Queensland Health

Guide to Health Service *Planning*

health • care • people

Queensland Government

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Foreword

Queensland Health aims to make Queenslanders healthier by providing safe and sustainable health services. To do this it is essential services are well planned and organised, based on the community's needs, and that the services change and evolve in line with changing practice.

The health service planning process aims to ensure that health services align and grow with changing patterns of need while making the most effective use of available and future resources. Health service plans provide information on the current and projected health needs of a population, contain evidence-based service models, and outline a process for change, including defined service goals, objectives and strategies.

Effective health service planning relies on robust and consistent planning processes. To assist those involved in the process of planning, this *Guide to Health Service Planning* provides a sound basis for planning that is reliable, rigorous and comprehensive. This Guide outlines a departmentally-endorsed planning approach which is to be used when developing health service plans for Queensland Health.

This document consists of information on why and how we do service planning in Queensland Health. Templates are also provided outlining the content required for service planning documents. Included in the Guide is information on how to prioritise and determine service strategies that can be implemented within current fiscal and workforce constraints. The current resource-limited environment means that planning must also focus on what can be done differently, be informed by innovative practice and draw upon relevant partnerships between external service providers and the Department.

Service planning is critical in the broader framework of integrated planning in Queensland Health. Health service planning is informed by both the strategic priorities of the Government and the Department, and the practical requirements of delivering quality services. Service planning must precede and inform other types of planning—including capital infrastructure, workforce and information management—to further build a dependable healthcare system and ultimately better health for all Queenslanders.

Michael Reid
Director-General

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Introduction

This document provides a guide to assist planners prepare health service plans for Queensland Health.

It has been developed to improve consistency and rigour in health service planning processes in the Department, and assist in building greater service planning capacity across the Department.

The *Guide for Health Service Planning* is part of a range of service planning platforms developed for health service planning in Queensland Health. Other planning platforms include planning benchmarks, the *Clinical Services Capability Framework* (presently being reviewed) and the establishment of a panel of pre-qualified health services planning consultants.

This document is a result of the revision of *Queensland Health's Health Service Planning Framework (2007)* (1) and the *Health Service Planning Template (2007)* (2).

The Guide details a departmentally-endorsed planning approach, planning requirements and endorsement process for development of health service plans in Queensland Health. The Guide applies to all service planning undertaken in the Department, either by staff or external consultants engaged on behalf of Queensland Health. The sections of this *Guide to Health Service Planning* (as represented in Diagram 1) are:

Section A: Overview and requirements outlines the role, function and integrated nature of health service planning in Queensland Health and the formal endorsement processes in the development of health service plans.

Section B: The planning approach presents a departmentally-endorsed approach to health service planning including activities such as project management.

The planning approach is supported by additional supplements and these include:

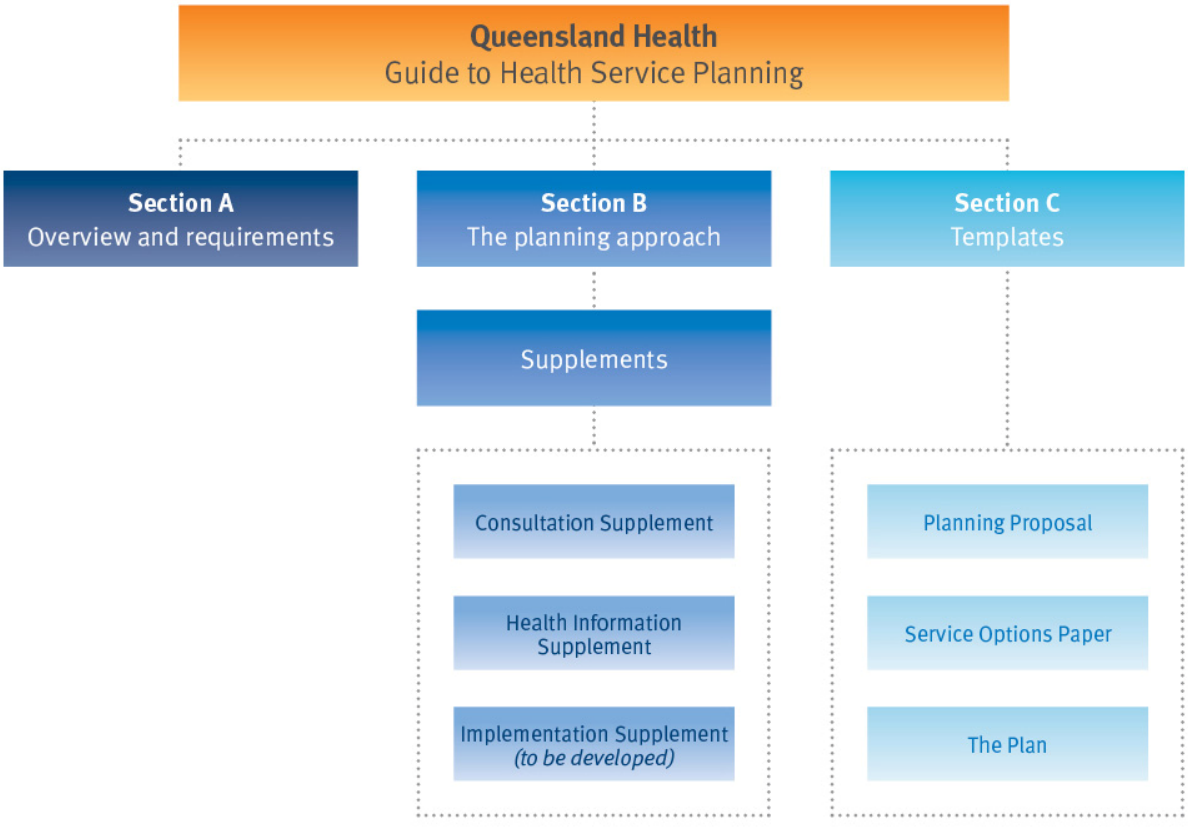
- **Consultation**: information regarding consultation activities usually undertaken during a health service planning process *(currently in development)*
- **Health information**: identifies the different types of health information (qualitative and quantitative), data sources, and limitations and guidance on analysing and presenting quantitative health service data
- **Implementation**: provides information to assist in the implementation, monitoring and review of the plan and evaluation of the outcomes of the plan *(yet to be developed)*.

New supplements will be developed as the need arises and resources allow.

Section C: Templates for health service planning provides the outline of content required for planning documents as part of the endorsement process for the Integrated Policy and Planning Executive Committee (a subcommittee of Queensland Health's Executive Management Committee).

- **Planning Proposal:** provides guidance for developing a proposal to Integrated Policy and Planning Executive Committee to commence a health service planning exercise.
- **Service Options Paper:** provides guidance on the presentation of the preferred service option (developed as part of the planning process). Integrated Policy and Planning Executive Committee will consider the preferred service options and determine which options should be pursued.
- **The Plan:** provides guidance on the content of the health service plan and supporting documents.

Diagram 1:
Information resources for health service planning



To access these documents or request further information, please contact the Planning and Coordination Branch PCB@health.qld.gov.au.

Section A:
Overview and requirements

Purpose

This section has been developed to provide the context in which health service planning occurs in Queensland Health. It includes:

- a definition of health service planning and its role
- key service planning considerations
- the requirements of a planning process.

1. Health service planning

1.1 Definition and scope

Health service planning is the process of aligning health service delivery with changing patterns of need; making the most effective use of available and future resources (3).

Health service planning guides the organisation in its response to:

- new policy initiatives and directions
- increasing service demand within populations and at specific facilities
- targeted population health improvement
- emerging trends in service delivery
- improved service delivery.

The terms 'operational' and 'business' planning are used here to describe the process of implementing a health service plan—usually over a one-year period. This is different from health service planning which has a longer term outlook and a broader focus.

1.2 The relationship between policy and planning

Policy and planning are closely linked but not interchangeable. Ideally, planning should be informed by policy. Because the word 'policy' can be used to cover matters ranging from high order strategy to administrative detail, specifying the link between policy and a plan is important. Policy is a 'statement of intent in relation to providing a service, managing an operational or governance issue or addressing a problem' (4). Service planning focuses on what should be done to achieve the direction specified by a relevant policy. Through a process of analysis, service planning identifies the changes required in a particular area and develops the strategies required to achieve these changes.

1.3 Importance of planning for health services

Delivery of health services occurs in an increasingly dynamic environment, with ever changing community expectations, government priorities and technological advances (5). There are increasing demands on the public health system (across the health continuum). Rising prevalence of chronic diseases combined with Queensland's growing and ageing population are expected to result in a doubling in hospitalisations over the next 20 years (6).

Factors influencing the need for ongoing planning include:

Matching services to changing populations

Assessing the population characteristics (such as projected growth, age groupings, and cultural diversity) helps guide the most appropriate service delivery response. For example, trends such as an increasing ageing population and the associated health conditions will influence the type and level of services provided.

Improving the health status of populations

By identifying population risk factors (for example, obesity, smoking and excessive alcohol consumption) that contribute to various health issues (for example, type 2 diabetes, or cardiovascular disease), services can be designed to reduce these health risks for population groups (for example, Aboriginal and Torres Strait Islander peoples). When implemented, these services can potentially prevent disease or reduce the impact of complications.

Improving service efficiency

Some health services can be and are delivered outside the traditional hospital environment. Health service planning explores alternative service options that can optimise delivery of services to manage increasing demand for health services. Advances in treatment options, such as home renal dialysis, and increasing use of day procedures provide opportunities for greater flexibility for service delivery through a range of settings (for example, Hospital in the Home).

Forecasting future areas of service need

Understanding future demand for services, as supported by population projections, trends in service utilisation and the emergence of new disease patterns and treatment technologies, is an important element of service planning. By assessing how demand will grow or decline at a geographic, population or clinical area level, decisions about future service developments are better informed.

Prioritising allocation of resources

Recognising that resources (workforce, funding, capital infrastructure, and information management) for health service development activities are limited, planning ensures resources are directed toward the areas of greatest service need (7).

1.4 Time frame for planning

Health service planning usually adopts a medium-term perspective, with planning proposals covering a period of at least three to five years and usually longer. Planners have to consider longer term changes in order to anticipate the impacts and changes required sometimes up to 15 years ahead. However, with changing health needs of consumers and health technologies, it is difficult to forecast service demand reliably beyond about 10 years. Service planners need to take into account likely developments that will significantly affect health service requirements, such as continuing rapid population growth, approval for the development of new retirement villages or planned communities.

1.5 Establishing the requirement for a health service plan

Health service planning is resource intensive and commencing such a process should be carefully considered.

Prior to determining whether a service plan is needed, it is important to clearly define the reason for the plan. An essential consideration is the range of contributing factors and their impact on the population and/or services. Health service planning will normally be required where long-term changes are needed to service models or service delivery processes.

2. Health service planning in Queensland Health

2.1 Strategic context for planning

Implementing change in service delivery

The *Queensland Health Systems Review Final Report 2005* (8) and the *Action Plan: Building a better health service for Queensland 2005* (9), specified key reforms in health service delivery and planning processes. Recommendations from these reviews along with the findings of the *Report to Parliament No. 2 for 2009, Health Service Planning for the Future: A Performance Management Systems Audit* (10) have informed the development of this document.

These recommendations include standardising planning processes for the Department, implementing executive endorsement processes for health service planning and improving rigour in data utilisation and plan implementation, management and monitoring processes. By implementing the recommended changes, health service delivery will better align with the health needs of the Queensland population.

Linking plans to government priorities

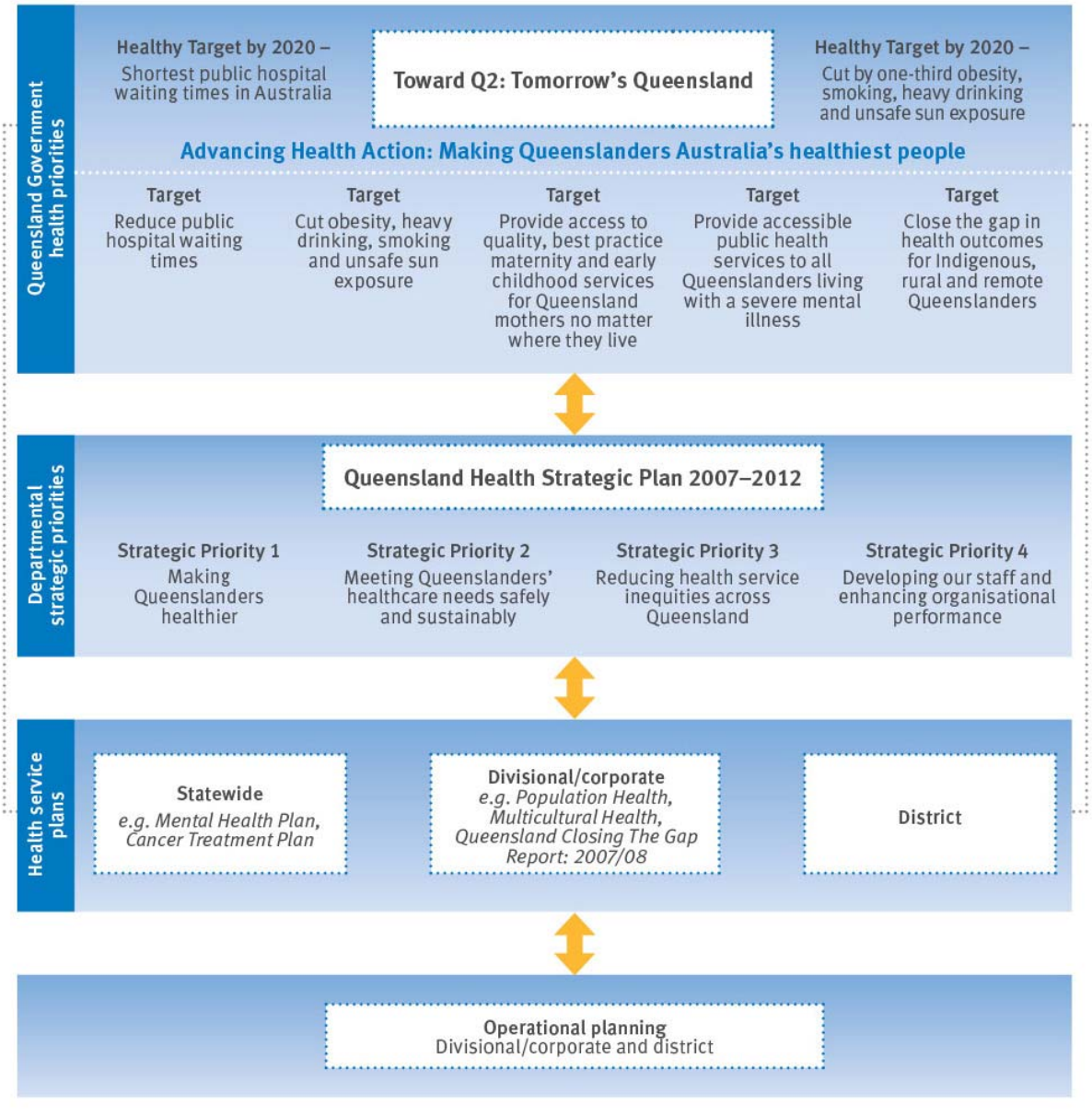
Commonwealth and State health policy direction and service priority areas provide a policy framework for the delivery of health services in Queensland. This policy direction includes service arrangements under the *National Healthcare Agreement: Intergovernmental Agreement on Federal Financial Relations* (11) and associated National Partnership Agreements, and Queensland Government policy directions articulated in *Toward Q2: Tomorrow's Queensland* (6) and *Advancing Health Action: Making Queenslanders Australia's healthiest people* (12).

These high level policy directions shape the nature and priority of services provided by Queensland Health. They are also articulated through the *Queensland Health Strategic Plan 2007–2012* (13) which translates the Government's policies and priorities into our own strategic priorities. By cascading the strategic planning process throughout the organisation, the objectives and activities within the Strategic Plan are translated into the activities of our business areas and individual members of staff.

Performance and Accountability Division is developing a strategic planning framework that will complement this Guide and form part of a package of practical tools to support Queensland Health staff and stakeholders in carrying out strategic and operational planning activities across the organisation.

Diagram 2 identifies the whole-of-government policy directions informing Queensland Health's strategic directions and other planning levels occurring in the Department (14).

Diagram 2:
Strategic context for health service planning



2.2 Planning across the health continuum

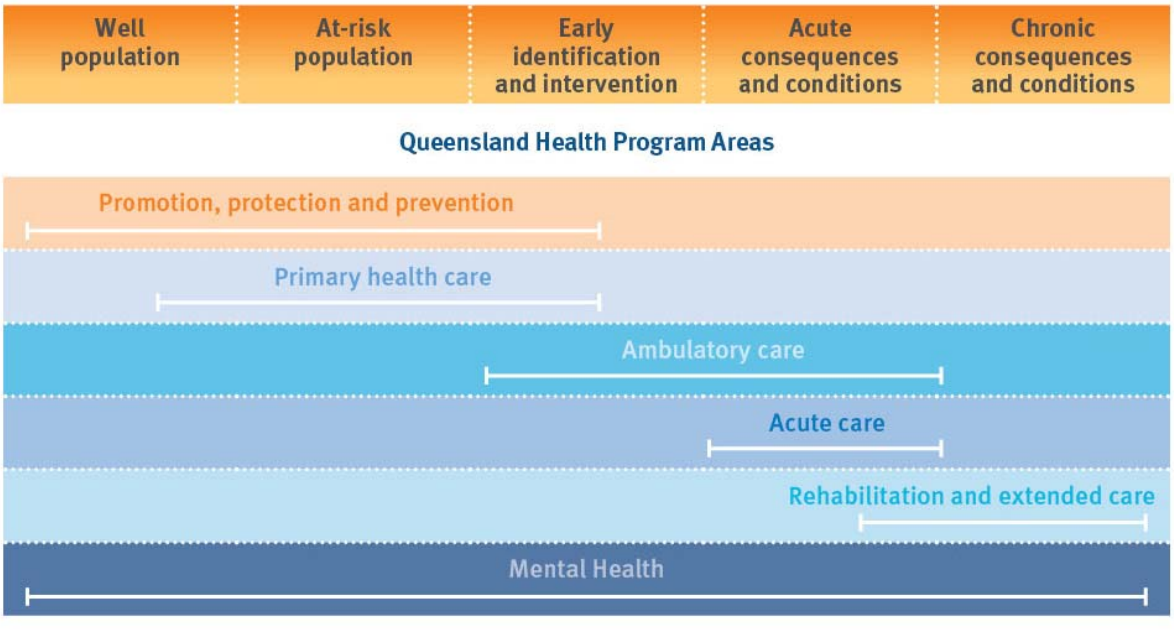
Effective health service planning provides clear direction for service development and resource investment across all areas of the health system. To achieve this, the planning should consider the entirety of the health continuum ensuring that the complexity of managing a health condition across different service settings and service providers is addressed. However, depending on the type of planning being undertaken (for example, hospital clinical services), the focus of the planning may be on specific areas of the health continuum only. In Queensland Health, there are six program areas that address the population health status across the continuum—see Diagram 3.

These are:

- promotion, protection and prevention
- primary health care
- ambulatory care
- acute care
- rehabilitation and extended care
- mental health.

Increasingly, Queensland Health will pursue new ways of delivering services, including reorienting existing services and exploring opportunities to partner with private and non-government service providers, across all program areas.

Diagram 3:
Health continuum



2.3 Planning principles

For Queensland Health, all health service planning should be guided by the following principles:

Planning to improve population health outcomes

- improving the health and wellbeing of target populations
- improving the health of special needs groups, especially Aboriginal and Torres Strait Islander peoples.

Planning that is consumer-focused

- integrating services across the health sector—including within and across the public, private, non-government systems—to facilitate continuity of care
- supporting greater health self-management.

Planning for quality services

- ensuring clinical practice and models of service delivery are consistent with good practice and policy directions
- ensuring services, wherever possible, are based on strong qualitative and quantitative evidence using a range of data sources.

Planning for safe services

- ensuring the provision of safe and appropriately supported health services across the State.

Planning for sustainable services

- developing, linking and delivering services in a way that is sustainable and makes efficient and effective use of scarce resources.

Planning for accessible services

- delivering services as close to a patient's home as possible, while preserving the safety, quality and sustainability of health services
- recognising that different services will be provided at facility, district and statewide levels to preserve the safety, quality and sustainability of health services.

Planning for culturally appropriate services

- considering cultural diversity in communities and the health needs of specific groups
- ensuring consultation processes are sensitive to cultural differences.

2.4 Types and levels of service planning

2.4.1 Service planning types

Health service planning in Queensland is future-orientated, specifies changes in services or service models, and is based on needs of the users or potential users of the services. This description and this Guide apply to all health service-related planning undertaken for Queensland Health including district and corporate areas. These types will include:

- population health service planning
- statewide support service planning (e.g. radiology, pharmacy services)
- planning for specific populations or cohorts within populations (e.g. Aboriginal and Torres Strait Islander people, children with a disability)
- clinical network service planning
- statewide planning (clinical or population-based)
- district or cross-district planning.

The Department is required by the State Government or by legislation to develop a range of plans including the Strategic Plan, Multicultural Health Plan and Asset Strategic Plan in line with whole-of-government initiatives. For the purpose of this Guide, these plans are not considered to be service plans and, therefore, it is not expected that development of these plans would necessarily need to follow the planning approach outlined in Section B of this Guide. However, if the author of a

plan is uncertain as to whether a specific plan is required to follow this planning approach, they should contact Planning and Coordination Branch at PCB@health.qld.gov.au.

2.4.2 Levels of health service planning

Health service planning is undertaken at various levels in the organisation. Table 1 outlines the roles and responsibilities for each of the levels of health service planning and related activities.

Table 1:
Health service planning levels

Activity		Responsibility			
Level	Description of plan	Approval for commencement and endorsement of the plan*	Planning	Implementation, monitoring and reporting	Plan review
Queensland Health strategic planning	Planning at a departmental level based on Queensland Health's Strategic Plan including Population Health Strategic Plan, Asset Strategic Plan, Information Division Strategic Plan, and People Plan. Some plans are required by legislation, many requiring annual review Purpose: – to provide service delivery directions and priorities at an organisational level – to inform service planning at a statewide, district and facility level.	Integrated Policy and Planning Executive Committee	Corporate areas responsible	Districts and Corporate areas responsible	Corporate areas responsible
Statewide service planning	Planning for service delivery across the State, such as clinical service plans, clinical statewide services planning (e.g. radiology, pharmacy) and population-specific plans (e.g. child health) Purpose: – to inform highly specialised and designated statewide service delivery and technologies – to inform and guide cross-border, cross-boundary and district planning – to provide direction for service delivery in clinical streams or population groups (e.g. Queensland Statewide Children's Health Services Strategy 2010–2020).	Integrated Policy and Planning Executive Committee	Planning & Coordination Branch or Corporate areas responsible	As identified in the plan	Corporate area responsible
Regional (impacts on a number of districts)	Plan for services impacting a wide geographic area or where there are significant patient flows between "hubs" and "spokes" Purpose: – to improve the delivery of specialty services for a geographic region – to improve service access for regional populations through development of service delivery networks.	Integrated Policy and Planning Executive Committee	Planning & Coordination Branch with districts	Nominated "hub" District primarily responsible for service coordination and monitoring (nominated at time of planning)	Planning & Coordination Branch and nominated service "hub" district
Cross-district (between bordering districts)	Plan for services that impact on neighbouring districts Purpose: – to network a service across bordering districts for improved services across districts.	Integrated Policy and Planning Executive Committee	Planning & Coordination Branch with districts	Lead District Chief Executive Officer nominated to oversee planning, implementation and monitoring	Planning & Coordination Branch with districts
District	Plan for services within the district's geographic area Purpose: – to achieve improved health outcomes for populations in a district in response to national, state and local health priorities – to align services with statewide service plans and/or the Clinical Services Capability Framework – to set strategic service directions for health services within a district.	Integrated Policy and Planning Executive Committee	Planning & Coordination Branch with districts	District Chief Executive Officer	Planning & Coordination Branch with districts
Facility	Plan for a specific facility within the context of a district Purpose: – to improve service capacity in the delivery of services at a single site with links to other related sites and facilities informed by district or statewide service directions and service priorities.	Integrated Policy and Planning Executive Committee	Planning & Coordination Branch with districts	District Chief Executive Officer	Planning & Coordination Branch with districts

** Plans that require additional resources outside of the allocated departmental budget will be submitted to the Queensland Government for consideration and possible endorsement.*

2.5 Integrated planning in Queensland Health

As identified in 2.4.2, planning occurs at a variety of levels in the Department. Integrating service planning with the enabling and support functions will improve Queensland Health's ability to provide high quality, safe and sustainable health services to meet the needs of our communities (13).

To support integration, Queensland Health has established an executive governance committee, the Integrated Policy and Planning Executive Committee, which will oversee and review all health service plans. In addition, the use of this Guide together with planning tools such as the *Clinical Capability Services Framework* and endorsed planning benchmarks will facilitate stronger integration through a common approach to planning across Queensland.

2.5.1 Integration across levels of planning

Some of the basic elements of integrated planning in Queensland are conceptually presented in Diagram 4.

The orange centre of the diagram represents all health service planning where facility and district plans inform statewide and strategic departmental planning and conversely, statewide and strategic departmental planning inform facility and district plans. The light blue segments represent the input from the enabling functions of workforce, capital infrastructure, information management and funding, and support functions (e.g. clinical support services such as pharmacy and radiology, and non-clinical services such as catering, waste management and records management) which interface with health service planning to ensure plans are able to be successfully implemented.

Each level of planning identified in Table 1 is, to varying degrees, informed by the other levels of planning, and by the enabling and support functions.

2.5.2 Integration with service enablers

Enabling planning is critically linked to health service planning given the strong likelihood that changes to service delivery recommended in a plan will impact on the enabling functions of:

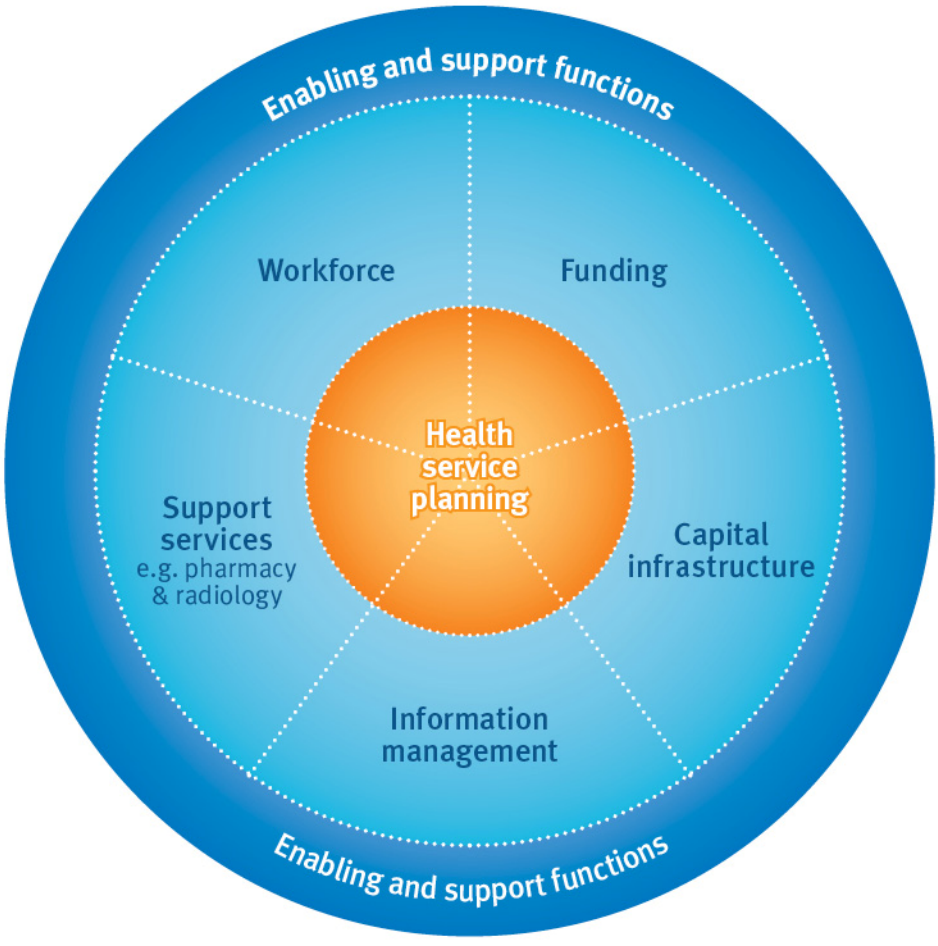
- workforce
- capital infrastructure
- information management
- funding.

Service planning should be undertaken in consultation with these service enabling functions to ensure that planning strategies:

- are feasible and appropriate in terms of future capacity
- are able to be implemented
- optimise the use of available resources.

Where it can be justified that service changes cannot be delivered within current resource capacity, identify additional requirements for workforce, capital infrastructure, funding and information management in consultation with the relevant business areas to inform future investment priorities.

Diagram 4:
Integrated planning in Queensland Health



Diagrams 5 and 6 describe two phases of an integrated planning process. At the point at which a health service plan has been considered by the Integrated Policy and Planning Executive Committee, it may be endorsed to proceed to development of an initial business case or to Queensland Government for consideration and possible endorsement.

Diagram 5 outlines the stages of development of a health service plan, the points of interface with service enablers, and the points at which Integrated Policy and Planning Executive Committee will endorse the plan to proceed to the next stage.

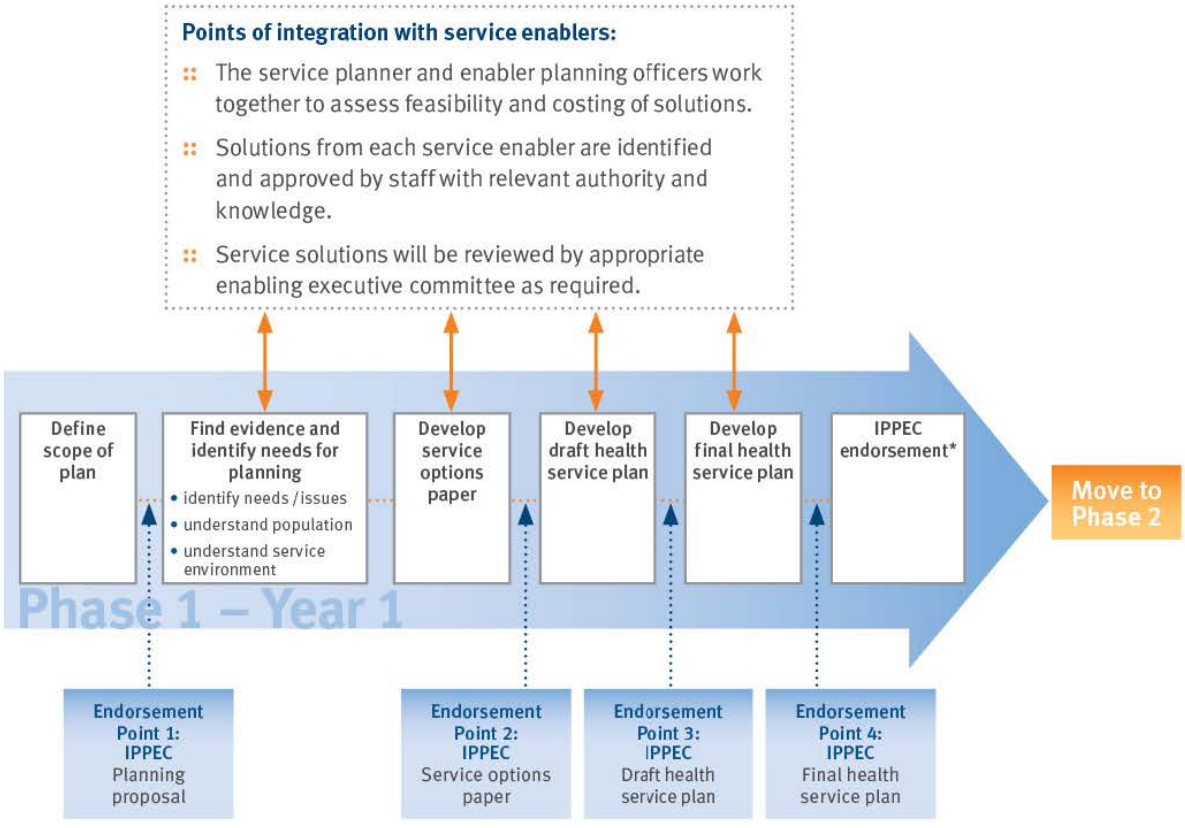
Diagram 6 outlines the next phase where enabler and support functions are assessed and costed based on the service plan solutions to produce an initial

business case (to implement the service plan). It may be necessary to reconsider the scope of the service plan in this phase if the resources required to implement the plan are not able to be secured. The business case with the service plan (and a preliminary master plan—if an infrastructure solution is required) will progress to the Resource Executive Committee and then Government for consideration and possible endorsement.

Further work will be undertaken with service enabling business areas to clarify processes to improve integration, prioritisation of resources, and better alignment with executive governance bodies.

There is more information about defining and determining additional resource implications in *Section B: The planning approach*.

Diagram 5:
Phase 1: Health service planning informed by enabling functions

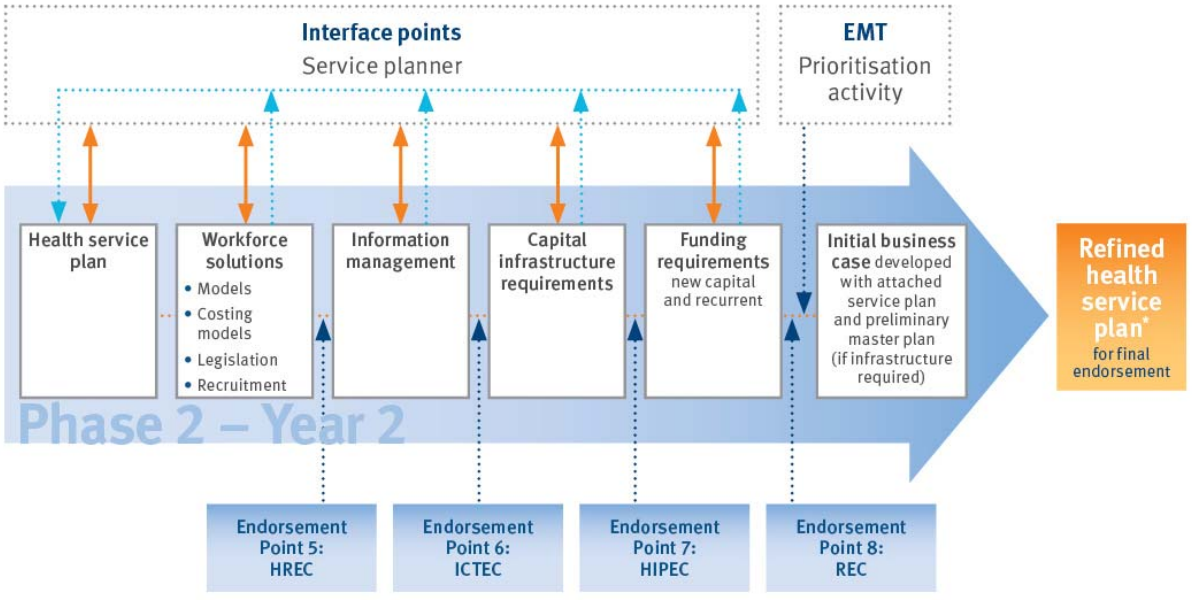


Key

IPPEC = Integrated Policy and Planning Executive Committee
→ = Collaborative work at interface points
⋯→ = Executive committees endorsements

**To proceed to Phase 2 or to Queensland Government for consideration and possible endorsement*

Diagram 6:
Phase 2: Based on health service plan, development of an initial business case



Key

EMT = Queensland Health Executive Management Team
HREC = Human Resources Executive Committee
REC = Resource Executive Committee
IPPEC = Integrated Policy and Planning Executive Committee
HIPEC = Health Infrastructure and Projects Executive Committee
ICTEC = Information Communication Technology Executive Committee

= Collaborative work at interface points
= Executive committees endorsements
= Feedback to IPPEC if strategies are not endorsed by one of the service enablers executive committees

**Prepared for Queensland Government consideration and possible endorsement.*

2.6 Calendar of planning processes

There are key points at which whole-of-government planning and financial management requirements occur across the financial year. Alignment of these planning processes is important to ensure consistency in, and support of, budget preparation.

Refer to the Queensland Health Integrated Planning Calendar. Please contact Performance and Accountability Division for further information regarding this calendar.

3. Health service planning requirements

All planning undertaken for Queensland Health must adhere to departmentally-endorsed planning, endorsement and implementation processes to ensure the consistency, rigour and quality of plans.

3.1 Planning approach

The health service planning approach is explained in *Section B: The planning approach*. This departmentally-endorsed planning approach is to be used when undertaking health service planning at all levels across Queensland Health.

3.2 Business rules

The Integrated Policy and Planning Executive Committee is the key governance body for overseeing health service planning in Queensland Health. To improve consistency of health service planning processes and documents, the Integrated Policy and Planning Executive Committee endorsed business rules for the function of service planning across the Department. These business rules are to be followed when undertaking a planning process—see *Attachment A*: *Business rules for the function of health service planning in Queensland Health*.

As described in *Attachment A,* outsourcing of a service planning project (in part or in full) to external providers should be carefully considered. Outsourcing should only occur when Queensland Health staff do not have the appropriate level of skill and/or capacity required to undertake the planning in a rigorous manner. Where external providers are required, these are to be sourced only from the Queensland Health *Register of Pre-Qualified Health Service Planning Suppliers* (Panel of consultants). All external providers of health service planning services are required to adhere to departmentally-endorsed planning standards. It is the responsibility of the business area outsourcing the work to ensure this is appropriately communicated to the provider. Further information regarding the Panel of consultants can be found at the Planning and Coordination Branch website http://qheps.health.qld.gov.au/pcb/home.htm

3.3 Endorsement process

The health service planning endorsement process is designed to ensure the consistency, rigour and quality of plans in Queensland Health.

It is essential that, at the appropriate stages of development, all planning activity is submitted to the Integrated Policy and Planning Executive Committee for consideration and endorsement. For health service plans that require additional resources—outside of the existing allocated departmental budget—a further funding submission process to the Queensland Government will be required. Please refer to the following link for more information regarding the Integrated Policy and Planning Executive Committee http://qheps.health.qld.gov.au/pcb/IPPEC.htm.

3.4 Implementation and review of health service plans

All health service plans will include an implementation plan describing how the plan will be progressed, monitored and reviewed. This will ensure:

- the change needed to address the reason for planning is effectively managed
- the assumptions on which health service plans are based are reviewed on a regular basis
- positions responsible for implementation are identified and timeframes for implementation and plan review are detailed
- the plan is adjusted to reflect changes in planning assumptions or the planning environment
- flexible implementation and the ability to react to changing circumstances.

Refer to *Section B: The planning approach* for further information regarding implementation and review of health service plans.

An *Implementation Supplement* is currently being prepared by Planning and Coordination Branch as a component part of this suite of documents. Once completed, it will be loaded to the webpage with these documents.

3.4.1 Evaluation of the plan implementation

Evaluating the success of implementing a plan's strategies and objectives is important to assess how effective the plan has been in improving service delivery or the health status of population groups (depending on the focus of the plan). This is a key recommendation of the report from the Auditor-General of Queensland, *Report to Parliament No. 2 of 2009: Health service planning for the future: A Performance Management Audit Systems Audit* (10). Further work will be undertaken in regard to tools and templates for evaluation processes and updated in this document at a later date.

Section B:
The planning approach

Purpose

This section has been developed to:

- assist planners in Queensland Health develop health service plans that align with government directions and meet departmental requirements by:
  - applying a best practice needs-based planning approach that ensures key elements are included in plans at all levels (i.e. statewide, clinical stream or facility level)
  - using information that is evidence-based
  - ensuring mandatory-use benchmarks and data methodologies are used
  - developing innovative solutions
  - appropriately engaging and consulting stakeholders
  - using decision-making processes that are open and transparent
  - reducing unnecessary work and duplication
  - maximising service delivery outputs/outcomes.
- support planners and consultants in complying with Queensland Health's planning business rules—see *Attachment A.*
- support implementation of the recommendations from the *Report to Parliament No 2 for 2009, Health service planning for the future: A Performance Management Systems Audit* (10).

Using this section

This section is presented in three parts:

Part one describes the considerations and requirements necessary before beginning planning activities.

Part two describes the seven components of the health service planning approach that are represented in dark blue in Diagram 7 and are listed below. It is important to note that some components will be developed in parallel with others as they inform each other. Each component builds on the previous one to ensure the planning approach is based on needs as well as evidence.

Part three outlines the essential elements of implementation of the plan. Specific reference is made to monitoring and reviewing the plan (the document) and monitoring and evaluating service changes that result from implementing the plan.

Components of the approach

The components of the health service planning approach and the subsections of each are:

1. Scope the planning activity

- define the planning parameters
- analyse stakeholders.

2. Understand the population and service environment

- scan the environment
- research service models
- understand the geographic catchment
- profile the population
- profile the health status
- describe current service arrangements
- service utilisation and projections.

3. Identify the health service needs

- define health service needs
- identify health service needs (current and future).

4. Prioritise the health service needs

- determine criteria for prioritisation
- use a prioritisation process.

5. Analyse service options

- develop service options
- identify service direction.

6. Develop objectives and strategies

- key definitions
- identify resource implications
- assess the risks.

7. Consult

- prepare a consultation plan
- engage stakeholders.

Key information in this section of the document is presented in two types of boxes: orange and blue, for quick and easy reference.

Text that has an orange highlight provides a quick reference to the particular activities involved in the planning component. These are located at the beginning of each subsection. The content of these boxes provides a summary to the planner of the activities that should be undertaken without the detail that is provided in the text of these sections.

Text that has a blue highlight and appears at the end of each planning component outlines a summary of the key deliverables or what should be produced by the end of each stage.

Link to endorsement process

This icon is included in this section of the document and identifies the points at which decisions, directions or endorsement should be sought from the relevant governance body.

Part 1:
Managing the planning

While not aiming to replace a project management manual, this section outlines the importance of good project management in health service planning activity.

Managing the planning involves effectively organising, monitoring and controlling all aspects of the process. There are many project management tools available. Some business areas within Queensland Health use *PM Plus* while others use *Prince2*. The benefits of strong project management are outlined in the *PM Plus* introductory document (available on Queensland Health Electronic Publishing Service—QHEPS at http://qheps.health.qld.gov.au/PHS/PMplus/home.htm) and include:

- clear definition of the planning scope
- purpose and expected results become clearer
- development of tools or strategies to manage potential risks
- adequate resource allocation to the project (including staff and financial resources)
- clear statements of timeline, tasks and responsible parties including a governance structure
- improved stakeholder input and involvement through:
  - stakeholder identification and analysis
  - development of strategies to manage the relationships
  - development of a communication plan to facilitate stakeholder engagement and ownership.

Minimum project management requirements

While there is a degree of flexibility in the project planning process, some elements are mandatory. These include a project plan that clearly articulates a:

- project schedule (a breakdown of the key stages/components into the tasks required to complete them) specifying: timeframes, milestones and deliverables
- consultation plan that includes stakeholder identification and engagement strategies
- governance structure—clear description of the roles, responsibilities, decision-making and reporting relationships including project owner, steering committee, project director, reference/advisory/working groups. These should be clearly set out in Terms of Reference for each group.

More information can be found on the *PM Plus* website on QHEPS. Information about *Prince2* is available on a number of internet sites, one of which is www.prince2.com/what-is-prince2.asp.

Governance

All projects require a governance structure so that accountabilities, roles, responsibilities and decision-making and reporting relationships are clear. All health service planning must have a well-defined and documented governance structure that includes an executive committee, a project owner, and project director; and may include an advisory or reference committee, a working group, and project team. The roles and responsibilities for each of these entities must be clearly articulated in the project plan and signed off or approved by the highest authority in the governance structure. For district plans, the project owner will be the District Chief Executive Officer and will be the chair of any steering committee that is convened.

The Integrated Policy and Planning Executive Committee (a sub-committee of the Executive Management Team) is responsible for endorsing plans at four key stages of the planning approach: proposal (scope definition), service options, draft plan, and final plan. Where the implementation of a plan requires additional resources outside of the existing allocated departmental budget, the Integrated Policy and Planning Executive Committee will determine if it will be submitted to the Queensland Government for consideration and possible endorsement.

A template has been developed for each of these documents and can be requested from PCB@health.qld.gov.au. For further information regarding the Integrated Policy and Planning Executive Committee and the submission process, refer to the Planning and Coordination Branch website or email IPPEC@health.qld.gov.au.

All health service planning undertaken for Queensland Health services must be reviewed and endorsed by the Integrated Policy and Planning Executive Committee. Service plans that are developed by districts or divisions without formal endorsement from Integrated Policy and Planning Executive Committee will not be recognised by Queensland Health.

Part 2: Health service planning approach in Queensland Health

Use of the health service planning approach for Queensland Health will ensure the planning process:

- is comprehensive in its assessment of population health service needs
- is inclusive of stakeholder participation
- includes service recommendations that can be implemented within existing resources or identifies when additional resources are required
- considers all relevant service options and service models utilising whole of health system capacity.

Health service plans are different in purpose and scope. This approach recognises that a planning process is seldom linear and that some components will happen concurrently or the output from one component may require the review of a previous one as described in Diagram 7.

Diagram 7 shows the cyclical nature of planning. This process does not end with the development of a plan document, but moves into the implementation stage, including monitoring, reviewing and evaluating. The outcomes of the evaluation are used to inform any future planning activity.

The planning approach is not…

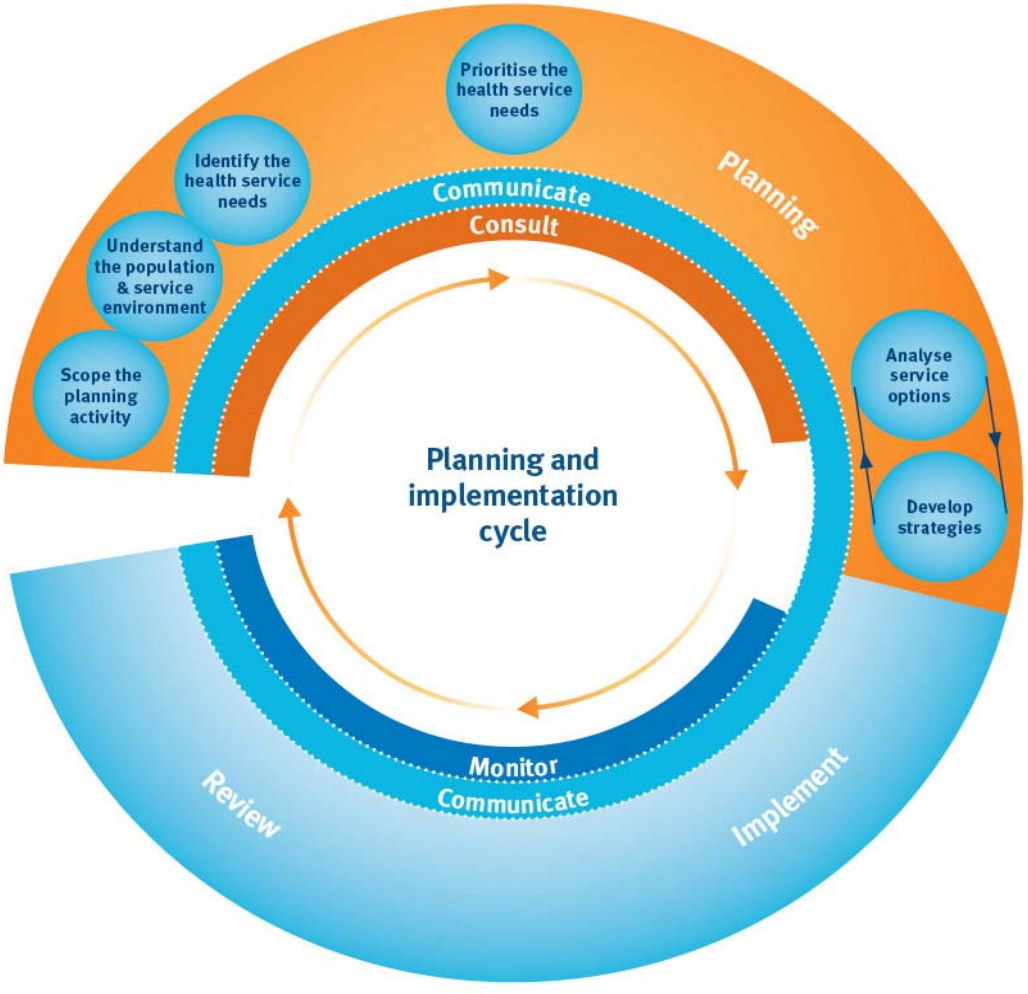
The planning approach is not a guide on how to write a health service plan; *The Plan* template has been developed for that purpose.

It is not a technical guide to understanding particular activities related to the planning approach. Information supplements will be developed over time to provide further detail on the technical elements of planning such as the consultation activities, sourcing and analysing health information, and plan implementation.

It is not a replacement to training or professional development in planning; it is assumed that planners undertaking health service planning for Queensland Health have the skills and capability to apply the business rules outlined in the *Attachment A*.

This document does not aim to replace a field of study and professional practice; however it can be used as an additional information resource to help planners through the planning process.

Diagram 7:
Health service planning and implementation cycle



Component 1: Scope the planning activity

The identification of the planning scope is an early process that may take place in conjunction with other components of the planning approach such as 'understand the population and service environment' and 'identify the health service needs'.

The purpose of this component is to identify the scale of the planning exercise and identify parameters for the planning activity. This work assists in the later identification of service needs, their prioritisation and the development of service options and strategies.

The elements that are described in this component are:

- define the planning parameters
- analyse stakeholders.

1.1 Define the planning parameters

Each plan will have a different focus. Plans may be differentiated by the range of health services included, or the particular geographical area, an identified population (e.g. children or people with disabilities), the services provided at a particular facility, or services across the health continuum. These are not mutually exclusive and many plans are likely to focus on more than one planning parameter.

Activities to be undertaken in defining the planning parameters:

- determine the purpose of the planning activity—reasons for planning
- identify the services included and excluded in the planning
- identify the population that will benefit from the planning (e.g. children, people with disabilities, residents of a particular catchment or health service district, Aboriginal and Torres Strait Islander peoples)
- identify the geographical boundaries of the planning area (e.g. the whole of Queensland, Mackay Health Service District, Cairns Hospital catchment area)
- establish the planning horizon (3-5 yrs, 5-10 yrs, up to 20 yrs)
- identify government policy directions/commitments that impact on the plan
- identify constraints for the plan
- identify the broad expected results or improvements that should result from the implementation of the plan—this will assist in developing a service direction for the plan
- identify stakeholders (both internal and external to Queensland Health) including decision-making groups for the planning process and efficient ways to communicate with them and facilitate their engagement
- identify risks related to the planning activity.

Note: These activities will inform the scope included in the *Planning Proposal* document.

Link to endorsement process

The scope of the planning activity will require endorsement from the Integrated Policy and Planning Executive Committee.

A *Planning Proposal* template has been prepared to present the scope to this committee. You can request this template from PCB@health.qld.gov.au.

Should you have any questions relating to the Integrated Policy and Planning Executive Committee submission process, please contact the Secretariat at IPPEC@health.qld.gov.au.

1.2 Analyse stakeholders

An important part of working with stakeholders is ensuring clarity around the reasons for engaging and communicating with them—whether it is to gather information from them, to advise them of what is going to happen, or keeping them up to date with planning developments. The consultation plan—as part of the project management of the health service planning activity—will assist in focusing on the purpose, timing and most effective method of engaging stakeholders.

Comprehensive stakeholder identification and analysis are essential steps to ensuring all relevant stakeholders are considered and their role in the planning is understood. Stakeholders can be internal or external to Queensland Health and include those groups, persons or institutions that are likely to be affected by the plan outcomes. Stakeholders can include service providers, service users, broader populations benefiting from the service, government, and private, non-government and community organisations.

The benefits of undertaking a stakeholder analysis go beyond identifying critical stakeholders, to understanding their needs and role within the planning process (e.g. decision makers, people with essential information and/or those who will be involved in implementing plan strategies).

Refer to the *Consultation Supplement* for further information about stakeholder analysis and consultation processes.

Stakeholder analysis activities:

- identify all parties that may have a ‘stake’ in the planning
- identify critical stakeholders (e.g. those directly involved in decision making or service delivery)
- identify stakeholders’ interest (e.g. those impacted by the service)
- identify government stakeholders (e.g. other government agencies)
- identify the role individual stakeholders will take in the planning process
- develop engagement and communication strategies for the different stakeholder groups as part of the project plan
- identify potential role of the media
- identify how communication and consultation strategies can be tailored to meet the specific needs of each stakeholder group.

At the end of this component, you will have:

- identified the reason/s for the plan, its purpose and expected benefits
- identified the type of plan (facility, population or clinical stream) and the planning horizon (5 yrs, 10 yrs, 15 yrs)
- identified departmental goals and strategic directions (i.e. *Queensland Health Strategic Plan 2007–12*) with which the plan must be consistent
- identified the broad direction for the plan (if successfully implemented, what changes in the service/s would be seen?)
- identified the government directions/commitments impacting the plan
- identified the limitations, inclusions, exclusions and risks of the planning activity
- identified resources available to undertake the planning activity
- identified potential stakeholders, communication and engagement plan
- identified policies, plans, initiatives at both state and national level, that are relevant to the planning exercise and how they relate to the planning
- a documented governance process and structure to oversee the planning activity.

Component 2:
Understand the population and service environment

This component involves extensive information collection, interpretation and data analysis to support development of service options and strategies in the later stages of the planning process. It is important to note planning Components 1, 2 and 3 are usually developed in parallel as each informs the other.

The purpose of this component is to create a snapshot of the current situation to understand the health service users, the services they access and their health status. It is also to explore and consider alternative innovative service models.

Undertaking a comprehensive data gathering and analysis process (in line with the scope of the plan) ensures that all relevant information informs the development of strategies to address the issue/s for which the plan is being prepared.

The cyclic nature of the elements contained in this component will mean the information from one element is likely to inform another. For instance, analysing the population and the service environment facilitates an understanding of the health issues, their causes, and consequences. This planning approach provides planners with a process to develop solutions that could address the cause of the issue rather than the symptom.

The elements that are described in this component are:

- scan the environment
- research service models
- understand the geographic catchment
- profile the population
- profile the health status
- describe current service arrangements
- service utilisation and projections.

While collection, interpretation and analysis of the elements identified above is required for ALL health service planning activities, planners must be aware of the large amounts of data that may be available. It is vital that the planner identifies which information supports the parameters of the scope of the plan and avoids the temptation to gather all remotely usable data. This component can be resource intensive, time-consuming and costly if not well managed.

This section predominantly focuses on capturing data which may be qualitative or quantitative:

Qualitative data is any information that can be captured that is not numerical in nature and generally refers to data about needs, perceptions and preferences (15). This type of data in health service planning is usually collected through written documents, interviews, consultations and direct observations (3).

Quantitative data is information that can be counted or expressed numerically. In health service planning this data is analysed statistically (15,16). This type of data can be represented visually in graphs and charts. A comprehensive list of quantitative data sources can be found in the *Health Information Supplement*.

2.1 Scan the environment

Environmental scanning is the process of gathering, analysing, and dispensing information for strategic purposes (17). It ensures health service planning activities align with government and departmental service priorities and policies, and are informed by both established and innovative service models. It aims to consider all the factors that may influence the design of the service directions, objectives and strategies and their implementation. The scanning should determine how the planning will contribute to achieving the relevant targets.

The environment in which a health service plan is implemented is affected by multiple factors and they are different for every plan. A planner should identify the reasons and factors that triggered and influenced the need for a plan.

Some of the reasons and factors are likely to include:

- government (State and Commonwealth) priorities and commitments
- departmental priorities
- private and non-government service providers' service directions
- other endorsed plans or strategies such as statewide service plans
- regional plans
- other service providers' plans and strategies
- human, capital infrastructure, and funding resource constraints
- how other jurisdictions have planned or changed service delivery.

Other factors influencing the planning include:

- current Queensland Health capital projects
- known difficulties to recruit health staff for particular services
- known resource constraints.

Environmental scanning activities:

- identify and review policies, plans, strategies, commitments, relevant initiatives, government priorities (State and Commonwealth) with which the planning should align
- research strategic directions or goals for the provision of services relevant to Queensland Health, health service district or other relevant stakeholders
- identify policy/program constraints or enablers for the planning and the plan implementation
- research the health services provided by government, private and non-government service providers
- identify available capacity within Queensland Health and the private and non-government sectors to deliver relevant health services
- identify current resource allocations and/or potential program funding through sources outside Queensland Health
- identify issues that will impact the delivery of the health services included in the plan
- identify health service enablers (workforce projections, proposed capital projects, resource allocation, information management needs) and limitations for service delivery
- identify lessons learnt—positive and negative experiences—of previous plans, projects or other activities implemented in the catchment of the plan. Also identify activities that have been evaluated or revised and their outcomes
- identify the critical success factors that will ensure strategies are successfully implemented.

2.2 Research service models

Health service planning is an opportunity to consider doing things differently. For this purpose, it is necessary to identify and review models of care for services that are innovative, best practice and appropriate for the particular services being addressed in the health service plan.

Planners should consider new trends in service delivery and technological advances. It is important when considering alternative service models that evidence is collected regarding successful outcomes (and their critical success factors) and the context in which they were used.

Research service model activities:

- review alternative models of care for the services included in the plan, including resource implications, constraints and risks—nationally and internationally
- identify trends in service delivery
- analyse relevant technological advances that may affect the development of strategies
- research and evaluate data that support particular models as best practice and support innovation
- provide evidence to support identified service models.

2.3 Understand the geographic catchment

The level of information required for the geographic catchment/s will depend on the level of plan being developed, but the type of information required for most plans is described in the orange box below.

The analysis of the geographical area will highlight the challenges, limitations, risks and opportunities that the physical area presents in the delivery of health services. Challenges and limitations may include:

- key economic, environmental and social factors that impact the health of the population in the catchment area
- localities or areas within the catchment that may present difficulties accessing services, for example, distances between populated areas, and transport and patient accommodation access and options
- geographic conditions or urban infrastructure that contribute to, or present difficulties for the delivery of health services (e.g. particular industries that may affect the health of the population).

Note: Planning and Coordination Branch is undertaking further work to assist in the determination of service catchments based on different types of services provided. This work will be included on the webpage once finalised.

Geographic catchment information to be collected, interpreted and analysed:

- size, boundaries and major centres of the planning area
- description of the geographic catchment/s of the planning area or facility including delineation of primary and secondary catchment areas
- communities within the catchment area (e.g. districts, regions, Local Government Areas-LGAs)
- relevant maps
- relevant characteristics (e.g. Accessibility/Remoteness Index of Australia (ARIA) classification, major industries)
- location in relation to other main populated areas and referral centres with their travel time and transport options
- main highlights of the area such as economic activity and other factors that may influence health status of the population (e.g. major mining industry) and/or the delivery of health services. Brief description to provide a general picture of the area.

Note: Please refer to the *Health Information Supplement* for further information regarding the sources of data to inform this section.

2.4 Profile the population

A population profile—also known as community profile—is one of the main elements for informing the identification of health service needs. As the focus of needs-based planning is the population, it is necessary to draw as clear a picture as possible of its composition and characteristics. This requires the use of a combination of qualitative and quantitative information sources.

Population profile information to be collected, interpreted and analysed:

- current and estimated projected population—size, distribution and density
- identify significant trends for geographic regions in the catchment area, or among particular age or ethnic groups
- age breakdown—broadly this will provide the main characteristics of the population and how they may be changing (e.g. getting older/younger). More specific age group breakdowns (e.g. young people aged 15–25 years) may be required depending on the service plan being developed
- estimated resident and projected Aboriginal and Torres Strait Islander populations—size, distribution and density
- culturally and linguistically diverse populations—size, population share and distribution
- socio-economic status and social disadvantage of the community in comparison to other communities
- transient/itinerant population, visitors and potential cross-border flows—describe briefly what is known about numbers and key features of these groups as potential health service users
- analysis of implications of population characteristics on health service needs.

Note: The use of tables, graphs and maps can aid the reader's understanding. More detail for the presentation and analysis of the findings is provided in the *Health Information Supplement*.

2.5 Profile the health status

A comprehensive picture of the population health status is essential for a needs-based health planning approach. Analysis of health indicators informs the planning team of the areas on which a plan should focus. Epidemiological information including mortality and morbidity data is analysed to help identify:

- key causes of illness and death in the catchment area
- the comparative health status of those in the focus population with those living elsewhere in the State or (where relevant) nationally or overseas
- risk factors that need special attention.

Having collected and analysed this data, as well as the information from the population and health service profiles, the planner will have a greater understanding of significant health issues and be able to prioritise such issues more accurately.

Health status profile information to be collected, interpreted and analysed:

- mortality data (e.g. life expectancy)
- relative utilisation rate (public and private hospitals)
- morbidity data (e.g. incidence of chronic disease)
- burden of disease (e.g. Disability-Adjusted Life Years)
- infant, maternal and child health measures, including births, birth weight, immunisation rates, and perinatal data collection
- social indicators of health (i.e. health status as indicated by population profile).

Note: Please refer to the *Health Information Supplement* for further information.

Analysis of this data can be complex and planners are encouraged to contact the local epidemiologist through the relevant Queensland Health Population Health Unit.

2.6 Describe current service arrangements

The purpose of describing current service arrangements is to provide a picture of the services currently provided in the catchment area of the plan. All planning will consider services currently provided and planned future service developments by a range of providers including Queensland Health, private, non-government and community-based service providers.

The scope of the plan will guide the breadth of service mapping across the health continuum. As the scope broadens, the description of existing services becomes more general. Similarly, some plans will focus on particular areas of the health continuum and the analysis of services will be more detailed in such areas.

Information about current service arrangements to be collected, interpreted and analysed:

Information to be collected could include:

- health promotion, disease prevention and health protection services
- primary and community health services
- ambulatory health care services
- acute health care services
- rehabilitation and extended health care services
- mental health care services
- residential and other aged care services.

Refer to the *Clinical Capability Services Framework* for further information relating to service level capabilities across the health continuum.

Information describing the model of service delivery should also be described.

Examples for service models may include:

- service networks (e.g. hub and spoke service models, integrated multi-campus models)
- telehealth
- visiting services including 'fly in—fly out' models.

When describing these service models, the following information should also be collected:

- hours of service, location, target population
- effectiveness of service model (e.g. what's working well; what's not)
- alternative service provision settings (e.g. hospital in the home or nursing home, medi-hotels)
- partnerships with private and non-government agencies (e.g. Primary Healthcare Partnership Councils as part of the Connecting Healthcare in Communities initiative).

Effective selection and presentation of information is essential to maintain focus and prevent this part of the planning process becoming unmanageable or inefficient. A tool to map the services is provided in *Appendix A: Service mapping tool*.

2.7 Service utilisation and projections

Analysing current patterns of use is one way of assessing demand or need for health services. Current health service utilisation informs future service planning scenarios, allowing forecasting of service utilisation on the basis of both service provision, as currently configured, and changes to flows to facilities.

The types of data to consider when completing a service utilisation analysis include:

- **Non-acute and community health services:** promotion, prevention and protection; primary and community health; ambulatory and mental health services data such as hospital outpatient services or community health services such as drug and alcohol services. Currently there is no standard activity data capture across community health services and therefore no central collection.
- **Acute inpatient services:** acute services data such as acute hospital inpatient activity data across different service areas.
- **Sub-acute and non-acute inpatient services:** sub-acute and extended care service data. Sub acute and non-acute patient (SNAP) data captures extended or non-acute treatment of hospital inpatients such as palliative care, aged care and rehabilitation.

Collecting, interpreting and analysing health data is a specialised skill. The following questions may be useful prompts to planners when interpreting and analysing the data:

- Is there a relationship between service utilisation and health status?
- Where are people going to access services?
- Are current services targeting and meeting the needs of the population?
- Is there a clear relationship between the services provided and the health status of the population?
- In general terms, who is using the health services? And more specifically, who is using particular services?
- What are the trends in health service utilisation?

To assist planners in this task, a *Health Information Supplement* has been developed that describes further information about service utilisation and projections. Queensland Health has mandatory requirements relating to the collection of health data that are also detailed in the *Health Information Supplement*.

Projections

Health service planning is primarily concerned with the future. As a result, projecting future activity and requirements is a key aspect.

Queensland Health has an accepted set of projection methodologies. It is expected that these projection methodologies will be used for all relevant service planning activities across Queensland, or in cases where they are not seen to be appropriate, a rigorous justification for the alternative is provided.

The projection methodologies are available via the QHEPS network on the Planning and Coordination Branch website http://qheps.health.qld.gov.au/pcb/home.htm. More information on projection methodologies is included in the *Health Information Supplement* that accompanies this Guide.

Service planning benchmarks

Service planning benchmarks are used to determine future requirements to deliver health services. Service planning benchmarks in Queensland Health allow:

- application of evidence-based methodology in service planning
- standardisation and consistency in planning across all areas of Queensland Health
- streamlined planning review and approval processes
- increased transparency and knowledge of planning processes for staff undertaking planning activities.

All health service planning will utilise departmentally-endorsed service planning benchmarks which are available via the QHEPS network on the Planning and Coordination Branch website http://qheps.health.qld.gov.au/pcb/home.htm. As resources become available, Queensland Health aims to progress towards meeting benchmark targets across the State.

Whilst the endorsed benchmarks are a platform on which to base planning, there may be circumstances where variation is required to meet the needs of particular communities. In this instance, planners will need to contact Planning and Coordination Branch.

At the end of this component, you will have:

- identified the geographic area, its characteristics and challenges from a health service delivery perspective
- identified primary and secondary catchment areas
- identified the population within the catchment area, their demographic characteristics, health status indicators and differences (relative to other populations) and potential risks and issues
- described current health services (across the health continuum, if relevant) available to the population in the catchment area
- identified levels of service utilisation, service trends and differences from other regions
- identified projected service utilisation using population and service indicators identifying key gaps and areas of need
- documented methodology and data assumptions.

Link to endorsement process

The findings of this component are likely to be included as an attachment to *The Plan* document. It is essential the data information assumptions are well documented and presented in a way that is easily understood by plan readers and decision makers.

The template for this document is available on request from PCB@health.qld.gov.au.

Component 3:
Identify the health service needs

This component of the health service planning approach builds on the findings from the previous two components 'scope the planning activity' and 'understand the population and service environment' to identify the gap between what health services are currently provided and what should be provided in the future.

Health service needs will inform the development of planning objectives and strategies to address the purpose for which the plan is being prepared.

This component considers how to:

- define health service needs
- identify health service needs (current and future).

3.1 Define health service needs

Planners in Queensland Health have used the terms 'health service planning issues' and 'health service needs' interchangeably. For the purpose of this planning approach, the term 'health service need' refers to the gap between what services are currently provided to a given population, and what is required in the future to:

- potentially avoid a decline in an individual or community's health status (including prevention, promotion and care services), and/or
- potentially improve an individual or community's health status (18).

3.2 Identify health service needs (current and future)

Health service needs are identified through the analysis of the information collected from earlier stages of the planning approach including:

- qualitative data
- quantitative data (including compliance with benchmarks and standards).

It is important for the health service planner to follow a method that is evidence-based to identify the unmet health service needs of the population. Whilst Queensland Health does not mandate one method for identifying health service needs, it is essential that:

- needs are validated through more than one source of evidence, and
- all plans clearly describe the method used, provide a rationale as to why the method was chosen, and document all relevant references.

At this stage of the process, it is important to recognise that the identification of future health service needs should not be constrained by current service arrangements. Instead, consider and research new and different ways of addressing the health service needs.

Health service needs identification activities:

- compare the future versus the current health status of the population in the catchment area
- identify health service needs across the health continuum (where relevant)
- provide a rationale for each of the identified needs
- validate the needs through more than one source of evidence (e.g. projected population data, expert opinion and literature review)
- confirm that the identified needs are within the scope of the planning activity.

See *Appendix B: Needs identification tool* to assist in collecting, listing, and analysing the health service needs in the context of your service plan.

By the end of this component, you will have:

- a list of identified health service needs across the health continuum (non-prioritised)
- described and documented the methodology used to complete the health needs assessment including all relevant references.

Link to endorsement process

The methodology used to determine the health service needs must be documented and should be included in the working documents that support *The Plan* document.

This component also informs the *Service Options Paper* which is prepared for Integrated Policy and Planning Executive Committee endorsement.

The templates for both of these documents are available on request from PCB@health.qld.gov.au.

Component 4:
Prioritise the health service needs

Prioritising health service needs is informed by the work completed in the previous component. This component (completed in two stages) focuses on establishing prioritisation of health service needs and on analysing future service-related needs and/or requirements to address the prioritised needs. Prioritisation will guide future service solutions (19).

The purpose of prioritising health service needs is to organise identified health service needs in order of importance according to identified criteria (20). The delivery of health services occurs within a limited resource environment so service needs/requirements and their solutions require prioritisation.

This component includes:

- determine criteria for prioritisation
- use a prioritisation process.

4.1 Determine criteria for prioritisation

Prioritising service needs relies on the analysis of research and other information collated in the previous components to determine the nature and extent of specific needs.

Prioritisation of health service needs requires the development of criteria by which the identified needs will be assessed. A list of recommended criteria is presented in Table 2. However, the final selection of criteria should include criteria relevant to the local service environment in which the plan is being developed (e.g. district strategic service priorities). Involvement of relevant stakeholders should assist in determining the final prioritisation of service needs.

Table 2:
Elements to inform criteria for prioritisation

Element	Questions
Validation as need	Has the need been identified using more than one method (e.g. consultation, community profile, literature review, data analysis)?
Governmental direction	Are the issues part of a government strategic direction, target, election promise or other government commitment or formal obligation?
Corporate consistency	Does the potential solution for this need align with Queensland Health's strategic directions or targets?
Magnitude	How widespread is/what is the extent of the health problem?
Urgency	Does a solution have to be put in place immediately, or are longer term solutions possible?
Feasibility	Can potential strategies be implemented within available resources– financial, workforce, information management or capital infrastructure? Can potential strategies be implemented within the particular environmental conditions (including: geographical, political, social, financial)?
Sensitivity	Are the potential strategies likely to be accepted by stakeholders? If not, why not?
Risk	What are the potential consequences if the needs are not addressed?

4.2 Use a prioritisation process

Prior to commencing the prioritisation process, the planner should have:

- determined all relevant criteria for the prioritisation including local specific criteria
- clearly identified ALL the health service needs (as a result of Component 3).

The priority setting process can then be undertaken. The most common technique used for priority setting is a scoring system based on a weighting of criteria (from least to most important). Scores are then applied to each need to determine order of importance.

The rating is most effectively done by a representative group of stakeholders. A suggested worksheet is included in *Appendix C: Prioritisation worksheet*.

The prioritisation criteria that are used for this process must be documented and included as part of the working papers.

It is important not to confuse needs with strategies. Strategies are the actions proposed to address the needs. While these needs may inform strategy development they do not replace them. More information about strategies is available in Component 6.

Prioritisation of health service needs and issues activities:

- develop criteria by which to prioritise the health service needs
- prioritise health service needs in consultation with stakeholders.

By the end of this component, you will have:

- identified criteria that will inform the prioritisation of the needs
- a prioritised list of health service needs.

Link to endorsement process

The results of this component will inform and become part of the support information and appendices of *The Plan* document and as such, it is essential the criteria used to inform the prioritisation of health service needs are documented.

This component will provide some of the required background elements for the *Service Options Paper* for consideration by the Integrated Policy and Planning Executive Committee.

The templates for these documents are available on request from PCB@health.qld.gov.au.

Component 5: Analyse service options

Once key health service needs have been identified and prioritised, a range of service solutions to address the prioritised needs are developed. These solutions are developed into service options. The results of this component will directly inform the development of objectives and strategies in Component 6.

This is a key component in which creative and innovative solutions are identified. This component includes:

- develop service options
- identify service direction.

The development and analysis of service options has a dual purpose:

- to provide clear identification of the implications, benefits, limitations and risks of each possible service option
- to provide decision makers with evidence to make informed decisions recommending option/s to progress the plan.

5.1 Develop service options

Service options describe the most appropriate service models to address the key issue. Options should be based on feasibility and effectiveness. This will avoid wasting time, resources and effort on options that are unlikely to be endorsed.

These options are generally grouped according to parameters including resource implications (funding, capital infrastructure, workforce and information management), timeframes for implementation and stakeholder commitment to implementation.

Service options are developed based on:

- the parameters identified in the scope of the plan
- the findings from approach Components 1–4
- alignment with service directions.

In developing service options, planners need to consider:

- the extent to which the service option can be implemented within existing resources; this may include reprioritisation of existing service activity and/or resource re-allocation of services, where appropriate
- the need for additional resources for each option, and where those resources could be sourced
- the impact of proposed changes on, and the need to engage, stakeholders representing service enablers (i.e. workforce, capital infrastructure, information management and funding)
- implementation challenges and risks including stakeholder commitment
- feasibility of the service option
- sustainability of the service option in the long term
- ability to provide a solution to the original planning issue (15)
- innovative solutions including opportunities to explore partnerships with private and non-government sectors (i.e. shared service arrangements), new models of care, new workforce models and changes in investment of services.

A table to develop service options can be found in the *Service Options Paper* template, and is also included in *Appendix D: Service options development tool*. The table will assist the planner to identify interrelationships between options and how one service option can be the solution to satisfy more than one health service need and their issues; this exercise helps ensure duplication is avoided and resource use is optimised.

The involvement of stakeholders in developing service options is critical. The *Consultation Supplement* describes relevant stakeholders and their involvement for the development of service options.

5.2 Identify service direction

The service direction is an overarching statement of what the services will accomplish in the future if the plan is fully implemented. The benefit of having a clearly defined service direction is that it assists all stakeholders to have a common focus ensuring future strategy development will be targeted to resolving the health service issues.

Analyse service options activities:

- develop broad innovative service options
  (refer to Appendix E: Service options development tool)
- involve stakeholders in the development of the *Service Options Paper*
- prepare a *Service Options Paper* following the provided template
- submit the *Service Options Paper* to the decision-making body (e.g. Integrated Policy and Planning Executive Committee or the planning steering committee)
- review and/or fine-tune service options based on feedback from the decision-making body.

By the end of this component, you will have:

- identified service options
- analysed the benefit and risk of each of the proposed service options
- identified, at a high level, the initial resources required for each service option
- presented a *Service Options Paper* to the relevant decision-making body
- fine-tuned service options
- clearly defined and articulated future service direction
- direction/s from the decision-making body in relation to the preferred service option.

Link to endorsement process

The *Service Options Paper* will need to be considered and endorsed by the Integrated Policy and Planning Executive Committee. A template for the *Service Options Paper* has been prepared to assist the planner in presenting the essential information about service options to this committee. It is available on the Planning and Coordination website, http://qheps.health.qld.gov.au/pcb/home.htm or on request from PCB@health.qld.gov.au.

Should you have any questions relating to the Integrated Policy and Planning Executive Committee submission process, please contact the Secretariat at IPPEC@health.qld.gov.au.

Component 6:
Develop objectives and strategies

This is the point at which objectives and strategies are developed in much more detail based on the endorsed service option. Up until now, the strategies for the service options have been developed only at a broad level.

Service objectives and strategies provide the basis for operationalising the specific recommendations for services and are included in the action table contained in *The Plan* document. An example action table for presenting objectives, strategies and key performance indicators is included in *Appendix E: Action table*.

Strategy development provides guidance for future action and outlines how the health services are to be provided. This component covers the following key aspects:

- key definitions
- identify resource implications
- assess the risks.

6.1 Key definitions

Strategies have a logical connection to objectives, and the plan's service direction. Such connection aims to ensure strategies are informed and guided in one direction by health service needs (bottom up), while in the other (top down), by government and departmental directions and commitments, keeping in mind the available resources and other service enablers.

While development of the service direction, objectives and strategies are required as a minimum standard for health service planning in Queensland Health, the development of service goals is not compulsory. Goals may be helpful in plans that are broader in focus (e.g. statewide or regional plans) to assist in grouping a wide range of plan objectives.

Definitions of service direction, objectives and strategies are provided here to ensure common understanding of these key health service planning terms.

The **service direction** describes what the service will look like on full implementation of the plan.

Assuming the successful implementation of the plan, the service direction describes how the health service/s will be different in the future. It articulates the overarching direction in the plan. The service direction will draw on the learnings from earlier components of the planning approach.

An **objective** states what is to be achieved through implementation of its strategies.

The objective is a statement of what will be achieved through implementation of the plan, if the assumptions are correct. Development of objectives should reflect the SMART principle: they should be **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-limited (14). An objective may have several strategies.

A **strategy** states the action that will be undertaken in implementation of the plan in order to contribute to the stated objective.

Strategies guide future operational activities to successfully implement the plan and inform other service enabling functions. Strategies are essential to guide the implementation of a plan and should be expressed as clear actions that provide sufficient information to enable implementation including time frames and responsibilities (15).

Selection of strategies should be carefully considered in terms of how they will contribute to achieving the related objective and how feasible they are within current and future resource capacity.

Performance indicators describe the measurable tangible result seen in the achievement of objectives or a group of objectives.

Queensland Health and the Queensland Government have an increased focus on performance and accountability including monitoring implementation success. A performance indicator provides a measure against which to assess the extent to which the objectives have been achieved. A performance indicator describes the result/s that would be seen if the implementation was successful and should be developed based on the SMART principle (Specific, Measurable, Achievable, Realistic and Time-limited) (14). Depending on the type of planning, the performance indicator may be developed for each individual objective or be developed for a range of objectives.

If service **goals** are included in the plan, these will state the mid to long-term direction of the plan in supporting the overarching service direction of the plan.

Goals provide a useful link between the service direction of the plan and the objectives, particularly for plans with a broad focus (such as a statewide population-based plan) and a wide range of service objectives. Goals describe the long-term service improvement or change and enable a logical grouping of objectives and strategies directed toward this change. As such, goals—like objectives and strategies—should be amenable to action (15).

6.2 Identify resource implications

Understanding the resource implications for changes in service is a critical element affecting the endorsement and implementation of the health service plan. Consideration of resources is important throughout the planning approach, from initial identification as part of determining the planning parameters through to analysing the service options. At this stage of the planning approach, a more comprehensive understanding of the resource implications of individual strategies and associated costs is required.

Generally, service strategies will have two basic types of resource implications: those that can be implemented **within current resources** (i.e. no additional resources are required to implement changes in service delivery); or those strategies that will **require additional resources**. The Integrated Policy and Planning Executive Committee will identify plans that require additional resources—outside of the existing allocated departmental budget—and will determine if these plans should be forwarded to the Queensland Government for resourcing consideration and possible endorsement.

For the purpose of this planning approach, resources required for services include:

- **Infrastructure**: such as new or redeveloped buildings, equipment for the provision of clinical services (e.g. beds, clinical treatment equipment, technology systems) and non-clinical infrastructure (e.g. car parking, records storage areas)
- **Human**: both clinical and non-clinical staff
- **Support service functions**: both clinical—such as pharmacy, pathology, and radiology—and non-clinical—such as catering, maintenance services, cleaning, and general costs associated with these resources.

In determining resource requirements, the extent to which strategies can be implemented within existing resources must be considered prior to determining the need for additional resources. This will possibly include reprioritisation of existing service activity and/or changes in investment of services, where appropriate.

In order to provide clear information regarding the implications of each strategy, as much as possible, **costing of the service** is required where additional resources are sought. This information is to be included in *The Plan* template and summarised at objective level. Refer to this document for further information. A tool for presenting resource implications is also provided in *Appendix F: Identification tool for additional resources*.

Additional resource implications should include detail regarding both the costs in terms of additional service activity and the benefits of increasing service activity to both service standards and to consumers of the service.

The detail included in the resource implications table will reflect the level of planning being undertaken. For example, statewide service plans may not be able to accurately project service activity at a district level and therefore other means of determining cost implications will need to be explored, for example, cost per head of population group across the State.

Costing associated with new infrastructure (capital and recurrent) will be provided by the relevant business area (e.g. Policy, Planning and Asset Services, Finance Branch, Clinical Workforce Planning Branch and Information Division) to assist in determining cost estimates of resource requirements.

All additional resources will require new funding submissions and should use the *Costing Template 2009* (contact Finance Branch for further information) when developing associated costs to ensure reliability and validity of calculations across the Department. This corporately-endorsed budget development tool enables development of future costs based on projected changes in service activity (casemix).

Where the service activity is not defined under the casemix model, or the services cannot be described in terms of service activity (e.g. services for a population at statewide level), other objective cost measures should be used, such as, changes in resource cost per head of population or projected service infrastructure costs across the State.

Further refinement of cost-benefit analysis processes for health service planning will be undertaken by Planning and Coordination Branch in partnership with Finance Branch in the near future and further information provided in this document at a later date.

6.3 Assess the risks

You will have done initial work to identify risks during the 'analyse service options' stage. If service options have evolved to the point of becoming strategies, this implies that their potential risks have been assessed as manageable. Risk assessment is essential for identifying strategies to manage potential threats to the plan's successful implementation and completion. Together with the identification of potential risks, it is necessary to allocate a measurement to their level of risk and establish appropriate control measures.

The purpose of the assessment is to provide the necessary information to those responsible for the implementation of the strategies, so they can design and implement risk management strategies. These strategies will be part of the 'operational plan' drawn from *The Plan* document.

The Queensland Health Integrated Risk Management Policy (13355) 2008 and Risk Analysis Matrix (31237 Standard 3) (21) specify that when assessing risk, it is necessary to:

- be specific about what is at risk
- be specific about what the risk is
- include the risks of not implementing the strategy
- identify the risks of the strategy with regard to implications
- identify the risks with regard to sustainability of service standards
- identify the risks relating to stakeholder expectations
- identify approaches to avoid or minimise risks where possible
- identify limitations and key challenges to addressing key issues.

By the end of this component, you will have:

- identified the resources required for the implementation of each strategy, including human, support service functions, information management, and capital infrastructure
- identified potential constraints for the successful implementation of each strategy
- identified risk management strategies.

Link to endorsement process

The results of this component will inform and become part of the support information and appendices of *The Plan* document that will be submitted to Integrated Policy and Planning Executive Committee.

The template for this document is available on request from PCB@health.qld.gov.au.

Component 7: Consult

Health service planners are encouraged to engage with stakeholders throughout the health service planning approach to ensure a plan is successful and able to be implemented (see Diagram 7). The number and range of stakeholders consulted in a health service planning approach will vary and is dependent on the type of plan (statewide, district, facility) and the scope of the plan.

7.1 Prepare a consultation plan

Planners are encouraged to develop a consultation plan specific to the needs of the health service plan. A **consultation plan** identifies the purpose of the consultation, when consultation should occur, and who should be consulted.

7.2 Engage stakeholders

Effective engagement of stakeholders requires consideration and planning which together can assist in the effective management of expectations by:

- keeping stakeholders informed throughout the process
- being open and transparent as to what is in scope and what is not
- regularly communicating outcomes, decisions, and changes of direction of the planning
- establishing **Terms of Reference** for groups that will come together on a regular basis, such as steering committees, advisory groups, reference groups or working groups – this would be done within the context of the consultation plan.

When considering who to consult, it is important to consider those people within the Department (i.e. internal to Queensland Health) who can inform or will be impacted by the planning activity as well as key players in the private and non-government sectors (i.e. external to Queensland Health).

Some benefits of including stakeholders in health service planning include:

- **stakeholder input assists in decision-making** – a broader perspective helps to challenge traditional thinking and encourages innovation in problem solving
- **greater stakeholder satisfaction with the final planning product** comes from their involvement in shaping it
- **the chances of successful implementation increase** as stakeholders are likely to feel more committed to the plan's objectives and strategies and take ownership of the plan's implementation
- **transparency and open communication** are enhanced when the planner communicates and receives feedback from stakeholders.

More information about how to do this is presented in the *Consultation Supplement* currently being developed by Planning and Coordination Branch. Information is available on request from PCB@health.qld.gov.au.

Part 3:
Implementation

Once a plan is endorsed by the Integrated Policy and Planning Executive Committee or the Queensland Government, it moves into the implementation phase.

An *Implementation Supplement* is currently being prepared by Planning and Coordination Branch as a component part of this suite of documents. Once completed, it will be loaded to the webpage with this document.

The purpose of this section is to provide some brief information about implementing a plan and developing and initiating an implementation plan.

Developing and initiating an **implementation plan** will assist in managing the change process. It allows for a transfer of responsibility from the planner to those who have been tasked with, and are accountable for, implementation of the plan's strategies.

An implementation plan will include:

- mechanisms to progress the plan's strategies within the appropriate operational processes (i.e. ensure strategies are incorporated in operational planning or service enabling planning processes such as the Asset Strategic Planning process)
- nominate the position responsible for progressing each strategy in the plan including coordination of administrative, financial and other processes as part of implementation
- a communication plan to advise all key stakeholders how the plan will be implemented, who is responsible, the timeframe for completing the strategy and how strategies will be monitored
- an evaluation plan that includes the key performance indicators against which the successful implementation of the plan will be measured and an outline of the separate elements and when they will be evaluated.

Successful implementation of the health service plan, in part, relies on continuing the engagement of those stakeholders with responsibility for service delivery and service support functions. Stakeholder groups with responsibility for implementation of services may include:

- service delivery staff
- clinical networks
- administration staff involved in managing patient services
- financial staff
- other staff involved with operational planning.

Note that for strategies where partnerships with non-Queensland Health organisations are involved, responsible staff of those organisations also need to be included.

Hand over the plan

Once planning is completed, the plan must be handed over to those responsible for operationally ensuring that the objectives of the plan are suitably actioned.

As standard practice, particular attention should be given to communicating widely on all aspects of the plan and factoring into the handover process a period of time over which this will occur.

Improving the interface between the development of a plan and the implementation of that plan in Queensland Health is essential. The inclusion of key performance indicators in performance agreements for those positions nominated in the plan as being responsible for implementation will assist in this process.

Monitor, review and evaluate

From this point, there are two concurrent activities that require monitoring, review and possibly evaluation. These activities relate to:

- the plan
- the implementation of the plan, that is, the services that are subsequently delivered.

1. Review the plan

Health service plans are living documents which should be reviewed periodically to ensure that objectives and strategies are still relevant. Over time, elements that informed the development of the plan may change, making it necessary to review the currency of the plan. All plans should be reviewed on a three-yearly basis at a minimum.

At review, it is necessary to revisit the assumptions made during the development of the plan. The outcome of a plan's review may indicate that any one of the following actions should be taken:

- no changes to the plan are necessary
- parts of the plan require revision
- a new health service plan is required to address emerging issues.

The reasons for conducting a review include:

- information regarding plan performance is available. Reviews can verify if the plan's strategies, as originally documented, are still relevant and appropriate. The review will also enable implementers, decision makers and planners to improve future planning, delivery of services and decision-making
- assisting owners of plans, District Chief Executive Officers, staff and other stakeholders to determine in a systematic and objective manner how to improve the relevance, effectiveness, and efficiency of strategies (expected and unexpected).

A side benefit of plan review is contributing to the learning process for planning. Reviews often document and explain the causes as to why strategies succeeded or failed. Such documentation can help in making future strategies and objectives more relevant and effective.

2. Monitor the plan's implementation

The second process is that of the implementation of the plan and ensuring the proper processes are in place to **monitor** and **evaluate** how successfully the documented and endorsed changes to service delivery are meeting the service directions and objectives that were set out in the plan.

Monitoring refers to the ongoing process of checking that activities are occurring, meeting the required standards, and having the desired results (22).

Monitoring aims to:

- provide information on whether progress is being made towards implementing the plan's objectives
- increase implementation accountability
- enable stakeholders to identify and reinforce positive results, strengths and successes.

Monitoring also alerts planners, implementers and District Chief Executive Officers to actual and potential plan weaknesses, problems and shortcomings. This provides opportunity to make timely adjustments and take corrective action to improve the plan's implementation.

3. Evaluate the plan's implementation

The Auditor-General's *Report to Parliament No. 2 for 2009—Health service planning for the future: A Performance Management Systems Audit* (10) identified the need for Queensland Health to establish a monitoring and reporting system to measure progress against actions in all health service plans and develop an evaluation framework to assist review of plans.

Planning and Coordination Branch will work with other units in Queensland Health to ensure the Department actions the Auditor-General's recommendations including developing departmentally-endorsed governance and performance management frameworks. Further information about the development of this framework will be available on the Planning and Coordination Branch's QHEPS page http://qheps.health.qld.gov.au/pcb/home.htm.

By the end of this stage, you will have:

- identified the responsible parties for the implementation of the plan
- developed a communication plan for implementation of the plan including all relevant stakeholder groups
- determined the process and responsibilities for the monitoring and review of the plan
- developed a methodology for evaluation of the plan.

Appendices

These tools are available electronically on request from PCB@health.qld.gov.au.

Appendix A: Service mapping tool

This is an example tool to assist in mapping existing health services across the health continuum.

Promotion, prevention and protection services				
Health Service	**Organisation**	**Service description**	**Resources**	**Expected changes**
Use this column to list all services provided (one service per cell).	*Name the service provider specifying sector: public, private, NGO or community and the funder.*	*Describe the role of the service provided, intended beneficiaries, location and hours of operation, and coverage.* *Is the service part of a service delivery initiative?*	*Describe current resources required to deliver the services e.g. human and financial resources.*	*Is the service expected to change in the timeframe of the plan?*
Primary and community health care services				
Health Service	**Organisation**	**Service description**	**Resources**	**Expected changes**
Service X…				
Ambulatory care services				
Health Service	**Organisation**	**Service description**	**Resources**	**Expected changes**
Service Y…				
Acute care service				
Health Service	**Organisation**	**Service description**	**Resources**	**Expected changes**
Service Z…				

Rehabilitation and extended care service				
Health Service	**Organisation**	**Service description**	**Resources**	**Expected changes**
Service AA…				
Mental Health care services				
Health Service	**Organisation**	**Service description**	**Resources**	**Expected changes**
Service AB…				

This tool is available electronically on request from PCB@health.qld.gov.au.

Appendix B: Needs identification tool

This is an example tool for identifying, collating and analysing health service needs (un-prioritised).

Need	Rationale	Sources
State the identified need.	*Explain why this is a need.*	*Provide the source of information and/or data that supports the existence of the need.*
Example: *Need to decrease prevalence of renal conditions within adults (18–44 y/o)*	*Example:* *Prevalence is higher than the state and national average causing a greater number of people falling into xyz and reducing life expectancy by xx years.*	*Example:* *1) Service utilisation data shows low usage of available resources due to lack of service capacity.* *2) During consultation with patients and carers it became evident that patients often travel more than 100 kilometres to access services.* *3) Health indicators for renal conditions are elevated and conditions related to renal failure are showing at a higher prevalence than the state average.*

This tool is available electronically on request from PCB@health.qld.gov.au.

Appendix C: Prioritisation worksheet

This is an example worksheet to assist with prioritising health service issues.

Health service planning needs	Validation as need	Governmental direction	Corporate consistency	Magnitude	Urgency	Feasibility	Sensitivity	Risk	Other …	Other …	Other …	Other …	Other …	Other …	Total score
Health service issue x	*6*	*7*	*9*	*6*	*2*	*7*	*4*	*3*							*48*

This tool is available electronically on request from PCB@health.qld.gov.au.

Appendix D: Service options development tool

This is an example tool to identify and analyse health service options.

Health service option	Rationale	Benefits	Risks	Assumptions	Resource implication
State the health service need. *Include the proposed health service option.*	*Explain how the proposed service option would satisfy the health service need and how this option was identified. What are the assumptions made for this proposed option? Is this the best model of care? Is this an innovative solution and source?*	*What are the advantages and expected results of implementing the specific service option? What opportunities does this option imply?*	*State the potential risks and threats related to the implementation of the service option and identify approaches to minimise them.* *Mention key challenges.*	*State the assumptions on which the proposed health service option is based.* *This refers to assumptions made about conditions which could affect the progress or success of the service option and that are beyond the direct control of the planning team.* *(optional definition of assumption:* *Assumptions are positive statements about the conditions that need to be met if the service option is to stay on track).*	*Identify the resources required if the proposed option is implemented (financial, workforce, capital infrastructure and information management).* *Specify what can be done within existing resources and what additional resources are required.*

This tool is available electronically on request from PCB@health.qld.gov.au.

Appendix E: Action table

This is an example of an action table for including objectives, strategies and performance indicators.

Objective 1	*State the objective that will be achieved through implementation of the plan.*	**Performance indicator/s**	*Include an indicator/s against which the implementation of the objective can be measured.*	
Strategy		**Timeframe**	**Responsible**	**Resource** (A or E)
Include the service that will be established/improved that will contribute to achieving the objective.		*Timeframe for the implementation of strategy 1.1*	*Responsible organisation, unit, division… for the implementation*	*Indicate whether resources required are additional (A) or existing (E).*
1.1				
1.2				
1.3				

Objective 2		**Performance indicator/s**		
Strategy		**Timeframe**	**Responsible**	**Resource** (A or E)
2.1				
2.2				
2.3				

This tool is available electronically on request from PCB@health.qld.gov.au.

Appendix F: Identification tool for additional resources

This table presents a tool for detailing additional resource implications.

Objective 1	*State the objective that will be achieved through implementation of the plan.*				
Resource description	**Amount of resources required**	**Time frame**	**Resource costs**	**Costing assumptions**	**Expected benefits**
e.g. staffing, capital infrastructure, ICT infrastructure, clinical service support functions (e.g. pharmacy, radiology catering, administration)	*e.g. FTE, service infrastructure, additional service support activity, clinical space requirements (e.g. additional chairs, beds)*	*Identify the period in which the resources will be required (e.g. 1–2 years, 3–5 years).*	*Base these on casemix (where appropriate) for projected changes in activity level (refer budget development tool—Finance Branch).* *Include other measures of costs where appropriate (e.g. cost of additional service interventions for a population group).*	*Include the assumptions on which costs are based. Include comment regarding the precision of costs.*	*List benefits of additional resources on QH service standards, population group or community.*

This tool is available electronically on request from PCB@health.qld.gov.au.

Attachment A:
Business rules for the function of health service planning in Queensland Health

1 Service planning will be sufficiently rigorous, strategic and timely to ensure Queensland Health can effectively respond to the key issues for the health of Queenslanders over the medium to long term.

2 While contextualising for local variance, service planning will take a more innovative approach than may have previously been taken. This will include, where appropriate, being future-focused, introducing new service models, providing options for meeting service needs, partnering with and utilising private sector services, and improving efficiencies of service delivery.

3 Service planning will lead and drive all other service enabling planning which occurs across the Department, and all planning occurring across the Department will be appropriately integrated, consistent, coordinated and mutually reinforcing.

4 Service planning functions will be cognisant of, and responsive to, the interrelationships between the various components of the business of health, and cross-health service district, cross-government agency, and cross-jurisdictional relationships.

5 All service planning will be based on, and consistent with, departmentally-endorsed statewide policies, service delivery objectives, strategies and models.

6 All service planning functions will utilise departmentally-endorsed service planning standards, guidelines, frameworks, benchmarks, tools and data sourcing, analysis and interpretation systems and tools.

7 Where policy, objective, strategy or service model inconsistency arises between statewide and district or other service planning (including facility planning), the statewide direction will prevail, unless specifically directed otherwise by the Minister or the Director-General.

8 Where inconsistency arises between statewide and district or other service planning (including facility planning) in respect of service planning platforms, the departmentally-endorsed service planning platforms will prevail, unless the need for local variation is clearly evidenced and specifically approved by the Executive Director, Policy, Planning and Asset Services.

9 Service planning will actively and positively engage the community, clinicians, other district staff, and other key stakeholders, to ensure they inform and are informed about major decisions in health.

10 The Integrated Policy and Planning Executive Committee will establish the priorities in respect of and planning processes for all department service planning activities.

11 Service planning functions will only be outsourced when there is clear evidence that Queensland Health does not have time or the staff skills to undertake the required service planning and an external provider can provide better functional outcomes than Queensland Health service planners. Those responsible for providing outsourced service planning functions to Queensland Health must comply with these business rules.

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