The design of the DDHHS 2017-18 Operational Plan templates including excel reporting tool is adapted from the Metro North Hospital and Health Service (MNHHS) Operational Planning template with the permission of MNHHS.
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Submitted by: Greg Neilson
Position: Executive Director Mental Health Alcohol and Other Drugs

Approved by: Dr Peter Gillies
Position: Health Service Chief Executive
Date: 26th September 2017

Review dates: Quarterly report in October, January, April and July by the Executive Management Committee.
**Planning Context**

The Darling Downs Hospital and Health Service’s (DDHHS) strategic planning approach ensures strategy and planning activities across the HHS, services and facilities are integrated vertically and horizontally. The information in this operational plan aligns with the Department of Premier and Cabinet’s Agency Planning Requirements and Section 9 of the *Financial and Performance Management Standard 2009*.

The DDHHS’s strategic planning framework supports a cascading approach for planning activities as depicted in Figure 1. DDHHS has one organisation-wide strategic plan with six objectives (Health Care, Engage Partners and Communities, Learning, and Innovation, Sustainable Resources, Planning and Governance and Workforce Development) and multiple strategies to support the implementation of the DDHHS strategic plan objectives.

**Figure 1: Strategic planning framework**
DDHHS Vision

Caring for our communities – Healthier Together

DDHHS Values

DDHHS Strategic Plan 2016-2020 Strategic Objectives

**HC:** Deliver quality evidence-based healthcare for our patients and clients

**R:** Ensure sustainable resources through attentive financial and asset administration

**E:** Engage, communicate and collaborate with our partners and communities to ensure we provide integrated, patient-centred care

**P:** Plan and maintain clear and focused processes to facilitate effective corporate and clinical governance

**L:** Demonstrate a commitment to learning, research, innovation and education in rural and regional healthcare

**WF:** Value, develop and engage our workforce to promote professional and personal wellbeing, and to ensure expert and dedicated delivery of services

Operational context

About the DDHHS

The Darling Downs Hospital and Health Service provides a comprehensive range of high-quality acute, sub-acute, mental health, drug and alcohol, oral health, residential aged care, and community health services. We deliver clinical services to nearly 300,000 people from 29 facilities, including one large regional referral hospital, one extended inpatient mental health service, three medium sized regional hub hospitals, twelve rural hospitals, three multipurpose health services, three community outpatient clinics and six residential aged care facilities.

Our services cover the Local Government Areas of the Toowoomba Regional Council, Western Downs Regional Council, Southern Downs Regional Council, South Burnett Regional Council, Goondiwindi Regional Council, Cherbourg Aboriginal Shire Council and part of the Banana Shire Council (community of Taroom). This represents an area of about 90,000 square kilometres.

The Hospital and Health Service has a major teaching role, providing both undergraduate and postgraduate clinical experience for members of the multidisciplinary healthcare team. We have a strong focus on, and commitment to, service delivery and education and training and a thriving culture of research that delivers continuous service improvement and evidence-based care.
We are the largest employer in the Darling Downs, employing more than 5,000 people, with revenue of more than $700 million annually.

Our community

- 4% of the population identify as Aboriginal and Torres Strait Islander
- 17% of the population is aged 65 years or older
- 31% of the population falls within the first quintile when scored for socioeconomic disadvantage
- 64% of the population are overweight or obese weight
- 17% of the population smoke

About the Mental Health, Alcohol and Other Drugs Division

- One in five adults experiences a mental disorder each year in Queensland.
- Approximately 3.5% of the population are estimated to experience a severe mental health disorder.
- Aboriginal and Torres Strait Islander peoples experience high or very high psychological distress at approximately twice the rate of non-Indigenous people.
- 14% of children and young people between 4 to 17 years old experienced a mental disorder in 2013-14 in Queensland.
- The prevalence of psychotic disorders is higher in males (3.7 cases per 1,000) than females (2.4 cases per 1,000). Males aged 25–34 have the highest rates of psychotic illness (5.2 cases per 1,000). Almost two-thirds (65%) of people experienced their first episode before the age of 25, with the mean age of onset being 23 for men and 24 for women.
- The most common psychotic illness is schizophrenia. There are an estimated 3.1 people per 1,000 population aged 18–64 who have a psychotic illness and have been in contact with public specialised mental health services.
- In Australia 33% of mental health consumers had paid employment in the previous year and government payment was the main source of income for 85%. Nearly 13% had experienced periods of homelessness over the year.
- Only 12% of the males were in a married or de facto relationship, though 25% of the women were. About 56% of the women had children of any age, and 24% had children living at home with them.
- The physical health of those suffering psychosis is poor compared with the general population, due to factors such as medication side effects, lifestyle and genetic predisposition. For example, more than 20% have diabetes, about three times the rate in the general population. Nearly one-third experience chronic back, neck or other pain and one-third experience frequent and/or severe headaches and migraines. More than one-quarter (27%) have heart or circulatory conditions and 30% have asthma. Levels of tobacco smoking is very high (71% of males and 59% of females) and there is no reduction in tobacco use evident since the survey was first conducted in 1997–98, in contrast to trends in the general population. There are also high rates of comorbidity of mental illnesses with more than half experiencing either anxiety (60%) or depression (55%) in addition to psychosis. There are also high rates of drug and alcohol abuse.

References:

- Consumer profile information – from Australia’s Health The thirteenth biennial health report of the Australian Institute of Health and Welfare 2012
Mental Health Alcohol and Other Drugs includes the following six clinical streams:

- Acute and Community
- Child and Youth Mental Health
- Older Persons Mental Health
- Rural Mental Health
- Regional Mental Health
- Alcohol and Other Drugs

Goal/s for the year 2017/18 –

- Continue to deliver core services incorporating continuum of care framework
- Improve access to services by delivering integrated models of care
- Enhance patient experience and confidence in the health system
- Maintain budget integrity
- Promote and support the safety, health and wellbeing of our staff
- Strengthen partnerships with care providers in the community.

Operational risks –

- Population growth
- Higher levels of low socio-economic status
- Homelessness and unemployment
- Aging infrastructure
- Large geographic area
- Workforce recruitment and retention

Weaknesses

- Challenges in ensuring integrated care for people involved in multiple services such as NDIS
- Uncertainty surrounding continuity of some mental health service programs in the primary health care arena.

Opportunities

- Floresco service providing opportunities for alternative primary care model
- Partnerships with community organisations, including the PHN
- Redevelopment Giabal and Conolly

Operational plan

The DDHHS Strategic Risk Register includes the complete list of DDHHS risks and mitigation strategies (see Attachment DDHHS Strategic Risks Feb 2017). The successful implementation of the plan supports the DDHHS vision ‘caring for communities – healthier together’.
Completing the Mental Health Operational Plan actions will support the DDHHS Strategic Objective and Strategies.
<table>
<thead>
<tr>
<th>Strategy Ref. E.g. HC1</th>
<th>Actions</th>
<th>Owner</th>
<th>Timeframe</th>
<th>National standard or other relevant standards</th>
<th>Relevant DDHHS Value</th>
<th>Strategic Risk Ref Id and Risk Rating</th>
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<tbody>
<tr>
<td>HC1</td>
<td>Monitor and Maintain achievement against all System Performance Measures</td>
<td>EDMH</td>
<td>June 2018</td>
<td>NSMHS 5</td>
<td>Integrity</td>
<td>5 Community expectations</td>
</tr>
<tr>
<td>HC2</td>
<td>MHAODS – Improve access to primary care through the development of Floresco Centre in partnership with Aftercare.</td>
<td>Director of Clinical Services</td>
<td>June 2018</td>
<td>NSMHS 8.5/8.7</td>
<td>Innovation</td>
<td>12 Healthcare/ Social Reform</td>
</tr>
<tr>
<td>HC4</td>
<td>AODS (Rural MH) — Ensure Cherbourg Youth AODS Project sustainability, and engagement with Cherbourg Health Action Group</td>
<td>Manager RMH</td>
<td>June 2018</td>
<td>NSMHS 4.1/4.6</td>
<td>Innovation</td>
<td>12 Healthcare/ Social Reform</td>
</tr>
<tr>
<td>HC6</td>
<td>Implement revised model of care Morris Mouatt consistent with Human Services Qual Framework</td>
<td>EDMHAODS</td>
<td>June 2018</td>
<td>NSMHS 6</td>
<td>Dignity/ Compassion</td>
<td>5 Community expectations</td>
</tr>
<tr>
<td>HC6</td>
<td>Acute and Community — Implement Safewards in Acute Inpatient Wards</td>
<td>ND A&amp;C</td>
<td>June 2018</td>
<td>NSMHS 6.2</td>
<td>Courage</td>
<td>11 Safe workplace</td>
</tr>
<tr>
<td>HC6</td>
<td>Co-ordination planning and implementation of the consumer Your Experience Survey and results action plan</td>
<td>Consumer Consultant</td>
<td>June 2018</td>
<td>NSMHS 6</td>
<td>Dignity/ Compassion</td>
<td>5 Community expectations</td>
</tr>
</tbody>
</table>

The KPIs of this objective are:

- **HC1 POSTD**: Rate of Community Follow Up within 1 to 7 days following discharge from an acute mental health unit.
- **HC1**: 28 day readmission rate post acute discharge
- **HC2**: Floresco project operational and externally evaluated
- **HC2**: QEAT | percentage of Non-Admitted MH patients presenting to Toowoomba Hospital Emergency Department seen within 4 hours of triage 80%
- **HC4**: Rural (AODS) | Submission of Youth AODS funding 6 Monthly Acquittal Documents including number of people accessed and Occasions of Service
- **HC6**: Revised model of care implemented
- **HC6**: SECR AO | Acute – Rate of seclusion per 1000 patient days (acute setting, adult and older persons target populations)
### Strategic Objective HC: Deliver quality evidence-based healthcare for our patients and clients

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<tr>
<td>HC6</td>
<td>SECR CY Acute – Rate of seclusion per 1000 patient days (acute setting, child/adolescent target populations)</td>
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<tr>
<td>HC6</td>
<td>SECL AO</td>
<td>Acute – Proportion of episode with at least one seclusion event (acute setting, adult and older persons target populations)</td>
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<tr>
<td>HC6</td>
<td>SECL CY</td>
<td>Acute – Proportion of episodes with at least one seclusion event (child/adolescent target population, acute setting)</td>
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<tr>
<td>HC6</td>
<td>AWA – absence events per 1000 acute involuntary patient days from general acute mental health inpatient unit(s)</td>
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<tr>
<td>HC6</td>
<td>Percentage of DAMA (ATSI &amp; non ATSI) discharge from hospital against medical advice</td>
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<tr>
<td>HC6</td>
<td>The response rate for the consumer Your Experience Survey (YES) Survey will be increased from the 2016 survey, and our above average results will be maintained or enhanced</td>
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### Strategic Objective R: Ensure sustainable resources through attentive financial and asset administration

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<tbody>
<tr>
<td>R2</td>
<td>Monitor and manage business processes to ensure an efficient use of resources within the available budget, including achievement of benchmarked hours per patient bed days</td>
<td>EDMHAODS</td>
<td>June 2018</td>
<td>NSMHS 8</td>
<td>Integrity Courage</td>
<td>1 Funding</td>
</tr>
<tr>
<td>R2</td>
<td>Progress expenditure of allocated capital prioritisation funds</td>
<td>EDMHAODS</td>
<td>June 2018</td>
<td>NSMHS 8</td>
<td>Integrity Courage</td>
<td>1 Funding</td>
</tr>
</tbody>
</table>

The KPI's of this objective are:

- R2 At year end, show a balanced or surplus budget
- R2 Expenditure of allocated capital prioritisation funds
**Strategic Objective L: Demonstrate a commitment to learning, research, innovation and education in rural and regional healthcare**

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<tr>
<td>L4</td>
<td>CYMHS – Maintain partnership with Queensland Centre for Infant and Perinatal Mental Health, participating in SMS for DADS Research project</td>
<td>Manager CYMHS</td>
<td>June 2018</td>
<td>NSMHS 8.7</td>
<td>Courage</td>
<td>5 Community expectations</td>
</tr>
</tbody>
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The KPI’s of this objective are:

L4 Continue participation in Statewide Queensland Centre for Infant and Perinatal Mental Health Steering Committee and research activities

**Strategic Objective WF: Value, develop and engage our workforce to promote professional and personal wellbeing, and to ensure expert and dedicated delivery of services**

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<td>WF1</td>
<td>All managers team leaders and senior Staff will undertake Culture Workshop</td>
<td>MHAODS</td>
<td>June 2018</td>
<td>NSMHS 8</td>
<td>CIDIC*</td>
<td>11 Workforce</td>
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<tr>
<td>WF4</td>
<td>Mandatory Training will be a focus to develop our workforce</td>
<td>MHAODS</td>
<td>January 2018</td>
<td>NSMHS 8</td>
<td>Courage</td>
<td>11 Workforce</td>
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</table>

The KPI’s of this objective are:

WF1 MH Division will demonstrate a shift of 1 band in the Culture Check Up Survey (BPA) by the next survey

WF4 Mandatory Training (DDHHS) will exceed target 85% completion