

Division of the Chief Health Officer

Strategic
Directions
for **Quality
Management**

2009–2012

Strategic Directions for Quality Management 2009–2012 is part of a suite of planning and reporting documents which describe the work of the population health services within the Division of the Chief Health Officer.

The complete suite includes:

- *Population Health Year in Review 2008–2009*
- *Prevention, Promotion and Protection Plan for the Division of the Chief Health Officer 2009–2014*
- *Strategic Directions for Cancer Prevention and Control 2009–2012*
- *Strategic Directions for Chronic Disease Prevention 2009–2012*
- *Strategic Directions for Communicable Disease Prevention and Control 2009–2012*
- *Strategic Directions for Environmental Health 2009–2012*
- *Strategic Directions for HIV/AIDS, Hepatitis C and Sexual Health 2009–2012*
- *Strategic Directions for Injury Prevention and Safety Promotion 2009–2012*
- *Strategic Directions for Mental Health Promotion 2009–2012*
- *Strategic Directions for Quality Management 2009–2012*

Strategic Directions for Quality Management 2009–2012

Division of the Chief Health Officer

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Message from the Chief Health Officer

Queenslanders are generally very healthy compared to people in other parts of Australia and the world. However, there is still a range of population health challenges that need to be addressed. The rate of chronic diseases (such as diabetes, heart disease and cancer) is growing, and substantial inequalities in health status for Aboriginal and Torres Strait Islander people, socioeconomically disadvantaged people and those living in rural and remote locations continue to be of concern.

The Division of the Chief Health Officer is the primary provider of prevention, promotion and protection services for Queensland Health. These services are known collectively as population health or public health services, and are provided by statewide branches and units and 17 population health units located throughout the state.

Population health services work toward achieving a positive and healthy future for all Queenslanders, including reducing the health status gap between the most advantaged and the least advantaged people in the community.

Responsibilities of Queensland Health's population health services include implementing health promotion interventions at the state and local level, undertaking health surveillance and disease control initiatives, developing and implementing public health legislation, and addressing environmental health hazards. Population health services are provided by a professional workforce comprising environmental health officers and scientists, health promotion officers, public health officers, epidemiologists, public health nurses, public health nutritionists, public health medical officers, immunisation nurses and physiotherapists.

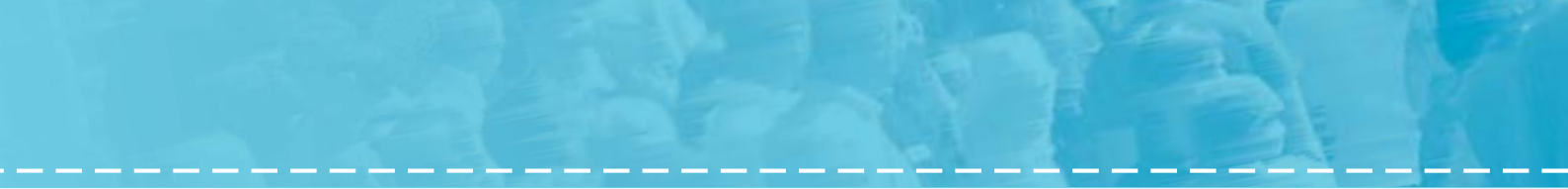
Population health staff work with a range of partners including local government, private industries, educational institutions, childcare providers, and other state government departments. These partners have an important role to play in creating physical and social environments which prevent illness and injury and promote health and wellbeing.

Our strategies contribute to Queensland Health's commitments under the National Partnership Agreement on Preventive Health, and the National Indigenous Reform Agreement. The Queensland Government's vision for 2020 has been described in *Toward Q2: Tomorrow's Queensland* in terms of five ambitions. One of these ambitions is 'making Queenslanders Australia's healthiest people'. Our work will contribute significantly to this aspiration.

The complete body of work that the Division's population health services will undertake over the next three years is identified in our eight strategic directions documents. These documents outline how we will contribute to the Q2 target. They also describe the current and proposed approach to manage health risks, and to prevent and/or respond to public health events. The arrival in Australia of Pandemic (H1N1) 2009 (Human Swine Influenza) acts as timely reminder of the need for meticulous health protection planning and response.

I trust that you find these strategic directions documents informative. For our staff, I hope these documents will enable us to work together to address priority issues over the next three years. For our stakeholders, I hope these documents give you an insight into our future directions to facilitate collaborative actions across a range of issues. I look forward to continuing to work with you all to promote and protect the health and wellbeing of Queenslanders.

Dr Jeannette Young
Chief Health Officer, Queensland Health



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Vision

Effective and **efficient operation**
of population health services as
an integrated service which
uses best practice business and
information processes

Introduction

Queensland Health aims to deliver the best health promotion and protection services nationally, improving the health and wellbeing of the population and reducing the health status gap between the most and least advantaged in the community*. Population health interventions are recognised clinical services that are based on contemporary and relevant public health evidence and delivered by competent and skilled practitioners within a quality management framework.

The necessary prerequisites for quality population health services are:

- Coordination between strategic priorities, state level population health interventions and complementary local level activity that is tailored to local conditions and circumstances
- Efficient choice of strategy based on sound planning, and the principle of multistrategy approach, using the full range of public health measures (eg. policy, community development, legislation, preventive medicine)
- Appropriate allocation of skills to service delivery recognising the multidisciplinary nature of population health practice
- Sufficient allocation of resources to ensure a measurable population effect (therapeutic dose)
- Delivery of strategy within context of service delivery policies, procedures and protocols
- Evaluation and monitoring of efficacy and quality of service delivery, and effect on health outcomes.

Queensland Health requires its clinical services to utilise a recognised quality management system or achieve industry accreditation standard. These systems ensure that effective processes (and controls) are applied across the service/s. They also ensure a focus on continuous improvement to meet current and future requirements of the service. The Division of the Chief Health Officer's population health services utilise the SAI Global's Business Excellence Framework¹ as their quality system.

The BEF incorporates seven performance categories:

- Leadership – leadership, business and management systems and organisational culture
- Strategy and planning – strategic direction setting systems and deployment plans
- Information and knowledge – knowledge management and evidence based decision making
- People – policies, systems, tools and processes to engage and support staff
- Customer and market focus – customer and market knowledge and relationship management
- Innovation, quality and improvement – continuous improvement process
- Success and sustainability – methods for demonstrating performance against objectives

The Strategic Directions for Quality Management 2009–2012 is based on the system enablers described in the *Prevention, Promotion and Protection Plan for the Division of the Chief Health Officer 2009–2014* (to be published late 2009) and the improvement priorities identified in an externally facilitated Business Excellence Survey, conducted in early 2008 (which is conducted on a two-yearly basis). The survey identified a number of strengths, including strong local leadership and a stable, committed workforce that perceived the Division's population health services to be a great place to work.

* The Division of the Chief Health Officer is committed to addressing health inequalities, including investing in actions to 'close the gap' between the health status of Indigenous and non-Indigenous Queenslanders and tailoring interventions for populations from diverse cultural, linguistic and socioeconomic backgrounds. This document only includes interventions that cross over multiple priority outcome areas. Specific strategies have been described in the relevant content-based Strategic Directions Statements.

The results of the 2008 Business Excellence Survey identified that the categories that have been invested in over the last five years (ie. leadership, strategy and planning, and people) performed higher than other categories. As part of a commitment to continuous improvement, the following areas were prioritised for action:

■ **Leadership**

- increasing visibility of and trust in the senior management

■ **Strategy and planning**

- disseminating strategic plans more widely and ensuring strong links to business and project plans
- increasing staff knowledge of how their tasks contribute to the overall strategic directions outlined in the cascaded planning approach

■ **Information and knowledge**

- improving the provision of the right information to meet business needs at the right time and in the right format
- improving decision-making capabilities, including access to and use of evidence and information
- expanding systems for collecting, analysing and reporting population health status, health determinants, burden of disease information and achievements
- enhancing contribution to the evidence base for population health interventions by improving capability for evaluation and establishing a peer-reviewed publication
- enhancing systems for collecting and sharing organisational knowledge, including improving the way that population health information is shared through Queensland Health intranet and internet sites
- enhancing the quality and distribution of information by continuous evaluation and stakeholder feedback

■ **People**

- developing and implementing coordinated and consistent staff induction program/s
- developing a workforce plan for population health disciplines, including a focus on succession management
- improving the deployment of the Managing for Performance system

■ **Customer and market focus**

- increasing the focus on partnerships

■ **Success and sustainability**

- increasing the monitoring and reporting of achievements and performance.

The quality management approach provides a mechanism for the Division of the Chief Health Officer's population health services to meet and adhere to departmental requirements such as those related to risk management, complaint management, and service planning. The realignment of the Division provides the opportunity to investigate and expand the use of some of the developed quality management systems and processes to other components of the Division.

What are we seeking to achieve over the next three years?

This document identifies priority actions for quality management over the next three years. Overall progress against these actions will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting. Annual reporting will inform decisions about policy, practice and future investment.

What we are seeking to achieve	How will we know?
Establishment and monitoring of minimum service levels for priority functions	Percentage and number of priority issues that have minimum and optimum service levels: <ul style="list-style-type: none"> – established – monitored
Improved contribution to the evidence base and systematic application and adoption of evidence based practice principles into policy and practice	Percentage and number of projects that have results published in peer reviewed journals Percentage of policies and interventions that have systematically applied the principles of evidence based practice
Recognition as an employer who values, develops and supports the needs of a diverse workforce	Percentage and number of population health employees providing positive feedback about the Division of the Chief Health Officer as an employer Percentage and number of population health positions occupied by Aboriginal and Torres Strait Islander people
Provision of timely and accurate population health information reports	Percentage of population health information reports delivered within agreed timeframes

Strategic agenda

1. Closing the loop: planning, monitoring and reporting

Population health services within the Division of the Chief Health Officer use a cascaded planning approach to set their strategic direction (where the service has come from, where it is going and how it will get there) and how these plans are deployed.

This approach includes:

- a statewide Prevention, Promotion and Protection Plan (five year change agenda)
- statewide strategic directions documents (three year strategic plan for eight outcome areas)
- annual business plans for each business unit
- project plans that describe the rationale, work plan and milestones for individual projects
- annual performance partnership plans for individual staff members.

A robust planning, monitoring and reporting approach is a cornerstone to sustainability and provides meaning to staff and partners. This planning approach is supported by systems to engage staff in the process and communicate our vision, values and strategic directions. The implementation of these plans will be monitored and reported through a range of mechanisms including the Queensland Health Annual Report, Population Health Year in Review, and annual statewide and business unit review processes.

Over the next three years, the Division's population health services will further refine their planning, monitoring and reporting system in order to close the loop.

These strategies relate to the following categories in SAI Global's Business Excellence Framework:

- strategy and planning
- customer and market focus
- success and sustainability.

What are we going to do over the next three years?

- Investigate the application of the Business Excellence Framework across the Division of the Chief Health Officer, including its ongoing use by population health services
- Review, refine and implement the population health planning approach, including:
 - ensuring alignment with Queensland Health's health service planning approach and its deployment across the Division
 - completing the refinement and communication of the strategic planning process, including enhancing the inclusion of ongoing work and developing resources to support implementation and links to the strategic reporting framework
 - developing a deeper understanding of the needs and values of key partners, clients and stakeholders to enhance planning, resource allocation and reporting
 - refining business planning processes and ensuring alignment with the Divisional approach by strengthening linkages with the strategic directions statement and developing resources to assist population health business units (eg. training)
 - developing a process for and undertaking a review and redevelopment of the Prevention, Promotion and Protection Plan for release in 2009 and 2011
 - defining, developing systems for, and reporting against indicators for all strategic directions, and at business plan level.

- Develop and implement a strategic reporting framework (linked to the cascaded planning approach) to inform practice improvement, performance reporting, and improve staff reward and recognition including:
 - developing and distributing the annual Population Health Year in Review document (as required by the *Public Health Act 2005*) that provides a balance of qualitative and quantitative information
 - six-monthly and annual performance reporting at outcome area and whole-of-population levels
 - developing staff skills in the use of ‘storytelling’ as a reporting tool/approach.
- Establish, implement and manage appropriate governance mechanisms which are aligned with and complementary to Divisional and Departmental processes to enable and enhance the integrated practice of population health services
- Develop, implement and manage a risk management system that is aligned with the Departmental and Divisional approach and integrated into existing business systems and governance mechanisms
- Enhance the PM Plus® project management methodology by:
 - piloting, determining future implications of, and seeking resources for, a statewide information system to improve the quality of project management practice, inform decision-making, increase accountability and assist with monitoring of project milestones and achievements
 - securing Queensland Government accreditation for the PM Plus® framework.
 - investigating and supporting the use of the methodology across the Division of the Chief Health Officer (as appropriate)
- Develop and implement a process to determine minimum and optimum service levels (including after-hours expectations) and preferred service models for new functions
- Develop an operational framework with greater flexibility to maintain and improve business continuity and monitor actions during significant public health incidents, including epidemics
- Ensure consistent application of the Queensland Health complaints management system across the Division’s population health services
- Develop tools, resources and professional development opportunities for writing business cases/investment proposals for service priorities.

2. Strengthening evidence based practice

High quality research and evidence is essential to inform population health decision making, planning and reporting. Undertaking and participating in research and evaluation activities are a fundamental part of a knowledge and evidence based approach to population health.

Evidence based practice requires practitioners to search effectively for appropriate evidence and research through a range of literature sources and critically appraise that research. This is then combined with the experience of the practitioner and the preference of the community to deliver the most effective service.

Over the next three years, the focus will be to:

- collaboratively prioritise, resource and coordinate research
- systematically access, analyse and interpret public health research
- present and distribute information and knowledge in a timely manner.

Adding to the evidence base will also be a key priority, including establishing a peer-reviewed publication for population health.

These strategies relate to the following categories in SAI Global's Business Excellence Framework:

- strategy and planning
- information and knowledge.

What are we going to do over the next three years?

- Develop and implement a research agenda for the Division's population health services, including:
 - developing a mechanism to identify research priorities during the strategic planning process, including improving alignment with Health Promotion Queensland applied research and links to practice
 - compiling a database of all current research activity
 - identifying the research capacity of our population health services, including the type and number of research-based higher qualifications
 - establishing links with the Office of Health and Medical Research
 - establishing a formal arrangement with universities and research institutes for progressing research priorities through collaborative projects, formal evaluations and joint appointments
 - linking with other research programs to identify opportunities to research multidisciplinary approaches to addressing health issues
 - developing a process for matching research priorities and partnerships to research funding opportunities and managing the application process

- Develop a consistent approach for integrating consideration of the evidence base into strategic and investment decision making and project planning for population health services by:
 - establishing a process for identifying priorities for systematic reviews and evidence briefs* and preferred providers (internal and external)
 - undertaking priority systematic evidence reviews and briefs, based on resource availability
 - providing a whole of function, and/or whole of Division, approach to appropriate skill development in evidence based practice
- Enhance the capacity of population health services to routinely undertake quality evaluation of interventions and services to contribute to the evidence base, including:
 - developing a whole of function and/or whole of Division, approach to enhance evaluation skills
 - strengthening and standardising evaluation tools and methods
 - developing and seeking resources, and implementing a service model
 - enhancing opportunities for staff to submit articles for publication
- Increase access to information, staff awareness and skills relating to the appropriate targeting of population health interventions and/or supplementary activities for priority populations, particularly socioeconomically disadvantaged groups, including:
 - distributing results of Queensland Council of Social Services (QCOSS) research projects to inform future practice
 - reviewing population health interventions to identify opportunities for enhanced targeting
 - developing and using a tool to assess the impact of population health interventions on health equity distribution
- Develop and progress a standard for spatial mapping for population health services and/or the Division.

* Systematic review: A review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyse data from studies included in the review. Statistical methods (meta-analysis) may or may not be used to analyse and summarise the results of the included studies².

Evidence brief: A brief providing information to aid in decision making based on the application of evidence gathered using systematic, comprehensive and transparent methods (eg. a systematic review). It may provide estimates of outcomes (both benefits and harms) to a particular situation or setting. The brief explicitly states the level/s of evidence on which it is based².

3. Ensuring quality information for practice and decision-making

Investigating the occurrence and distribution of diseases, health risks and protective factors helps to identify population health threats and target evidence based interventions to address community needs.

The epidemiological and service delivery information required to meet this strategic agenda is drawn from multiple data collections including data held by the Division of the Chief Health Officer and Health Statistics Centre. There is also a range of specific data collections and topic-specific surveys for priority areas as described in specific strategic directions documents eg. Notifiable Conditions System (NOCS) in Communicable Disease Prevention and Control, cancer screening registers in Cancer Prevention and Control, and Management of Applications, Permits and Licensing Events (MAPLE) in Environmental Health.

Effective service planning, monitoring and decision making requires timely and systematic analysis, interpretation, presentation, dissemination and access to quality assured data and information resources. Efficient and effective processes are essential to determine what information is required, and to acquire, manage, analyse and communicate this information.

These strategies relate to the following categories in SAI Global's Business Excellence Framework:

- strategy and planning
- information and knowledge
- success and sustainability.

What are we going to do over the next three years?

- Develop and communicate a series of two-yearly Chief Health Officer Reports (in 2010 and 2012) to monitor health status and burden of disease, and identify outstanding and emerging health issues for the Queensland population and priority groups
- Systematically develop and distribute state and local level information on health status to identify and communicate outstanding and emerging health issues for the Queensland population and priority groups, for endorsed reporting and advocacy and engagement with key partners, including establishing and implementing a sustainable system for the reporting of state and local outcomes and health behaviour information
- Develop and implement strategies to address the *Prevention, Promotion and Protection Health Performance Information Needs 2009–2012* recommendations, including:
 - establishing and implementing a sustainable self-report monitoring system for collecting and reporting prevalence and trends relating to health attitudes, skills, behaviours and major chronic diseases
 - developing and implementing a program for the regular analysis and reporting of burden of disease and injury
 - developing and implementing a program for the systematic release of topic-specific health status fact sheets
- Develop, resource and implement an epidemiology service model
- Review current technology communication options, determine appropriate use and implement a sustainable model for their use
- Update internet and intranet sites and population health resources to enhance access to timely, evidence based information for staff, partners and the public.

4. Improving partner engagement and communication

Communication is essential to develop strong relationships with external partners, other parts of Queensland Health and within the Division of the Chief Health Officer.

Over the next three years, the Division's population health services will undertake a number of strategies to improve communication, build and maintain relationships and engage employees.

These strategies relate to the following categories in SAI Global's Business Excellence Framework:

- leadership
- customer and market focus
- process management, improvement and innovation.

What are we going to do over the next three years?

- Document and enhance formal relationships with local government, including options for joint appointments and structured engagement mechanisms
- Strengthen involvement in departmental approaches for engaging with general practitioners
- Establish and upskill 'brokers' to provide a single coordination point for key partners in relation to population health services and/or the Division
- Develop and implement a strategic approach to improve organisational communication and leadership through multiple mechanisms (eg. site visits by senior management, satellite broadcasts and group emails).

5. A workforce for now and the future

All Australian workplaces will experience significant challenges as the ‘baby boomer’ generation retires and replacements are drawn from a workforce that is insufficient to meet demand.

The Division of the Chief Health Officer, including population health services, will increase its potential labour pool and become a preferred employer by developing and implementing a range of strategies to attract, develop and retain a skilled workforce now and into the future.

These strategies will focus on attraction, recruitment, induction, leadership, training, flexible workforce models and succession planning.

These strategies relate to the following categories in SAI Global’s Business Excellence Framework:

- leadership
- people.

What are we going to do over the next three years?

- Use population health workforce data from internal and external sources to inform workforce development investment decisions and interventions
- Develop, implement and evaluate a workforce development framework to describe and address future population health workforce needs and define workforce benchmarks for key disciplines, which is informed by defined service models, alternative workforce models, and quality workforce and demographic data
- Attract and retain appropriate people to provide prevention, promotion and protection services by:
 - establishing and implementing ‘pathways to practice’ models to encourage people to consider population health as a career option
 - using available technology and whole-of-government options to distribute information about population health career opportunities
 - developing and using improved recruitment methods to streamline the process and minimise vacancy lag, including innovative vacancy advertising, central vacancy registers and identification of areas of critical need (eg. attracting Aboriginal and Torres Strait Islander people and supporting rural and remote placements)
 - developing and implementing a coordinated and consistent induction program which aligns with the Queensland Health approach
 - establishing mechanisms to enable joint appointments with universities, partner organisations and other government departments to provide enhanced and diverse work opportunities

- Establish infrastructure to allow the use of population health para-professionals, including working with the Vocational Education and Training and tertiary sectors to align with projected workforce needs and streamlining the transition between modes and areas of study
- Develop and provide flexible mechanisms for graduate entry into population health, including:
 - completing and evaluating the population health scholarship pilot and securing resources for providing this in an ongoing manner (based on pilot results)
 - establishing career structures for priority disciplines which include graduate entry options
 - improving the understanding of and skills for line managers to ensure appropriate support of graduate employees
 - considering other supported study programs for identified professions (eg. cadetships, traineeships and clinical placements)
- Implement and evaluate a refined version of the Queensland Health approach to student placements
- Assess existing work/life balance policies and practices and establish the Division of the Chief Health Officer as a Queensland Health leader in relation to being a healthy and supportive workplace by:
 - upskilling managers in the application of work/life balance policies
 - identifying, advocating for and participating in the development of additional workplace policies and practices to meet population health workforce needs
- Develop, implement and evaluate a refined version of the Queensland Health leadership development program for team leaders
- Improve the deployment of the Managing for Performance program, including increasing the monitoring of compliance and enhancing the professional development approach
- Investigate and support the use of the Managing for Performance program across the Division of the Chief Health Officer (as appropriate)
- Develop and implement systems and resources to support staff to make the transition from engagement in major public health incidents and emergencies to normal business
- Establish, implement and evaluate a succession management framework for population health, including options for retaining staff nearing retirement, capturing and sharing tacit knowledge and preparing future leaders and managers
- Coordinate and/or participate in workplace monitoring processes (eg. Workplace Culture Surveys, Business Excellence Surveys) and use the results to improve systems, processes and practices
- Develop a strategic approach to create a values based organisational culture across the Division of the Chief Health Officer
- Develop and implement resources to support staff during change processes.

Further detail is included in the *2009–2011 Strategic Workforce Plan for population health professions*.

Attachment A

Deliverables for 2009–2010*

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
1. Closing the loop: planning, monitoring and reporting <i>BEF categories: strategy and planning, customer and market focus, and success and sustainability</i>		
1.1 Investigate the application of the Business Excellence Framework across the Division of the Chief Health Officer, including its ongoing use by population health services	Undertake consultation with Divisional executive to determine future use of the Business Excellence Framework Commence implementation of agreed approach	
1.2 Review, refine and implement the population health planning approach	Refine the strategic planning process including integration of the risk management system into the planning and monitoring process, alignment with Departmental and Divisional approaches, and development of resources to support implementation for the 2010–11 cycle Develop and implement a communication plan Include appropriate information on the population health planning approach in induction materials Review, gain endorsement for, publish and promote the <i>Prevention, Promotion and Protection Plan for the Division of the Chief Health Officer 2009–2014</i> Refine business planning processes and develop resources to assist and improve the quality of this process Define indicators for Strategic Directions for Quality Management, and develop systems for information collection and reporting	Define, develop systems and commence reporting against indicators at business plan level

* This attachment includes deliverables against the reform agenda only. Ongoing work is described in Attachment B. All population health strategies are conducted in a collaborative manner. Lead agencies have been identified in the responsibilities columns.

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
1. Closing the loop: planning, monitoring and reporting (continued)		
1.3 Develop and implement a strategic reporting framework	<p>Develop and communicate the strategic reporting framework</p> <p>Commence six-monthly and annual reporting of performance at outcome area and whole of population health levels</p> <p>Complete and distribute <i>Population Health 2008–09 Year in Review</i> and develop the 2009–2010 report</p>	Undertake six-monthly and annual reporting
1.4 Establish, implement and manage appropriate governance mechanisms which are aligned with and complementary to Divisional and Departmental processes	<p>Review current governance and management processes and structure for population health services and consider alignment/appropriateness in terms of Divisional structure</p> <p>Identify and agree on the governance and management structures/ processes which are critical to the effective integrated practice of population health</p> <p>Consider the requirements to operate in line with the prevention, promotion and protection program and the implications of this</p> <p>Establish agreed governance structures which align with but do not duplicate Divisional processes</p>	

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
1. Closing the loop: planning, monitoring and reporting (continued)		
1.5 Enhance the PM Plus® project management methodology	<p>Complete the review of the PM Plus® website</p> <p>Pilot the PM Plus® information system in the Environmental Health Branch and Population Health Development and Information Unit, and develop recommendations regarding future application</p> <p>Achieve accreditation of the PM Plus® framework by the Queensland Government Project Management Office</p> <p>Provide PM Plus® update sessions to upskill staff in the revised templates and tools</p> <p>Investigate the value of methodology use across the Division</p>	<p>Pilot the PM Plus® information system including documenting key learnings [Southern]</p> <p>Participate in PM Plus® update sessions</p>
1.6 Develop and implement a process to determine minimum and optimum service levels (including after-hours expectations) and preferred service models for new functions	Complete the development of a framework for a service model, and apply to at least one workforce area (potentially regulatory and/or epidemiology workforce)	
1.7 Develop an operational framework with greater flexibility to maintain and improve business continuity action and monitor actions during significant public health incidents, including epidemics	<p>Undertake a debrief following the Pandemic (H1N1) 2009 (Human Swine Influenza) and dengue incidents to identify and capture learnings, celebrate success and develop recommendations for improved future management</p> <p>Commence the development of a framework to define business continuity requirements and improve practices in future public health incidents</p>	
1.8 Ensure consistent application of the Queensland Health complaints management system across the Division's population health services	Commence development of a complaints management system at population health services and/or Divisional level	

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
2. Strengthening evidence based practice <i>BEF categories: strategy and planning, and information and knowledge</i>		
2.1 Develop and implement a research agenda for the Division's population health services	<p>Build into the strategic planning process a process for identifying research priorities, including mechanisms for improving alignment with Health Promotion Queensland applied research and linkages to practice</p> <p>Compile a database of all current research activity</p> <p>Identify the research capacity of our population health services, including the type and number of research based higher qualifications</p> <p>Establish an ongoing relationship with the Office for Medical Research</p>	
2.2 Develop a consistent approach for integrating consideration of the evidence base into strategic and investment decision making and project planning for population health services	<p>Develop a framework to inform the scope of evidence based systematic reviews and evidence briefs</p> <p>Develop a process to identify priorities for systematic evidence reviews and briefs and preferred providers to undertake systematic reviews</p>	<p>Contribute to and/or lead the production of agreed systematic reviews and evidence briefs for population health practice, in line with statewide research priorities</p> <p>Evaluate evidence based practice training and consider recommendations (at a whole of function level) to determine future directions [Central]</p>
2.3 Enhance the capacity of the population health services to routinely undertake quality evaluation of interventions and services to contribute to the evidence base	Commence development of a service model for evaluation capacity	
2.4 Increase access to information, staff awareness and skills relating to the appropriate targeting of population health interventions and/or supplementary activities for priority populations, particularly socioeconomically disadvantaged groups	<p>Complete the QCOSS project and communicate findings to Queensland Health staff</p> <p>Establish and manage a contract with QCOSS for the ongoing provision of advisory support in relation to targeting of population health interventions</p>	
2.5 Develop and progress a standard for spatial mapping		Develop a scoping paper regarding opportunities and options relating to spatial mapping for population health services and/or the Division [Tropical]

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
3. Ensuring quality information for practice and decision-making <i>BEF categories: strategy and planning, information and knowledge, and success and sustainability</i>		
3.1 Develop and communicate a series of two-yearly Chief Health Officer (CHO) reports (2010 and 2012)	Develop the 2010 CHO report and brochure, and prepare for the launch and distribution of the report Identify issue-specific CHO report topics for the next six years	Collaborate on the development of the 2010 CHO report
3.2 Systematically develop and distribute state and local health status information to identify and communicate outstanding and emerging health issues for the population and priority groups, for endorsed reporting and advocacy and engagement with key partners	Document the requirement for a portal for release of endorsed reporting needs for which Health Statistics Centre is data custodian Support the development of a Queensland system for statewide and local endorsed reporting	Establish a sustainable system for the reporting of local population health information for advocacy and engagement Collate and communicate Health Service District information (as required)
3.3 Develop and implement strategies to address the <i>Prevention, Promotion and Protection Health Performance Information Needs 2009–2012</i> : recommendations	Establish a sustainable self-report monitoring system for collecting and reporting prevalence and trends relating to health attitudes, skills, behaviours and major chronic diseases Provide baseline report for population health indicators in National Partnership Agreement on Preventive Health and National Healthcare Agreement (specific to population health) Undertake survey of prevalence of adult behaviours and major chronic diseases in state and Health Service District populations Implement integrated information systems for the public health regulatory program and sexual health, tuberculosis and the Mobile Women's Health Service program Develop program for regular analysis and reporting of burden of disease and injury through circulars Develop program for the systematic release of fact sheets on specific health topics	Lead development of topic-specific circulars (as negotiated) Collaborate on the regular analysis and reporting of burden of disease and injury information

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
3. Ensuring quality information for practice and decision-making (continued)		
3.4 Develop, resource and implement an epidemiology service model	Update the current service model and seek and prepare a business case to secure resources for epidemiology services	
3.5 Update internet and intranet sites and population health resources to enhance access to timely, evidence based information for staff, partners and the public	<p>Develop a working group to create an effective internet and intranet framework</p> <p>Review and refine internet and intranet sites to better suit the needs of staff and other key stakeholders, including the public</p> <p>Promote the adoption of work unit level publishing and provide upskilling for identified staff</p>	

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
4. Improving partner engagement and communications <i>BEF categories: leadership, customer and market focus, and process management, improvement and innovation</i>		
<p>4.1 Document and enhance formal relationships with local government, including options for joint appointments and structured engagement mechanisms</p>	<p>Develop a Memorandum of Understanding or other formal partnership arrangement with the Local Government Association of Queensland (LGAQ) and commence ongoing management processes</p> <p>Establish a Queensland local government stakeholder jurisdictional liaison group as a subcommittee of the national enHealth council, with an initial focus on environmental health issues</p> <p>Engage with LGAQ regarding the option for joint appointments and partnering in relation to National Preventive Health Agreement and its implementation</p>	<p>Actively participate in Primary Health Care Partnership Councils, Regional Managers' Coordination Networks and Regional Health Forums to progress population health issues in a coordinated way</p> <p>Trial a process for engaging key partners and document lessons to inform future practice (eg. Tropical Population Health Service's 'one-stop shop' approach with Cairns City Council)</p> <p>Implement a structured approach to engaging environmental health services in local government</p>
<p>4.2 Strengthen involvement in Departmental approaches for engaging with general practitioners</p>	<p>Investigate current Departmental processes in relation to the general practice sector</p> <p>Document all current and planned activities for partnering with general practice to plan an integrated approach</p>	
<p>4.3 Establish and upskill 'brokers' to provide a single coordination point for key partners in relation to population health services and/or the Division</p>	<p>Undertake an audit of major activities with key partners</p> <p>Review current working initiatives relating to single point of contact and develop an agreed future direction for this approach</p>	
<p>4.4 Develop and implement a strategic approach to improve organisational communication and leadership</p>	<p>Develop a strategic organisational communication plan, which identifies new resources and skill development requirements and opportunities to engage senior management</p> <p>Develop and adhere to a schedule for annual visits by senior managers to all population health services</p> <p>Undertake satellite broadcasts for all significant events</p> <p>Develop a population health communication email broadcast and distribute a minimum of four editions</p>	

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
5. A workforce for now and the future <i>BEF categories: leadership and people)</i>		
5.1 Use population health workforce data from internal and external sources to inform workforce development investment decisions and interventions	<p>Investigate the feasibility of providing accurate reports on the population health workforce for senior management</p> <p>Negotiate with Workforce Analysis Research Unit to enable the collection of accurate data for the population health workforce</p> <p>Clarify type and frequency of information required</p>	
5.2 Develop, implement and evaluate a workforce development framework to describe and address future population health workforce needs	Develop a population health workforce framework	
5.3 Attract and retain appropriate people to provide prevention, promotion and protection services	<p>Develop a 'pathways to practice' model</p> <p>Update the population health careers website, based on external review recommendations</p> <p>Raise awareness of team leaders about new recruitment options</p> <p>Investigate methods to attract Aboriginal and Torres Strait Islander people into the population health workforce</p> <p>Develop and commence implementation of a coordinated and consistent induction program which aligns with the Queensland Health approach</p>	
5.4 Establish infrastructure to allow the use of population health para-professionals	<p>Develop a workforce structure to enable para-professionals to be included in the population health workforce</p> <p>Develop a para-professional workforce model encompassing key population health disciplines, in conjunction with Workplace Design and Liaison Unit</p>	Commence plan for future introduction of para-professionals

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
5. A workforce for now and the future (continued)		
5.5 Develop and provide flexible mechanisms for graduate entry into population health	<p>Consolidate a scholarship program, including supporting the current intakes of students, recruiting the third intake, and seeking a recurrent funding source</p> <p>Develop a scholarship evaluation process</p> <p>Develop a workforce structure for health promotion</p> <p>Commence implementation of nutritionist clinical education and management initiative</p>	Provide support for current scholarship holders and identify potential placements for the third intake
5.6 Implement and evaluate a refined version of the Queensland Health approach to student placements	<p>Commence implementation of the Student Placement Framework</p> <p>Engage with universities to establish a structured process for student placements</p>	Identify contact person and establish systems to manage student placements
5.7 Assess existing work/life balance policies and practices and establish the Division of the Chief Health Officer as a Queensland Health leader in relation to being a healthy and supportive workplace	Assess existing work/life balance policies and practices and commence positioning strategies	
5.8 Develop, implement and evaluate a refined version of the Queensland Health leadership development program for team leaders	Commence leadership development project	
5.9 Improve the deployment of the Managing for Performance program, including increasing the monitoring of compliance and enhancing the professional development approach	<p>Develop mechanisms to monitor compliance with the program and provide information on common professional development needs</p> <p>Complete and promote the work level instruction regarding the use of operational funds for professional development</p>	

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
5. A workforce for now and the future (continued)		
5.10 Investigate and support the use of the Managing for Performance program across the Division of the Chief Health Officer	Investigate the appropriateness of the program across the Division and implement (as agreed)	
5.11 Develop and implement systems and resources to support staff to make the transition from engagement in major public health incidents and emergencies to normal business	Develop and implement strategies to support all staff in the transition to business as usual from major public health incidents, including reviewing models used by Defence Forces and other agencies, and engaging Mental Health Branch	Implement developed strategies
5.12 Establish, implement and evaluate a succession management framework for population health services, including options for retaining staff nearing retirement, capturing and sharing tacit knowledge and preparing future leaders and managers	Establish data regime to trend succession planning requirements Scope succession management framework	
5.13 Coordinate and/or participate in workplace monitoring processes (eg. Workplace Culture Surveys, Business Excellence Surveys) and use the results to improve systems, processes and practices	Develop and implement initiatives to progress issues identified in the 2009 Workplace Culture Survey Coordinate the 2010 Business Excellence Survey	Develop and implement initiatives to progress issues identified in 2009 Workplace Culture Survey
5.14 Develop and implement resources to support staff during change processes	Develop resources to support staff through the change process related to Divisional restructure	Use resources to support staff

Attachment B

Ongoing work roles and responsibilities

Ongoing work area	Statewide unit responsibilities	Population health unit responsibilities
1. Planning, monitoring and reporting systems	<p>Manage the annual strategic planning cycle, including the review of the Prevention, Promotion and Protection Plan and strategic directions statements for outcome areas</p> <p>Develop, implement and review annual business plans and project plans</p> <p>Ensure all staff have a current performance partnership plan and that all new staff attend PM Plus[®] and MfP training</p> <p>Support the facilitation of PM Plus[®] and MfP training courses, including updating training resources (as appropriate)</p> <p>Participate in the Queensland Health planning and reporting processes including:</p> <ul style="list-style-type: none"> – review of the Queensland Statewide Health Services Plan – Queensland Health Annual Report – Ministerial and District CEO reporting – Agency Service Delivery Statement (formerly known as the Ministerial Portfolio Statement) and Q2 targets 	<p>Participate in the annual strategic planning cycle, including the review of the Prevention, Promotion and Protection Plan and strategic directions statements</p> <p>Develop, implement and review annual business plans and project plans</p> <p>Ensure all staff have a current performance partnership plan and that all new staff attend PM Plus[®] and MfP training</p> <p>Actively engage in Health Service District planning and priority setting processes to ensure that population health growth, capital works and other infrastructure requirements are considered (as appropriate)</p>
2. Research, epidemiology and evidence based practice	<p>Participate in national committees for epidemiology services including Population Health Information Development Group, Australian Better Health Initiative evaluation and related national initiatives</p> <p>Ensure that internet and intranet sites are maintained and updated on at least an annual basis</p> <p>Coordinate Queensland's contribution to the National Public Health Expenditure Report</p> <p>Provide advice in epidemiology, evidence based practice and evaluation</p>	<p>Ensure that internet and intranet sites are maintained and updated on at least an annual basis</p> <p>Provide population health units, Health Service Districts and stakeholders with population health information and intervention evidence (as agreed)</p> <p>Provide advice and training in epidemiology, evidence based practice and evaluation (as agreed)</p>

Ongoing work area	Statewide unit responsibilities	Population health unit responsibilities
3. Communication and culture	<p>Participate in and/or provide secretariat support for relevant national and state committees</p> <p>Participate in and support Queensland Health's two-yearly Workplace Culture Surveys (2009 and 2011)</p> <p>Develop, implement and review workplace culture action plans, based on the findings from the Workplace Culture Surveys</p> <p>Participate in and support two-yearly Business Excellence Surveys (2010)</p> <p>Prepare Ministerials and briefings (as required)</p>	<p>Participate in and support Queensland Health two-yearly Workplace Culture Survey (2009 and 2011)</p> <p>Develop, implement and review workplace culture action plans, based on findings from the Workplace Culture Surveys</p> <p>Participate in and support two-yearly Business Excellence Surveys (2010)</p> <p>Prepare Ministerials and briefings (as required)</p>
4. Workforce	<p>Increase engagement in broader Queensland Health workforce reform processes to ensure that population health growth needs, issues, equitable employment conditions and career pathways for staff are considered</p>	
5. Governance	<p>Manage and review population health governance arrangements to allow for the new Divisional organisational structure</p> <p>Actively engage in relevant Departmental processes, including the funding model development and implementation, resources committee processes, implementation and review, and capital works planning processes</p>	<p>Actively engage in relevant departmental processes, including the funding model development, resources committee processes, implementation and review, and capital works planning processes</p> <p>Assess service enhancement needs and develop recommendations to maximise health gain and deliver effective return on investments</p>

References

1. SAI Global. 2007, *The Business Excellence Framework*, SAI Global, Sydney.
2. Alderson P, Green S, Higgins JPT (eds). 2006, *Cochrane Reviewers' Handbook 4.2.6 [updated September 2006]*. In *The Cochrane Library*, Issue 1, John Wiley & Sons, Chichester.





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