2. Empowering the community and our health workforce

Objectives

- The control of local healthcare decisions belongs with local HHBs and healthcare professionals.
- Improved collaboration with non-government providers will maximise the value of health investment.
- Transparency promotes public confidence.
- Workforce flexibility supports local healthcare decision-making, improved patient access and quality service delivery.

Key performance indicators

- Percentage of complaints about high-risk public health issues acknowledged within five days.
- Compliance with the National Health Performance Authority's data reporting requirements.
- Change in the number of HHSs implementing new and expanded clinical roles.
- Number of public patients receiving treatment in private hospitals funded through the public healthcare sector.

Local healthcare decisions made locally

As previously outlined, the *Hospital and Health Boards Act 2011* has enabled HHBs and local people to be involved in making local decisions in the best interests of the community.

Significant amendments to the Act made since March 2012 allow HHSs, once they have demonstrated appropriate capability and capacity, to take on additional responsibilities to become:

- the legal owner of all land and building assets in their service area
- the prescribed employer of staff working in and for the service.

Transfer of prescribed employer function

Planning for the transfer of the employer function to each HHS began during 2012–13. Before an HHS becomes a prescribed employer it will need to demonstrate the capacity and capability to be an employer. The Minister for Health will review and approve when an HHS is ready to become a prescribed employer. The move will allow HHSs to hold all authorities and accountabilities for HR functions and any matters requiring escalation will be dealt with by the HHB.

Employment terms and conditions, including pay, superannuation and fringe benefits tax, will be unchanged. The director-general will remain responsible for setting terms and

conditions of employment, including remuneration and classification structures, and for negotiating enterprise agreements.

In preparation, in 2012–13 the director-general progressively increased the number of HR delegations to HHSs. Each HHS will remain accountable to the director-general for the administration of these HR delegations. This will be supported by a HR assurance framework to ensure there is a rigorous, evidence-based process for the transition and continued performance of this important responsibility.

Transfer of ownership of land and buildings

During 2012–13, the Land and Buildings Transfer Project (LBTP) was established to work in collaboration with HHSs to progressively transfer the ownership of $5 billion worth of land and building assets. The transfer will mean each HHS has complete responsibility for the management of their land and buildings.

All HHSs will undergo a readiness assessment process to assess their capability and capacity to manage their own land and buildings. An asset management capability assessment framework is being developed to provide the basis for a rigorous, evidence-based process for assessment prior to a transition of asset ownership, roles and responsibilities and asset management functions to HHSs.

The LBTP has started working in partnership with HHSs to collaboratively assess their capability to sustainably manage their land and building assets, and to facilitate the timely transfer of legal ownership.

Collaboration with non-government providers to maximise value

Procurement of services

Where appropriate, the department is undertaking procurement collaborations with non-government and private sector providers to ensure health resources are used effectively, efficiently and economically for targeted population group and priority areas.

The department has developed clear definitions of its funding arrangements with non-government providers in terms of grants or procurement contracts. This sets appropriate expectations and guides contract negotiation for the services delivered.

New arrangements for community grants have been established which improve value-for-money and align outcomes with the department's strategic direction. Improved financial accountability and reporting arrangements which clearly reflect the type of arrangement, its associated risk, and the services and outcomes being delivered are being progressively implemented for all funding arrangements with non-government providers.

The challenges facing the department include the improvement and streamlining of contract management arrangements to facilitate the early identification and implementation of remedial action when expected contractual requirements are not being met.

Transparency in the Queensland public healthcare sector

The establishment of HHSs as independent statutory bodies provides for local accountability for performance, and promotes increased transparency of the Queensland public healthcare sector. An example of increased transparency is the publishing of the service agreements between each HHS and the department on the Queensland State Budget website (www.budget.qld.gov.au). A report on each HHS's performance against targets and measures within the service agreement are also publicly available on the website. In addition, the department actively supports the publication of the National Health Performance Authority reports. The service delivery statement includes a range of service standards relating to overall Queensland Health and individual HHS performance.

Each HHS is required to have a consumer and community engagement strategy which enables active participation in shaping health policy, planning, service provision and evaluation. The requirement for the strategy recognises the contribution local communities make to an increased sense of ownership and confidence in the public healthcare sector. HHBs are required to make a summary of the key issues discussed and decisions made in each board meeting publicly available to the community, consumers, health professionals working in the service and primary healthcare organisations.

Dental

To provide the community with greater detail about public dental waiting lists, the number of people on the waiting list for every public dental clinic, how long people have been waiting, and the number of patients who recently commenced dental care are now published on the Queensland Health website (www.health.qld.gov.au).

Queensland Mental Health Commission

The Queensland Mental Health Commission was established as an independent statutory body on 1 July 2013 under the *Queensland Mental Health Commission Act 2013*.

The commission will partner with government, non-government and community stakeholders to drive reform to improve mental health and address the impact of substance abuse in Queensland communities through a range of functions, including:

- monitoring and reporting on service planning, investment and delivery
- developing a whole-of-government strategic plan
- monitoring and reporting on emerging mental health and substance misuse issues and trends
- promoting and facilitating opportunities for public consultation and engagement.

The Act also establishes the Queensland Mental Health and Drug Advisory Council which will influence the work of the commission by making recommendations and providing advice regarding its functions.

Hospital performance statistics online

The Hospital Performance site on the Queensland Health website (www.health.qld.gov.au/performance) provides information on the activity and performance of public hospitals. It is updated regularly and includes current data on the performance of emergency departments, elective surgery waiting lists, hospital inpatients, the health workforce, radiation treatment, specialist outpatients and oral health services.

From October 2012, information on specialist outpatient waiting times by clinic and by category has been published quarterly to provide an indication to patients and GPs of the waiting time to see a specialist. In addition, graphs showing historical trends were added to show the activity and performance for elective surgery and emergency departments for the previous 15 months. In November 2012, information on the waiting times for oral health services for each dental clinic was added.

The *Blueprint for better healthcare in Queensland* committed the department to expanding the number of hospitals included on the Hospital Performance site by 24 by the end of 2013. Work to meet this commitment is on track, with five hospitals added in January 2013 and a further six added in June 2013.

Publication of quarterly performance reports

In May 2013, the first quarterly performance reports were published in local newspapers to allow communities to compare performance of HHSs across the state. The press advertisements were supported by a television commercial to raise awareness regarding the publication of the reports. The reports compare the performance of HHSs against six common statewide targets:

1. Shorter stays in emergency departments.
2. Shorter waits for elective surgery.
3. Shorter waits for specialist outpatient clinics.
4. Increased support for families with newborns.
5. Fewer hospital acquired infections.
6. Value-for-money.

Flexible workforce and local decisions improving patient care

Ongoing support for implementation of models of care projects

The Allied Health Professions' Office implemented the Health Practitioner Models of Care Project—a large-scale program of projects to examine new models of care. It comprised 59 demonstration projects over four years and through two rounds of funding. Projects covered 14 allied health disciplines in a diverse range of activities and geographic locations.

Outcomes to date have demonstrated that allied health professionals working to full scope and in expanded roles can decrease patient waiting time, minimise the number of steps in a patient's journey, improve access to services, and improve patient satisfaction and outcomes.

Further use of the allied health workforce has better enabled the professional workforce to work to their full abilities. The results have provided comprehensive data sets to guide future workforce reform.

Continued implementation of the Calderdale Framework to inform workforce redesign

The *Calderdale Framework* provides a formalised, risk-managed and structured framework to provide quality, efficient, responsive and clinically governed services. The Allied Health Professions' Office has facilitated training in the use of the framework and has supported the implementation of the framework across HHSs to inform workforce redesign initiatives.

Rural graduate initiatives

A key strategy in maintaining the capacity of health services in rural and remote communities is ensuring the sustainability of the nursing and midwifery workforce. Approximately one-third of registered nurses delivering frontline services in rural and remote areas are 55 years and older and are likely to retire within the next 5–10 years. To offset this expected retirement peak, Queensland Health has prioritised employing and skilling registered nurse graduates into rural and remote areas to ensure ongoing quality and accessible care for these communities. Employment of registered nurse graduates was also expected to reduce agency nurse costs across participating HHSs.

During 2012–13, the department provided $1.83 million to support registered nurse employment in rural and remote communities. The funding allowed for HHSs to support the upskilling of 101 registered nurse graduates in rural and remote positions:

- 25 in the South West HHS
- 18 in the Central West HHS
- 17 in the North West HHS
- 15 in the Mackay HHS
- 13 in the Central Queensland HHS
- 8 in Townsville HHS
- 4 in the Torres Strait-Northern Peninsula HHS
- 1 in Cairns and Hinterland HHS.

Comparisons of agency nurse costs between 2011–12 and 2012–13 indicated a reduction of $8.6 million across participating HHSs.

The Office of the Principal Medical Officer supports networked vocational training pathways for intensive care, adult medicine, paediatrics and child health, geriatric medicine, and palliative medicine. This support has improved both the quality of, and capacity for, training positions across Queensland, particularly in regional and rural Queensland.

National partnership agreements

National Partnership Agreement on Treating More Public Dental Patients

The *National Partnership Agreement on Treating More Public Dental Patients* aims to alleviate pressure on public dental waiting lists, with a particular focus on Indigenous patients, patients at a high risk of major oral health problems and patients from rural areas. Each HHS has determined appropriate strategies to increase services within their local context, including partnerships with private dental providers, as well as recruitment of additional staff and the provision of overtime for current staff.

The agreement commenced on 27 February 2013 and has seen a reduction in the number of people on the waiting list for check-ups for longer than the recommended waiting time of two years, from 62,630 patients to 38,927—a reduction of more than 37 per cent.

Queensland did not meet the performance benchmarks for 30 June 2013. However, HHS oral health services are progressing well towards the next major milestone at 31 December 2013.

National Partnership Agreement on Hospital and Health Workforce Reform

The *National Partnership Agreement on Hospital and Health Workforce Reform* has been established to improve the efficiency and capacity of public hospitals through the implementation of reform.

Activity based funding

The agreement provided funding for the implementation of a nationally-consistent approach to ABF for services provided in public hospitals and which also reflected the community service obligations required for the maintenance of small and regional hospital services.

ABF:

- captured consistent and detailed information on hospital sector activity and accurately measures the cost of delivery
- created an explicit relationship between funds allocated and services provided
- strengthened management focus on outputs, outcomes and quality
- encouraged clinicians and managers to identify variations in costs and practices so they can be managed at a local level in the context of improving efficiency and effectiveness
- provided a mechanism to reward good practice and support quality initiatives.

This component of the agreement expired on 30 June 2013.

Subacute services

The agreement provided funding to improve health outcomes, functional capacity and quality-of-life of patients by increasing the volume and quality of the subacute care services in hospital and community settings. This funding expanded service provision levels by five per cent annually over the period 2009–10 to 2012–13, and better addressed regional availability.

Service levels and outcomes in subacute care were collected and reported publicly, and the capacity of the multidisciplinary subacute workforce was strengthened. The setting of targets at a regional level, aggregated by state and territory, enabled monitoring of access to subacute care services in a range of geographical areas, such as urban, rural and remote, to help inform service planning.

This component of the agreement expired on 30 June 2013.

Taking pressure off public hospitals

The agreement provided a one-off grant to improve the operations of emergency departments in recognition that they were treating an increased number of patients, including some patients who could otherwise be treated in a primary care setting. This resulted in added pressure on emergency departments and longer waiting times for patients—in turn adding avoidable costs to the public healthcare sector.

This injection of funds helped to relieve some of the immediate pressure on public hospital emergency departments while initiatives to improve the efficiency of public hospitals and the primary care reforms of the Australian Government were implemented. As part of this funding, several infrastructure projects were implemented to improve emergency departments and other facilities:

- Caboolture Hospital Emergency Department (construction completed February 2013)
- Redland Emergency Department (construction completed September 2012)
- The Prince Charles Hospital Emergency Department (construction completed November 2012)
- Ipswich Hospital Emergency Department (forecast for construction completion March 2014)
- Logan Hospital Emergency Department (forecast for construction completion June 2014)
- Logan Hospital Paediatric Services (forecast for construction completion August 2014)
- Queen Elizabeth II Hospital Emergency Department (forecast for construction completion September 2013)
- Townsville Parklands (forecast for construction completion July 2014)—delivered in conjunction with National Health Reform Agreement—National Partnership Agreement on Improving Public Hospital Services—Subacute Beds (Schedule E) at Townsville.

This component of the agreement expired on 30 June 2013.

Workforce enablers

The agreement provides funding to improve health workforce capacity, efficiency and productivity primarily through:

- improving clinical training
- facilitating more efficient use of the workforce
- improving international recruitment efforts
- effective and accurate planning of health workforce requirements.

These reforms are needed to address workforce shortages and to ensure Australia's health workforce can meet the increasing demand for services resulting from factors, such as an aging population, increasing levels of chronic disease and greater community expectation.