychotropic medication for mental health inpatients.	All ABF facilities (including Mater)	Continues as per 2013/14	Prospective adjustment to service agreement based on past actuals with actuals reconciliation as in-year amendments
Mental Health frequent re-admissions	No payment for more than ten admissions to acute mental health inpatient units within 12 months.	All ABF facilities (including Mater) with specialised acute mental health inpatient units.	Continues as per 2013/14	Adjusted retrospectively as in-year amendments
Healthcare Innovation Fund	Still to be confirmed for 2014/15. Commitment to honour existing schemes in 2014/15 (and 2015/16 where applicable).	HHSs with approved HIF projects	Continues as per 2013/14	In-year amendment
Emergency Department 'Did Not Wait' (DNW)	No payment for DNWs	All ABF facilities (including Mater)	Continues as per 2013/14	ABF Pricing model (Qld modification)
Pre-operative elective bed days	For elective surgery, reduction in the payment of long day stays is applied where there is a pre-operative admission and the length of stay is greater than the trim point.	All ABF facilities (including Mater)	Continues as per 2013/14	ABF Pricing model (Qld modification)
Outpatients	Retain Qld price differential between new and review outpatient price weight.	All ABF facilities (including Mater)	Continues as per 2013/14	ABF Pricing model (Qld modification)
Out-of-scope activity	No payment for activity identified as out of scope i.e. vasectomies, reversal of vasectomies and laser refraction.	All ABF facilities (including Mater)	Continues as per 2013/14	ABF Pricing model (Qld modification)
Never Events	Zero payment for six 'never' events.	All ABF facilities (including Mater)	Continues as per 2013/14	Adjusted retrospectively as in-year amendments

Initiative	Description	Applicable HHS	Status for 2014/2015	Funding Adjustment
Hospital in the Home (HITH)	HITH price of 85% and applied to three specific non-complex DRGs (pulmonary embolus, venous thrombosis and cellulitis).	All ABF facilities, (including Mater Adult and Mater Children's Hospital but excluding Mater Mothers)	Continues as per 2013/14	ABF Pricing model (Qld modification)

Schedule 3
Key Performance Indicators

1. Purpose

This schedule outlines the KPIs and their associated targets that the HHS will be required to meet.

2. Key Performance Indicators

The KPIs defined within this schedule are used within the Performance Management Framework to monitor the extent to which HHSs 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.

Table 3.1 Key Performance Indicators

(Note: only KPIs which are applicable to the HHS are included in the table below)

KPI No.	Key Performance Indicator (KPI)	Target	HHS applicable	Strategic Link
Effectiveness – Safety and Quality				
1	**In hospital mortality VLAD indicators** In hospital mortality rates for: • Acute myocardial infarction • Stroke • Fractured neck of femur • Pneumonia	Upper level flags or no lower level flags	All hospitals with sufficient number of episodes of care to enable monitoring	*National Performance and Accountability Framework* *Blueprint for Better Healthcare in Queensland* *Department of Health Strategic Plan 2014-2018*
2	**Unplanned Hospital Readmission VLAD Indicators** Unplanned hospital readmission rates for patients discharged following management of: • Acute myocardial infarction • Heart failure • Knee replacements • Hip replacements • Depression • Schizophrenia • Paediatric Tonsillectomy and adenoidectomy	Upper level flags or no lower level flags	All HHSs with sufficient number of episodes of care to enable monitoring	*National Performance and Accountability Framework* *Blueprint for Better Healthcare in Queensland* *Department of Health Strategic Plan 2014-2018*

KPI No.	Key Performance Indicator (KPI)	Target	HHS applicable	Strategic Link
3	**Healthcare–associated infections** Healthcare associated *staphylococcus aureus* (including MRSA) bacteraemia	**Facilities with ≥ 5,000 days of patient care under surveillance for the reporting period:** Rate is less than or equal to 2.0 per 10,000 patient days per healthcare facility **Facilities with ≤ 5,000 days of patient care under surveillance for the reporting period:** No specific target, any movement from zero to be discussed	All HHSs	*National Performance and Accountability Framework* *National Healthcare Agreement* *Blueprint for Better Healthcare in Queensland*
Equity and Effectiveness - Access				
4	**Shorter stays in emergency departments** National Emergency Access Target (NEAT): % of patients who attended an emergency department who depart within four (4) hours of arrival	2014: 83% 2015: 90%	Cairns and Hinterland Central Queensland Children's Health Queensland Darling Downs Gold Coast Mackay Metro North Metro South North West Sunshine Coast Townsville West Moreton Wide Bay	*National Performance and Accountability Framework* *National Partnership Agreement on Improving Public Hospital Services Schedule C – National Emergency Access Target* *Blueprint for Better Healthcare in Queensland*

KPI No.	Key Performance Indicator (KPI)	Target	HHS applicable	Strategic Link
5	**Fewer long waiting elective surgery patients** % of untreated elective surgery patients waiting more than the clinically recommended timeframe for their urgency category • Category 1: 30 days • Category 2: 90 days • Category 3: 365 days	Category 1: 0% to ≤ 1.0% Category 2: 0% to ≤ 1.0% Category 3: 0% to ≤ 1.0%	Cairns and Hinterland Central Queensland Children's Health Queensland Darling Downs Gold Coast Mackay Metro North Metro South North West Sunshine Coast Townsville West Moreton Wide Bay	*National Partnership Agreement on Improving Public Hospital Services Schedule A – National Elective Surgery Target* *Blueprint for Better Healthcare in Queensland*
6	**Fewer long waiting specialist outpatients** % of unseen specialist outpatients waiting more than the clinically recommended timeframe for their urgency category • Category 1: 30 days • Category 2: 90 days • Category 3: 365 days	≤HHS specific target	Cairns and Hinterland Central Queensland Children's Health Queensland Darling Downs Gold Coast Mackay Metro North Metro South North West Sunshine Coast Townsville West Moreton Wide Bay	*Blueprint for Better Healthcare in Queensland*

KPI No.	Key Performance Indicator (KPI)	Target	HHS applicable	Strategic Link
Efficiency – Efficiency and Financial Performance				
10	**Full-year forecast operating position** The Hospital and Health Service (HHS) full-year forecast operating position	Balanced, surplus or an agreed non-recurrent deficit	All HHSs	*Financial Accountability Act 2009* *Financial and Performance Management Standard 2009* *National Performance and Accountability Framework*
11	**Length of stay in public hospitals** The average (mean) length of stay for a given Australian Refined Diagnosis Related Group (AR-DRG) for patients who stay one or more nights in hospital	At or below AR-DRG target	Cairns and Hinterland Central Queensland Children's Health Queensland Darling Downs Gold Coast Mackay Metro North Metro South North West Sunshine Coast Townsville West Moreton Wide Bay	*National Health Performance Authority – Length of Stay in Public Hospitals 2011-12*
12	**Funded and average cost per QWAU** Year to date funded and cost per Queensland Weighted Activity Unit (QWAU)	At or below the HHS specific funded price per QWAU	All HHSs with ABF facilities	*National Performance and Accountability Framework* *Department of Health Strategic Plan 2014-2018*
Effectiveness – Patient Experience				
14	Measures of patient experience with: • Maternity services • Small hospitals	TBC	All HHSs	*National Performance and Accountability Framework*

Schedule 4
Definitions

In this service agreement:

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

Activity Based Funding (ABF) means 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.

Agreement means this service agreement.

Ambulatory Care means 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.

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'.

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

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.

Clinical product/consumable means a product that has been clinically prescribed by a treating clinician.

Clinically prescribed means prescribed by appropriately qualified and credentialed clinicians relative to the product

Clinical Services Capability Framework means the Clinical Services Capability Framework for Public and Licensed Private Health Facilities v3.1 which 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 means 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 means a treatment or procedure undertaken where the patient is admitted and discharged on the same date.

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.

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

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:
  - eligible for the Medicare Child Dental Benefits Schedule; or
  - four years of age or older and have not completed Year 10 of secondary school; or
  - dependents of current concession card holders or hold a current concession card.

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

Force Majeure means an event:

- which is outside of the reasonable control of the party claiming that the event has occurred; and
- 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 Executive means a person appointed as a health executive under section 67(2) of the Act.

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.*

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.

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

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

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.

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

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.*

Inpatient Service means 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).

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.

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

Outreach services means 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.

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.

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

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

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

Prescribed employer means a HHS which has been assessed and approved by the Minister for Health as having the capacity and capability to be an employer of health service employees and has subsequently been prescribed by Regulation in accordance with section 20 subsection 4 of the Hospital and Health Boards Act 2011 to be an employer of health service employees

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

Primary Care means 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 means an event where the actual or potential impact extends beyond the community service by a particular Hospital and Health Service.

Public Health Services means 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.

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.

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 Provider Engagement and Contract Delivery areas
- Senior Executive representatives nominated by the HHS, including the Chief Finance Officer, Chief Operating Officer, Director of Performance or equivalent.

Residential HHS means the HHS area, as determined by the Hospital and Health Boards Regulation 2012, in which the patient normally resides.

Schedule means this schedule to the service agreement.

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

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

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.

Statewide service means 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.

Super-speciality service means services with a high level of clinical complexity. Includes the pre- and post-procedural care associated with highly specialised, high-cost, low-volume procedures. These services require a critical mass of highly specialised and often scarce clinical expertise.

Telehealth means 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

Treating HHS means the HHS area, as determined by the Hospital and Health Boards Regulation 2012, in which a patient is receiving treatment.

Appendix 1 Clinical Services Capability Framework – 2013 Self-assessment

Services	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					
Post anaesthetic care (children)	3					
Acute pain	5					
Emergency Services	5	2	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 and interventional	3					
Cardiac rehabilitation - inpatient	5					

Services	Hospital Facilities					Other
	Ipswich Hospital	Gatton Hospital	Laidley Hospital	Esk Hospital	Boonah Hospital	The Park Centre for Mental Health
Cardiac rehabilitation - outpatient	5					
Cardiac rehabilitation - ongoing prevention and maintenance	5					
Maternity Services	4	1	2	1	1	
Neonatal Services	4					
Rehabilitation Services	4	1	2	2	2	
Renal Services	3					
Mental Health Services						
Child and Youth Services						
Ambulatory						5
Acute inpatient						6
Adult Services						
Ambulatory						5
Acute inpatient						5
Non-acute inpatient						5
Older Persons Services						
Acute inpatient						5
Statewide and 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 Priorities 2014/15**
- **Hospital and Health Services Performance Management Framework**
- **Health Funding Principles and Guidelines 2014/15**
- **Data Collection and Provision Requirements**

are available at:
www.health.qld.gov.au/system-governance/health-system/managing/default.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/system-governance/strategic-direction/plans/default.asp

Department of Health Strategic Plan 2014-2018

www.health.qld.gov.au/system-governance/strategic-direction/plans/default.asp

Statement of Government Health Priorities

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

Abbreviations

ABF	Activity Based Funding
ACSQHC	Australian Commission on Safety and Quality in Healthcare
AHSSQA	Australian Health Service Safety and Quality Accreditation
BBV	Blood Borne Viruses
BMRP	Backlog Maintenance Remediation Program
BSI	Blood Stream Infection
CSCF	Clinical Service Capability Framework
DH-SA	Department of Health – Service Agreement
DNW	Did Not Wait
DRG	Diagnosis Related Group
FTE	Full Time Equivalent
HHS	Hospital and Health Service
HHS-SA	Hospital and Health Service – Service Agreement
HITH	Hospital in the Home
KPI	Key Performance Indicator
LAM	List of Approved Medicines
MOHRI	Minimum Obligatory Human Resource Information
Non-ABF	Non- Activity Based Funding
NPA	National Partnership Agreement
NSQHS	National Safety and Quality Health Service
NWAU	National Weighted Activity Unit
OSR	Own Source Revenue
PBS	Pharmaceutical Benefits Scheme
PfO	Pay for Outcomes
PMEC	Performance Management Executive Committee
PTSS	Patient Travel Subsidy Scheme
QEP	Queensland Efficient Price
QIP	Quality Improvement Payment
QWAU	Queensland Weighted Activity Unit
STI	Sexually Transmitted Infections
VLAD	Variable Life Adjusted Display
WOOS	Weighted Occasions Of Service