

Service delivery statement

Darling Downs Hospital and Health Service	Notes	2015-16 Target / Estimate	2015-16 Actual
Effectiveness Measure			
Percentage of patients attending emergency departments seen within recommended timeframes:			
Category 1 (within 2 minutes)		100%	97%
Category 2 (within 10 minutes)		80%	88%
Category 3 (within 30 minutes)		75%	75%
Category 4 (within 60 minutes)		70%	83%
Category 5 (within 120 minutes)		70%	97%
All categories		..	88%
Percentage of emergency department attendances who depart within four hours of their arrival in the department		90%	88.9%
Median wait time for treatment in emergency departments (minutes)	1	20	25
Percentage of elective surgery patients treated within clinically recommended times:			
Category 1 (30 days)		>98%	100%
Category 2 (90 days)		>95%	100%
Category 3 (365 days)		>95%	100%
Median wait time for elective surgery (days)	2	25	43
Percentage of specialist outpatients waiting within clinically recommended times:			
Category 1 (30 days)	3	..	100%
Category 2 (90 days)		..	100%
Category 3 (365 days)		..	100%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days	4	<2.0	0.63
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit		>65%	74%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge		<12%	11.4%
Efficiency Measure			
Average cost per weighted activity unit for Activity Based Funding facilities	5	\$4,814	\$4,363
Other measures			
Total weighted activity units:			
6			
Acute Inpatient		45,450	48,537
Outpatients		8,637	10,443
Sub-acute		5,073	5,267
Emergency Department		15,145	17,516
Mental Health	7	23,437	56,794
Interventions and Procedures		5,801	4,788
Ambulatory mental health service contact duration (hours)		>60,500	84,632

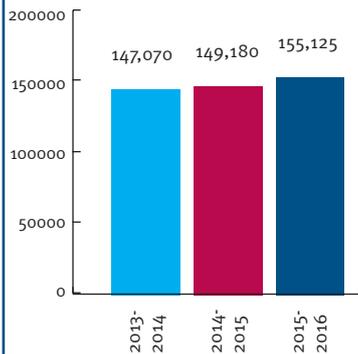
Our performance



Service delivery statement notes:

1. There is no nationally agreed 2015-2016 target for this measure. The 2015-2016 target / estimate is based on the prior year's estimate and was indicative only in the Service Delivery Statement. Increasing numbers of category 3 presentations and limited physical capacity within emergency department's has impacted on the ability to meet this target.
2. There is no nationally agreed 2015-2016 target for this measure. The 2015-2016 target / estimate is based on the prior year's estimate and is indicative only in the Service Delivery Statement. The median wait time for the DDHHS is higher than target due to the higher proportion of category 3 (non-urgent) patients receiving surgery during this period.
3. The 2015-2016 *Service Delivery Statement* did not include a 2015-2016 target/estimate as the target was under review.
4. Staphylococcus aureus are bacteria commonly found on around 30% of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with staphylococcus aureus (including MRSA) and are reported as a rate of infection per 10,000 patient days. The measure aligns with the national benchmark of 2.0 cases per 10,000 acute public hospital patient days.
5. The 2015-2016 target/estimate measure for the average cost per weighted activity unit for Activity Based Funding facilities are as per reported in the *2016-2017 Queensland State Budget Service Delivery Statements*.
6. The 2015-2016 target/estimate measures for total weighted activity units are as per the *2016-2017 Queensland State Budget Service Delivery Statements*.
7. Actual mental health weighted activity units is an anomaly due to the introduction of a new care type that saw patients statistically discharged and readmitted on 1 July 2015.

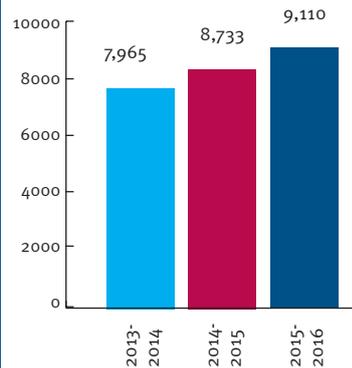
DDHHS EMERGENCY DEPARTMENT ATTENDANCES



↑ 5,945

495 more patients a month than 2014-2015 (4%)

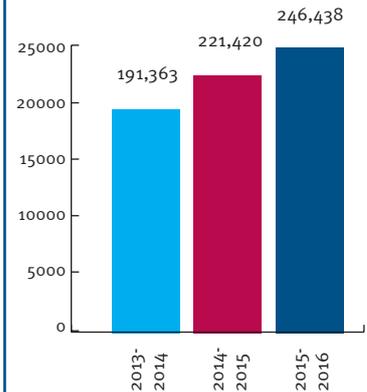
ELECTIVE SURGERIES PERFORMED DDHHS



↑ 377

31 more patients a month than 2014-2015 (4%)

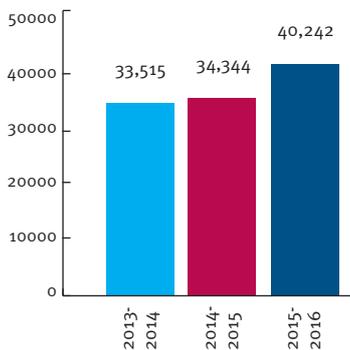
PATIENTS SEEN AT SPECIALIST OUTPATIENT CLINICS



↑ 25,018

2,048 more patients a month than 2014-2015 (11.3%)

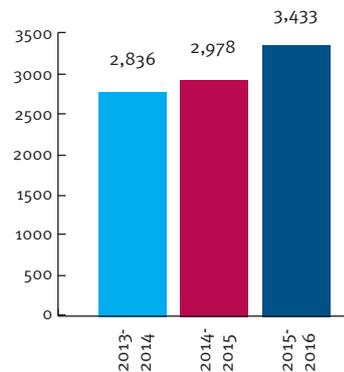
ADULT DENTAL TREATMENTS (EXPRESSED AS OCCASIONS OF SERVICE)



↑ 5,898

491 more patients a month than 2014-2015 (15%)

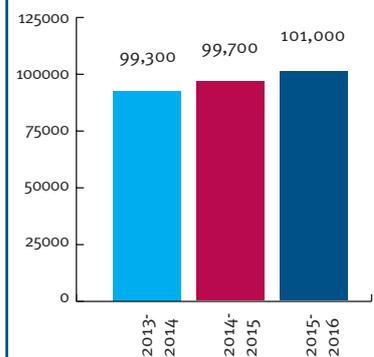
TOOWOOMBA HOSPITAL EMERGENCY (UNPLANNED) SURGERIES



↑ 455

38 more patients a month than 2014-2015 (15.2%)

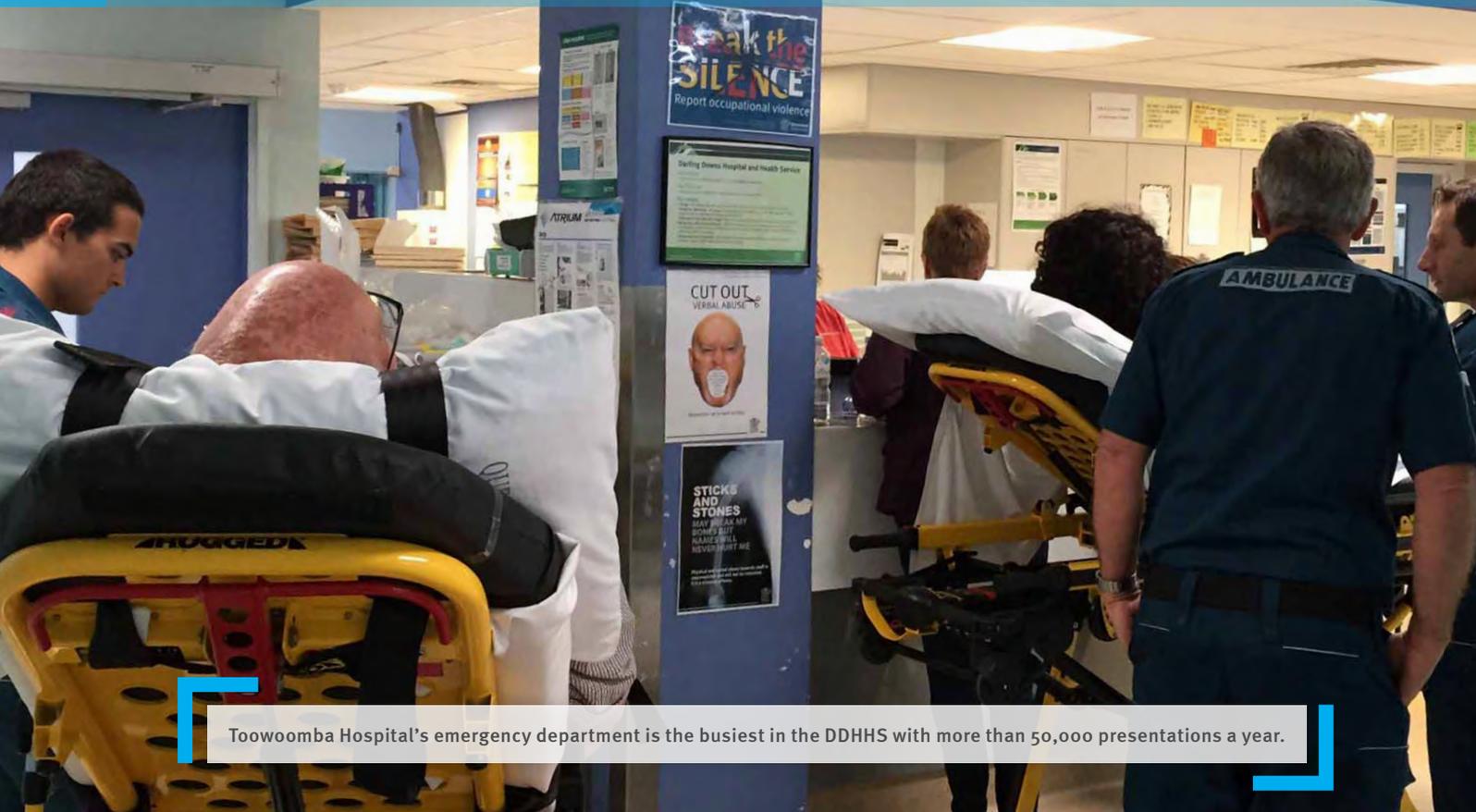
AGED CARE OCCUPIED BED DAYS



↑ 1,300

108 more patients a month than 2014-2015 (1.5%)

Our performance



Toowoomba Hospital's emergency department is the busiest in the DDHHS with more than 50,000 presentations a year.

Performance against our strategic objectives

Over the past year the DDHHS has continually measured its performance against the service standards defined in the *2015-2016 Queensland State Budget Service Delivery Statements* and within our service agreement with the Department of Health.

We also measure our performance against the strategic objectives outlined in our strategic plan. Significant progress has been made this year on delivering against this plan and our priorities.

The plan has four key strategic directions which focuses our efforts on delivering quality healthcare for our community:

1. Deliver quality healthcare
2. Ensure resources are sustainable
3. Ensure processes are clear
4. Ensure dedicated trained staff

1. Deliver quality healthcare

DDHHS has, for the fourth year in a row, delivered more healthcare than contracted in our service agreement with the Department of Health. Under this service agreement, weighted activity units (WAUs) provide a common unit of comparison. Excluding mental health, there was an agreed target of 83,010 and DDHHS delivered 86,551 WAUs across the financial year. This equates to 4.3 per cent more activity than contracted.

DDHHS continues to efficiently deliver and meet the growing demands for health services in the region, consistently reducing waiting lists and improving the timeframes for patients to receive the healthcare that is needed. Most notably, the long wait list for specialist outpatients has reduced from 62 per cent of the total waiting list being long wait patients in 2014, to zero per cent in 2016.

Access to emergency department services

Increasing demand for emergency department services has stretched our resources. Toowoomba Hospital in particular has felt the greatest impact. The unit is small, in comparison to similar facilities, with only twenty treatment spaces but had over 50,000 presentations in the 2015-2016 financial year, an increase of over three per cent. The growth in presentations has primarily been in category 2 and 3 patients, which are more complex and require additional treatment time.

Despite the increasing numbers of presentations, facilities across the service have achieved 88.9 per cent against the Queensland Emergency Access Target (QEAT), which is only slightly below the 90 per cent target of patients who present to an emergency department needing to be admitted, discharged or transferred within four hours. The median wait time in emergency across the health service was 25 minutes against a target of 20 minutes.

In the next financial year \$3 million has been provided to the DDHHS by the Department of Health to complete a modest refurbishment of the Toowoomba Hospital Emergency Department. The refurbishment will provide an additional nine treatment spaces, which will go a long way to improving access to timely emergency services for our community.

100% of patients seen on time for elective surgery

Once again the DDHHS has made improvements in elective surgery timeframes across the health service. The National Elective Surgery Target (NEST) of 100 per cent for urgent, 97 per cent for semi-urgent and 98 per cent for routine has been surpassed, with 100 per cent of all patients receiving their surgery within clinically recommended timeframes. This is despite a seven per cent increase in demand in services from the community resulting in a total of 9,110 surgeries completed in 2015-2016.

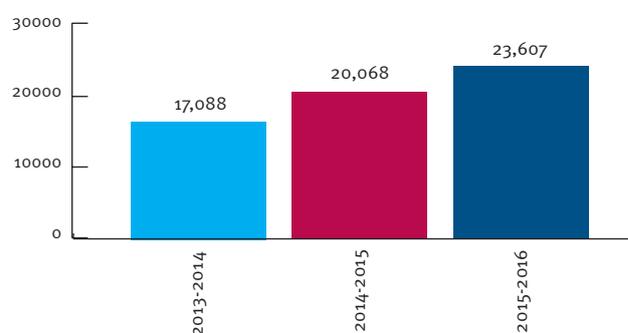
The DDHHS has now been able to maintain 100 per cent of patients receiving elective surgery on time since December 2013, a period of over two and a half years. This is a significant achievement.

	Urgent (within 30 days)	Semi-urgent (within 90 days)	Routine (within 365 days)
Target	>98%	>95%	>95%
DDHHS Actual	100%	100%	100%

Specialist outpatient waiting lists reduced to zero

The DDHHS has continued to outperform all other health services and has been able to maintain zero patients waiting longer than clinically recommended for an outpatient appointment for the entire year. This is despite having a total of 23,607 specialist outpatient referrals in 2015-2016 which is a 38 per cent increase over the past two years.

New specialist outpatient referrals

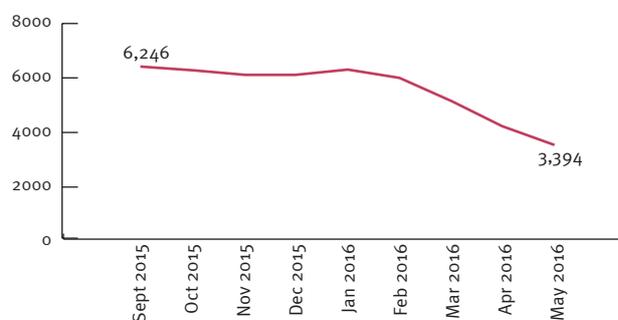


Dental waiting lists slashed

For another year DDHHS has had no patients waiting longer than the clinically recommended for routine dental treatment (less than two years).

By the end of May 2015 the number of people waiting between one to two years was slashed from 1,127 to 195 and people waiting one year or less from 5,119 to 3,199. That's a 54 per cent decrease in the numbers of patients waiting for dental treatments. The total number of adult dental treatments provided this year was 40,242, an increase of 5,898 treatments since last year.

Total numbers of patients waiting since late 2015



Our performance

Another way we have improved access to dental services for our patients is through a recent establishment of a co-operative agreement with a private provider and the Southern Cluster Oral Health Team, which has resulted in a mobile dental clinic being dispatched to Texas to provide denture services to patients unable to make the journey into Inglewood or Stanthorpe.

Birthing services continue to be busy

Across the seven designated birthing facilities, and at four non-designated birthing facilities (for babies that just couldn't wait), there were 3,067 births over the year. This is an increase of 26 births compared to last year. The DDHHS is committed to providing maternity services in regional areas which will allow women to birth closer to home.

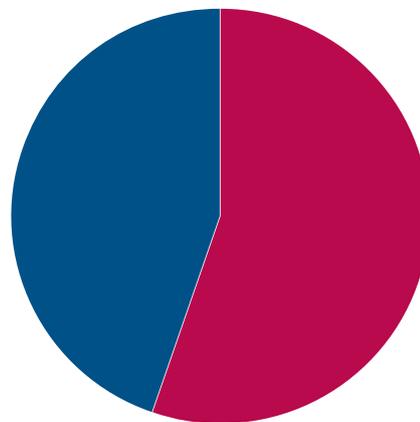
Location	Births
Toowoomba	2,038
Kingaroy	350
Warwick	204
Dalby	179
Stanthorpe	134
Goondiwindi	92
Chinchilla	65
Miles, Millmerran, Nanango, Tara (non-designated birthing facilities)	5
Total	3,067

BreastScreen

This year the BreastScreen Queensland Toowoomba Service screened a total of 17,765 women from across the region. Overall screening was down compared to target as a result of a seasonal screening cycle and the relocation of the service to a new facility, which required the clinic to close for a short period.

In July 2016, following a \$1.85 million project, the service relocated to a purpose built facility in the Toowoomba CBD which has improved parking, and an extra mammography room, taking the total to three rooms which will mean the service will be able to cater for increased demand for services. The new facility also has two ultrasound rooms, two clinical exam rooms, a counselling room, dedicated screening and assessment waiting rooms and associated staff areas.

BreastScreen 2015-2016 screening split



■ Toowoomba site	9,824
■ Mobile Service	7,941

Mental health service improvements

The DDHHS's Mental Health service continues to provide vital support to consumers in the community. Mental health inpatient activity has decreased this year in line with best practice mental healthcare that sees the continued decentralisation of the extended inpatient services provided at the Baillie Henderson Hospital campus to services provided within the community.

In 2015-2016 the service transitioned 24 consumers from the Baillie Henderson Hospital campus to the new 24 bed community care unit, which is now fully operational in Kearneys Spring. A further 34 consumers are also being cared for within the home by the Mental Health Adult Mobile Outreach Team and the Home Based Acute Care Team.

The service continues to perform well against other key performance indicators with 74% of patients receiving community follow up within 1-7 days from discharge from an acute mental health unit compared to a target of 65%. The provision of ambulatory mental health services also continues to expand with the service providing 84,632 hours of care during the year which has exceeded the target by 24,132 hours.

The Mental Health division are committed to delivering best-practice mental healthcare to consumers in the Darling Downs. In the next year the division will see the implementation of the new *Mental Health Act 2016* and the roll out of the National Disability Insurance Scheme (NDIS), which will both play a significant role in the way mental health services are delivered across the region.



Allied health programs play a key role in recovery and rehabilitation

Allied health achievements

The Allied Health Team have continued to expand and improve on models of care for their patients, with the Speech Pathology Team introducing a new model of care for the Ear, Nose and Throat (ENT) Voice Clinic, which provides a comprehensive, multi-disciplinary diagnostic clinic and service to patients with voice disorders.

After an eight-month pilot, the weekend allied health service for acute stroke patients became a permanent service. The service demonstrated improvements in clinical indicators, clinical outcomes, and a substantial reduction in length of stay (average 5.7 days per patient).

Patient transport service makes accessing services easier

The DDHHS has invested in a new transport service for patients living in the South Burnett to improve access to specialist services in the region. The daily service was implemented in March 2016 and picks up patients from hospitals in the South Burnett region and takes them to their medical appointments at the Toowoomba Hospital. When patients arrive at the Toowoomba Hospital a volunteer directs them to the relevant area within the hospital for their appointment. The numbers of patients using this service is increasing each month with a current average of six patients each day.

Our performance

Closing the Gap to improve Indigenous health outcomes

On the tenth anniversary of “Closing the Gap” the DDHHS undertook a pledge to reduce the gap in Indigenous health expectancies and outcomes.

The organisational pledge was signed by the executive staff of the health service and undertook to petition the federal and state governments to:

- recommit to Close the Gap by 2030
- increase Aboriginal and Torres Strait Islander control and participation in the delivery of health services
- address the critical social issues of housing, education and self-determination that contribute to health inequality.

The Making Tracks Committee has been formed to lead this change through the organisation. The DDHHS has also committed to updating the DDHHS Strategic Plan, implementing a Cultural Capability Plan as well as Steps to a Healthy Future Plan.

The Committee provides strategic oversight for the planning and implementation of health services for Aboriginal and Torres Strait Islanders within the DDHHS. The committee is responsible for coordinating, consulting, and reporting on health initiatives, innovation and performance outcomes, including Closing the Gap targets. The Committee has established an action plan, with key performance indicators that it will continue implementing in 2016-2017.

The Board also continually monitors Closing the Gap key performance indicators at its monthly meetings.

In addition, the Indigenous Respiratory Program is conducting research to develop specific assessment tools to measure the lung capacity of healthy indigenous children. The current assessment tools used are designed for non-indigenous children and this research will examine the validity of these tools.

Accreditation with ISO:9001 affirms quality and safe care

The DDHHS underwent a full certification surveillance audit against the Australian Standard/New Zealand International Standards Organisation (ISO) 9001:2008 (Quality Management System) Standard (referred to as ISO 9001:2008) in March 2016. ISO certification highlights that the DDHHS as an organisation has good management practices in place that realises consumers’ quality expectations and outcomes. This audit was undertaken again by the Institute for Healthy Communities Australia (IHCA) and assessed 13 facilities across the health service. The DDHHS achieved ongoing certification under ISO 9001:2008 for another year.

Regular Systematic Approach Facilitates Excellence (SAFE) Audits

The DDHHS is committed to providing safe and quality healthcare. Despite the delivery of a record amount of activity and services this year, the service has maintained its strong focus on clinical governance and patient safety and quality.

The SAFE clinical audit program is one example of this. The program engages management, front-line clinicians and consumers in assessing compliance with the National Standards for Safety and Quality in Healthcare, the National Mental Health Standards and Aged Care standards and supports continuous service improvement.

SAFE was initially launched in July 2014 and has been well received by clinical staff. The program consists of six modules and incorporates a Quality Improvement Plan to assist managers to address gaps identified from the SAFE audits.

A review of the SAFE program in April 2016 identified audit results consistently met the agreed benchmark of 80% compliance. SAFE version two was introduced in July 2016 and will concentrate on any areas that are still below benchmark. One of the strategies to improve compliance is the “September Safety Snapshot” where staff across the DDHHS will focus on the top 5 audit criteria that are below benchmark.

2. Ensure resources are sustainable

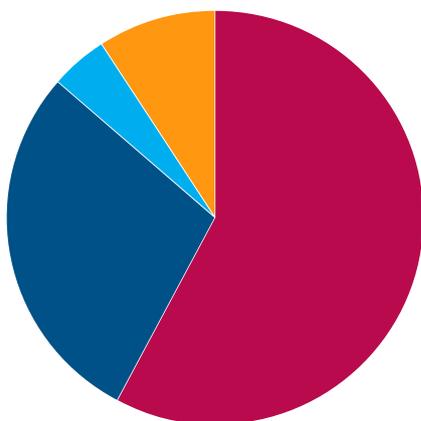
DDHHS achieved a financial result of \$3.47 million surplus for the year ending 30 June 2016. This represents a half a percent surplus against a revenue base of \$684 million. This is the fourth financial year the DDHHS has achieved an operating surplus while still delivering more services than we are contracted to do and improving health outcomes for our patients.

Revenue and expenses – financial year ending 30 June 2016	\$(000)'s
Revenue	\$683,942
Expenses	
Labour and employment expenses	\$461,556
Non-labour expenses	\$197,469
Depreciation and revaluation expense	\$21,443
Total	\$680,468
Net surplus from operations	\$3,474

How we are funded

DDHHS's total income for the 2015-2016 financial year was \$683.9 million. This was comprised of: \$396.3 million from the State, \$195.8 million from the Commonwealth, Special Purpose Grants worth \$30.8 million, and other revenue (including self-generated) was \$61.015 million.

Income

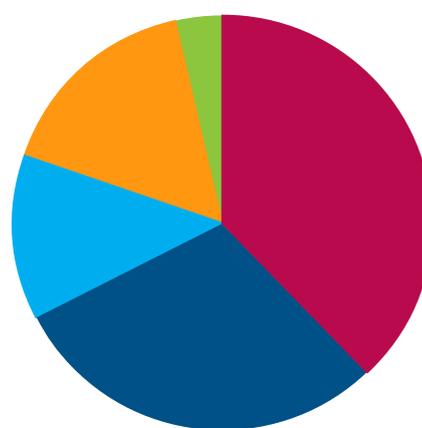


State contribution	\$396.3 M
Commonwealth contribution	\$195.8 M
Special Purpose Grants	\$30.8 M
Other revenue (including self-generated)	\$61.015 M

How the funding was distributed

DDHHS operates a complex group of healthcare services across a broad and diverse geographical area. The table below shows the proportion of the budget spent on services within the DDHHS. Total expenses for 2015-2016 were \$680 million averaging \$1.85 million per day spent on servicing the communities of the Darling Downs and South Burnett.

Budget allocation



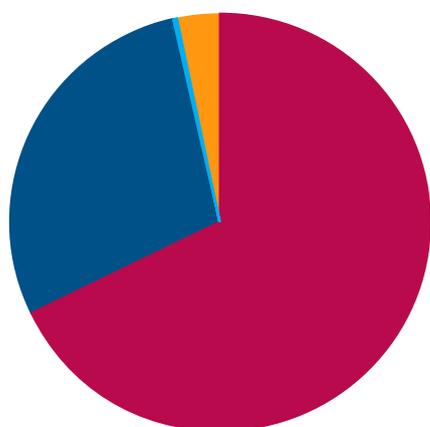
Toowoomba Hospital	38.28%
Rural Health	30%
Mental Health	11.78%
Other Professional and Support Services	16.45%
Depreciation	3.49%

Our performance

How the funding is spent

Once again the largest percentage spend is against labour costs, this amounts to 67.83 per cent of expenditure across clinical and non-clinical support staff. Non-labour expenses such as clinical and non-clinical supplies, other clinical services (such as pathology, radiology, prosthetics), catering, maintenance and utilities accounted for 28.87 per cent of expenditure.

Expenses



Employee expenses	67.83%
Supplies and Services	28.72%
Grants and subsidies	0.15%
Depreciation expenses	3.30%

Financial outlook

In the 2016-17 financial year the service will provide public healthcare in line with the Service Agreement with the Department of Health. The DDHHS will have a total operating budget of \$674.5 million, an increase of 5.8 per cent or \$36.7 million from the 2015-2016 budget as outlined in the 2016-17 *Queensland State Budget Service Delivery Statements*.

Next financial year the DDHHS will focus on delivering a balanced budget however financial modelling indicates that funding is not keeping up with increasing service demand. The health service will continue to work collaboratively with the Department to ensure that we can deliver quality public healthcare to all patients within our region as efficiently as possible.

Backlog maintenance program

Work continues on our \$50.6 million program of maintenance and remediation works across the health service. This year we have continued internal and external painting, flooring upgrades, air conditioning improvements, upgrades to helipads, as well as plumbing and electrical upgrades. Next year will be the final year of this very important three year program.

Infrastructure projects

In February 2016 the Board announced plans to fund the construction of a seventh operating theatre at Toowoomba Hospital as the six current theatres have been operating at capacity in order to meet demand. The \$8.1 million redevelopment will also provide a new central waiting area, reception, and additional consultation rooms. Planning is underway with construction due to start next financial year.

This year the Toowoomba Hospital has had an upgrade to its power supply at a total cost of \$2.48 million that will increase power capacity for the new kitchen, pathology building and future developments on site. Further expansions and improvements at Toowoomba Hospital have included the upgrade of the existing computerised tomography (CT) scanner and the installation of a second CT scanner at a total cost of \$2.75 million; and the refurbishment of Fountain House 1 for the Alcohol and Other Drugs Service (AODS) at a cost of \$2.86 million.

New CT scanners were installed at Goondiwindi and Warwick Hospitals in November 2015 through a partnership with a private imaging provider. The availability of CT scans for the first time in Goondiwindi means patients have local access to high-quality medical imaging, which reduces the need for patients to be transferred to Toowoomba or even Brisbane.

In June 2016, the Board announced an investment of \$2.6 million at Miles Hospital for the refurbishment of the community health building to house the Miles Medical Practice and the replacement of the hospital's existing staff accommodation with four brand new two bedroom self-contained units. The Board has also committed funding to refurbish the private practice clinic at Jandowae.

TOOWOOMBA HOSPITAL MATERNITY REFURBISHMENTS FINISHED AHEAD OF TIME

Refurbishment works at Toowoomba Hospital's Birthing Suite were completed a-week-and-a-half ahead of schedule allowing a return to full clinical services in late June.

The newly refurbished maternity and birthing facilities were welcomed by staff, expectant and new mothers, and visitors.

The Harbison Maternity Unit received extensive structural and cosmetic upgrades including the widening of some bathroom doors and showers for easier movement, and the reconfiguration of ward rooms to give mothers, babies and their visitors more space.

Other works included new floor coverings, painting, new blinds and upgraded bathrooms in the ward rooms, plus new window fittings and ensuites in single rooms.

The birthing suite makeover included new flooring coverings, repairs in two bathrooms and routine maintenance.



Harbison Nurse Unit Manager Peta Zupp and Rob McHugh from Building, Engineering and Maintenance Services celebrate the early completion of the refurbishment.

Our generous supporters

Our local hospitals are important parts of each community and we are big-heartedly supported by the Toowoomba Hospital Foundation, local auxiliaries, service clubs, other groups and individuals through fundraising efforts and other generous donations.

This year the Toowoomba Hospital Foundation has supported the Toowoomba Hospital and our staff through:

- donation of a new cardiac ultrasound system, couch and chair, valued at \$314,402, for the hospital's new Echocardiography Unit
- purchase of a \$16,000 golf cart and \$9,000 electric wheel chair to help transport frail or immobile patients to various parts of the hospital campus
- facilitation of scholarship funding through the Pure Land Learning College to support staff research initiatives
- funding of a clinical trials nurse at the Regional Cancer Centre
- donation of equipment to various wards thanks to fundraising initiatives such as annual golf days, rodeos and the annual DonateLife campaign which promotes the importance of organ donation
- various BreastScreen promotions and fundraisers including the 17th annual Walk of Hope and Pink Ribbon Day
- production of a video for children with Type 1 diabetes
- prizes for a range of staff and community initiatives including Pastoral Care Week, pressure injuries awareness, employee awards and length-of-service presentations, volunteers' lunches, special care nursery family fun day, and more.

In addition to the generosity bestowed on us by the Toowoomba Hospital Foundation, our rural facilities have been given the following generous donations:

- Friends of Dr EAF McDonald Nursing Home, New Hope Coal, and local business support to fit out a new \$60,000 palliative care room at the Oakey facility
- \$30,000 donation for new equipment for South Burnett palliative care services through the Rotary Club of Kingaroy, in conjunction with the Queensland Police Service. The equipment such as special mattresses, shower aids and wheel chairs will help local residents stay at home longer to receive end-of-life care
- Millmerran Hospital Auxiliary donated new curtains for the veranda to provide greater comfort for patients, residents and visitors, as well as a mobile file trolley
- Wondai Hospital Auxiliary members celebrated almost 200 years of voluntary service
- Lions Club of Nanango's donation of a \$3,960 Masimo Monitor to Kingaroy Hospital
- Humpty Dumpty Foundation's donation of a \$9,000 LED phototherapy system for Warwick Hospital to treat babies with jaundice
- donation of a \$3,000 palliative care bed to the Texas Multipurpose Health Service through the hospital auxiliary (thanks to a kind benefactor), as well as a new table and television
- a local family's donation of a 'cuddle cot' to Goondiwindi Hospital to support families grieving after the birth of a stillborn baby
- Thiess Mining's donation of almost \$5,000 to purchase new televisions at Miles Hospital
- Goondiwindi Hospital Auxiliary's donation of a portable pain relief system to allow women in labour to move around freely.

Our performance

3. Ensure processes are clear

Collaboration commences with the Darling Downs and West Moreton Primary Health Network

On 1 July 2015 the Darling Downs and West Moreton Primary Health Network (DDWM PHN) commenced operations. The PHN has been established by the DDHHS, in partnership with GP Connections. The PHN is governed by its own Board and administration.

The main objective of the federally funded PHN is to ensure patients receive “the right care in the right place at the right time.” The DDWM PHN provides leadership, resources and coordination of services across the primary healthcare sector throughout the region. The clinical priorities of the DDWM PHN are aged care, health workforce, digital health, mental health, Aboriginal and Torres Strait Island health and population health.

In May 2016, the DDHHS welcomed the appointment of Mr John Minz as the Board Chair and interim Chief Executive Officer Ms Sam Freeman to the DDWM PHN. The PHN and DDHHS continue to work collaboratively together to progress the integration of healthcare services across the region.

Further information regarding DDWM PHN is available on their website www.ddwmpnh.com.au

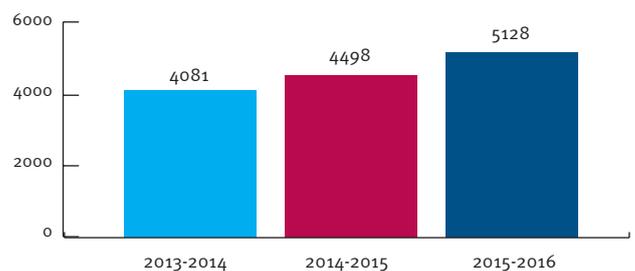
Business Planning Framework for Nursing and Midwifery Services

The DDHHS has invested in broadening the application of the Business Planning Framework for nursing and midwifery services to ensure that all clinical services and clinical support service areas delivered by nurses and midwives are resourced using this methodology. This Framework supports nurses and midwives in applying a structured business planning approach to inform optimal staffing levels aligned to demonstrated clinical need and the acuity of patients. This year 95 discrete service plans were prepared applying the BPF, doubling the number of plans prepared since the use of the BPF was ratified through *Enterprise Bargaining Agreement Number 8 - Nurses and Midwives Certified Agreement 2012*.

Telehealth delivers more care locally

Telehealth has seen significant growth over the past year with over 5,000 reported occasions of service completed for the DDHHS. Compared to 2014/15 there have been 630 more telehealth appointments completed this year.

Telehealth services (excluding mental health)



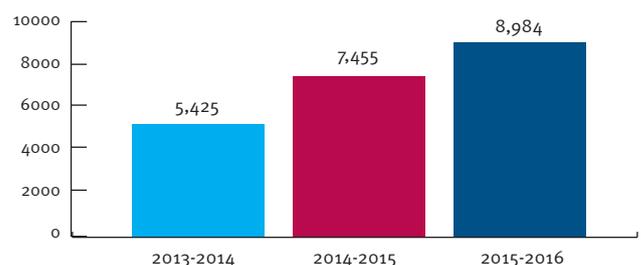
The DDHHS's geriatrician service is delivering quality videoconference consultations to private nursing home patients. Teledentistry continues to be implemented across DDHHS Aged Care facilities with this model of care being the first of its kind in the Queensland Health public sector.

Links with the Princess Alexandra Hospital this year have seen Toowoomba Hospital nursing staff trained in joint count as part of the rheumatology telehealth clinic so that DDHHS patients can now have their appointments in Toowoomba.

The DDHHS's Allied Health service has also worked hard this year to increase telehealth services throughout the region including lymphoedema outreach services to Cherbourg, support for Oakey Hospital as a stepdown from Toowoomba Hospital's orthopaedic outpatient department, women's health outreach to Kingaroy, and paediatric speech pathology services delivered to the home.

The Mental Health telehealth service continues to grow year on year with consultations stretching across the DDHHS and the South West Hospital and Health Service.

Mental health telehealth services





Cath Frame, director of nursing at Millmerran Multipurpose Health Service, speaking with Carrie Bourke, clinical nurse consultant, telehealth services.

Consumer feedback helps us to improve our care

The DDHHS encourages feedback from consumers and patients across the health service as this helps us to review and improve our care and the service we provide to the community.

The DDHHS strives to resolve consumer complaints within key timeframes. In 2015-2016 DDHHS acknowledged 100 per cent of consumer complaints within five days and resolved 80 per cent within 35 days. The DDHHS's Consumer Liaison Unit continues to diligently work with consumers to ensure their concerns are heard and actioned as appropriate. Throughout 2015-2016, compliments about our staff, facilities and the service we provide continued to exceed complaints and the DDHHS is very proud of this achievement.

Consumer feedback



	2014-2015	2015-2016
Total complaints	1415	1900
Total compliments	2256	3172

Consumer engagement across the health service

The DDHHS Consumer Council was established in February 2016 and holds meetings every two months, on the fourth Monday of the month. The Consumer Council's purpose is to engage with communities, existing hospital and community advisory groups, the Toowoomba Hospital Foundation, and hospital auxiliaries to promote mutual respect and facilitate forums and communication through to the Health Service Chief Executive to improve healthcare outcomes.

Toowoomba Hospital welcomed Dr Jim Madden, retired educator and academic, as its consumer representative on the Toowoomba Hospital Patient Safety and Quality Committee. Dr Madden responded to the call out to the professional community for members to contribute to better healthcare outcomes for residents accessing services from Toowoomba Hospital.

The DDHHS is committed to increasing consumer participation in planning and the delivery of its healthcare services, with more work to occur on improving consumer consultation and engagement in the next financial year.

Our performance



Telehealth Services CNC Carrie Bourke and Telehealth Business Coordinator Shayne Stenhouse at the opening.

NEW TELEHEALTH SUITE FOR MILLMERRAN MULTIPURPOSE HEALTH SERVICE

Staff members from the Millmerran Multipurpose Health Service helped open the facility's new telehealth suite in February.

The new \$10,549 suite features state-of-the-art telehealth equipment which enables patients of the facility, as well as members of the community, to undergo medical consultations with specialists located in larger centres.

"The need for a fit-for-purpose, private telehealth suite was identified by the Millmerran MPHS's Community Advisory Network," Director of Nursing Cath Frame said.

"Previously the telehealth equipment was located in a multipurpose room in a busy part of the facility.

"This renovated suite is away from the main thoroughfare of the facility and enables a better experience for patients or community members accessing our services."

Aged Care Professional Breakfast

The DDHHS's Aged Care Professional Breakfast commenced with its first Breakfast held in November 2015. The Aged Care Professional Breakfast has been very well received and attended by various staff from both within the DDHHS and the non-government sector.

The Aged Care Professional Breakfast has provided a great foundation for networking as well as providing an opportunity to share ideas and information as we progress through the current aged care and community care reforms. At each breakfast two guest speakers cover various topics applicable to the community and aged care. Guest speakers have included service providers, benchmarking facilitators as well as a guest speaker from the Federal Department of Human Services.

Emergency preparedness exercises

The Ravenshoe fire disaster of 9 June 2015 reinforced the need for a high level of emergency preparedness throughout DDHHS. DDHHS staff took part in a number of emergency preparedness exercises in 2015-2016. Plans have been put in place to stage a similar exercise at Kingaroy Hospital in 2016-17.

Staff from Oakey Hospital were involved with "Exercise Bernborough" which revolved around emergency response to a flood scenario. The exercise was run by the Toowoomba Local Disaster Management Group.

Toowoomba Hospital staff were involved with "Exercise Firebug" which was based on a fire scenario, with the exercise run by the Toowoomba District Disaster Management Group.

On 6 August 2015 a large-scale exercise involving staff from Toowoomba Hospital was held in conjunction with staff from St Vincent's Private Hospital. Staff from Toowoomba Hospital came from a variety of work departments including emergency, critical care, medical imaging, surgical department, mortuary and media and communications. Emergency services personnel also participated. The scenario was based on a multi-casualty disaster and was designed to test resources, staff and services, and to ascertain how the two hospitals could work together.

Dr Peter Gillies, in his former role as Toowoomba Hospital General Manager, and St Vincent's General Manager Carl Yuile initiated the idea for a joint disaster exercise to push staff to react quickly, safely and effectively to a realistic scenario.

The exercise was designed to make participants think quickly, while ensuring patient safety and ongoing care, and to build co-operation between the two facilities. The effectiveness of the exercise was assessed by exercise evaluators, senior instructors, assistant instructors and exercise observers.

The exercise received overwhelmingly positive feedback from participants and was seen to be successful in that it highlighted the willingness of the two facilities to work together. An openness to strengthening the ties between the two hospitals was evident, which was particularly encouraging, given the limited resources available in the area to respond to a large-scale disaster.

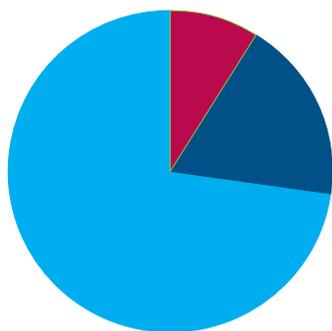
4. Ensure dedicated, trained staff

To deliver excellence in rural and regional healthcare, we value the workforce we employ and the skill and commitment that they bring to the organisation. Our workforce is our most crucial resource and employing the right people, in the right place, at the right time ensures we can achieve our vision and deliver the best patient-focussed healthcare to our communities.

Our workforce

DDHHS continues to be one of the largest employers across the Darling Downs, Southern Downs, Western Downs and South Burnett areas. Our workforce consists of over 5,000 employees, the largest cohort being clinical staff; which includes medical, nursing, allied health and a range of other professional and technical staff delivering front line services. Clinical staff are supported across the health service by a range of administrative, operational and trades staff in clinical and corporate support, operational services, infrastructure and other supporting roles.

DDHHS continues to support flexible working arrangements where appropriate, and support a healthy work-life balance for all staff.



Occupational status	%
Casual	9
Temporary	18
Permanent	72



4,028

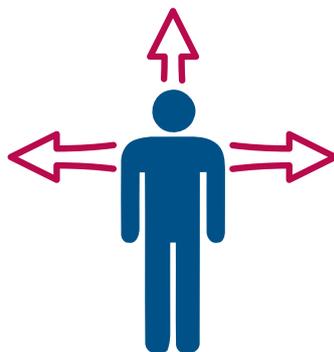
MOHRI FTE

*MOHRI – minimum obligatory human resource information



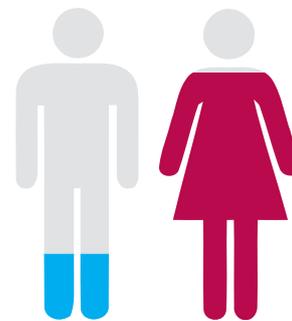
Clinical to non-clinical ratio

2:1



7.4%

Separation rate



Gender	%
Female	79
Male	21



5,122
Headcount



45
Average age

Our performance

INTERNATIONAL NURSES DAY CELEBRATED

The dedication and tireless efforts of DDHHS nurses and midwives was proudly celebrated at the International Nurses Day Breakfast held on 12 May 2016.

This year's theme: *Nurses a Force for Change: Improving Health System Resilience* highlighted the fundamental role the nursing profession plays in assuring sustainable quality healthcare availability across the world.

This year's guest speaker, the inspirational Ms Sue Ellen Kovak shared with the audience her experiences as a Red Cross volunteer during the 2014 Ebola crisis in Sierra Leone.

She spoke about the courage of nurses to be on the frontline of healthcare in many world crises.

Mr Kovack is pictured with Toowoomba Hospital registered nurse Lydia Williams.



Planning for and retaining a skilled workforce

In 2015-2016 DDHHS had a retention rate of 92.6 per cent for permanent staff with a separation rate of 7.4 per cent. These figures remain comparable with the previous two years, indicating a stable workforce ratio.

In 2015-2016 the DDHHS welcomed 464 new employees to the service. All new staff complete an orientation and induction training package via the DDHHS's online training platform Darling Downs Learning Online (DD-LOL). The training package provides a comprehensive overview of the DDHHS, our values and performance expectations and development opportunities for our staff.

The DDHHS's strategic workforce plan is a key tool that helps the DDHHS to identify the key risks, objectives and goals that affect our workforce for the period 2016-2020. Key to this plan is the DDHHS values and embedding a workforce culture that commits to these values and the highest standards of ethical behaviour. With an increasing demand on aged care services in our region, with pressure on health expenditure, as well as State and Federal healthcare reforms, the DDHHS work environment will continue to change. The workforce plan develops an understanding of these changes and the adaptation that will need to be undertaken by the DDHHS to continue to improve performance, productivity and healthcare delivery.

During the period, one employee received a redundancy package at a cost of \$202,000. No early retirement or retrenchment packages were paid during this period.

Educating and training our workforce

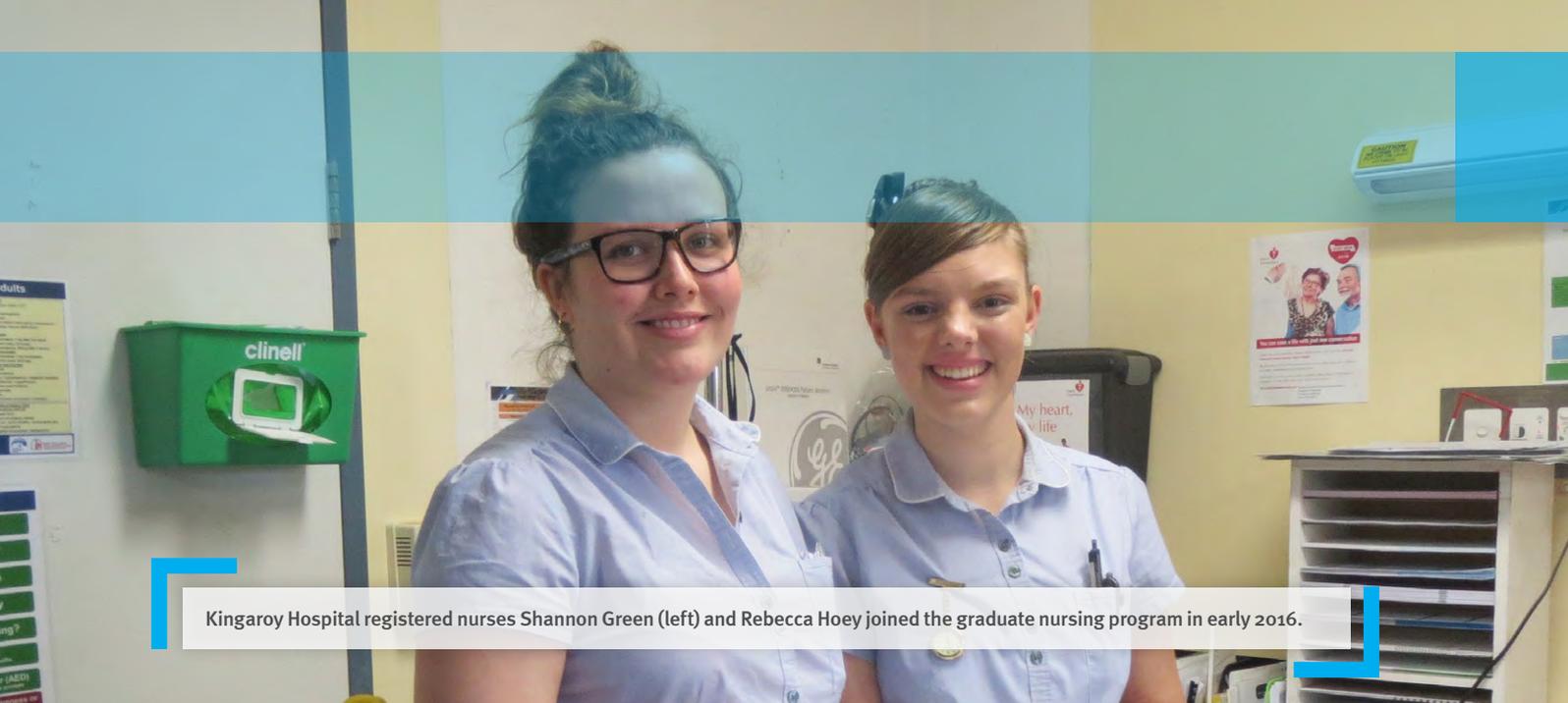
The DD-LOL team celebrated an exciting first year expanding their course selections to help staff keep up to date with compulsory and tailored training courses. The DD-LOL platform delivers training courses to our staff in areas such as: orientation and induction; work health and safety; cultural practice; ethics, integrity and accountability; patient centred care; and other role specific training to support the requirements of our workforce.

There has been a significant improvement in rates for training completion and the added flexibility of tailoring training to make programs available in short time frames has received positive feedback from across the health service. In 2015-2016:

- 59,315 online training courses were completed by DDHHS staff
- 4,783 staff have completed patient-centred care training

Establishing expectations

DDHHS is committed to ensuring the highest level of ethical behaviour through all areas of the health service. We uphold our responsibility to conduct and report on our business transparently and honestly while maintaining processes so that all staff are aware of these responsibilities. As a public service agency, the Code of Conduct for the Queensland Public Service is applicable to all employees of the DDHHS. All employees are expected to uphold the Code by committing to and demonstrating the intent and spirit of its principles and values.



Kingaroy Hospital registered nurses Shannon Green (left) and Rebecca Hoey joined the graduate nursing program in early 2016.

We strongly support and encourage the reporting of Public Interest Disclosures. All employees have a responsibility to disclose suspected wrong doing and to ensure any disclosure is in accordance with DDHHS ethical culture. This responsibility is reinforced by the *Public Sector Ethics Act 1994*. To support our staff in complying with their obligations under the *Public Sector Ethics Act 1994* staff are required to complete an ethics and fraud awareness training package annually through the DD-LOL platform.

Engaging our clinicians to improve the service

Our value of openness to learning and change recognises the need to continually review the service we provide. A core component of achieving this value is engaging clinicians to embed evidence-based research and practice to improve our clinical care. The DDHHS Research Team encompasses all clinical disciplines (allied health, nursing and medicine) and has worked diligently throughout the year in a variety of areas to achieve this goal. There are 27 current research projects being led by a DDHHS staff member (as a primary or chief investigator) and another 17 where a DDHHS staff member was listed as a collaborator. The team received three funding grants worth over \$95,000 and have published 13 papers in peer reviewed academic journals. They have also applied for an additional eight funding grants that are still pending.

The work of the Research Team is supported by the DDHHS Research Strategic Plan and a Research Advisory Committee. The team has also recruited a Mobile Emergency Department Research Manager who commenced in September 2015. This role will support research in emergency departments across West Moreton, Gold Coast and the Darling Downs.

Allied Health Rural Generalist Trainee Program (AHRGTP)

In 2015-2016, DDHHS hosted two new graduates through Allied Health Professions Office Queensland (AHPOQ's) Allied Health Rural Generalist Trainee program (AHRGTP). The program has allowed the DDHHS to increase its rural workforce and facilitate clinical redesign as well as develop and support graduate clinicians in a rural setting. In Chinchilla, the rural generalist Occupational Therapist and the Occupational Therapy team have been improving access to services by contributing to a multi-disciplinary Allied Health paediatric clinic with telehealth service delivery. In Kingaroy, the AHRGTP role as part of the physiotherapy team has improved delegation models to an allied health assistant workforce which has resulted in an increased capacity for inpatient rehabilitation.

DDHHS Graduate Nursing Program

This year a new Nurse Educator role has been established to be responsible for driving graduate, undergraduate and vocational education and training (obtained through the Nursing Guarantee funding). This position has allowed the DDHHS to enhance its commitment to supporting the future nursing and midwifery workforce. The DDHHS new graduate program is now offering 48 dedicated graduate nurse positions, which is a 50 per cent increase from 2014-2015. This investment in graduate nurses is a key strategy in addressing forecasted workforce shortages by positioning DDHHS as an employer of choice for nurses in the region.

Our performance

Nursing workforce boosted by introduction of Nurse Navigator positions and nurse-to-patient ratios

The State Government also committed to boost nursing staff levels with legislation passed in December to increase nurse-to-patient ratios. DDHHS planned for the implementation on 1 July 2016.

Five nurse navigators started as part of the State Government's commitment to allocate 19 positions to the DDHHS over two financial years. The nurse navigator roles will be valuable in coordinating care across our complex health system. The care coordination will not only be related to nursing or midwifery but will also support links to allied health and mental healthcare.

Work health and safety

We are committed to ensuring the health and safety of all staff within our workplace by having a robust governance framework and continually working towards improving our safety management system. The current hours lost (WorkCover hours) versus occupied FTE was 0.31 this year which is below the state target of 0.35.

Extensive rehabilitation support is provided to staff whether the illness or injury is work related or not, with every effort made to return staff to work as soon as it is deemed safe. This includes supporting their return on reduced hours, or days, and by reviewing workloads. The average return to work in the DDHHS after an injury is 13.39 days against the industry average of 19.73 days.

Additional bariatric equipment has also been purchased from the Board's accumulated surplus this year to support the safety of our staff in the safe movement of obese and morbidly obese patients. Extensive training and support was provided to staff to assist them in using these new resources correctly.

Occupational violence prevention

Occupational violence training has had high attendance and positive feedback. Along with a Queensland-wide awareness campaign, the DDHHS has emphasised our zero tolerance for violence against clinical staff and our staff are well trained in how to manage these incidents. All staff attend compulsory occupational violence prevention training as a part of the staff orientation package, and in-depth training is provided for staff working in high-risk areas.

2015 Annual DDHHS Employee Awards

There were 101 nominations across seven categories for the second year of the Annual DDHHS Employee Awards. This is just over double the nominations received in the inaugural year. The awards program recognises DDHHS employees for excellence in demonstrating the values, purpose and vision of the DDHHS. These awards are a public acknowledgement of our dedicated staff, gives us a moment to acclaim their great work and to applaud special achievements over the past year.

DDHHS Vision (7 nominations)

Winner: Dr RT Lewandowski, Medical Superintendent Kingaroy Hospital, Rural Division.

DDHHS Purpose (9 nominations)

Winner: Toowoomba Hospital Emergency Department Nurse Practitioners, Anthony Wollaston and Andrew See.

DDHHS Values

Caring (34 nominations)

Winner: Karen Abbott, Cluster Operations Manager Western Cluster, Rural Division.

Doing the Right Thing (13 nominations)

Winner: Rica Lacey, DDHHS Cultural Practice Coordinator, Infrastructure and Workforce Division.

Openness to Learning and Change category (18 nominations)

Winner: Dr Kathryn Wilks, Staff Specialist Infectious Diseases.

Being safe, effective and efficient (13 nominations)

Winner: Geriatric Adult Rehabilitation and Stroke Service Day Therapy team, Toowoomba Hospital.

Being Open and Transparent (7 nominations)

Winner: Dr Adam Visser, Staff Specialist, Toowoomba Hospital.

Length of service awards

Staff members who had achieved the milestones of 30, 35, 40 and 45 years of service were honoured in a special ceremony in June 2016. The Board Chair Mr Mike Horan AM paid tribute to the employees who have clocked up 2,845 years collectively.

Staff from different professions and occupations including nursing, mental health, administration and operational streams from many of the health service's 26 facilities covering the Darling Downs, Southern Downs, Western Downs and South Burnett were honoured at the ceremony.



Staff from Miles Hospital staff congratulate enrolled nurse Alison Dangerfield (centre front row) on International Women's Day for being one of DDHHS's longest-serving female employees with almost 50 years of service.

Engaging our employees - Working for Queensland survey results

Employee engagement is about creating an environment where employees are committed to their work and really care about doing a good job. The benefits of employee engagement are widely documented and include increases in employee effort, organisational commitment, productivity and retention of skills and reduction in staff turnover, absenteeism and training of new employees. One of the ways DDHHS engages with its employees is through the annual 2016 Working for Queensland (WfQ) Employee Opinion survey which was completed in May 2016. This year 2,120 employees shared their view and ensured their voice counted.

This level of participation and the survey results are making a real difference in our workplace, helping to build a better workplace and drive positive change. The 2016 WfQ results for DDHHS showed positive improvement in the areas of job empowerment, my workgroup, my manager and anti-discrimination. This year the Workforce Capability team developed a number of resources that will assist managers and staff to identify practical actions that can be put in place to help drive positive change in our workplace.

Supporting women in the workplace

DDHHS encourages flexible work arrangements, where appropriate, and is proud to have a workforce that is predominately female. The DDHHS has an almost 50 per cent gender balance on its Executive Team, with four out of the nine positions being filled by women. The DDHH Board has an even greater number of women members, with two-thirds of the members being women.

The DDHHS is committed to encouraging and supporting women in the workplace with many of our policies aligned to the government's *Queensland Women's Strategy 2016-2021*.