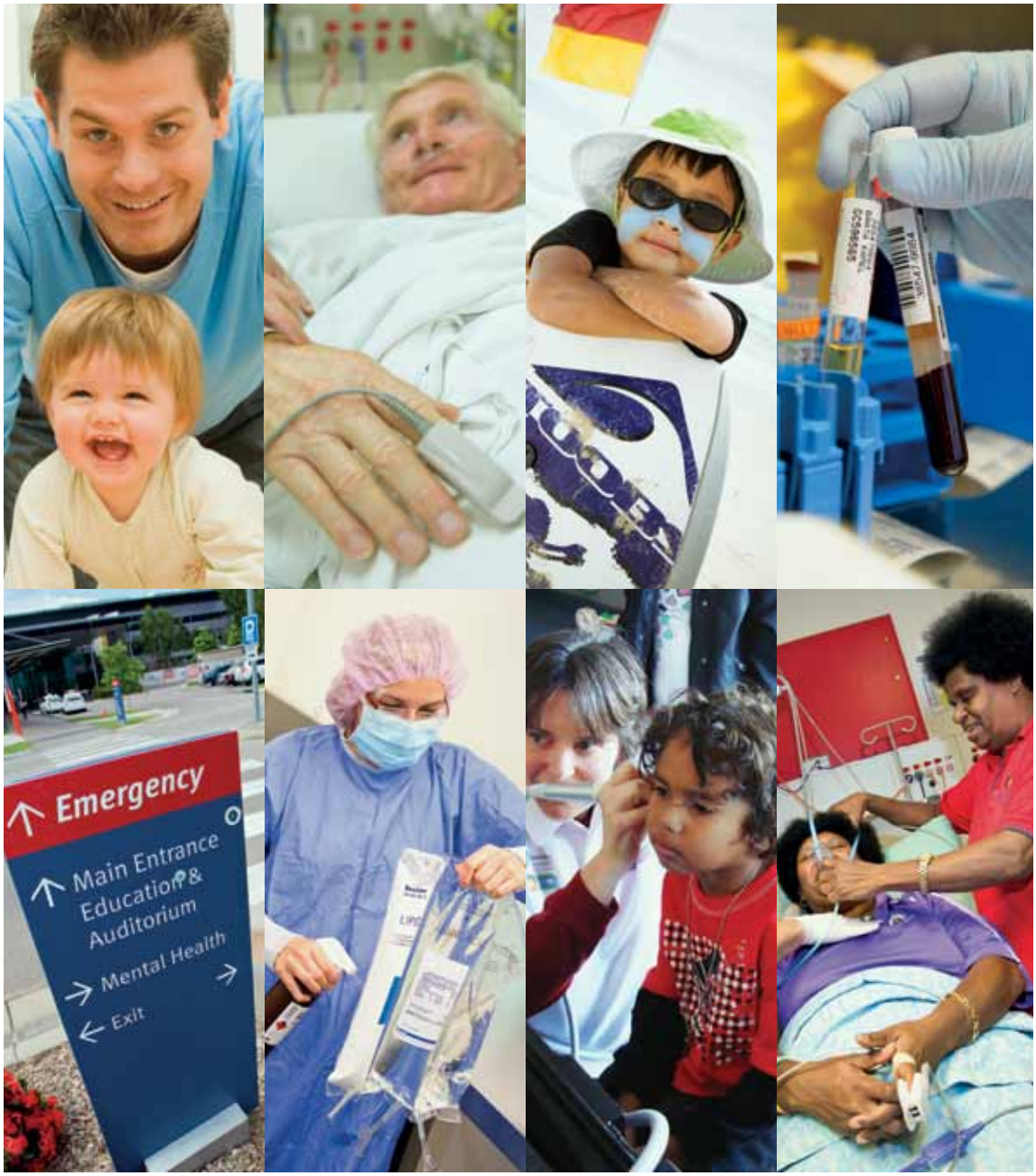


Queensland Health

Strategic Plan 2011–2015

Toward Q
Tomorrow's Queensland

Queensland Government

Queensland Health Strategic Plan 2011–2015
Published by the State of Queensland (Queensland Health), July, 2011

For more information contact:
Strategic Implementation and Planning Unit, Queensland Health
GPO Box 48, Brisbane QLD 4001
Email StratPlan@health.qld.gov.au, phone 07 3234 1742.

An electronic version of this document is available at
www.health.qld.gov.au

Vision, purpose and values

Our vision

Working together for a healthier Queensland.

Our purpose

Providing safe, sustainable, efficient, quality and responsive health services for all Queenslanders.

Our values

Caring for people

We will show due regard for the contribution and diversity of all staff and treat all patients and consumers, carers and their families with professionalism and respect.

Leadership

We will exercise leadership in the delivery of health services and in the broader health system by communicating vision, aligning strategy with delivering outcomes, taking responsibility, supporting appropriate governance and demonstrating commitment and consideration for people.

Partnership

Working collaboratively and respectfully with other service providers and partners is fundamental to our success.

Accountability, efficiency and effectiveness

We will measure and communicate our performance to the community and governments. We will use this information to inform ways to improve our services and manage public resources effectively, efficiently and economically.

Innovation

We value creativity. We are open to new ideas and different approaches and seek to continually improve our services through our contributions to, and support of, evidence, innovation and research.

the health of Queenslanders is the focus of all we do

Our role

The Queensland Department of Health was established in 1901. Queensland Health, as it is now known, is currently responsible for the management, administration and delivery of public sector health services in Queensland. At present, this responsibility is discharged through a network of 16 Health Service Districts (HSDs), a range of statewide support services—such as radiology and pathology—and supporting corporate functions.

In total, Queensland Health invested $9.552 billion during 2009–10, at an average of $26.1 million per day. This investment increased clinical staff by 2169 (351 medical, including visiting medical officers; 1369 nursing, including 13 nurse practitioners; and 449 allied health professionals) and:

- provided 11 083 414 non-admitted patient services, including 173 041 emergency services, in acute public hospitals
- provided admitted care in acute public hospitals to 922 738 people, including 469 615 people who received same-day-admitted care
- provided 473 105 adult and 465 454 child dental appointments
- provided 6450 Telehealth non-admitted occasions of service—an increase of 53 per cent
- installed 85 new Telehealth systems around Queensland, bringing the total to more than 800—the largest managed Telehealth system in Australia
- screened 226 199 women for breast cancer
- delivered 43 136 babies in acute public hospitals
- established newborn and drop-in services in 18 communities
- provided more than 1350 older Queenslanders with residential care in 20 aged care services
- helped about 4000 older Queenslanders to regain their independence and be able to return to live in their own homes
- gave qualified and supportive advice to 257 838 callers through the health hotline, 13 HEALTH (13 43 25 84)
- administered more than 930 000 pandemic (H1N1) 2009 vaccines
- completed 17 significant infrastructure projects.

On 20 April 2010, all states and territories, other than Western Australia, and the Australian Government signed an agreement to establish a National Health and Hospitals Network. This represents a significant reform to the organisational arrangements for the delivery of health services in Queensland.

At a meeting of the Council of Australian Governments (COAG) on 13 February 2011, all jurisdictions signed a Heads of Agreement, which includes agreed key changes to both the previous National Health and Hospitals Network Agreement and the related national partnership agreement (National Partnership Agreement on Improving Public Hospital Services). A new National Health Reform Agreement that incorporates the agreed changes is to be finalised by 1 July 2011. The new Heads of Agreement still requires the establishment of Local Health and Hospital Networks (LHHNs).

After an extensive consultation process and the development of a bilateral agreement with the Commonwealth in December 2010 around the boundaries of LHHNs and Medicare Locals, the Premier announced that Queensland would establish 17 separate LHHNs. The LHHNs will become fully operational from 1 July 2012 and will be responsible for the day-to-day operation of public hospitals and delivery of public health services.

The continuing implementation of national health reform through the new National Health Reform Agreement and the establishment of LHHNs will represent a significant change to the roles and responsibilities of the various functions of the current Queensland Health (districts, statewide support services, corporate functions). As a result, this strategic plan will need to be reviewed and redeveloped in light of these new arrangements.

Our operating environment

Queensland Health continues to face a challenging operating environment. These challenges include:

- **a growing and ageing population**
- **economic, fiscal and health technology impacts**
- **a growing burden of disease, particularly in relation to chronic conditions**
- **the health impacts of socioeconomic disadvantage and cultural and linguistic diversity**
- **the rate of burden of disease from all causes among Aboriginal and Torres Strait Islander Queenslanders**
- **the dispersion of Queensland's population across the state**
- **workforce challenges.**

Growing and ageing population

Between 2011 and 2026, the Queensland population is projected to increase by 32.1 per cent to a total of 6.1 million people. Most of the population growth will occur in the south-east corner and coastal areas.

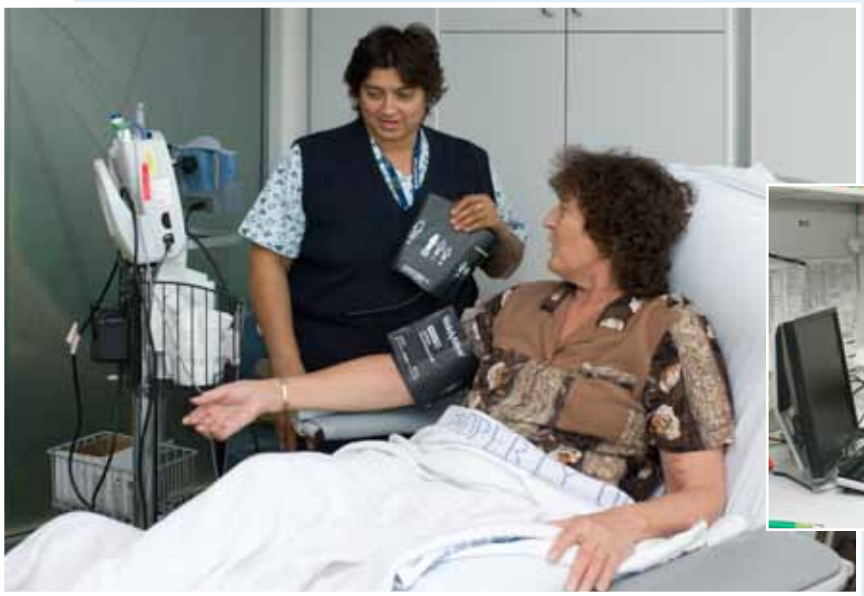
The age structure of the state's population is also projected to change dramatically over the next 15 years. The number of people aged 65 years or older is projected to increase by 83 per cent to 1.1 million. People aged 85 years or older will grow by 92 per cent to 153 000. While this increase in the number of people aged over 65 years could be interpreted as a health system success, the size of the increase presents a challenge in terms of system sustainability.

Economic and fiscal impacts

The *Intergenerational Report 2010 – Australia to 2050: future challenges* highlights an ageing and growing population, which will place substantial pressure on Australia's economy, living standards and government finances over the next 40 years. Population ageing reduces the proportion of working age people supporting people over 65 years. The rate of improvement in average living standards is projected to fall, placing pressure on Australia's capacity to fund the spending pressures associated with an ageing population, particularly in terms of health spending.

The intergenerational report states that only 2.7 people of working age will be supporting each Australian aged 65 and over by 2050 (compared with five working aged people now). An ageing population is the major factor driving the slowing economic growth. The labour force participation rate for people aged 15 years and over is projected to fall to less than 61 per cent by 2049–50, compared to 65 per cent today.

Increased demand for age-related payments and services, expected technological advancements in health and demand for higher quality health services will add to creating substantial fiscal pressures. For example, ageing and health cost pressures are projected to result in an increase in total Australian Government spending from 22.4 per cent of Gross Domestic Product (GDP) in 2015–16 to 27.1 per cent of GDP by 2049–50.



Health technology impacts

The National Health and Hospitals Reform Commission noted in its final report that in Australia and other Organisation for Economic Co-operation and Development (OECD) countries over the last 50 years, health spending has on average been two per cent greater than GDP growth. Of this growth, it is estimated that half this increase in expenditure is due to the increasing volume of services per treated case. The introduction of new technologies (techniques, drugs, procedures, equipment, etc.) and changes in treatment practices have been the major contributors to the changes in volume of services per case and this is expected to continue. Increasing volume of services per case can also be linked to increasing consumer expectations as a result of improving wealth and living standards. The final report noted that an OECD study suggests income growth in wealthy countries might explain 40 to 50 per cent of the total increase in health expenditure.

Burden of disease

The burden of disease related to chronic conditions has already translated into a significant, and potentially unsustainable, demand for healthcare services. Fifteen per cent of the population—most with chronic conditions—account for about 60 per cent of healthcare costs. The number of hospitalisations in Queensland is increasing at about double the rate of population increase (60 000 hospitalisations per year, with an average increase of about 86 000 bed days per year across all Queensland hospitals).

The majority of chronic diseases are caused by a set of 13 preventable risk factors. These include:

- unhealthy diet—poor diet remains an issue for the Queensland population. Only 11.3 per cent of adults in Queensland ate enough vegetables and only 57.4 per cent ate enough fruit in 2010
- overweight and obesity—overweight and obesity pose a major risk to long term health by increasing the risk of chronic diseases such as Type 2 diabetes, cardiovascular disease and some cancers. In 2010, more than half of Queensland adults weighed too much for their height (self-report). Rates of overweight and obesity are increasing, based on self-reporting in adults over the age of 18 years, the rate increased by 1.8 per cent per year between 2002 and 2010
- lack of physical activity in adults and children—about 54 per cent of adult Queenslanders were sufficiently active in 2010
- smoking—in 2010, 15.5 per cent of Queenslanders reported smoking daily. A five per cent reduction in the proportion of smokers in Queensland would save at least 10 800 lives and an estimated $225.8 million in treatment costs of chronic diseases
- alcohol misuse—alcohol related diseases cost the Queensland hospital system over $128 million per year.

Queensland also has the highest rate of new cases of melanoma, basal cell carcinoma and squamous cell carcinoma in Australia and the world.

It is also noted that mental disorders are the leading cause of disability in the population. In 2007, it was estimated that approximately one quarter of the disability burden in Queensland is due to mental disorders, with anxiety and depression the largest specific cause.

If those preventable risk factors continue unchecked, then there will be a 22 per cent increase in burden of disease in the next 10 years.

For example, there has been a 45 per cent increase in obesity in adults over the past seven years—and by 2025 obesity prevalence will double to 1.4 million Queenslanders. Related to the increasing levels of obesity, the percentage of people with diabetes has more than doubled in 15 years with 19 000 new cases diagnosed each year.

Diabetes will increase dramatically—55 per cent increase in burden with an 18 per cent increase in the burden rate in a decade. By 2031, 600 000–700 000 Queenslanders are expected to have Type 2 diabetes.

Over the next 20 years the number of hospitalisations is expected to double, with 2.7 times the hospitalisations for diabetes and four times the hospitalisations for renal failure.

Health impacts of lower socioeconomic status and cultural and linguistic diversity

Socioeconomic status and cultural and linguistic diversity also impact on the health and wellbeing of a population. People with low socioeconomic status generally experience poorer health, higher death rates and serious chronic disease. Socioeconomic disadvantage has the greatest impact on health accounting for 18 per cent of total burden—about the same as the cancer or cardiovascular burden. Rates of smoking and obesity in disadvantaged areas are double those in advantaged areas.

Overseas migration contributes to half of Queensland's population growth. Both culture and language have been associated with higher risk of adverse events for individuals from non-English speaking backgrounds. Some cultural and linguisticly diverse groups have a higher prevalence of health risk factors and chronic diseases, such as diabetes and overweight and obesity.

Aboriginal and Torres Strait Islander burden of disease

The rate of burden of disease from all causes among Aboriginal and Torres Strait Islander Queenslanders is about double that of the non-Indigenous population. The six leading drivers of the health gap between Indigenous and non-Indigenous Queenslanders are:

- cardiovascular disease
- diabetes
- chronic respiratory disease
- cancers
- injuries
- mental disorders.

A 2003 study of factors impacting on the burden of disease of Indigenous Australians suggested significant risk factors include:

- smoking
- obesity
- physical inactivity
- high cholesterol
- high blood pressure
- poor nutrition
- consumption of alcohol and other drugs.

Geographic population dispersion

About half of Queensland's population live outside the major cities. The life expectancy gap between people who live in remote and very remote parts of Queensland and those that live in major cities is 5.6 years. The leading causes of the life expectancy gap were cardiovascular disease, unintentional injuries and diabetes. People living in regional and remote parts of Queensland have higher rates of some health risk behaviours, specifically smoking, physical inactivity and alcohol-related conditions, compared to those in cities.

Workforce challenges

The strength of Queensland Health, and its ability to deliver health outcomes, is the people we employ.

As at June 2010, the Queensland Health workforce comprised approximately 85 000 staff providing a wide range of services, from clinical to hospitality. Unlike most organisations and government services, our workforce includes almost all occupational groups.

Workforce projections indicate that Queensland Health will need to grow its workforce by approximately 10 300 full time employees (FTE) by 2016—with demand for medical practitioners as well as the nursing and midwifery workforce in Queensland forecast to increase by about 50 per cent by 2024. To enable the delivery of services by these extra clinicians, a corresponding number of other roles will be required, e.g. pathology, cleaning, food services, information technology (IT)—to name a few.

A number of related factors are driving the need to expand and be smarter in how we use our workforce, including:

- a projected increase in service demand as a result of a rapidly growing and ageing Queensland population
- planned service expansions in areas such as cancer treatment, subacute and mental health services, which will place further demands on the available clinical workforce
- the ageing of our entire workforce which, in line with international demographics, suggests that a significant percentage will exit the system within five to ten years. This will present significant challenges in recruitment and building recruitment pipelines. This challenge is significantly greater for our remote and rural districts

- moral and legislative requirements to ensure our workforce reflects that of our community
- the unsustainable escalation of health care labour costs.

Currently, approximately two per cent of Queensland Health staff identify themselves as Aboriginal and Torres Strait Islanders, and continuing action is required to achieve the agreed minimum target of 3.7 per cent representation across the workforce. Only about three per cent of our workforce are people with disabilities.

This increased workforce also brings extra pressures on our capacity to grow and sustain the capability of such a large and diverse workforce. For example, changing models of care, and rapid developments in technology and pharmaceuticals will require the clinical workforce to quickly acquire the necessary skills and knowledge, and changes to the skill mix required to deliver services. The increase in students undertaking health education programs has also placed a large demand on the public health sector for clinical education and training placements.

Managing the increasingly complex industrial and employment conditions for such a workforce also introduces additional pressures to ensure that all employees have fair, clearly defined and understood terms and conditions, which enable the most efficient and flexible utilisation of our staff.

The challenges of building the capacity, capability, industrial and employee relations for a large and significantly increasing workforce must also be complemented by delivering a robust and attractive employee value proposition. This will enable Queensland Health to retain its workforce and have it aligned to the values and outcomes required to deliver on the Queensland Health vision and mission. This means additional pressures to deliver effective onboarding and engagement strategies including a strong focus on growing performance.

To underpin all of these increasing workforce pressures, Queensland Health needs to build both its capacity and capability to ensure the safety and wellbeing of each staff member and foster a culture where this is valued by all.

This operating environment will impact upon our department's priorities and how it delivers services and supports its workforce to 2015.

Key drivers of change in the operating environment

Taking into consideration the operating environment, a number of key drivers of change in Queensland Health's future operations have been identified, including:

- national and state health policy agendas (including national agreements and related national partnership agreements, *Toward Q2: Tomorrow's Queensland,* and *Advancing Health Action*)
- patient and consumer demand and community expectations of service provision
- opportunities provided by new technologies and treatments in terms of new services and new delivery models
- the continuing need to focus on patient safety and quality
- resource constraints in the context of workforce availability and a period of increasing costs due to demographic change (growing and ageing population), new technologies/treatments and consumer and community expectations
- the causes of health burden in the community that require significant attention—namely increasing rates of overweight and obesity, leading to substantial future health burden due to diabetes and associated co-morbidities; and mental disorders, particularly anxiety and depression
- the unacceptable burden of disease in the Aboriginal and Torres Strait Islander population, people from low socioeconomic backgrounds and culturally and linguistically diverse communities
- the impact of population growth on the environment, climate change and shifting patterns of disease.

Our challenges and opportunities

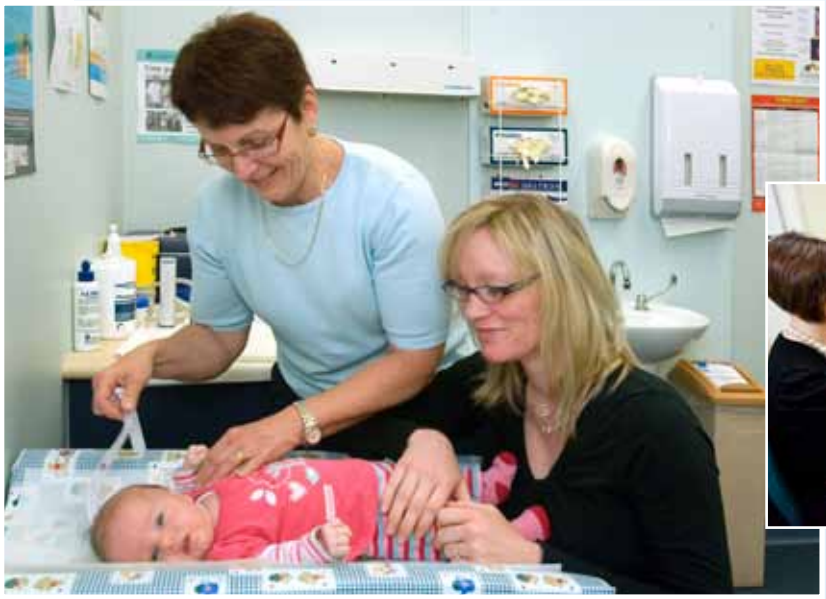
The operating environment and the identified key drivers of change highlight a number of challenges and opportunities which our department will address through its 2011–15 Strategic Plan.

Key challenges include:

- quality health services and improved patient outcomes—for example, patients attending emergency departments and outpatient departments who are not being treated or seen within clinically recommended timeframes
- population pressures—significant population growth and the projected age structure of Queensland's population
- financial pressures—without significant reforms in health services funding and delivery models, it is estimated that by 2026–27 expenditure on health care in Queensland could represent over 40 per cent of the total State Budget expenditure. This is unsustainable. These estimated unsustainable increases in expenditure are due to population pressures, patient/consumer demand and community expectations of the scope of services provided by public sector health services and increasing costs of new technologies and new treatments
- burden of disease—rates of burden of disease for Aboriginal and Torres Strait Islander peoples, people from low socioeconomic backgrounds and some cultural and linguistic diverse groups are higher than the general Queensland population
- workforce challenges—ongoing difficulties in recruiting and retaining a clinical workforce, resulting in a reliance on agency staff. Changing models of care and rapid development in the areas of technology and pharmaceuticals will require the clinical workforce to rapidly adapt and acquire the necessary skills and knowledge
- regional and remote services—people living in regional and remote parts of Queensland have higher rates of some health risk behaviours. Access issues for health care services for rural and remote residents generally result in health outcomes similar to lower socioeconomic groups.

However, there are some key opportunities that Queensland Health needs to embrace, including:

- patient and consumer-focussed service delivery—new technologies and changing models of services delivery will enhance capacity to tailor health services to consumer needs
- new technologies including eHealth and Telehealth—development of the Person Controlled Electronic Health Record will provide new opportunities to deliver more effective health services and improve health outcomes
- improved workforce capacity and productivity—opportunities for Queensland Health to develop partnerships with private and non-government not-for-profit health sectors, unions, and education providers to ensure the clinical health workforce is skilled and prepared for contemporary practice. Additionally, expanded clinical education and training settings and greater use of simulated and e-health learning platforms will enhance skill development
- new clinical service delivery models—new clinical service delivery models can be developed to build on the introduction of new technologies (eHealth, Telehealth, improve pharmaceuticals and genomics) and improved workforce training and development, including new workforce classifications and scopes of practice to meet consumer expectations.



Our contribution to whole-of-government objectives

Under *Toward Q2: Tomorrow's Queensland* Queensland health is the lead agency for the **Healthy** ambition.

Healthy—making Queenslanders Australia's healthiest people and its targets of

- Cut by one-third obesity, smoking, heavy drinking and unsafe sun exposure
- Queensland will have the shortest public hospital waiting times in Australia.

This plan outlines our strategies to support the achievement of these targets.

Queensland Health also contributes to achieving the other Q2 ambitions.

Fair—supporting safe and caring communities

through supporting access to public sector health services for all Queenslanders and by expanding and enhancing the hospital volunteer programs

Strong—creating a diverse economy powered by bright ideas

by supporting medical research and development through research initiatives managed by the Office of Health and Medical Research (OHMR) and by continuing its $6.998 billion health infrastructure program (the largest ever undertaken in the nation)

Smart—delivering world class education and training

by providing access to clinical training opportunities for student doctors, nurses and allied professionals, and by continuing the education and training of its workforce

Green—protecting our lifestyle and environment

by minimising energy consumption across Queensland Health's facilities.

National reform

Queensland Health continues to work closely with the Australian Government and other states and territories through the Council of Australian Governments (COAG) to achieve our strategic priorities and objectives.

Apart from the ongoing implementation of reforms to organisational arrangements, the department continues to work in partnership to:

- prevent chronic diseases
- improve access to elective surgery and emergency departments
- improve health outcomes for Aboriginal and Torres Strait Islander peoples
- support immunisation to protect the population's health
- develop and implement eHealth information systems
- deliver new and improved infrastructure.

Our strategic priorities 2011–2015

1. Effective and efficient health promotion, illness prevention and early intervention

Queenslanders want to be better informed on how they can live longer, have healthy lives and how they can prevent ill health. By working together through health promotion, preventative measures and early intervention we can help create a healthier and more resilient Queensland.

Strategic objectives	2011–12 key strategies
1.1 Increase action on the promotion of good health, illness prevention and early intervention.	**1.1.1** Promote healthy behaviours in pre-school, school, workplace and community settings through collaboration with private, public, non-government sectors, to implement programs addressing risk factors. **1.1.2** Continue to implement A Better Choice strategy by providing a range of targeted promotions. This will empower consumers to make healthier food and drink choices.
1.2 Encourage healthy behaviours and lifestyle choices to reduce rates of overweight and obesity, smoking, risky drinking, unsafe sun exposure, anxiety and depression and falls by older people.	**1.2.1** Provide a range of targeted promotion prevention and early intervention programs, focussing on: • improving nutrition and increasing physical activity • reducing population rates of obesity and overweight, smoking, heavy drinking and unsafe sun exposure • improving resilience to anxiety and depression • preventing falls by older people.
1.3 Protect the health of Queenslanders by providing access to effective services for the management of preventable environmental health hazards, and the prevention and control of communicable diseases.	**1.3.1** Maintain or increase vaccination coverage for Indigenous Queenslanders, areas of low coverage and four year old children **1.3.2** Improve compliance with water quality standards **1.3.3** Enhance the prevention and control of mosquito-borne diseases **1.3.4** Improve the coordination of responses to outbreaks, natural disasters and other environmental hazards.
1.4 Provide access to effective population screening services for breast, bowel and cervical cancers.	**1.4.1** Improve the capacity of the BreastScreen Queensland program to meet participation targets through completion of the digital mammography project and workforce strategies. **1.4.2** Continue to implement the bowel and cervical cancer screening programs.
1.5 Work with partners to address factors outside the health system that support health and wellness.	**1.5.1** With our partners, develop and implement an annual Target Delivery Plan for the Q2 Target—cut by one-third obesity, smoking, heavy drinking and unsafe sun exposure.

Key strategic risk

- Queenslanders do not adopt the knowledge and attitudes that lead to positive health behaviours. As a result, higher risk behaviours do not decline as expected, leading to increased pressure on the healthcare system.

2011–12 key performance indicators

- Percentage of the Queensland population who:
  - are overweight and obese
  - consume recommended amounts of fruit and vegetables
  - engage in levels of physical activity for health benefit.
  - consume alcohol at risky and high risk levels
  - smoke tobacco daily
  - adopt ultraviolet (UV) protective behaviours
- Percent and number of fall related hospitalisations for older people in Queensland
- Vaccination rates at designated milestones for all children aged two years
- Percent of target population screened for breast cancer, bowel cancer and cervical cancer

2. Access to quality services delivered in the right way, at the right place and the right time

We are committed to providing Queenslanders with access to the best possible health services now and into the future. This includes ensuring our services are appropriately delivered, resourced and are designed to meet the changing needs of our communities.

Strategic objectives	2011–12 key strategies
2.1 Ensure sufficient service capacity in order to respond to and manage growing and changing community needs.	**2.1.1** Develop a new Queensland Health Services Plan 2011–2026. **2.1.2** Implement the Clinical Services Capability Framework (v3) and prepare to evaluate its effectiveness to identify potential improvements and prospective planning opportunities.
2.2 Increase coordination and continuity between health services and sectors to ensure consumers experience a streamlined and smooth healthcare journey.	**2.2.1** Work with Medicare Locals and other healthcare providers to better integrate local health services and drive improvements in health outcomes across the entire health system.
2.3 Provide consumers and carers with information to make informed choices about their care and service options.	**2.3.1** Develop mechanisms to ensure consumers and the community have meaningful opportunities to engage with LHHNs to achieve better health outcomes. **2.3.2** Empower and assist consumers to manage their own health by providing interactive access to a network of health resources.
2.4 Support an expanded range of services available in a primary care setting through working with the Australian Government and our partners.	**2.4.1** Continue to develop and support the provision of telephone and online health services. **2.4.2** Continue to work with General Practice Queensland and other partners to improve health outcomes for patient, consumers and communities.
2.5 Provide mothers and babies with the best start and support the achievement of the best possible early child health and development.	**2.5.1** Provide mothers with access to ante- and post-natal care and increased opportunities for women to give birth closer to home. **2.5.2** Develop smarter ways to deliver health care by implementing midwifery led models of care including continuity of care models. **2.5.3** Work with our partners to establish centres that integrate early years services.

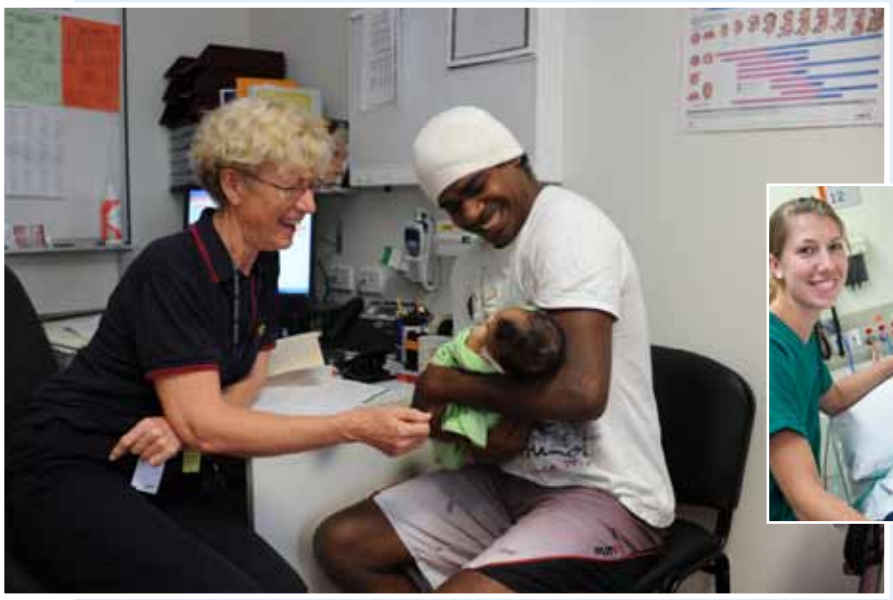
Strategic objectives	2011–12 key strategies
2.6 Improve the safety, quality, effectiveness, efficiency and sustainability of health services with a focus on emergency departments, medical and surgical services, post-acute and sub-acute care and rehabilitation.	**2.6.1** Improve access to services through the use of demand management strategies such as: • the development and implementation of the Statewide Surgical Services Program with a focus on meeting the Toward Q2 waiting times and National Partnership Agreement targets • the continued development and implementation of the Queensland Health Patient Flow Strategy, including expanding and upgrading emergency departments. **2.6.2** Increase the number of beds consistent with the More Beds for Queensland strategy. **2.6.3** Develop a Strategic Directions Framework for sub-acute care. **2.6.4** Develop and coordinate the implementation of programs for older people that align with national directions. **2.6.5** Continue to implement the Patient Safety and Quality Plan 2008–2012 and Queensland Medication Management Directional Plan 2009–2014 within all services to safeguard and improve the quality of services and safety of consumers. **2.6.6** Ensure all healthcare professionals working in Queensland Health facilities are appropriately registered and credentialled.
2.7 Provide chronic disease management and end-of-life services in an appropriate setting.	**2.7.1** Review of the Queensland Strategy for Chronic Disease 2005–2015. **2.7.2** Implement the Diabetes Action Plan. **2.7.3** Continue the development and implementation of the End-of-Life Care Strategy for Queensland. **2.7.4** Develop strategic directions for: • cancer and renal health services • palliative care in the context of the Sub-Acute Care Framework.
2.8 Provide safe, sustainable and appropriate oral health services on a statewide basis.	**2.8.1** Continued implementation of *Australia's National Oral Health Plan 2004–2013*.
2.9 Improve access, coordination and continuity of care across mental health services and providers.	**2.9.1** Commence implementation of Phase 2 of the *Queensland Plan for Mental Health 2007–2017*. **2.9.2** Progress the clinical reform process to ensure health care coordination across mental health care providers (government and non-government). **2.9.3** Commence implmentation of the Queensland Mental Health Natural Disaster Recovery Plan 2011—13.

Key strategic risks

- A challenging environment impacts on the department's level of resources (financial, infrastructure, knowledge and people). This leads to a reduced ability to deliver the services, projects and strategies which will improve access to, and quality of, services.
- Differences between the priorities and operating environments of the department and those of key partners. This impedes the development of coordinated care between health sectors and has a negative impact on patient experience.
- Complex and multiple governmental arrangements at national, state and local levels may be a barrier to providing integrated and effective services across the care continuum.

2011–12 key performance indicators

- Number and age standardised rate of potentially preventable admitted patient episodes of care.
- Percentage of women who during their pregnancy were smoking after 20 weeks.
- Percentage of women who gave birth and had five antenatal visits or more in the antenatal period.
- Percentage of new case referrals categorised within five days of receipt of referral.
- Percentage of emergency department patients seen within recommended timeframes.
- Percentage of admissions via the emergency department who are admitted within eight hours of their arrival in the emergency department.
- Percentage of elective surgery patients waiting more than the clinically recommended time for their category.
- Percentage of elective surgery patients treated within the recommended timeframe for their category.
- Median waiting times for emergency departments.
- Median waiting times for elective surgery.
- Percentage of elective surgery cancellations (hospital initiated).
- Average number of public hospital beds occupied each day by nursing home type patients.
- Rate of healthcare associated staphylococcus aureus bacteraemia in hospital.
- Percentage of patients that acquire a pressure ulcer during their stay in hospital.
- Percentage of patients receiving appropriate VTE prophylaxis.
- Hospital Standardised Mortality Ratio.
- Percentage of staff vaccinated against seasonal influenza.
- Number of children, adolescents and adults oral health occasions of service.
- Rate of community follow-up within seven days post-discharge from acute mental health inpatient care.



3. Improve the equity of health outcomes

In Queensland, substantial health inequalities exist for:

- **Aboriginal and Torres Strait Islander peoples**
- **people living in areas of socioeconomic disadvantage, areas of reduced accessibility and greater remoteness**
- **people from culturally and linguistically diverse backgrounds.**

We will work to make sure that all Queenslanders have the best possible and appropriate access to health services and outcomes.

Strategic objectives	2011–12 key strategies
3.1 Close the gap in health outcomes for Aboriginal and Torres Strait Islander peoples.	**3.1.1** Continue to implement the Making Tracks Policy and Accountability Framework to achieve sustainable health gains through targeted and mainstream health programs focusing on prevention and treatment of chronic disease, and better access to health services across the lifespan and the health continuum. **3.1.2** Implement the Indigenous Alcohol Diversion Program in dedicated communities. **3.1.3** Implement targeted quit smoking interventions for Aboriginal and Torres Strait Islander peoples, including expanding the SmokeCheck program, enhancing QUITline and increasing awareness of the risks of smoking.
3.2 Improve health outcomes and access to safe and sustainable services for Queenslanders living in rural and remote locations.	**3.2.1** Drive innovation to improve health service delivery in rural and regional communities, including developing and implementing coordinated medical staffing and business solutions for Queensland rural health services. **3.2.2** Continue to improve the quality, safety and coordination of patient retrieval services. **3.2.3** Continue to implement health components of 'Blueprint for the Bush'. **3.2.4** Provide improved rural maternity and child health services. **3.2.5** Develop a rural and remote infrastructure renewal program.
3.3 Improve access to services and health outcomes for people from disadvantaged socioeconomic backgrounds.	**3.3.1** With our partners, develop a Strategic Directions Framework for People from Disadvantaged Socio-Economic Backgrounds program.
3.4 Improve access to services and health outcomes for people from culturally and linguistically diverse backgrounds.	**3.4.1** Continue to improve the availability and quality of interpreter services and resources for consumers from culturally diverse backgrounds.
3.5 Improve patient transport and accommodation services to enhance continuity of care and ease access to health services	**3.5.1** Continued provision of the Patient Transport Subsidy Scheme and grants to non-government accommodation providers.

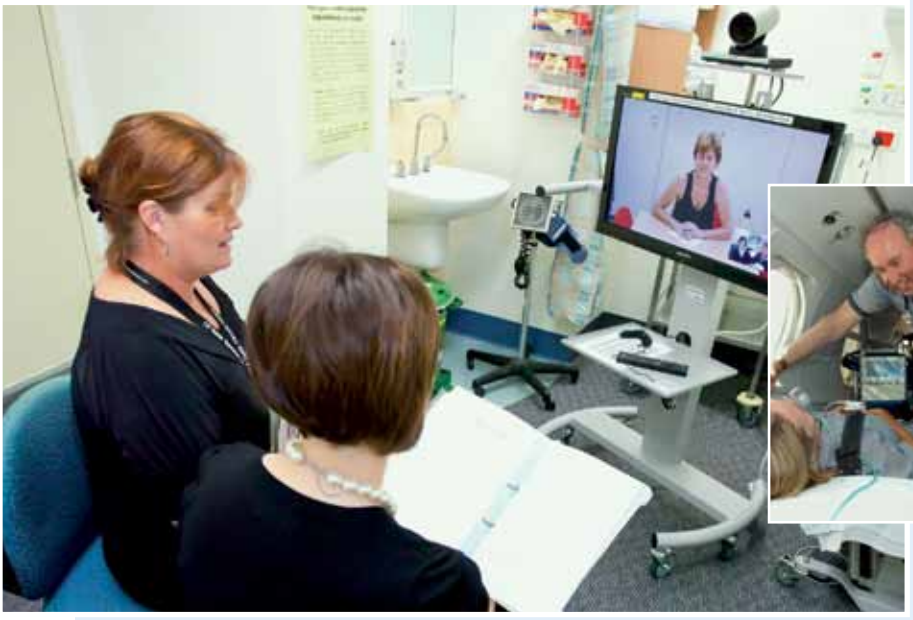
Strategic objectives	2011–12 key strategies
3.6 Increase the availability of Telehealth and other technologies across Queensland, minimising the need for consumers to travel.	**3.6.1** Expand the capacity and increased usage of Telehealth technology to create virtual teams to deliver healthcare remotely.

Key strategic risk

- There are challenges in agreeing, collecting and interpreting consistent, timely and appropriate information about the health outcomes. This means that the impact of strategies to improve the equity of health outcomes can be difficult to interpret and this may affect planning for future services.

2011–12 key performance indicators

- Percentage of Aboriginal and Torres Strait Islander women who gave birth and had five antenatal visits or more in the antenatal period.
- Percentage of Aboriginal and Torres Strait Islander low birth weights.
- Percentage of admitted Aboriginal and Torres Strait Islander patients discharged against medical advice.
- Aboriginal and Torres Strait Islander identification.
- Number of times an interpreter was requested and provided.
- Telehealth non-admitted occasions of service.



4. Create a sustainable, proactive and continually improving health system

To meet the changing needs and future requirements we are committed to developing, implementing and maintaining safe, high quality effective and efficient health services. We will continually review and renew our services and systems to ensure that they are up-to-date, sustainable and of the highest quality.

Strategic objectives	2011–12 key strategies
4.1 Improve health system sustainability by implementing health reforms that drive innovation, efficiency and improvements for consumers.	**4.1.1** Implement national health reforms so that LHHNs have the flexibility to be more innovative and responsive to local health priorities.
4.2 Actively encourage innovation and evidenced-based improvement in service models to deliver the best possible service outcomes with available resources.	**4.2.1** Continued implementation of the Clinical Redesign Program. **4.2.2** Continue to support the development of the transition of primary health service provision to community controlled Aboriginal and Torres Strait Islander health services where there is appropriate community support and capacity. **4.2.3** Create a culture that invites participation in research, problem-solving and innovation. **4.2.4** Recognise and promote achievements in innovation and continuous improvement.
4.3 Engage partners in health service planning and delivery.	**4.3.1** Develop mechanisms to ensure local clinicians have a voice in the planning, implementation and review of services at the local health and hospital network level. **4.3.2** Engage clinicians in development and management activities. **4.3.3** Building collaboration through networks, communities of practice and consumer engagement.
4.4 Develop and manage infrastructure and assets to ensure safe, efficient and effective service delivery.	**4.4.1** Maintain infrastructure and assets through developing and implementing effective maintenance and life cycle replacement strategic planning, management and funding models. **4.4.2** Deliver long-term health service and capital planning for future health services.
4.5 Increase capacity for education, learning and research.	**4.5.1** Ensure health service planning recognises the need for education, learning and research facilities to be integrated or co-located with service delivery.
4.6 Develop and maintain systems to assess and monitor quality outcomes and provide feedback to health professionals, service providers, the community and governments to support continuous improvement and innovation.	**4.6.1** Implement the Queensland Health Performance Management Framework to increase the monitoring and evaluation of service delivery to continually improve the quality, safety and efficiency of health service delivery and inform resource allocation decisions. **4.6.2** Effective mechanisms are established to hold LHHNs accountable for their performance. **4.6.3** More effectively integrate risk management into the work of Queensland Health executive committees and the department's strategic planning.

Strategic objectives	2011–12 key strategies
4.7 Provide leadership for and foster collaboration across the broader Queensland health and medical research sector to improve the translation of research into practice and promote the transfer of knowledge into improved health outcomes.	**4.7.1** Establish the Knowledge Transfer Initiative to drive the translation of research conducted in Queensland Health into real world outcomes (commercial products and clinical care). **4.7.2** Promote Queensland's research and development expertise and capability to potential researchers, funders, partners and to the community through community engagement activities.
4.8 Increase the availability and use of technological advances to improve the efficiency, effectiveness and quality of health services.	**4.8.1** Continued implementation of the Queensland Health Technology Assessment Process including the New Technology Funding Evaluation Program mechanism.
4.9 Implement an integrated electronic medical record across Queensland Health to increase availability of information for providers and enhance their ability to deliver safe and effective health care.	**4.9.1** Progress implementation of the eHealth strategy and continue the roll out and expansion of the Telehealth network. **4.9.2** Increase the information available to healthcare providers by implementing an integrated electronic medical record in alignment with the national Personally Controlled Electronic Health Record. **4.9.3** Develop and implement a transparent and effective governance framework to enable the efficient and effective use of information communication technology (ICT) in support of health outcomes .
4.10 Contribute to the development and implementation of a nationally consistent approach to activity-based funding to improve the efficiency and effectiveness of service provision and provide mechanisms to reward good practice and support quality initiatives.	**4.10.1** Implement funding models that drive transparency and efficiency in the funding of public health services.
4.11 Support 'green' initiatives that protect our lifestyle and environment.	**4.11.1** Minimise energy consumption, its carbon footprint and demand. **4.11.2** Achieve enduring cultural change in carbon reduction management across the entire organisation. **4.11.3** Meet obligations under the draft Strategic Energy Efficiency Policy for Queensland Government Buildings.

Key strategic risks

- Improvements to the department's buildings and ICT infrastructure do not progress as expected. This leads to an inability to deliver planned service improvements and impedes the development of a sustainable health system.
- Financial management strategies do not deliver the expected results and the cost of service provision exceeds the financial resources available. Reductions in services are required in order to maintain financial viability of the department.
- Limitations in the department's governance arrangements contribute to a failure in service or project delivery. The department's reputation is damaged as a result and public confidence in the healthcare system is affected.

2011–12 key performance indicators

- Expenditure on maintenance.
- Cost per weighted activity unit.
- Weighted activity units.
- Cost per weighted activity unit for sub- and non-acute patients.
- Sub- and non-acute weighted activity units.
- Own source revenue.
- Achieving a balanced operating position.
- Electricity consumption reduced across all Queensland Health facilities.

5. A sustainable and high quality workforce to meet future health needs

We recognise that the productive capacity of our workforce is vital in providing safe, high quality services and Queensland's future health needs. We are committed to enhancing the skills and competencies of our existing staff to meet the challenges we face and to ensuring the most efficient and effective utilisation of staff to deliver required health services. We will continue to reshape the culture and employment experience in Queensland Health to meet the health service challenges of today and tomorrow.

Strategic objectives	2011–12 key strategies
5.1 Identify and develop leadership at all levels with the personal qualities and professional capabilities to deliver high-quality and safe services, and to inform the long-term direction for the delivery of those services.	**5.1.1** Provide a comprehensive suite of development options for Queensland Health leaders, as outlined in the Healthcare Culture and Leadership Service Framework.
5.2 Build and maintain a positive and safe workplace culture where staff can perform at their best, are acknowledged and is supportive of professional development.	**5.2.1** Promote a 'safety for all' culture by promoting both physical and psychological wellbeing, assessing and managing safety issues quickly and effectively, and actively supporting preventative and safe return to work programs. **5.2.2** Continue to advise and support the implementation of a Fatigue Risk Management System (FRMS) as per HR Policy—Medical Fatigue Risk Management. **5.2.3** Foster a culture of growing performance through: • a review of the performance management system to make it easier and useful • building the capability and capacity of Queensland Health staff to reward high performance and address poor performance. **5.2.4** Continued implementation of the Payroll Improvement and Payroll Foundations Programs.
5.3 Increase the workforce participation of Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds across all occupational streams and across all areas within Queensland Health.	**5.3.1** Continue to implement the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework. **5.3.2** Develop an employer brand and employee value proposition that positions Queensland Health as an employer of choice, which attracts and retains staff from diverse backgrounds to more closely reflect and serve our diverse community.
5.4 Grow a competent and culturally-capable workforce.	**5.4.1** Continue to implement the Aboriginal and Torres Strait Islander Cultural Capability Framework to improve access to and delivery of mainstream health services and programs to Indigenous people. **5.4.2** Implement strategies to develop staff cultural capabilities in order for them to interact more effectively with people from culturally diverse backgrounds.

Strategic objectives	2011–12 key strategies
5.5 Build positive and productive relationships with stakeholders and partners, such as unions and education and training providers, to develop a flexible workforce that ensures a productive and sustainable workplace.	**5.5.1** Recruit additional medical, nursing and allied health staff consistent with workforce planning processes. **5.5.2** Continue to increase access to evidence-based training for clinical staff to improve efficacy, efficiency and quality of patient care. **5.5.3** Promote cross-professional education and training to increase the ability of the workforce to deliver multi-professional care. **5.5.4** Work with partners to build capacity to provide clinical supervision and training positions to meet future workforce need and health service priorities. **5.5.5** Support and empower all staff to undertake professional development to increase the ability of the workforce to provide the highest level of care and services. **5.5.6** Manage change effectively by engaging stakeholders early, communicating the reasons for change and ensuring the benefits of change are realised.
5.6 Recruit, develop and retain a skilled research workforce through improved institutional support for research in Queensland's health service settings.	**5.6.1** Continue to support health researchers through the Health Research Fellowship Program and the Near Miss Funding Program.
5.7 Grow and develop the future clinical workforce in line with our 15 year strategic goals.	**5.7.1** Publish and commence implementation of a Queensland Health Clinical Workforce Plan 2011–2026. **5.7.2** Develop and implement a Queensland Health Statewide Clinical Workforce Policy.
5.8 Support 'fair' initiatives for safe and caring communities.	**5.8.1** Continue and enhance the volunteer programs in Queensland hospitals.

Key strategic risk

- The department is unable to recruit, train and retain enough appropriately qualified staff to meet the needs of the service, particularly in rural and remote areas of Queensland and within specialist services. This may affect the availability and quality of services.

2011–12 key performance indicators

- Sick Leave (paid and unpaid) hours vs Occupied FTE
- Workcover hours lost (Workcover) vs Occupied FTE
- Aboriginal and Torres Strait Islander workforce
- Staff/Union relationship
- Increase in number of people wishing to be volunteers in hospitals.

Glossary of terms

Accessible	Accessible health care is characterised by the ability of people to obtain appropriate health care at the right place and right time, irrespective of income, cultural background or geography.
Activity based funding	A management tool that has the potential to enhance public accountability and drive technical efficiency in the delivery of health services by: • capturing consistent and detailed information on hospital sector activity and accurately measuring the costs of delivery • creating an explicit relationship between funds allocated and services provided • strengthening management's focus on outputs, outcomes and quality • encouraging clinicians and managers to identify variations in costs and practices so these can be managed at a local level in the context of improving efficiency and effectiveness • providing mechanisms to reward good practice and support quality initiatives.
Acute	Having a short and relatively severe course.
Acute care	Care in which the clinical intent or treatment goal is to: • manage labour (obstetric) • cure illness or provide definitive treatment of injury • perform surgery • relieve symptoms of illness or injury (excluding palliative care) • reduce severity of an illness or injury • protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function • perform diagnostic or therapeutic procedures.
Acute hospital	Is generally a recognised hospital that provides acute care. Excludes dental and psychiatric hospitals.
Admission	The process whereby the hospital accepts responsibility for a patient's care and/or treatment. It follows a clinical decision, based on specified criteria, that a patient requires same-day or overnight care or treatment, which can occur in hospital and/or in the patient's home (for hospital-in-the-home patients).
Admitted patient	A patient who undergoes a hospital's formal admission process as either an overnight stay patient or a same-day patient.
Allied health staff	Professional staff with qualifications and ongoing competence in one or any combination of the following specialties: audiologist, clinical measurements scientist, dietician, medical imaging technologist, occupational therapist, orthotists, pharmacist, physiotherapist, podiatrist, prosthetist, psychologist, social worker and speech pathologist. It may also include access to an Aboriginal and Torres Straight Islander health worker.
Ambulatory setting	A non-inpatient setting.
Available bed	A bed which is immediately available to be used by an admitted patient if required. A bed is immediately available for use if located in a suitable place for care with nursing and auxiliary staff available within a reasonable period, to service patients who might occupy them.
Benchmarking	Involves the collection of performance information to undertake comparisons of performance with similar organisations.

Best practice	Cooperative way in which organisations and their employees undertake business activities in all key processes—and use of benchmarking—that can be expected to lead to sustainable work class positive outcomes.
Capital expenditure	Expenditure on large-scale non-current assets (for example, new buildings and equipment with a useful life extending over several years).
Care type	Defines the overall nature of a clinical service given to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care).
Casemix	Range and types of patients (the mix of cases) treated by a hospital or other health service. Casemix classifications are a way of describing and comparing hospitals and other services.
Clinical governance	A framework through which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.
Clinical practice	Professional activity undertaken by health professionals to investigate patient symptoms and prevent and/or manage illness, together with associated professional activities for patient care.
Continuing care	Uninterrupted, seamless and integrated care provided across the continuum.
Critical care	Critical care services include intensive care units (ICU), high-dependency units (HDU) and coronary care units (CCU). Critical care services provide care for the critically ill or those vulnerable to critical illness, focusing on the level of care individual patients need, that may or may not be provided in the unit.
Elective care	Care which, in the opinion of the treating clinician, is necessary and admission for which can be delayed for at least 24 hours.
Emergencies	Are immediately, imminently or potentially life-threatening conditions.
Emergency department waiting time to service delivery	Time elapsed for each patient from presentation to the emergency department to start of services by the treating clinician. It is calculated by deducting the date and time the patient presents from the date and time of the service event.
Emergency surgery	Surgery, which in the opinion of the treating clinician, is necessary and for which admission cannot be delayed more than 24 hours.
Episode of care	Period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type.
Full-time equivalent staff (FTE)	Refers to occupied full-time equivalent staff, which are full-time equivalent staff currently working in a position.
Health behaviours	An accumulation of attitudes, beliefs, knowledge and practices that result in a person's health behaviours—for example, patterns of eating, physical activity, excess alcohol consumption and smoking.
Health outcome	Change in the health of an individual, or group of people or population, attributable to an intervention or series of interventions.
Hospital	A health care facility established under Commonwealth, State or Territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients.
Hospital-in-the-home care	The provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation.

Immunisation	Process of inducing immunity to an infectious agency by administering a vaccine.
Incidence	Number of new cases of a condition occurring within a given population, over a certain period of time.
Indigenous health worker	Indigenous health workers provide primary health care to Aboriginal and Torres Strait Islander individuals, families and communities.
Length of stay	Length of stay of an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting days the patient was on leave. A same-day patient is allocated a length of stay of one day.
Medical practitioner	Person who is registered by the Medical Board of Queensland to practise medicine in Queensland, including both general and specialist practitioners.
Non-admitted patient	A patient who does not undergo a hospital's formal admission process.
Non-admitted patient occasion of services	An occasion of examination, consultation, treatment or other service provided to a non-admitted patient in a functional unit of a health service facility.
Nurse practitioner	A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include, but is not limited to, direct referral of clients to other healthcare professionals, prescribing medications, and ordering diagnostic investigations.
Outpatient	Non-admitted health service provided or accessed by an individual at a hospital or health service facility.
Outpatient clinic service	Examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a speciality unit or under an organisational arrangement administered by a hospital.
Overnight-stay patient	Patient who is admitted to, and separated from, the hospital on different dates (i.e., are not same day patients).
Performance indicator	A measure that provides an 'indication' of progress towards achieving the organisation's objectives. It usually has targets attached that define the level of performance expected against the performance indicator.
Population health	The prevention of illness and injury; and the protection and promotion through organised efforts and informed choices of society, organisations (public and private), communities and individuals.
Private hospital	Is either a private hospital or a free standing day hospital and is either a hospital owned by a for-profit company or a non-profit organisation and privately funded through payment for medical services by patients themselves or by insurers. Patients admitted to private hospital are treated by a doctor of their own choice.
Public (hospital) patient	Is a patient who: • elects to be treated as a public patient, and so cannot choose the doctor who treats them, or • is receiving treatment in a private hospital or health authority.
Public hospital	Hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients.
Registered nurse	An individual registered under national law to practise in the nursing and midwifery professions as a nurse other than as a student.

Sustainable	A health system that provides infrastructure, such as workforce, facilities and equipment, and is innovative and responsive to emerging needs—for example, research, monitoring within available resources.
Telehealth	The delivery of health-related services and information via telecommunication technologies. It includes: • live, audio and or/video interactive link for clinical consultations and educational purposes • store and forward Telehealth, which can involve digital images, video, audio and clinical data being captured ('stored') on the client computer then transmitted securely ('forwarded') to a clinic at another location where they are studied by relevant specialists • teleradiology for remote reporting and clinical advice for diagnostic images • Telehealth services and equipment to monitor people's health in their home.
Triage category	The urgency of the patient's need for medical and nursing care.
Weighted activity unit (WAU)	Under Queensland Health's casemix funding model, activity is now measured in Weighted Activity Units (WAUs). A WAU is a numerical value that is intended to reflect the amount of resources utilised to treat one group of patients relative to other groups of patients.

Appendix 2

Leading by example for Toward Q2 ambitions

Purpose

This attachment provides an oversight of the activities Queensland Health is undertaking to help achieve the Queensland Government's ambitions outlined in Toward Q2: Tomorrow's Queensland.

Strong

Queensland Health will be continuing its investment in unprecedented levels of expenditure ($6.998 billion) on capital infrastructure to meet the ever-increasing demands of Queensland's growing population.

The department's Office of Health and Medical Research (OHMR) was awarded $15.5 million in funding through the Health Research Fellowship Program, providing 261 hours of more research per week in 2009–10.

Since 2005, Queensland Health has employed an additional 3044 doctors, 10 090 nurses and 3668 allied health and professional staff.

Green

Queensland Health:

- has a Carbon Reduction Unit which develops environment-friendly policies and guidelines for the department's facilities and implements the Queensland Government's energy efficiency measures
- continues to meet its obligations under a number of Acts relating to waste management, including the *Environmental Protection Act 1994* and the *Radiation Safety Act 1999*.

The Royal Brisbane and Women's Hospital has a Cycle Centre that give cyclists, pedestrians and joggers access to state of the art end-of-trip facility which helps reduce congestion, improve the environment and enhance their lifestyle.

Smart

Queensland Health's values guide the work of staff and form the basis of the department's approach to developing staff and delivering quality health services.

Queensland Health:

- manages a number of programs to build capacity and skills in its staff through the Clinical Education and Training Queensland (ClinEdQ), which provides a coordinated approach to clinical education and training across the health profession
- operates the Clinical Skills Development Service that gives healthcare professionals tools and training to improve their skills and enhance the quality of patient care
- manages the Medical Leadership in Action Program to develop skills and techniques to lead and manage high-performance clinical teams and communicate more effectively with their colleagues, staff and patients
- operates a Queensland Country Practice that is designed to enhance the sustainability of rural medical services and to promote excellence through integrated medical practice and training
- funds a number of scholarships programs including
  - the Queensland Health Bonded Medical Scholarship Program that aims to train extra doctors to work in Queensland areas of priority service
  - the Queensland Health Rural Scholarship Scheme which gives financial support ot students in their final two years of undergraduate study and bond the student to work in rural and remote communities.

Healthy

Queensland Health:

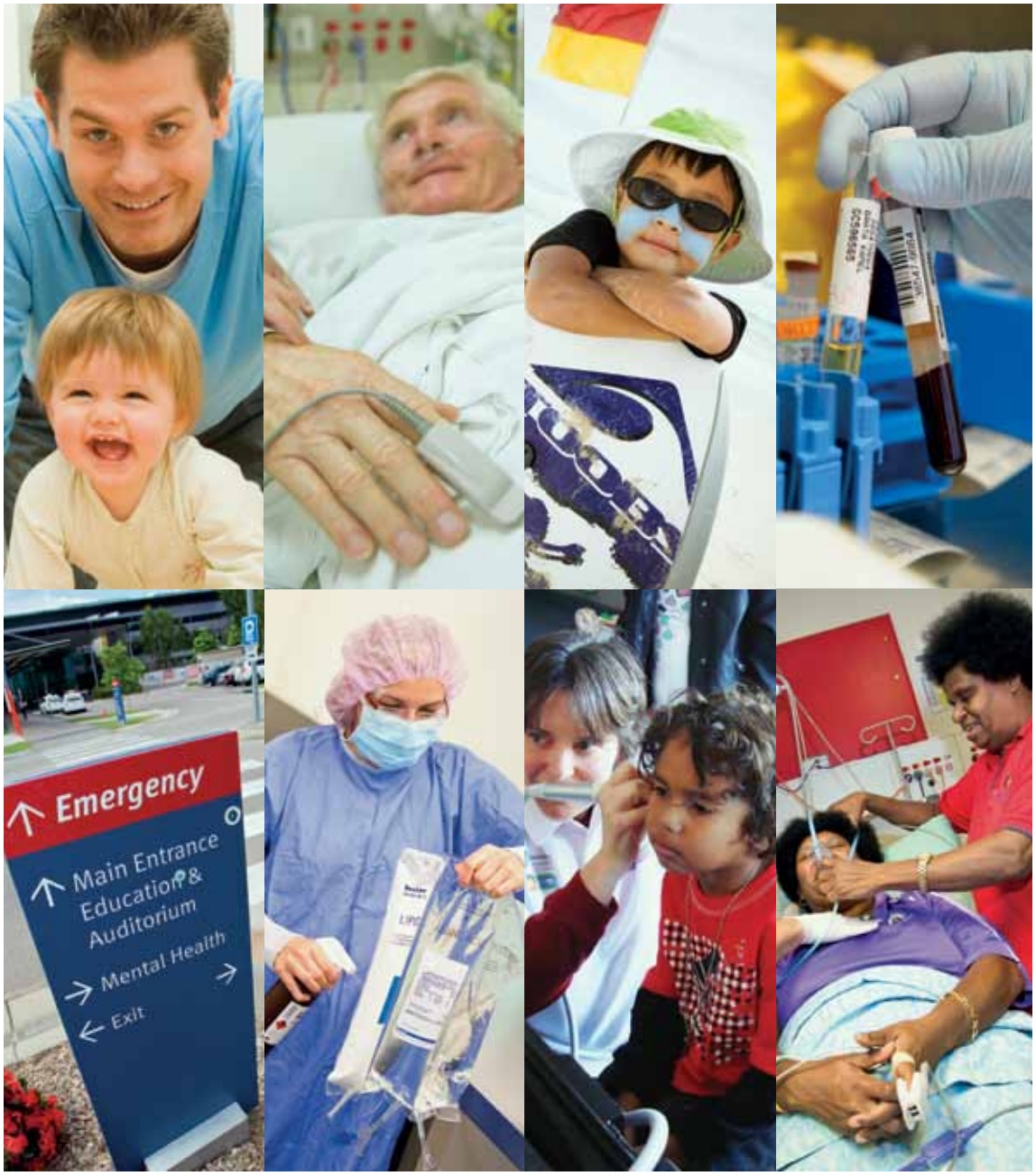
- operates a Healthy Lifestyle program to support and educate staff about a range of health and wellbeing initiatives such as achieving a healthy weight, leading a cancer-smart lifestyle and monitoring alcohol intake
- has made it mandatory across all facilities owned and operated by the department—including hospitals, community health centres and office buildings—to adopt the A Better Choice strategy that aims to ensure food and drinks of good nutritional quality are used
- advocates breastfeeding in the community and encourages and supports employees who choose to continue breastfeeding at their workplace
- is committed to protecting its greatest asset—its employees—through providing a safe and healthy work environment. Employees are entitled to free influenza and measles, mumps, rubella vaccinations in public hospitals and corporate office
- promotes flexible working arrangements and conditions to enable workers with family responsibilities to balance their work and family life.

Fair

Queensland Health:

- promotes volunteer services in its hospital facilities through maintaining contact information for volunteer organisations and patient support groups
- is committed to attracting and retaining a representative Aboriginal and Torres Strait Islander workforce
- is committed to ensuring all staff understand the department's commitment and obligations to the public through adherence to the new Code of Conduct for the Queensland Public Service
- undertakes Better Workplaces Staff Opinion surveys to measure staff satisfaction to help improve workplace culture which has a direct link to patient outcomes.

the health of Queenslanders is the focus of all we do



Queensland Health

Strategic Plan 2011–2015