

Executive Summary

Chapter 1. Introduction

- An independent review of Queensland Health's administrative, workforce and performance management systems was announced by the Queensland Government on 26 April 2005. The review was established in the context of public disquiet about the quality and safety of public hospital services, particularly arising from the circumstances surrounding the appointment and practice of Dr Jayant Patel at Bundaberg Hospital.
- The Queensland Branch of the Australian Medical Association was also instrumental in influencing the State Government to undertake a far reaching review of Queensland Health's systems. Specific concerns raised at that time by a range of professional groups related to Queensland Health's culture, excessive structural layers of decision making, the excessive numbers of administrative staff, bureaucratisation of clinical practice and care, and secrecy in dealing with information. These issues have also been examined in the context of reviewing Queensland Health's systems.
- The review is focused on Queensland Health's systems, based on direct assessment, observation, consultation, research and cooperation from Queensland Health staff, a broad range of stakeholders and public consultation to inform its views.
- The review of Queensland Health's structure and systems provides a unique opportunity to consider how well the significant systems which have been developed to support the delivery of frontline services are working, and whether these systems are effective in providing the best possible health and health care for Queenslanders.
- This report builds on the findings and principles in the *Queensland Health Systems Review Interim Report, July 2005* (Interim Report). It also includes findings from consultation with Corporate Office staff, some 1,300 submissions and relevant systemic issues passed on by the Commission of Inquiry. The recommendations for systems change and an organisation reform strategy outline how Queensland Health can implement far reaching reforms to achieve improved health outcomes for consumers, patients and the community generally.

Chapter 2. The state of Queensland Health's systems

- From an international perspective Queenslanders currently enjoy good health. However Aboriginal and Torres Strait Islander peoples, those from socio-economically disadvantaged groups and some communities from non-English speaking backgrounds experience a disproportionate share of the burden of disease.
- Chronic diseases (such as heart disease, stroke, cancer and diabetes) and mental health have the biggest impact on the quality and length of life of Queenslanders. It is estimated that through the better use of a range of health services the following deaths (largely due to chronic disease) could be avoided.
 - 3,486 deaths through better health promotion and prevention of disease
 - 1,496 deaths avoided through improved detection and management of disease in the community
 - 1,380 deaths avoided through better inpatient care in hospitals.

- Some structures and initiatives to improve the quality and safety of health services are in place but the infrastructure and an organisational culture that foster commitment to service improvement and patient safety are only in formative stages.
- In an environment of global competition for workforce, Queensland Health has the challenge of major shortage of all clinical staff. This is exacerbated by imperfect workforce management systems and a failure to invest sufficiently in the training and development of staff.
- Medium term planning of the scope and delivery of health services to achieve the greatest health benefit for Queenslanders has been limited. This has restricted the effectiveness of recent large investments in capital works (\$2.8 billion hospital rebuilding program) and information technology in meeting health service delivery needs. Priorities for performance monitoring have focused on budget integrity, inpatient activity and waiting lists at the expense of giving attention to patient outcomes, population health and quality and safety.
- While the centralised and hierarchical organisational structure (with many layers of decision making and loss of appropriate accountability and authority throughout) may in fact be partly a response to some of these challenges, it has also contributed to the frustration experienced by many staff and patients on a day to day basis. In this environment, organisational culture has taken on quite negative characteristics as evidenced by reports of bullying and intimidatory behaviour when seeking to deliver patient care in a resource constrained environment.

Chapter 3. Queensland's future health care issues

- Queensland Health has a range of challenges which will impact on the way it delivers future health services including workforce shortages, an increasing prevalence of chronic disease, changing models of health service delivery, managing increasing consumer expectations about access to services and quality of care and the ongoing need to provide services to a growing and ageing population.
- The ageing population will have an increasing impact on the health care workforce. Over the coming two decades, growth in working age population in Australia is projected to slow from an average growth of around 170,000 extra employees each year, to an annual growth of just 12,000 extra employees per year in the 2020s.
- In 2003-04, Queensland government expenditure on health services including public hospitals, mental health, public and community health and oral health was 14 percent lower than the national average, \$1,245 per person compared to \$1,444 per person. However, it would be wrong to conclude that an additional \$200 per person is justified for public health services. For many services Queensland Health provides a similar level of activity but with a lower level of expenditure.
- Increasing health expenditure without considering the priority areas of health need or the capacity of the system to delivery additional services (eg. available workforce), could risk loss of efficiency gains which Queensland Health staff have achieved over a number of years. This strength of efficiencies in the Queensland Health system should be taken into account in consideration of future funding arrangements.
- It has been estimated that Queensland Health would require an additional 170 beds per annum over the next two decades (a size equivalent to Mackay Hospital or Bundaberg Hospital per year) to meet future demand. In 2005-06, the recurrent cost of a Mackay sized hospital is approximately \$45 to \$50 million per year.

- However, workforce trends indicate that this scale of acute bed demand in Queensland would not be able to be adequately staffed in future years even if it could be financed. Longer term innovative ways of delivering health services are needed to provide health care sustainability. Simply providing more doctors, more nurses, more beds and more money is unlikely to be sustainable.
- The Report recommends a range of health system reforms to improve the way services are provided and achieve the greatest value from expenditure on health care. However, given funding limitations and workforce shortages in the public sector rationing of certain health services is inevitable and may get worse. If significant enhancements are sought to the public health system, the Queensland Government and community may need to give consideration to:
 - the need to raise additional revenue to support health services, whether it be through State taxes or means-tested co-payments for public health services
 - potential means testing for eligibility of services to public health services, with services targeted to more urgent procedures and those who can least afford to pay for healthcare
 - reviewing the current set of public health services which should continue to be provided through the public health system.
- Our current health care arrangements are fragmented and complex because of both Commonwealth and State funding roles. The Queensland Government should commence dialogue with the Commonwealth Government to review their respective roles and responsibilities and achieve better integrated, simpler health service arrangements for the community.
- A number of joint initiatives have been suggested where the Queensland and Commonwealth governments could address immediate priorities including
 - a single funding arrangement
 - Commonwealth payments for all medical practitioners whether in the public or private sector;
 - pooled funding arrangements with simpler reporting requirements
 - re-weighting Medical Benefit Schedule in favour of rural and remote practice
 - greater Commonwealth funding of clinical student placements in public hospitals, registrar and protected teaching time
 - working with other States and the Commonwealth to promptly achieve the implementation of a national system of registration for medical practitioners.
- Everyone has a role to play in ensuring the future sustainability of the health system. It is estimated that one-third to one-half of the burden of disease is preventable or can be delayed. The western lifestyle including diet, inactivity, excess consumption of alcohol and smoking is contributing to pressure on the health system. Changing lifestyle is challenging, but essential to improving personal health and reducing future reliance on healthcare.

Chapter 4. Culture

- Queensland Health personnel generally are a dedicated, professional and committed workforce, with a strong ethos to do the best for patients and consumers. However, district visits, district surveys and submissions to the Review confirmed that there are negative features of the organisations culture which are severely impeding its ability to delivery the best possible standard of service to patients and consumers.
- Dysfunctional behaviours including bullying, intimidation and a reluctance to share information were frequently reported and confirmed at least to some extent by the staff survey which was undertaken.
- Other features of culture in keeping with health care systems generally are the professional ‘silos’ which reflect traditional occupational groupings. The Review confirmed that budgetary and workload pressures have worsened these ‘tribal’ behaviours and contributed to a less than satisfactory workplace environment.
- The Report advocates a culture where:
 - patient centric services and community engagement are pre-eminent values
 - individuals are well informed about the scope and access to services and options to enhance their own care
 - leaders are empowered and demonstrate positive behaviours which support and value the contribution of the staff
 - staff are confident in their leaders and their employer and have pride in the services they deliver
 - all people in the organisation treat each other with respect.
- The Review emphasises that new and reformed leadership, setting the right example and engendering the commitment, support and trust of the staff will be essential in achieving the culture desired. A significant focus on teamwork and reform activity will be necessary to achieve the desired changes.
- Fundamental to this change is a shift from centralised decision making to clinician lead decision making. The Report recommends the establishment of empowered Area Health Services and clinical networks to facilitate this change.
- This culture change depends on additional funding support to relieve work pressures and enable the degree of training and team development necessary.

Chapter 5. Queensland Health’s structure

- Queensland Health’s services are currently provided though a network of 37 Health Service Districts, the Mater public hospitals and statewide services supported by three Zones and a large corporate office.
- Queensland Health has a bureaucratic mechanistic structure characterised by highly centralised formal authority and hierarchical layers of decision making and separate directorates which do not support a responsive, integrated and efficient health system. A key problem with the structure relates to bottlenecks in decision making particularly as the position of Senior Executive Director of Health Services is responsible for more than 80 percent of the department’s resources. This slowed

down the flow of information and the capacity of the organisation to implement new policy or respond to service delivery pressures.

- The proposed structure has been designed to support the provision of health services having regard to community need and internal service capabilities. Such a structure would be flatter with accountability and decision making devolved to a lower level. In particular, clinical decisions should be made as close to the point of patient care as possible and in a timely and responsive manner conducive to good quality care.
- The proposed structure features three Areas Health Services largely based on the boundaries of the existing Zones which align with population aggregates of around one to two million each and maintains 37 health service districts. The Area Health Services will have increased leadership, management, policy, planning and performance monitoring capacity coinciding with greater budget responsibility, accountability and decision making authority.
- Central Office functions will be reduced commensurately and will focus on policy, planning, resourcing, performance, statewide population health and support services for Area Health Services and Districts.
- Of the estimated 4,590 positions that directly report to or are within Central Office 679 positions be transferred to Area Health Services of which around 365 positions relate to public health networks that are already located within Districts and will now report to the Areas. 162 positions from the existing Corporate Office are recommended to be abolished with any savings to be redirected to health service priorities.

Chapter 6. Corporate planning and budgeting

- *Smart State: Health 2020* set a strategic direction to commence addressing the issues outlined above. Queensland Health faces the challenge of undertaking a longer term change process while at the same time needing to deal with the immediate imperatives of improving public health care services, particularly acute care and mental health services.
- There are a myriad of plans in Queensland Health, although these plans are developed individually with no clear link to a broader health service plan reflecting population health needs and integrating clinical, workforce, infrastructure and financial planning. There has been limited coordinated service planning since the substantial work undertaken at the time of the Statewide Hospital Rebuilding Program.
- A key priority must be to develop a health services plan to integrate the burden of disease and changing demographics, the identified need to change models of care, community values and priorities for health and health care service, a scope of services - recognising quality and safety requirements and setting achievable targets. Clinical networks will be developed over time to provide strong clinical input into the development of these plans.
- The Review identified significant opportunities to better coordinate and rationalise health services across metropolitan Brisbane. The General Managers of Southern and Central Health Service together with the clinical networks will address these issues.
- Queensland Health's budget in 2005-06 is \$5.4 billion. The health budget has grown at an average 7 percent per annum over the last ten years. Over the last ten years, Queensland Health has moved from a department which routinely recorded deficits to one which now operates within its budget.

- Queensland Health's budgets are allocated internally on the basis of historic funding. While the budget growth has sought to match population growth areas, hospitals in areas such as the Gold Coast and Sunshine Coast are struggling to meet demand. A more responsive and transparent approach to budget allocation is required, including one which supports new funding being directed promptly to service delivery entities.
- The Review is recommending the implementation of a regional distribution formula for the allocation of funding to Area Health Services and over time to districts, and the implementation of casemix funding for acute hospital services. Altering historical patterns will be very difficult as all major hospitals are struggling to cope with current demand pressures. Any change to district budgets would need to occur through the distribution of growth funding over five years. The allocation decisions should be strongly influenced by clinical networks.

Chapter 7. Improving patient care and health services

- There are many opportunities to improve health outcomes, improve patient care and design more effective and efficient service models.
- Examples from Queensland and other states show that redesigning business processes can improve the responsiveness of services, including reduced waiting times for patients and reduced pressure for clinical staff. Redesign is recommended at the local level, with regular input from clinicians and support from reform facilitators in districts.
- It is suggested that Queensland Health invest in a broader range of partnerships to maximise available resources and provide more effective services. This will require cultural change and recognition within Queensland Health that other service providers may be better able to meet patient and community needs. Models such as fund pooling, service devolution, service coordination and outsourcing should be considered across the continuum of health care and with other sectors such as non-government and private sector health providers, local government, community services and universities.
- The vagaries of elective surgery waiting times and waiting lists have caused great anxiety for patients. There is much concern about the inordinate waiting times to see a surgical specialist which is then followed by a wait for surgery, in some instances longer than a year. Excessive waiting periods have resulted from budget and workforce constraints, resulting in less than optimal patient outcomes.
- It is estimated that 108,571 people (based on July 2004 data) are waiting to see a public surgical or medical specialist in outpatients. Of these it is estimated that 25,000 would be assessed as requiring surgery and be placed on the surgical waiting list. This is in addition to the 33,656 people already on the waiting list at July 2005 of which 22 percent have been waiting longer than clinically appropriate.
- The Review estimates an additional \$100.8 million in funding for surgical services (\$61.6 million ongoing) would be required to ensure that patients received treatment within clinically appropriate timeframes and to address unmet demand from access blocks in specialist outpatients. Improving access to specialist outpatient services should be a priority with private models, similar to those used in other States, pursued in collaboration with the Commonwealth Government.

- Surgical services are currently funded and managed in a way that does not support the prioritisation of care based on clinical need. There are financial incentives for districts to meet elective surgery targets which have in some instances been to the detriment of other hospital services.
- Recommendations reforming the funding and management of surgical services as well as principles to guide the further development and enhancement of surgery have been offered through a set of principles. It is envisaged that as clinical networks become established that they take responsibility for shaping the future direction of surgery in Queensland public hospitals.
- Given the interrelationship between the public and private health sectors, Government should explore measures that will improve access to priority surgical services and eliminate long waits for emergency and urgent surgery. Such measures could include a means tested co-payment to access to non-urgent surgical services in the public system.
- Rural and remote communities are entitled to expect safe and timely health care. However, different models of care, more “generalist” workforce roles and improved transport assistance are required to provide sustainable services in these communities. Queensland Health should work with local communities, other service providers and the education and training sector to meet these challenges. Competitive remuneration and incentive packages and ongoing professional support are also needed to recruit and retain a skilled clinical workforce.
- Indigenous people continue to be amongst the most disadvantaged people in Queensland and their health continues to lag behind that of other Queenslanders: on average, Indigenous Queenslanders die 20 years earlier than their non-Indigenous counterparts and experience a much higher burden of disease, including chronic diseases, injury and many infectious diseases. Concerted efforts should be continued across sectors to improve the socio-economic status of Indigenous Queenslanders, promote healthy living, deliver existing and new models of health service within the principle of self-determination and community control, and increase the representation of Indigenous people in health professions.
- Consumers and advocates raised significant concerns with the quality of, and access to, mental health services in Queensland. The Review heard numerous tragic accounts of systemic failure within the community and acute settings despite real funding increases to mental health (74 percent between 1997-98 and 2003-04, rising from \$240 million to \$419 million). Despite this significant increase, Queensland’s expenditure was 11 percent below the national average in 2002-03 and more must be done to increase mental health services, particularly in community settings.
- Increased funding could be directed to improved staff and facilities, hospital discharge support, increased partnership with the non-government sector and improved linkages with other community services such as housing and disability services. Improved services and models of care are required for specific population groups include people with mental illnesses who are Indigenous, homeless, in prison, have dual diagnosis, living in rural and remote communities and children and young people.
- With respect to community health services more generally, service models need to be clearly defined in collaboration with the acute sector, general practice, non government organisations and community groups. A particular focus is required on providing post-acute care and preventing unnecessary hospital admissions. Improved

information systems are needed to monitor activity and performance at the local and State-wide levels.

- Queenslanders have the lowest standard of oral health in Australia. Public oral health services are unable to meet demand, particularly adult services where treatment is directed to health care card holders and for emergencies. School dental services should be continued whilst service models for adults should be reviewed including informed public debate about the benefits of water fluoridation, targeting eligibility criteria, increasing involvement of private oral health practitioners through flexible local arrangements and developing alternative workforce roles.
- Children and young people aged 0 to 14 years comprise 20 percent of the population and have distinctive health needs and priorities. While Queensland Health provides many services and programs for children, young people and their families, there is not a comprehensive plan across the continuum of health. A child and youth clinical network is suggested to undertake dedicated planning for children and young people's health. More broadly, continued efforts with other agencies on priority issues such as education and child safety are suggested, including concerted efforts to identify and assist "at risk" families to reduce the risk of child abuse and neglect.

Chapter 8. Organisation and delivery of clinical support services

- Queensland Health is experiencing workforce shortages for radiology and pharmacy, and is also experiencing real competition with the private sector for pathologists.
- The Review recommends the implementation of a Clinical Support Services Group within Queensland Health to provide statewide services to provide radiology and pharmacy, similar to the arrangements currently applied to the Queensland Health Pathology Services.
- The Clinical Support Services Group will provide a more commercial focus to the delivery of clinical support services, including contracting with private providers for the provision of services where Queensland Health is unable to provide adequate services internally. The Clinical Support Services Group will need to help to ensure its delivery of services is cost effective from a statewide perspective compared to private alternatives.
- Many clinicians in Queensland Health indicated that increasing amounts of their time is being taken up by administrative tasks. Clinicians in particular highlighted the reality of a 24/7 service, but that much of the organisation (including administrative support) functions nine to five, Monday to Friday.
- Clinicians should focus their time on clinical services, not administrative and operational support tasks. Business process reviews are required within Queensland Health to simplify the current administrative load. The Review is recommending the increased use of administrative support staff in clinical areas including extended hours of administrative support in hospitals.

Chapter 9. Clinical governance and risk management

- The quality and safety of health care is an increasing concern for the community. These community concerns have been recently highlighted by events surrounding clinical care at the Bundaberg Base Hospital.

- The quality and safety of health services can be improved by having the right people - doctors, nurses and allied health - doing the right job, with the right skills, working in well functioning teams and supported by effective systems. These are the essential elements of a good clinical governance system.
- Comprehensive reforms are recommended which will result in Queensland Health having a vastly improved clinical governance system in which the community can have confidence. It will include improved:
 - recruitment and selection processes,
 - credentialing and privileging,
 - incident monitoring and reporting
 - involvement of clinicians in enhancing practice and comprehensive, multi-disciplinary clinical audits.
- The cornerstone of the external governance framework is a Health Commission proposed to be established under new enabling legislation. It would assume the role of the current Health Rights Commission as well as oversee the development and implementation of quality, safety and clinical practice standards throughout the state's public and private health facilities. It is further proposed that a Parliamentary Committee established under the *Parliament of Queensland Act 2001*, would oversee the operation of the Health Commission.
- A stringent accountability framework has been proposed for complaints handling in which local resolution is coupled with open disclosure with patients and overseen by external bodies. Complaints coordinators should be authorised to resolve complaints. Area Complaints Managers and locally based Health Commission staff are proposed to ensure that patients have their concerns appropriately and effectively addressed. Independent Patient Support Officers will further assist patients resolve their concerns.
- Recommended changes to the *Whistleblowers Protection Act 1994* (the Act) will increase the categories of persons who can claim protection under the Act. These changes also provide for Whistleblowers to lodge public interest disclosures with Members of Parliament and have protection under the Act.
- Given recent events in Queensland, the public must have access to accurate information about the quality and safety of health services. Proposed sources of public reporting by external bodies will be the Minister for Health, the Health Commission and District and Area Health Councils.

Chapter 10. A workforce for the future

- The ability to provide quality health services to the community depends on the availability of a workforce of highly skilled and trained health professionals. Queensland Health is the largest employer of health professionals in the State with over 53,300 people employed across the organisation which equates to 43,790 full time equivalent staff.
- The Review was particularly impressed by the dedication and commitment of the doctors, nurses, allied health professionals and other staff who work in Queensland's public health system. Staff are working in increasingly complex and stressful environments having to cope with rising workloads, sicker patients, and growing expectations from consumers about what health services can deliver.

- The Review found extreme levels of dissatisfaction amongst Queensland Health staff with many staff feeling angry, frustrated and resentful especially towards senior management in Queensland Health. Morale is concerningly low amongst some clinical staff who feel undervalued and marginalised from the system. A culture of bullying, coercion and cover-up has served to further alienate staff and is contributing to significant levels of dysfunction in the workplace.
- Workforce management systems such as rostering and payroll systems impose unnecessary administrative burdens on staff, reducing the time available for patient care and adding to the frustrations of clinical staff. Recruitment processes are drawn out, administratively cumbersome and do not always support the attraction of the most suitable candidate for a position. Strategies to attract and retain staff are piecemeal and vary across the different professional groups and across Districts. Staff experience difficulties in accessing basic training and professional development opportunities and increasing service delivery demands are impacting on the important role of the public health system in teaching and training the health workforce of the future.
- Queensland Health has managed to grow its workforce in numbers in all categories of staff, however, particularly clinical staff in acute hospitals are experiencing unsustainable workload levels. Queensland continues to have the lowest number of health professionals per capita of any State or Territory except for Tasmania and now requires additional clinical staff for all health service placements, particularly hospital roles.
- In summary, the organisation is failing its employees in many fundamental ways. An enormous improvement effort is now required, with leaders and HR/IR support personnel having critical roles to fulfil. Queensland Health must become a very good and contemporary employer especially as it is facing such critical supply constraints for its future professional workforce.

Doctors

- The number of medical practitioners employed by Queensland Health has increased by 69 percent since 1996 from 2,027 full time equivalent salaried medical staff to 3,434 full time equivalent staff in 2005. The number of Visiting Medical Officers (VMOs) who are private specialists performing sessional work in the public hospital system fell from 407 full time equivalent staff in 1996 to 240 full time equivalent staff in 2005. This reflects reducing hours rather than numbers of staff as the headcount for VMOs decreased from 883 to 851 staff over the same period.
- A significant proportion of the growth in salaried doctors has been accomplished with the use of overseas trained doctors with special purpose registration who now comprise approximately 27 percent of Queensland Health's medical workforce.
- Immediate steps are necessary to relieve the pressure on the medical workforce and increase staffing numbers. The Review estimates Queensland Health requires a growth of 160 to 180 doctors each year.
- It is less than appropriate that Queensland Health should rely on doctors trained in developing countries where their skills are most needed. Every effort should be made to employ Australian trained doctors. Shortfalls will inevitably remain. Recruiting should target doctors from countries with similar educational standards in the first instance. An active recruitment campaign needs to commence straight away to attract more doctors including private specialists who may be willing to provide sessions in the public hospitals, interstate doctors and overseas doctors from countries with

comparable training standards. A greater use of general practitioners also needs to be explored. Recruitment of doctors from developing countries should be an option of last resort.

- Recruitment efforts must be supported by measures to clearly demonstrate that Queensland Health values its clinical staff including changing the organisational culture, ensuring fair remuneration and more flexible working conditions, and providing access to appropriate training and skills development. Basic amenities for staff need to be upgraded including personal space, meeting and staff common rooms and increased administrative support should be provided to deal with a large volume of basic administrative material to free up doctors time for patient care.
- Our senior clinical staff should have protected time to undertake teaching and provide adequate support and supervision to junior staff. The number of specialist training positions must be expanded to address skills gaps and avoid further exacerbation of specialist shortages in the future.

Nurses

- Nurses constitute the largest proportion of the health workforce (16,943 full time equivalent staff or 21,750 staff on a headcount basis). However, nursing numbers have not kept pace with growth in demand, growing by only 12.1 percent from 1996 to 2005 which is less than population growth over the same period.
- It is estimated that more than 50 percent of nursing staff are working part-time and the average age of a nurse is now in the mid-forties. Many nurses leave the nursing profession altogether with wastage rates reported to be as high as 30 percent. Queensland Health needs to urgently implement strategies to encourage nurses back into the workforce including scholarships for re-entry and refresher courses. A staff incentive program to re-attract nurses in particular experience categories is suggested. A strategy to support registered nurses with assistants-in-nursing and enrolled nurses is necessary. Much more must be done to support students and new employees through the provision of preceptors and supervisors with dedicated time.
- A target of recruiting an additional 1500 nurses over three years (including registered and enrolled nurses and assistants in nursing) is suggested to provide immediate relief to the nursing workforce. In addition, the Review estimates Queensland Health will need to recruit a further 500 registered nurses per year to manage future demand for services.
- Nurses should have access to flexible and family friendly working arrangements and amenities such as safe car parking. Remuneration for Queensland Health nurses should be fair and comparable to other States, taking into consideration differences such as cost of living.
- Queensland Health needs to make better use of its existing workforce including a greater role for nurse practitioners, enrolled nurses, assistants in nursing and other health workers as well as encouraging and supporting nurses to take on advanced practice roles. Adequate funding needs to be provided to Districts to increase nursing numbers in line with increasing demand for services. In-house nursing relief pools should be established so as to reduce reliance on agency staff and support reforms recommended in the Report. Queensland Health needs to review nurse education numbers and provide adequate resourcing for backfilling of positions to allow staff to access training and professional development opportunities.

Allied health

- While the number of professional staff employed by Queensland Health which includes allied health professionals has grown by almost 60 percent since 1996, staffing levels in Queensland are significantly below those in other States. The lack of sufficient allied health staff working in the public hospital system is a major problem and active efforts are required to recruit additional allied health staff, in particular allied health therapy staff, as a matter of priority.
- Given the overall smaller numbers of allied health professionals, it is important that there is strong leadership representation at the highest level. The Review is recommending that an allied health leadership position be created in the new Areas Health Services to raise the profile of the profession and drive recruitment activities.
- Allied health staff need high levels of support particularly those practising in rural and remote areas. Districts should be encouraged to establish peer support networks for staff in rural and remote areas and establish a register for staff willing to undertake country rotations. This would include allied health professionals as well as doctors and nurses.
- An improved career structure for allied health staff is required and improved clinical career paths for advanced and extended practice roles and clinical leadership positions should be introduced. To encourage ongoing education, allied health staff should be made aware of their entitlements and adequate resourcing be made available to support them attending professional development courses.
- A target of recruiting 2,000 additional allied health staff over three years has been set with university partnerships a big part of the long term strategy.

Chapter 11. Asset management and capital works planning to support service delivery

- Chapter 11 highlights that although there has been considerable investment in Queensland Health assets over the last decade, the investment levels have not matched the increase in demand for new and replacement health service assets, particularly the growth in inpatient demand and the need for step-up and step-down facilities.
- Many past capital investment decisions have been questionable, leading to health service facilities that are not fit-for-purpose or support efficiency in infrastructure and health service delivery.
- The Report calls for more comprehensive health service planning to better inform asset strategic planning and investment decisions.
- Development and use of standard infrastructure design guidelines are recommended to ensure development of health service facilities that integrate best practice design features leading to efficient service delivery to patients.
- A greater focus on the alignment of investment in capital infrastructure and assets with health service delivery is recommended through increased health service staff input and representation on the Capital Works and Asset Management Committee and in development of Queensland Health's Asset Strategic Plan and Capital Works Program. Bringing asset decisions closer to the people delivering health services should facilitate better outcomes for patients and the health service overall.

- Future decisions regarding the location of health facilities need to have a more transparent and patient-focused processes involving stakeholders and with greater accountability for decision makers, through independent review by the Auditor-General.
- Queensland Health faces many challenges in funding the capital works program. Preliminary estimates, that will need to be confirmed, indicate a shortfall of some \$500 million in funding required to meet projected demand for new and replacement assets over the next four years, and an unfunded maintenance backlog (once off cost) estimated at between \$200 million and \$300 million. To maintain the department's asset stock adequately and the capacity to deliver high quality health services, Queensland Health and Queensland Treasury need to establish a long term sustainable funding model that is responsive to growth in demand for new and replacement health service assets and health technology equipment. Patient care priorities should be targeted in the first instance.
- The Chapter also highlights several management and organisational characteristics and issues impacting on the operational efficiency and effectiveness of the Capital Works and Asset Management Branch and identifies the need for Queensland Health to implement effective management information and reporting systems to monitor performance of assets in meeting health service needs and whether value for money was achieved from its asset investments including establishment of a rigorous post-occupancy evaluation process for all major capital work projects.

Chapter 12. Information management to support service delivery

- Information is a key enabler in the delivery of health outcomes in Queensland. Information and Communication Technologies (ICT) management services within Queensland Health are currently governed and delivered at the corporate level. Other states have indicated a view that the centralised nature of ICT provision in Queensland Health has provided significant information management benefits.
- Queensland Health has many information systems providing a wealth of data. These systems are met with varying levels of acceptance by system users. Districts expressed overall dissatisfaction with the systems and support for ICT.
- While investments in administrative systems have generally met basic requirements, there has been a higher level of dissatisfaction expressed because of the relatively low level of ICT investments in clinical systems. Small, local solutions have flourished in this environment.
- The current information systems are not well integrated and not designed around work processing needs of clinicians. Rather, individual systems are designed for individual lines of business resulting in access to a multitude of systems with sometimes duplicate data input required to conduct duties. This problem is not unique to Queensland Health and is characteristic of the maturity of ICT systems in the health sector.
- The information management function (in this context, the manipulation, re-organization, analysis, graphing, charting, and presentation of data for specific management and decision-making purposes) is not well understood or resourced across Queensland Health. The Information Management Strategic Plan recognises this and has flagged a strategic initiative aimed at improving information management competencies.

- There is a lack of focus on strategic information management and use of data to guide decision making in the organisation. Queensland Health would benefit from a more coordinated approach to analysis and interpretation of data, with a specific goal of supporting service planning, quality and safety and monitoring performance.
- It is critical to develop and maintain skills and corporate knowledge in data management, statistical and epidemiological services across the organisation. A data management and epidemiology analysis network would address this issue.
- The Information Directorate, that is currently responsible for provision of enterprise wide ICT, is in the process of implementing a major change program aimed at improving the level of ICT governance and ICT service delivery in Queensland Health. This reform agenda has been detailed and thorough, although at the time of this Review, results were not expected to be evident. The recommendations of this Review in regard to ICT are supplementary to the reform already underway, which needs to continue and be carefully monitored if benefits are to be realised.
- The basic needs of clinical staff for access to and training on computers are not being met. Until these basic tools are in place, Queensland Health will find it difficult to leverage the potential benefits of new investments in ICT.
- The information management recommendations are broadly focused at:
 - Improving the customer focus and performance management environment around Information Directorate.
 - Reshaping the accountability, resourcing and change management environments for new project initiatives to ensure they meet clinical and patient needs.
 - Meeting the basic needs of clinicians for access to and training in ICT, which have been overlooked in recent times.
 - Delivering small pilot systems to support essential elements of clinical care and practice to demonstrate the value of such approaches to the clinical workforce before delivering system wide solutions where risks are high and acceptance uncertain.
- The recommended organisation of the information management function is designed to gain the maximum advantage of a coordinated and systemic approach to information systems across Queensland Health, yet keep the operational delivery and design of systems as close to the front line as possible.

Chapter 13. Performance monitoring of health system outcomes

- Queensland Health has a range of frameworks for monitoring and reporting its performance, a number of strategic indicators of performance and hundreds of operational indicators that are required to be reported against under various funding arrangements. The focus on performance has clearly been on hospitals and in particular financial and activity measures. The Department recently attempted to introduce a more balanced approach to monitoring its performance on strategic priorities but this approach was limited to internal monitoring and has not resulted in significant performance reporting to date. Major performance gaps exist in monitoring patient outcomes and the quality and safety of clinical services.
- The recommendations made in relation to other terms of reference will significantly improve Queensland Health's capacity to monitor health system outcomes, particularly the development of a statewide health service plan which integrates

clinical service planning, workforce planning, capital planning and information technology planning. This plan, together with plans developed by clinical networks for high priority issues, will identify targets to be measured including patient outcomes and the quality and safety of services.

- The health system outcomes that should be monitored are: health status and health determinants; patient outcomes; health service activity, expenditure and efficiency; workforce, the quality and safety of services, service responsiveness, and health service sustainability.
- The performance monitoring and reporting system should:
 - be based on the above performance outcomes
 - be influenced by performance agreements with service managers and senior executives
 - comprise monthly reporting and six monthly interactive performance reviews that are focused on the collaborative identification of performance improvements and innovations
 - include external review of monthly and six monthly performance by District and Area Health Councils and regular review of the systems to support clinical governance and the quality and safety of clinical services through an independent Health Commission which reports to the Minister for Health and a parliamentary committee.
- The public should have access to the health system outcomes achieved by Queensland Health through annual reports by the District Health Councils and Area Health Councils, six monthly area health service reports, hospital performance reports, annual reports on sentinel events, annual reporting to government and biennial reports on the health of the population. The Health Commission should publish an annual report on the implementation of clinical governance systems and the quality and safety of clinical services. The Auditor General should conduct performance audits of non-clinical health systems.

Chapter 14. Queensland Health service renewal

- A set of reform principles, reform strategy and program has been suggested, which would see significant progress and improvement over an initial intense three year period. Reform should be ongoing after this as an integral part of the way Queensland Health operates.