QCHO/002110 Pt 3

2/2/13.

Department RecFind No:	BR055940
Division/District:	HSCID
File Ref No:	

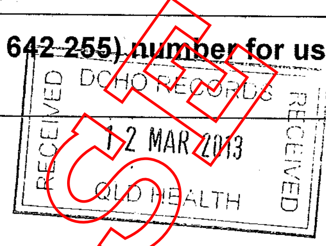
Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

RECEIVED
8 JAN 2013

Requested by: Deputy Director-General, Health Service and Clinical Innovation Division | Date requested: 20 December 2012 | Action required by:

SUBJECT: Statewide mental health 1300 MH CALL (1300 642 255) number for use by Queensland public mental health services



Recommendation

That the Minister:

Note the Mental Health Alcohol and Other Drugs Branch (MHAODB) completed acquisition of a smart number to support the development of a Statewide single point of entry to public mental health services for Queensland.

Note the Statewide 1300 MH CALL access number is now available for use by all Queensland public mental health services.

Note that a Statewide 1300 MH CALL number will significantly decrease the current complexity in accessing a mental health service across Queensland public mental health services.

Note the Statewide 1300 MHCALL number will increase the ease with which consumers, carers and their families access Queensland public mental health services.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
/ /

Chief of Staff
2 / 2 / 13

Minister's comments

RTI RELEASE

DOH-DL-12/13-015 RTI Document 1

- 4 JAN 2013

Department RecFind No:	BR055940
Division/District:	HSCID
File Ref No:	

Briefing Note for Noting
Director-General

Requested by: Deputy Director-General, Health Service and Clinical Innovation Division **Date requested: 20 December 2012** **Action required by:**

SUBJECT: Statewide mental health 1300 MH CALL (1300 642 255) number for use by Queensland public mental health services

Proposal
That the Director-General:

Note the Mental Health Alcohol and Other Drugs Branch (MHAODB) completed acquisition of a smart number to support the development of a Statewide single point of entry to public mental health services for Queensland.

Provide this brief to the Minister for information.

Urgency
1. Routine

Headline Issues
2. The top issues are:
- The Statewide 1300 MH CALL access number is now available for use by all Queensland public mental health services.
- A Statewide 1300 MH CALL number will significantly decrease the current complexity in accessing a mental health service across Queensland public mental health services.
- The Statewide 1300 MHCALL number will increase the ease with which consumers, carers and their families access Queensland public mental health services.

Key issues
3. The implementation of a Statewide 1300 MH CALL is an internal service design approach that enhances community access to existing service functions that are currently undertaken by mental health acute care teams (ACTs) across the State.

4. The Statewide 1300 MH CALL number's utility will provide significant benefits to consumers, carers and families, whilst providing an important access improvement opportunity.

5. The 1300 MH CALL number programming can be efficiently and effectively customised to match the local Hospital and Health Service (HHS) boundaries and existing service models to ensure access to the appropriate local mental health services.

6. The implementation of a Statewide 1300 MH CALL number will provide mental health services with an access platform that contributes to addressing *Recommendation 2* in the recently released *National Mental Health Commission, A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention. Recommendation 2* states: Increase access to timely and appropriate mental health services and support from 6-8% to 12% of the Australian population.

Background
7. In July 2011, the MHAODB purchased the ongoing right of use (ROU) for the 1300 MH CALL number (Attachment 1) from the Australian Communications and Media Authority (ACMA) with the express intent of making it available as a Statewide number for public mental health services in Queensland (Attachment 2).

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8. The 1300 MH CALL number can be programmed by the Queensland Health programming contactor (UXC) to match the local HHS mental health service call pathway design to direct incoming calls to terminate at selected PABX's over the seven day 24 hour continuum. The above enhancements are required as a component of the preliminary work required to make local services compatible for a 1300 MH CALL launch.

9. All Queensland HHSs that implement the use of the 1300 MH CALL number can change over seamlessly while utilising their existing HHS mental health access telephone numbers at the same time as concurrently activating and promoting the 1300 MH CALL number to their community.

Attachments

10. Attachment 1: Proof of purchase credit card reference and tax invoices.
    Attachment 2: CH008589 Notification that the 1300 MH CALL Smartnumber (1300 642 255) purchased by the Mental Health Alcohol and Other Drugs Branch is available for use by Queensland Health mental health services.

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RTI RELEASE

Department RecFind No:	CH00 5589
Division/District	
File Ref No:	

Briefing Note

A/Executive Director, Mental Health Alcohol and Other Drugs Directorate

Requested by: A/Director, Mental Health Plan Implementation Unit **Date requested: 2 May 2012** **Action required by: 31 May 2012**

Action required
☒ For approval
☐ For meeting
☐ With correspondence
☐ For information

Other attachments for consideration
☐ Speaking points
☐ Draft media release
☐ Ministerial Statement
☐ Question on Notice
☐ Cabinet related document

SUBJECT: Notification that the 1300 MH CALL Smartnumber purchased by the Mental Health Alcohol and Other Drugs Directorate is available for use by Queensland Health Mental Health Services.

Proposal

That the A/Executive Director, Mental Health Alcohol and Other Drugs Directorate (MHAODD):

Approve the use of the 1300 MH CALL Smartnumber (1300 64 22 55) by Queensland Health Mental Health Services as a single point of access for the community to the Mental Health Services within their Health Service District.

Urgency

1. Routine - The Right of Use (ROU) for the 1300 MH CALL Smartnumber (1300 64 22 55) has been purchased by the Mental Health Plan Implementation Unit (MHPIU) and is available for use by Queensland Health Mental Health Services.

Background

2. The current endorsed Queensland Health Public Mental Health Services Model of Service for Acute Care Teams (2011) specifies in Key Component 3.2, Referral, Access and Triage, Key Element 3.2.1, "*A single, state-wide contact number specific to Queensland mental health, will divert callers to the appropriate ACT or equivalent service response (to be developed).*"

3. The Mental Health Plan Implementation Unit has purchased the ongoing Right of Use (ROU) for a 1300 Smartnumber (1300 MH CALL=1300 64 22 55) from the Australian Communications Media Authority (ACMA).

4. A Smartnumber, or phoneword, is a valuable marketing tool. Smartnumbers are used to make numbers more memorable when they are translated into phonewords, particularly if they can be linked to an organisation's name or function.

5. Multiple sites can utilise the same Smartnumber as access to a Smartnumber can be mapped geographically via telephone exchanges for a number of discrete geographical areas and programmed to direct incoming calls from the exchanges to terminate at a number of Mental Health Service PABX's over the seven day, 24 hour continuum.

6. Currently four Queensland Health District Mental Health Services (refer Attachment 1) have an active 1300 or 1800 number used by their community to access their Acute Care Team. Each of these four numbers has used a different approach to the telephone exchange mapping and call pathway programming to direct or restrict caller access to these numbers. The outcome of this is that the community experiences varying service responses when

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accessing each Mental Health Service. Three out of four of these numbers currently receive service request calls from clients located outside of the district. A significant number of these calls are re-referred back to the callers District of origin.

Key issues

7. The Queensland community currently accesses Public Mental Health Services via a range of contact numbers that are different in each Health Service District. Mental Health consumers and stakeholders have consistently provided feedback that they experience varying degrees of difficulty in identifying the appropriate contact number to call when they initially attempt to access Public Mental Health Services.

8. The 1300 MH CALL Smartnumber purchased by MHPIU is available for use by all Queensland Health District Mental Health Services as a standard single point of entry for service access. This will enable the Queensland Community to access Queensland Public Mental Health Services via a single statewide number. Caller access to the 1300 MH CALL Smartnumber is mapped geographically via telephone exchanges to match the different District Health Service Boundaries. The 1300 MH CALL Smartnumber can be programmed to match the call pathway design of each District Mental Health Service to direct incoming calls from the exchanges to terminate at the selected District Mental Health Service PABX over a seven day, 24 hour continuum.

9. The four Queensland Health District Mental Health Services (refer Attachment 1) that currently have an active 1300 or 1800 number are now able to utilise the 1300 Smartnumber (1300 MH CALL=1300 64 22 55).

10. All Queensland Health District Mental Health Services that implement the use of the 1300 MH CALL Smartnumber can change over by utilising their existing District Mental Health Service access phone numbers concurrently while activating and promoting the 1300 MH CALL Smartnumber for their MHS.

Consultation

11. Internal:
    a. Queensland health Information Division – Communication and Networks.

12. External:
    a. The Australian Communications Media Authority (ACMA).
    b. Customer Service Centre, Customer Solutions & Services, Optus Business.

Financial Implications

13. Non-recurrent:
    a. $42 - Auction Registration – (Paid).
    b. $250 - Winning bid price paid at the online auction – (Paid).

14. Recurrent:
    a. The approximate charge for a 1300 number is **$0.80c per annum.** Phone companies usually incorporate this charge into the service charges you pay them.

Legal implications

15. There are no legal implications.

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Elected representative

16. Not applicable.

Attachments

17. Attachment 1 - Summary of current Queensland Health Mental Health Service 1300 and 1800 access numbers.

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Attachment 1 – Summary of Current 1300 & 1800 QH MHS Access Numbers

District	Location	Number	Range of Access to Number
Metro North HSD	The Prince Charles Hospital ACT	1800 112 403	Statewide
Metro South HSD	The Princess Alexandra Hospital ACT	1300 858 998	Statewide
West Moreton HSD	Community Site ACT	1800 675 357	Statewide
Sunshine Coast HSD	Community Site ACT	1300 155 767	Programmed to District Catchment Area

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Department RecFind No:	BR055949
Division/District:	Mental Health Review Tribunal
File Ref No:	

Brief Note for Noting

The Honourable Lawence Springborg MP
Minister for Health

Requested by: Barry Thomas, President, Mental Health review Tribunal **Date requested: 7 January 2013** **Action required by:**

SUBJECT: Relocation of the Mental Health Review Tribunal

Proposal
That the Minister:

Note the delay in the relocation of the Mental Health Review Tribunal from levels 4 and 7, 40 Albert Street, to level 16, 53 Albert Street, Brisbane, effective 1 May 2013, and the associated budget implications.

Note that a request will be made for the Minister to officially open the new office once confirmation of the timing of the move and Minister's availability is canvassed.

Urgency
1. Routine

Headline Issues
2. The top issues are:
   - The Mental Health Review Tribunal (the Tribunal) relocation is due to an expiry of the current lease and the rationalisation of Government department's private leasing arrangements.
   - There is a significant cost associated with the planned relocation which is currently within the Tribunal's budget allocation.
   - The opening of the new building will provide an opportunity to showcase the Government's commitment to the independent review of involuntary Mental Health Service provision.

Key Values
3. The key values that apply are the following:

☒ Better service for patients
☐ Better healthcare in the community
☒ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☐ Openness

Key issues
4. The Tribunal's budget allocation will absorb costs associated with the relocation of office space due to the restructure and reduced staffing levels for the remainder of 2012-2013 financial year. The original plan included a proposed relocation in late February at the expiry of the current lease.

5. Circumstances beyond the control of the Tribunal have resulted in a month to month leasing arrangement beyond the current lease and an associated increase in costs.

6. Budget integrity, has been and will always be paramount to the functioning of the Tribunal.

7. Recent significant increases in requests for Statement of Reasons (BR055716 - Attachment 1) have impacted the Tribunal's ability to absorb any extra costs.

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Department RecFind No:	BR055949
Division/District:	Mental Health Review Tribunal
File Ref No:	

Background

8. The Tribunals current tenancy has been in place for ten years from February 2002.

9. The expiry date was 28 February 2012.

10. The revised expected relocation date is 1 May 2013.

11. Relocation planning is consistent with the Governments intention to move away from private leasing arrangements for government departments.

Consultation

12. The Tribunal has had, and continues to have regular meetings with Public Works in relation to planning relocation activities.

13. The Tribunal also has regular meetings with the Health Services Information Agency to ensure integrated communication and technology aspects of the relocation are identified and planned.

Financial implications

14. Financial implications relating to the delay in the relocation are at this time restricted to increased lease fees due to the month to month leasing arrangement. Should the relocation be further postponed, an application to roll over 2012-2013 funding will be sought.

Legal implications

15. There are no legal implications.

Attachments

16. Attachment 1: Copy of BR055716

RTI RELEASE

Attachment 1.

Department RecFind No:	BR055716
Division/District:	Mental Health Review Tribunal
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

COPY

Requested by: President, Mental Health Review Tribunal **Date requested:** **Action required by:**

SUBJECT: Impact of the increase in Attorney-General requests for Statements of Reasons on Mental Health Review Tribunals budget and resources

Proposal

That the Minister:

Sign the attached letter to the Attorney-General (AG) to reflect concerns of a significant increase in requests for Statements of Reasons (SoR) by the AG which will have an impact on the budget integrity and effective resource allocation of the Mental Health Review Tribunal (MHRT).

Urgency

1. **Urgent**

Headline Issues

2. The top issues are:
   - A recent change in practice of the AG in requesting SoR for many Forensic Order Reviews will result in a significant growth in the costs and resources needed to meet those requests.
   - This financial year, records indicate that the AG requested six to eight SoR per month. In the month of October, however, 50 SoRs were requested and statistics reveal that this significant increase has continued into November.
   - The projected increased cost this financial year to the MHRT, should this increase in SoR requests continue, is over $100,000 per year in financial value but will also have a significant impact on resource allocation on the MHRT business operation.
   - The level of scrutiny of patients is already noticeably higher than that of prisoners who, research suggests, as a group, have a much higher probability of reoffending than mental health and/or disability patients. This recent increase of attention may be interpreted by some to accentuate the stigma associated with having mental illness or intellectual disability.

Key Values

3. The key values that apply are the following:

☒ Better service for patients
☐ Better healthcare in the community
☒ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☐ Value for money for taxpayers
☐ Openness

Key issues

4. The *Mental Health Act* 2000 requires six monthly reviews of Forensic Patients, who have been found of unsound mind because of their mental illness or intellectual disability.
5. The AG is a party to such reviews and has a legal right to request a SoR for each decision. The Tribunal pays members $316 for each Statements of Reasons prepared. They are not prepared unless requested, or an appeal is lodged.
6. Last year the AG requested eight to ten SoR per month. In October and November this year over 80 statements were requested by the AG (50 in October and a further 30 by 20 November).

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File Ref No:	

7. Discussions between the President of the MHRT and staff from the office of the AG and Crown Law confirmed this recent change of practice will continue as it is the intention of the AG to do so following recent media attention relating from Absent Without Leave Patients at the High Secure Inpatient Service.
8. The AG is represented by experienced lawyers from the Department of Public Prosecutions (DPP), Mental Health chambers at many significant Forensic Order Reviews.
9. It is understood that the AG is also briefed on every Forensic Order Review, the appropriateness of Tribunals decision and the prospects of appeal. This new practice will mean that those DPP reports are also supplemented by SoR prepared by the Tribunal, at no cost to the AG and a second level of legal advice is provided by Crown Law officers on the basis of the SoR. Many forensic reviews will now extend to two components of legal advice and a SoR.
10. If this recent trend continues, the impact on budget integrity, resource allocation is significant. Remuneration paid to the members for SoR is $316 per statement. It is estimated this will exceed $110,000 this financial year and perhaps approach $160,000 per year.
11. It is acknowledged that there is sensitivity around the decision making of the MHRT in relation to Forensic patients, which requires a level of scrutiny of decisions. In particular there have been two recent episodes of patients not returning on unescorted Limited Community Treatment (LCT) from The Park.
12. Some matters of significance relevant to decisions impacting public resources in this time of austerity are:
    - The majority of Forensic patients do not reoffend and those who do reoffend commit far fewer offences than prisoners (who have intentionally committed offences). Such Forensic patients are shown to take longer to reoffend and commit offences of a less serious kind than prisoners.
    - One of the symptoms of severe mental illnesses is chronically impaired judgement so there will be occasions where patients make poor decisions and breach the terms of their LCT or do reoffend. However, statistically this will be in the lowest order of offending compared to prisoners who have a recidivism rate much greater than patients. There will always be a risk of serious offending as it is impossible to eliminate all risk with human behaviour.
    - Further, while the AG has a success rate in appeals against sentences or decisions of the District and Supreme Court, which is noticeably in excess of the success rate of appeals against the Mental Health Review Tribunal, the AG appeals more Patients reviews than prisoner's sentences.
    - This indicates that the least likely group of persons who may reoffend (Patients) have the highest level of scrutiny from the AG who is now represented by experienced counsel at hearings and provided advice in every case. It appears the AG has now implemented a second level of legal advice after obtaining SoR from the MHRT.
    - This may also be seen as systematically reinforcing the stigma of mental illness and intellectual disability, as there is no similar targeting of the more numerous and higher risk group, namely prisoners with a similar level of scrutiny.
13. Ultimately it is a matter for the Government where resources are placed within a Criminal Justice and Mental Health system but in terms of cost to manage risk effectively and consistency within the criminal justice system, the available evidence raises the above issues for consideration.
14. Mr Barry Thomas, President, Mental Health Review Tribunal, has considered writing directly to the Attorney-General about this change in practice but is of the view that it is inappropriate for a head of an independent Tribunal to write to one of the parties asking that party to consider the effect of exercising a legal right. However, the President is also the Chief Executive Officer of the Tribunal office with responsibility for administering the budget of the MHRT. The decision of the AG has a significant impact for the future resourcing of the MHRT at a time that the office has just been restructured to reduce staff and costs.

RELEASE

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15. Therefore I am providing this information to the Minister and request that the Minister consider forwarding the attached letter to the AG to inform him of the situation and request that he consider this matter.

Attachments

16. Attachment 1: Draft Letter to the Honourable Attorney General – MI186544

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25/1/13. QCOS/019629
2.4 JAN 2013

Department RecFind No:	BR056059
Division/District:	HSCID
File Ref No:	

URGENT

Briefing Note for Noting

Director-General

Requested by: Acting Deputy Director-General, Health Service and Clinical Innovation Division

Date requested:

Action required by: 1 February 2013

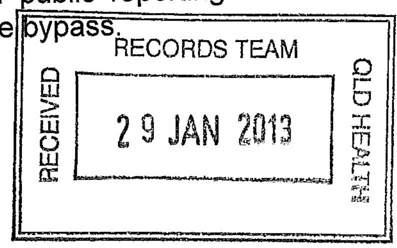
SUBJECT: Cessation of public reporting of emergency department capacity

RELEASE

Proposal

That the Director-General:

Note the implementation and communication plan for the cessation of public reporting of emergency department (ED) capacity, including occurrences of ambulance bypass.



Urgency

1. **Urgent** – information will be unavailable publicly from 14 February 2013.

Headline Issues

2. The top issues are:
   - a commitment was made by the Minister for Health in August 2012, to implement all 15 recommendations of the Metropolitan Emergency Department Access Initiative (MEDAI), including a recommendation to discontinue use of the Emergency Capacity Hospital Overview (ECHO) system resulting in a lack of availability of ED capacity data from January 2013; and
   - the hospital performance website publishes daily updates on the 10 am bypass status of reporting EDs and monthly updates on the proportion of time EDs spent at each capacity status. These measures will be discontinued in mid-February 2013.

Key issues

3. On 14 December 2012, the Director-General approved the cessation of public reporting of ED capacity status (Attachment 1). This was noted by the Minister on 18 December 2012.

4. Public reporting from ECHO was to be officially discontinued from 1 January 2013, with some hospitals ceasing the use of ECHO immediately. ED capacity status data for December 2012 was published on the hospital performance website on 1 January 2013, and will be the last period of data reported.

5. From 1 February 2013, data will not continue to be updated and from 14 February 2013, the headings and tables referring to these measures will be removed from the website by the Clinical Access and Redesign Unit (CARU).

6. For up to six months a message will appear on the ED webpage of hospital performance explaining the removal of the data.

7. ECHO can continue to be used by Hospital and Health Services (HHSs) to internally manage emergency departments. HHSs will no longer have statewide visibility of the ED capacity of other HHS's through ECHO. The CARU will work with the system vendor to enable these changes.

8. The Chief Executives of each HHS using ECHO will be informed of the functionality changes to ECHO and the cessation of public reporting on the hospital performance website, by the

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Deputy Director-General, Health Service and Clinical Innovation Division, by the end of January 2013.

Background

9. The MEDAI report was tabled in parliament in August 2012, setting out 15 recommendations that address ED access issues. Most notably, the report recommended that ambulance bypass be effectively banned in Queensland from 1 January 2013.

10. A key finding of the MEDAI report was that internal hospital processes for the management of ED capacity issues are inconsistent across metropolitan hospitals, including how ECHO is applied. ECHO provides an overview of ED capacity based on ED characteristics and SAPhTE data elements.

11. SAPhTe is a matrix from which a SAPhTE score can be derived from five aspects that have the greatest potential to affect optimal ED functioning. MEDAI identified a number of shortcomings with SAPhTE, in particular its value as a comparison across EDs.

12. MEDAI recommended that the role of ECHO and SAPhTE be reviewed and the visibility of the SAPhTE scores be removed across EDs through ECHO (Recommendation 4).

Attachments

13. Attachment 1: Copy of BR055816

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COPY

Department RecFind No:	BR055816
Division/District:	HSCID
File Ref No:	

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Deputy Director-General, Health Service and Clinical Innovation Division
Date requested:
Action required by:

SUBJECT: Metropolitan Emergency Department Access Initiative (MEDAI)

Recommendation
That the Minister:

Note the progress of the Metropolitan Emergency Department Access Initiative (MEDAI) recommendations.

Note the proposal to discontinue the of public reporting of emergency department capacity levels, via the Emergency Capacity Hospital Overview (ECHO), on the Queensland Health (QH) Performance Reporting Website.

Note the MEDAI report was tabled in parliament by the Minister on 2 August 2012.

Note a commitment has been made by the Minster to implement all 15 recommendations within the report, in full.

Note the report most significantly, recommends that by 1 January 2013, no public hospital will have the authority to divert ambulances to another hospital, effectively eradicating ambulance bypass in Queensland.

Note public reporting of emergency department capacity levels will not be possible from 1 January 2013, when the use of ECHO in emergency departments (ED) ceases.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
/ /

Chief of Staff
18/12/12

Minister's comments

RTI RELEASE

12 DEC 2012

URGENT

Department RecFind No:	BR055816
Division/District:	HSCID
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: Deputy Director-General, Health Service and Clinical Innovation **Date requested:** **Action required by: 14 December 2012**

SUBJECT: Metropolitan Emergency Department Access Initiative (MEDAI)

RELEASE

Proposal

That the Director-General:

Note the progress of the Metropolitan Emergency Department Access Initiative (MEDAI) recommendations.

Note the proposal to discontinue ~~the of~~ public reporting of emergency department capacity levels, via the Emergency Capacity Hospital Overview (ECHO), on the Queensland Health (QH) Performance Reporting Website.

Provide this brief to the Minister for information.

Urgency

1. **Urgent** – all 15 recommendations have to be implemented by 1 January 2013.

Headline Issues

2. The top issues are:
   - the MEDAI report was tabled in parliament by the Minister on 2 August 2012;
   - a commitment has been made by the Minster to implement all 15 recommendations within the report, in full;
   - the report, most significantly, recommends that by 1 January 2013, no public hospital will have the authority to divert ambulances to another hospital, effectively eradicating ambulance bypass in Queensland; and
   - public reporting of emergency department capacity levels will not be possible from 1 January 2013, when the use of ECHO in emergency departments (ED) ceases.

Key Values

3. The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☐ Value for money for taxpayers
☒ Openness

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Key issues

4. The MEDAI report sets out 15 recommendations that address each of these issues and provides a road-map for improving the way Queenslanders access hospitals.

5. Most notably, the report recommended that ambulance bypass be effectively banned in Queensland, effective from 1 January 2013.

6. The Minster for Health tabled the MEDAI report in Parliament on 2 August 2012 and made a commitment to implementing the recommendations in full.

7. The MEDAI Implementation Oversight Committee has since been established to provide strategic oversight of the implementation of the recommendations contained within the MEDAI report. The Committee members are:
   - Dr Michael Cleary, Deputy Director-General, Health Services and Clinical Innovation Division (Chair);

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- Mr Russel Bowles ASM, Commissioner, Queensland Ambulance Service (QAS);
- Mr Craig Emery, Operations Director, QAS;
- Dr Stephen Rashford, Medical Director, QAS;
- Dr Paul Alexander AO, Board Chair, Metro North Hospital and Health Service;
- Dr Richard Ashby, Chief Executive, Metro South Hospital and Health Service; and
- Dr David Rosengren, Faculty Chair, Australasian College of Emergency Medicine.

8. The implementation of all 15 recommendations is expected to be completed early in 2013.

9. QH and the QAS have been working collaboratively to progress the implementation of the recommendations. Key work currently being progressed includes:
   - the development of a Health Service Directive effectively banning bypass as a mechanism for managing demand in individual hospitals. This Directive is currently out for consultation and is planned to be enacted from 1 January ~~2012~~ 2013
   - service guidelines have been developed to support the implementation of the Health Services Directive including the Capacity Escalation Response Guideline, the Patient Off Stretcher Time (POST) Guideline, the Inter Hospital Transfer Guideline and the Clinical Initiative Nurse Guideline;
   - the establishment of improved communication processes between QAS and QH to improve operational effectiveness. This includes the establishment of local and statewide committee's to address ongoing interface issues;
   - development of education packages for ambulance staff and triage staff to improve the understanding of roles and responsibilities; and
   - development of improved information technology to facilitate improved and real time reporting of patient off-stretcher times.

10. Importantly, the proposal to discontinue ECHO functionality (as per recommendation 4) in ED will result in data not being available to report ED capacity publicly.

11. A separate brief will be provided detailing the background to the recommendation, an impact statement and a communication and implementation plan with regard to the proposal to discontinue ECHO and the associated public reporting. QH and the QAS are working to establish a reporting framework for patient off stretcher time which is considered a better indicator of organisational performance. A new information system that will allow for the collection and reporting of this data is to be trialled at the Princess Alexandra Hospital.

12. Attachment 1 provides a detailed update on progress against each of the recommendations.

Background

13. In October 2011, the former Minister for Health commissioned a review into the major causes of ambulance ramping in metropolitan hospitals and to provide some recommendations to Government on potential solutions to these issues.

14. The MEDAI project, led by Dr David Rosengren, was subsequently established with representatives from QH, the QAS and relevant ambulance and nursing unions.

15. The primary aim of MEDAI was to identify a mutually agreed response to minimise ambulance ramping and improve patient access to EDs in South East Queensland.

16. Seven key findings were identified as part of the MEDAI project, specifically:
    - internal hospital processes for the management of ED capacity issues are inconsistent across metropolitan hospitals;
    - ambulance diversion or bypass is an unacceptable mechanism for QH to manage ED demand;

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- QAS load share distribution (that is, decisions around which hospitals ambulances transport patient to) requires increased central coordination and accountability;
- triage and POST care varies between hospitals;
- the roles and responsibilities for transfer of patients between QAS and QH staff is not clearly defined and/or understood;
- existing processes for inter-hospital transfers results in the inappropriate use of EDs; and
- there is inadequate integration between QAS and QH in the planning for and delivery of a seamless emergency healthcare system.

Consultation

17. MEDAI Implementation Oversight Committee

Financial implications

18. There are no financial implications.

Legal implications

19. There are no legal implications.

Attachments

20. Attachment 1: MEDAI Recommendations Implementation Framework

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BR056052

Department RecFind No:	BR056052
Division/District:	SPP Division
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Deputy Director-General, System Policy and Performance Division

Date requested:

Action required by: 24 January 2013

SUBJECT: Treatment of year end surpluses/deficits and management of recent Commonwealth funding changes for Hospital and Health Services (HHS)

Recommendation

That the Minister:

Note that a review of Hospital and Health Service (HHS) performance at the mid point of the year is being undertaken and it is critical that clarification is provided on a number of finance and activity related matters to enable the HHSs to plan the remaining months of the year effectively.

Note that HHSs will manage any year end operating surpluses or deficits – there will be no funding to bail out those HHSs in deficit.

Note that the Department of Health (the DoH) may provide a cash injection, over and above a HHS overdraft facility, if required to maintain solvency.

Note that the DoH is carefully monitoring activity levels and in certain cases an under-performance of activity may lead to a funding withdrawal and another provider being found to undertake the activity.

Note that it is proposed that there is no reduction in purchased levels of activity as a result of the recent changes to Commonwealth funding. Within the existing service agreement there are already tolerances built in with regards to activity levels. Assuming other key performance indicators (KPIs) are achieved a HHS can under-perform on activity and not see a reduction in its funding. This should provide adequate flexibility to manage the Commonwealth funding adjustment via activity reduction if a HHS looks to take this path.

Sign the attached letters to HHS Chairs (Attachment 3-19).

APPROVED/NOT APPROVED **NOTED**

NOTED

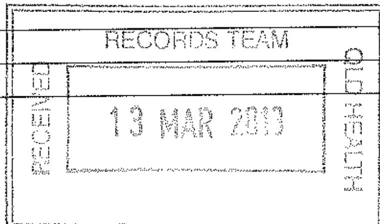
LAWRENCE SPRINGBORG
Minister for Health

14 / 2 / 13

Chief of Staff

/ /

Minister's comments



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24 JAN 2013

URGENT

Department RecFind No:	BR056052
Division/District:	SPP Division
File Ref No:	

Briefing Note for Approval
Director-General

Requested by: Deputy Director-General, System Policy and Performance Division | Date requested: 15 January 2013 | Action required by: 24 January 2013

SUBJECT: Treatment of year end surpluses/deficits and management of recent Commonwealth funding changes for Hospital and Health Services (HHS)

Proposal
That the Director-General:

Provide this brief to the Minister to:

Sign the attached letters to HHS Chairs (Attachment 3-19).

Urgency
1. **Urgent** – a review of Hospital and Health Service (HHS) performance at the mid point of the year is being undertaken and it is critical that this clarification is provided to enable the HHSs to plan the remaining months of the year effectively.

Headline Issues
2. The top issues are:
   - HHSs will manage any year end operating surpluses or deficits – there will be no funding to bail out those HHSs in deficit.
   - The Department of Health (the DoH) may provide a cash injection, over and above a HHS overdraft facility, if required to maintain solvency.
   - The DoH is carefully monitoring activity levels and in certain cases an under-performance of activity may lead to a funding withdrawal and another provider being found to undertake the activity.
   - It is proposed that there is no reduction in purchased levels of activity as a result of the recent changes to Commonwealth funding. Within the existing service agreement there are already tolerances built in with regards to activity levels. Assuming other key performance indicators (KPIs) are achieved a HHS can under-perform on activity and not see a reduction in its funding. This should provide adequate flexibility to manage the Commonwealth funding adjustment via activity reduction if a HHS looks to take this path.

Key Values
3. The key values that apply are the following:

☐ Better service for patients
☐ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☐ Openness

Key issues
<u>Management of year end operating surpluses and deficits by HHSs</u>

4. From 1 July 2012, HHSs became separate legal entities which are independent from each other and the DoH. At the end of the financial year, the balance of a HHS's surplus or deficit, Profit or Loss, is carried forward to the next financial year as a retained surplus or retained deficit on its Balance Sheet. The retained earnings figure accumulates over time, according to the entity's operating result. This is a standard accounting treatment which statutory bodies must comply with. There will be no bail out, via increased operating funding, of those HHSs in deficit at year end.
5. When considered in isolation, an operating deficit does not mean that a HHS is unable to pay its debts when they fall due. However, if there was significant doubt as to a HHS's ability to continue as a going concern due to an operating deficit, a Comfort Letter could be provided to the HHS by the Minister for Health on the advice of the DoH.
6. If a Comfort Letter is provided, the DoH will suggest conditions are attached which incentivise improvements as part of the Performance Management Framework.

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7. Preliminary discussions with the Queensland Audit Office have indicated that HHSs are unlikely to be issued with a qualified audit opinion on the basis of going concern.
8. It is likely that an operating deficit would lead to short-term cash or working capital deficiencies, as short-term assets are consumed meeting expenditure commitments.

Management of Short-term cash requirements

9. Given the overdraft facilities available to HHSs, the risk of a HHS not being able to meet its debts due to a cash deficiency has been significantly reduced. However, in the event of a HHS experiencing short-term cash issues, a number of options (Attachment 1) exist. It is recommended that if needed, option 3 equity injection is utilised.

Management of in year activity variances (not relevant to the four Rural and Remote HHSs)

10. One of the key risks for the DoH with the new healthcare system is that an organisation achieves a surplus in 2012/2013 whilst at the same time failing to achieve other KPIs, for example the National Elective Surgery Target (NEST). In previous years this has been the case where Health Service Districts (HSDs) have taken the action to close, in particular, elective surgery lists to manage their financial position.
11. With the introduction of HHSs and the new service agreements from 1 July 2012, the DoH now has the authority to withdraw, if applicable, unperformed contracted activity and related funding. If this was to occur, the HHS would see a reduction in their funding in year or, if it happened towards the end of the year, they would be required to recognise a liability, accrual/payable, to the DoH at year end. This would have the effect of reducing surpluses, or increasing deficits.
12. An extract from schedule 3 of the service agreement is provided in Attachment 2 which shows the process to be adopted to manage in year activity variation – key clauses are highlighted in bold. As can be seen for under-performance in activity which is within the quarterly tolerance threshold no financial adjustment will occur, subject to the HHS demonstrating achievement of NEST.
13. For under-performance in activity outside the tolerance, the relationship management group (RMG) meetings will be the main forum for discussions in regard to how to resolve this situation. The intention is to use these meetings to identify early warning signs and to provide sufficient time for HHSs to make good any significant activity variance. A more formal assessment will be made each quarter. In 2012/2013 the first formal assessment will be undertaken in January 2013 based on the first four months of activity data, and if the HHS is not on track, a formal letter will be issued to allow HHSs the opportunity to improve performance prior to the next quarter. If performance improves in line with an agreed trajectory no further action will be taken. However, if there is no improvement in performance and all steps have been taken by the HHS to resolve the situation, the DoH will either remove funding in the next available service amendment window or a financial adjustment will occur in June 2013. If funding is withdrawn in year discussions will take place with the Clinical Access Redesign Unit to find an alternate provider to undertake the activity.
14. There are therefore clear mechanisms to be adopted to manage this situation over the remaining months of the year and these discussions should be kept completely separate from any discussion regarding year end surpluses or deficits with one exception. Although there is nothing specific within the service agreement it would seem unacceptable from the DoH's perspective for an organisation to end the year with a surplus whilst at the same time not achieving its NEST, regardless of what volumes of activity have been produced. The expectation therefore needs to be made clear to HHSs that any credible forecast surplus should be utilised to reduce waiting times.

Management of Commonwealth funding reductions (not relevant to the four Rural and Remote HHSs)

15. In terms of the current requests from HHSs for the DoH to reduce purchased levels of activity in the service agreement by an amount equivalent to the National Healthcare Specific Purpose Payment (SPP) reduction, it is not recommended that this is actioned. The value of the SPP reduction is equivalent to just over 1% of the value of HHS service agreements and there is already a tolerance described above which means that HHSs can under-perform on activity to at least 1% without losing funding, as long as other KPIs are achieved. In addition, it should be noted that many HHSs are already providing much more activity than the DoH is purchasing and for those HHSs who break even in 2012/2013 with the current weighted activity unit targets, they will have significantly improved their efficiency.
16. However, two points should be noted:

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a. All HHSs must continue to adhere to the requirements of the National Partnership Agreement on Improving Public Hospital Services and specifically the requirement to maintain levels of elective surgery activity at or above 2010 actual performance levels; and
b. The DoH must continue to emphasise to all HHSs who are producing more activity than purchased levels that they should focus, as one strategy, on booking at least 60% of their category two and three elective surgery cases in order. In so doing they will significantly improve their performance against NEST and simultaneously provide themselves with an opportunity to reduce their overall elective surgery volumes and thus reduce expenditure.

17. On the basis of these proposals the Minister is asked to approve the attached letters to HHS Chairs (Attachment 3-19).

Background

18. In recent years as a result of HSDs and Queensland Health (QH) being part of one legal entity, year end financial positions have been consolidated to produce one set of financial accounts for QH. Despite robust performance management arrangements being in place there was no real impact on a HSD ending the year with a deficit and no real incentive for it to generate a surplus.
19. 2011/2012 was the first financial year in which incentives were introduced with regards to financial performance. Specifically, for those HSDs who ended the year with a surplus 25% was returned to them at the start of 2012/2013 and for those in deficit 25% was top sliced from their opening 2012/2013 contract value.

Consultation

20. Discussions have taken place with the Deputy Directors-General of System Support Services Division and System Policy and Performance Division, the Chief Finance Officer and at the Executive Management Team (EMT) meeting on 18 December 2012.

Financial implications

21. There are no financial implications.

Legal implications

22. The proposals within this brief are in line with the ethos of the National Health Reform Agreement.

Attachments

23. Attachment 1: Management of short-term cash requirements.
 Attachment 2: Extract from Schedule 3 of the Service Agreement re in year service agreement management rules
 Attachment 3: Letter from Minister for Health to Cairns and Hinterland HHS Chair – MI187441
 Attachment 4: Letter from Minister for Health to Central Queensland HHS Chair – MI187442
 Attachment 5: Letter from Minister for Health to Children's Health Queensland HHS Chair – MI187443
 Attachment 6: Letter from Minister for Health to Darling Downs HHS Chair – MI187444
 Attachment 7: Letter from Minister for Health to Gold Coast HHS Chair – MI187445
 Attachment 8: Letter from Minister for Health to Mackay HHS Chair – MI187446
 Attachment 9: Letter from Minister for Health to Metro North HHS Chair – MI187447
 Attachment 10: Letter from Minister for Health to Metro South HHS Chair – MI187448
 Attachment 11: Letter from Minister for Health to North West HHS Chair – MI187449
 Attachment 12: Letter from Minister for Health to Sunshine Coast HHS Chair – MI187450
 Attachment 13: Letter from Minister for Health to Townsville HHS Chair – MI187451
 Attachment 14: Letter from Minister for Health to West Moreton HHS Chair – MI187452
 Attachment 15: Letter from Minister for Health to Wide Bay HHS Chair – M8187453
 Attachment 16: Letter from Minister for Health to Cape York HHS Chair (Rural and Remote) – MI187454
 Attachment 17: Letter from Minister for Health to Central West HHS Chair (Rural and Remote) – MI187455
 Attachment 18: Letter from Minister for Health to South West HHS Chair (Rural and Remote) – MI187456
 Attachment 19: Letter from Minister for Health to Torres Strait Northern Peninsula HHS Chair (Rural and Remote) – MI187457

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OPTIONS

Attachment 1

Management of Short-term cash requirements

1. The Department of Health (the DoH) provides additional revenue as a System Manager grant: An assessment would be made in May 2013 regarding whether a Hospital and Health Service (HHS) is experiencing short-term cash issues. If this was found to be the case, HHS funding would be varied in the June 2013 window to ensure the HHS is able to fulfil its obligations for at least 12 months after year end. The HHS's funding for the following year would be reduced by an equivalent amount plus interest.

   Positives

   a. This option would not require approval from the Minister for Health or the Treasurer, allowing this option to be implemented quickly and with minimal administration.

   Negatives

   a. This would have the effect of improving the HHS's financial results, by increasing revenue, and deteriorating the DoH's financial results, by increasing expenses; and

   b. If a HHS incurred an operating deficit, providing additional revenue would reduce the deficit and mask the HHS's true operating performance.

2. The HHS enters into a loan agreement with the DoH.

   Positives

   a. The loan is recognised on the Balance Sheet only. As there is no impact on Profit or Loss, the HHS's true operating result is reflected in its financial statements, for example, there is no impact on the HHS's year end surplus or deficit; and

   b. The loan arrangement is presented transparently in the financial statements of the HHS and the DoH.

   Negatives

   a. Approvals from the Minister for Health and the Treasurer are required for a HHS to enter into a loan agreement. Seeking approval from the Treasurer will result in delays, which could result in the loan not being arranged in a timely manner. Delays could result in negative media attention, criticism from suppliers and stoppages of supply in the event that a debt cannot be settled on time; and

   b. The loan would be required to be discounted to present value using the market rate of interest. This would result in the DoH recognising an expense. This will have a negative impact on the DoH's operating result.

3. The DoH provides the HHS with additional cash via an equity injection, contribution by owners, and then in the following year the HHS's revenue will be reduced by an amount equal to the equity injection plus interest. It is proposed that the Minister's approval for this option be obtained in advance, and that the amount of the cash contribution provided to be at the discretion of the DoH.

   Positives

   a. This transaction is recognised on the Balance Sheet only. As there is no impact on Profit or Loss, the HHS's true operating result is reflected in its financial statements, for example, there is no impact on the HHS's year end surplus or deficit; and

   b. Approval is required from the Minister for Health, not the Treasurer. This reduces administration and allows the option to be implemented quickly.

   Negatives

   a. To improve its operating result in the following financial year, not only will the HHS be required to reduce its expenditure by the balance of its current year deficit, it will also be required to reduce expenditure to reflect the reduction in the following year's revenue.

Option 3 is recommended.

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Attachment 2

Extract from Schedule 3 Healthcare Purchasing and Service Agreement Value – Part C
In-Year Service Agreement Management Rules for 2012/13

'The HHS will manage activity so as to achieve the requirements and performance standards identified in this Service Agreement and so as to ensure that all services are provided to patients within the time limits set out (for example, NEST and NEAT)'.

'The System Manager and the HHS will monitor actual activity against purchased levels, taking action as necessary to ensure delivery of purchased levels. This process (in-year service agreement management) will be governed by the Performance Framework'.

Service Agreement Monitoring and Reporting

The Performance Framework establishes the Relationship Management Group (RMG) which oversights the management of this service agreement and aims to ensure that services are being delivered in accordance with this schedule. The RMG is also an opportunity for the HHS to raise issues relevant to their HHS area for consideration (e.g. proposed service developments, local capacity issues etc.).

Both parties to this service agreement are represented on the RMG.

Service agreement management will be an ongoing process, and includes a monthly analysis of activity undertaken and regular two way communication between each HHS and the System Manager.

A monthly performance report must be produced by the System Manager for the HHS which will include:

- actual activity compared with decided activity levels;
- any variance(s) from decided activity; and
- performance information as required by the System Manager to demonstrate compliance with purchasing initiative KPIs e.g. activity relating to treatments which are outside the Scope of Publicly Funded Services, home dialysis rates etc. This information will also be used in the verification and negotiation of any financial adjustments (due to activity under-performance, quality adjustments i.e. QIP, never events, adverse events).

The HHS will also have a responsibility to actively monitor variances from purchased activity levels, and will notify the System Manager immediately via the QH-SA contact person as the HHS becomes aware of the following occurrences;

- if the HHS forecasts that there will be variances (which are likely to exceed decided tolerances) in performance of emergency activity in any of the services compared to the levels set out in the Service Agreement Value,
- if the HHS forecasts there will be variances (which are likely to exceed decided tolerances) in performance of elective activity in any of the services against any maximum waiting time targets specified in the Service Agreement, or against forecast activity specified under the Service Agreement Value,
- if the HHS forecasts an inability to demonstrate compliance with any purchasing KPIs, and
- if the HHS forecasts an inability to achieve commitments linked to specifically allocated funding, for example, Regional Cancer Centre, persistent pain, sub acute, mental health etc.

In order to differentiate true activity variations from variations which may be due to coding/counting improvements the System Manager will implement counting and coding audits for all HHSs. These will be undertaken every two years as part of a rolling program.

The HHS has a minimum requirement, which will be subject to 'in-year' change, to provide the following information on a monthly basis to their QH-SA contact person: actual, year-to-date and forecast (by month) information for FTEs (as recorded by MOHRI), expenditure, OSR and activity. Activity reporting is to be provided as per the layout contained in Schedule 3 Part B.

Service Agreement Thresholds

The Service Agreement Value will specify a forecast threshold or tolerance for each type of activity to function as an early warning of where the actual level of demand varies from the forecast threshold, with the intent that any breach of the forecast threshold will be reviewed by the relevant parties without delay.

Tolerances, which if exceeded in any quarter, trigger a requirement for an Activity Management Plan. The tolerances are set for 2012-2013 at +/- 1% (+/- 2% for smaller non Metro HHSs) overall or on any specific category. These categories are;

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- Inpatients,
- Outpatients,
- Critical Care,
- Emergency Department,
- Subacute, and
- Mental Health.

Activity Management Plan Following Activity Variations

If the HHS breaches the activity threshold then the HHS will notify the QH-SA contact person of the breach, and the System Manager and the HHS will agree an Activity Management Plan within one month.

The Activity Management Plan may include an analysis of the following matters for the period in which a threshold has been breached;

- primary, secondary, tertiary and internal (consultant to consultant) referrals,
- outpatient conversion rates,
- zero short lengths of stay,
- waiting list volumes for patients within the category of the breached threshold,
- coding (depth and completeness), and
- any other analysis or auditing as may be reasonably required by the System Manager/HHS to understand and address the contributory factors.

The Activity Management Plan will specify any thresholds which have been breached, and the HHS will make proposals to remedy the relevant breach.

The Activity Management Plan will include specific locally-agreed trajectories and timescales within which requirements will be achieved. The System Manager may exercise further rights available to it, in respect of the matters contemplated by the Activity Management Plan in accordance with the Performance Framework, should there be:

- any breach by the HHS of an Activity Management Plan; or
- a failure by the HHS to implement an Activity Management Plan.

Financial Adjustment for Variations in Activity

The System Manager may initiate a joint process with the HHS to determine whether any financial adjustment should be applied in relation to any activity which has been breached within the relevant quarterly financial period.

This joint process will take account of any relevant matters identified in the analysis/reviews conducted, after which:

- for over performance i.e. activity exceeds that specified in the Service Agreement Value (all types of activity) , it is at the System Manager's discretion whether to make payment to the HHS in respect of the activity or part of the activity that caused the breach or to which the breach relates.
- **for under performance i.e. activity is below that specified within the Service Agreement Value (elective activity) but within the agreed quarterly tolerance threshold no financial adjustment will occur, subject to the HHS demonstrating achievement of NEST.**
- **for under performance (elective activity with particular reference to the six long specialities described later) outside of the agreed quarterly tolerance, following confirmation that the HHS has taken all reasonable steps to produce the required level of activity, the contracted activity and the related funding may be withdrawn at full cost and reallocated, following advice from Access Improvement Service, to an alternate provider that can undertake the activity.**
- for under performance (emergency activity) there will be no withdrawal of funding.
- for all other types of activity variance the System Manager retains discretion in so far as any financial adjustment being made.
- in the case of failure to deliver on commitments linked to specific funding allocations (e.g. long waits, Regional Cancer Centre, specific program funding e.g. Closing the Gap, sub-acute, Mental Health, persistent pain) it is at the System Manager's discretion whether to withdraw allocated funding.

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Specific Areas of Monitoring in 2012-2013

As part of the 2012-2013 Service Agreement Value, the following additional services will be purchased where relevant by the System Manager from the HHS and will be the focus of detailed in-year tracking and potential adjustments:

- Regional Cancer Centres;
- NPA Schedule 2 Subacute;
- Mental Health Plan;
- Persistent Pain; and
- Elective Surgery activity in six long wait specialties (orthopaedics, plastic surgery, gastroenterology, ophthalmology, urology and neurosurgery).

In addition, where funding has been provided for specific programs, the System Manager retains the right to withdraw funding if the program is not being delivered according to the program objective or not being delivered in full.

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BR056258

Department RecFind No:	BR056258
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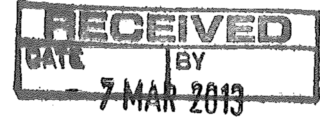


Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Senior Departmental Liaison Office | Date requested: 25 February 2013 | Action required by: 15 March 2013

SUBJECT: Australian Medicare Local Alliance: 2013-2014 Federal Budget Submission

Recommendation

That the Minister:

Note that the Australian Medicare Local Alliance (AMLA) is seeking additional Commonwealth investment totalling $612 million over three to four years, through their 2013-2014 federal budget submission Better Health Better Value: Investing in Population Health.

Note that $520 million being sought for the establishment of a national network of care coordinators also aims to support improved prevention, early detection and early intervention of chronic diseases, including cardiovascular disease, type 2 diabetes and renal disease.

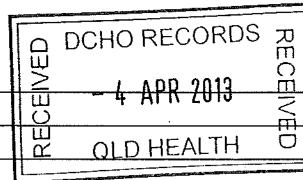
Note that the Preventive Health Unit, Chief Health Officer Branch, Health Service and Clinical Innovation Division, will be working collaboratively with Queensland Medicare Locals to support State Government preventive health campaigns and major initiatives funded through the National Partnership Agreement on Preventive Health.

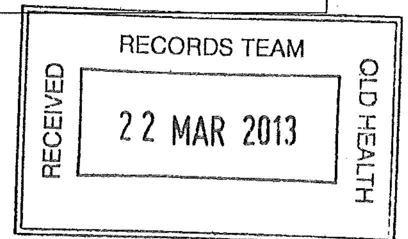
APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
21 / 3 / 13

Chief of Staff
14 / 03 / 13

Minister's comments





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- 5 MAR 2013

Department RecFind No:	BR056258
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File Ref No:	

Briefing Note for Noting

Director-General

Requested by: Senior Departmental Liaison Office | Date requested: 25 February 2013 | Action required by: 15 March 2013

SUBJECT: Australian Medicare Local Alliance: 2013-2014 Federal Budget Submission

Proposal

That the Director-General:

Note that proposed measures contained in the Australian Medicare Local Alliance (AMLA) 2013-2014 federal budget submission support increased investment in population health, and that the submission is currently with the Department of Health and Ageing (DoHA) for consideration.

Provide this brief to the Minister for information.

Urgency

1. Routine

Headline Issues

2. The top issues are:
   - the AMLA is seeking additional Commonwealth investm[...] e to four years, through its 2013-2014 federal budget submi[...] alue: Investing in Population Health (Attachment 1);
   - if funded, the three proposed budget measures aim to build Medicare Local[...] ty to deliver additional services across the continuum, including primary prevention, early intervention, care coordination and early childhood interventions; and
   - the Preventive Health Unit, Chief Health Officer Branch, Health Service and Clinical Innovation Division, is currently developing a framework for engagement with Queensland's Medicare Locals to support the State's preventive health agenda.

a press release on this cooperation would be good. JG

Key issues

3. Budget Measure 1 - to streamline a comprehensive approach to detecting a patient's risk of chronic disease by implementing a prevention, early detection and intervention approach to cardiovascular disease, type 2 diabetes and kidney disease by applying absolute risk guidelines and assessment tools in a single assessment.

4. This measure seeks broad and consistent application of the National Health and Medical Research Council endorsed Guidelines for the Management of Absolute Cardiovascular Disease Risk (2012). This measure also supports a key priority and role of the Preventive Health Unit to increase awareness and uptake of evidence based guidelines.

5. The effectiveness of this measure will require the establishment of integrated referral pathways and access to evidence based programs and services in a range of settings, such as lifestyle modification programs and self-management support programs.

6. Budget Measure 2 - $130 million per annum over four years for a national network of chronic disease care coordinators, to broker access for people with, or at risk of, chronic disease to tailored prevention and/or management programs and ensure better access to multidisciplinary care.

7. While secondary and tertiary prevention (management) remain core general practice priorities, implementation of a care coordination model which includes a focus on prevention, early detection and early intervention would be welcome and would contribute to reduced demand on the public health system in the longer term.

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8. The DoHA is currently partnering with the Queensland, South Australia and Victorian Governments and other key non-government partners on the Diabetes Care Project pilot. Nationally, some 150 general practices and around 8,000 consumers with diabetes are enrolled in the three year care coordination pilot, due for completion in June 2014.

9. Budget Measure 3 - $92 million over three years to work in partnership with other agencies to develop childhood masterplans for each Medicare Local community. The masterplans will link in and build capacity across multiple services and agencies to provide a systematic, joined-up population health approach for early childhood development.

10. AMLA notes the lack of a Whole-of-Government systematic early childhood agenda in Australia. The implementation and ongoing sustainability of the budget measure would need to take this into consideration, with the proposed model based on the Partners in Recovery (PIR) program implemented to improve access to, and coordination of multiple agency services for people with complex mental health issues.

11. AMLA has been contacted and has advised the following:
    - the budget submission has been developed with the support of the National Vascular Disease Prevention Alliance (NVDPA), who developed the absolute risk guidelines;
    - DoHA is yet to formally respond to the AMLA 2013-2014 budget submission, but is supportive of care coordination approaches; and
    - Medicare Locals seek to support the full continuum of care, and nationally a range of Medicare Locals are currently providing or seeking to provide access to lifestyle modification programs, health literacy programs and self-management support for their communities.

12. The Preventive Health Unit intends to work collaboratively with Queensland Medicare Locals to achieve the following preventive health outcomes:
    - reinforce delivery of consistent public health messages, such as those delivered through various campaigns such as Measure Up, Swap It, and the recently announced;
    - increase the delivery of brief interventions undertaken in primary health care settings; and
    - increase referrals to early intervention, such as Quitline, the Get Healthy Information and Coaching Service and other lifestyle modification programs.

13. General practice and other primary health care providers are identified as key referral sources to the Queensland Get Healthy Information and Coaching Service, which commenced on 11 February 2013.

Background

14. In late January 2013, AMLA submitted their 2013-2014 federal budget submission Better Health Better Value: Investing in population health to the DoHA.

15. The NVDPA is an alliance comprising the Heart Foundation, National Stroke Foundation, Diabetes Australia and Kidney Health Australia.

16. The Get Healthy Information and Coaching Service is funded under the National Partnership Agreement on Preventive Health. It is a free and confidential information and telephone coaching service accessible through 13Health to support people make healthy lifestyle changes regarding healthy eating, being physically active and achieving and maintaining a healthy weight.

Attachments

17. Attachment 1: AMLA 2013-2014 Federal Budget Submission – Better Health Better Value: Investing in population health

    Attachment 2: AMLA Media Release 20 February 2013 – More bang for the buck by investing in population health

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RTI RELEASE

australian medicare local alliance

Connecting health to meet local needs

Australian Medicare Local Alliance 2013-2014 Federal Budget Submission

Better Health Better Value: Investing in population health

January 2013

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www.amlalliance.com.au
Ground Floor, Minter Ellison Building
25 National Circuit, Forrest ACT 2603
PO Box 4308 Manuka ACT 2603
t 02 6228 0800 f 02 6228 0899

AML Alliance gratefully acknowledges the financial and other support from the Australian Government Department of Health and Ageing
Australian Medicare Alliance ABN 56 157 818 883

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australian medicare local alliance

Connecting health to meet local needs

Australian Medicare Local Alliance (AML Alliance) is a new national, government funded not- for-profit company. It has been set up to spearhead an organised system for primary health care across the country through a network of independent companies called Medicare Locals (MLs) - regional primary health care organisations which will play a key role in planning and coordinating primary health care services for their respective populations.

AML Alliance has an interest and voice in Australia's primary health care policy setting and system. It works with a variety of stakeholders including the health, aged and social care sectors to advance primary health care and promote improvement and excellence in the ML sector though evidence-based and innovative quality practice.

Led by a skills-based board, AML Alliance works with 61 MLs to:

- Make it easier for patients to navigate their local health system
- Provide more integrated care
- Ensure more responsive local General Practitioner (GP) and primary health care services that meet the needs and priorities of patients and communities
- Make primary health care work as an effective part of the overall health system.

AML Alliance's primary roles are to act as a lead change agent for Medicare Locals and to support Medicare Local performance.

Australian Medicare Local Alliance
PO Box 4308
MANUKA ACT 2603
AUSTRALIA
Telephone: +61 2 6228 0800
Facsimile: +61 2 6228 0899
Email: reception@amlalliance.com.au
Web: www.amlalliance.com.au

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AML Alliance gratefully acknowledges the financial and other support from the Australian Government Department of Health and Ageing
Australian Medicare Alliance ABN 56 157 818 883

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Context of this submission and summary of recommendations

The process of health reform begun by the Australian Government more than five years ago has seen significant changes to our health system including the development of national infrastructure supporting a reorientation of the health care system towards primary health care, prevention, early detection and better management of a range of chronic diseases. There has also been a move towards more localised governance of health through the development of Medicare Locals (MLs) - regional primary health care organisations and local hospital networks (LHNs). There is also growing recognition of the need for better integration within the health system and that health, at all stages of life, but especially in the early years, is impacted on by sectors that traditionally lie outside of the health field. Collaborative working between MLs and LHNs, as is envisaged in the forthcoming bilateral health plans, and devolution of funding and decision making to regional bodies such as MLs provide opportunities to build the more integrated, inter-sectoral approach to health required.

To further enhance the success of the health reform process, build on the opportunities that exist through MLs, whilst being cognisant of the economic climate we are operating in globally and nationally, this budget proposal calls for the following measures:

Savings and efficiencies to Government through effective, quality health care by using a comprehensive single, rather than multiple, assessment process for chronic disease through implementation of the Absolute Risk guidelines linked to referral pathways for appropriate prevention and intervention programs.

$130 million per annum over four years to Medicare Locals to implement a national network of chronic disease care coordinators to help people with chronic disease to access tailored prevention and/or management programs and to establish local health provider networks to ensure better access to the multidisciplinary care required for this. This investment will be offset by savings to government from reduced, avoidable hospitalisations.

$92 million over three years to Medicare Locals to work in partnership with relevant agencies to develop early childhood 'masterplans' for each ML community. The initiative would draw on the Partners in Recovery (PIR) model to develop and implement pathways that link multi-sectoral services to systematically address early childhood outcomes.

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Budget priorities: More bang for the buck by investing in population health

We are operating in a time of global economic uncertainty. Although the fundamentals of the Australian economy have remained sound, the global situation has nevertheless had an impact on our nation and decisions about where to spend the nation's wealth must be undertaken prudently, with investments made in areas where there will be sound economic returns.

Australia has quite plausibly identified health as an important area for investment and has continued to fund much needed health reform. This reform has seen significant changes to our health system over the last five years including the development of national infrastructure supporting a reorientation of the health care system towards primary health care and prevention, early detection and better health care management of a range of chronic diseases. This, along with a focus on increased public accountability and quality of health care, will ensure Australia's health care system is second to none.

The AML Alliance recognises that responsible public spending underpins confidence in Australia's public finances at a time of global economic uncertainty and provides ongoing scope to respond to economic developments.

We are pleased to present a Federal Budget submission that not only suggests efficiencies and potential savings, but that will also impact on longer term benefits, particularly in relation to wider health and social policy.

The Australian Government's restructuring of the primary health care system to incorporate a much stronger emphasis on regional governance through MLs, uniquely positions these primary health care organisations to take a systematic approach to population health.

These structural changes have been put in place to start to address the challenges our health system continues to face – growing levels of chronic and preventable disease, an ageing population, increased consumer demand, cost-shifting between different levels of government, the availability of new treatments and technology, increasing health care costs and a fragmented system that needs better links both within the health system as well as between the health system and other sectors of the community.

MLs working in partnership with key local organisations and state health services are well placed to progress the goals of National Health Reform and have been funded to plan and coordinate primary health care services for their respective populations with the shared vision/combined goal to strive to achieve a nationally unified and locally controlled health care system.

The health reform developments are important first steps on the road to improving health outcomes for Australians but there are still challenges ahead. This submission provides a response to two of those key challenges by:

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- Proposing value for money initiatives around chronic disease management and prevention, similar to the submissions (supported by the AML Alliance), from the National Heart Foundation and the National Vascular Disease Prevention Alliance (NVDPA).

- A more systematic approach to early childhood that will yield not only healthier, more resilient children but also lead to greater productivity gains.

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A comprehensive, integrated chronic disease detection, prevention and management program

Savings and efficiencies to Government through effective, quality care by using a comprehensive single, rather than multiple, assessment process for chronic disease through implementation of the Absolute Risk guidelines linked to referral pathways for appropriate chronic disease prevention and intervention programs.

$130 million per annum to Medicare Locals to implement a national network of chronic disease care coordinators to broker access for people with, or at risk of, chronic disease to tailored prevention and/or management programs and to establish local health provider networks to ensure better access to the multidisciplinary care required for this. This would be offset by savings through reduced, avoidable hospital admissions.

Proposal

This initiative provides a comprehensive, integrated, chronic disease detection, prevention and management program for those at risk of chronic disease with follow-up referral to appropriate lifestyle modification programs for improved chronic disease prevention and management. It comprises the following elements:

- Use of an evidence based Absolute Risk guideline and tools, including education and promotion of their use by health professionals through MLs
- Community based accredited lifestyle modification and self-management programs delivered through MLs
- A national system of chronic care coordinators based in MLs to:
    - Coordinate and better link services through care coordination pathways for those with existing chronic disease to ensure better management and self-management of clinical conditions
    - Work with others in the ML to identify, promote and provide access/referrals to appropriate, accredited healthy lifestyle programs proven to prevent chronic disease
- Facilitation of multidisciplinary health care practitioner networks to provide better access to care pathways

Benefits of this approach

This initiative will:

- Streamline a comprehensive approach to detecting a patient's risk of chronic disease by implementing a prevention, early detection and intervention approach to cardiovascular disease, type 2 diabetes and kidney disease through application of Absolute Risk guidelines and assessment tools which can be applied in one single assessment. This in turn will:

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- Offer more convenience and a more thorough assessment of patient's health status by assessing risk of a range of chronic conditions in one simple evidence based test, rather than multiple tests, providing savings and efficiencies to government.
- Be easier for practices to administer

- Reduce red tape and provide more referral options for primary health care (PHC) providers
- Offer easy referral and access for patients, post risk assessment, to appropriately tiered, proven prevention and management interventions according to the patient's risk level
- Provide significant health and social benefits to Australians assessed as at risk of, or having chronic disease, from participation in effective, affordable, local, group run accredited health programs such as walking groups and other accredited healthy lifestyle interventions and self-management programs[i]
- Increase access to chronic disease care coordination and management services
- Create additional savings and productivity gains through implementing care coordinators in Medicare Locals to case manage those with existing chronic disease. Care coordination has been shown to increase health outcomes and lead to overall savings[ii]

The role of MLs in coordinating the implementation of the comprehensive integrated chronic disease detection, prevention and management program will include:

- Taking the lead on promoting and informing health professionals about the Absolute Risk guidelines and tools which underpin an integrated risk assessment approach
- Providing access to community based accredited lifestyle modification and self-management programs
- Establishing a national system of Chronic Disease Care Coordinators based in MLs to provide care pathways and referrals to appropriate, accredited lifestyle modification programs
- More effectively engaging health care practitioners through establishing local multidisciplinary health provider networks.

Rationale

Despite having one of the world's highest life expectancies, the burden of disease associated with growing chronic disease still places a significant strain on Australia's health care system and on the nation's economy. For example:

- Chronic kidney disease, diabetes and cardiovascular disease together account for approximately one-quarter of the disease burden in Australia, and just under two-thirds of all deaths.[iii]
- Cardiovascular disease alone accounted for 11% ($5.9 billion) of total Australian health expenditure in 2007–08.
- The estimated cost per annum of type 2 diabetes in 2008 was $34.5 billion[iv]

The establishment of MLs and the AML Alliance, alongside other key national health infrastructure such as the Australian National Preventive Health Agency (ANPHA), provides a platform to address key risk factors for cardiovascular and other chronic diseases in local communities through preventive health programs based on needs assessment, planning and prioritising that are accessible to all regardless of socio-economic circumstances.

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Building on this platform, substantial efficiencies can be made in delivering better quality, more convenient, joined up and cost effective care for patients at risk of or having chronic disease through evidence based interventions that drive better outcomes in health.

Through a comprehensive integrated chronic disease assessment process which links to referral for prevention, management and care coordination pathways for chronic disease, this initiative will address many of the current barriers to effectively tackling chronic disease through the following four elements:

1. Use of a single measure of Absolute Risk

Use of the Absolute Risk guidelines and tools is more convenient for patients, is easier for practices to administer and provides better value for money for government. The guidelines endorsed by the National Health and Medical Research Council (NHMRC) are a significant shift in the approach to risk assessment and prevention in a primary health care setting. Before their endorsement, GPs had to individually assess risk factors such as blood pressure, smoking, diabetes status and blood cholesterol. This meant more tests and more appointments for patients, as well as an increased risk in some risk factors being overlooked and untreated. Absolute Risk assessment provides a single measure of a patient's risk of chronic disease, such as heart disease or stroke within one, comprehensive, integrated risk assessment process. The Guidelines additionally inform appropriate prevention, treatment and management options for assessed patients. To work well, appropriate referral pathways need to be in place.

2. Referral Pathways

The program will offer easy referral and access for patients, post risk assessment, to appropriate, proven prevention and management interventions tiered according to the patient's assessed risk level. Programs would range from simple but effective existing healthy lifestyle programs such as healthy communities initiatives and the Heart Foundation's 'heart walks' walking programs to the more intensive 'Heart Moves' gym based programs through to care coordination for those with existing chronic disease. Providing access to community based accredited lifestyle modification and self-management programs will ensure patients remain well.

MLs are well placed to draw together and or develop these various levels of intervention. With minimal additional funding they can leverage their core funding to establish, coordinate, facilitate access and develop referral pathways to appropriate prevention programs. With further funding, MLs can also instigate care coordination for those identified with established chronic disease.

Care coordination includes a secondary prevention approach and is well established as a significant contributor to better outcomes and longer term cost savings through reduced hospitalisations for those with chronic disease[v].

3. Care Coordinators

Care coordination leads to better health outcomes and longer term cost savings through reduced hospitalisations by ensuring that patients with chronic conditions are linked into and attend appointments with all of the multidisciplinary health care providers they need[vi]. This linkage is a critical aspect to good community based chronic disease management and has already been successfully implemented in Australia for Indigenous and Veteran population groups[vii viii].

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Medicare Locals already help to link and coordinate a range of health care and related services at a regional level. However, there is still a need for an on-the-ground care coordinator workforce. Within the program, care coordinators would be located within the ML, each with their own case load. The coordinator's main role would be to link with practices to coordinate access for patients with chronic disease to multidisciplinary care, delivered through the MBS Enhanced Primary Care arrangements, and provide support for their self-management. Based on estimates from recent Care Coordination initiatives[ix], funding of approximately $130 million per year to MLs would provide care coordination to almost 40,000 people with chronic disease each year. Substantial savings would accrue from this measure through reduced hospitalisations[x].

While Care Coordinators' primary role would be case management they could also work with others in the ML to identify healthy lifestyle intervention needs and promote existing healthy lifestyle intervention referral pathways within the community.

4. Multidisciplinary Health provider networks

To support and sustain continued multi-disciplinary approaches to comprehensive integrated chronic disease detection, prevention and management programs, local Health Provider Networks would be established as part of the program.

Coordinated and integrated multidisciplinary health care requires collaboration and communication among diverse groups of health practitioners. While MLs are currently engage allied health professionals in several different ways, there is as yet no widespread model implemented to support PHC providers to network and collaborate on an ongoing basis.

A promising model that could be implemented more broadly to achieve this is the Commonwealth-funded Mental Health Professionals Network (MHPN). The MHPN strengthens collaborative practice by fostering local, interdisciplinary community networks of mental health professionals. It also supports quality care and team work by increasing understanding of other professionals' roles, providing clinical knowledge up-dates and increasing the ability to make more effective and appropriate referrals[xi]. It operates through a web portal which enables mental health professionals to share tools and resources and to collaborate on issues of common interest. Extending the web portal to MLs would allow MLs to bring a range of PHC professionals together. Convening Health Provider Networks would provide a central access point to allied health professionals for MLs Chronic Disease Care Coordinators and would also enable increased and easier access to multidisciplinary teams by patients.

The Budget Measure

The costs and savings estimated through this measure comprise:

Savings and efficiencies to Government through use of the proposed, evidence-based, single comprehensive risk assessment MBS item, instead of using the multiple, separate MBS risk assessment items that currently exist[xii].

$130 million per annum to improve the health outcomes of eligible people with chronic diseases by funding MLs to:

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- Engage Chronic Disease Care Coordinators to assist with care coordination and provision of self-management support

- Identify and engage appropriate accredited lifestyle modification programs like the National Heart Foundation's 'Heartmoves' and walking programs and to develop these into accessible patient referral pathways

- Establish local Health Provider Networks to support Chronic Disease Care Coordinators, and other health care practitioners to promote interdisciplinary communication, networking and collaborative practice which is vital to effective chronic disease management.

Evidence shows that such investment is offset by savings from reduced avoidable hospital admissions through ensuring better management in the community of people with chronic disease.

Mastering early childhood development

$92 million to Medicare Locals over three years to work in partnership with other agencies to develop childhood 'masterplans' for each Medicare Local community. The 'masterplans' will link in and build capacity across multiple services and agencies to provide a systematic, joined-up, population health approach for healthy early childhood development.

Proposal

This proposal offers a model for childhood development to improve health, educational and social outcomes for children. It is based on the innovative Partners in Recovery (PIR) program which aims to facilitate better coordination and access to the multiple agencies needed by people with complex mental health issues. The AML Alliance is proposing a similar model be used for childhood development by enabling Medicare Locals to:

- Facilitate better coordination of clinical and other supports and services for clients
- Strengthen partnerships and build better links between various health and community services
- Improve referral pathways that facilitate access to the required range of services and supports
- Promote a community based model to underpin these services
- Work with partner organisations, including allocating them funds where relevant, to build or extend capacity in existing services or develop new ones where there is a need.

Benefits of this proposal

- Better educational, health and social outcomes for children and families through access to comprehensive, well-coordinated and better linked cross-agency services
- Increased and more equitable access to a range of health, social and other care services that are critical to productive early childhood development including parenting programs, health checks and school based programs.

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- Productivity gains through early intervention in childhood which evidence shows to reduce adverse health, social and criminal events in later life[xiii]
- Effective linkage of current effective but piecemeal early childhood initiatives into a cohesive and integrated whole to provide good access to holistic, inter-sectoral childhood services through an early childhood 'masterplan' in each ML region
- The ability to maximise and leverage off existing health infrastructure by implementation through MLs - which are well placed to build the inter-sectoral and cross agency relationships required for effective early childhood development
- Opportunity for capacity building in other agencies already providing early childhood services by working in partnership with MLs

Overall, the proposed masterplans address two major issues that continue to inhibit the establishment of an effective early childhood agenda in Australia by:

- Overcoming the continued lack of a systematic, intersectoral early childhood agenda in Australia which despite some effective individual programs , is still piecemeal, siloed and inequitable
- Better connecting child physical and mental health with educational and social health – which is not currently done very well in Australia

Rationale

"Economists now assert on the basis of the available evidence that investment in early childhood is the most powerful investment a country can make, with returns over the life course many times the amount of the original investment."[xiv]

The importance of the early years on later life outcomes is widely documented. What happens in those years, starting in-utero, has lifelong effects on numerous facets of health and well-being across a wide range of measures - from obesity, heart disease and mental health, to educational achievement, social and criminal behaviour and economic status[xv]. A positive start to life through concerted cross-sectoral action in the early years helps children to reach their full potential and makes a significant positive difference to society as a whole[xvi, xvii].

Evidence suggests that over and above a healthier, more productive society, investment in prevention and early intervention programs in early childhood also leads to substantial financial savings[xviii]. The economic case for early childhood development investment is especially compelling over the longer term as such investment ultimately reduces costs for remedial and special education, criminal justice, and welfare, while also achieving productivity gains through increasing income earned and taxes paid. As little as $1 on early development for every $10 spent on health and education can substantially advance early childhood development[xix].

Government in Australia have introduced a number of effective pieces of early childhood policy at the macro level over recent years. These include the healthy kids check, immunisation programs, the Healthy Children initiative, various Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA) programs such as communities for children, state level initiatives, several mental health programs and various early childhood initiatives under the National Partnerships Agreement (NPA) on indigenous health.

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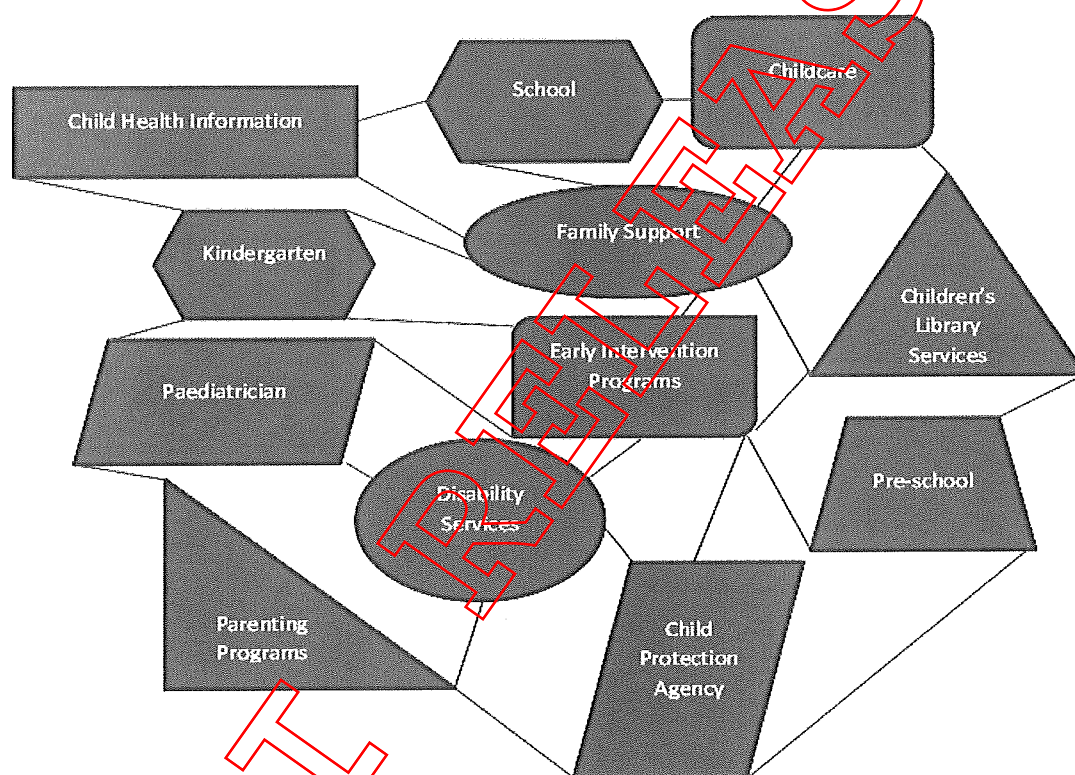
However, there is still a lack of a systematic early childhood agenda in Australia. Furthermore, the nature of early childhood development is such that it is impacted by many factors that do not all fit neatly within one sphere of influence. The requisite whole-of-government (WoG) approach is absent in Australia. The result is a continuation of piecemeal, disparate programs from individual departments, and lack of the necessary inter-sectoral, cross-agency linkages required to address the multi-faceted nature of development which is so important in the early years. Figure 1[xx] below shows the types of inter-sectoral links that need to be made to deliver a national, integrated, universal early childhood agenda tailored at the regional level.

Figure 1: Cross sectoral pathways and linkages underpinning healthy early childhood development.



There are significant prospects for improvement in early childhood development in Australia[xxi]. To make a difference in long term population health outcomes, a system wide approach to better integration and coordination between a range of health, education, and social services for children and families is needed[xxii].

As it stands the availability of different services and the connectivity between them varies from area to area, therefore a national approach also needs to incorporate regional flexibility.

Medicare Locals are already working with both health and non-health services and are therefore well-placed to bring about a regionally responsive approach to early childhood development.

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Evidence shows that social spending on children early in the life cycle is likely to be more effective in enhancing children's long term outcomes than later investment. The timing of investment is critical according to the outcomes sought[xxiii]

The Budget Measure

Block funding of $92 million to Medicare Locals over three years to:

- Map existing early childhood services in their region including conducting 'respectful workshops' with other early childhood relevant agencies to identify existing capacity, strengths and gaps
- Develop a three year early childhood master plan in conjunction with relevant service providers and stakeholders
- Education and training for PHC and early childhood providers in early childhood health, development and wellbeing
- Build required capacity as relevant to each regional 'masterplan' by extending existing or developing new services for implementation in a range of sectors
- Coordinate access to inter sectoral services by linking relevant services through integrated referral pathways

Longer term savings and productivity gains of between seven to nine times the amounts invested in the early years[xxiv].

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NEWS RELEASE

australian medicare local alliance

Connecting health to meet local needs

20 February, 2013

More bang for the buck by investing in population health

AML Alliance Federal Budget 2013-2014 Submission

Streamlining and efficiencies underpin the AML Alliance's Federal Budget 2013-2014 Submission which is seeking an investment of $612 million over three to four years for three key measures:

- to streamline a comprehensive approach to detecting a patient's risk of chronic disease by implementing a prevention, early detection and intervention approach to cardiovascular disease, type 2 diabetes and kidney disease by applying Absolute Risk guidelines and assessment tools in one single assessment;
- to implement a national network of chronic disease care coordinators to improve peoples' access to prevention programs or multidisciplinary care [$130 million per annum over four years]; and
- to develop an early childhood 'masterplan' and enhanced service delivery capacity for each Medicare Local community [$92 million over three years].

AML Alliance Chair, Dr Arn Sprogis, said the advantages of the Medicare Local system for primary health care is in their population health approach which offers a far more efficient and effective way to achieve better health outcomes for communities.

"This Budget Submission also reflects investments in primary health care that are about keeping people well and out of hospital," Dr Sprogis said.

"Despite having one of the world's highest life expectancies, the burden of disease associated with chronic disease will inevitably place an unsustainable strain on Australia's health system. Population health strategies and programs, delivered through Medicare Locals, which tackle these conditions are the way to go," Dr Sprogis said.

"For example: chronic kidney disease, diabetes and cardiovascular disease combined, account for approximately one quarter of the disease burden in Australia," he said.

"Cardiovascular disease alone accounted for 11 percent ($5.9 billion) of the total Australian health expenditure in 2007-2008.

.../2

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> **For media interviews contact:**
Karen Warner Media & Communications Adviser
t 02 6228 0819 m 0438 179 520
e kwarner@amlalliance.com.au

www.amlalliance.com.au
Ground Floor, Minter Ellison Building
25 National Circuit, Forrest ACT 2603
PO Box 4308 Manuka ACT 2603
t 02 6228 0800 f 02 6228 0899

AML Alliance gratefully acknowledges the financial and other support from the Australian Government Department of Health and Ageing
Australian Medicare Local Alliance ABN 56 157 618 883

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"By delivering a comprehensive approach to chronic disease risk, based on the Absolute Risk guidelines, the benefits will include:

- Evidence-based health assessments that cover a range of conditions, which is more convenient for patients;
- A simpler process for practices and reduced red tape;
- An easier referral process for patients to gain access to appropriate health prevention programs.

"To complement this risk assessment process and to ensure there is 'follow through' for patients, embedding chronic disease care coordinators in Medicare Locals will significantly improve patients' access to the right services and to help patients to self-manage their chronic disease," Dr Sprogis said.

"Self-management should not be underestimated in terms of its impact on the health system because it enables people to stay out of hospital longer and manage their care closer to home.

"The AML Alliance's Federal Budget Submission has also identified the importance of childhood development and getting the nation's new generations off to a healthy start.

"The childhood 'masterplans' measure, is about building up capacity across multiple services and agencies to help them provide systematic care for children in the early developmental years.

"These plans will cover parenting programs, health checks and school-based programs.

"According to the Australian Institute of Health and Welfare's *A picture of Australia's health*, investment in prevention and early intervention programs in early childhood leads to substantial financial savings," Dr Sprogis said.

"The Australian Government's restructuring of the primary health care system through Medicare Locals, uniquely positions these primary health care organisations to take a systematic approach to population health," Dr Sprogis said.

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> **For media interviews contact:**
Karen Warner Media & Communications Adviser
t 02 6228 0819 m 0438 179 520
e kwarner@amlalliance.com.au

www.amlalliance.com.au
Ground Floor, Minter Ellison Building
25 National Circuit, Forrest ACT 2603
PO Box 4308 Manuka ACT 2603
t 02 6228 0800 f 02 6228 0899
ABN 56 157 818 883

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Department RecFind No:	BR056294
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Deputy Director-General, Health Service and Clinical Innovation Division **Date requested: 13 February 2013** **Action required by: 15 March 2013**

SUBJECT: Type 4 procurement request for approval to confine offers for the 2013 Queensland Gay Community Periodic Survey to the National Centre in HIV Social Research (NCHSR) due to sole supply

Recommendation

That the Minister:

Note the request to confine the offer to conduct the 2013 Queensland Gay Community Periodic Survey (QGCPS) to the National Centre in HIV Social Research (NCHSR), University of New South Wales (UNSW), due to sole source of supply.

Approve commencement of negotiations with the NCHSR for the 2013 QGCPS.

Note the NCHSR is the sole supplier of the Gay Community Periodic Survey that is conducted annually in all states and territories except the Northern Territory, and is the most comprehensive source of behavioural data about gay men to guide HIV prevention.

Note that it is critical that the QGCPS is conducted in collaboration with a community organisation that has expertise in working with gay men across Queensland.

Note that Queensland Positive People (QPP) through the four newly created gay community peer based educator positions will be well placed to assist the NCHSR with local recruitment.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff
22 / 5 / 13

Minister's comments

This was discussed and approved at a MAC meeting some time ago

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22 MAR 2013

URGENT

Department RecFind No:	BR056294
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Approval

Director-General

Requested by: Deputy Director-General, Health Service and Clinical Innovation Division

Date requested: 13 February 2013

Action required by: 15 March 2013

SUBJECT: Type 4 procurement request for approval to confine offers for the 2013 Queensland Gay Community Periodic Survey to the National Centre in HIV Social Research (NCHSR) due to sole supply

Proposal

That the Director-General:

Approve contracting the National Centre in HIV Social Research (NCHSR), University of New South Wales (UNSW), to conduct the 2013 Queensland Gay Community Periodic Survey (QGCPS) through exercise of the Director-General's Type 4 procurement delegation due to sole source of supply.

Provide this brief to the Minister for approval to commence negotiations with the NCHSR for the 2013 QGCPS.

Urgency

1. **Urgent** - QGCPS recruitment has previously commenced annually in May in Queensland. Local infrastructure needs to be planned and established before this time. This brief was prepared in early February but has been delayed at Division level due to unforseen circumstances.

Headline Issues

2. The top issues are:
   - Men who have sex with men account for over 70% of newly diagnosed HIV infections in Queensland.
   - The QGCPS is the most comprehensive source of behavioural data about gay men to guide HIV prevention in Queensland.
   - Peer educators, funded by the Department of Health and soon to be employed by Queensland Positive People (QPP), will be well placed to assist the NCHSR to undertake the survey by recruiting participants at gay community events in Queensland.

Key Values

3. The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☒ Value for money for taxpayers

Key issues

4. Reasons for limiting open and effective competition:
   - the NCHSR is the sole supplier of the Gay Community Periodic Survey that is conducted annually in all States and Territories, except the Northern Territory; and
   - a standardised survey instrument is used across jurisdictions and data is compiled in the *Annual report of trends in behaviour* to inform blood borne virus (BBV) and sexually transmissible infections (STI) prevention activities nationally.

5. The QGCPS has been conducted since 1998 and annual recruitment for the survey coincides with key gay community events across Queensland commencing with Gold Coast Gay Day in May and concluding with the Brisbane Pride Festival and Fair Day in September.

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Department RecFind No:	BR056294
Division/HHS:	HSCID
File Ref No:	

6. The survey findings provide an understanding of the risk behaviours associated with transmission of HIV and have been used by Queensland Health and partner organisations to inform design of interventions and policy and program responses to HIV. This has included:
   - development of the *Queensland HIV, Sexually Transmissible Infections and Hepatitis C Strategy 2005-2011*;
   - annual development of an HIV Prevention Action Plan (up until 2012);
   - the need for on-going strategies to promote HIV testing; and
   - identification of the need to improve access to antiretroviral treatment.

7. To ensure consistency with recruitment strategies from previous years it is critical that QGCPS implementation is conducted in collaboration with a community organisation that has expertise in working with gay men. QPP, through the soon to be appointed peer based educators that will conduct targeted HIV prevention and awareness work with the gay community, will be well positioned to assist the NCHSR with local recruitment operations for the 2013 QGCPS.

Background

8. Since 1998, the Communicable Diseases Unit (CDU) has commissioned an annual survey of the Queensland gay community to provide insights into the attitudes, knowledge and behaviours associated with the HIV epidemic. This survey has been conducted by the NCHSR since its inception and is an integral part of the Australian sexual behaviour surveillance system.

9. The NCHSR has been funded by the Australian Government Department of Health and Ageing since 1990 to research the social aspects of HIV, in particular sexual practice. The NCHSR is separate from the Kirby Institute, but both centres are part of the UNSW.

10. The NCHSR does not subcontract out the development of the survey or the interpretation and publishing of results. The NCHSR works with several of the researchers from the Kirby Institute as part of this project, but the Kirby Institute does not receive funding from this project. NCHSR could enter into an agreement with QPP for peer recruitment and advertising.

11. The major aim of the QGCPS is to provide data on sexual behaviour, drug use and testing practices related to the transmission of HIV and other sexually transmissible infections (STIs) among gay men.

12. The survey is published annually on the NCHSR's website following approval from the Department of Health and is predominately accessed by key stakeholders and partner agencies.

Consultation

13. Not applicable

Financial implications

14. Funds for the survey are available from within the CDU budget. It is anticipated that the cost will be in line with funds provided for the 2012 QGCPS (approximately $60,000 ex GST).

Legal implications

15. There are no legal implications

Attachments

16. Nil

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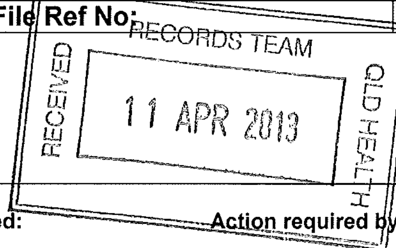
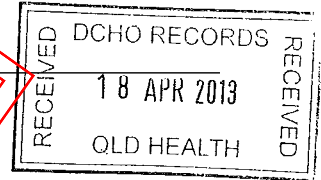
8 APR 2013

Department RecFind No:	BR056480
Division/HHS:	HSCI
File Ref No:	





URGENT

Briefing Note for Noting

Director General

Requested by: Deputy Director-General Health Service and Clinical Innovation Division **Date requested:** **Action required by: 9 April 2013**

SUBJECT: Influenza A H7N9 in China

Proposal

That the Director-General:

Note the information in this brief about new avian influenza strain (H7N9) in China (Attachment 1).

Urgency

1. **Urgent** - this novel H7N9 influenza virus has the potential, if further mutation occurs, to cause a pandemic.

Headline Issues

2. The top issues are:
   - there have been 11 human cases H7N9 in China with five deaths. It is unknown at this stage how these people became infected, however there is no evidence as yet that the virus can be transmitted from person to person;
   - this novel H7N9 influenza virus has the potential, if further mutation occurs, to cause a pandemic, however it is too early to make an accurate risk assessment of its pandemic potential; and
   - Australian authorities are watching developments in China closely. Department of Health staff are participating in national meetings on 5 April 2013 (Communicable Disease Network Australia) and 8 April 2013 (Australian Health Protection Principal Committee).

Key issues

3. There have been similar scenarios previously with cases of novel influenza virus infections that have not proceeded to a pandemic.

4. There will be further influenza pandemics at some point in the future, however, it is impossible to predict when the next pandemic will occur and whether it will be caused by a currently known novel strain or an as yet unknown one.

5. The Queensland Department of Health has been working with the Australian Department of Health and Ageing on updates to the Australian Health Management Plan for Pandemic Influenza to incorporate learnings from the 2009 influenza pandemic.

6. The Queensland pandemic plan will be revised once the revised national plan is released. The current Queensland plan can be found at http://www.premiers.qld.gov.au/publications/categories/plans/assets/pandemic-influenza-plan-2009.doc.

Background

7. It is unknown at this stage how the 11 people became infected with H7N9 influenza virus.

8. The new virus appears to be a combination of three virus strains that usually only infect birds – H9N2, H7 and HxN9.

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Department RecFind No:	BR056480
Division/HHS:	HSCI
File Ref No:	

9. An inter-governmental task force has been established in China and investigations are occurring into the possible sources and reservoirs of the virus. The World Health Organization is assisting with these investigations.

Consultation

10. Not applicable

Attachments

11. Attachment 1: Department of Health and Ageing influenza A H7N9 situation update

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Daily *Influenzavirus A* H7N9 situation update

Summary

The number of reported infected patients has increased from seven to nine overnight with three deaths. There is still no evidence of person to person transmission.

WHO has updated its list of frequently asked questions (see below).

Hong Kong has activated its pandemic alert response level to initiate certain surveillance and control measures.

The first three isolates raises the possibility of prior circulation in mammals; pigs would be the most likely but no evidence for this has yet been obtained. This raises the concern greater than for A(H5N1) in terms of mammalian adaptation.

Of concern from overnight reporting is the possibility for widespread subclinical infection in birds and possibly pigs. This could see significant spread in animal populations and sporadic animal to human transmission. This is in contrast to the situation with A(H5N1) where illness in birds especially poultry is a good indicator for investigation and surveillance. A relatively silent spread of infection and the understandable desire for surveillance may be costly to manage.

TGA and the Melbourne WHO Collaborating Centre for Reference and Research on Influenza (WHOcc) are participating in WHO teleconferences on A(H7N9).

The Beijing WHOcc will soon share A(H7N9) with the Melbourne WHOcc.

Information from WHO meeting

- The novel H7 virus is a pandemic candidate and highly pathogenic
- New vaccines will need to be made (needing a clinical trial) ASAP if the situation escalates in China
- The source is unknown but likely an avian virus, possibly pig adapted, resulting from reassorting between H9N2, H7 and HxN9 viruses.
- The virus is susceptible to NA inhibitors.

WHO committee will meet daily by TC until the situation is clearer.

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Further Details

Cases

- The number of cases reported has increased from seven to nine.
- Cases have been reported from four provinces including Shanghai, Anhui, Jiangsu and Zhejiang.
- One of the cases reported from Zhejiang in Eastern China has died bringing the number of deaths to three.
- There continues to be no evidence of human-to-human transmission with medical observation of contacts ongoing.

The virus

The new virus appears to stem from a reassortment of three virus strains that only infect birds.

- The genes coding for the internal proteins appear to come from H9N2 viruses which are endemic to birds in Asia and elsewhere and similar to recent H9N2 viruses found in China and South Korea.
- The gene for the N Protein appears similar to the avian H11N9 found in South Korea in 2011, in China in 2010 and the Czech Republic in 2005.
- The gene for the H protein appears to belong to an Eurasian group of H7 avian flu viruses.

Pandemic potential

- Scientists stress it is far too early to make a full risk assessment of pandemic potential.
- Preliminary analyses of the virus's genome indicate that it might spread silently in poultry Should the virus become established in birds regular human infections could occur with increased potential for human-to-human transmission through virus adaption.

Outbreak management

- The Shanghai municipal government has stated they will report statistics on pneumonia cases of unknown cause daily
- The Chinese government is actively investigating this event and has increased disease surveillance.
- The WHO are in contact with national authorities and following the event closely.

International responses

- Viet Nam has announced an immediate ban on all Chinese poultry imports and stepped up border controls in response to the outbreak.
- Taiwan has raised its alert level and set up a pandemic preparedness group.

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World Health Organization
Update from 2013-04-02

http://www.who.int/influenza/human_animal_interface/faq_H7N9/en/index.html

Frequently Asked Questions on human infection with A(H7N9) avian influenza virus, China
Updated 3 April 2013
http://www.who.int/influenza/human_animal_interface/faq_H7N9/en/index.html

1. What is the influenza A(H7N9) virus?

Influenza A H7 viruses are a group of influenza viruses that normally circulate among birds. The influenza A(H7N9) virus is one subgroup among the larger group of H7 viruses. Although some H7 viruses (H7N2, H7N3 and H7N7) have occasionally been found to infect humans, no human infections with H7N9 viruses have been reported until recent reports from China.

2. What are the main symptoms of human infection with influenza A(H7N9) virus?

Thus far, patients with this infection have had severe pneumonia. Symptoms include fever, cough and shortness of breath. However, information is still limited about the full spectrum of disease that infection with influenza A(H7N9) virus might cause.

3. How many human cases of influenza A(H7N9) virus have been reported in China to date?

As of 3 April 2013, seven laboratory-confirmed cases have been detected in China. Details of the most current information on cases can be found in Disease Outbreak News.

4. Why is this virus infecting humans now?

We do not know the answer to this question yet, because we do not know the source of exposure for these human infections. However, analysis of the genes of these viruses suggests that although they have evolved from avian (bird) viruses, they show signs of adaption to growth in mammalian species. These adaptations include an ability to bind to mammalian cells, and to grow at temperatures close to the normal body temperature of mammals (which is lower than that of birds).

5. What is known about previous human infections with H7 influenza viruses globally?

From 1996 to 2012, human infections with H7 influenza viruses (H7N2, H7N3, and H7N7) were reported in Netherlands, Italy, Canada, USA, Mexico and the United Kingdom. Most of these infections occurred in association with poultry outbreaks. The infections mainly resulted in conjunctivitis and mild upper respiratory symptoms, with the exception of one

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death, which occurred in the Netherlands. Until now, no human infections with H7 influenza viruses have been reported in China.

6. Is the influenza A(H7N9) virus different from influenza A(H1N1) and A(H5N1) viruses?

Yes. All three viruses are influenza A viruses but they are distinct from each other. H7N9 and H5N1 are considered animal influenza viruses that sometimes infect people. H1N1 viruses can be divided into those that normally infect people and those that normally infect animals.

7. How did people become infected with the influenza A(H7N9) virus?

Some of the confirmed cases had contact with animals or with an animal environment but the virus has not thus far been found in animals. It is not yet known how these persons became infected. The possibility of animal-to-human transmission is being investigated, as is the possibility of person-to-person transmission.

8. How can infection with influenza A(H7N9) virus be prevented?

Although both the source of infection and the mode of transmission are uncertain, it is prudent to follow basic hygienic practices to prevent infection. They include hand and respiratory hygiene and food safety measures.

Hand hygiene:

- Wash your hands before, during, and after you prepare food; before you eat; after you use the toilet; after handling animals or animal waste; when your hands are dirty; and when providing care when someone in your home is sick. Hand hygiene will also prevent the transmission of infections to yourself (from touching contaminated surfaces) and in hospitals to patients, health care workers and others.
- Wash your hands with soap and running water when visibly dirty; if not visibly dirty, wash your hands with soap and water or use an alcohol-based hand cleanser.

Respiratory hygiene:

- Cover your mouth and nose with a medical mask, tissue, or a sleeve or flexed elbow when coughing or sneezing; throw the used tissue into a closed bin immediately after use; perform hand hygiene after contact with respiratory secretions.

9. Is it safe to eat meat, i.e. poultry and pork products?

Although we do not yet know the mode of transmission, it is prudent to follow basic principles of hygienic food preparation, as follows: Diseased animals should not be eaten. Otherwise, it is safe to eat properly prepared and cooked meat. Because influenza viruses are inactivated by sufficient heating, normal temperatures used for cooking (such that food reaches 70 °C in all parts— "piping" hot — no "pink" parts) will kill the virus. In areas experiencing outbreaks, meat products can be safely consumed provided that these items are properly cooked and properly handled during food preparation. The consumption of raw meat and uncooked blood-based dishes is a high-risk practice and is discouraged. Always keep raw

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meat separate from cooked or ready-to-eat foods to avoid contamination. Do not use the same chopping board or the same knife for raw meat and other foods. Do not handle both raw and cooked foods without washing your hands in between and do not place cooked meat back on the same plate or surface it was on before cooking. Do not use raw or soft-boiled eggs in food preparations that will not be heat treated or cooked. After handling raw meat, wash your hands thoroughly with soap and water. Wash and disinfect all surfaces and utensils that have been in contact with raw meat.

10. Is there a vaccine for the influenza A(H7N9) virus?

No vaccine for the prevention of influenza A(H7N9) infections is currently available. However, viruses have already been isolated and characterized from the initial cases. The first step in development of a vaccine is the selection of candidate viruses that could go into a vaccine. WHO, in collaboration with partners, will continue to characterize available influenza A(H7N9) viruses to identify the best candidate viruses. These candidate vaccine viruses can then be used for the manufacture of vaccine if this step becomes necessary.

11. Does treatment exist for influenza A(H7N9) infection?

Laboratory testing conducted in China has shown that the influenza A(H7N9) viruses are sensitive to the anti-influenza drugs known as neuraminidase inhibitors (oseltamivir and zanamivir). When these drugs are given early in the course of illness, they have been found to be effective against seasonal influenza virus and influenza A(H5N1) virus infection. However, at this time, there is no experience with the use of these drugs for the treatment of H7N9 infection.

12. Is the general population at risk from the influenza A(H7N9) virus?

We do not yet know enough about these infections to determine whether there is a significant risk of community spread. This possibility is the subject of epidemiological investigations that are now taking place.

13. Are health care workers at risk from the influenza A(H7N9) influenza virus?

Health care workers often come into contact with patients with infectious diseases. Therefore, WHO recommends that appropriate infection prevention and control measures be consistently applied in health care settings, and that the health status of health care workers be closely monitored. Together with standard precautions, health care workers caring for those suspected or confirmed to have influenza A(H7N9) infection should use additional precautions (http://www.who.int/csr/resources/publications/swineflu/WHO_CDS_EPR_2007_6/en/index.html).

14. What investigations have begun?

Local and national health authorities are taking the following measures, among others:

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- Enhanced surveillance for pneumonia cases of unknown origin to ensure early detection and laboratory confirmation of new cases;
- Epidemiological investigation, including assessment of suspected cases and contacts of known cases;
- Close collaboration with animal health authorities to determine the source of the infection.

15. Does this influenza virus pose a pandemic threat?

Any animal influenza virus that develops the ability to infect people is a theoretical risk to cause a pandemic. However, whether the influenza A(H7N9) virus could actually cause a pandemic is unknown. Other animal influenza viruses that have been found to occasionally infect people have not gone on to cause a pandemic.

16. Is it safe to travel to China?

The number of cases identified in China is very low. WHO does not advise the application of any travel measures with respect to visitors to China nor to persons leaving China.

17. Are Chinese products safe?

There is no evidence to link the current cases with any Chinese products. WHO advises against any restrictions to trade at this time.

Distribution

CMO, FAS OHP, AS HEMB, HEMB Section Heads, OHP SES, DoHA Media Unit, OHP MSAU, Health Ops, TGA Dr Gary Grohmann and Dr Tony Hobbs, Dr Anne Kelso, CHOs, Chair PHLN, Chair CDNA, Surgeon General.

Dr Gary Lum
Specialist Medical Adviser
Thursday, 4 April 2013

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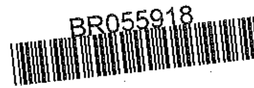
DOH-DL-12/13-015 RTI Document 64

Department RecFind No:	BR055918
Division/District:	SSS Division
File Ref No:	HPID03120

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health



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9 JAN 2013

Requested by: Deputy Director-General, System Support Services Division **Date requested: 5 December 2012** **Action required by: 14 January 2012**

SUBJECT: Approval to progress the tender process for awarding Naming Rights as a commercial opportunity for The Royal Brisbane and Women's Hospital (RBWH) Cycle Centre

Recommendation
That the Minister:

Approve the naming of the Royal Brisbane and Women's Hospital (RBWH) Cycle Centre, in accordance with the Department of Health Asset Naming Policy.

Note the Director-General has approved an open tender process for the 'selling' of asset naming rights for the RBWH Cycle Centre as a commercial opportunity.

Note the RBWH Cycle Centre is projecting a 2012-2013 operating deficit of approximately $80,000.

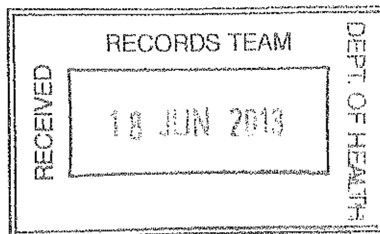
Note the RBWH, like all Queensland Hospitals, are devising strategies to cut costs to achieve targeted expenditure levels.

Note the RBWH Cycle Centre will carry a projected operating deficit of approximately $80,000 in the 2012-2013 financial year.

Note that an independent business review has confirmed there is no more that can be done to reduce Cycle Centre operating costs.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
/ /



for **Chief of Staff**
07/06/13.

Minister's comments

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-8 JAN 2013

Department RecFind No:	BR055918
Division/District:	SSS Division
File Ref No:	HPID03120

URGENT

Briefing Note for Approval

Director-General

Requested by: Deputy Director-General, System Support Services Division **Date requested: 5 December 2012** **Action required by: 14 January 2012**

SUBJECT: Approval to progress the tender process for awarding Naming Rights as a commercial opportunity for The Royal Brisbane and Women's Hospital (RBWH) Cycle Centre

Proposal

That the Director-General:

Approve an open tender process for the 'selling' of asset naming rights for the RBWH Cycle Centre as a commercial opportunity.

Note the RBWH Cycle Centre is projecting a 2012-2013 operating deficit of approximately $80,000.

Note that in accordance with the Department of Health Asset Naming Policy the Minister for Health must approve entering into commercial arrangements for the naming of Department of Health assets.

Provide this brief to the Minister for approval.

Urgency

1. **Urgent** - Financial loss associated with the Cycle Centre is not sustainable within the current financial climate and must be urgently addressed.

Headline Issues

2. The top issues are:
   - The RBWH, like all Queensland Hospitals, are devising strategies to cut costs to achieve targeted expenditure levels.
   - The RBWH Cycle Centre will carry a projected operating deficit of approximately $80,000 in the 2012-2013 financial year.
   - An independent business review has confirmed there is no more that can be done to reduce Cycle Centre operating costs.

Key Values

3. The key values that apply are the following:

☐ Better service for patients
☐ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☒ Openness

Key issues

4. There is no specific (Activity Based Funding or Historic) budget allocation for the Cycle Centre, meaning it must operate under a full cost recovery model. Although the Cycle Centre is operating efficiently, demand for the 750 available places is well below that which is required to operate the Cycle Centre at a breakeven position (June 2012 membership was 281).

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Department RecFind No:	BR055918
Division/District:	SSS Division
File Ref No:	HPID03120

5. As a purpose built, end of trip facility for cyclists and pedestrians, the Cycle Centre does not represent 'core business' for the RBWH, or Department of Health.

6. In accordance with the Department of Health Asset Naming Policy (Attachment 1), the approval of the Minister for Health is required to enter into commercial arrangements for the naming of Department of Health managed asset (approval required at pre-tender and once tenders have been received, assessed and ready for awarding).

7. The Metro North Hospital and Health Service Chief Executive supports the proposal to tender the naming rights for the Cycle Centre (Attachment 2).

Background

8. The RBWH cycle centre, a joint initiative with Queensland Transport, opened in November 2009. In October 2010, the Building Asset was transferred from Queensland Transport to Department of Health by virtue of a 100 year Memorandum of Understanding (MOU). The MOU is explicit with regards to the purpose and usage of the centre and offers limited scope to alter these arrangements.

9. The Metro North Hospital and Health Service (RBWH) is now fully responsible for the funding and operations of the Cycle Centre, and to ensure operational effectiveness commissioned the Department of Health's Business Capability Team to review the cycle centre to identify solutions to ongoing operational management issues and to rectify the financial position.

10. As a result of this review and steps taken to reduce costs, the Cycle Centre operating deficit of $131,189 for the 2010-2011 financial year was reduced to an operating loss of $75,739 for the 2011-2012 financial year.

Consultation

11. Metro North Hospital and Health Service – RBWH Executive Services

12. Department of Health Business Capability Team

Financial implications

13. The operating loss for the Cycle Centre was $75,739 for the 2011-2012 financial year.

14. MNHHS will absorb all costs associated with the offering of naming rights for the Cycle Centre.

Legal implications

15. There are no legal implications

Attachments

16. Attachment 1: Asset Naming Policy (excerpt)
    Attachment 2: Asset naming application

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2. COMMERCIAL APPROACHES

The awarding of commercial naming benefits over QH managed assets should be done in an open and accountable way.

Commercial Naming Rights/Recognition

Commercial opportunities are those which involve commercial transactions. These primarily relate to the 'selling' of asset naming rights to the highest bidder, or the offering of naming recognition on assets via an open tender/expression of interest.

The naming of a QH managed building is considered a commercial opportunity in all instances. The only exceptions to this relate to non-commercial naming in honour of individuals making outstanding contributions to the public health system or cultural or heritage significance or commemorating significant events. In addition, the Minister for Health reserves the right to name any asset, including the outside of buildings, after any public sector entity forming part of the Health portfolio in Queensland.

While these opportunities are not strictly sponsorship issues, they carry many of the same accountability requirements.

The following process should be followed when pursuing commercial opportunities for the naming of QH managed assets:

1. In all cases, a submission MUST come from the District Chief Executive Officer, to the Director, Planning & Development Unit, Capital Works & Asset Management Branch (CWAMB). The submission is then processed through the Director-General to the Minister for Health for approval to enter into commercial arrangements for the naming of QH managed assets. The proposal can only proceed if approved by the Minister for Health. In all cases, submissions should be lodged with the Director, Planning & Development Unit, Capital Works and Asset Management Branch (CWAMB), in the first instance.

   Submissions seeking approval to offer naming recognition must include a suitable scale of the recognition benefits available and associated conditions ie. the value assigned to and the conditions associated with the naming benefit;

2. The awarding of commercial naming benefits over QH managed assets should be done in an open and accountable way in line with the provisions of the State Purchasing Policy.

   Accordingly, this would normally involve an open tender/expression of interest process which may incorporate the placement of advertisements in the local paper/s;

3. In an open tender process the final conditions of the naming rights agreement can be negotiable ie. the size and style of the name on a building, the use of logos, the duration of the contract etc.

   In naming recognition agreements a suitable scale of conditions is normally set in advance.

   In any commercial arrangement, managers/foundations should endeavour to ensure that the integrity of the hospital campus is preserved;

4. All 'tenders' should be evaluated on a 'value for money' basis ie. the offer which maximises the return on the asset while also providing QH with the most acceptable terms and conditions.

   Expressions of interest for naming recognition are required to meet the assigned conditions;

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5. A submission seeking approval to grant commercial naming benefits over an asset should then be put forward to the District Chief Executive Officer, including:

   - details of how the income generated will be used; and
   - information about the organisation applying for/being granted the benefits (see the attached application form);

6. If the District Chief Executive Officer is satisfied with the proposal, it should be endorsed and forwarded through the Director, Planning & Development Unit, CWAMB to the Director-General for support. The Director, Planning & Development Unit, CWAMB will consult with the Executive Director, CWAMB;

7. If the application is:
   - supported by the Director-General - it will be forwarded to the Minister for Health for approval;
   - not supported by the Director-General - it will be returned via the Director, Planning & Development Unit, CWAMB to the relevant District Chief Executive Officer with details of the reason for rejection;

8. If the Minister for Health approves the application, it will be returned to the Director, Planning & Development Unit, CWAMB who will notify the relevant District Chief Executive Officer and enter the application into a naming register for all QH assets throughout the State. If it is not approved, the application will be returned via the Director, Planning & Development Unit, CWAMB to the relevant District Chief Executive Officer ;

9. If the recognition benefits are to be conferred at a future date, (after all pledged funds from the individual or organisation are received) the approved application will be returned via the Director, Planning & Development Unit, CWAMB to the relevant District Chief Executive Officer ;

   When naming recognition is conferred, the Director, Planning & Development Unit, CWAMB will activate the approval in the naming register for all QH assets and advise the District Chief Executive Officer ;

10. All commercial naming agreements must be confirmed in a legally binding contract clearly defining the rights and obligations of each party, and the duration of the contract.

Note: QH reserves the right to cancel the naming rights agreement if any information comes to light which shows the organisation granted the naming rights is not a fit and proper entity.

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General details	
Proposed name of asset eg. building/facility/ward/area	TBA upon completion of the open tender process
Proposed venue building/facility/ward/area	Royal Brisbane and Women's Hospital (RBWH) Cycle Centre, located under the RBWH Busway, Bowen Bridge Road, Herston.
Proposed date for name to take effect	Upon completion of the open tender process
Duration of naming agreement	Unknown at this stage. Advice will be sought from other Government agencies as to the value of the site, and to best practice for the duration of these types of agreements.
Name and position of Queensland Health Contact Officer	Martin Oldfield A/Manager, Strategy and Efficiency RBWH
Contact Telephone Number	07 3636 2556

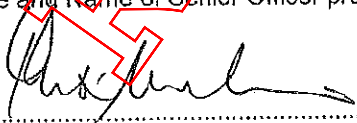
COMMERCIAL NAMING APPLICATIONS - ADDITIONAL INFORMATION **Details of person/organisation seeking/offered naming benefits**	
Name of individual, company or organisation	
Address	
Phone number	
Fax number	
Contact Name and phone number	
Nature of business – key product/service attributes	
If the organisation seeking naming benefits is a company, what are its key target markets?	
Is the business compatible with Queensland Health's objectives and philosophies?	
Is it an ethical company or individual?	
Is it in a sound financial position?	
What responsibilities does the person/company, applying for naming benefits, have in relation to agreement?	
Who are their major competitors?	
Is it in a sound financial position?	

Additional information

Has the naming benefits recipient been made aware that any agreement could be terminated if any information comes to light that brings the appropriateness of the arrangement into question?

Please attach any additional information considered relevant.

Signature and Name of Senior Officer proposing activity.



Professor Keith McNeil FRACP
Chief Executive
Metro North Health Service

29/11/12

Signature and Name of Chief Executive, Metro North Health Service.

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QCOS/002966

Department RecFind No:	BR055922
Division/District:	HSCI
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: Deputy Director-General Health Service and Clinical Innovation Division **Date requested: 13 December 2012** **Action required by:**

SUBJECT: Update on Gladstone Harbour Integrated Aquatic Investigation Program – December 2012

Proposal

That the Director-General:

Note the current status of Queensland Government's response to the Gladstone fish health issue as at December 2012, including implementation of the:

- Gladstone Fish Health Scientific Advisory Panel's recommendations; and
- Integrated Aquatic Investigation Program for Gladstone Harbour.

Note the intention of the Department of Environment and Heritage Protection (DEHP) to publish *The Gladstone Harbour Integrated Investigation Program 2012 Report* (the Report) on 7 January 2012.

Urgency

1. Routine

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11 FEB 2013
QLD HEALTH
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Headline Issues

2. The top issues are:
   - The Interdepartmental Committee has produced the Report (Attachment 1). The Report provides information on the investigation, the key findings of the program to date and next steps.
   - The report will be published on the DEHP website on 7 January 2012.

Key issues

3. No link was identified between the conditions found in fish and the human health issues, or between water quality and reported human health conditions. The cases described did not form a single outbreak of disease.

Background

4. In September 2011, the Queensland Government set up an investigation program into reported fish and human health concerns in and around Gladstone Harbour.
5. The program included fish and water quality sampling and testing, investigation into human health concerns, a number of reference groups and committees to provide regular communication with peak stakeholder groups and a range of public communication methods including web portals and regular media updates.
6. The Gladstone Fish Health Scientific Advisory Panel was established to provide independent scientific advice to the Government.
7. In January 2012, the panel recommended further monitoring and research to aid in identifying the cause of the fish health issues.
8. The panel found no link between the human health concerns reported by fishers, and agreed that additional investigations by Queensland Health of this group of fishers were not warranted. However, they recommended that a baseline for incidence of illness and Occupational Health and Safety (OH&S) statistics in commercial fishers be established.
9. The Queensland Government accepted the recommendations of the panel for further research to be implemented through an Integrated Aquatic Investigation Program for Gladstone Harbour.

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10. This Whole-of-Government program is overseen by an Interdepartmental Committee and is chaired by the Director-General, DEHP. The Committee includes senior executives and scientists from:
    - Department of Environment and Heritage Protection;
    - Department of Agriculture, Fisheries and Forestry (DAFF), including Fisheries Queensland, Biosecurity Queensland;
    - Department of Science, Information Technology, Innovation and the Arts (DSITIA);
    - Department of the Premier and Cabinet;
    - Queensland Health;
    - Justice and Attorney-General—Workplace Health and Safety Queensland; and
    - Safe Food Production.

Gladstone Fish Health Scientific Advisory Panel's recommendations

11. In September 2012, based on written advice from Workplace Health and Safety Queensland, the Gladstone Harbour Interdepartmental Committee agreed that implementation of the panel's recommendations to establish a baseline for commercial fishers in Gladstone and collect OH&S statistics on the Queensland commercial fishing industry is not feasible and is unlikely to be supported by the commercial fishing industry.
12. All other Panel recommendations have been implemented.

Status of investigations

13. Queensland Health continues to investigate any health issues reported by fishers in Gladstone.
14. The active fish and water quality sampling programs (conducted by DAFF and DSITIA respectively) commenced in September 2011, were expanded in February/March 2012, and concluded in September 2012. This provides the Queensland Government with sampling information for a 12 month period from both within and outside the Gladstone region.
15. Samples of a wide range of fish, crustacean and mollusc species have been sent for more detailed testing. Tests results are not expected to be available until March 2013.

Key findings to date

16. No link was identified between the conditions found in fish and the human health issues, or between water quality and reported human health conditions. The cases described did not form a single outbreak of disease.
17. There is no evidence to support the suggestion that dredging in Gladstone Harbour has increased dissolved metal concentrations or led to acidic conditions.
18. It is unlikely that metals are at a level that would cause any ongoing suppression of the immune system or increased susceptibility to disease in fish and other aquatic organisms throughout Gladstone Harbour.
19. No single cause has been identified for all fish health issues. The conditions that have been identified are naturally occurring organisms that have been seen elsewhere in Queensland.
20. Results of sampling in 2012 indicated that fish health was much improved:
    - most barramundi sampled in 2012 were in good condition, and did not display the ulcerative lesions, eye conditions and infections from Neobenedenia that were documented in 2011. There was also evidence that physical damage observed in previous sampling runs (such as loss of scales and broken jaws) were healing;
    - sharks across all sites, including reference sites, displayed redness and the presence of the parasitic flatworm Dermophthirius maccallumi;
    - crustaceans displayed a low incidence of shell erosion; and
    - no significant signs of ill health were observed in any other focus species.
21. Seafood available through retail outlets is from regulated and wide-ranging sources and continues to be safe to purchase and eat.

RELEASE

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2013 Reports

22. When all results have been received, reports incorporating all information from the 12 month period September 2011 to September 2012 will be completed and published. These reports are expected to be published in mid 2013:
    - a report which comprises the findings of Fisheries Queensland and Biosecurity Queensland fish health investigations will be developed and published by DAFF;
    - a report which comprises the findings of Queensland Government water quality investigations from September 2011 to September 2012 will be developed by DISITA and published by DEHP; and
    - a 2013 report on the Integrated Aquatic Investigation Program for Gladstone Harbour, outlining the Government's response to the issue, and summarise the key findings of the fish health, water quality and human health investigations, will be developed by the Interdepartmental Committee and be published by DEHP.

Key Communication Messages

23. A communication strategy has been developed for the release of the 2012 report (Attachment 2). Key elements include:
    - a summary brochure (Attachment 3);
    - a media release;
    - direct engagement with key stakeholders, including the State Member for Gladstone, Gladstone Regional Council, Gladstone Healthy Harbour Partnership, Conservation Councils, Queensland Seafood Industry Association, Queensland Seafood Marketers Association, Gladstone Industry Leadership Group, Gladstone Ports Corporation and Gladstone Area Water Board; and
    - a communication strategy will be developed for the publication of the final reports and closure of the investigation program.

Attachments

24. Attachment 1: *Gladstone Harbour Integrated Aquatic Investigation Program Report 2012*
    Attachment 2: Communication Strategy: Gladstone Harbour Integrated Aquatic Investigation Program Report 2012
    Attachment 3: Brochure: Gladstone Harbour Integrated Aquatic Investigation Program Report 2012

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QCOS/019636 PQ

Department RecFind No:	BR055957
Division/District:	SPP Division
File Ref No:	

BR055957

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Deputy Director-General, System Policy and Performance **Date requested: 21 December 2012** **Action required by:**

SUBJECT: Hospital and Health Ancillary Boards – feedback from Board Chairs

Recommendation
That the Minister:

Note feedback received from Hospital and Health Board (HHB) Chairs on a draft information pack regarding Hospital and Health Ancillary Boards.

Approve the Hospital and Health Ancillary Boards Information Pack, to be held in reserve until the Minister chooses to make it publicly available.

Note theMinister approved a draft Ancillary Boards information pack for consultation with HHB Chairs.

Note the Chairs consider Ancillary Boards may lead to some duplication with local consumer and community engagement strategies.

APPROVED/NOT APPROVED **NOTED** **NOTED**

JAKE SMITH.

LAWRENCE SPRINGBORG
Minister for Health

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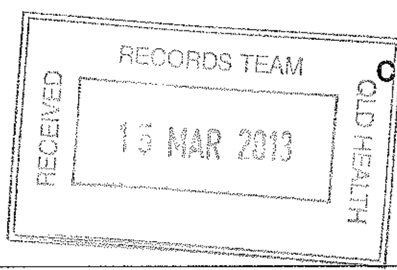

Chief of Staff

04 / 03 / 13.

Minister's comments

RTI RELEASE

9 JAN 2013

Department RecFind No:	BR055957
Division/District:	SPP Division
File Ref No:	

Briefing Note for Approval

Director-General

Requested by: Deputy Director-General, System Policy and Performance **Date requested: 21 December 2012** **Action required by:**

SUBJECT: Hospital and Health Ancillary Boards – feedback from Board Chairs

Proposal

That the Director-General:

Note feedback received from Hospital and Health Board (HHB) Chairs on a draft information pack regarding Hospital and Health Ancillary Boards.

Provide this brief to the Minister to approve the Hospital and Health Ancillary Boards Information Pack, to be held in reserve until the Minister chooses to make it publicly available.

Urgency

1. Routine

Headline Issues

2. The top issues are:
   - Minister approved a draft Ancillary Boards information pack for consultation with HHB Chairs.
   - Chairs consider Ancillary Boards may lead to some duplication with local consumer and community engagement strategies.

Key Values

3. The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☒ Empowering local communities with a greater say over their hospital and local health services
☐ Value for money for taxpayers
☒ Openness

Key issues

4. The Minister announced in Parliament that interested persons may seek the establishment of Hospital and Health Ancillary Boards, and some preliminary expressions of interest have been received from Members of Parliament and former Health Community Council Members.

5. Subsequently, the Minister approved a draft information pack for consultation with Hospital and Health Board (HHB) Chairs, outlining the intent of Ancillary Boards and the process for seeking the Minister's approval for their establishment (Attachment 1), including consultation with HHBs.

6. Chairs expressed no disagreement with the high level principles and intent. Subsequently, no changes have been made to the contents of the draft briefing pack as approved by the Minister.

7. However, Chairs did consider that Ancillary Boards had the potential to duplicate local consumer and community engagement strategies. Chairs also indicated their desire for HHBs to have more time to settle into their roles and embed local engagement strategies before any Ancillary Boards are established.

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8. In early 2013 the Office of Health Statutory Agencies (OHSA) will review Hospital and Health Service (HHS) engagement strategies against the minimum requirements contained in sections 12 to 14 of the *Hospital and Health Boards Regulation 2012*.

9. It is recommended that the Minister approve the content of the information pack, to be held in reserve until such time as the Minister chooses to make this document publicly available, should the need to generate greater community engagement be required.

Background

10. Section 43A of the *Hospital and Health Boards Act 2011* (the Act) enables the Minister to establish Ancillary Boards to advise HHBs in relation to a public sector hospital, health facility or health service or a part of the State.

11. Under the Act, the Minister may also consult the relevant HHB and/or local community prior to establishing an Ancillary Board. Provision also exists for a regulation to specify the role and function of Ancillary Boards.

12. Under sections 40 and 42 of the Act, HHS are obliged to publish both a clinician and a consumer and community engagement strategy and after using their best endeavours, a protocol with local primary healthcare organisations, by 31 December 2012.

Consultation

13. HHB Chairs were issued with the draft information pack and given the opportunity to discuss with their Boards. Formal feedback was received from Darling Downs, Metro South and Wide Bay and this is summarised in Attachment 2.

14. This issue was also discussed by HHB Chairs on 6 December 2012. Verbal feedback from Board Chairs is detailed in paragraphs 6 and 7 of this brief and is in keeping with the responses outlined in Attachment 2.

Financial implications

15. Establishment of an Ancillary Board may have financial implications for HHBs.

Legal implications

16. There are no legal implications.

Attachments

17. Attachment 1: Draft Ancillary Boards information pack
    Attachment 2: Summary of written feedback submitted by HHB Chairs

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Information Pack

Hospital and Health Ancillary Boards

This information pack outlines further detail on the broad purpose and general principles underpinning Ancillary Boards. It also outlines the process for seeking the Minister's approval to establish an Ancillary Board.

Purpose
The principal role of an Ancillary Board is to use local expertise to provide advice and support to a Hospital and Health Board on health related matters.

An Ancillary Board is likely to comprise members who are local service users and/or representatives of people in the community who use services.

The sorts of issues an Ancillary Board might consider would be determined in consultation with the relevant Hospital and Health Board but could include:
- Ways to improve access to health services for specific patient groups;
- Identifying potential solutions to local issues;
- Encouraging greater community input on matters of local priority.

Principles
Ancillary Boards are one of a suite of options that Hospital and Health Boards may use to discharge their responsibility for community and consumer engagement.

Ancillary Boards do not oversight the role and function of the Hospital and Health Board, individual hospitals or health providers. Their purpose is to inform and enhance local decision making. They have no powers to dictate or drive the business of Hospital and Health Boards.

Hospital and Health Boards may provide relevant support and contextual information to enable Ancillary Boards to provide high quality and practical advice. For example, a Hospital and Health Board may allocate a member of staff to act as liaison between the organisation and a nominated representative of the Ancillary Board.

Hospital and Health Boards will determine the local processes for responding to any reports or recommendations provided by an Ancillary Board, for example, publishing a report on a community engagement section of the Hospital and Health Service website, along with a statement in response to any recommendations made.

Hospital and Health Boards are ultimately responsible for the appropriate delivery of high-quality health services within their Hospital and Health Service area or specialty. On occasion, an Ancillary Board may form a different view on how services should be delivered. In such circumstances, Hospital and Health Boards may establish processes to acknowledge any difference of opinion, for example, as part of publishing a response to the report of the Ancillary Board.

Positions on Ancillary Boards are voluntary and members will need to organise themselves to work as a collective advisory group to the relevant Hospital and Health Board, especially where more than one Ancillary Board exists within a Hospital and Health Service.

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Each Hospital and Health Board will determine the most effective and appropriate manner for engaging with any Ancillary Board(s) established within their health service area. This would include the level of resourcing and any other support to be provided, such as access to meeting rooms or provision of administrative support.

Ancillary Boards should negotiate with their Hospital and Health Board regarding the form, content and timing of any relevant information to be requested from Executives or other HHS staff members. Any information provided to Ancillary Board members must respect patient confidentiality and other obligations regarding data protection.

Ancillary Boards must not unduly interrupt the work of Hospital and Health Service staff.

Ancillary Board members must at all times act in the public interest and not use any information they are provided with for personal gain. Hospital and Health Boards may seek to confirm that potential members have no conflicts of interest prior to their participation an Ancillary Board.

Establishment
Although powers are available under the Act (to set the way in which an Ancillary Board is to exercise its functions, the way consultation is to occur between the Board/Service and the appointment/removal of members of the board), the Minister for Health's intent is to ensure maximum local flexibility in the governance, management and operation of Ancillary Boards.

How can I get involved?
Representations from local community groups and other interested individuals who may wish to see an Ancillary Board established in their local community are welcomed and will be considered by the Minister for Health on their individual merits.

In the first instance, engagement and support from your local Hospital and Health Board for an application to the Minister is strongly encouraged.

Applications to establish an Ancillary Board should include the following information outlined in the following table.

Location	What would be the coverage of the proposed Ancillary Board? *For example would this be an area/community covered by an individual hospital or relate to the provision of care by a cluster of hospitals in a particular area?*
Purpose	What issue(s) would the proposed Ancillary Board consider? *To inform the purpose and role of the proposed board, it is recommended that this is as clear and succinct as possible. It would also be helpful to outline:* - *Why these are particular local issues and what are the current local impacts?* - *How the proposed Ancillary Board might go about considering these issues?* - *What would be the particular value/benefit to the local Hospital and Health Service?*
Community engagement	How will the proposed Ancillary Board obtain the general views of the local community about issues under consideration? *Applicants may consult with the Hospital and Health Service and / or facilities to identify how the proposed Ancillary Board might link into existing consumer and community engagement activities. Applications should also identify any specific support (for example interpretation services, access to teleconferencing facilities) that may be required to facilitate the effective functioning of the proposed Ancillary Board.*
HHS engagement	What are the views of the Hospital and Health Service in relation to the proposed Ancillary Board's purpose and scope? *Please note that specific issues should be raised and discussed with the local Hospital and Health Service / Hospital and Health Board in the first instance.*

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Membership	Who might participate in the proposed Ancillary Board? *Local expressions of interest should be sought for Ancillary Board participation. This may include extending invitations to local stakeholder organisations or members of other relevant agencies (for example local council members or consumer organisations). Hospital and Health Boards may also be able to identify potential nominees.*
Terms of reference	What are the proposed terms of reference for the Ancillary Board? *For example:* – *What is the scope of matter(s) to be addressed?* – *Which service(s)/organisation(s) will the work of Ancillary Board be likely to cover?* – *What is the proposed term of appointment for Ancillary Board members (taking into account it's voluntary status)?* – *What are the business rules for the Ancillary Board (meeting time, place, recording of decisions, process for communicating with the Hospital and Health Board etc.)?*
Contact details	Contact details for application. *Applicants should be aware that the Minister may request a Hospital and Health Board to work in conjunction with the applicant to establish an Ancillary Board.*

Proposals for further consideration should be addressed to:
HHBoards@health.qld.gov.au

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Attachment 2

Hospital and Health Ancillary Boards: summary of comments received

The Minister has previously approved a draft information pack for consultation with Board Chairs in relation to the establishment of Hospital and Health Ancillary Boards.

- In particular, feedback was sought on the proposed application process and high level principles.

A summary of comments received is provided below:

Darling Downs	Board has approved a comprehensive Consumer and Community Engagement Strategy, detailing a broad range of engagement activity which is already consistent with the principles outlined. Protocol with Medicare Local also in development and may overlap the intent of the Ancillary Boards. To ensure expertise and maximise benefit to the Board, preference for Board to have more input over selection and membership of any Ancillary Board, and for existing and proposed arrangements to be given the opportunity to be fully established (2-3 years) before further consideration given to the introduction of an Ancillary Board.
Metro South	Board conscious that other HHS may have dispersed geography and populations and may therefore consider Ancillary Boards helpful but does not support introduction locally. Consumer and Clinical Engagement Strategy has been developed that provides clear commitment and direction for critical engagement strategies. These include developing strong relationships with elected officials, Medicare Locals and other important interest groups in the region and will ensure local responsibilities for engagement are met.
Wide Bay	Chair does not support initiation of Ancillary Boards at the present time. Concerns about promotion of self-interest rather than the overall interest of the HHS. Board at embryonic stage and looking to expand membership – introduction of Ancillary Boards will increase complexity / place additional workload on Boards. Rural facilities already have Advisory Networks / Consultative Councils that meet local need, there are also Bundaberg and Rurals / Fraser Coast Consumer Advisory Networks (CAN).

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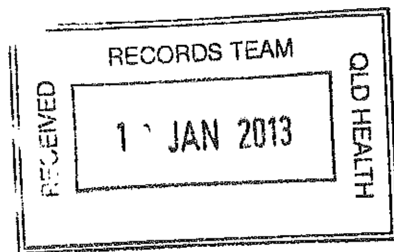

9/1/13 9 JAN 2013

Department RecFind No:	BR055958
Division/District:	SPP Division
File Ref No:	

(2)

Briefing Note for Noting

Director-General

Requested by: Deputy Director-General System Policy and Performance Division **Date requested: 3 January 2013** **Action required by: 18 January 2013**

SUBJECT: Uniting Care Health and Wide Bay Hospital and Health Service proposal

RELEASE

Proposal

That the Director-General:

Note the information in this brief related to the Uniting Care Health and Wide Bay Hospital and Health Service proposal and specifically considerations when transferring residential aged care places to another provider and demand for health services in the region.

Urgency

1. Routine

Headline Issues

2. The top issues are:
   - Transfer of Yaralla Nursing Home to Uniting Care Health is being considered by Wide Bay Hospital and Health Service (HHS).
   - The Department of Health and Ageing (DoHA) manages the allocation and transfer of places (licences) to approved providers in line with the *Aged Care Act 1997* (the Act).
   - Demand for health services in the Wide Bay HHS is outstripping physical capacity of existing facilities and opportunities for private sector partnership in both service delivery and infrastructure solutions exist.

Key issues

<u>Yaralla Nursing Home</u>

3. If a HHS wishes to transfer residential aged care places to another provider, the following information should be considered:
   - A transfer of places between approved providers requires approval by DoHA;
   - The nature, scope and arrangements regarding the transfer need to be finalised between approved providers before an application for transfer is made to DoHA;
   - The primary consideration in planning any transfer is ensuring the continuity of care for residents, ensuring residents and their representatives are fully informed and to ensure residents are not disadvantaged regarding their fee arrangements as a result of the proposed transfer;
   - Impact on residents' fees when transferring to a non-government facility:
     i. All residents would continue to pay the basic daily fee as well as the income tested fee, as set by DoHA;
     ii. Assessment of whether the resident will be required to pay an accommodation charge upon moving from a government-operated facility to a non-government operated facility will depend on the resident's financial circumstances at the time they entered the State Government service and the circumstances of the move;
     iii. Under the Act, a resident cannot be asked to pay a higher accommodation charge in the new service than they were eligible to pay in their current service. For existing residents of Queensland State Government operated facilities, this means that when moving to a non-government facility, the residents may be asked to pay an accommodation charge up to the maximum they were eligible to pay at the Queensland State Government service regardless of whether an amount was charged or not; and
     iv. The arrangements regarding the accommodation payment should form part of the negotiations with prospective non-government providers.

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- If transferring places to an existing approved provider, the application to transfer places, on the approved form, must be lodged at least 60 days before the proposed transfer date;
- DoHA currently does not charge for allocating or transferring places between approved providers; and
- DoHA does not place a financial value on residential aged care places – this is determined by the market. The value of residential aged care places is likely to be negligible however HHSs may need to take into account the perceived value of places when deciding to transfer places to a non-government approved provider. The perceived value may be used to ensure that any new approved provider maintains the same fee arrangements for residents where a transfer relates to an occupied place.

4. Recent changes to the *Fair Work Act 2009* need to be considered in relation to transfer of staff and maintenance of existing conditions.
5. The Wide Bay aged care planning region has the lowest level of provision of residential aged care in Queensland as at 30 June 2012, with 65.3 places per 1,000 people aged 70 years and over. The current target benchmark is 88 places per 1,000 people. Maintaining the number of places in the region (regardless of the provider) is important to ensure long stay older patients in acute hospitals are kept to a minimum.

<u>Demand for health services</u>

6. The drivers of increased demand for health services in Wide Bay HHS include an increasing population; an ageing population; a diverse population; a higher than average proportion of socio-economically disadvantaged people and increasing demand for acute care services (especially medicine, chemotherapy, radiotherapy and mental health).
7. Cancer and dental services are areas of low self-sufficiency for the Wide Bay HHS, that is, residents have to travel to other HHSs for treatment. Opportunities to increase local provision of these services should be considered.
8. Based on projected service need bed requirements for Hervey Bay and Maryborough Hospitals show a requirement to increase beds at Hervey Bay from around 140 to 210 by 2016-2017 and to 290 by 2026-2027 and at Maryborough from around 90 to 105 by 2026-2027 (based on proposed roles and service types - Hervey Bay Hospital majority of acute services and Maryborough Hospital majority of elective day surgery, low acuity emergency services and sub-acute services).
9. Clearly defining the role of Hervey Bay and Maryborough Hospitals in providing coordinated and complimentary services across the two sites and partnerships with other service providers will assist with meeting service need, projected demand and ensure most appropriate infrastructure solution is progressed.

Background

10. The Commonwealth Government has responsibility for funding and policy for residential aged care services.
11. The Wide Bay HHS is characterised by a higher than Queensland average population growth and a significant aged population resulting in increasing demand for health services. The Fraser Coast catchment population is projected to grow by 50.4% from 2011 to 2026 – higher than the overall Queensland population growth of 36% in the same period. Between 2011 and 2026, the number of residents aged 65 years and over is projected to increase by 62%. In 2011, 19% of people in the catchment were born overseas, with an estimated resident Aboriginal and Torres Strait Islander population in 2010 of 3% of the total Fraser Coast population. In the catchment area, 41% of the people are in the most disadvantaged category of the Socio-Economic Disadvantage Index and are more likely to experience poorer health and shorter life expectancy.

Attachments

12. Nil

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Department RecFind No:	BR056011
Division/District:	SSS Division
File Ref No:	HPID03156

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

RECEIVED 21 FEB 2013

Requested by: Deputy Director-General, System Support Services Division **Date requested:** **Action required by: 20 January 2013**

SUBJECT: Ministerial Community Infrastructure Designation – Townsville Hospital

RELEASE

Recommendation

That the Minister:

Note the Ministerial Designation for development as Community Infrastructure (CID) expedites the town planning approval, enables construction to promptly commence and gives clear notice of development and use for the community benefit.

Note the CID process is estimated to save the department about $382,000.00 and up to two months.

Note that Chapter 5 of the *Sustainable Planning Act 2009* (SPA), provides that any Minister of the Crown or Local Government may designate land for community infrastructure.

Note that Chapter 5 of the SPA, the Minister must consider a number of matters addressed in the Final Assessment Report before designating the land:

- an adequate environmental assessment has been carried out;
- that adequate public consultation was in accordance with the Guidelines; and
- that adequate account has been taken of the issues raised during consultation.

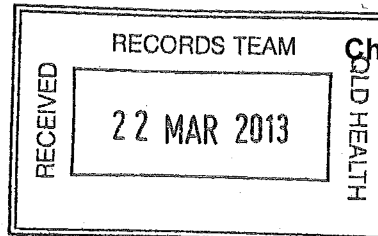
Approve the Community Infrastructure Designation (CID) for development of a new health facility and associated infrastructure located on the eastern (new sub-acute health facility) and western campuses of The Townsville Hospital (Attachment 1).

Note the attached Notice of Designation (Attachment 2) will be Gazetted upon the Minister's approval of the CID.

APPROVED/NOT APPROVED **NOTED** **NOTED**

RTI

LAWRENCE SPRINGBORG
Minister for Health
20 / 3 / 13



Jane Smith
Chief of Staff
18th / March / 2013.

Minister's comments

VP

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20 FEB 2013

Department RecFind No:	BR056011
Division/District:	SSS Division
File Ref No:	HPID03156

URGENT

Briefing Note for Approval

Director-General

Requested by: Deputy Director-General, System Support Services Division **Date requested:** **Action required by: 20 February 2013**

SUBJECT: Ministerial Community Infrastructure Designation – Townsville Hospital

Proposal

That the Director-General:

Note that the proposed Ministerial Community Infrastructure Designation (CID) is required for development of a new health facility and associated infrastructure located on the eastern and western campuses of The Townsville Hospital and requires approval of the Minister for Health (Attachment 1).

Note the attached Notice of Designation (Attachment 2) will be gazetted upon the Minister's approval of the CID.

Provide this brief to the Minister for approval.

Urgency

1. **Urgent** – upon approval of the CID, construction will commence of the new sub-acute health facility on the eastern campus of The Townsville Hospital site.

Headline Issues

2. The top issues are:
   - Townsville Hospital and Health Service is to receive a new sub-acute health facility at the eastern campus of The Townsville Hospital; and
   - CID process will expedite town planning approvals enabling the project to commence as soon as possible.

Key Values

3. The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☐ Value for money for taxpayers
☐ Openness

Key issues

4. The CID is required to facilitate the proposed construction of a new sub-acute facility and associated infrastructure at the eastern campus of The Townsville Hospital site.

5. Undertaking the CID will satisfy the Department of Health's town planning requirements, enable new infrastructure to be commenced promptly and provide clear notice that the State intends to develop and utilise the site for community benefit.

6. Chapter 5 of *Sustainable Planning Act 2009* (SPA) provides that any Minister of the Crown may undertake a CID and requires that the Minister must be satisfied that it:
   - undertook adequate environmental assessment;
   - took into account any issues raised during the required public notification process; and
   - gave due consideration to the relevant local government's planning scheme.

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7. An assessment of the proposed CID development against components of the Townsville Planning Scheme is included in the Final Assessment Report (Attachment 3).

8. Non-approval of this brief will result in delay of the proposed development at the Townsville Hospital by a minimum of six months and alternate town planning measures would need to be investigated.

Background

9. A CID was undertaken to facilitate the following new infrastructure:
   - a new sub-acute health facility providing 45 new beds delivering orthopaedic services, acquired brain injury services, spinal services and post acute head injury services;
   - construction of a third wing which will include reception, waiting area, patient rehabilitation and therapy area, dining and lounge facilities;
   - 70 new car parks to service the new facility; and
   - construction of administrative and staff areas.

10. The proposed CID will facilitate the immediate development and ongoing operation of both the eastern and western campuses of The Townsville Hospital site.

11. Advice received from Project Services, which undertook the CID process on behalf of the Queensland public health system, confirms that the construction of the new facility and associated infrastructure on the eastern campus of The Townsville Hospital is considered consistent with the Townsville Planning Scheme.

Consultation

12. Details of stakeholder and public consultation are included in pages 34 to 44 of the Final Assessment Report (Attachment 3) and are documented in Attachment 5.

13. Assessment reports were prepared and issued for both consultation stages (stakeholder and public) together with a Notice of proposed Ministerial CID.

Financial implications

14. All costs associated with the process of undertaking the CID are funded from the Townsville sub-acute health facility project budget.

15. Sub-acute health facility has a total budget of $19.5 million which consists of $10.5 million Commonwealth Faster Emergency Care Program and $9 million from the Commonwealth National Health and Hospital Fund for sub-acute services.

Legal implications

16. The CID has been undertaken in accordance with Chapter 5 of SPA. All relevant State and Commonwealth legislation has been considered as part of the CID (Attachment 4).

Attachments

17. Attachment 1: Location Map
    Attachment 2: Proposed Notice of Designation
    Attachment 3: Stakeholder and Public Consultation excerpt from Final Assessment Report
    Attachment 4: Community Infrastructure Designation Process
    Attachment 5: Consultation with Stakeholders and Public

RELEASE

RTI RELEASE

s73

Department RecFind No:	BR056042
Division/District:	Central West HHS
File Ref No:	

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Mr Neil Hamilton-Smith, Principal Policy Advisor **Date requested:** **Action required by:**

SUBJECT: Re-Profiling the Alpha Multipurpose Health Service

Recommendation
That the Minister:

Note that the Central West Hospital and Health Service Board is considering re-profiling the Alpha Multipurpose Health Service.

Note that Alpha essentially provides a primary health care service, but is staffed around the clock due to its four bed Commonwealth MPS funded residential aged care service.

Note the re-profiling Alpha will enable the Health Service to save $1.5 million and reduce staffing by 15 without significant impact on the health services offered.

Note the ailing 91 year old hospital has significant structural and maintenance defects.

Note that mining development in the region requires a long term commitment to a purpose-built facility to host an augmented primary care/trauma response service.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
/ /

Chief of Staff
15/5/13

Minister's comments

RTI RELEASE

23 JAN 2013

URGENT

Department RecFind No:	BR056042
Division/District:	Central West HHS
File Ref No:	

Briefing Note
Director-General

Requested by: Mr Neil Hamilton-Smith, Principal Policy Advisor **Date requested:** **Action required by:**

SUBJECT: Re-Profiling the Alpha Multipurpose Health Service

RELEASE

Proposal
That the Director-General:

Note that the Central West Hospital and Health Service Board is considering re-profiling the Alpha Multipurpose Health Service (MPHS).

Provide this brief to the Minister for information.

Urgency
1. **Urgent** – reducing service delivery costs are necessary to meet financial and Minimum Obligatory Human Resources Information (MOHRI) budget targets for 2013-2014.

Headline Issues
2. The top issues are:
   - Alpha essentially provides a primary health care service, but is staffed around the clock due to its four bed Commonwealth MPS funded residential aged care service.
   - Re-profiling Alpha will enable the Health Service to save $1.5 million and reduce staffing by 15 without significant impact on the health services offered.
   - The ailing 91 year old hospital has significant structural and maintenance defects.
   - Mining development in the region requires a long term commitment to a purpose-built facility to host an augmented primary care/trauma response service.

RTI RELEASE

Key issues
Planning
3. The Board is considering a dual strategy to re-profile the Alpha MPHS on the current site (short-term budget and efficiency measures) and develop plans for a replacement facility and change in model of care to respond to rapidly developing mining interests.
4. The Board recognises considerable planning is needed to develop options; engage the community, support staff exit strategies; and build a solid communications platform to respond to community, media and staff concerns. The Board will seek to engage an experienced consultant to support the Chief Executive in developing plans and engaging staff and the community.
5. The Board recognises that the Coordinator General is a key facilitator/provider of information to the Board and community, having regard to the advanced stage of resource developments in Alpha. Planning will take into account the Coordinator General's consideration of mining lease approvals, in terms of timing and developer conditions.

Short-term Strategy
6. Alpha essentially operates as a primary health centre and residential aged care service. Current services include accident, emergency and primary health care (outpatients, x-ray, pathology, pharmacy and visiting medical and allied health services) and a four bed residential aged care service. Inpatient care ceased in 2010 due to the inability to attract a resident doctor.

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7. Alpha's budget for 2012-2013 is $2.7 million. The comparative cost of a primary health care service in a similarly sized community in Central West is around $650,000. The remaining budget is used to maintain the four aged beds at an average of $500,000 each.
8. Preliminary information has identified that current residents are locals with established local networks and families. Ideally, the preferred option is a community house solution (noting the current nursing model for aged care is not ideal). The Board will seek interest from the non-government sector for possible solutions. Alternatively, relocation to aged living options in Blackall, Barcaldine or Emerald could be explored with affected families.
9. Although the roster operates with around 19 full-time-equivalent staff, Alpha actually employs a head count of 40 staff through permanent part-time and casual arrangements. Any down-sizing will amplify the impact across a large number of households in Alpha and the nearby Jericho communities. Whilst nursing staff may be deployed to other sites, administrative and operational staff may have fewer options. Redundancies are likely.

Long-term Strategy

10. There are seven mining development applications under development in the Alpha region, one having received State and Commonwealth approval (Galilee) and another in the advanced environmental impact statement stage (Kev's Corner).
11. Whilst there is some debate on the actual impact these mining developments will have on the growth of the town of Alpha, it is evident that there will be a substantial FIFO workforce and contractor road traffic increase through Alpha. The local health service will need to be able to respond to this new challenge. Note that the Queensland Ambulance Service (QAS) has no plan to establish a manned ambulance station in Alpha.
12. The current hospital building is 91 years old, has concrete cancer in the foundation and major sewerage problems. The building is sited in a flood zone. The Health Board is not inclined to invest in upgrades to the ailing building. The best development option would be the construction of a purpose built enhanced primary health facility designed to support road trauma response and equipped to provide telehealth services to the community. Medical clinics to mining town-sites may also feature in the model. It is understood the Mayor of the Barcaldine Regional Council submitted a preferred option for a new facility to the previous State Government.
13. Collaboration with developers may identify interest in a financial contribution to the capital cost, which is estimated to be around $4-5 million based on similar builds in similar communities.

Background

14. Alpha has a resident population of around 400 and is located 90 minutes west of Barcaldine hospital and 90 minutes east of Emerald hospital. There is a significant tourist population between April and September.
15. Briefing Note BR053934 of 30 April 2012, was submitted through the Director-General for your consideration and was marked for return and consideration by the new Central West Hospital and Health Board (Attachment 1).

Attachments

16. Attachment 1: Copy of Briefing Note BR053934 of 30 April 2012 – Alpha Multipurpose Health Service (MPHS)

RTI RELEASE

RTI RELEASE

s73

Minister's Office RecFind No:	
Department RecFind No:	BR053934
Division/District:	Central West HSD
File Ref No:	

COPY

RECEIVED
DATE 8/5/12 BY DC

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive Officer, Central West Health Service District

Date requested:

Action required by:

Action required
☐ For approval
☐ For meeting
☐ For information
☐ With correspondence

Other attachments for Ministerial consideration
☐ Speaking points
☐ Draft media release
☐ Ministerial Statement

SUBJECT: Alpha Multipurpose Health Service (MPHS)

Recommendation

That the Minister

Note the issues relating to the repair and maintenance of the existing Alpha Multipurpose Health Service building and the risks that the continued use of the building poses.

Approve Option 2 – conversion from a Multipurpose Health Service (MPHS) to a Primary Healthcare Centre (PHC).

Approve $3 million to build a new PHC in Alpha, collocated with the other emergency services on land offered by the Barcaldine Regional Council.

APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

Returned by Min's Office with a request that this be referred to the Board for consideration in relation to the meaning. Thanks, Scott.

RTI RELEASE

24 APR 2012

Minister's Office RecFind No:	
Department RecFind No:	BR053934
Division/District:	Central West HSD
File Ref No:	

URGENT

Briefing Note

Director-General

Requested by: Chief Executive Officer, Central West Health Service District
Date requested: 23 April 2012
Action required by: 30 April 2012

Action required
☒ For approval
☐ For meeting
☒ For information
☐ With correspondence

Other attachments for consideration
☐ Speaking points
☐ Draft media release
☐ Ministerial Statement
☐ Cabinet related document

SUBJECT: Alpha Multipurpose Health Service (MPHS)

Proposal

That the Director-General:

Provide this brief to the Minister to:

Note the issues relating to the repair and maintenance of the existing Alpha Multipurpose Health Service building and the risks that the continued use of the building poses.

Approve Option 2 – conversion from a Multipurpose Health Service (MPHS) to a Primary Healthcare Centre (PHC).

Approve $3 million to build a new PHC in Alpha, collocated with the other emergency services on land offered by the Barcaldine Regional Council.

Urgency

1. Critical - potential loss of reputation and adverse media.

Background

2. Alpha is situated on the Capricorn Highway midway between Emerald and Barcaldine and has a resident population in Alpha township (416 persons) and Jericho Shire (968 persons).
3. There is a potential for an increased demand for health services related to mining exploration in the area.
4. The existing wooden building was built in 1924 (88 years ago) and converted to a MPHS in 2001.
5. The facility is built on a flood plain, and while the 2011 flood event in Alpha saw water enter the grounds of the facility, 1990 flood levels were significantly higher and there are local concerns that the old building may not withstand subsequent floods.
6. The MPHS has 10 designated acute care beds and five designated residential aged care beds.
7. No acute patients are admitted to the MPHS. This is because there is no doctor available within the designated response time (10 to 15 minutes).

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8. The position of Medical Superintendent with Right to Private Practice has been vacant since 2004 with the exception of one 18 month period during 2007-2008. The resident population of Jericho Shire (towns Alpha and Jericho surrounding communities) is too small to support a financially viable general medical practice.

9. There are currently three residential aged care residents living in the MPHS and two community residents who access the MPHS for regular respite.

10. Following the identification of significant issues relating to poor waste water drainage, staff from the Asset Services Management Unit visited this facility in 2008 and advised replacement of the existing septic system. As a result, $1.162 million from the Area Health Services Demand Management (AHSDM) Program was allocated to fund waste water upgrade.

11. The septic system which was built in 1960 has reached the end of its life. The septic system is suffering from ongoing blockages and during heavy water flows, it discharges raw sewage.

12. Alpha does not have town sewerage and the Barcaldine Regional Council has no plans to develop town sewerage over the next 15 years.

13. To ensure compliance with the Department of Environment and Resource Management (DERM), the existing septic system needs replacement with a sewerage treatment plant to ensure compliance with the standards. There is also a recurrent cost, estimated at between $25,000 to $75,000 per annum, relating to routine inspection and system maintenance of the new system.

14. The current building requires:
    a. Sewerage Treatment Plant (outlined above) – estimated cost $1.3 million;
    b. Building Stump Replacement due to erosion and damage to existing stumps – estimated cost $330,000; and
    c. replacement of underground pipe work due to excessive leakages and breakages – estimated cost of between $150,000 and $250,000.

15. Without plans to replace the sewerage or building a DERM inspection is likely to lead to a non-compliance order which will close the facility, and DERM is likely to impose a fine (estimated at around $300,000).

16. Although recent work has removed some of the asbestos risk, additional asbestos still remains. The asbestos is currently contained and does not pose a risk. However, restumping will raise the risk profile and the remaining asbestos will need to be removed prior to the commencement of works to restump. To date there has been no cost estimation to remove or make safe remaining asbestos.

17. On 25 January 2011, Mr Chandler, Mayor, Barcaldine Regional Council, emailed the former Deputy Premier and Minister for Health, regarding a proposed Human Services precinct at Alpha. The proposed site is on higher ground and the Mayor proposes the collocation of health, emergency and fire services in response to recent floods.

18. Replacement of the old MPHS building with a new facility as a PHC is recommended.

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19. This direction is supported in the current District Health Services Plan, approved by the Integrated Policy and Planning Committee in 2010. The District Health Services Plan outlines plans to modify the current service profile of the Alpha/Jericho MPHS to provide only primary health care services with no inpatient services being provided – conversion to a Primary Healthcare Centre (PHC).

Key issues

20. Three options are available to rectify the existing repairs and maintenance issues:
    a. **Option 1.** Allocate $2 million to undertake remedial repairs and maintenance including - replace underground plumbing and pipe work, replace sewage and drainage and restump the building and remove or make safe any remaining asbestos. This option would require that residents and staff be moved out of the facility while remedial work is completed;
    b. **Option 2.** Allocate $3 million to replace the ageing infrastructure with a new purpose built facility by converting the existing MPHS to a PHC. This option would require alternative arrangements for residents and staff as outlined in paragraphs 23 and 24, and would be the least acceptable to either community or staff; and
    c. **Option 3.** Allocate $14 million to replace the ageing infrastructure with a new purpose built facility retaining the same model of service delivery – a MPHS. This option would be the most attractive to the community and staff and would not attract any adverse media attention.

21. A new PHC was completed at Isisford in 2011 at a cost of $2.6 million. This plan could be replicated at Alpha.

22. The conversion of Alpha MPHS to a PHC would realise recurrent savings of approximately $2 million annually to the CWHSD.

23. Alternative employment options would need to be found for approximately 14 permanent staff who would not be required to work in a PHC model. These alternatives could include transfer to positions in other CWHSD facilities, transfer to positions in other QH facilities, transfer to positions within other Governments Departments in Alpha such as Education or Local Government. Alternatively, staff may choose to seek employment in the emerging mining industry or seek offered Voluntary Separation Packages (VSP).

24. Alternative accommodation would need to be found for the three permanent aged care residents. This would be done in consultation with their families. Similar discussions would need to be held with the families of the two respite clients. There are three residential aged care facilities within Central West Health Service District (CWHSD):
    - Barcaldine MPHS (1.5 hours away);
    - Barcoo Living at Blackall (1.5 hours away);
    - Pioneer Nursing Home at Longreach (2.5 hours away);
    - Residential Aged Care facility in Emerald (1.5 hours away); and a
    - MPHS in Clermont (1.5 hours away).

25. There has been no consultation with residents, staff or unions in relation to the proposed options.

26. There has been no community consultation in relation to the proposed options.

RTI RELEASE

Minister's Office RecFind No:	
Department RecFind No:	BR053934
Division/District:	Central West HSD
File Ref No:	

Consultation

27. Director-General

28. Deputy Director-General, Health Infrastructure and Planning

29. Deputy Director-General, Policy Strategy and Resourcing

Financial implications

30. It is estimated that funding of $3 million would be required. This would be funded utilising the existing Area Health Service Demand Management budget allocation of $1.162 million and additional funding would be made available through the Emergent Works Program.

Legal implications

31. There are no legal implications.

Remedial action

32. No remedial action is required.

Attachments

33. Nil

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RTI RELEASE

QCOS/014166 Pt4 (13)

BR056169

Department RecFind No:	BR056169
Division/District:	SPP Division
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

RECEIVED DATE 19 FEB 2013 BY

Requested by: Deputy Director-General, System Policy and Performance Division **Date requested:** **Action required by:**

SUBJECT: Minor amendments to the Project Agreement for the Torres Strait Islander Health Protection Strategy - Saibai Island Health Clinic

Recommendation

That the Minister:

Note the Premier's exemption from Cabinet Budget Review Committee (CBRC) approval process has been received for the variation to the Project Agreement (PA) for the Torres Strait Islander Health Protection Strategy - Saibai Island Health Clinic (Attachment 1).

Approve the PA and accompanying letter to the Minister for Health and Ageing (Attachment 2 and 2a).

Note that In line with the requirements under the Queensland Government Principles for Commonwealth-State/Territory Intergovernmental Activities, an exemption from the CBRC approval process was sought as the amendments to the PA for the Torres Strait Islander Health Protection Strategy - Saibai Island Health Clinic are only minor.

Note it was considered that the suggested changes by the Department of Health and Ageing (DoHA) are low risk and beneficial to Queensland. The amendments extend the reporting timeframes for the PA, in recognition of the original agreement's delayed commencement.

Note that this exemption has now been received and as such Ministerial sign-off of the amended PA can proceed.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
21/3/13

TPA
Chief of Staff
14/3/13

Minister's comments

RECORDS TEAM RECEIVED 22 MAR 2013 QLD HEALTH

RELEASE
DOH-DL-12/13-015 RTI Document 102

Department RecFind No:	BR056169
Division/District:	SPP Division
File Ref No:	

Briefing Note for Approval
Director-General

Requested by: Deputy Director-General, System Policy and Performance Division **Date requested:** **Action required by:**

SUBJECT: Minor amendments to the Project Agreement for the Torres Strait Islander Health Protection Strategy - Saibai Island Health Clinic

Proposal
That the Director-General:

Note the Premier's exemption from Cabinet Budget Review Committee (CBRC) approval process has been received for the variation to the Project Agreement (PA) for the Torres Strait Islander Health Protection Strategy - Saibai Island Health Clinic (Attachment 1).

Provide this brief to the Minister for approval and signing of the PA and accompanying letter to the Minister for Health and Ageing (Attachment 2 and 2a).

Urgency
1. Routine

Headline Issues
2. The top issues are:
   - in line with the requirements under the Queensland Government Principles for Commonwealth-State/Territory Intergovernmental Activities, an exemption from the CBRC approval process was sought as the amendments to the PA for the Torres Strait Islander Health Protection Strategy - Saibai Island Health Clinic are only minor;
   - it was considered that the suggested changes by the Department of Health and Ageing (DoHA) are low risk and beneficial to Queensland. The amendments extend the reporting timeframes for the PA, in recognition of the original Agreement's delayed commencement; and
   - this exemption has now been received and as such, Ministerial sign-off of the amended PA can proceed.

Key Values
3. The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☐ Openness

Key issues
4. It is in Queensland's interest to continue this Agreement as the Commonwealth funding supports front-line services that enable improved health outcomes for Queensland residents. This project provides additional staff for the treatment of communicable diseases at the health care clinic on Saibai Island and the development and implementation of a culturally appropriate sexual health education campaign.

5. The proposed amendments to the Agreement (marked by DoHA in section 10 of Attachment 1) are limited to extending the reporting timeframes.

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6. There are other changes marked in section 26 of the agreement however these were included in the original version signed by Ministers so therefore appear to be inadvertent carry-overs from the original version that have not been deleted from this version.

Background

7. The PA for the Torres Strait Islander Health Protection Strategy - Saibai Island Health Clinic was signed by the Queensland Minister for Health on 25 June 2012.

Consultation

8. The Torres Strait-Northern Peninsula Hospital and Health Service has previously confirmed that the updated reporting requirements are acceptable.

Financial implications

9. Under this PA, the Commonwealth will provide a total of $3.7 million over four years from 2011-2012 to 2014-2015.

10. Queensland Treasury and Trade (QTT) has advised this Agreement is taken into account in determining the Commonwealth Grants Commission's (CGC) calculation of State and Territory relativities for allocating of the national pool of goods and services tax (GST) funds. Hence the funds received under the Agreement are partially offset by a lagged reduction in GST revenue to the State.

11. QTT has been requested to seek the exclusion of this agreement from the CGC's GST relativities methodology at the next review opportunity.

Legal implications

12. There are no legal implications.

Attachments

13. Attachment 1: Copy of MI187490
    Attachment 2: Amended PA
    Attachment 2a: Letter to the Honourable Tanya Plibersek MP – MI187944
    Attachment 3: DoHA letter seeking signing of PA for the Torres Strait Islander Health Protection Strategy - Saibai Island Health Clinic

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Department RecFind No:	BR056183
Division/HHS:	SPP Division
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

RECEIVED 21 FEB 2013

URGENT

Requested by: Deputy Director-General, System Policy and Performance Division **Date requested:** **Action required by: 28 February 2013**

SUBJECT: Current Performance of Wide Bay Hospital and Health Service

Recommendation
That the Minister:

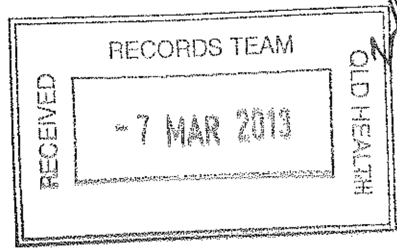
Note the current performance of Wide Bay Hospital and Health Service (WBHHS) including:

- The WBHHS has reviewed their financial position and based on the Commonwealth Specific Purpose Payment (SPP) reduction and the potential clawback of Regional Cancer Centre (RCC) funding, are now forecasting a $4 million deficit for the end of the financial year.
- Finance Branch are currently projecting a $5.7 million deficit. This does not include the Commonwealth SPP reduction or clawback of RCC funds.
- The WBHHS is not meeting its Minimum Obligatory Human Resource Information average target; and
- At the 18 February 2013 meeting, the Performance Management Executive Committee determined to escalate the WBHHS's performance from Under-performance (Multi) to Serious Underperformance.

Approve to meet with the WBHHS Chief Executive, the acting Board Chair and the Director-General to discuss the current performance.

RTI RELEASE

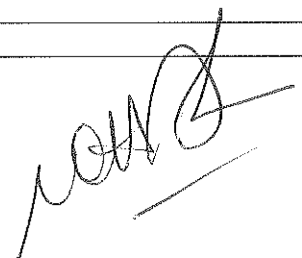
APPROVED/NOT APPROVED **NOTED** **NOTED**



LAWRENCE SPRINGBORG
Minister for Health

Chief of Staff

Minister's comments



DOH-DL-12/13-015 RTI Document 109

Department RecFind No:	BR056183
Division/HHS:	SPP Division
File Ref No:	

Briefing Note for Approval

Director-General

21 FEB 2013

Requested by: Deputy Director-General, System Policy and Performance Division **Date requested:** **Action required by: 28 February 2013**

SUBJECT: Current performance of Wide Bay Hospital and Health Service

Proposal

That the Director-General:

Note the current performance of Wide Bay Hospital and Health Service (WBHHS).

Agree to meet with the WBHHS Chief Executive, the acting Board Chair and the Minister for Health to discuss current performance.

Approve that Paxton Partners be engaged to undertake a review of the financial forecast and strategies of WBHHS.

Sign the attached letter (Attachment 4) to be sent to the acting Board Chair to confirm the WBHHS's escalation to serious underperformance (single – finance) within the Queensland Performance Framework.

Sign the attached letter (Attachment 3) in response to correspondence received from the Chief Executive of the WBHHS.

Provide this brief to the Minister for information prior to the above meeting.

Urgency

1. Urgent - the WBHHS continues to demonstrate poor performance particularly in its financial management and addressing the Minimum Obligatory Human Resource Information (MOHRI) targets; Finance Branch has assessed the WBHHS as a high financial risk.

Headline Issues

2. The top issues are:
   - The WBHHS has reviewed its financial position and based on the Commonwealth Specific Purpose Payment (SPP) adjustment and the potential reduction in funding for undelivered Regional Cancer Centre (RCC) activity, it is now forecasting a $4 million deficit for the end of the financial year.
   - Finance Branch is projecting a $5.7 million deficit prior to the reduction in Commonwealth funding ($4.9 million) and the potential clawback of RCC ($3.4 million) funds – the deficit could reach $14.0 million without urgent action.
   - The WBHHS is not meeting its MOHRI targets.
   - At the 18 February 2013 meeting, the Performance Management Executive Committee (PMEC) determined to escalate the WBHHS's performance category from underperformance to serious underperformance (single – finance).

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Division/HHS:	SPP Division
File Ref No:	

Key Values

3. The key values that apply are the following:

- ☐ Better service for patients
- ☐ Better healthcare in the community
- ☐ Valuing our employees and empowering frontline staff
- ☐ Empowering local communities with a greater say over their hospital and local health services
- ☒ Value for money for taxpayers
- ☐ Openness

Key issues

4. The December dashboard, detailing WBHHS's performance in National Emergency Access Target (NEAT), National Elective Surgery Target (NEST), finance, MOHRI and activity is attached (Attachment 1).

5. WBHHS continues to meet its NEAT targets. There have been recent improvements in meeting NEST targets, but the number of long waits has not shown consistent improvement.

6. In relation to activity (year to date to November 2012), the WBHHS is currently 8.3% above target. The service agreement provides a tolerance of +/-2% for activity against purchased targets. Over-activity is occurring in outpatients (45%), mental health (30%) and emergency department (14%).

7. Despite being above target in these areas, the WBHHS has failed to deliver the purchased activity associated with specific funding for RCC. A separate brief is being prepared to seek approval to clawback funds for undelivered activity related to specific funding. The impact of this RCC clawback for WBHHS would be up to $3.4 million.

8. The WBHHS has forecast an end of year deficit since September 2012 (forecast of $1 million in November and December 2012). It has recently reviewed this forecast and taking into account the SPP reduction and the potential reduction for undelivered RCC activity, the year end forecast is $4 million deficit.

9. WBHHS had not expected the funding associated with undelivered RCC activity would be clawed back and had planned to use these funds to offset the end of year financial position to a surplus. This is despite the fact that the treatment of any unspent specific funding is clearly described within the service agreement.

10. Finance Branch has analysed the WBHHS's position based on January 2013 data and it is forecasting a $5.7 million deficit for the WBHHS. This does not take into account the SPP reduction ($4.9 million) or the RCC reduction ($3.4 million).

11. The WBHHS has failed to make any progress in meeting its MOHRI targets. As at December 2012, the WBHHS is:

    - 114 FTE above its MOHRI average target of 2,675; and
    - 208 FTE above its MOHRI 31 March actual target of 2,584.

12. WBHHS contends it will meet the MOHRI actual target by 30 June 2013 and that it has strategies in place to achieve this.

13. The WBHHS maintains that insufficient activity has been purchased in 2012-2013, and argues that the Department of Health (the Department) - Health Need Assessment Model, used for calibrating purchased activity, does not adequately reflect the demographic and socio-economic indices for the WBHHS, especially for the Fraser Coast catchment.

RTI RELEASE

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Department RecFind No:	BR056183
Division/HHS:	SPP Division
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14. The WBHHS therefore argues that it should be provided with funding recognition for its additional activity. Based on the year-to-date levels of activity, the excess activity claimed by the WBHHS would equate to approximately $8.3 million in additional funding.

15. On the basis of growing concern about the WBHHS's performance and in accordance with the Performance Framework an additional Relationship Management Group (RMG) meeting was scheduled in January 2013, at which the WBHHS was asked to present strategies to reduce its MOHRI number (including providing a fortnightly trajectory) and strategies to address its financial position.

16. In January 2013, the WBHHS provided:

- MOHRI fortnightly trajectory;
- worked with the Finance Branch to review the forecasts; and
- provided a detailed list of strategies to address the MOHRI and finance constraints including:

   i. the outsourcing of Yaralla Place;

   ii. transferring Eidsvold Multi-Purpose Health Service (it is noted that this strategy is no longer being progressed);

   iii. Corporate services redesign; and

   iv. general strategies to address the MOHRI target.

17. In addition, the Executive Director Healthcare Purchasing, Funding and Performance Management Branch (HPFP) and the Department's Chief Finance Officer met with the Chief Executive of the WBHHS on 8 February 2013 to discuss these issues and as a result of this meeting it is proposed that Paxton Partners be engaged to validate the WBHHS's financial forecast and its savings strategies.

18. Since that time the Chief Executive of the WBHHS has written to the Director-General (Attachment 2) outlining a range of issues associated with the financial performance of the WBHHS and seeking further funding amendments. A proposed response is provided in Attachment 3.

19. Finally at the February 2013 meeting of the Department's PMEC a decision was made to escalate the WBHHS performance category to serious underperformance (single – finance). A proposed letter to the acting Chair of the WBHHS is provided in Attachment 4.

20. In light of the escalation of WBHHS's performance category, it is recommended that the Director-General and Minister meet with the Chief Executive and Board Chair to discuss the WBHHS's performance.

Background

21. WBHHS, was initially assessed at a performance category of underperforming (multi-dimension). This was based on the WBHHS's 2011-2012 performance against access (NEST) and its financial management.

22. Consistent with the Hospital and Health Services Performance Framework 2012-2013 (the Framework), WBHHS's performance across NEST, MOHRI and finance has been monitored via the RMG meetings and a range of interventions have been applied.

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Department RecFind No:	BR056183
Division/HHS:	SPP Division
File Ref No:	

Consultation

23. The WBHHS has had regular RMG meetings to discuss its performance, with additional meetings being held in January and February 2013 to address performance concerns.

24. The performance of the WBHHS has been monitored by Finance Branch, the Clinical Access and Redesign Unit and the HPFP.

Financial implications

25. Both the WBHHS and Finance Branch are forecasting an end-of-year deficit for the WBHHS.

Legal implications

26. The Framework sets out the systems and processes that will be employed by the Department to fulfil its responsibility as the overall manager of health system performance.

27. The service agreement clearly articulates the requirements of the WBHHS in delivering health services.

Attachments

28. Attachment 1: Wide Bay Hospital and Health Service December 2012 Performance Dashboard.
    Attachment 2: Letter received from WBHHS Chief Executive on 15 February 2013.
    Attachment 3: Proposed letter to WBHHS Chief Executive.
    Attachment 4: Proposed letter to WB HHS Chair.

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Queensland Health

Wide Bay

Performance Dashboard

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Appendices

7 Appendix 1 - Attainment Score (Targets and Tolerance levels)

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Wide Bay **December 2012**

Performance Category - Underperforming (Multi-Dimensional)

PERFORMANCE DOMAINS - Escalation KPIs

YTD Result / Latest Result

SAFETY AND QUALITY		TARGET	Data as at	Result	Trend
				Data source: Decision Support System (DSS) as at 21 January 2013	
E1	Never Events	0	*Data currently unavailable*		
E2	Hospital acquired 3rd and 4th stage pressure injuries *(FY Target is 5% of 2010-11)*	FY Target : 0	November	3	•
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia	20% of 2010-11	*Data currently unavailable*		

ACCESS (** denotes calendar year result)		TARGET	Data as at	Result	Trend
				Data source: Decision Support System (DSS) as at 21 January 2013	
E4	National Emergency Access Target (NEAT) : ** % of ED attendances who depart within 4 hours of their arrival in ED	70%	December	78.5%	•
E5	Emergency Department: % seen within recommended timeframe:				
E5.1	*Category 1: within 2 minutes*	100%	December	100.0%	•
E5.2	*Category 2: within 10 minutes*	80%	December	87.7%	↑
E5.3	*Category 3: within 30 minutes*	75%	December	80.7%	↑
E5.4	*Category 4: within 60 minutes*	70%	December	75.4%	↓
E5.5	*Category 5: within 120 minutes*	70%	December	90.6%	↑
E6	Patient Off Stretcher Time (POST): < 30 mins (%)	90%	October	88.0%	•
E7	Elective Surgery: % treated within clinically recommended timeframe: **				
E7.1	*Category 1: within 30 days*	89%	December	85.0%	•
E7.2	*Category 2: within 90 days*	81%	December	79.1%	•
E7.3	*Category 3: within 365 days*	94%	December	84.1%	↑
E8	Elective Surgery: Number of patients waiting more than the clinically recommended:				
E8.1	*Category 1: within 30 days*	0	December	15	↓
E8.2	*Category 2: within 90 days*	0	December	104	↓
E8.3	*Category 3: within 365 days*	0	December	44	↓
E9	Activity: variance between Purchased activity and YTD activity:	0% to +/-2%	November	2,335.4	↓
E9.1	*Inpatients*			196.0	•
E9.2	*Outpatients*			1,233.6	↑
E9.3	*ED (data manually adjusted to include CSO data this month)*			761.1	↑
E9.4	*Mental Health*			274.3	↑
E9.5	*Critical Care*			54.5	↑
E9.6	*Sub and Non-Acute Patients*			-184.1	↓

EFFICIENCY AND FINANCIAL PERFORMANCE ($ Deficit / $ - Surplus)		TARGET	Data as at	Result	Trend
				Information provided by Finance Branch, System Support Services Division	
E10	YTD Operating Position	Balanced	December	$ 1.13 M	•
E11	Full-year Forecast Operating Position	Balanced	December	$ 1.00 M	•
E12	Own Source Revenue Target - YTD Variance	Balanced	December	$ 2.28 M	↓
E13	YTD average FTE (MOHRI Occupied FTE) - Variance to target	2,675	December	114	↓
	MOHRI Headcount - fn ending 6 January 2013	2,584	December	208	↑

CLOSING THE GAP		TARGET	Data as at	Result	Trend
E14	Achievement of Closing the Gap escalation indicators	0 'Red' esc. KPIs		amber	
E14.1	Estimated level completion of Indigenous status - specifically the reporting of 'not stated' on admission	< 1%	September	0.9%	
E14.2	Rate of community follow up within 1-7 days following discharge from an acute mental health inpatient unit/Aboriginal and Torres Strait Islander consumer specific	55%	September		
E14.3	Proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice	2.59%	September	3.7%	
E14.4	% of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility	12.5%	September	3.2%	

MENTAL HEALTH AND ALCOHOL AND OTHER DRUG TREATMENT SERVICES		TARGET	Data as at	Result
E15	Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators	> 67% 'Green' esc. KPIs		
E15.1	Ambulatory Service Contacts	100%	September	144%
E15.2	Ambulatory Service Contacts: Duration (hours)	100%	September	134%
E15.3	Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	95%	September	-
E15.4	Closure of ATODS Client Intake	< 2 weeks	September	-
E15.5	Number of dedicated hospital alcohol and other drugs withdrawal beds *(MNHHS only)*	n/a	n/a	n/a
E15.6	Significant variation in number of dedicated residential alcohol and other drugs withdrawal beds *(CHQ only)*	n/a	n/a	n/a

Legend: Latest/YTD Result compared to previous reporting period: Favourable ↑ Stable • Unfavourable ↓

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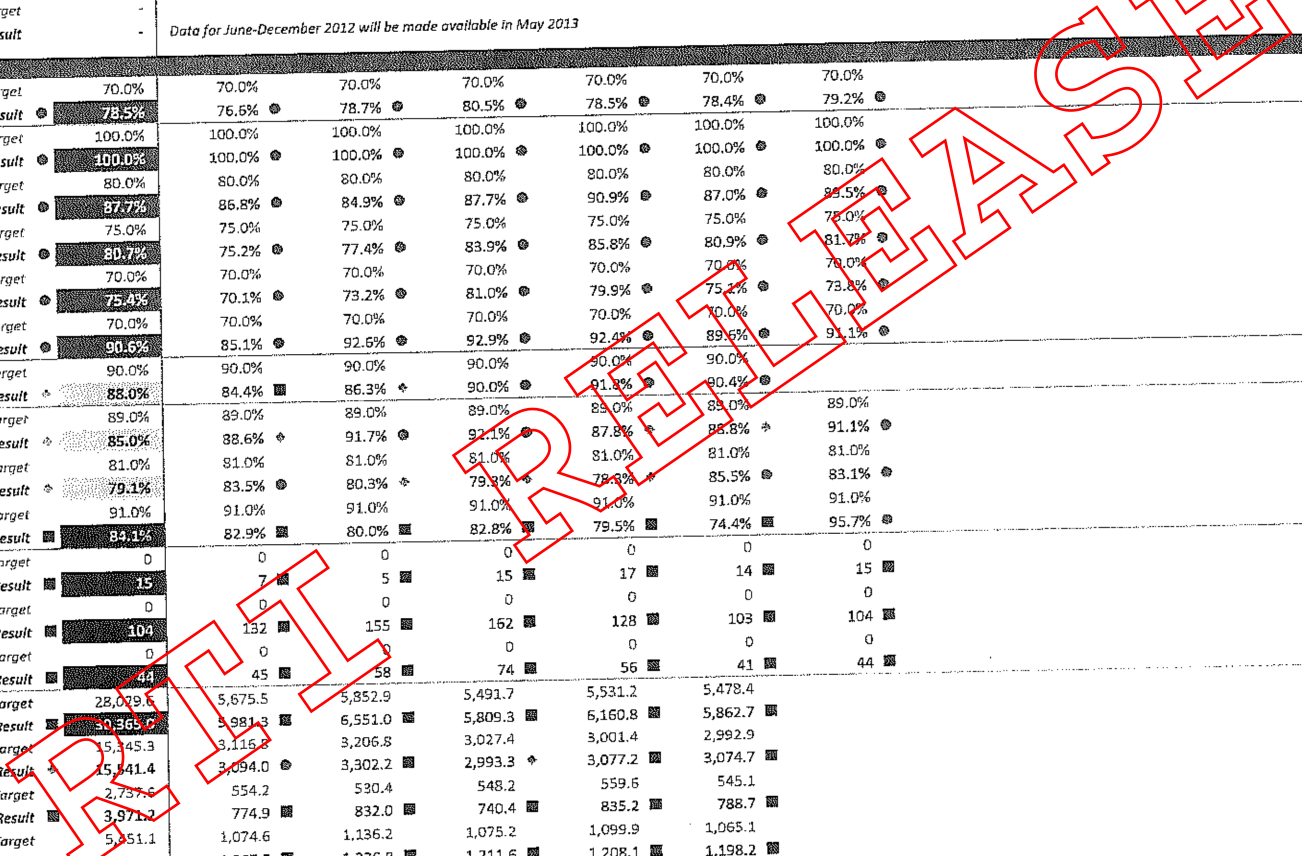
December 2012

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 21 January 2013

			Latest Result / YTD Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
SAFETY AND QUALITY	*E1 & E3 data is currently unavailable*															
E1	Never Events	*Result*	-	-	-	-	-	-								0
E2	Hospital acquired 3rd and 4th stage pressure injuries *(FY Target is 5% of 2010-11 actuals)*	*FY Target*	0													
		Result	3	2	1	0	0	0								20%
E3	Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia - SAB	*Target*	-	*Data for June-December 2012 will be made available in May 2013*												
		Result	-													
ACCESS	** denotes calendar year result															
E4	National Emergency Access Target: 4hrs **	*Target*	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%							70%
	NEAT	*Result*	78.5%	76.6%	78.7%	80.5%	78.5%	78.4%	79.2%							
E5.1	ED: % seen within recommended time — Category 1: within 2 minutes	*Target*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100%
		Result	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							
E5.2	Category 2: within 10 minutes	*Target*	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%							80%
		Result	87.7%	86.8%	84.9%	87.7%	90.9%	87.0%	84.5%							
E5.3	Category 3: within 30 minutes	*Target*	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%							75%
		Result	80.7%	75.2%	77.4%	83.9%	85.8%	80.9%	81.7%							
E5.4	Category 4: within 60 minutes	*Target*	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%							70%
		Result	75.4%	70.1%	73.2%	81.0%	79.9%	75.1%	73.8%							
E5.5	Category 5: within 120 minutes	*Target*	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%							70%
		Result	90.6%	85.1%	92.6%	92.9%	92.4%	89.6%	91.1%							
E6	Patient Off Stretcher Time: < 30 mins	*Target*	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%								90%
	POST	*Result*	88.0%	84.4%	86.3%	90.0%	91.8%	90.4%								
E7.1	ES: % treated within recommended time ** — Category 1: within 30 days	*Target*	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%							89%
		Result	85.0%	88.6%	91.7%	92.1%	87.8%	88.8%	91.1%							
E7.2	Category 2: within 90 days	*Target*	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%	81.0%							81%
		Result	79.1%	83.5%	80.3%	79.3%	78.3%	85.5%	83.1%							
E7.3	Category 3: within 365 days	*Target*	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%							91%
		Result	84.1%	82.9%	80.0%	82.8%	79.5%	74.4%	95.7%							
E8.1	ES: 'long waits' — Category 1: within 30 days	*Target*	0	0	0	0	0	0	0							0
		Result	15	7	5	15	17	14	15							
E8.2	Category 2: within 90 days	*Target*	0	0	0	0	0	0	0							0
		Result	104	132	155	162	128	103	104							
E8.3	Category 3: within 365 days	*Target*	0	0	0	0	0	0	0							0
		Result	44	45	58	74	56	41	44							
E9	Activity (WAU): Total	*Target*	28,029.6	5,675.5	5,852.9	5,491.7	5,531.2	5,478.4								67,109
		Result	30,365.[illegible]	5,981.3	6,551.0	5,809.3	6,160.8	5,862.7								
E9.1	Inpatients	*Target*	15,345.3	3,116.8	3,206.8	3,027.4	3,001.4	2,992.9								36,586
		Result	15,541.4	3,094.0	3,302.2	2,993.3	3,077.2	3,074.7								
E9.2	Outpatients	*Target*	2,737.6	554.2	530.4	548.2	559.6	545.1								6,431
		Result	3,971.2	774.9	832.0	740.4	835.2	788.7								
E9.3	Emergency Department *(ED data contains manual adjustment)*	*Target*	5,351.1	1,074.6	1,136.2	1,075.2	1,099.9	1,065.1								13,291
		Result	6,212.2	1,267.5	1,326.8	1,211.6	1,208.1	1,198.2								
E9.4	Mental Health	*Target*	903.9	185.7	198.4	167.0	175.7	177.1								2,193
		Result	1,178.2	192.8	307.8	229.8	257.0	190.8								
E9.5	Critical Care	*Target*	952.8	192.5	197.3	190.0	186.8	186.1								2,264
		Result	1,007.3	214.4	210.2	196.6	207.9	178.1								
E9.6	Sub and Non-Acute Patients	*Target*	2,638.8	551.6	583.8	483.8	507.6	512.0								6,345
		Result	2,454.7	437.6	571.9	437.5	575.5	432.1								



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Wide Bay

December 2012

TREND IN ESCALATION KPI

Data source: Decision Support System (DSS) as at 21 January 2013

Code	Indicator	Measure	Latest Result / YTD Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
EFFICIENCY AND FINANCIAL PERFORMANCE			$ Deficit / - $ Surplus													
E10	YTD Operating Position	Target	$0	$0	$0	$0	$0	$0	$0							$0
		Result	$1,130,578	$1,345,418	$1,558,758	$1,198,222	$633,275	$989,639	$1,130,578							
		Variance	$1,130,578	$1,345,418	$1,558,758	$1,198,222	$633,275	$989,639	$1,130,578							
E11	Full-year Forecast Operating Position (Agreed position by HHS)	Target	$0	$0	$0	$0	$0	$0	$0							$0
		Result	$1,000,003	$0	$0	$5,005,488	$5,000,181	$1,000,003	$1,000,003							
		Variance	$1,000,003	$0	$0	$5,005,488	$5,000,181	$1,000,003	$1,000,003							
E12	Own Source Revenue Target (User Charges only)	Budget	$13,272,352	$1,911,834	$1,892,662	$1,892,662	$1,892,662	$1,892,662	$3,789,868							$28,253,627
		Result	$10,988,078	$1,821,004	$1,882,266	$1,501,165	$1,881,327	$1,913,125	$1,989,192							
		Variance	$2,284,274	$90,830	$10,397	$391,497	$11,336	-$20,462	$1,800,676							
E13	YTD average FTE (MOHRI Occupied FTE)	Target	2,675	2,611	2,611	2,611	2,675	2,675	2,675							2,675
		Result	2,789	2,763	2,765	2,779	2,783	2,787	2,789							
		Variance	114	152	153	168	109	112	114							
CLOSING THE GAP																
E14	Achievement of Closing the Gap escalation indicators	Result	amber													
E14.1	Indigenous status - reporting of 'not stated' on admission	Target	1.0%			1.0%										1%
		Result	0.9%			0.9%										
E14.2	Community follow up (within 1 - 7 days) post mental health discharge	Target	55.0%			55.0%										55%
		Result	-			-										
E14.3	Patients who discharged themselves against medical advice (DAMA)	Target	2.59%			2.59%										
		Result	3.65%			3.65%										
E14.4	Aboriginal and Torres Strait Islander Cultural Practice Program participants	Target	12.5%			12.5%										12.5%
		Result	3.2%			3.2%										
MENTAL HEALTH & ALCOHOL AND OTHER DRUG TREATMENT SERVICES																
E15	Achievement of Mental Health & ATODS escalation indicators															
E15.1	Ambulatory service contacts	Target	100.0%			100.0%										100%
		Result	144.2%			144.2%										
E15.2	Ambulatory service contacts: Duration (hours)	Target	100.0%			100.0%										100%
		Result	134.0%			134.0%										
E15.3	Accrued patient days in block funded mental health facilities	Target	95.0%			95.0%										95%
		Result	-			-										
E15.4	Closure of ATODS Client Intake	Target	2.0			2.0										2
		Result	-			-										
E15.5	Dedicated hospital alcohol & other drugs withdrawal beds - *Metro North HHS only*	Target	n/a			n/a										n/a
		Result	n/a			n/a										
E15.6	Dedicated residential alcohol & other drugs withdrawal beds - *Mater HS & Children's HQ only*	Target	n/a			n/a										n/a
		Result	n/a			n/a										

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EMERGENCY DEPARTMENTS

National Emergency Access Target (NEAT) - calendar year to date performance

NEAT by departure status group

Departure Status *	Total Attendances	NEAT	% NEAT	Nov 2012 YTD NEAT %
Non-admitted	84,211	73,223	87.0%	86.9%
Admitted	21,231	10,091	47.5%	47.2%
Total	105,442	83,314	79.0%	79.0%

** Does not include dead on arrival, died in ED, did not wait and transferred to another hospital*

NEAT by hospital and departure status group

Hospital	Non-admitted	Admitted	% NEAT	Nov 2012 YTD NEAT %
Bundaberg Hospital	89%	65%	82.2%	82.2%
Hervey Bay Hospital	83%	20%	70.7%	70.5%
Maryborough Hospital	90%	30%	86.0%	85.9%

NEAT by top 5 admitting wards by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Ward	Admissions	NEAT	% consults < 120
HBH AWAITING WARD ALLOCATION	2,552	14.6%	43.2%
BUN SURGICAL UNIT	1,626	38.9%	37.8%
HBH SURGICAL UNIT	1,218	19.0%	45.9%
BUN MEDICAL UNIT	1,139	35.5%	30.8%
HBH MEDICAL UNIT	977	7.0%	33.5%
Total of all admissions	35.4%		

NEAT by top 5 admitting specialty by volume, and % of consults requested within 120 minutes (excludes NEAT performance >40%)

Admitting Specialty	Admissions	NEAT	% consults < 120
HBH MEDICINE	2,830	8.4%	37.0%
BUN MEDICINE	1,815	31.4%	34.7%
HBH EMERGENCY MEDICINE	1,506	20.7%	25.6%
HBH SURGERY	1,434	19.2%	47.0%
MAR EMERGENCY MEDICINE	1,006	24.1%	40.3%
Total of all admissions	40.5%		

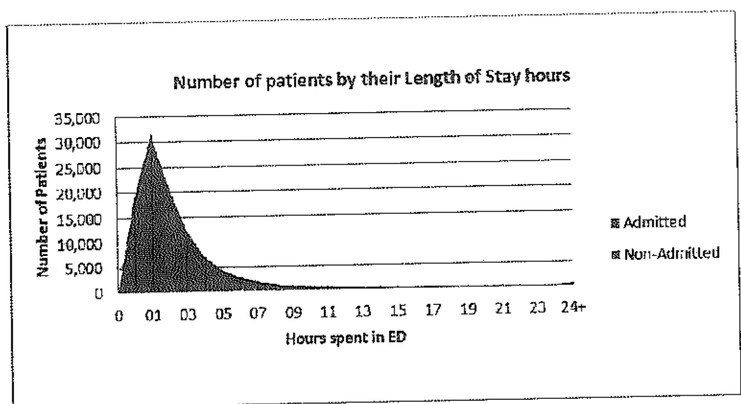
WAITING TIMES - monthly performance

Volume and waiting time performance by triage category

	Category 1	Category 2	Category 3	Category 4	Category 5	All Categories
Attendances	35	672	3,142	5,251	432	9,532
# seen in time	35	597	2,568	3,938	397	7,535
% seen in time	100.0%	88.8%	81.7%	75.0%	91.9%	79.0%
Median Wait (minutes)	0	5	15	34	30	21

Volume and waiting time performance by top 5 diagnosis, category 3 and 4

Diagnosis	Category 3 Attendances	Category 3 % seen in time	Category 4 Attendances	Category 4 % seen in time
R11 Nausea And Vomiting	116	81.9%	102	39.4%
S33.7 Back Sprain / Strain	51	80.4%	125	51.7%
B34.9 Viral Infection	48	77.1%	108	59.6%
N39.0 Urinary Tract Infection	51	74.5%	100	46.4%
S61.9 Lacerated Hand Or Wrist	8	100.0%	135	74.8%



Information provided by Clinical Access and Redesign Unit
Data source: Emergency Department Information System (EDIS), data is preliminary and subject to change.

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Wide Bay **December 2012**

ELECTIVE SURGERY

Patients waiting by surgical specialty, 'long waits' and maximum waiting time in days (max)

Specialty	Category 1			Category 2			Category 3			Total
	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	Waiting	'long wait'	Max (days)	Waiting
ENT	1	0	16	105	10	329	85	7	480	**191**
General	70	2	34	306	44	680	148	3	478	**524**
Gynaecology	18	0	29	135	7	672	81	1	644	**234**
Orthopaedic	16	0	22	144	47	655	270	35	622	**430**
Urology	41	13	76	38	11	241	4	0	258	**83**
Total	**146**			**728**			**588**			**1,462**

Categorisation vs order treated summary by surgical specialty

Specialty	Number treated	Allocated Category			Actually treated			NSW Comparison		
		Category 1	Category 2	Category 3	< 30 days	< 90 days	< 365 days	Category 1	Category 2	Category 3
General	122	58%	39%	3%	63%	22%	15%	51%	7%	42%
Gynaecology	70	17%	76%	7%	59%	37%	4%	0%	60%	40%
Orthopaedic	59	27%	49%	24%	49%	29%	22%	5%	3%	92%
Urology	37	76%	22%	2%	49%	35%	16%	8%	51%	41%
Total	**288**									

Achievable maximum wait by surgical specialty

Specialty	Number Waiting [1]	Max Wait - Actual	Max Wait - Achievable [2]	# Waiting > Achievable Max [3]	long wait capacity [4]
ENT	138	16 months	5 months	41	60%
General	448	23 months	5 months	51	33%
Gynaecology	180	23 months	4 months	32	27%
Orthopaedic	350	22 months	6 months	109	54%
Urology	57	8 months	3 months	9	28%
Total	**1,173**				

SPOTLIGHT SPECIALTY – ORTHOPAEDIC

Orthopaedic Surgery by hospital – patients waiting, 'long waits' and maximum waiting time in days (max)

Hospital	Category 1			Category 2			Category 3			Total
	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	Waiting	Long-wait	Max (days)	Waiting
Bundaberg Hospital	11	0	15	96	36	655	100	28	622	207
Hervey Bay Hospital	3	0	21	28	8	252	127	7	529	158
Maryborough Hospital	2	0	22	20	3	609	43	0	356	65
Total	**16**			**144**			**270**			**430**

Orthopaedic Surgery by hospital – categorisation vs order treated summary

Hospital	Number Treated	Allocated Category			Actually treated			NSW Comparison		
		Category 1	Category 2	Category 3	< 30 days	< 90 days	< 365 days	Category 1	Category 2	Category 3
Bundaberg Hospital	35	34%	63%	3%	60%	31%	9%	3%	6%	91%
Hervey Bay Hospital	17	18%	24%	58%	35%	6%	59%	12%	0%	88%
Maryborough Hospital	7	14%	43%	43%	29%	71%	0%	0%	0%	100%
Total	**59**									

Statewide result – categorisation vs order treated summary

Specialty	Number Treated	Allocated Category			Actually treated			NSW Comparison		
		Category 1	Category 2	Category 3	< 30 days	< 90 days	< 365 days	Category 1	Category 2	Category 3
Orthopaedic Surgery	1,492	42%	37%	22%	55%	19%	26%	19%	2%	79%

Orthopaedic Surgery by hospital – achievable maximum wait

Specialty	Number Waiting [1]	Max Wait - Actual	Max Wait - Achievable [2]	# Waiting > Achievable Max [3]	long wait capacity [4]
Bundaberg Hospital	171	22 months	5 months	70	55%
Hervey Bay Hospital	129	18 months	10 months	9	51%
Maryborough Hospital	50	21 months	5 months	6	57%
Total	**350**				

Information provided by Clinical Access and Redesign Unit

Data source: HBCIS Elective Admissions Module (EAM), data is preliminary and subject to change.

Notes:

1. *Number of patients waiting at the census date who were ready for care at the census date*
2. *Waiting time of the longest waiting patient at the census date, if 60% of category 3 patients had been broadly treated in order*
3. *Number of longest waiting patients, at the census date, that would have been treated already if the reduced maximum wait was achieved*
4. *Percentage of all surgical capacity must be delegated to the longest waiting patients in order to achieve the reduced maximum wait*

Key point:
With regards to Orthopaedic surgery, if the HHS had booked 54% of all patients in order, the maximum waiting time would have been reduced from 22 months to 6 months. This means that 109 of the current long waits would have already been seen.

RTI RELEASE

Wide Bay

ACTIVITY (ABF AND NON-ABF) YTD PERFORMANCE - November 2012

Weighted Activity Units - WAU	2011-12 FY Actual	2012-13 Purchased	2011-12 YTD Actual	2012-13 YTD DSS Target	2012-13 YTD Actual	YTD Variance to Target Actual	YTD Variance to Target %	2011-12 to 2012-13 Change Actual	2011-12 to 2012-13 Change %
Activity									
ABF	62,300	62,562	25,873	25,970	28,051	2,081	8.0%	2,178	8.4%
Non ABF	4,789	4,547	1,981	2,060	2,314	254	12.4%	333	16.8%
Total Activity	67,090	67,109	27,854	28,030	30,365	2,335	8.3%	2,511	9.0%
Inpatients									
Service Related Group (SRG)									
01 Cardiology	2,044.4	1,986.8	893.1	837.3	989.8	152.5	18.2%	96.7	10.8%
02 Interventional Cardiology	-	-	-	-	-	-	-	-	-
03 Cardiac Surgery	-	-	-	-	-	-	-	-	-
04 Thoracic Surgery	86.9	90.5	27.0	33.8	15.2	-18.6	-55.1%	-11.8	-43.7%
05 Dermatology	105.5	124.4	51.0	52.9	51.9	-1.0	-1.8%	0.9	1.9%
06 Endocrinology	578.3	547.6	252.1	231.7	254.6	22.9	9.9%	2.5	1.0%
07 Gastroenterology	576.9	794.0	242.6	336.0	229.5	-106.5	-31.7%	-13.1	-5.4%
08 Diagnostic GI Endoscopy	1,073.4	1,007.6	411.2	419.6	302.4	-117.1	-27.9%	-108.8	-26.5%
09 Haematology	393.6	413.1	168.2	190.0	172.3	-17.8	-9.4%	4.1	2.4%
10 Haematological Surgery	66.2	39.0	21.2	25.5	15.2	-10.3	-40.5%	-6.0	-28.3%
11 Immunology & Infections	1,187.3	1,185.8	420.4	468.7	570.1	101.4	21.6%	149.7	35.6%
12 Medical Oncology	443.1	1,090.6	183.2	460.3	211.8	-248.5	-54.0%	28.5	15.6%
13 Chemotherapy & Radiotherapy	847.4	1,817.0	348.0	764.8	371.6	-393.3	-51.4%	23.6	6.8%
14 Neurology	1,679.4	1,651.3	707.3	791.9	741.8	-50.0	-6.3%	34.5	4.9%
15 Renal Medicine	280.7	282.8	97.6	118.7	167.7	49.0	41.2%	70.0	71.7%
16 Renal Dialysis	2,142.8	1,793.2	901.2	719.4	900.4	180.9	25.1%	-0.8	-0.1%
17 Respiratory Medicine	2,891.7	2,661.6	1,381.5	1,154.1	1,577.4	423.2	36.7%	195.8	14.2%
18 Rheumatology	190.0	220.1	84.5	93.0	85.0	-8.0	-8.6%	0.5	0.6%
19 Non Subspecialty Medicine	1,659.8	1,728.9	681.2	581.1	744.5	163.4	28.1%	63.3	9.3%
20 Breast Surgery	258.0	271.5	99.5	113.7	102.2	-11.5	-10.1%	2.7	2.7%
21 Upper GIT Surgery	1,156.3	1,134.0	470.8	503.5	480.5	-23.0	-4.6%	9.8	2.1%
22 Colorectal Surgery	1,023.6	956.9	378.1	401.2	470.9	69.8	17.4%	92.8	24.5%
23 Head & Neck Surgery	91.8	66.5	40.0	27.8	53.8	25.9	93.2%	13.8	34.5%
24 Neurosurgery	152.7	225.7	69.9	101.3	68.8	-32.5	-32.1%	-1.1	-1.6%
25 Dental Surgery	332.5	323.1	148.7	134.7	131.6	-3.1	-2.3%	-17.1	-11.5%
27 Ear, Nose & Throat	260.4	297.1	121.8	125.8	128.0	2.2	1.7%	6.2	5.1%
28 Orthopaedics	5,100.5	5,404.9	2,275.0	2,262.7	2,204.6	-58.1	-2.6%	-70.4	-3.1%
29 Ophthalmology	135.3	185.0	31.7	71.5	13.8	-57.8	-80.8%	-18.0	-56.7%
30 Plastic & Reconstructive Surgery	721.5	742.6	277.4	308.5	272.9	-35.6	-11.5%	-4.5	-1.6%
31 Urology	937.8	1,009.9	398.5	422.7	413.1	-9.7	-2.3%	14.6	3.7%
32 Vascular Surgery	304.1	289.0	160.0	121.7	127.3	5.5	4.5%	-32.7	-20.4%
33 Non Subspecialty Surgery	2,870.8	2,737.2	1,122.5	1,156.4	1,254.3	97.9	8.5%	131.7	11.7%
34 Gynaecology	1,492.7	1,564.8	688.7	659.3	661.7	2.4	0.4%	-27.0	-3.9%
35 Obstetrics	3,018.8	3,071.6	1,195.8	1,284.6	1,283.0	-1.6	-0.1%	87.3	7.3%
36 Qualified Neonate	458.8	439.5	176.9	184.3	213.0	28.6	15.5%	36.1	20.4%
38 Transplantation	-	-	-	-	-	-	-	-	-
39 Extensive Burns	8.9	11.1	2.4	4.7	1.5	-3.1	-67.5%	-0.9	-36.9%
40 Tracheostomy	211.1	162.3	113.4	67.7	118.9	51.2	75.5%	5.5	4.8%
41 Drug & Alcohol	255.0	258.9	91.5	114.3	140.5	26.2	22.9%	49.0	53.5%
43 Rehabilitation	-	-	-	-	-	-	-	-	-
44 Unallocated	-	-	-	-	-	-	-	-	-
Inpatient Total	35,037.7	36,585.9	14,733.9	15,345.4	15,541.4	196.0	1.3%	807.5	5.5%
Critical Care									
Bed Type									
Coronary Care	290.6	353.9	124.0	149.9	116.7	-33.2	-22.1%	-7.4	-5.9%
Intensive Care	1,677.2	1,554.4	719.4	653.7	699.4	45.7	7.0%	-20.0	-2.8%
Neonatal Intensive Care	-	-	-	-	-	-	-	-	-
Paediatric Intensive Care	-	-	-	-	-	-	-	-	-
Special Care Nursery	397.9	355.6	141.1	149.2	191.2	42.0	28.1%	50.1	35.5%
Critical Care Total	2,365.6	2,264.0	984.5	952.8	1,007.3	54.5	5.7%	22.7	2.3%

Monthly target phasing - loaded to DSS	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013
Inpatients	8.5%	8.8%	8.3%	8.2%	8.2%	8.0%	7.9%	7.9%	8.9%	8.1%	8.7%	8.6%
Critical Care	8.5%	8.7%	8.4%	8.3%	8.2%	8.1%	7.9%	7.9%	8.9%	8.0%	8.6%	8.5%
Emergency Department	8.1%	8.5%	8.1%	8.3%	8.0%	8.8%	8.7%	7.5%	8.4%	8.6%	8.5%	8.3%
Sub and Non-Acute Patients	8.7%	9.2%	7.6%	8.0%	8.1%	7.8%	8.0%	8.3%	8.4%	8.1%	9.0%	8.8%
Mental Health	8.5%	9.0%	7.6%	8.0%	8.1%	7.9%	7.9%	8.4%	8.5%	8.1%	9.1%	8.9%
Outpatients	8.6%	8.2%	8.5%	8.7%	8.5%	7.3%	7.1%	8.3%	9.5%	8.1%	8.5%	8.6%
Total Activity Target	8.5%	8.7%	8.2%	8.3%	8.2%	8.1%	8.0%	7.9%	8.8%	8.2%	8.6%	8.6%

Data source: Decision Support System (DSS) as at 21 January 2013

Weighted Activity Units - WAU	2011-12 FY Actual	2012-13 Purchased	2011-12 YTD Actual	2012-13 YTD DSS Target	2012-13 YTD Actual	YTD Variance to Target Actual	YTD Variance to Target %	2011-12 to 2012-13 Change Actual	2011-12 to 2012-13 Change %
Emergency Department					* 2012-13 YTD Actual includes adjusted ED data				
Presentation Type									
Cat 1 (Admitted and Discharged)	170.2	162.0	80.3	59.9	71.1	11.2	18.7%	-9.1	-11.4%
Cat 2 (Admitted and Discharged)	1,579.4	1,438.0	650.3	576.0	782.6	206.6	35.9%	132.3	20.3%
Cat 3 (Admitted and Discharged)	4,763.8	4,891.5	1,986.4	2,042.9	2,323.4	280.5	13.7%	337.0	17.0%
Cat 4 (Admitted and Discharged)	5,129.3	4,800.4	2,083.4	1,939.5	2,277.0	337.5	17.4%	193.6	9.3%
Cat 5 (Admitted and Discharged)	455.6	692.6	171.1	286.0	218.0	-68.0	-23.8%	46.9	27.4%
Did Not Wait	-	-	-	-	-	-	-	-	-
Died	6.7	9.3	2.8	3.9	5.6	1.7	43.3%	2.8	100.0%
Emergency Services Treated	1,317.2	1,296.9	534.5	54[illegible].0	5[illegible]4.5	-8.4	-1.6%	-	-
Emergency Department Total	13,422.1	13,290.7	5,508.9	5,451.1	6,212.2	761.1	14.0%	703.3	12.8%
Sub and Non-Acute Patients									
Bed Type									
GEM	451.0	445.4	55.[illegible]	187.9	348.5	160.6	85.5%	293.3	531.7%
MAINT	1,468.9	1,398.4	665.8	596.2	564.4	-31.8	-5.3%	-101.4	-15.2%
PALLIATIVE	694.5	740.0	290.1	306.8	479.9	173.2	56.4%	189.9	65.5%
REHAB	2,501.5	3,761.7	1,109.2	1,548.0	1,061.9	-486.1	-31.4%	-47.2	-4.3%
SNAP Total	5,115.9	6,345.5	2,120.2	2,638.8	2,454.7	-184.1	-7.0%	334.5	15.8%
Mental Health									
Activity Type									
Designated Bed (Per Diem Activity)	2,375.5	2,018.8	923.5	830.4	1,079.0	248.6	29.9%	155.5	16.8%
42 Psychiatry - Acute	195.6	173.7	75.4	73.5	99.2	25.7	34.9%	23.8	31.5%
Mental Health Total	2,571.1	2,192.5	998.9	903.9	1,178.2	274.3	30.3%	179.3	17.9%
Outpatients									
Clinic Type									
Medical	399.1	327.5	173.1	139.6	349.6	210.0	150.5%	176.5	102.0%
Surgical	1,474.2	1,299.4	636.4	553.8	648.2	94.4	17.0%	11.8	1.8%
Allied Health	909.7	686.7	406.2	292.6	520.2	227.5	77.8%	114.0	28.1%
Pre-Admission	398.4	390.3	168.6	166.4	7.7	-158.7	-95.4%	-160.9	-95.5%
Paediatric	428.0	373.2	196.5	159.1	174.5	15.4	9.7%	-22.0	-11.2%
Neonatal	17.5	12.4	7.1	5.3	1.3	-3.9	-74.7%	-5.7	-81.1%
Maternity	828.2	588.3	337.9	250.7	377.6	126.8	50.6%	39.7	11.7%
Alcohol & Drug	-	-	-	-	-	-	-	-	-
Chemotherapy	-	13.6	-	-	11.7	11.7	-	11.7	-
Clinical Haematology	0.7	-	0.7	-	0.9	0.9	-	0.3	40.0%
Clinical Measurement	1.0	1.2	0.3	0.5	1.6	1.1	214.8%	1.2	358.4%
Community Health Services	-	-	-	-	-	-	-	-	-
Cystic Fibrosis	3.6	5.2	1.9	2.2	0.6	-1.6	-71.2%	-1.3	-66.7%
Diagnostic Imaging	-	-	-	-	-	-	-	-	-
Dialysis	531.8	395.7	204.5	165.6	241.3	75.6	45.7%	36.8	18.0%
District Nursing Services	-	-	-	-	-	-	-	-	-
Endoscopy	510.9	504.0	170.2	214.8	295.4	80.6	37.5%	125.2	73.6%
Interventional Cardiology	-	-	-	-	-	-	-	-	-
Medical Oncology	335.6	216.6	138.9	98.1	195.9	97.8	99.7%	57.0	41.0%
Pain Management	134.4	55.8	58.7	23.8	53.8	30.0	126.2%	-5.0	-8.4%
Pharmacy	-	-	-	-	1.2	1.2	-	1.2	-
Primary Care	1,203.5	526.8	480.1	224.5	544.8	320.3	142.6%	64.7	13.5%
Psychiatry	-	-	-	-	0.6	0.6	-	0.6	-
Radiation Oncology	62.8	82.4	24.6	35.1	25.1	-10.0	-28.4%	0.5	2.0%
Renal Medicine	356.3	244.5	146.8	104.2	161.0	56.9	54.6%	14.2	9.7%
Sub Acute	588.4	363.0	192.1	154.7	184.0	29.3	18.9%	-8.2	-4.2%
Transplants	100.9	46.1	31.7	19.7	65.2	45.6	231.7%	33.6	105.9%
Wound Management	123.7	76.7	50.8	32.7	109.0	76.3	233.3%	58.2	114.4%
Other	168.5	221.2	80.4	94.3	-	-94.3	-100.0%	-80.4	-100.0%
Outpatient Total	8,577.2	6,430.8	3,507.7	2,737.6	3,971.2	1,233.6	45.1%	463.6	13.2%

2012-13 Purchased	HHS FY Target loaded to DSS	Variance to Purchased	
36,585.9	36,517.1	-68.8	Inpatients
2,264.0	2,264.0	-0.0	Critical Care
13,290.7	13,290.9	0.2	Emergency Department
6,345.5	6,345.1	-0.4	Sub and Non-Acute Patients
2,192.5	2,192.5	0.0	Mental Health
6,430.8	6,430.8	-0.0	Outpatients
67,109.3	67,040.3	-69.0	Total Activity Target

Red values indicate the Top 5 greatest positive variance to target recorded in DSS
Blue values indicate the Top 5 greatest negative variance to target recorded in DSS

RTI RELEASE

DOH-DL-12/13-015

RTI Document 122

CASEMIX CHANGE - Year on year comparison - November 2012

Data source: Decision Support System (DSS) as at 21 January 2013

Inpatients	2011-12 to 2012-13 Change				Potential Casemix Change	WAUs notional variance	
	YTD Seps		YTD WAUs			Volume	Casemix related
Service Related Group (SRG)	Actual	%	Actual	%			
01 Cardiology	298	17.3%	96.7	10.8%	-6.5%	66.7	30.0
02 Interventional Cardiology	-	-	-	0.0%	0.0%	0.0	0.0
03 Cardiac Surgery	-	-	-	0.0%	0.0%	0.0	0.0
04 Thoracic Surgery	-26	-50.0%	-11.8	-43.7%	6.3%	-8.1	-3.7
05 Dermatology	14	14.6%	0.9	1.9%	-12.7%	0.7	0.3
06 Endocrinology	15	4.2%	2.5	1.0%	-3.2%	1.7	0.8
07 Gastroenterology	4	0.8%	-13.1	-5.4%	-6.3%	-9.1	-4.1
08 Diagnostic GI Endoscopy	-264	-37.8%	-108.8	-26.5%	11.4%	-75.1	-33.7
09 Haematology	5	1.3%	4.1	2.4%	1.1%	2.8	1.3
10 Haematological Surgery	-	-	-6.0	-28.3%	-28.3%	-4.1	-1.9
11 Immunology & Infections	148	26.1%	149.7	35.6%	9.5%	103.3	46.4
12 Medical Oncology	140	52.0%	28.5	15.6%	-36.5%	19.7	8.8
13 Chemotherapy & Radiotherapy	84	6.7%	23.6	6.8%	0.1%	16.3	7.3
14 Neurology	120	11.2%	34.5	4.9%	-6.3%	23.8	10.7
15 Renal Medicine	101	68.2%	70.0	71.7%	3.5%	48.3	21.7
16 Renal Dialysis	-43	-0.6%	-0.8	-0.1%	0.5%	-0.6	-0.3
17 Respiratory Medicine	336	22.9%	195.8	14.2%	-8.7%	135.1	60.7
18 Rheumatology	-1	-0.4%	0.5	0.6%	1.0%	0.4	0.2
19 Non Subspecialty Medicine	229	11.9%	63.3	9.3%	-2.6%	43.7	19.6
20 Breast Surgery	3	4.0%	2.7	2.7%	-1.3%	1.9	0.8
21 Upper GIT Surgery	16	5.0%	9.8	2.1%	-2.9%	6.7	3.0
22 Colorectal Surgery	24	14.8%	92.8	24.5%	9.7%	64.0	28.8
23 Head & Neck Surgery	4	13.3%	13.8	34.5%	21.2%	9.5	4.3
24 Neurosurgery	27	19.6%	-1.1	-1.6%	-21.1%	-0.8	-0.3
25 Dental Surgery	-1	-100.0%	130.6	12246.4%	12346.4%	90.1	40.5
26 Dentistry	-24	-9.8%	-16.0	-10.8%	-1.1%	-11.0	-5.0
27 Ear, Nose & Throat	9	2.4%	6.2	5.1%	2.7%	4.3	1.9
28 Orthopaedics	28	1.8%	-70.4	-3.1%	-4.9%	-48.6	-21.8
29 Ophthalmology	-57	-49.1%	-18.0	-56.7%	-7.5%	-12.4	-5.6
30 Plastic & Reconstructive Surgery	-3	-0.9%	-4.5	-1.6%	-0.7%	-3.1	-1.4
31 Urology	16	3.0%	14.6	3.7%	0.6%	10.1	4.5
32 Vascular Surgery	-3	-2.8%	-32.7	-20.4%	-17.6%	-22.6	-10.1
33 Non Subspecialty Surgery	165	8.7%	131.7	11.7%	3.0%	90.9	40.8
34 Gynaecology	-3	-0.5%	-27.0	-3.9%	-3.5%	-18.6	-8.4
35 Obstetrics	103	8.9%	87.3	7.3%	-1.6%	60.2	27.1
36 Qualified Neonate	34	3.5%	36.1	20.4%	16.9%	24.9	11.2
38 Transplantation	-	-	-	0.0%	0.0%	0.0	0.0
39 Extensive Burns	-3	-25.0%	-0.9	-36.9%	-11.9%	-0.6	-0.3
40 Tracheostomy	2	11.1%	5.5	4.8%	-6.3%	3.8	1.7
41 Drug & Alcohol	84	28.0%	49.0	53.5%	25.5%	33.8	15.2
43 Rehabilitation	20	4.0%	-	0.0%	-4.0%	0.0	0.0
44 Unallocated	-	-	-	0.0%	0.0%	0.0	0.0
Inpatient Total *	**1,601**	**6.1%**	**807.5**	**5.5%**	**-0.6%**	**557.2**	**250.3**

Red values indicate a **negative** growth in Seps and a **positive** growth in WAU
Blue values indicate a **positive** growth in Seps and a **negative** growth in WAU

** Inpatient total excludes 39 Psychiatry - Acute and 40 Rehabilitation*

AMBULATORY CARE - Review to New ratio - November 2012

Data source: Decision Support System (DSS) as at 21 January 2013

Weighted Activity Units - WAU		2010-11	2011-12	2012-13	2012-13	R2N Ratio - WAUs		
Outpatients		Actual	Actual	Purchased	YTD	2010-11	2011-12	2012-13 YTD
Clinic Type								
Medical	*New*	*108.3*	*110.1*	*114.4*	*200.8*			
	Review	289.3	288.9	213.1	*148.8*	2.7	2.6	0.7
Surgical	*New*	*524.6*	*473.5*	*579.1*	*207.0*			
	Review	979.8	1,000.7	720.4	*441.1*	1.9	2.1	2.1
Allied Health	*New*	*263.0*	*253.2*	*265.5*	*152.0*			
	Review	757.2	656.6	421.1	*368.2*	2.9	2.6	2.4
	Other	-	-	-	-			
Pre-Admission	*New*	*353.8*	*381.9*	*381.3*	*7.7*			
	Review	12.1	16.5	9.1	-	0.0	0.0	-
Paediatric	*New*	*124.0*	*109.9*	*135.9*	*47.8*			
	Review	318.7	318.1	237.4	*126.7*	2.6	2.9	2.7
Neonatal	*New*	*8.4*	*9.8*	*9.6*	*1.1*			
	Review	5.4	7.8	2.8	*0.2*	0.8	0.8	0.2
Maternity	*New*	*76.0*	*83.1*	*83.7*	*63.8*			
	Review	730.9	745.1	504.6	*313.8*	9.6	9.0	4.9
Alcohol & Drug	*New*	-	-	-	-			
	Review	-	-	-	-	-	-	-
	Other	-	-	-	-			
Sub Acute	*New*	*11.5*	*36.0*	*11.5*	*29.5*			
	Review	385.0	552.4	106.1	*154.5*	33.6	15.4	5.2
	Other	-	-	245.4	-			
Clinical Measurement	*New*	*0.4*	*1.0*	*0.4*	*1.5*			
	Review	1.0	-	0.7	*0.1*	2.4	-	0.1
Wound Management	*New*	*15.7*	*17.7*	*15.9*	*12.4*			
	Review	123.5	106.0	60.9	*96.6*	7.8	6.0	7.8
Pain Management	*New*	*8.7*	*8.1*	*8.9*	*3.4*			
	Review	112.1	126.3	46.9	*50.4*	12.9	15.6	14.8
Cystic Fibrosis	*New*	-	-	-	-			
	Review	5.1	3.6	5.2	*0.6*	-	-	-
Transplants	*New*	*0.2*	*4.0*	*0.2*	*1.0*			
	Review	45.9	96.9	45.9	*64.2*	219.8	24.3	65.1
Endoscopy	*New*	*74.8*	*408.2*	*76.1*	*287.5*			
	Review	421.3	102.7	427.9	*7.9*	5.6	0.3	0.0
Interventional Cardiology	*New*	-	-	-	-			
	Review	-	-	-	-	-	-	-
	Other	-	-	-	-			
Renal Medicine	*New*	*9.5*	*18.4*	*9.5*	*8.5*			
	Review	309.0	337.9	234.9	*152.5*	32.5	18.4	17.9
Dialysis	*New*	-	-	-	-			
	Review	394.7	531.8	-	*241.3*	-	-	-
	Other	-	-	395.7	-			
Chemotherapy	*New*	*0.3*	-	*0.3*	*6.7*			
	Review	11.2	-	13.3	*5.0*	40.0	-	0.8
Medical Oncology	*New*	*45.4*	*67.7*	*54.1*	*40.5*			
	Review	136.5	268.0	162.5	*155.5*	3.0	4.0	3.8
Radiation Oncology	*New*	*15.1*	*14.1*	*18.0*	*5.5*			
	Review	54.1	48.7	64.4	*19.7*	3.6	3.4	3.6
Clinical Haematology	*New*	-	-	-	-			
	Review	-	0.7	-	*0.9*	-	-	-
Primary Care	*New*	*480.8*	*1,122.7*	*488.6*	*503.5*			
	Review	77.9	80.8	38.3	*41.2*	0.2	0.1	0.1
Other	*New*	-	-	-	-			
	Review	221.2	168.5	-	-	-	-	-
	Other	-	-	221.2	-			
Total	*New*	*2,120.6*	*3,119.2*	*2,252.9*	*1,581.5*	All clinics		
	Review	5,392.8	5,458.0	3,315.6	2,389.7	2.5	1.7	1.5
	Other	-	-	*862.3*	-	*Excluding clinics as per Purchasing Initiative*		
	Total	7,513.4	8,577.2	6,430.8	3,971.2	2.2	1.8	1.6
Target based on 2012-13 purchased				1.1				

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FINANCIAL PERFORMANCE

Information provided by Finance Branch, System Support Services Division

	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	2012-13
YEAR TO DATE OPERATING POSITION													
Target (-Surplus/Deficit)	-102,539	-410,674	0	-1	1	-1							
Actual (-Surplus/Deficit)	1,345,418	1,558,758	1,198,222	633,275	989,639	1,130,578							
Variance (Favourable/-Unfavourable)	-1,447,957	-1,969,432	-1,198,222	-633,276	-989,638	-1,130,579							
YEAR TO DATE EXPENDITURE - TOTAL													
YTD %	8.3%	16.9%	25.1%	33.2%	41.6%	49.9%	57.9%	66.0%	74.5%	83.0%	91.7%	100.0%	
YTD Target	36,590,234	74,689,325	110,510,862	150,354,853	188,473,256	226,305,601							
Actual	37,146,231	76,107,561	113,383,999	151,136,065	189,511,739	225,781,584							
Variance (Favourable/-Unfavourable)	-555,997	-1,418,235	-2,873,137	-781,212	-1,038,483	524,017							
FULL YEAR FORECAST OPERATING POSITION													
HHS forecast (-Surplus/Deficit)	0	0	5,005,488	5,000,181	1,000,003	1,000,003							
Improvement / - Deterioration from prior month	na	0	-5,005,488	5,307	4,000,178	0							
MOHRI FULL TIME EQUIVALENT													
Target full year average	2,611	2,611	2,611	2,675	2,675	2,675							
Actual year to date average	2,763	2,765	2,779	2,783	2,787	2,789							
Variance (Favourable/-Unfavourable)	-152	-153	-168	-109	-112	-114							

	March 2013
March 2013 Target	2,584
Fortnight - 06-Jan-2013(14)	2,792
Variance (Favourable/-Unfavourable)	-208

[illegible]	[illegible]	[illegible]	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012
All Paypoints	2,686	2,769	2,763	2,765	2,779	2,783	2,787	2,789
Managerial and Clerical	420	419	423	421	421	421	418	417
Medical incl VMOs	251	281	274	275	281	283	286	289
Nursing	1,194	1,231	1,230	1,232	1,241	1,244	1,248	1,250
Operational	526	531	531	531	532	532	531	530
Trade and Artisans	18	20	19	19	18	18	18	18
Professional and Technical	276	287	285	287	286	286	286	285

	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012
YEAR TO DATE EXPENDITURE - EXTERNAL LABOUR ^^						
Actual	3,489,959	3,271,299	4,925,723	6,680,936	8,298,959	9,878,087
Prior Year	2,442,022	4,676,544	7,081,989	9,291,167	11,369,302	13,337,632
Improvement / - Deterioration from prior year	-1,047,938	1,405,245	2,156,266	2,610,231	3,070,343	3,459,545
YEAR TO DATE EXPENDITURE - STAFF TRAVEL ^						
Actual	407,997	177,504	310,784	406,041	498,167	564,877
Prior Year	443,502	294,072	500,893	665,939	788,270	894,742
Improvement / - Deterioration from prior year	35,505	116,567	190,109	259,898	290,104	329,865
YEAR TO DATE EXPENDITURE - ADVERTISING						
Actual	1,287	1,587	3,312	6,222	22,186	22,186
Prior Year	421	2,089	7,902	20,655	57,809	58,608
Improvement / - Deterioration from prior year	-865	503	4,589	14,433	35,622	36,421
YEAR TO DATE EXPENDITURE - CONSULTANCY						
Actual	0	0	0	32,850	56,850	56,850
Prior Year	4,050	13,786	0	0	1,159	0
Improvement / - Deterioration from prior year	4,050	13,786			-55,691	
YEAR TO DATE EXPENDITURE - TOTAL (External Labour, Staff Travel, Advertising, Consultancy)						
Actual 2012/2013	3,899,242	3,450,390	5,239,819	445,113	8,876,162	10,522,001
Prior Year	2,889,995	4,986,491	7,590,784	686,594	12,216,540	14,290,982
Improvement / - Deterioration from prior year	-1,009,248	1,536,101	2,350,964	241,481	3,340,378	3,768,981
YEAR TO DATE EXPENDITURE - QBUILD ^^^						
Actual 2012/2013	17,394	26,737	28,372	28,774	31,858	32,257
Prior Year	30,909	34,380	46,600	47,268	47,519	47,519
Improvement / - Deterioration from prior year	13,516	7,643	18,228	18,493	15,661	15,262

^ July 2012 reporting included Total Travel expenditure, however from August 2012 on, only Staff Travel expenditure is reported.

^^ Since November 2012 reporting, external labour expense has been included in the above totals. (Note, externals are also now included as part of the Year to Date Expenditure Total line). To ensure a like for like comparison, the current year actuals exclude workers compensation.

^^^ Since November 2012 reporting, Qbuild expenditure has been excluded from the Year to Date Expenditure total, and is being reported separately.

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OWN SOURCE REVENUE

Information provided by Statewide Own Source Revenue, System Support Services Division

Revenue Group	Surplus / (Deficit)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD	+/- on 11/12 YTD ($)	+/- on 11/12 YTD (%)
User Charges	Actual	1,821,004	1,882,266	1,501,165	1,881,327	1,913,125	1,989,192							10,988,078	993,113	10%
	Budget	1,911,834	1,892,662	1,892,662	1,892,662	1,892,662	3,789,868							13,272,352		
	Variance	*(90,830)*	*(10,397)*	*(391,497)*	*(11,336)*	*20,462*	*(1,800,676)*							*(2,284,274)*		
Other Revenue	Actual	300,600	33,528	49,433	(227,068)	50,112	25,725							232,331	26,192	13%
	Budget	101,295	99,875	99,875	99,875	99,875	363,962							864,757		
	Variance	*199,305*	*(66,347)*	*(50,442)*	*(326,943)*	*(49,763)*	*(338,237)*							*(632,426)*		
Total OSR	Actual	2,121,604	1,915,794	1,550,599	1,654,259	1,963,237	2,014,917							11,220,409	1,019,305	10%
	Budget	2,013,129	1,992,537	1,992,537	1,992,537	1,992,537	4,153,830							14,137,109		
	Variance	*108,475*	*(76,744)*	*(441,939)*	*(338,278)*	*(29,301)*	*(2,138,913)*							*(2,916,700)*		
	Full Year Budget	28,253,627	28,253,627	28,253,627	28,253,627	28,253,627	28,253,627									
	Full Year Forecast	22,039,686	22,039,686	22,039,686	22,039,686	22,039,686	22,039,686									
	Full Year Variance	-6,213,941	-6,213,941	-6,213,941	-6,213,941	-6,213,941	-6,213,941									

Stretch Target #1

PHI Utilisation	Surplus / (Deficit)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD	Private OBDs +/- on 11/12 YTD	KPI +/- on 11/12 YTD
Insurance Not Used (OBDs)		1,346	1,492	1,191	1,283	1,286								6,598	6,005	10%
Insurance Used (OBDs)		1,861	2,051	1,662	1,785	1,666								9,025	8,919	1%
Insurance Used % Actual		72%	73%	72%	72%	77%								73%	67%	6%
Insurance Used % Target		85%	85%	85%	85%	85%								85%		
Variance to Target		*(13%)*	*(12%)*	*(13%)*	*(13%)*	*(8%)*								*(12%)*		

Stretch Target #2

Private Outpatients	Surplus / (Deficit)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD	Private OOS +/- on 11/12 YTD	KPI +/- on 11/12 YTD
Public (OOS)		8,207	8,310	7,300	8,396	7,731								39,944	38,153	5%
Billed (OOS)		4,112	4,711	4,087	4,495	4,480								21,885	19,639	11%
Billing % Actual		33%	36%	36%	35%	37%								35%	34%	1%
Billing %Target		45%	45%	45%	45%	45%								45%		
Variance to Target		*(12%)*	*(9%)*	*(9%)*	*(10%)*	*(8%)*								*(10%)*		

Notes:

1: Budget loaded against locally receipted GL codes is $4m more than the SLA ($24.20m).

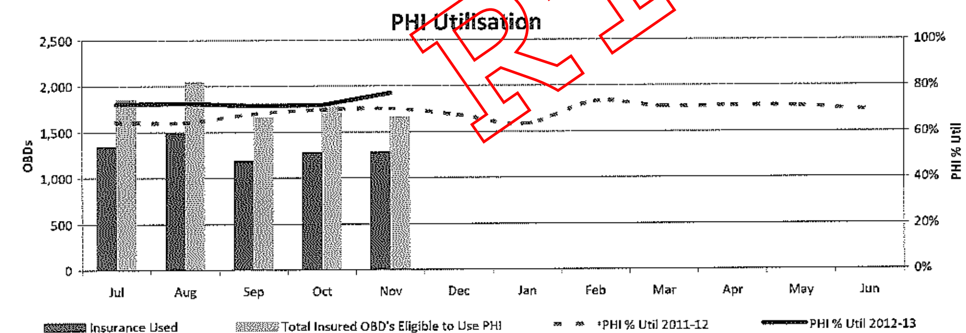
2: HSS is forecasting a $6.2m unfavourable full year variance in terms of the loaded locally receipted OSR target. However based on the SLA target of $28.25m, RSSU forecast the HHS to result with an unfavourable full year variance of $1.2m.

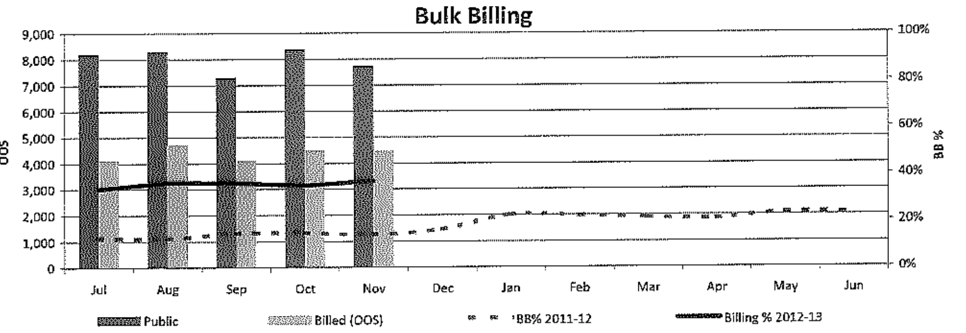
3: Various bulkbilling and patient choice initiatives across the HHS have significantly improved non-admitted MBS revenue compared to prev YTD .

4: PHI performance has improved compared to prev YTD and subsequent accommodation fees have increased, however considerable potential remains at Hervey Bay and Maryborough hospitals.

5: YTD WAU reports for Compensable episodes indicate the HHS is proactive in identifying compensable presentations, particularly for MAIC and WorkCover related admissions.

If these improvements are maintained, the HHS will receive approximately $300k more in MAIC funding and $200k in WorkCover funding (System Manager Grant) in 13/14.





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ESCALATION KPI LIST

KPI No.	Escalation KPIs	Attainment Score Green		Red
Safety and Quality		Target		
E1	Never events	0	n/a	> 0
E2	Hospital acquired 3rd and 4th stage Pressure Injuries	5.0% of 2010-11 actuals	> 5.0% - 25.0% of 2010-11 actuals	> 25.0% of 2010-11 actuals
E3	Healthcare-associated Staphylococcus aureus (incl. MRSA) bacteraemia	20.0% of 2010-11 actuals	> 20.0% - 40.0% of 2010-11 actuals	> 40.0% of 2010-11 actuals
Access		Target		
E4	National Emergency Access Target (NEAT): % of ED attendances who depart within 4 hours of their arrival in ED	2012: > 70.0% 2013: > 77.0%	2012: 69.9% - 65.0% 2013: 76.9% - 70.0%	2012: < 65.0% 2013: < 70.0%
E5	Emergency Department: % seen within recommended timeframe: Category 1: within 2 minutes Category 2: within 10 minutes Category 3: within 30 minutes Category 4: within 60 minutes Category 5: within 120 minutes	80% of all categories Cat. 1: 100% Cat. 2: > 80.0% Cat. 3: > 75.0% Cat. 4: > 70.0% Cat. 5: > 70.0%	Cat. 1: 99.9% - 90.0% Cat. 2: 79.9% - 70.0% Cat. 3: 74.9% - 65.0% Cat. 4: 69.9% - 60.0% Cat. 5: 69.9% - 60.0%	Cat. 1: < 90.0% Cat. 2: < 70.0% Cat. 3: < 65.0% Cat. 4: < 60.0% Cat. 5: < 60.0%
E6	Patient Off Stretcher Time (POST): < 30 mins (%)	> = 90.0%	< 90.0% - 85.0%	< 85.0%
E7	Elective Surgery: % treated within the clinically recommended timeframe for their category (National Elective Surgery Target (Part 1))	2012 Cat. 1: 89.0% Cat. 2: 81.0% Cat. 3: 91.0% 2013 Cat. 1: 100% Cat. 2: 87.0% Cat. 3: 94.0%	2012 Cat. 1: 88.9% - 85.0% Cat. 2: 80.9% - 78.0% Cat. 3: 90.9% - 87.0% 2013 Cat. 1: 99.9% - 96.0% Cat. 2: 86.9% - 83.0% Cat. 3: 93.9% - 90.0%	2012 Cat. 1: < 85.0% Cat. 2: < 78.0% Cat. 3: < 87.0% 2013 Cat. 1: < 96.0% Cat. 2: < 83.0% Cat. 3: < 90.0%
E8	Elective Surgery: Number of patients waiting more than the clinically recommended timeframe for their category: Category 1: within 30 days Category 2: within 90 days Category 3: within 365 days	0 for all categories Cat. 1: 0 Cat. 2: 0 Cat. 3: 0	HHS specific Cat. 1: > 0% - 5.0% Cat. 2: > 0% - 5.0% Cat. 3: > 0% - 5.0%	HHS specific Cat. 1: > 5.0% Cat. 2: > 5.0% Cat. 3: > 5.0%
E9	Activity: variance between purchased ABF activity and YTD recorded ABF activity, by Service Group (Inpatients, Outpatients, ED, Mental Health, Critical Care and SNAP)	0% to +/-1%	Within tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement	> tolerance as per detail in Schedule 3 (part C) contained in the Service Agreement
Efficiency and Financial Performance		Target		
E10	YTD Operating position	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
E11	Full year Forecast Operating position (Agreed position between System Manager and HSS)	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
E12	Own Source Revenue Target	Balanced or surplus	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
E13	YTD average FTE (MOHRI head count)	HHS specific as per detail in Schedule 3 (part B) contained in the Service Agreement	0 – 1.0% unfavourable variance to budget	> 1.0% unfavourable variance to budget
Closing the Gap		Target		
E14	Performance domain target: Achievement of Closing the Gap escalation indicators contained within Schedule 8 of the Service Agreement.	0 escalation KPI red *and* > = 2 escalation KPI green in any quarter	1 escalation KPI red in any quarter *or* > = 3 escalation KPIs amber in any quarter	> = 2 escalation KPIs red in any quarter *or* 1 escalation KPI red for > = 2 consecutive quarters
E14.1	CTG KPI 1 – Estimated level of completion of Indigenous status – specifically the reporting of 'not 'stated' on admission	'Not stated' is < = 1%	'Not stated' is > previous quarter but not meeting target	'Not stated' is > = previous quarter
E14.2	CTG KPI 2 – Percentage of in-scope separations of Aboriginal and Torres Strait Islander consumers from the HHS's acute mental health inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated (in person or via videoconference), was recorded in one to seven days immediately following that separation	> = 55% of in-scope separations of Aboriginal and Torres Strait Islander consumers	54.9% - 50.0% of in-scope separations	< 50.0% of in-scope separations
E14.3	CTG KPI 3 – The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice (DAMA)	< = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	> previous quarter result but not meeting quarterly target	> previous quarter target
E14.4	CTG KPI 4 – Percentage of Aboriginal and Torres Strait Islander Cultural Practice Program participants by facility (based on staff numbers at beginning of financial year)	> = HHS quarterly target (as per detail in Schedule 8 contained in the Service Agreement)	> = 50.0% of quarterly target but not achieving quarterly target	< 50.0% of quarterly target
Mental Health and Alcohol and Other Drugs		Target		
E15	Performance domain target: Achievement of Mental Health & Alcohol and Other Drug Treatment Services escalation indicators contained within Schedule 9 of the Service Agreement. Listed below (where applicable):	Achieve target (listed below) in greater than 67% of the escalation indicators	Achieve target in 67% - 50% of the escalation indicators	Achieve target in less than 50% of the escalation indicators
E15.1	- Ambulatory service contacts	100% of ambulatory service targets	99.9% - 95.0%	< 95.0%
E15.2	- Ambulatory service contacts: Duration	100% of ambulatory service targets	99.9% - 95.0%	< 95.0%
E15.3	- Extended treatment facility and psychiatric hospital beds (Accrued patient days in block funded mental health facilities)	> = 95% of accrued patient day target delivered	94.9 - 90.0%	< 90.0%
E15.4	- Closure of ATODS Client intake	Closure period < 2 weeks	2 – 3 weeks	> 3 weeks
E15.5	- Number of dedicated hospital alcohol and other drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%
E15.6	- Significant variation in number of dedicated residential alcohol and other drugs withdrawal beds	> 95.0% open	95.0% - 85.0%	< 85.0%

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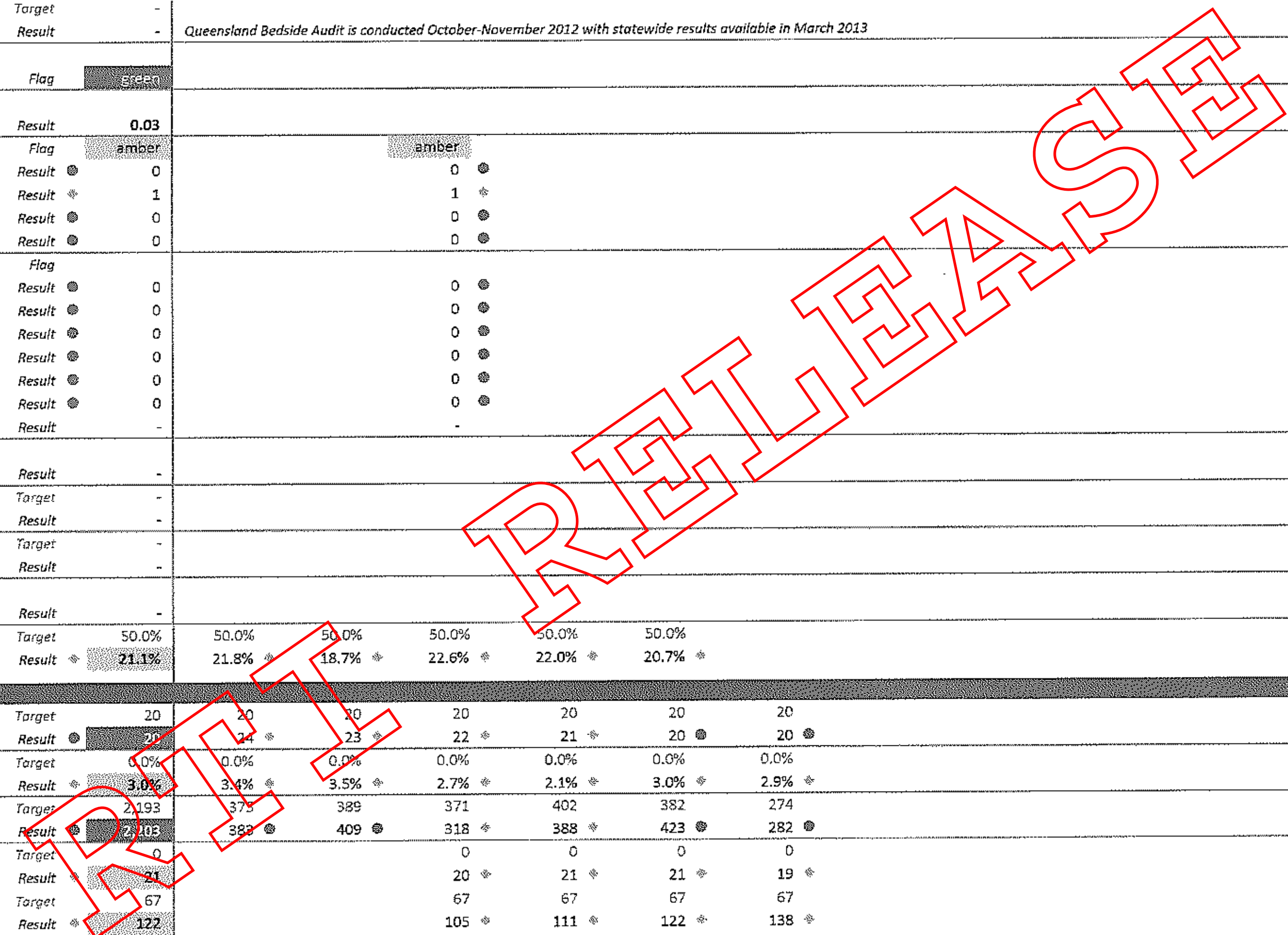

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TREND IN MONITORING KPI

			YTD Result / Latest Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
SAFETY AND QUALITY																
M1	Falls Risk Assessment	Target	-													-
		Result	-	*Queensland Bedside Audit is conducted October-November 2012 with statewide results available in March 2013*												
M2	VTE Risk Assessment Documentation at Point of Care	Target	-													-
		Result	-	*Queensland Bedside Audit is conducted October-November 2012 with statewide results available in March 2013*												
M3	Hospital Standardised Mortality Ratio (HSMR) *- June 2012 result*	Flag	green													-
M4	Death in low-mortality Diagnostic Related Groups (Death-in-LM-DRG) *- June 2012 result*	Result	0.03													-
M5	VLAD In-hospital mortality indicators:	Flag	amber			amber										
M5.1	Acute Myocardial Infarction	Result	0			0										
M5.2	Stroke	Result	1			1										
M5.3	Fractured neck of femur	Result	0			0										
M5.4	Pneumonia	Result	0			0										
M6	VLAD Unplanned readmission indicators:	Flag														
M6.1	Acute Myocardial Infarction	Result	0			0										
M6.2	Heart failure	Result	0			0										
M6.3	Knee replacement	Result	0			0										
M6.4	Hip replacement	Result	0			0										
M6.5	Depression	Result	0			0										
M6.6	Schizophrenia	Result	0			0										
M6.7	Paediatric tonsillectomy and adenoidectomy	Result	-			-										
M7	Healthcare associated Clostridium difficile infections	Result	-													
M8	Acute stroke care in recognised stroke unit	Target	-													-
		Result	-													
M9	Fractured Neck of Femur to theatre in 2 days of admission *(excl CHQ)*	Target	-													-
		Result	-													
M10	Hospital acquired bloodstream infections	Result	-													
M11	Renal dialysis treatment received at home	Target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%								50%
		Result	21.1%	21.8%	18.7%	22.6%	22.0%	20.7%								
ACCESS																
M12	Emergency Department median waiting time	Target	20	20	20	20	20	20	20							20
		Result	20	24	23	22	21	20	20							
M13	Emergency Department 'Did not waits'	Target	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%							0%
		Result	3.0%	3.4%	3.5%	2.7%	2.1%	3.0%	2.9%							
M14	Elective Surgery volume	Target	2,193	373	389	371	402	382	274							4,230
		Result	2,203	383	409	318	388	423	282							
M15.1	Reduction in elective surgery long waits:	Target	0			0	0	0	0							0
	Category 1: within 30 days	Result	21			20	21	21	19							
M15.2		Target	67			67	67	67	67							67
	Category 2: within 90 days	Result	122			105	111	122	138							
M15.3		Target	61			61	61	61	61							61
	Category 3: within 365 days	Result	90			67	85	90	100							
M16	ES: 10% longest wait are treated in year	Target	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%							100%
	% of cohort patients removed	Result	100.0%		96.0%	96.0%	96.0%	100.0%	100.0%							

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Wide Bay

TREND IN MONITORING KPI

	KPI		YTD Result / Latest Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
M17	Elective Surgery Cancellations (hospital initiated)	Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%							10%
		Result	13.2%	15.6%	10.8%	13.9%	13.2%	12.2%	14.1%							
M18	Elective Surgery median waiting time	Target	25	25	25	25	25	25								25
		Result	28	28	28	28	28	32								
M19	Pre-operative elective bed days	Target	-													-
		Result	-													
M20	Provision of appropriate surgical services at Rural Hub Hospitals	Target	-													-
		Result	-													
M21	Categorisation of new case outpatient	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100%
		Result	82.5%	78.9%	80.5%	76.7%	82.0%	85.8%	93.4%							
M22	Category 1 Outpatients: waiting in time	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%							95%
		Result	41.1%	36.1%	39.8%	40.4%	42.3%	48.1%	40.5%							
M23	Ambulatory Care access Outpatient ratio (Review to New)	Target	1.1	1.1	1.1	1.1	1.1	1.1								1.1
		Result	1.6	1.7	1.6	1.7	1.6	1.5								
M24	Hospital in the Home (HITH) separations - may include facilities not listed/approved in QHAPDC Manual	Target	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%								1.5%
		Result	0.9%	0.9%	1.0%	0.8%	1.1%	0.9%								
M25	Cancer care pathway - waiting times for cancer care	Target		*Indicator to be defined - Needs to align to the National Performance and Accountability Framework requirements*												n/a
		Result	-													
M26	Telehealth Non-admitted Occasions of Service	Target		*Data currently unavailable*												
		Result	-													
EFFICIENCY AND FINANCIAL PERFORMANCE																
M27	Cost per WAU For the in-scope ABF facilities	Result	$4,627	$4,448	$4,610	$4,831	$4,478	$4,780								
M28	Relative Stay Index for multi-day stay patients	Target	-													
		Result	-													
M29	Day of surgery admission rates for non-emergency multi-day stay patients	Target	-													
		Result	-													
M30	Day case surgery rates	Target	-													
		Result	89.1%	86.0%	91.3%	88.5%	91.6%	88.0%								
M31	Extended day case surgery rates	Target	-													
		Result	-													
M32	Out of scope procedures:	Target	0	0	0	0	0	0								0
	Varicose Veins	Result	7	0	0	2	2	3								
	Vasectomies	Result	-	-	-	-	-	-								
	Laser refraction	Result	-	-	-	-	-	-								
M33	Clinical data coded within recommended time	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								100%
		Result	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
M34	Maintenance Expenditure	Target	-			-										2% to 4%
		Result	1.86%			1.86%										
M35	Facility Condition Index	Result	4.1%			4.1%										60% to 70%
M36	Planned Maintenance Expenditure Ratio	Result	57%			57%										

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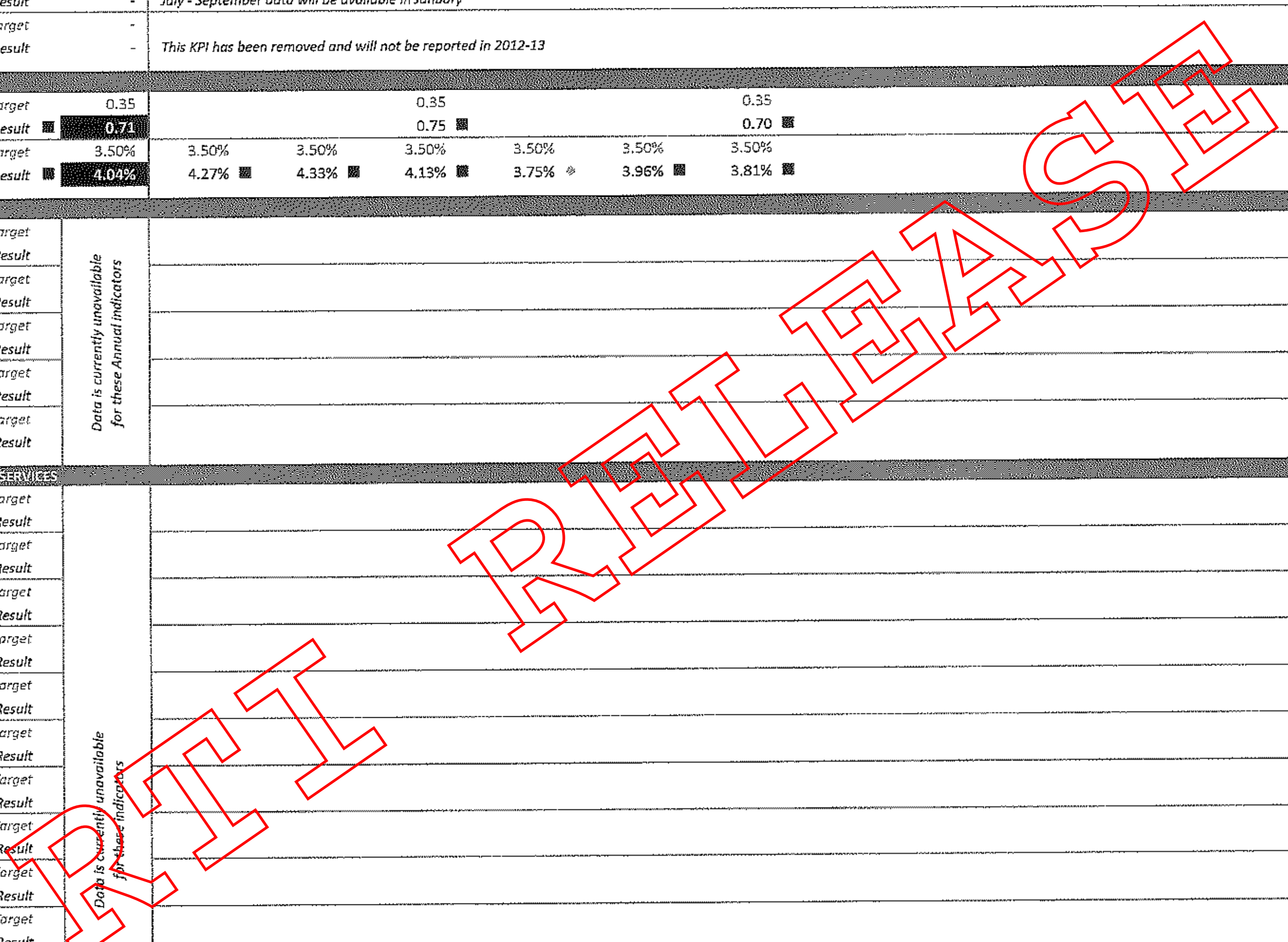
Wide Bay

December 2012

TREND IN MONITORING KPI



			YTD Result / Latest Result	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Full Year Target
PATIENT EXPERIENCE																
M37	Complaints acknowledged within 5 calendar days	Target	-													
		Result	-	*July - September data will be available in January*												
M38	Emergency Department Patient Experience	Target	-													
		Result	-	*This KPI has been removed and will not be reported in 2012-13*												
WORKFORCE																
M39	Hours lost (WorkCover) vs Occupied FTE	Target	0.35			0.35			0.35							0.35
		Result	0.71			0.75			0.70							
M40	Sick leave	Target	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%							3.5%
		Result	4.04%	4.27%	4.33%	4.13%	3.75%	3.96%	3.81%							
CLOSING THE GAP																
M41	Completion of Indigenous status (including 'Not stated')	Target	*Data is currently unavailable for these Annual indicators*													
		Result														
M42	Indigenous Hospital Liaison Officers	Target														
		Result														
M43	A&TSI % of total HHS workforce	Target														
		Result														
M44	Potentially Preventable Hospitalisations - vaccine preventable, acute & chronic	Target														
		Result														
M45	Indigenous participation in BreastScreen Queensland (women aged 50-69 years)	Target														
		Result														
MENTAL HEALTH & ALCOHOL AND OTHER DRUG TREATMENT SERVICES																
M46	Community follow up (within 1 - 7 days) post mental health discharge	Target	*Data is currently unavailable for these indicators*													
		Result														
M47	End of Episode/Discharge Summary recorded (within 48 hrs of discharge)	Target														
		Result														
M48	Mental Health readmissions within 28 days of discharge	Target														
		Result														
M49	Service episodes where a consumer has a nominated General Practitioner	Target														
		Result														
M50	Change in consumers' clinical outcomes	Target														
		Result														
M51	Service episodes where a consumer is secluded at least once	Target														
		Result														
M52	Occasions where required clinical outcome measure(s) were recorded	Target														
		Result														
M53	Specialised ATODS service contacts by program by agency	Target														
		Result														
M54	Specialised ATODS service contacts by treatment type by agency	Target														
		Result														
M55	Proportion of ATOD-IS mandatory data items entered other than "Not stated/Unknown"	Target														
		Result														
M56	Variation in source of referrals for alcohol and drug diversion programs	Target														
		Result														
M57	Variation in source of referrals for children's residential diversion programs	Target														
		Result														
M58	Variation in number of specialist sessions delivered by Dovetail	Target														
		Result														
M59	Variation in number of specialist sessions delivered by InSight	Target														
		Result														

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DG 069896

DATE REC: 15.2.13

ACKNOWLEDGEMENT ☐

ACTION OFFICER DG → DDG-SPP

COPY TO

REPLY TO DG'S SIGNATURE ☐

DUE BY: 1.3.2013

ACTION DIRECT ☐

BRIEF ALSO REQD

REFERS

NRR - FOR INFORMATION ONLY ☐

SCANNED:

Pls prepare response. Cessation of cat 3 Elec Sx is unacceptable.

Advised now due 20.2.13.

DG 19/2

Reminder sent 20.2.13
& 21.2.13

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- **Activity:** Looking at the overall position on activity after five months, the HHS is just over 8% above target. The service agreement provides a tolerance of +/-2% for activity against purchased targets. Notably, over-activity is occurring in outpatients (45%) and emergency department (14%). Given the overall financial position of the public health system in Queensland there is no ability to fund this overtrade and as such I would ask that demand management strategies are put in place to manage those areas of over performance including allied health and primary care occasions of service which account for nearly 25% of the overtrade.

- **Eidsvold:** Further discussions are required in relation to this issue and I would suggest that we discuss this with the Health Minister in the next couple of weeks.

- **Floods:** I understand that the Chief Finance Officer has written out with guidance to all HHSs with regards to the process for insurance claims and any additional costs. I await the outcome of this process but would personally like to understand the level of cost which the HHS has incurred as a result of the floods. If you could send this through to me by the end of February I will consider the potential to make a further funding allocation to the HHS in 2012-2013.

Taking into account all these issues and the year to date performance in regards to MOHRI, I continue to have some significant concerns regarding the ability of the HHS to deliver a balanced financial position. In addition, there are some long wait issues with category two and three elective surgery. I am encouraged by the appointment of Paxton's to review the financial forecasts and savings plans but feel that in the current circumstances it is appropriate to escalate the HHS in the performance framework to Serious Underperformance (Single dimension finance) and I have written formally to your Chair this week confirming this change.

In addition, given the range of issues you describe in Wide Bay, I think it would be appropriate for the Health Minister and myself to meet with you and your acting Chair to discuss these issues in more detail. Given the urgency of the situation I will arrange this meeting as soon as possible.

Yours sincerely

Dr Tony O'Connell
Director-General

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QCOS/019306

Department RecFind No:	BR056267
Division/HHS:	CHQ01265
File Ref No:	CHQB130034

Briefing Note for Approval

The Honourable Lawrence Springborg
Minister for Health

Requested by: Chair, Children's Health Queensland Hospital and Health Board **Date requested:** **Action required by:**

SUBJECT: Statewide role for CHQ

Recommendation

That the Minister:

Note the Minister for Health is meeting with Ms Susan Johnston, Chair, Children's Health Queensland (CHQ) Hospital and Health Board, to discuss the implementation of the statewide role for CHQ in the Office of the Minister for Health.

Note the work completed and underway by CHQ to improve care for children across Queensland in-line with the proposed statewide role for the Hospital and Health Service.

Approve the provision of $1.3 million commencing in the 2013-2014 financial year to support the appointment of complex care coordinators for children with complex and chronic conditions within all Hospital and Health Services.

Approve the launch of the plan to Improve Care for Children at the topping out of the Queensland Children's Hospital on 26 March 2013.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

Noted 2/3/13

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Department RecFind No:	BR056267
Division/HHS:	CHQ01265
File Ref No:	CHQB130034

Briefing Note for Approval

Director-General

Requested by: Chair, CHQ Hospital and Health Board **Date requested:** **Action required by:**

SUBJECT: Meeting with the Minister for Health, implementation of the Children's Health Queensland Hospital and Health Service statewide role

Proposal

That the Director-General:

Provide this brief to the Minister for information.

Note the Minister for Health is meeting with Ms Susan Johnston, Chair, CHQ (CHQ) Hospital and Health Board, to discuss the implementation of the statewide role for CHQ in the Office of the Minister for Health's meeting room.

Note the work completed and underway by CHQ to improve care for children across Queensland in-line with the proposed statewide role for CHQ (Attachment 1).

Note the topping out of the Queensland Children's Hospital on 26 March 2013, is an opportunity for the Minister for Health to launch the plan to Improve Care for Queensland Children.

Note the CHQ is requesting the Minister approve the provision of $1.3 million commencing in the 2013-2014 financial year to support the appointment of Complex Care Coordinators for children with complex and chronic conditions within all Hospital and Health Services.

Note the CHQ is requesting the Minister approve the launch of the plan to Improve Care for Children at the topping out of the Queensland Children's Hospital on 26 March 2013.

Urgency

1. Routine - the meeting is scheduled for 6 March 2013 from 11.30 am to 12.15 pm in the Office of the Minister for Health.

2. Attendees at the meeting include:
   - Ms Johnston
   - Dr Peter Steer, Chief Executive, CHQ Hospital and Health Service;
   - Ms Taresa Rosten, Executive Director, Office of Strategy Management, CHQ Hospital and Health Service; and
   - Mr Nick Steele, Acting Deputy-Director General, System, Policy and Performance Division.

Headline Issues

3. The top issues are:
   - support and commitment from the Minister for Health and Director-General to encourage all Hospital and Health Services to place a high priority on the improvement of care for children and young people across Queensland. This can be achieved through the initiatives outlined in the statewide role for CHQ Hospital and Health Service (Attachment 2);
   - note the initiatives and commitment already made by CHQ within current resources to respond to CHQ's statewide responsibilities (Attachment 1);

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- additional funding from the Department of Health for CHQ to enable the initiatives outlined in the statewide role for CHQ Hospital and Health Service to be fully implemented; and
- the 'topping out' ceremony of the Queensland Children's Hospital, scheduled for 26 March 2013, provides an ideal opportunity for the Minister for Health to launch the plan to improve care for Queensland children. The Queensland Children's Hospital is one part of a network of health care for children. The initiatives outlined in the statewide proposal for CHQ Hospital and Health Service all seek to achieve the best possible health for children and young people across Queensland.

Key issues

4. At the meeting with the Minister for Health and Director-General on 4 December 2012, Ms Johnston presented with Dr Steer the statewide role for CHQ Hospital and Health Service.

5. The proposed statewide role for CHQ Hospital and Health Service includes four initiatives:
   - Complex Care Coordination Framework - improved care for children with complex and chronic conditions through:
     i. establishing a network of complex care coordinators;
     ii. maximum utilisation of telehealth;
     iii. centralised annual planning of paediatric outreach clinics; and
     iv. allocation of reserved clinic time at the Royal Children's Hospital for children with complex and chronic conditions;
   - Clinical Paediatric Tertiary Advice Line - creation of a clinical paediatric tertiary advice line for health professionals and general practitioners outside of Queensland Children's Hospital in relation to transfers/retrievals to Queensland Children's Hospital or to another service;
   - Paediatric Education and Training - central coordination of education including rotation programs into CHQ Hospital and Health Service (a two week placement within CHQ Hospital and Health Service for staff from other Hospital and Health Services); and
   - Paediatric Severity Assessment Code 1 analysis team - CHQ Hospital and Health Services involvement in the root cause analysis of all paediatric never events (Severity Assessment Code 1s) across Hospital and Health Services.

6. To date CHQ Hospital and Health Service has implemented the following to support the four initiatives listed above:
   - Complex Care Framework:
     i. allocation of 0.4 full-time equivalent (FTE) lead clinician (senior medical officer) to lead the implementation of the clinics and appointment of care coordinators. This position will work closely with Medicare Locals across Queensland to bring primary, community and tertiary paediatric health care providers together;
     ii. implementation of multispecialty "one-stop shop" clinics and coordination of specialist outpatient appointments to minimise travel required by families of rural and regional areas to the Royal Children's Hospital;
     iii. allocation of 0.5 FTE administration officer dedicated to complex care following redesign of outpatient services to improve coordination of outpatient appointments for families outside of metropolitan Brisbane;
     iv. continuing to support the statewide Directors of Paediatrics Forum which in April 2013 will focus on the implementation of the complex care framework;
     v. provision of funding from Children's Health Foundation, Queensland of $200,000 for telehealth expansion to improve delivery of child and youth mental health services to communities in Cape York; and
     vi. an initiative in Emerald based on the statewide plan will be negotiated with Central Queensland Hospital and Health Service and funded by the Foundation for $120,000. This will be based on an extension of existing outreach services

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and opportunities for education from Royal Children's Hospital to Emerald paediatric staff.

- Clinical Paediatric Tertiary Advice Line:
  i. the Lead Clinician will link with the Directors of Paediatrics statewide to work on new standards of professional communication to rural and regional providers and CHQ Hospital and Health Service.
- Paediatric Education and Training:
  i. the Paediatric Life Support core skills eLearning course was made available online in December 2012. Clinicians across Queensland have enrolled and completed the course with a high uptake of the course from clinicians of Cairns Hospital and Health Service; and
  ii. paediatric life support core skill training face-to-face training has been developed and piloted at the Royal Children's Hospital and the Mater Children's Hospital (additional funding to facilitate courses across the State would build capacity locally and enable local Hospital and Health Services to deliver their own courses).
- Paediatric Severity Assessment Code 1 analysis team:
  i. Dr John Wakefield, Executive Director, Medical Services, has commenced training to staff within his team to build capability internally for root cause analysis of paediatric never events. This training will be extended to a core team of clinicians, both from within CHQ Hospital and Health Service and peer Hospital and Health Services. These clinicians will then form a team who will form a faculty of clinicians available for analysis as required; and
  ii. Dr Wakefield has confirmed the Patient Safety Unit, Department of Health, will notify CHQ Hospital and Health Service of any paediatric Severity Assessment Code 1s which occur. Hospital and Health Services will then be offered the support of the root cause analysis team.

7. CHQ Hospital and Health Service seeks the following from the Minister for Health and Director-General to fully implement the initiatives outlined above:
   - Complex Care Framework:
     i. an investment of $1.3 million in financial year 2013-2014 to support the recruitment of care coordinators across all Hospital and Health Services to provide better care for children with complex and chronic conditions.

Complex care coordination AND Telehealth and Outreach		FTE	2012-2013 (Mar. to June)	2012-2013 (May to June)	2013-2014	2014-2015	2015-2016
Cairns Base Hospital (incl. Cape)	Care Coordinator (Nursing)	1.0		$ 44,482	$ 137,097	$ 141,241	$ 145,901
Gold Coast University Hospital (incl. Northern N	Care Coordinator (Nursing)	1.0		$ 44,482	$ 137,097	$ 141,241	$ 145,901
Mackay Base Hospital	Care Coordinator (Nursing)	0.5		$ 22,241	$ 68,549	$ 70,621	$ 72,951
Toowoomba Hospital	Care Coordinator (Nursing)	1.0		$ 44,482	$ 137,097	$ 141,241	$ 145,901
Fraser Coast/Wide Bay	Care Coordinator (Nursing)	0.5		$ 22,241	$ 68,549	$ 70,621	$ 72,951
Mt Isa Hospital (incl. Gulf)	Care Coordinator (Nursing)	0.5		$ 22,241	$ 68,549	$ 70,621	$ 72,951
Rockhampton Base Hospital (incl. Gladstone)	Care Coordinator (Nursing)	1.0		$ 44,482	$ 137,097	$ 141,241	$ 145,901
Sunshine Coast Hospital	Care Coordinator (Nursing)	0.5		$ 22,241	$ 68,549	$ 70,621	$ 72,951
The Townsville Hospital (incl. Far North Qld)	Care Coordinator (Nursing)	1.0		$ 44,482	$ 137,097	$ 141,241	$ 145,901
South East Queensland (from RCH)	Care Coordinator (Admin)	1.0		$ 30,543	$ 94,216	$ 97,143	$ 100,427
South East Queensland (from RCH)	Care Coordinator (Admin)	1.0				$ 97,143	$ 100,427
Project Manager	incl. Outreach and telehealth initiative	1.0	$ 43,467		$ 134,040		
Non Labour expenses		*10%*	$ 4,347	$ 34,192	$ 118,794	$ 118,297	$ 122,216
		Total	$ 47,814	$ 376,109	$ 1,306,729	$ 1,301,269	$ 1,344,377

CHQ Hospital and Health Service proposes to act as the fund holder for the network of care coordinators. An alternate model is for funds to be held by individual Hospital and Health Services with deliverables articulated in Service Agreements with the System Manager.

- Clinical Paediatric Tertiary Advice Line:
  i. leveraging the existing partnerships additional funding is required to fund the pilot to assess the feasibility of a general paediatric tertiary advice line; and

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ii. funding of $959,000 in the financial year 2013-2014 to establish the Clinical Advice and Transport Coordination Headquarters (CATCH) and $430,000 recurrent for the initiative.

- Paediatric Education and Training:
  i. leadership and support for Hospital and Health Services for clinicians from rural and regional areas to undertake two week placements at CHQ Hospital and Health Service for paediatric education and training; and
  ii. given the role of CHQ Hospital and Health Service in building capability across Queensland for paediatric health care, funding of $270,000 for a nurse educator and medical officer for simulation training and $345,000 for two week placements. This funding would support backfill for local clinicians to attend paediatric education and training either in their area or at the Royal Children's Hospital.

Background

8. The recent case of the death of toddler Zedekiah Oui from Palm Island highlights the importance of moving swiftly to implement core aspects of the proposed CHQ statewide role.

Attachments

9. Attachment 1: Implementation Plan for CHQ Statewide Role
   Attachment 2: Proposed statewide role for CHQ

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Pages 144 through 160 redacted for the following reasons:
- -
s.47(3) - contrary to public interest

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QC05/019320

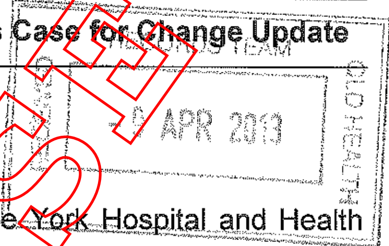
BR056295

Department RecFind No:	BR056295
Division/HHS:	Cape York HHS
File Ref No:	

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

URGENT


RECEIVED 15 MAR 2013
DATE BY

Requested by: Acting Chair, Cape York Hospital and Health Service **Date requested:** **Action required by:**

SUBJECT: Cape York Hospital and Health Service – Business Case for Change Update

QLD HEALTH
- 5 APR 2013

Recommendation

That the Minister:

Note the update and issues of the implementation of the Cape York Hospital and Health Service (CYHHS) Business Case for Change; and

Note the announcement was made by Ms Louise Pearce, Acting Chair, CYHHS and Ms Susan Turner, Health Service Chief Executive, CYHHS, on 12 March 2013.

APPROVED/NOT APPROVED **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

NOTED

Chief of Staff

28 / 5 / 13

Minister's comments

Email scanned copy to me please

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12 MAR 2013

URGENT

Department RecFind No:	BR056295
Division/HHS:	Cape York HHS
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: Acting Chair, Cape York Hospital and Health Service **Date requested:** **Action required by:**

SUBJECT: Cape York Hospital and Health Service – Business Case for Change Update

Proposal

That the Director-General:

Note the implementation of the Cape York Hospital and Health Service (CYHHS) Business Case for Change.

Note the announcement was made by Ms Louise Pearce, Acting Chair, CYHHS and Ms Susan Turner, Health Service Chief Executive, CYHHS, on 12 March 2013.

Provide this brief to the Minister for noting.

1. **Urgent** - Cape York Hospital and Health Service's (CYHHS) announced the Full Time Equivalent (FTE) reductions on Tuesday, 12 March 2013.

Headline Issues

2. The top issues are:
   - CYHHS announced the reduction of 71 FTE of both occupied and unoccupied positions on 12 March 2013.
   - CYHHS through the redesign intends to establish 43.5 new positions within the HHS and may be able to redeploy affected staff.
   - The net FTE reduction is 27.5 FTE, of which the HHS intends to accept 20 Expressions of Interest (EOI) for Voluntary Redundancies.

Key Values

3. The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☒ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☐ Openness

Key issues

4. CYHHS intends to disestablish 71 FTE positions of which 49 are occupied and 22 are vacant. The CYHHS Business Case for Change and the further service redesign through the EOI applications will result in the establishment of 43.5 FTE's.

5. The effective FTE reduction would be 28.5 FTE's and CYHHS intends to accept 20 EOI for Voluntary Redundancies.

6. Attachment 1 provides a Summary of the effects of the FTE changes.

7. There are three clinical areas that will experience a reduction in FTE, however, this has enabled our HHS to improve the access, and equity of services in Cape York. These clinical changes and their impacts are summarised in Attachment 2 - Clinical Areas Impacted by FTE Reductions.

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Department RecFind No:	BR056295
Division/HHS:	Cape York HHS
File Ref No:	

Background

8. In 2012 Cape York HHS proactively engaged Ernst & Young, Australia to undertake an independent review of the organisation, to understand the breadth and size of the opportunities available to meet immediate and medium term (three years) fiscal demands. Completed in February 2013, the Organisational Review has identified the key opportunities for change, which have now informed the development of this Business Case for Change. Attachment 3 CYHHS Business Case for Change.

9. The Organisational Review provides the HHS with a an opportunity to effect changes that have not previously been available and a blueprint to move forward to further develop, retract or redesign a new service delivery model including the key steps for the HHS to develop a detailed implementation plan, track and monitor progress.

10. CYHHS subsequently completed an Expressions of Interest (EOI) process for voluntary redundancies. This process occurred between 18 February 2013 and 4 March 2013. This has provided the opportunity to undertake further redesign of services to improve access in Cape York communities. 54 Applications were received and 20 of these applications are intended to be accepted by CYHHS.

11. Following the Ernest Young Review and the EOI Process, CYHHS will undertake substantial organisation change which will achieve fiscal savings, reduce MOHRI FTE's; improve access and equity to services within Cape York. Attachment 4 Current CYHHS Organisation Structure and Attachment 5 New Organisation Structure.

12. In terms of a further savings potential as a result of the EOI process a significant opportunity exists to outsource the Alcohol, Drug and Tobacco Services (ATODS) to a Non-Government Organisation (NGO) was identified. This service in CYHHS provides counselling and early intervention services and these same services are provided by other NGO Service Providers. CYHHS estimates that a savings of between $300,000 to $400,000 and a reduction of 6 FTE could be realised. CYHHS has engaged the Contestability Branch to undertake the analysis and due diligence of this business opportunity. This savings could be implemented and realised by 30 June 2013. The Minister will be advised of this outcome once the work has been completed.

Consultation

13. Queensland Health Workplace Services
14. CYHHS Board and Executive Team
15. Ernest Young Organisation Review Final Report

Financial implications

16. CYHHS estimates that the organisation restructure will result in a $2.5 million budget savings. CYHHS is already under the agreed Occupied MORHI Target of 394 and is tracking consistently under the target level each month of this financial year.

Legal implications

17. There are no legal implications.

Attachments

18. Attachment 1: Summary of the effects of the FTE changes
    Attachment 2: Summary of Impacted Clinical Areas
    Attachment 3: Business Case for Change
    Attachment 4: CYHHS Current Structure
    Attachment 5: CYHHS New Structure

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ATTACHMENT 1 – SUMMARY OF THE EFFECTED FTE CHANGES

Stream	Organisational Unit	Reductions in FTE	Occupancy Status	Total FTE Reduction	New Roles	Net Reduction in FTE
Administrative	CYHHS	34	Occupied	26	27.5	(6.5)
			Vacant	8		
Building, Engineering & Maintenance	CYHHS	0	Occupied	0	0	0
			Vacant	0		
Dental	CYHHS	0	Occupied	0	0	0
			Vacant	0		
Health Practitioner	CYHHS	9	Occupied	8	7	(2)
			Vacant	1		
Medical	CYHHS	0	Occupied	0	0	0
			Vacant	0		
Nursing	CYHHS	8	Occupied	8	5	(3)
			Vacant	0		
Operational	CYHHS	19	Occupied	7	3	(16)
			Vacant	12		
Professional	CYHHS	0	Occupied	0	0	0
			Vacant	0		
Technical	CYHHS	0	Occupied	0	0	0
			Vacant	0		
Senior Officer/ District Senior Officer	CYHHS	1	Occupied	0	1	0
			Vacant	1		
Senior Executive/ Health Service Executive	CYHHS	0	Occupied	0	0	0
			Vacant	0		
	Total	**71**	**Occupied**	**49**	**43.5**	**(27.5)**
			Vacant	**22**		

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Cape York
Hospital and Health Service

Attachment 3

Business Case for Change

Cape York Hospital and Health Service

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Executive Summary

This Business Case for Change details a proposal to implement a revised organisational structure within the Cape York Hospital and Health Service (the HHS), to enable the HHS to better meet its service priorities and obligations.

Recognising current barriers to achieving its service goals, the HHS commenced a modernisation project in 2010[i]. The Transformation Project aims to improve the appropriateness of the HHS's model of care, improve service coordination issues with partner groups and introduce key enablers of coordinated care including a new information technology solution.

In response to the devolution of accountability for service delivery to the HHS, and in alignment with government priorities and objectives[ii] —the HHS initiated an Organisational Review [iii] in November 2012. Undertaken by Ernst &Young Australia, the Organisational Review recommended significant change including:

- health services and business functions be realigned and managed—ensuring consistency in assigned responsibilities and accountabilities
- improved clinical supervision and reduced administrative burden on clinical staff associated with time-consuming paper-based work practices
- a reduction in the number of Executive Management staff, and realignment of responsibilities to improve service cohesiveness and accountability
- reduced duplication and competition between service partners, and improved coordination of service delivery
- improved business service functions that support and enable the new organisational structure, performance management and governance arrangements
- the ability to provide accurate, complete and actionable information derived from aggregated operational and clinical data
- enhanced career structures, professional development and leadership for the workforce.

This Business Case for Change proposes how the HHS will implement the Organisational Review's key recommendations. Once approved, the benefits of the proposed changes are expected to be partially implemented in 2013 and fully realised by 2015, enabling Cape York HHS to maintain its position as the leading performing remote HHS in Queensland.

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1. Introduction

1.1 Background

Cape York HHS has responsibility[iv] for ensuring the effective delivery of safe, high quality and locally responsive public health services within the Cape York region. Through the Cape York HHS Service Agreement[v], the HHS has responsibility to deliver primary health, non acute and sub-acute care services through its facilities and to support outreach teams, including visiting specialist services from other HHS, and non-government providers such as Apunipima-Cape York Health Council and the Royal Flying Doctors Service.

In 2012 Cape York HHS proactively engaged Ernst & Young, Australia to undertake an independent review of the organisation, to understand the breadth and size of the opportunities available to meet immediate and medium term (three years) fiscal demands. Completed in February 2013, the Organisational Review has identified the key opportunities for change, which have now informed the development of this Business Case for Change.

1.2 Purpose of the business case

The purpose of this Business Case is to present the proposed change process the HHS will undertake to meet its Service Agreement KPIs and fiscal targets, and achieve the identified service realignments to address recently expanded HHS functions.

The Business Case presents the intended blueprint forward for implementing the Organisational Review recommendations and managing the change processes in alignment with current endorsed government processes.

1.3 Governance

The Cape York Health Services Board is the overarching governing body for the Organisational Change. Additionally each of the following groups is accountable for management and implementation of the change processes, being:

- **Sponsor**: Oversight the implementation, and provide guidance and direction to the Change Steering Committee:
  - Health Service Chief Executive (HSCE)
- **Change Steering Committee**: Leads the change process within their allocated portfolio and makes recommendations to the sponsor on options, models and systems for consideration. Includes:
  - Chief Operating Officer
  - Chief Finance Officer
  - Executive Director Medical Services
  - Director Primary Health Care
  - District Director of Nursing
  - Director- Human Resources (advisory only).
- **The Change Team:** Facilitates the change process, and ensure that the project advances in a timely and effective manner. Report on the progress towards the outcomes of the project. Includes:
  - Chief Operating Officer
  - Chief Finance Officer
  - Director- Human Resources
  - Board Secretariat
  - Program Director- Transformation Project.

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- **The Organisational Review Advisory Group:** This group consists of staff, and staff representative groups including Union representation. This group has been active during consultation, planning and review phases of the Organisational Review, and will play an advisory and consultative role during implementation of the change.
- **Additional Working Groups** will be established as needed.
- **District Consultative Forum:** Subject to Unions' agreement, this Forum will provide a formal mechanism to proactively engage and consult with Unions.

1.4 Methods and Assumptions

The HSCE initiated the proposal and achieved Board approval to undertake an Organisational Review process. The Organisational Review has progressed through the conceptualisation and planning phase to determine the most likely re-alignments of services. The review process encompassed:

- key leaders and clinicians workshops (two)
- interviews with 60 key stakeholders
- review of 300 documents
- service and functional mapping
- site visits
- financial and other key metrics reviews, including human resources, internal business processes.

Assumptions of the review were that the outcomes would enable the HHS to:

- better deliver government priorities
- improve health service provision
- realign services identified as duplicates, or opportunities for partner groups
- meet its Service Agreement KPIs and targets
- address known service and process inefficiencies
- maintain or improve its current HHS level of independence.

Additionally the assumptions of the review process itself included:

- a transparent process aligning with current government standards and processes for review
- an active workforce, and workforce representative groups participation across the entire process.

1.5 Key findings

Key findings from the final Organisational Review report undertaken by Ernst & Young included:

- the HHS model of service delivery was predominantly acute primary health care focused and largely episodic in nature, rather than a comprehensive 'family centred' primary health service model
- historical and no longer always 'fit for purpose' organisational and team structures, processes and systems ; variable approaches to recruitment and retentions, complex HR issues and limited adherence to policies and controls, and performance management

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- a need to build more business management and financial support for PHCCs services; improve data collections and collation, and accountability for services delivery
- improve expenditure controls including travel, overtime, drugs and staffing
- review widespread staff and clinical accommodation for all visiting services, including partner groups for revenue opportunities.

Grouped into four categories, the Review proposes four categories overarching 20 key opportunities with a potential value of $4.05M and with a reduction of 25.5 FTE. The categories are:

1. Organisational structural reviews:
    a. refocus the role and structure of the Executive
    b. adopt a clustered approach to managing health service facilities
    c. outsource learning and development functions
    d. consolidate staff travel hub back into the HHS
2. Service assessments:
    a. integrate Men's and Women's Health, Healthy Lifestyle and Cervical Screening outreach teams
    b. enhance the service coordination process to better assess clinical service effectiveness and efficiencies
    c. centralise the responsibility of Patient Safety and Quality roles and transition towards more defined 'hub and spoke' model
    d. transition of Napranum site to Apunipima as a pilot towards a community control model
    e. remove dental prosthetics' role and outsource service
3. Cost reductions:
    a. reduce patient travel by 15 per cent and staff travel by 10 per cent
    b. remove 25 per cent of surplus long term vacancies from establishment
    c. reduce nursing overtime and medical overtime
    d. proactively manage complex long term sick leave
    e. reduce overlap with other providers in diabetes educator and nutrition roles
    f. reduce overlap with Apunipima and Medicare Local in community engagement function
    g. strengthen contact management processes

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4. Revenue optimisation:

    a. optimise Medicare and pathology billing opportunities.

1.6 Analysis of alternatives

During the Organisational Change review process, alternative solutions were explored as part of the conceptualisation and planning phase, being:

Alternative 1 – do nothing

- This alternative is likely to result in a fiscal deficit and unchanged end of year HHS position.

Alternative 2 – Implement Organisational Review recommendations

- Approve the Organisational Review recommendations for change to enable the HHS to restructure its functions, services and workforce to meet its service and fiscal obligations.

Alternative 3 – Increase HHS operating budget to meet projected expenditure for 2012-13

- This option would enable the HHS more time to continue to adjust workforce (through natural attrition) and services over time without risk to the HHS capability level or fiscal deficit.

It was considered by the Board and the Executive Leadership Team that alternative two was the most suitable alternative.

1.7 Proposed structure

The new structure incorporates the recommendations of the Organisational Review recommendations, and reallocates a number of functions and work areas to ensure better strategic alignment, and clearer accountability to the revised Executive structure. There is not expected to be an impact on front line clinical service delivery from the proposed changes, and the HHS is expected to remain within its current approved MOHRI target for 2012-13.

1.8 Scope of the change

The Organisational Review provides the HHS with a blueprint to move forward to further develop, retract or redesign a new service delivery model including the key steps for the HHS to develop a detailed implementation plan, track and monitor progress.

The new structure will place an increased focus on accountability for service performance rather than professional service representation. It is considered that no clinical services or staff will be unduly impacted by the changes recommended. There will be a realignment of business functionality at all service sites which should result in a 'freeing' of more direct clinical time. This will impact on the level of site managers at some facilities, but is not expected to affect the overall clinical FTE number at each site.

Revision of position levels and responsibilities will be necessary to ensure consistency and equity in allocation of duties. This is to address inconsistency with historical establishments transferred into the HHS and to ensure business services are streamlined, coordinated and function as delegated.

It is possible that some positions may be subject to review and redesign. The vast majority of staff will have changed supervisory arrangements. To a degree, all business services staff will be affected by the migration to the new Executive structure and management framework.

Significant relocation of staff is not expected, although minor movement within existing buildings is likely to ensure appropriate support is provided in the right location to address the needs of the new structure. If this is to occur we will consult with affected staff. With approval to progress this Business Case for Change, consultation with staff and key stakeholders will be progressed in line with Queensland Health's Enterprise Bargaining obligations.

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1.9 Staffing Impacts

The proposed reduction in the number of Executive positions and work teams is aimed at improving the span of control of the Executive Leadership Team. Integration of work streams and a reduced number of Executives will mean clear responsibility and greater accountability within the HHS. This reduced number of Executives is likely to cascade and have a similar impact on the number of middle management positions in the new structure.

Re-profiling positions will ensure the relative mix of classification levels is given appropriate consideration as well as whether adequate positions will exist to support career development and succession planning.

Positional changes across the HHS will require the matching of eligible permanent staff in some work areas to new or changed roles in other work areas within the HHS.

To minimise further impacts on existing permanent staff it is proposed that all long standing vacancies will be reviewed to determine whether positions could be utilised to offset the impact of the Organisational Review targets. Other strategies that will also be considered include:

- introduction of flexible work arrangements where operationally convenient including job share, and part time work
- exploring revenue enhancement opportunities including Own Source Revenue.

1.10 Process for matching staff to positions in new structure

The following matching process has been developed by the System Manager in consultation with staff and their union delegates, and is consistent with the HHS's industrial obligations and whole of government requirements.

An eligible permanent employee will be considered suitable for a role at level if they have the skills and abilities necessary to meet the requirements of the role to a satisfactory level, given a reasonable period of training and on-the-job experience and are fit to undertake the role with reasonable adjustment, if required.

Reasonable periods of training may differ between roles. Some positions may require a shorter development period than others due to current Government priorities or a critical shortage of skill sets within teams. Suitability assessments will involve obtaining referee statements to support placement decisions. Employees will have the opportunity to respond to any adverse statements from referees. Where more than one permanent employee is assessed as suitable, appointment shall be on the basis of relative merit between the eligible employees. Staff eligible for consideration in the HHS matching process will include permanent or contracted staff substantively attached to the HSS.

The HHS may approve the inclusion of a permanent employee in the HHS matching pool where satisfied that extenuating circumstances apply. Such applications will be considered on a case by case basis. The continuation of temporary and higher duties roles approved through the EMP process is dependent upon ongoing business requirements within the new structure. Staff will be advised as soon as possible if an outcome from the HHS process affects them continuing in their current role.

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1.11 Evaluation

The Board, HHS and System Manager will undertake evaluation of the change through a matrix of evaluation processes, including:

- The Board will evaluate:
  - HHS performance against Service Agreement KPIs and targets
  - Change management outcomes as they impact on HHS future strategic opportunities
- The System Manager will evaluate:
  - HHS performance against Service Agreement KPIs and targets
- The HHS Executive Leadership Team will evaluate:
  - Internal change management processes
  - Evaluation of revised work models and workforce processes.

1.12 Cost-benefit analysis

The cost of the change will be met from within the allocated budget for the HHS. The allocated FTE will remain to be affordable and reflect projections of funding that is available to the HHS. There are no additional resources being allocated to the change process. Work priorities have been reassessed to enable existing staff to work on the Project Team.

2. Risks and sensitivities

The proposed changes associated risks and sensitivities have been considered during the planning phases of change. Below is a summary of the risks (Table 1) and sensitivities (Table 2), with potential contingent strategies for implementation to mitigate associated risks.

Table 1: *Risk issues and mitigating strategies*

Risk	Mitigating strategy
Challenge of establishing an effective communication mechanism across a diverse service operating from 12 different facilities	• Web page information and referral resources • Email communications • Additional communication systems being explored • Regular HSCE updates at staff forums
Staff change "burnout"	• Recognition of previous organisational changes • Frequent communication and consultation • Engagement of staff in change process • Promotion of Employee Assistance Services • Change Management training for Change Champions to enable them to effectively support staff through the change process
Inadequate engagement	• Engagement of staff in the consultation process • Engage HR/IR support to assist with engagement and consultative processes
Maintaining project time frames	• A change plan outlining the change projects, proposed timeframes and detailed communication plan is being developed.

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Table 2: *Sensitivity issues and mitigating strategies*

Sensitivity	Mitigating strategy
Managing staff morale and uncertainty	• Engagement of staff in the consultation process • Frequent communication and consultation • Engagement of staff in change process • Promotion of Employee Assistance Services
Ensuring effective engagement, representation and consultation	• Consultation and feedback strategies utilised during Organisational Review to be continued • Mobilisation of working groups if required • Implementation of communication plan
Sensitivity to people's uncertainty regarding the proposed changes	• Regular communiqués to staff • Access to a variety of feedback mechanisms • Implementation of the consultative framework and communication plan
Employee dissatisfaction with changes to roles	• Establish consultation forums with specific unit/area • Individual meetings with affected employees • Engage HR/IR support at point of identification

3. Recommendation

This Business Case for Change contains a summary of the HHS change drivers, recommends that the HHS adopts the Organisational Review's 20 key opportunities and provides a recommended approach to managing the organisational change processes, including redesign of services and changes to staff resources.

It is recommended that this Business Case for Change be supported and approved for implementation.

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4. Appendix

High level Organisational Review opportunities
Opportunity
1. Refocus the role and structure of the Executive
2. Adopt a clustered approach to managing health service facilities
3. Outsource learning and development resources
4. Consolidate travel hub back into the HHS
5. Integrate Men's and Women's Health, Healthy Lifestyle and Cervical Screening outreach teams
6. Enhance the service coordination process to better assess clinical service effectiveness and efficiencies
7. Centralise the responsibility of Patient Safety and Quality roles and transition towards more defined 'hub and spoke' model
8. Transition of Napranum site to Apunipima as a pilot towards a community control model
9. Reduce patient travel by 15 per cent
10. Reduce staff travel by 10 per cent
11. Remove 25 per cent of surplus long term vacancies from establishment
12. Reduce nursing overtime to 1.5 per cent of total salaries and wages for MPHSs, and five per cent for PHCs
13. Proactively manage complex long term sick leave
14. Optimise Medicare billing opportunities
15. Remove dental prosthetics' role and outsource service
16. Reduce overlap with other providers in diabetes educator and nutrition roles
17. Reduce overlap with Apunipima and Medicare Local in community engagement function
18. Reduce medical overtime
19. Maximise pathology billing
20. Strengthen contact management processes

Source: Cape York HHS Organisational Review 2013, Ernst &Young, Australia.

References

[i] Cape York Health Service District. *Transformation Project Initiation Proposal, 2010*
[ii] Queensland Government. *Statement of Government Health Priorities 2012*
[iii] Ernst & Young Australia. *Cape York Hospital and Health Service Organisational Review 2013*
[iv] Queensland Health 2012. *The Cape York Hospital and Health Service Agreement 2012-2013.*

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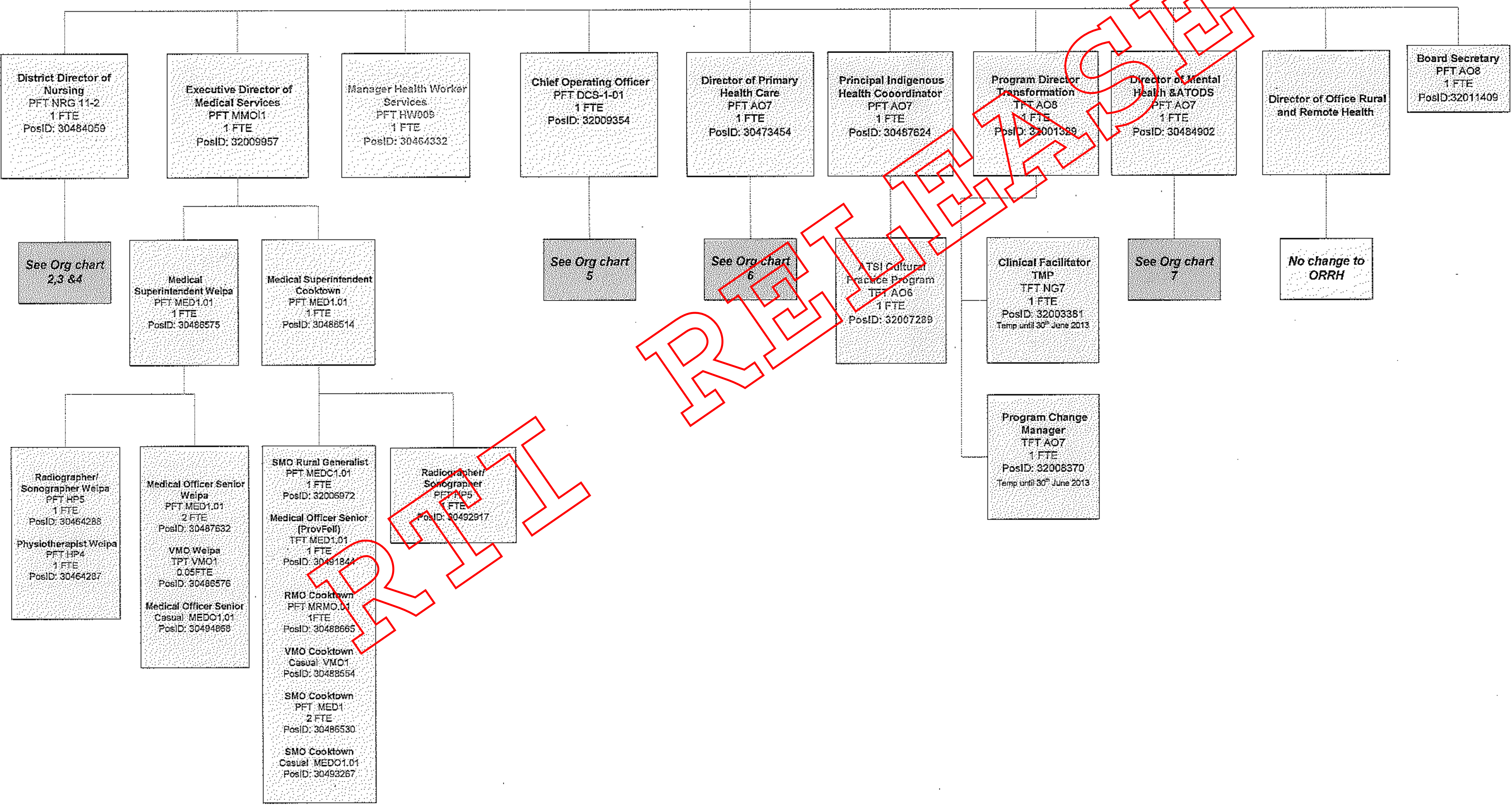
Existing Structure
Cape York Hospital and Health Service
Chart1= EXECUTIVE



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Existing Structure
Cape York Hospital and Health Service
Chart 2= Primary Health Care Centres

Cape York Hospital and Health Service
Chief Executive Officer

District Director of Nursing
PFT NG11-2
Pos ID:30484059

ESO – DDON/EDMS
PFT AO4 1FTE
Pos ID:30490775

DON Cooktown
MPHS
-see org chart 3

DON Weipa
MPHS
see org chart 4

DON Aurukun
PFT NRG 10-1
1 FTE
PosID: 30464323

Nursing:
CNC – PFT
NRG7 x 2 FTE
PosID: 30464325

CN – PFT
NRG6 x 3 FTE
PosID: 30464326

Health Workers:
Senior HW – PFT
HWOO7 x 1 FTE
PosID: 30464327

HW Adv – PFT
HWOO5 x 1 FTE
PosID: 30477375

HW Gen – PFT
HWOO3 x 2 FTE
PosID: 30464328

HW Trainee – PFT
HWOO2 x 3 FTE
PosID: 30483831

Administration:
Admin Officer - PPT
AO3 x 0.01 FTE
PosID: 30484767

Admin Officer – PPT
AO2 x 1.5 FTE
Pos ID: 30464324

Admin Officer- Casual – AO2
Pos ID: 32006158

Operational Staff
OSO Grounds/Main
PFT – OO3 x 1FTE
PosID: 30480441

OSO – PFT
OO2 x 4.03FTE
PosID: 30464330

OSO – PFT
OO2 x 6 FTE
PosID: 30464329

OSO Casual – OO3
PosID: 32009482

DON Hopevale
PFT NRG 10-1
1 FTE
PosID: 30464833

Nursing:
CNC – PFT
NRG7 x 2 FTE
PosID: 30464834

CN – PFT
NRG6 x 3 FTE
PosID:
- 32011587
- 32011588
- 32011589

Health Workers:
Senior HW – PFT
HWOO7 x 1 FTE
PosID: 30464589

HW Adv – PFT
HWOO5 x 1 FTE
PosID: 30464835

HW Gen – PFT
HWOO3 x 3 FTE
PosID: 30464836

HW Trainee – PFT
HWOO2 x 1 FTE
PosID: 30479860

Home Care Worker
Mental Health
PFT OO2
1 FTE
Pos ID 30480561

Administration:
Admin Officer – PPT
AO3 x 0.5 FTE
PosID: 30484771

Admin Officer – PPT
AO2 x 0.5 FTE
Pos ID: 30473309

Operational Staff
OSO Cleaner
PFT – OO2 x 2FTE
PosID: 30464837

OSO – Casual
OO2
PosID: 30464504

DON Kowanyama
PFT NRG 10-1
1 FTE
PosID: 30464314

Nursing:
CNC – PFT
NRG7 x 2 FTE
PosID: 30464315

CN – PFT
NRG6 x 3 FTE
PosID:
- 30464316

Health Workers:
Senior HW – PFT
HWOO7 x 1 FTE
PosID: 30464318

HW Adv – PFT
HWOO4 x 2 FTE
PosID: 30464338

HW Trainee – PFT
HWOO2 x 2 FTE
PosID: 30483633

Administration:
Admin Officer - PPT
AO3 x 0.5 FTE
PosID: 30484768

Admin Officer – PPT
AO2 x 0.5 FTE
Pos ID: 30464322

Admin Officer – Casual –
AO2
PosID: 30494654

Operational Staff
OSO PFT
OO2 x 3FTE
PosID: 30464321

OSO PFT
OO2 x 3 FTE
PosID: 30464319

OSO – Casual
OO2
PosID: 30464320

DON Lockhart River
PFT NRG 10-1
1 FTE
PosID: 30464306

Nursing:
CNC – PFT
NRG7 x 1 FTE
PosID: 30464308

CN – PFT
NRG6 x 3 FTE
PosID:
- 30464309

Health Workers:
Senior HW – PFT
HWOO7 x 1 FTE
PosID: 30464310

HW Adv – PFT
HWOO5 x 1 FTE
PosID: 30464312

HW Adv – PFT
HWOO4 x 2FTE
PosID:
- 30483529
- 30493506

HW Trainee – PFT
HWOO2 x 1 FTE
PosID: 30464311

Administration:
Admin Officer - PPT
AO3 x 0.5 FTE
PosID: 30484762

Admin Officer – PFT
AO2 x 1 FTE
Pos ID: 30464307

Admin Officer – Casual –
AO3
PosID: 30494652

Operational Staff
OSO PFT
OO2 x 3FTE
PosID: 30464313

OSO PPT
OO2 x 0.36 FTE
PosID: 30473706

OSO – Casual
OO2 x 2
PosID:
- 30494649
- 30494650

DON Pormpuraaw
PFT NRG 10-1
1 FTE
PosID: 30464302

Nursing:
CNC – PFT
NRG7 x 1 FTE
PosID: 30464336

CN – PFT
NRG6 x 3 FTE
PosID: 30473453

Health Workers:
Senior HW – PFT
HWOO7 x 1 FTE
PosID: 30464304

HW Adv – PFT
HWOO5 x 1 FTE
PosID: 30475726

HW Adv – PFT
HWOO4 x 1FTE
PosID: 30475336

HW Gen – PFT
HWOO3 x 2 FTE
PosID: 30464339

HW Trainee – PFT
HWOO2 x 1 FTE
PosID: 30479553

Administration:
Admin Officer - PFT
AO3 x 1 FTE
PosID: 30484765

Admin Officer – Casual –
AO2
PosID: 30464303

Operational Staff
OSO PFT
OO2 x 3FTE
PosID: 30464305

OSO – Casual
OO2
PosID: 30473249

DON Wujal Wujal
PFT NRG 10-1
1 FTE
PosID: 30464822

Nursing:
CNC – PFT
NRG7 x 1 FTE
PosID: 30464823

CN – PFT
NRG6 x 3 FTE
PosID: 30464824

Health Workers:
Senior HW – PFT
HWOO7 x 1 FTE
PosID: 30464592

HW Adv – PFT
HWOO4 x 4 FTE
PosID:
- 30464826
- 30464825
- 30475259
30484375

HW ATODs – PFT
HWOO3 x 1 FTE
PosID: 30474779

HW Trainee – PFT
HWOO2 x 1 FTE
PosID: 30484375

Administration:
Admin Officer - PFT
AO3 x 1 FTE
PosID: 30484770

Operational Staff
OSO PFT
OO2 x 2FTE
PosID: 30464827

OSO – Casual
OO2
PosID: 30464508

CNC Coen
PFT NRG7 x 1 FTE
PosID: 30464294

Nursing:
CN – PFT
NRG6 x 1 FTE
PosID: 30473578

Health Workers:
HW Senior – PFT
HWOO6 x 1 FTE
PosID: 32009657

HW Adv – PFT
HWOO5 x 2 FTE
PosID:
- 30489459
- 30494982

HW Gen – PFT
HWOO3 x 1 FTE
PosID: 30464295

HW Trainee – PFT
HWOO2 x 2 FTE
PosID: 30483830

Administration:
Admin Officer - PPT
AO3 x 0.5 FTE
PosID: 30484772

Admin Officer – PPT
AO2 x 0.5 FTE
PosID: 30475966

Operational Staff
OSO PFT
OO2 x 1 FTE
PosID: 30464341

OSO – Casual
OO2
PosID: 30464337

HHS Relieving Nurse Pool

Nursing:
Nurse Manager – Workforce
NRG7 – 1 FTE
PosID: 32013552

CN – PFT
NRG6 x 6 FTE
PosID: 30488973

CN – Casual
NRG6
PosID: 30490463

Patient Safety and Quality
PFT NG7 x1FTE
Pos ID30478498

Nursing:
CYHSD Patient Safety
Quality Officer PFT
NRG6 x 1 FTE
PosID: 32006268

Infection Control Nurse
PFT NG7
1FTE
PosID:32007911

Administrative

PSQ Accreditation Support –
TFT
AO5 x 1 FTE
PosID: 30494117

Progam Officer Dist Qual &
Safety -PFT
AO4 x 1FTE
Pos ID:30491073

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Existing Structure
Cape York Hospital and Health Service
Chart 3= Cooktown Multi Purpose Health Service

Cape York Hospital and Health Service
Chief Executive Officer

District Director of Nursing
PFT NG11-2
Pos ID:30484059

Director of Nursing Cooktown
PFT NG10-2
Pos ID: 30464655

Clinical Nurse Consultant Midwifery
PFT NG7
1 FTE
PosID: 32004974

Nurse Unit Manager Acute
PFT NG7
1 FTE
PosID: 30464656

- CN A&E/OPD/General, PFT NG6, 1 FTE, PosID: 30492978
- CN Aged Care, PFT NG6, 1 FTE, PosID: 30473307
- CN, PFT NG6, 1 FTE, PosID: 30464657
- CN General/OT, PFT NG6, 1 FTE, PosID: 30489904
- CN Detox, PFT NG6, 1 FTE, PosID: 30489897
- RN Aged Care, PFT NG5, 1 FTE, PosID: 30478281
- RN, PFT NG5, 10.02 FTE, PosID: 30464658
- RN, Casual NG5, PosID: 30464874
- ENAP, PFT NG4, 2 FTE, PosID: 30476356
- EN, PPT NG3, 0.54 FTE, PosID:30464659
- EN, Casual NG3, PosID: 30464475
- AIN, PFT NG1, 2.25 FTE, PosID: 30464663
- AIN, Casual NG1, PosID: 30479506

Business Manager PFT AO5
1 FTE
PosID: 30474669

Executive Support Officer Cooktown
PFT AO4
1 FTE
PosID:30493722

Admin Team Leader
PFT AO4
1 FTE
PosID: 30464664

- Admin Officer -Ward, PFT AO3, 1 FTE, PosID:30493720
- Admin Officer -CMPS, PFT AO3, 2 FTE, PosID:30473306
- Admin Officer, Casual AO2, 1 FTE, PosID:30475427

Operational Supervisor
PFT OO4
1 FTE
PosID: 30477634

- Operational Support Cook, PFT OO3, 1.53 FTE, PosID: 30477633
- Operational Support, PFT OO2, 5.93 FTE, PosID: 30464669
- Operational Support, Casual OO2, PosID: 30477201
- Operational Support Aged Care, PFT OO2, 1 FTE, PosID: 30473305

Nurse Unit Manager Primary Health
PFT NG7
1 FTE
PosID: 30464668

- Senior Health Worker, PFT HWOO7, 1 FTE, PosID: 30464596
- Health Worker Advanced Nutrition, PFT HWOO4, 1 FTE, PosID: 30475423
- Health Worker Generalist, PFT HWOO3, 1 FTE, PosID: 30464662
- Health Worker Trainee, PFT HWOO2, 1 FTE, PosID: 32003873

Admin Officer Community Health
PFT AO3
1 FTE
PosID:30464661

- Coordinator Aged Care, PFT OO5, 1 FTE, PosID: 30478292
- Operational Respite, PFT OO3, 1 FTE, PosID: 30473310
- Cook MPS, Casual OO2, PosID: 30464665
- Operational Cook, PFT OO2, 1.50 FTE, PosID: 30473316

- Nutritionist Community, PFT HP4, 1 FTE, PosID: 30475467
- Physiotherapist, PFT HP4, 1 FTE, PosID: 30464667
- Social Worker, PFT HP4, 1 FTE, PosID: 30489939
- Social Worker Senior, PFT HP4, 1 FTE, PosID: 30464666
- Occupational Therapist, PPT HP3, 0.50 FTE, PosID: 32007237

- CNC Diabetes, PFT NG7, 1 FTE, PosID: 30478683
- CN Child Health, PFT NG6, 1 FTE, PosID: 30480235
- CN Community Health, PFT NG6, 1 FTE, PosID: 30464660
- CN HAAC, PFT NG6, 1 FTE, PosID: 30476982
- CN QI Coordinator, PPT NG6, 0.42 FTE, PosID: 30481615
- CN Aged Care, PFT NG6, 1 FTE, PosID: 30478293
- CN SBYHN, PFT NG6, 0.53FTE, PosID: 30473308

CNC Laura
PFT NGR7 x 1 FTE
PosID: 32011518

- Nursing: CN – PFT, NRG6 x 1 FTE, PosID: 30493726
- Health Workers: HW – PFT, HWOO2 x 1 FTE, PosID: 30464829
- Administration: Admin Officer - PPT, AO3 x 0.5 FTE, PosID: 30484769
- Operational: OSO Gardener/ Cleaner PPT, OO2 x 0.4FTE, PosID: 30464830

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Existing Structure
Cape York Hospital and Health Service
Chart 4= Weipa Integrated Health Service

Cape York Hospital and Health Service
Chief Executive Officer

District Director of Nursing
PFT NG11-2
Pos ID:30484059

Director of Nursing- Weipa
PFT NG10-2
Pos ID: 30464275

Weipa GP Clinic
Temp until 30th June

- CNC GP Clinic, TFT NG7, 1 FTE, PosID: 32011480
- RN GP Clinic, TPT NG5, 0.20 FTE, PosID: 32011481
- SMO GP Clinic, TFT MEDC1, 1 FTE, PosID: 32011485
- Administration GP Clinic, TFT AO3, 1 FTE, PosID: 32011482; TPT AO3, 0.40 FTE, PosID: 32011483; Casual AO2, Pos ID 32011484

Nurse Practitioner
PFT NG8
1 FTE
PosID: 32008913

Nurse Unit Manager
PFT NG7
1 FTE
PosID: 30464277

- CN OPD, PFT NG6, 1 FTE, PosID: 30464283
- CN Aged Care, PFT NG6, 1 FTE, PosID: 30490886
- CN, PFT NG6, 5 FTE, PosID: 30464278
- RN, PFT NG5, 8 FTE, PosID: 30464279
- RN, Casual NG5, PosID: 30464280
- ENAP, PFT NG4, 2 FTE, PosID: 30476587
- EN, PFT NG3, 1 FTE, PosID: 30464281
- EN, Casual NG3, PosID: 30494944
- AIN Aged Care, PFT NG1, 4.2 FTE, PosID: 30492393
- AIN, Casual NG1, PosID: 30492396
- Aged Care Activities Officer, PPT OO3, 0.26 FTE, Pos ID: 30492343

Business Manager PFT
AO5
1 FTE
PosID: 30483650

- Operational Supervisor, PFT OO5, 1 FTE, PosID: 30464282
  - Operational Support Cook, PFT OO3, 2 FTE, PosID: 30491893, PosID: 30491979
  - Operational Support, PFT OO2, 8.5 FTE, PosID: 30464284
  - Operational Support, Casual OO2, PosID: 30464286
  - Operational Support Wardsperson, PFT OO2, 1.47 FTE, PosID: 30491893
- Admin Officer PTSS, PFT AO4, 1 FTE, PosID: 30464274
  - Admin Officer -Ward, PFT AO3, 1 FTE, PosID:30491894
  - Admin Officer -Reception, PFT AO3, 2 FTE, PosID:30476589
  - Admin Officer, PFT AO2, 1 FTE, PosID:30464335
  - Admin Officer, Casual AO2, Pos ID 32011754

Executive Support Officer Weipa
PFT AO4
1 FTE
PosID:30464333

Health Worker Advanced
PFT HWO05
1 FTE
PosID: 30464276

CNC Napranum
PFT NG7
1 FTE
PosID: 30464296

- CN Napranum, PFT NG6, 2 FTE, PosID: 30464297
- Admin Officer, PFT AO3, 1 FTE, PosID: 30484764; Admin Officer, PFT AO2, 0.5FTE, PosID: 30464298; Admin Officer, Casual AO2, PosID: 30494653; Community Alcohol Prevention Officer (Napranum), TFT AO3, 1 FTE, Pos ID 30492946
- Operational, Casual Driver OO2, PosID: 32009012; Cleaner, PFT OO2, 0.53FTE, PosID: 30489696; Groundsman/Driver, PFT OO2, PosID: 30464301
- Senior Health Worker, PFT HWO07, 1 FTE, PosID: 30464299; Health Worker Advanced, PFT HWO05, 1 FTE, PosID: 30489460; Health Worker Advanced, PFT HWO04, 2 FTE, PosID: 30464300; Health Worker Womens Health, PFT HWO03, 1 FTE, PosID: 30477374; Health Worker Trainee, PFT HWO02, 2 FTE, PosID: 30483826/32000155

Radiopgrapher/ Sonographer
Casual HP5
PosID: 32009147

NUM Mapoon
PFT NGR7 x 1 FTE
PosID: 30464290

- Nursing: CN – PFT, NRG6 x 1 FTE, PosID: 30474350
- Health Worker Advanced, PFT HWO05, 1 FTE, PosID: 30464291; Heath Worker Generalist, PFT HWO03, 1 FTE, Pos ID 30464340
- Administration: Admin Officer - PPT, AO3 x 0.5 FTE, PosID: 30484766; Admin Officer - PPT, AO2 x 0.5 FTE, PosID: 30476156
- Operational: PFT- OO2, 2 FTE, PosID: 30464292; Operational: Casual OO2, PosID: 30464293/30473272

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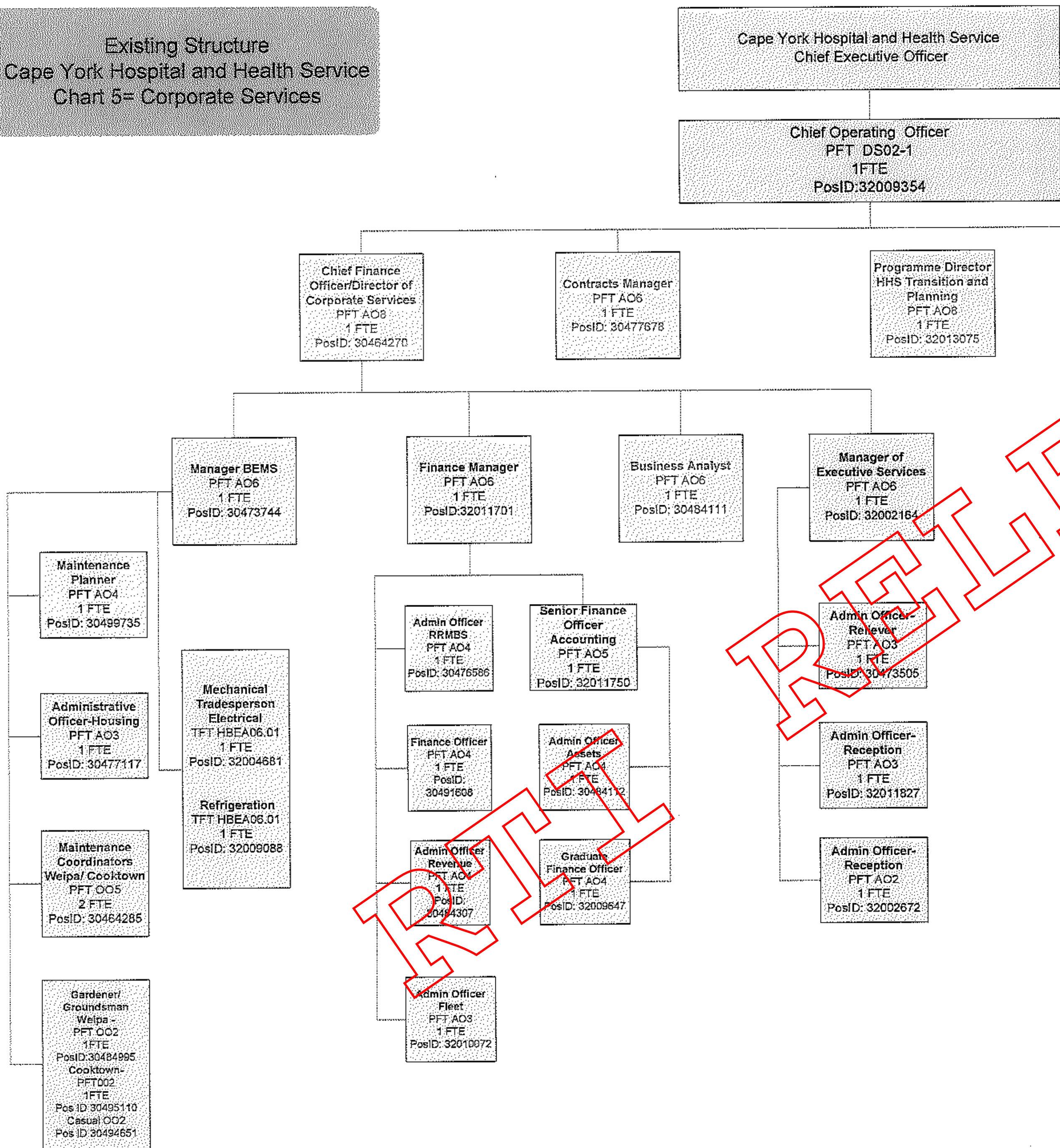
Existing Structure
Cape York Hospital and Health Service
Chart 5= Corporate Services



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Existing Structure
Cape York Hospital and Health Service
Chart 6= Outreach Services

Cape York Hospital and Health Service
Chief Executive Officer

Director Primary Health Care
PFT AO7
1FTE
PosID:30473454

CNC Public Health
PFT NG7
1 FTE
PosID: 30492649

Environmental Health Officer
PFT HP2
1 FTE
PosID: 30485745

Manager Programs Healthy Life
PFT HW008
1 FTE
PosID: 30480785

Nursing
CNC Chronic Disease
PFT NG7
1 FTE
PosID: 30475120
Diabetes Educator
PFT NG7
1 FTE
PosID:30478889

Health Worker
HW Renal/ Diabetes
PFT HW005
1 FTE
PosID: 30475267
HW Generalist Nutrition
PFT HW003
1 FTE
Pos ID 30475337

Coordinator Chronic Disease
PFT AO6
2 FTE
PosID: 30478888

Nutritionist Senior Community
PFT HP4
Pos ID 30464289

Telehealth Coordinator
TFT AO7
1 FTE
PosID: 32004967

Manager Programs Mens and Womens Health
PFT HW008
1 FTE
PosID: 30480925

Nursing
Nurse Practitioner Mens and Women
PFT NG8
1 FTE
PosID: 30490637
CNC Sexual Health
PFT NG7
Pos ID 30473894
CNC Womens Health
PFT NG7
Pos ID30464271

Health Worker
HW Advanced Sexual
PFT HW005
1 FTE
PosID: 30464342
HW Advanced Womens
PFT HW005
1 FTE
Pos ID 30464273
HW Sexual Health
PFT HW003
1 FTE
Pos ID 30478562

Community Consult Co-Ord
PFT AO6
1 FTE
PosID: 30494538

Principal Dental Officer
PFT DO3
1 FTE
PosID: 32002571

Dental Therapist Advanced
PFT HP4
1 FTE
PosID:32006245
Dental Prosthesis
PFT HP3
1 FTE
PosID: 30464797

Oral Health Therapist Ad Travel
PFT HP5
1 FTE
PosID:30497698

Dental Therapist Senior Outreach
PFT HP3
1 FTE
PosID:30464796

Advanced Health Worker Dental
PFT HW004
1 FTE
PosID32002710

Senior Dental Clinical
PFT DO2
1 FTE
PosID: 30464794
Senior Dentist Cooktown
PFT DO2
1FTE
PosID: 30464795

District Senior Dental Assistant
PFT OO5
1 FTE
PosID32002709

Dental Assistant Weipa
PFT OO4
1 FTE
PosID:32002717
Dental Assistant Weipa
PFT OO4
1 FTE
PosID:32002915
Dental Assistant Weipa
Casual OO3
PosID:32011830
Dental Assistant Outreach
PFT OO3
2 FTE
PosID:30464798
Dental Assistant Cooktown
PFT OO3
1 FTE
PosID:30464799
Trainee Assistant
PFT OO2
0 FTE
PosID:32011436
Dental Assistant Cooktown
Casual OO2
PosID:30473096

Administrative Officer Oral Health
PFT AO3
1 FTE
PosID32002708

Service Coordinator
PFT AO6
1 FTE
PosID: 32003389

Coordinator Ear Health
PFT AO6
1 FTE
PosID: 32003388

Program Manager Aged and Community Care
PFT AO6
1 FTE
PosID: 30489006

HACC Assessment Officer
PFT NG6
1 FTE
PosID: 30484374

AHW Indigenous Discharge Plan
PFT HW004
1 FTE
PosID: 30484903

Team Leader Family Health
PFT AO6
1 FTE
PosID: 30492643

Nursing
CNC Family Health
PFT NG7
1 FTE
PosID: 30483836
CNC Maternal and Child Intensivest
PFT NG7
1 FTE
PosID32000053
CNC Maternal and Child Intensivest
PFT NG7
1 FTE
PosID30486098
CN Child & Family
PFT NG6
1 FTE
PosID30464272
CN School Young Peoples Health
PFT NG6
1 FTE
PosID30473905

Health Worker
HW Coordinator
PFT HW007
1 FTE
PosID: 30481288
HW Advanced Child
PFT HW005
1 FTE
Pos ID 30482154
HW Adv Indig Mat& Inf
TFT HW005
2 FTE
Pos ID 30499741
Pos ID 30499737
Temp role to 30 June 2013
HW Adv Indigenous
TFT HW005
1FTE
Pos ID 32009241
Temp role to 30 June 2013
HW Gen Indigenous Yth
TFT HW003
1FTE
Pos ID 30499736
Temp role to 30 June 2013

Community Paediatrician
L24
PFT 1FTE
Pos ID:32013563

Data Manager
PFT AO6
1 FTE
PosID: 30492035

Social Worker Senior
PFT HP4
1 FTE
PosID: 30490062

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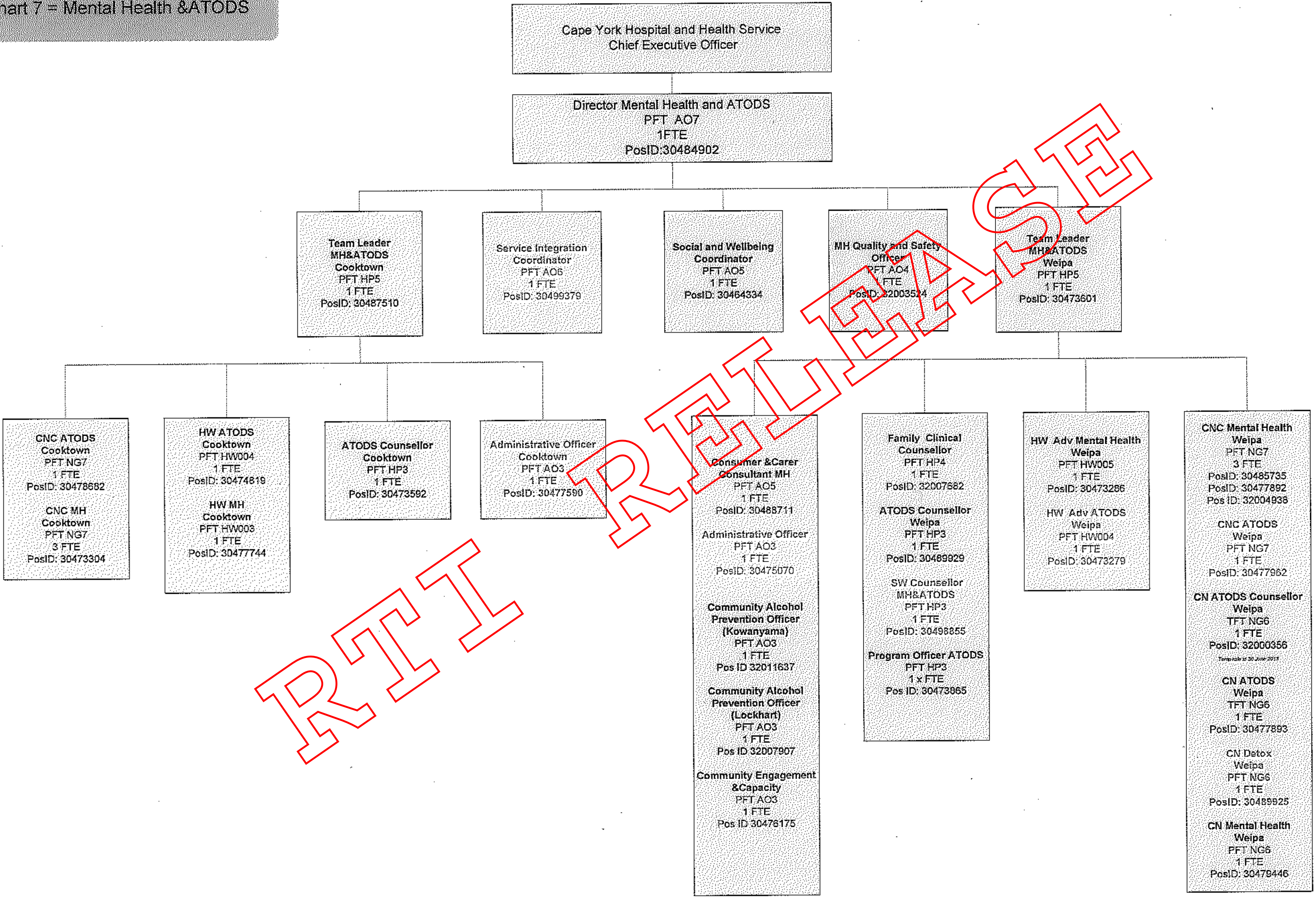

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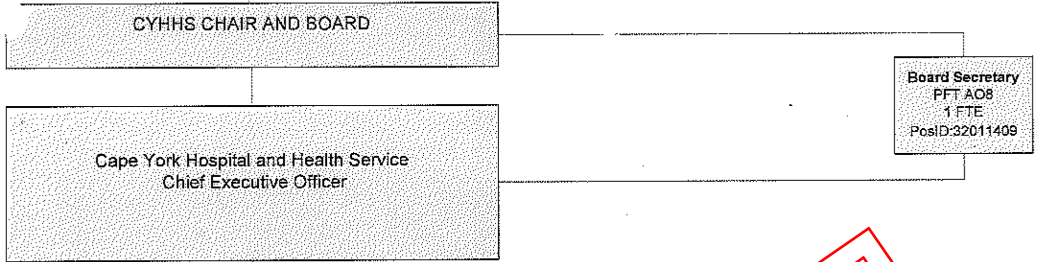
Proposed Structure
Cape York Hospital and Health Service
Chart 1= Executive



Executive Director of Nursing and Midwifery
PFT NRG 11-2
1 FTE
PosID: 30484059

See Org chart 2& 3

Patient Safety and Quality
PFT NG7
1FTE
Pos ID30478498

Nursing
CYHSD Patient Safety Quality Officer
PFT NRG6
1 FTE
PosID: 32006268
CN QI Coordinator
PFT NG5
0.42 FTE
PosID: 30481815

Patient Safety and Quality Support Officer
PFT AO4
1FTE
Pos ID:30491073

Accreditation
Temp until 12th June 2013
PSQ Accreditation Support
TFT AO5
1 FTE
PSQ Accreditation
NG7 TFT
1 FTE

Executive Director of Medical Services
PFT MMOI1
1 FTE
PosID: 332009957

Medical Superintendent Weipa
PFT MED1.01
1 FTE
PosID: 30486575

Medical Officer Senior Weipa
PFT MED1.01
2 FTE
PosID: 30487632
VMO Weipa
TPT VMO1
0.05FTE
PosID: 30486576
Medical Officer Senior
Casual MEDO1.01
PosID: 30494868

Medical Superintendent Cooktown
PFT MED1.01
1 FTE
PosID: 30486514

SMO Rural Generalist
PFT MEDC1.01
1 FTE
PosID: 32006972
Medical Officer Senior (ProvFell)
TFT MED1.01
1 FTE
PosID: 30481844
RMO Cooktown
PFT MRMO1.01
1FTE
PosID: 30486865
VMO Cooktown
Casual VMO1
PosID: 30488554
SMO Cooktown
PFT MED1
2 FTE
PosID: 30486530
SMO Cooktown
Casual MEDO1.01
PosID: 30493267

Telehealth Coordinator
TFT AO7
1 FTE
PosID: 32004957
Temp until 30th June 2013

Executive Director Indigenous Health and Outreach Services
PFT AO7
1 FTE
PosID: New

See Org chart 5

Executive Director Workplace Services
PFT AO8
1 FTE
PosID: 32005264

Senior Industrial Relations Advisor
TFT AO6
1 FTE
PosID: New

Senior Human Resources Advisor
PFT AO5
1 FTE
PosID: New

Human Resources Coordinators
PFT AO4
2 FTE
PosID: 30484085

Occupational Health and Safety Manager
PFT AO6
1 FTE
PosID: 30480730

Occupational Health Safety Coordinator
PFT AO4
1 FTE
PosID New

Return to Work Coordinator
PFT AO5
1 FTE
PosID: New

Learning & Development Coordinator
PFT AO5
1 FTE
PosID: New

Chief Finance Officer / Director of Corporate Services
PFT AO8
1 FTE
PosID: 30464270

See Org chart 6

Executive Director Performance Planning & Coordination
PFT AO8
1 FTE
PosID: New

Program Director Strategy Planning and Performance
PFT AO8
1 FTE
PosID: 32013075

Team Leader Healthcare Purchasing & Performance
PFT AO7
1 FTE
PosID: 32013007

Performance Support Officers
PFT HP3/AO3
2 FTE
PosID: New

Business Analyst & System Support
PFT AO6
1 FTE
PosID: 30484111

Contracts Manager
PFT AO6
1 FTE
PosID: 30477678

Transformation Team Temp until 30th June 2013
Program Change Manager
TFT AO7
1 FTE
PosID: 32006370
Clinical Facilitator TMP
TFT NG7
1 FTE
PosID: 32003381

Communication and Public Affairs Officer
PFT AO6
0.5 FTE
PosID: New

Coordination Support Officer
PFT AO4
1 FTE
PosID: New

Service Integration Coordinator
PFT AO6
1 FTE
PosID: 30499379

Director of Office Rural and Remote Health
PFT 1 FTE

No change to ORRH

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Proposed Structure
Cape York Hospital and Health Service
Chart 2= Acute and Primary Care
(including Primary Health Care Centres)

Cape York Hospital and Health Service
Chief Executive Officer

Executive Director of Nursing and Midwifery
PFT NG11-2
Pos ID:30484059

Director of Nursing & Midwifery Remote Health
PFT NRG 10-3
1 FTE
PosID: New

Director of Nursing and Midwifery Cooktown MPHS
-see further chart 3

Director of Nursing and Midwifery Weipa MPHS
see further chart 3

Nursing WorkForce
Nurse Manager – Workforce
NRG7 – 1 FTE
PosID: 32013552
Nurse Educator/ Orientation
PFT NG7
1.5 FTE
PosID: 30464331
CN Rotation – PFT
NRG6 x 6 FTE
PosID: 30488973
CN – Casual
NRG6
PosID: 30490463

DON Aurukun

DON Aurukun
PFT NRG 10-1
1 FTE
PosID: 30464323

Nursing:
CNC – PFT
NRG7 x 2 FTE
PosID: 30464325
CN – PFT
NRG6 x 3 FTE
PosID: 30464326

Health Workers:
Senior HW – PFT
HWO07 x 1 FTE
PosID: 30464327
HW Adv – PFT
HWO05 x 1 FTE
PosID: 30477375
HW Gen – PFT
HWO03 x 1 FTE
PosID: 30464328
HW Trainee – PFT
HWO02 x 1 FTE
PosID: 30483831

Administration:
Admin Officer – PPT
AO3 x 0.01 FTE
PosID: 30484757
Admin Officer – PPT
AO2 x 1.5 FTE
Pos ID: 30464324
Admin Officer- Casual – AO2
Pos ID: 32006158

Operational Staff
OSO – PFT
OO2 x 4.03FTE
PosID: 30464330
OSO – PFT
OO2 x 4 FTE
PosID: 30464329
OSO Casual – OO3
PosID: 32009452

DON Pormpuraaw/Kowanyama

DON Pormpuraaw/ Kowanyama
PFT NRG 10-2
1 FTE
PosID: New

Pormpuraaw

Pormpuraaw
Site Manager/CNC
NRG7 - PFT
1 FTE
PosID: 30464336

CN – PFT
NRG6 x 3 FTE
PosID: 30473453

Health Workers:
Senior HW – PFT
HWO07 x 1 FTE
PosID: 30464304
HW Adv – PFT
HWO05 x 1 FTE
PosID: 30476726
HW Adv – PFT
HWO04 x 1FTE
PosID: 30475336
HW Gen – PFT
HWO03 x 1 FTE
PosID: 30464339

Administration:
Admin Officer – PFT
AO3 x 1 FTE
PosID: 30484765
Admin Officer – Casual – AO2
PosID: 30464303

Operational Staff
OSO PFT
OO2 x 3FTE
PosID: 30464305
OSO – Casual
OO2
PosID: 30473249

Kowanyama

Kowanyama
Site Managers/CNC
NRG7 – PFT
2 FTE
PosID: 30464315

CN – PFT
NRG6 x 3 FTE
PosID: - 30464316

Health Workers:
Senior HW – PFT
HWO07 x 1 FTE
PosID: 30464318
HW Adv – PFT
HWO04 x 2 FTE
PosID: 30464338
HW Trainee – PFT
HWO02 x 2 FTE
PosID: 30483833

Administration:
Admin Officer – PPT
AO3 x 0.5 FTE
PosID: 30484768
Admin Officer – PPT
AO2 x 0.5 FTE
PosID: 30464322
Admin Officer – Casual
AO2
PosID: 30494654

Operational Staff
OSO PFT
OO2 x 3FTE
PosID: 30464321
OSO PFT
OO2 x 3 FTE
PosID: 30464319
OSO – Casual
OO2
PosID: 30464320

Lockhart

Lockhart
Site Manager/CNC
NRG7 - PFT
1 FTE
PosID: 30464308

CN – PFT
NRG6 x 3 FTE
PosID:
- 30464309

Health Workers:
Senior HW – PFT
HWO07 x 1 FTE
PosID: 30464310
HW Adv – PFT
HWO05 x 1 FTE
PosID: 30464312
HW Adv – PFT
HWO04 x 2FTE
PosID:
- 30483829
- 30493509
HW Trainee – PFT
HWO02 x 1 FTE
PosID: 30464311

Administration:
Admin Officer – PPT
AO3 x 0.5 FTE
PosID: 30484762
Admin Officer – PFT
AO2 x 1 FTE
Pos ID: 30464307
Admin Officer – Casual – AO3
PosID: 30494652

Operational Staff
OSO PFT
OO2 x 3FTE
PosID: 30464313
OSO PPT
OO2 x 0.36 FTE
PosID: 30473706
OSO – Casual
OO2 x 2
PosID:
- 30494649
- 30494650

Director of Nursing Hopevale/Wujal Wujal and Laura

Director of Nursing Hopevale/ Wujal Wujal and Laura
NRG10-2 - PFT
1 FTE
PosID: New

Hopevale

Hopevale
Site Managers/CNC
NRG7 - PFT
2 FTE
PosID: 30464834

CN – PFT
NRG6 x 3 FTE
PosID:
- 32011587
- 32011588
- 32011589

Health Workers:
Senior HW – PFT
HWO07 x 1 FTE
PosID: 30464589
HW Adv – PFT
HWO05 x 1 FTE
PosID: 30464835
HW Gen – PFT
HWO03 x 3 FTE
PosID: 30464836
HW ATODS
HW003 x 1 FTE
Pos ID: 30474779
HW Trainee – PFT
HWO02 x 1 FTE
PosID: 30479860

Administration:
Admin Officer – PPT
AO3 x 0.5 FTE
PosID: 30484771
Admin Officer – PPT
AO2 x 0.5 FTE
Pos ID: 30473309

Operational Staff
OSO Cleaner
PFT – OO2 x 2FTE
PosID: 30464837
OSO – Casual
OO2
PosID: 30464504
Home Care Worker
PFT OO2
1 FTE
Pos ID 30480561

Wujal Wujal

Wujal Wujal
Site Manager/CNC
NRG7 - PFT
1 FTE
PosID: 30464823

CN – PFT
NRG6 x 3 FTE
PosID: 30464824

Health Workers:
Senior HW – PFT
HWO07 x 1 FTE
PosID: 30464592
HW Adv – PFT
HWO04 x 4 FTE
PosID:
- 30464826
- 30464825
- 30475259
- 30484375

Administration:
Admin Officer - PFT
AO3 x 1 FTE
PosID: 30484770

Operational Staff
OSO PFT
OO2 x 2FTE
PosID: 30464827
OSO – Casual
OO2
PosID: 30464508

Laura

Laura
Site Manager /CNC
PFT NGR7 x 1 FTE
PosID: 32011518

Nursing:
CN – PFT
NRG6 x 1 FTE
PosID: 30483726

Health Workers:
HW – PFT
HWO02 x 1 FTE
PosID: 30464829

Administration:
Admin Officer - PPT
AO3 x 0.5 FTE
PosID: 30484769

Operational:
OSO Gardener/ Cleaner
PPT
OO2 x 0.4FTE
PosID: 30464830

Coen

Coen Site Manager / CNC
PFT NRG7 x 1 FTE
PosID: 30464294

Nursing:
CN – PFT
NRG6 x 1 FTE
PosID: 30473578

Health Workers:
HW Senior – PFT
HWO06 x 1 FTE
PosID: 32009657
HW Adv – PFT
HWO05 x 2 FTE
PosID:
- 30489459
- 30494982
HW Gen – PFT
HWO03 x 1 FTE
PosID: 30464295

Administration:
Admin Officer - PPT
AO3 x 0.5 FTE
PosID: 30484772
Admin Officer – PPT
AO2 x 0.5 FTE
PosID: 30475966

Operational Staff
OSO PFT
OO2 x 1 FTE
PosID: 30464341
OSO – Casual
OO2
PosID: 30464337

Mapoon

Mapoon Site Manager
NUM
PFT NGR7 x 1 FTE
PosID: 30464290

Nursing:
CN – PFT
NRG6 x 1 FTE
PosID: 30474350

Health Worker Advanced
PFT HWO05
1 FTE
PosID: 30464291
Heath Worker Generalist
PFT HWO03
1 FTE
Pos ID 30464340

Administration:
Admin Officer - PPT
AO3 x 0.5 FTE
PosID: 30484766
Admin Officer – PPT
AO2 x 0.5 FTE
PosID: 30476156

Operational:
PFT- OO2
2 FTE
PosID: 30464292
Operational:
Casual OO2
PosID: 30464293/ 30473272

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Proposed Structure
Cape York Hospital and Health Service
Chart 3 = Acute and Primary Care (including Weipa IHS and Cooktown MPHS)

- **Cape York Hospital and Health Service Chief Executive Officer**
  - **Executive Director of Nursing and Midwifery** — PFT NG11-2, Pos ID:30484059
    - **Director of Nursing and Midwifery Weipa** — PFT NG10-2, Pos ID: 30464275
      - Weipa GP Clinic (*Temp until 30th June*)
        - CNC GP Clinic — TFT NG7, 1 FTE, PosID: 32011480; RN GP Clinic — TPT NG5, 0.20 FTE, PosID: 32011481
        - SMO GP Clinic — TFT MEDC1, 1 FTE, PosID: 32011485
        - Administration GP Clinic — TFT AO3, 1 FTE, PosID: 32011482; TPT AO3, 0.40 FTE, PosID: 32011483; Casual AO2, Pos ID 32011484
      - Nurse Practitioner — PFT NG8, 1 FTE, PosID: 32008913
      - Nurse Unit Manager — PFT NG7, 1 FTE, PosID: 30464277
        - Social Worker — PFT HP3, 1 FTE, PosID: 30498855
        - Diabetes Educator — PFT NG7, 1 FTE, PosID:30478889
        - CN Child & Family — PFT NG6, 1 FTE, PosID30464272
        - CN OPD — PFT NG6, 1 FTE, PosID: 30464283; CN Aged Care — PFT NG6, 1 FTE, PosID: 30490886; CN — PFT NG6, 5 FTE, PosID: 30464278; CN Detox — PFT NG6, 1 FTE, PosID: 30489925; RN — PFT NG5, 8 FTE, PosID: 30464279; RN — Casual NG5, PosID: 30464280; ENAP — PFT NG4, 2 FTE, PosID: 30476587; EN — PFT NG3, 1 FTE, PosID:30464281; EN — Casual NG3, PosID: 30484944; AIN Aged Care — PFT NG1, 4.2 FTE, PosID: 30492393; AIN — Casual NG1, PosID: 30492396; Aged Care Activities Officer — PPT OO3, 0.25 FTE, Pos ID: 30492343
      - Health Worker Advanced — PFT HW005, 1 FTE, PosID: 30464276
      - CNC Napranum — PFT NG7, 1 FTE, PosID: 30464296
        - CN Napranum — PFT NG6, 2 FTE, PosID: 30464297
        - Napranum Admin Officer — PFT AO3, 1 FTE, PosID: 30484764; Admin Officer — PFT AO2, 0.5FTE, PosID: 30464298; Admin Officer — Casual AO2, PosID: 30494653
        - Senior Health Worker — PFT HWOO7, 1 FTE, PosID: 30464299; Health Worker Advanced — PFT HWOO5, 1 FTE, PosID: 30489460; Health Worker Advanced — PFT HWOO4, 2 FTE, PosID: 30464300; Health Worker Womens Health — PFT HWOO3, 1 FTE, PosID: 30477374; Health Worker Trainee — PFT HWOO2, 2 FTE, PosID: 30483826/ 32000155
        - Operational — PFT- OO2, 2 FTE, PosID: 30464292; Operational — Casual OO2, PosID: 30464292/ 30473272
      - *Indigenous Liaison Officer — PFT AO4, 1 FTE, PosID:New, Indentified role*
      - Radiographer/ Sonographer Weipa — PFT HP5, 1 FTE, PosID: 30464288
      - Physiotherapist Weipa — PFT HP4, 1 FTE, PosID: 30464287; *Dietician — PFT HP4, Pos ID: New*
    - **Director of Nursing and Midwifery Cooktown** — PFT NG10-2, Pos ID: 30464655
      - Nurse Unit Manager Acute — PFT NG7, 1 FTE, PosID: 30464656
        - CN A&E/OPD/General — PFT NG6, 1 FTE, PosID: 30492978; CN Aged Care — PFT NG6, 1 FTE, PosID: 30473307; CN — PFT NG6, 1 FTE, PosID: 30464657; CN General/OT — PFT NG6, 1 FTE, PosID: 30489904; CN Detox — PFT NG6, 1 FTE, PosID: 30489897; RN Aged Care — PFT NG5, 1 FTE, PosID: 30478291; RN — PFT NG5, 10.02 FTE, PosID: 30464658; RN — Casual NG5, PosID: 30464874; ENAP — PFT NG4, 2 FTE, PosID: 30476356; EN — PPT NG3, 0.54 FTE, PosID:30464659; EN — Casual NG3, PosID: 30464475; AIN — PFT NG1, 2.25 FTE, PosID: 30464663; AIN — Casual NG1, PosID: 30479506
      - Clinical Nurse Consultant Midwifery — PFT NG7, 1 FTE, PosID: 32004974
      - Nurse Unit Manager Primary Health — PFT NG7, 1 FTE, PosID: 30464668
        - Coordinator Aged Care — PFT OO5, 1 FTE, PosID: 30478292; Operational Respite — PFT OO3, 1 FTE, PosID: 30473310; Cook MPS — Casual OO2, PosID: 30464665; Operational Cook — PFT OO2, 1.50 FTE, PosID: 30473316
        - Senior Health Worker — PFT HWOO7, 1 FTE, PosID: 30464596; *Health Worker Advanced — PFT HWOO4, 1 FTE, PosID: New*; Health Worker Generalist — PFT HWOO3, 1 FTE, PosID: 30464662; Health Worker Trainee — PFT HWOO2, 1 FTE, PosID: 32003873
        - Physiotherapist — PFT HP4, 1 FTE, PosID: 30464667; Social Worker — PFT HP4, 1 FTE, PosID: 30489939; Social Worker Senior — PFT HP4, 1 FTE, PosID: 30464666; *Dietician — PFT HP4, 1 FTE, PosID: New*
        - CNC Diabetes — PFT NG7, 1 FTE, PosID: 30478683; CN Child Health — PFT NG6, 1 FTE, PosID: 30480235; CN Community Health — PFT NG6, 1 FTE, PosID: 30464660; CN HAAC — PFT NG6, 1 FTE, PosID: 30476982; CN Aged Care — PFT NG6, 1 FTE, PosID: 30478293; CN SBYHN — PFT NG6 0.53FTE, PosID: 30473308
      - *Indigenous Liaison Officer — PFT AO4, 1 FTE, PosID:New, Indentified role*
      - Radiographer/ Sonographer — PFT HP5, 1 FTE, PosID: 30492917
    - **Director of Nursing and Midwifery Remote Health** — PFT NG10-3, Pos ID: New- see Org Chart

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Proposed Structure
Cape York Hospital and Health Service
Chart 4= Corporate Services

Cape York Hospital and Health Service
Chief Executive Officer

Chief Finance Officer /Director of Corporate Services
PFT AO8
1 FTE
PosID: 30464270

- **Manager BEMS** PFT AO6, 1 FTE, PosID: 30473744
  - Maintenance Planner PFT AO4, 1 FTE, PosID: 30499735
  - Admin Officer- Housing PFT AO3, 1 FTE, PosID: 30477117
  - Maintenance Coordinators Weipa/ Cooktown PFT OO5, 2 FTE, PosID: 30464285
  - Gardener/ Groundsman Weipa - PFT OO2, 1FTE, PosID:30484995; Cooktown- PFTOO2, 1FTE, Pos ID 30495110; Casual OO2, Pos ID 30494651
  - Mechanical Tradesperson Electrical TFT HBEA06.01, 1 FTE, PosID: 32004681; Refrigeration TFT HBEA06.01, 1 FTE, PosID: 32009088
- **Finance Manager** PFT AO6, 1 FTE, PosID:32011701
  - Admin Officer PTSS PFT AO3, 1 FTE, PosID: New
  - Financial Accountant PFT AO5, 1 FTE, PosID: 32011750
    - Admin Officer Assets PFT AO4, 1 FTE, PosID: 30484112
    - Graduate Finance Officer PFT AO4, 1 FTE, PosID: 32009647
    - Admin Officer Fleet PFT AO3, 1 FTE, PosID: 32010073
  - Management Accountant PFT AO5, 1 FTE, PosID: New
    - Systems and Compliance PFT AO4, 1 FTE -, PosID: New
    - Admin Officer Revenue PFT AO3, 1 FTE, PosID: New
- **Strategic Records Manager** PFT AO5, 1 FTE, PosID:New
- **Manager Business Support** PFT AO5, 1 FTE, PosID: New
  - Executive Support Officer-HSCE PFT AO4, 1 FTE, PosID: New
  - Admin Officer MH&ATODS Weipa PFT AO3, 1 FTE, PosID: 30475070
  - Business Support Officer EDHHS PFT AO4, 1 FTE, PosID: New
  - Business Support Officer- EDON&EDMS PFT AO4, 1 FTE, PosID: 30490775
  - Administrative Support Officer- CFO/EDWS/EDPPC PFT AO3, 1 FTE, PosID: New
  - Administrative Support- Board PFT AO3, 1 FTE, PosID: new
  - Admin Officer Reception Cairns PFT AO2, 1 FTE, PosID: 32002672
- **Business Manager Weipa** PFT AO6, 1 FTE, PosID: New
  - Business Support Officer PFT AO4, 1 FTE, PosID: New
    - Admin Officer - Ward PFT AO3, 1 FTE, PosID:30491894; Admin Officer - Reception PFT AO3, 3 FTE, PosID:30476589; Admin Officer PFT AO2, 1 FTE, PosID:30464335; Admin Officer Casual AO2, Pos ID 32011754
  - Operational Supervisor PFT OO4, 1 FTE, PosID: New
    - Operational Support Cook PFT OO3, 2 FTE, PosID: 30491893, PosID:30491979; Operational Support PFT OO2, 8.5 FTE, PosID: 30464284; Operational Support Casual OO2, PosID: 30464286; Operational Support Wardsperson PFT OO2, 1.47 FTE, PosID: 30491893
- **Business Manager Cooktown** PFT AO6, 1 FTE, PosID: New
  - Business Support Officer PFT AO4, 1 FTE, PosID: New
    - Admin Officer - Ward PFT AO3, 1 FTE, PosID:30493720; Admin Officer - CMPS PFT AO3, 2 FTE, PosID:30473306; Admin Officer PFT AO2, 1 FTE, PosID:New; Admin Officer Casual AO2, 1 FTE, PosID:30475427; Admin Officer Community Health PFT AO3, 1 FTE, PosID:30464661; Admin Officer MH&ATODS Cooktown PFT AO3, 1 FTE, PosID: 30477590
  - Operational Supervisor PFT OO4, 1 FTE, PosID: 30477634
    - Operational Support Cook PFT OO3, 1.53 FTE, PosID: 30477633; Operational Support PFT OO2, 5.93 FTE, PosID: 30464569; Operational Support Casual OO2, PosID: 30477201; Operational Support Aged Care PFT OO2, 1 FTE, PosID: 30473305
- **Business Manager Remote Health** PFT AO6, 1 FTE, PosID: New

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Proposed Structure
Cape York Hospital and Health Service
Chart 5= Indigenous Health and Outreach Services)

- **Cape York Hospital and Health Service Chief Executive Officer**
  - **Executive Director Indigenous Health and Outreach Services** PFT AO7, 1FTE, PosID:New
    - **Manager Public Health** PFT NG7, 1 FTE, PosID:New
      - Environmental Health Officer, PFT HP2, 1 FTE, PosID: 30485745
      - Coordinator Ear Health, PFT AO6, 1 FTE, PosID: 32003388
      - Infection Control Nurse, PFT NG7, 1FTE, PosID:32007911
      - HACC Assessment Officer, PFT NG6, 1 FTE, PosID: 30464374
    - **Manager Health Worker Services** PFT HW009, 1 FTE, PosID: 30464332
    - **Manager Oral Health** PFT HP6, Pos ID: New
      - **Weipa Team Principal Dentist** PFT DC03, 1FTE, Pos ID 32002671
        - District Senior Dental Assistant, PFT OO5, 1 FTE, PosID32002709
        - Dental Assistant Weipa, PFT OO4, 1 FTE, PosID:32002717
        - Dental Assistant Weipa, PFT OO4, 1 FTE, PosID:32002915
        - Dental Assistant Weipa, Casual OO3, PosID:32011830
        - Administrative Officer Oral Health, PFT AO3, 1 FTE, PosID32002708
        - Advanced Health Worker Dental, PFT HW004, 1 FTE, PosID32002710
        - Dental Therapist Advanced, PFT HP4, 1 FTE, PosID:32009245
      - **Cooktown Team Senior Dentist** PFT DO2, 1FTE, PosID: 30464795
        - Dental Assistant Cooktown, PFT OO3, 1 FTE, PosID:30464799
        - Dental Assistant Cooktown, Casual OO2, PosID:30473096
      - **Cairns Team Senior Dental** PFT DO2, 1 FTE, PosID: 30464794
        - Dental Therapist Senior Outreach, PFT HP3, 1 FTE, PosID:30464796
        - Dental Assistant, PFT OO3, 2 FTE, Pos ID 30464798
        - Trainee Assistant, PFT OO2, 1 FTE, PosID:32011438
    - **ATSI Cultural Practise Program** TFT AO6, 1 FTE, PosID: 32007289 (Temp until 30th June 2013)
    - **Manager MH&ATODS** PFT HP5, 1 FTE, PosID: New
      - **Service Development**
        - Consumer &Carer Consultant MH, PFT AO5, 1 FTE, PosID: 30488711
        - Community Engagement &Capacity, PFT AO3, 1 FTE, Pos ID 30476175
      - **Cooktown Cluster (Cooktown, Wujal Wujal, Laura, Hopevale)**
        - CNC MH&ATODS Cooktown, PFT NG7, 3 FTE, PosID: 30473304
        - CNC MH&ATODS Cooktown, PFT NG7, 1 FTE, PosID: 30478682
        - HW MH&ATODS Cooktown, PFT HW003, 1 FTE, PosID: 30477744
        - HW MH&ATODS Cooktown, PFT HW004, 1 FTE, PosID: 30474819
      - **Cairns Cluster (Aurukun, Kowanyama, Pormuraaw, Lockhart River, Coen)**
        - CNC MH&ATODS Cairns, PFT NG7, 1 FTE, Pos ID: 32004938
        - CNC MH&ATODS Cairns, PFT NG7, 1 FTE, Pos ID 30477892
        - CNC MHATODS Weipa, PFT NG7, 1 FTE, PosID: 30477962
        - HW Adv MH&ATODS Cairns, PFT HW004, 1 FTE, PosID: 30473279
        - Counsellor MH&ATODS Cairns, PFT HP3, Pos ID: New
        - Psychologist, PFT HP4, 1 FTE, PosID: 32007682
      - **Weipa Cluster (Weipa, Napranum, Mapoon)**
        - CNC MH&ATODS Weipa, PFT NG7, 1 FTE, PosID: 30485735
        - CN MH&ATODS Weipa, PFT NG6, 1 FTE, PosID: 30479446
        - HW Adv Mental Health Weipa, PFT HW005, 1 FTE, PosID: 30473286
    - **Manager Family Health** PFT AO6, 1 FTE, PosID: 30492643
      - **Sexual Health – Health Worker**
        - HW Advanced Sexual/Male Health Program (Cooktown Based), PFT HW005, 1 FTE, PosID: 30464342
        - HW Advanced Sexual/Male Health Program (Cairns Based), PFT HW005, 1 FTE, Pos ID:New
        - HW Generalist Sexual/Male Health (Weipa Based), PFT HW003, 1 FTE, Pos ID 30478562
      - **Sexual Health – Nursing**
        - Nurse Practitioner Sexual/ Womens Health (Cooktown), PFT NG8, 1 FTE, PosID: 30490637
        - CNC Sexual/ Womens Health (Cairns Based), PFT NG7, Pos ID New
        - CNC Sexual/ Womens Health (Weipa Based), PFT NG7, Pos ID 30473894
      - **Health Worker**
        - HW Coordinator, PFT HW007, 1 FTE, PosID: 30481288
        - HW Advanced Child, PFT HW005, 1 FTE, Pos ID 30482154
        - HW Adv Indig Mat& Inf, TFT HW005, 2 FTE, Pos ID 30499741, Pos ID 30499737 (Temp role to 30 June 2013)
        - HW Adv Indigenous, TFT HW005, 1 FTE, Pos ID 32009241 (Temp role to 30 June 2013)
        - HW Gen Indigenous Yth, TFT HW003, 1FTE, Pos ID 30499736 (Temp role to 30 June 2013)
      - **Nursing**
        - CNC Family Health, PFT NG7, 1 FTE, PosID: 30483836
        - CNC Maternal and Child Intensivest, TFT NG7, 1 FTE, PosID32000053 (Temp role to 30 June 2013)
        - CNC Maternal and Child Intensivest, TFT NG7, 1 FTE, PosID30486098 (Temp role to 30 June 2013)
        - CN School Young Peoples Health, PFT NG6, 1 FTE, PosID30473905
        - CNC Chronic Disease, PFT NG7, 1 FTE, PosID: 30475120
      - Community Paediatrician L24, PFT 1FTE, Pos ID:32013563
      - Social Worker(Cairns), PFT HP4, 1 FTE, PosID: 30490062
      - Social Worker(Cooktown), PFT HP4, 1 FTE, PosID: 30489939

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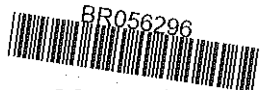
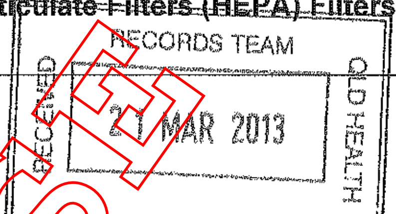
12/3/13 QCOS/018278 (11)



Department RecFind No:	BR056296
Division/HHS:	Townsville HHS
File Ref No:	



Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, Townsville Hospital & Health Service **Date requested: 1 March 2013** **Action required by:**

SUBJECT: Closure of Two Theatres due to High Efficiency Particulate Filters (HEPA) Filters found to have been incorrectly fitted

RECORDS TEAM RECEIVED 21 MAR 2013 QLD HEALTH

Recommendation
That the Minister:

Note the recent incident at The Townsville Hospital where two operating theatres have been compromised over the last two months and note the action taken and await further details on review of medical records:

- On a routine servicing of the existing theatres over the weekend of 23 and 24 February 2013, internal engineering services identified issues with the HEPA filters in Theatres 11 and 12.
- Advice about risk of infection has been provided by the Director of Pathology, Dr Robert Norton (a microbiologist) about risk to patients and acted on. No risk requiring immediate action or patient recall has been advised. Rather, a possibility of patients with open wounds or prosthetics obtaining fungal infections.
- An expert advisory panel, with external representation from CHRISP has been established to advise the Incident Control Team on the risks to patients.
- The communication strategy will be informed by the advice from this panel.
- The necessary repairs to both theatres have occurred. The report from Thiess with engineering certification of the repairs is attached.
- The Theatres remain closed until air samples pass the required standard. The first testing of air quality failed the required standard so additional cleaning and rest time has been scheduled on the advice of the Incident Control Team.
- Air Quality testing was carried out on 9 and 10 March 2013, both theatres have not been approved for reopening. Reopening of theatres is scheduled for Tuesday, 12 March 2013.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
/ /

PPA
Chief of Staff
14 / 3 / 13

Minister's comments

RTI RELEASE

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11 MAR 2013

URGENT

Department RecFind No:	BR056296
Division/HHS:	Townsville HHS
File Ref No:	

Briefing Note for Noting
Director-General

Requested by: Chief Executive, Townsville Hospital & Health Service **Date requested: 1 March 2013** **Action required by:**

SUBJECT: Closure of Two Theatres due to High Efficiency Particulate Filters (HEPA) Filters found to have been incorrectly fitted

Proposal
That the Director-General:

Note the recent incident at The Townsville Hospital where two new operating theatres have been compromised over the last two months.

Provide this brief to the Minister for information.

Urgency
1. **Urgent** - Two theatres were commissioned on 10 December 2012, and recently it has been found that the High Efficiency Particulate Filters (HEPA) in the Operating Theatres were not correctly fitted after routine servicing conducted on 23 February 2013. The Theatres had a formal media opening on Friday, 22 February 2013, and coverage was published by the Townsville Bulletin on 1 March 2013. Therefore, there are both patient safety and public confidence/reputational concerns.

Headline Issues
2. The top issues are:
   - On a routine servicing of the existing theatres over the weekend of 23 and 24 February 2013, internal engineering services identified issues with the HEPA filters in Theatres 11 and 12.
   - Advice about risk of infection has been provided by the Director of Pathology, Dr Robert Norton (a microbiologist) about risk to patients and acted on. No risk requiring immediate action or patient recall has been advised. Rather, a possibility of patients with open wounds or prosthetics obtaining fungal infections.
   - An expert advisory panel, with external representation from CHRISP has been established to advise the Incident Control Team on the risks to patients.
   - The communication strategy will be informed by the advice from this panel.
   - The necessary repairs to both theatres have occurred. The report from Thiess with engineering certification of the repairs is attached.
   - The Theatres remain closed until air samples pass the required standard. The first testing of air quality failed the required standard so additional cleaning and rest time has been scheduled on the advice of the Incident Control Team.
   - Air Quality testing was carried out on 9 and 10 March 2013, both theatres have not been approved for reopening. Reopening of theatres is scheduled for Tuesday, 12 March 2013.

Key issues
3. There have been 322 patients treated in these theatres since the commissioning in December 2012. Of these, 189 have had open procedures, and could be considered at higher risk of an infection.

4. The issue will be listed and managed as a defect through the Redevelopment governance framework, which will include the management of any remedy from appropriate parties.

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Division/HHS:	Townsville HHS
File Ref No:	

Background

5. An Incident Control Team, led by the Chief Operating Officer, has been established to respond to this matter. Staff from the Townsville Hospital and Health Service have been in contact with the Centre for Healthcare Related Infection Surveillance and prevention (CHRISP) in relation to the issue, and CHRISP have been included in ongoing Incident Control meetings.
6. HEPA filters ensure that air is filtered before entering the theatres ensuring that only sterile air enters the operating room
7. The new theatres were commissioned new in December after air testing and inspection under the governance of the Redevelopment Project.
8. Pre-0commissioning air sampling was performed in December 2012 and met the required air quality.
9. Routine servicing of HEPA filters carried over the weekend of 23 and 24 February 2013. The report from the NATA accredited contractor, OPIRA, engaged to undertake the servicing, is attached.
10. During the routine servicing damage occurred to the installation of the HEPA filters in Theatres 11 and 12 as a result of their incorrect installation. At this stage a temporary repair was effected and the theatres were reopened for use.
11. At 8 am on 25 February 2013, after further inspection between Engineering and the Nurse Unit Manager, concerns remained regarding the adequacy of the filters and the theatres were closed to allow for further investigation and repairs.
12. Initially it was thought that the issues with the HEPA filters were arising from the works undertaken by the contractor over the weekend.
13. As a result of further investigation it became apparent that the issues associated with the HEPA filters were not arising from the contractor but were more likely to have been longstanding. This was confirmed at the first incident control team meeting on 27 February 2013.
14. The risk to patients is very small but can take up to 12 months or longer to present. None have presented to date.
15. When the scope and scale of the issue was confirmed on Wednesday, 27 February 2013, at close of business a brief was subsequently prepared for the Director General.
16. Current impact due to the closure is on elective surgery mainly urology.
17. Holding statement and communication plan being developed.

Attachment

18. Attachment 1: Consultation sign off

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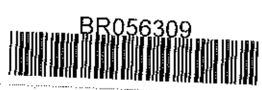
QCOS/019318



Department RecFind No:	BR056309
Division/HHS:	North West
File Ref No:	

RECEIVED
DATE 15 MAR 2013 BY
RECORDS TEAM
RECEIVED 27 MAR 2013 QLD HEALTH

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, North West Hospital & Health Service | **Date requested: 6 March 2013** | **Action required by:**

SUBJECT: Quality and Safety Review North West Hospital and Health Service

Recommendation

That the Minister:

Note the North West Hospital and Health Service (HHS) is undertaking a review of Quality and Safety which will potentially impact on staff and their current roles.

Note that no staff or Unions have been notified. The HHS plans to notify staff and Unions once Minister has been made aware of this Brief.

Note that following an evaluation process which included timeframes, relevant experience, understanding of issues and problems and value for money, Australian Healthcare Association has been selected to undertake the review.

Note that it is anticipated that the review process will commence as soon as notification communicated that this brief has been received.

Note the resultant report will be used to assist the North West HHS Executive and Board to develop and implement an appropriately robust Quality, Safety & Risk framework

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

PEA
Chief of Staff
22 / 3 / 13

Minister's comments

RTI RELEASE

Department RecFind No:	BR056309
Division/HHS:	North West
File Ref No:	

Briefing Note for Noting
Director-General

Requested by: Chief Executive, North West Hospital & Health Service **Date requested: 6 March 2013** **Action required by:**

SUBJECT: Quality and Safety Review North West Hospital and Health Service

Proposal
That the Director-General:

Note the North West Hospital and Health Service (HHS) is undertaking a review of Quality and Safety which will potentially impact on staff and their current roles.

Note that no staff or Unions have been notified. The HHS plans to notify staff and Unions once Minister has been made aware of this Brief.

Provide this brief to the Minister for information.

Urgency
1. **Urgent** - as requirement to inform staff that review is to commence.

Headline Issues
2. The top issues are:
   - The North West HHS will undertake a quality and safety review to achieve improved patient outcomes with a more effective service.

Key issues
3. The North West HHS Is committed to its vision of becoming a leading HHS in Queensland.
4. Current fragmented processes do not lend to a good governance process oversighting this critical area of HHS business.

Background
5. Transition to a Hospital and Health Service required a review of all current governance.
6. Transition to accreditation under National guidelines revealed a need for a more collaborative and effective quality and safety governance process.
7. Discussions with the Chair of the Quality and Safety Board committee identified a need to review current situation and recommend improved way forward.
8. A competitive process was offered to four panel firms procured through the 160 panel arrangement, of which three responded to our brief.
9. Following an evaluation process which included timeframes, relevant experience, understanding of issues and problems and value for money, Australian Healthcare Association has been selected to undertake the review.
10. It is anticipated that the review process will commence as soon as notification communicated that this brief has been received.
11. Resultant report will be used to assist the North West HHS Executive and Board to develop and implement an appropriately robust Quality, Safety & Risk framework.

Attachments
12. Nil

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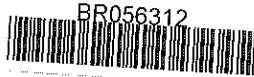
s73

RTI RELEASE



BR056312

Department RecFind No:	BR056312
Division/HHS:	North West HHS
File Ref No:	

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

URGENT

RECEIVED DATE 15 MAR 2013

Requested by: Chief Executive, North West Hospital & Health Service

Date requested: 8 March 2013

Action required by:

SUBJECT: Operational Services Workforce Realignment and Outsourcing of Accommodation Cleaning

RECEIVED 10 APR 2013 QLD HEALTH

Recommendation
That the Minister:

Note increasing requirement for a more flexible, responsive operational workforce.

Note ongoing challenges in recruiting to a base grade operational officer positions resulted in need to intermittently outsource accommodation cleaning.

Note the possibility of this change in key duties was inadvertently released to staff, and Union is now involved. Meeting held on Friday, 8 March 2013, with Operational staff and AWU Organiser was positive in outcomes.

Note that a necessary trial of outsourcing of cleaning of accommodation, when reviewed, realised increased satisfaction of Health Professionals entering accommodation and decreased costs in providing the service.

Note there was no decrease in total occupied positions were affected during this trial with accommodation cleaners utilised to provide services in the clinical setting.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

Has this occurred as yet?
28/3

RTI RELEASE

13 MAR 2013

Department RecFind No:	BR056312
Division/HHS:	North West HHS
File Ref No:	

URGENT

Briefing Note for Noting

Director-General

Requested by: Chief Executive, North West Hospital & Health Service **Date requested: 8 March 2013** **Action required by:**

SUBJECT: Operational Services Workforce Realignment and Outsourcing of Accommodation Cleaning

RTI RELEASE

Proposal

That the Director-General:

Provide this brief to the Minister for information.

Note increasing requirement for a more flexible, responsive operational workforce.

Note ongoing challenges in recruiting to a base grade operational officer positions resulted in need to intermittently outsource accommodation cleaning.

Note the possibility of this change in key duties was inadvertently released to staff, and Union is now involved. Meeting held on Friday, 8 March 2013, with Operational staff and AWU Organiser was positive in outcomes.

Urgency

1. **Urgent** - due to need to progress workforce realignment and enter tender process for accommodation cleaning.

Headline Issues

2. The top issues are:
   - The Mount Isa Hospital continues to face challenges in recruiting base grade operational officer positions due to competition with the mining sector.
   - A more flexible and responsive operational services workforce will ultimately improve service delivery.

Key issues

3. The provision of high standard accommodation to staff within the North West Hospital and Health Service (HHS) is critical to the recruitment and retention of a skilled Health Professional workforce.

4. A necessary trial of outsourcing of cleaning of accommodation, when reviewed, realised increased satisfaction of Health Professionals entering accommodation and decreased costs in providing the service.

5. No decrease in total occupied positions were affected during this trial with accommodation cleaners utilised to provide services in the clinical setting.

Background

6. Inability to recruit to base grade operational officer positions has seen a decline in ability to guarantee a clean environment for HHS supplied staff and office accommodation.

7. With a view to providing core services in the clinical setting, a trial of outsourcing was progressed with positive outcomes including staff satisfaction and decreased costs.

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File Ref No:	

8. During the outsourcing trial, significant barriers were identified when operational officers continued to work within siloed areas such as cleaner, wardsperson, kitchen hand and laundry.

9. Sick leave and vacant positions were challenging to cover due to this rigid approach to provision of operational services.

10. Following review of rostering practices and need to provide a more responsive workforce, decision was made to progress a workforce realignment project to ensure that all base grade positions were able to move between key roles.

Attachments

11. Nil

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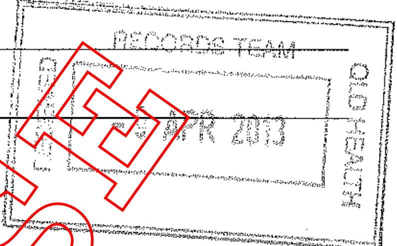
Department RecFind No:	BR056313
Division/HHS:	North West HHS
File Ref No:	

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health



Requested by: Chief Executive, North West Hospital & Health Service | **Date requested:** | **Action required by:**

SUBJECT: Mental Health and ATODS Workforce Realignment

Recommendation

That the Minister:

Note the need to restructure and implement a realigned model of service delivery within Mental Health and Alcohol, Tobacco and Other Drugs Services (ATODS) to address the community demand for crisis presentations, suicidality and substance misuse in the North West Hospital and Health Service (HHS).

Note the impact of the change of model of service delivery will potentially attract a cost saving when fully implemented.

Note the impact of realignment on staffing as whilst will occur within current staffing levels, a number of staff will be affected by the realignment.

Note realignment will result in the loss of one currently occupied position.

Note change in model of service delivery will result in extended operational hours for mental health, including alcohol and drug support impacting positively for community, hospital staff and follow up consumer support.

Note that no staff or Unions have been notified. The North West HHS plans to notify staff and Unions once Minister has been made aware of this Brief.

APPROVED/NOT APPROVED | **NOTED** | **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
/ /

Chief of Staff
28/3/13

Minister's comments

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13 MAR 2013

Department RecFind No:	BR056313
Division/HHS:	North West HHS
File Ref No:	

URGENT

Briefing Note for Noting

Director-General

Requested by: Chief Executive, North West Hospital & Health Service **Date requested:** **Action required by:**

SUBJECT: Mental Health and ATODS Workforce Realignment

Proposal

That the Director-General:

Provide this brief to the Minister for approval to progress.

Note the need to restructure and implement a realigned model of service delivery within Mental Health and Alcohol, Tobacco and Other Drugs Services (ATODS) to address the community demand for crisis presentations, suicidality and substance misuse in the North West Hospital and Health Service (HHS).

Note the impact of the change of model of service delivery will potentially attract a cost saving when fully implemented.

Note the impact of realignment on staffing as whilst will occur within current staffing levels, a number of staff will be affected by the realignment.

Note realignment will result in the loss of one currently occupied position.

Note change in model of service delivery will result in extended operational hours for mental health, including alcohol and drug support impacting positively for community, hospital staff and follow up consumer support.

Note that no staff or Unions have been notified. The North West HHS plans to notify staff and Unions once Minister has been made aware of this Brief.

Urgency

1. **Urgent** - to improve support to community for crisis including potential to decrease the incidence of suicide in the North West HHS.

Headline Issues

2. The top issues are:
   - Extended hours for mental health, alcohol and drug support at Mount Isa hospital.
   - Improved consumer support and follow up.
   - Meets National Mental Health Priority areas for prevention and early intervention.

Key issues

3. Currently, operational hours for adult mental health and drug and alcohol services are 8.30am to 4.30pm Monday to Friday. New model of service would extend operating hours from 6am to 11pm seven days per week with psychiatric on call between 11pm and 6am.

4. NWHHS needs to embark on sustainable service modelling for mental health that forms a basis for growth that meets increasing community demand.

5. Current model of service does not meet the need for continuum of care between existing services (internal and external) or provide for necessary short term support and follow up for crisis presentations.

6. Significant continued suicide completion rates and presentations of suicidality in the NWHHS.

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Department RecFind No:	BR056313
Division/HHS:	North West HHS
File Ref No:	

Background

7. Review of the current models of service and integration of the four program areas occurred as a result of five significant factors.
   - Sentinel Event November 2010 – Root Cause Analysis (RCA) recommendations released September 2012 – AMHS review commenced mid 2011 including identifying evidence based models of service delivery and current internal practice/s.
   - Clinical Audit completed 2011.
   - ACHS recommendations 2011 to provide dedicated mental health staff to the Emergency Department Mount Isa.
   - Financial analysis and service demands review including Health Services Plan 2012-2027 and financial audit over 2010-2011 and 2011-2012
   - Withdrawal of Townsville Psychiatric service support and outreach service for NWHHS as at 1 July 2012.

8. In addition:
   - Review - no clear or defined acceptance or exclusion criteria for the adult mental health service documented;
   - Consumers have historically been assessed as to presence of 'treatable mental illness' and accepted dependent on clinical capacity with little or no structure in place for follow up and support; and
   - Given this historical practice and clinical capacity including fatigue management of staff, it is a concern that integrity of the community mental health services is impacted and at times limited access pathways for short term management and support.

Attachments

9. Attachment 1: Proposed Model of service Business Case for Change

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BUSINESS CASE
Model of Care Change Mental Health Services NWHHS

1. Current Situation

Mental Health & ATODS services provides community mental health and drug and alcohol services under 4 program areas

1. Adult Mental Health Service (AMHS)
2. Child & Youth Mental Health Services (CYMHS)
3. Alcohol, Tobacco & Other Drug Services (ATODS)
4. Homeless Health Outreach Services (HHOT)

Mental Health & ATODS services are provided in a hub and spoke model of service with Adult Mental Health and ATODS services being provided to all communities in the NWHHS with permanent staff in Normanton, Doomadgee and Mornington Island

Currently AMHS provides 24hr/7 days per week on-call services out of Mount Isa. This model evolved over time and historically has not been included in base funding. On-call has been managed with the utilisation of fatigue leave. In 2010/11 approximately $150,000.00 was spent on overtime alone – this financial analysis did not factor in fatigue leave.

Current clinical staff profile (please note this is clinical service delivery staff only - 8 AMHS are available to be rostered to on-call duties):

AMHS Mental Health	CYMHS
Clinical Director Mental Health Services	Team Leader CYMHS
Mental Health PHO	EdLinQ Coordinator – HP4 Social Worker (temp)
Team Leader	Psychologist Senior CYMHS – HP4
Psychologist Senior	Mental Health Professional – HP3
Senior Social Worker	Psychologist Child & Youth – HP3
Social Worker	
CNC Mount Isa	
CNC Doomadgee	
CNC Hospital Liaison	
CNC Mornington Island	
CNC MH Intervention /Court Liaison	
Clinical Nurse	
Clinical Nurse	
RN 1st Year Practitioner	
Health Worker Advanced	
Senior Health Worker	

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ATODS	HHOT
ATODS Manager	Team Leader HHOT
Senior Psychologist HP4	Clinical Health Practitioner
Clinical Treatment Officer – HP3	Clinical Health Practitioner
Clinical Treatment Officer – HP3	Clinical Health Practitioner
Clinical Nurse – Mount Isa	CNC HHOT
Clinical Nurse Doomadgee	Clinical Nurse
Clinical Nurse Mornington Island	Clinical Nurse
Nurse Manager – Mount Isa	Clinical Nurse
CNC - Dual Diagnosis Normanton	Senior Health Worker
Clinical Treatment Officer – HP4 outreach MI	Advanced Health Worker
Clinical Treatment Officer– HP4 outreach Normanton	Generalist Health Worker
Clinical Treatment Officer – HP4 outreach Doomadgee	
Advanced Health Worker – Mt Isa	
Community Support Worker (D'gee) x 2 FTE	
Community Support Worker (MI) x 2 FTE	
Community Support Worker (Norm) x 2 FTE	

SNAPSHOT Occasions of Service

Service contacts	2009/10	2010/2011	2011/2012 (to July)
AMHS Mount Isa	2143	4248	5160
CYMHS	710	1700	2112
ATODS	3903	3407	5553
HHOT	n/a	4038	1634

Mental Health related Emergency Department presentations 2011 = 999

Analysis of EDIS data for 2011 Mount Isa Emergency Department only as follows – please note it has not been determined the number of at risk of homelessness or homeless population included in data

Time frame	Alcohol related	Mental health
5pm – 11pm	120	169
11pm – 6am	102	138
Week end 6pm – 10am	73	104

SNAPSHOT Risk presentation to ED: 183 presentations of suicide ideation/self harm, 31 emotional crisis were captured in EDIS data in 2011 Mount Isa Emergency Department.

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Total Suicidal behaviour data 2011
Completed suicide – 16 (3 of which were youth 14-16 yoa)

	Self Harm	Ideation	Attempt	Completion
Adults	70	71	61	6
Youth	20	36	7	4
M.Isld	2	10	10	3
DGE	1	5	2	1
NTON	0	3	0	1
BKTWN	0	0	0	1
Total	**93**	**125**	**80**	**16**

Suicidal Behaviour data 2012 to date:
Completed suicide to date - 9

	Self Harm	Ideation	Attempt	Completion
Adults	22	63	40	6
Youth	14	27	7	0
M.Isld	0	4	6	0
DGE	2	3	6	1
NTON	0	1	1	1
J CK	0	0	0	1
Total	**38**	**98**	**60**	**9**

Currently the Adult Mental Health Model of Service includes intake, assessment and case-management. Intake meetings occur daily, case allocation and case review of scheduled consumers occurs weekly. At present there is no clear or defined acceptance or exclusion criteria for the adult mental health service documented. Consumers are assessed as to presence of 'treatable mental illness' and dependent on clinical capacity and consumer wishes is either accepted, referred or not accepted to service. While there are work instructions in place for the management of at risk presentations, if not accepted to the AMHS for 'treatment' and either referred or not accepted as a client, there is little or no follow up support from the service to assist in transition to another team/service provider or short term support through emotional crisis.

Review of the current models of service and integration of the 4 program areas occurred as a result of 5 significant factors:

1. Sentinel Event November 2010 – RCA recommendations released September 2012 – AMHS review commenced mid 2011 including identifying evidence based models of service delivery and current internal practice
2. Clinical Audit 2011
3. ACHS recommendations 2011 to provide dedicated mental health staff to the Emergency Department Mount Isa
4. Financial analysis and service demands review including Health Services Plan 2012-2027

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5. Withdrawal of Townsville Psychiatric service support and outreach service for NWHHS as at 1 July 2012.

Review revealed the following

- While referral pathways exist between teams within the Mental Health & ATODS service, there is no consistent co-case management framework despite the presence of Dual Diagnosis Protocols for the service
- While additional local instructions implemented include a minimum of 1 follow up in the first 7 days post risk presentation, no clear support service for short term support and care exist for crisis management and/ referral and transition to external or internal service provision by other teams
- No clearly documented and defined entry and re-entry criteria to the AMHS
- No clearly documented and defined practice interventions according to scope of practice and skill mix
- Significant increase in presentations to mental health services within NWHHS
- Significant increase in community suicides and suicidal behaviour 2010-2012 – ongoing
- Need to review efficient service delivery to develop a reliable, sustainable service within the NWHHS to ensure
  - continuity of care across the continuum of care for those experiencing mental health concerns and/disorders
  - a recovery focused model of service based on best practice and in line with national frameworks and standards for Mental Health Service Delivery,
  - Improved capacity to respond to suicidality including prevention and management, and
  - Dual Diagnosis maintaining an 'every door is the right door' approach to service provision to improve consumer outcomes and community access to support, assistance and treatment.
  - Shift in organisational culture to provide a more 'inclusive' service that supports community mental health wellbeing

2. Future Profile

Directions for future service profile and objectives

A. Structure and implement an acute care model of service delivery that is based on state-wide evidence based framework that includes integration with ATODS and HHOT team with the inclusion of a clinician from each service on an acute care team

B. Extend adult mental health service operating hours to 6am – 11 pm 7 days per week to

   a. Increased capacity to respond to referrals and complete assessments and case reviews in a timely manner by increasing the hours of accessibility as per RCA recommendations and Clinical Audit 2011

   b. improve community access and capacity for follow up

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c. increase support to ED as per ACHS recommendations
d. provide increased capacity to manage short term acute presentations and support for suicidal behaviours and crisis management
e. improve the capacity to support consumers managed by other teams or services through crisis episodes
f. improve the capacity for after hours follow up for consumers managing employment/family commitments
g. improve capacity for drug and alcohol clinical governance, treatment capacity for Opioid Treatment Program and reduce risk in D&A population
h. Support ED staff with complicated drug and alcohol presentations and increase opportunistic intervention with this population

C. reduce fatigue leave by ceasing general mental health on call service with the exception of urgent psychiatric review
D. assist with capacity building with ED and ward staff to manage presentations for drug and alcohol and mild to moderate mental health disorders/presentations
E. Implement a Continued Care Model of Service for those consumers requiring ongoing treatment in a recovery based model of care and seamless transition to care
F. Provide increased access for hospital staff for consultation and liaison including capacity and skill building via flexible in service delivery capabilities after hours
G. Improving retention of staff through management of fatigue and structured shift work
H. Decrease costs associated with on call service
I. Increase recruitment and retention of Clinical Director by restructuring services to enable upgrade of PHO to Consultant Psychiatrist and enhance quality and safety of service provision including increased capacity to provide psychiatric outreach services

RESTRUCTURE OUTLINE REQUIREMENTS, METHOD AND RISKS

A. – See attached Acute Care Model Of Service
B. Required workforce profile : (Mount Isa Clinical Services only – does not include outlying service sites/support staff)

STAFF STRUCTURE AND COMPOSITION

WORKFORCE PROFILE – ACUTE CARE

Position Level	FTE	Team
CNC	1.5	AMHS
HP4	2.0	AMHS
CN	1.0	AMHS
CN	1.0	ATODS
HP3	1.0	HHOT
ALO	1.0	AMHS
Consultant Psychiatrist	1.0	AMHS

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WORKFORCE PROFILE – CONTINUED CARE MENTAL HEALTH & ATODS

Position Level	FTE	Team
AMHS		
CNC	1.5	AMHS
HP4	1.0	AMHS
CN	1.0	AMHS
RN	1.0	AMHS
HW005	1.0	AMHS
Clinical Director	1.0	AMHS
CYMHS		
HP4	2.0	CYMHS (1 temp)
HP3	2.0	CYMHS
ALO	1.0	CYMHS
AO3	1.0	CYMHS
ATODS		
HP4	1.0	ATODS
HP3	2.0	ATODS
HP4	1.0	ATODS C&Y (temp)
HW004	1.0	ATODS
HHOT		
CNC	1.0	HHOT
CN	3.0	HHOT
HP4	1.0	HHOT
HP3	1.0	HHOT
HW006	1.0	HHOT
HW 004	1.0	HHOT

SAMPLE ROSTER PROFILE

	6am – 3pm	8am – 5pm	2pm – 11pm
Monday	2 FTE	1 FTE	1 FTE
Tuesday	1 FTE	1 FTE	1 FTE
Wednesday	1 FTE	1 FTE	1 FTE
Thursday	2 FTE	1 FTE	2 FTE
Friday	2 FTE	1 FTE	2 FTE
Saturday	1 FTE	0 FTE	1 FTE
Sunday	1 FTE	0 FTE	1 FTE
	CNC/shift coordinator & ALO	Mon-Fri	8-5

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Meeting individual & community needs through workforce redesign

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Restructure 1a.

Upgrade PHO to Consultant Psychiatrist:

- approved by CE 5 November 2012
- accomplished by diverting the budget for the following funded positions (total budget allocation includes accommodation and Option A)
- currently maintaining Locum Psychiatrist for provision of services :

PHO upgrade to Specialist (outreach & D&A) - included in the MOS redesign AMHS				
Community Support Worker (M.I)	A03	vacant		66,021
Cultural Health Promotion Officer (HHOT)	AO3	vacant		66,021
Community Support Worker (Doomadgee)	A03	vacant		66,021
Administration Officer - Record Keeping	A02	vacant		26,501
Senior Health Worker (AMHS)	HW006	vacant	modify - 003	23,960
Mental Health PHO	Med L4	locum cover		140,909
ATODS CNC x 2 modify - CN (modification & budget completed 2012/13)	CNC		modify CN	23,280
				23,280
upgrade PHO to specialist (including Opt A & Accom)	Med L18-22	L22 costed	422,048	**435,993**

$13,945.00 SAVING

Restructure 1b.

- Restructure to extend Adult Mental Health operating hours from on-call service provision to 7 day/week, 6am – 11pm operating hours '
- Cease on call

Adult Mental Health Team Model Of Service Redesign

restructure MOS	2011	on call	17238.40	
		overtime	26018.34	
		recall	106664.95	
		total 2011 expenditure		**149,921.08**
Build in part yr 2012/13 budget	restructure to ACT	shift 6am - 11pm	cost =	**73,866.26**

$76,055.00 SAVING Potential annual saving

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Restructure 2.

Temporary trial period of 12 months required to develop and integrate teams
Need identified for HHOT due to majority of presentations being alcohol related and limited service provision for alcohol intervention provided currently. Re-orientation of team toward recovery based approach and drug and alcohol intervention
Further restructure may be necessary in 1-2 year period

Position	Position no.	Level	Status	Type	Action	Amount
Re-design ATODS & HHOT Model of Services -						
Team Leader HHOT	30492635	HP5	filled	PFT	suspend modify	131,808
Manager ATODS	30468731	HP5	vacant/backfill	PFT	ATODS&HHOT	131,808
Reinstate clinical coordinator ATODS	32005644	HP4/CN	re-instate	PFT	Pool Acute Care cover	116,640
Manager ATODS & HHOT Services	30468731	HP5	modify	PFT		131,808

$15,168 SAVING

Restructure 3.

- To maintain quality, training and development
- ensure implementation planning process for restructure is complete
- maintain and continue quality improvement ensuring all workplace instructions required are identified, developed, implemented and reviewed
- maintain development and focus on suicide prevention and integration both between internal program areas, NWHHS services, and key community stakeholders

Position	Amount
AO6 Service integration	104,802.00
AO6 ATODS program coordinator	104,802.00
	209,604.00
AO4 Quality Officer	78,362.00
AO5/6 Business Planning & Development	104,802.71
	183,164.71

$26,440.00 SAVING

a. **Risk profile**
Extended hours of service for acute presentations with mental health will enable a more immediate response to community crisis and assistance in the emergency department with like presentations. With a more comprehensive and rapid response to crisis it is believed there will be a lower recurrence rate

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of suicidal behaviour and improved pathways to care and recovery to assist those experiencing difficulties. In addition with acute care model of service comprising of members from 3 of the 4 program areas, it is determined to improve response to dual diagnosis, and improve internal co-case management and therapeutic models of care and recovery including re-access pathways in line with the national standards of 'every door is the right door' for accessibility and transition through appropriate services to meet consumer needs.

b. Service delivery model

The model of care differs in the following ways

- Extended hours of service and accessibility – 7 days/week 6am – 11 pm business hours as apposed to Monday to Friday 8.30am – 4.30pm
- Acute care will attend to all intake and referrals including assessment and crisis intervention/planning, longer term care will be provided by the continued care team and clinical treatment officers throughout the service according to skill. At present each team member is rostered to intake and carries a clinical case load of a mixture of continued care and short term clients. The capacity to provide for intense therapeutic intervention that is recovery orientated will be enhanced by this model
- see above for proposed staffing table and roster
- The NWHHS Health Services Plan – 2027 lists mental health as the third highest burden of disease for this health service which in effect will increase the need for further resources and demand on services. Research however has shown that successful early intervention is key to preventing long term mental illness and improving the well being of chronic mental illness in addition to preventing significant recurrence.

3. Policy Issues

- This restructure aligns with state and national policies
  - Queensland Plan for Mental Health 2007-2017 priorities:
    - Promotion, prevention and early intervention
    - Improving and integrating the care system
    - Participation in the community
    - Coordinating care
    - Workforce, information, quality, and safety
  - Fourth National Mental Health Plan 2009-2014
    - Social inclusion and recovery
    - Prevention and early intervention
    - 'service access, coordination and continuity of care

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4. Budget and source of funds

This proposal works within current funding – see above costings and cost savings enabling further staged review and restructure

5. Recommendations

The Recommendation is to move toward staged implementation of an organisational change in line with HR management and guidance

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6. Appendices

Appendix 2: Risk Analysis

RISK ANALYSIS

Option 1: Current model of service delivery			
Risks	**Probability**	**Impact**	**Level of risk**
Untimely service provision	High	High	[illegible]
Inability to manage demand	High	High	[illegible]
Increasing absenteeism/inability to cover absen	Medium	Medium	Medium
Low job satisfaction	Medium	Medium	Medium
inability to meet state and national standards h	High	High	[illegible]

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DOH-DL-12/13-015 RTI Document 219

Qcos/019311

Department RecFind No:	BR056365
Division/HHS:	South West HHS
File Ref No:	

RECORDS TEAM RECEIVED 12 APR 2013

RECEIVED DATE 8/4/13 BY CH

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, South West Hospital and Health Service **Date requested:** **Action required by:**

SUBJECT: Stage 2 Restructure

Recommendation

That the Minister:

Note the South West Hospital and Health Service (SWHHS) is implementing the second stage of a staged restructure of the service. The restructure will result in a change in roles and responsibilities for many staff and a reduction in the number of staff required.

Note the South West Hospital and Health Board has ratified that 32 Full Time Equivalent (FTE) positions be restructured.

Note 7.5 FTE positions are currently vacant and that reorganisation to deliver this overall reduction in staff will lead to14.5 FTE new roles.

Note the MOHRI adjustment of around 10 FTE positions overall for Stage 2 in organisational structural re-engineering.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
/ /

PPA
Chief of Staff
9 / 4 / 13

Minister's comments

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DOH-DL-12/13-015 RTI Document 220

19 MAR 2013

Department RecFind No:	BR056365
Division/HHS:	South West HHS
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: Chief Executive, South West Hospital and Health Service | **Date requested: 18 March 2013** | **Action required by:**

SUBJECT: Stage 2 Restructure – South West Hospital and Health Service

RELEASE

Proposal

That the Director-General:

Note the South West Hospital and Health Board has ratified that 32 Full Time Equivalent (FTE) positions be restructured.

Note 7.5 FTE positions are currently vacant and that reorganisation to deliver this overall reduction in staff will lead to14.5 FTE new roles.

Note the MOHRI adjustment of around 10 FTE positions overall for Stage 2 in organisational structural re-engineering.

Provide this brief to the Minister for information.

Urgency

1. Urgent

Headline Issues

2. The top issues are:
   - Stage 2 Restructure for the South West Hospital and Health Service (SWHHS).

Key issues

3. It is anticipated that up to 32 FTE existing positions are likely to be affected by this change, of these 7.5 FTE are currently vacant.
4. The SWHHS proposed organisational structure summary showing the effected facilities is attached.
5. In terms of SWHHS staff it is anticipated that some may self-nominate for a redundancy package and that up to 24 staff members will exit our services.
6. As a result of the restructure14.5 FTE new positions will be created and advertised.
7. Where appropriate, the SWHHS intends to seek agreement from the relevant unions to use a closed merit process as a strategy to reduce the impact on employees whose positions have been affected. This strategy would be used in a "many to one" situation, where there are multiple employees attached to one position where the FTE will be reduced.
8. Commencing 18 March 2013, the SWHHS will temporarily suspend advertising of any permanent vacancies that could be held available for displaced staff to be matched against (following an appropriate suitability assessment). This will increase the opportunities for permanent staff that are displaced by the change, to remain within the organisation if they wish to do so.
9. A time line has been drafted for implementing change (Attachment 2). As part of the implementation a public announcement will be made on Wednesday, 20 March 2013.
10. Contact will be made with Mayors in the South West Hospital and Health Service, Mr Howard Hobbs, Member for Warrego, and Mr Bruce Scott, Member for Maranoa.
11. No changes are being made to Morven or Wallumbilla.

RTI

Department RecFind No:	BR056365
Division/HHS:	South West HHS
File Ref No:	

Background

12. The SWHHS is implementing the second stage of a staged restructure of the service. The restructure will result in a change in roles and responsibilities for many staff and a reduction in the number of staff required.

Attachments

13. Attachment 1: Organisational Structure Summary
    Attachment 2: Timeline Stage 2

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21/3/13 21 MAR 2013 DCOS/018278

URGENT

Department RecFind No:	BR056384
Division/HHS:	Townsville HHS
File Ref No:	

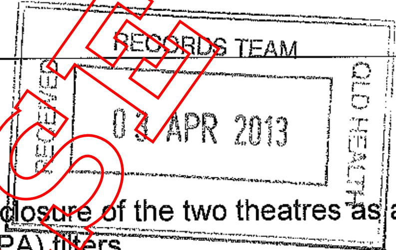
12

Briefing Note for Noting

Director-General

Requested by: Chief Executive, Townsville Hospital & Health Service **Date requested: 21 March 2013** **Action required by:**

SUBJECT: Communication Strategy regarding Closure of Two Theatres due to HEPA Filters found to have been incorrectly fitted


RECORDS TEAM
RECEIVED
03 APR 2013
QLD HEALTH

Proposal
That the Director-General:

Note the strategy to communicate the issues arising out of the closure of the two theatres as a result of incorrectly fitted High Efficiency Particulate Filters (HEPA) filters.

Provide this brief to the Minister for information.

Urgency

1. **Urgent** – Communication with affected patients will commence on Monday, 25 March 2013, and a proactive media conference will take place on the same day. The theatres had a formal media opening on Friday, 22 February 2013, and coverage was published by the Townsville Bulletin on 1 March 2013 and broadcast on channel 7 and WIN. Therefore, there are both patient safety and public confidence/reputational concerns.

Headline Issues

2. The top issues are:
   - On a routine servicing of the existing theatres over the weekend of 23 and 24 February 2013, internal engineering services identified issues with the HEPA filters in Theatres 11 and 12.
   - Advice about risk of infection has been provided by the Director of Pathology, Dr Robert Norton (a microbiologist) about risk to patients and acted on. No risk requiring immediate action or patient recall has been advised. Rather, there is a possibility of patients with open wounds or prosthetics developing fungal infections.
   - An expert advisory panel, with external representation from the Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP), was established to advise the Incident Control Team on the risks to patients and to inform the communication strategy.

Key issues

3. The expert advisory panel has advised that although the risk is low, a risk still exists and, therefore, all affected patients should be informed.
4. There have been 316 patients treated in these theatres since the commissioning in December 2012.
5. A HBCIS alert has been created for affected patients to allow for follow up and tracking should they present in future with a fungal infection.
6. The necessary repairs to both theatres have occurred, with the theatres remaining closed until air samples passed the required testing. This occurred over the weekend of 9 and 10 March and the theatres were reopened on 11 March 2013.
7. Communication strategy overview:
   - Fact sheets and letters have been prepared for patients, general practitioners (GPs), and surgeons;
   - A call centre will be established on Monday, 25 March 2013, for registered nurses to contact affected patients. It is anticipated that all patients will be have been contacted by telephone by 27 March 2013. A script for the call centre staff has been developed;

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File Ref No:	

- A pro-active media conference will be held Monday, 25 March 2013. Health Systems Innovation Branch and Redevelopment contractors are considering participating in the media conference to ensure the public are confident the matter is being handled jointly;
- Local MP John Hathaway will be contacted by the Chief Executive on Friday, 22 March 2013. All MP's will receive a follow up letter on Friday, 22 March 2013;
- Health Contact Centre, 13HEALTH, has been informed and is developing the necessary script and protocols in anticipation of receiving calls; and
- Fact sheets, letters, call centre script and the final draft media release are attached. The Department of Health's Integrated Communications team, have seen the media release, awaiting comments from redevelopment partners due Close of Business on Thursday, 21 March 2013.

Background

8. The issue will be listed and managed as a defect through the Redevelopment governance framework, which will include the management of any remedy from appropriate parties
9. An Incident Control Team, lead by the Chief Operating Officer, was established to respond to this matter. Staff from the Townsville HHS have been in contact with CHRISP in relation to the issue and CHRISP have been included in ongoing Incident Control meetings.
10. HEPA filters ensure that air is filtered before entering the theatres ensuring that only sterile air enters the operating room.
11. The new theatres were commissioned new in December after air testing and inspection under the governance of the Redevelopment Project.
12. Pre commissioning air sampling was performed in December 2012 and met the required air quality.
13. Routine servicing of HEPA filters carried over the weekend of 23 and 24 February 2013. The report from the NATA accredited contractor, OPIRA, engaged to undertake the servicing, is attached.
14. During the routine servicing damage occurred to the installation of the HEPA filters in theatres 11 and 12 as a result of their incorrect installation. At this stage a temporary repair was affected and the theatres were reopened for use.
15. At 8 am on 25 February 2013, after further inspection between Engineering and the Nurse Unit Manager, concerns remained regarding the adequacy of the filters and the theatres were closed to allow for further investigation and repairs.
16. Initially it was thought that the issues with the HEPA filters were arising from the works undertaken by the contractor over the weekend.
17. As a result of further investigation it became apparent that the issues associated with the HEPA filters were more likely to have been longstanding. This was confirmed at the first incident control team meeting on 27 February 2013.
18. The risk to patients is very small but can take 12 months or longer to present. None have presented to date.

Attachments

19. Attachment 1: Patient Letter and Fact Sheet
    Attachment 2: Surgeon Letter and Fact Sheet
    Attachment 3: Letter for Medicare Local
    Attachment 4: Information Sheet for GP's
    Attachment 5: Draft Patient communication script
    Attachment 6: Final Draft media release

RTI RELEASE

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RTI RELEASE

Department RecFind No:	BR056384
Division/HHS:	Townsville HHS
File Ref No:	

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: **Chief Executive, Townsville Hospital & Health Service**

Date requested: 21 March 2013

Action required by:

SUBJECT: Communication Strategy regarding Closure of Two Theatres due to HEPA Filters found to have been incorrectly fitted

Recommendation

That the Minister:

Note the strategy to communicate the issues arising out of the closure of the two theatres as a result of incorrectly fitted High Efficiency Particulate Filters (HEPA) filters.

Note communication with affected patients will commence on Monday, 25 March 2013, and a proactive media conference will take place on the same day. The theatres had a formal media opening on Friday, 22 February 2013, and coverage was published by the Townsville Bulletin on 1 March 2013 and broadcast on channel 7 and WIN. Therefore, there are both patient safety and public confidence/reputational concerns.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

RTI RELEASE

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FACTSHEET

What is the situation?

- Two new theatres were recently commissioned at Townsville Hospital in December 2012. This is part of the overall hospital redevelopment.
- Air testing was undertaken and passed prior to surgery being commenced in the new theatres.
- It has recently been noted that the Air filters in the two new theatres had not been fitted correctly.
- Every operating theatre should have a properly functioning Air Filters in the Operating Theatres. These ensure that air is filtered before entering the theatre ensuring that only clean air enters the room.
- This is important to prevent infectious organisms especially fungi from entering open wounds during the course of the operation.
- These theatres have been in operation since December 2012 and the majority of operations have been heart and orthopaedic procedures.
- This issue occurred between from the 7th December 2012 to 25th February 2013.
- The theatres involved have now been rectified and air testing has met the required standards and have been reopened for use.
- There is no problem with the ten other operating theatres.

DRAFT

RTI RELEASE

What is the risk?

- There is a very small risk of a wound becoming infected with a fungal infection.
- This is because the fungal spores which can be found in dusty environments may not have been filtered out from air entering the theatre.
- An infection by fungi from the air is very rare.

So why is there any concern?

- Even though a fungal infection of a wound is rare, if it does occur it is important to diagnose and treat it correctly with specific medication targeting fungi.
- As this is an unusual occurrence we are providing this information to your General Practitioner and Surgeon.

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What do I need to do?

- If you notice your wound becoming increasingly red, swollen or painful, contact your General Practitioner. Your General Practitioner has already been informed about this problem and will know how to proceed with diagnosing whether or not it is a fungal infection.
- These infections can appear up to 1 year following the operation.
- It is expected that If you have been infected you will develop the above symptoms in a 12 month period.

13HEALTH (13 432584) will also be available for contact during the next 12 months if you need advice.

Dr Andrew Johnson
Executive Director of Medical Services
25 /03 / 2013

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DRAFT

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HEPA Filters Incident -Script – Telephoning Patients/Carers/Guardians

Patient Name:.. **UR Number:**

Script	Response/Comments
Hello, this is <name> calling from the Townsville Hospital. May I speak with <name> please? Before I progress with this call I just need to ask you a few questions to confirm your identity. Can you tell me your full name Date of Birth Address: If you had an operation between December 2012 and February 2013 and what operation did you have. Thank you ((If this matches proceed.) (If not a match apologise for any inconvenience). <Dr name> has provided me with your contact details. I am calling because we have identified an issue in the operating theatre. The theatre in which you had your operation was found to have air filters installed incorrectly, which could have allowed some particles to pass by the filter. As a result, there is a very small risk of your wound becoming infected with a fungal infection. An infection by fungi from the air is very rare. Even though this is rare, if it does occur it is important to diagnose and treat it correctly with specific medication. If you notice your wound becoming increasingly red, swollen or painful, contact your General Practitioner. Your general Practitioner has already been informed about this problem and will know how to proceed with diagnosing whether or not it is a fungal infection. These infections can appear up to 1 year following the operation.	

DRAFT
RELEASE
DOH-DL-12/13-015 RTI Document 236

HEPA Filters Incident -Script – Telephoning Patients/Carers/Guardians

Patient Name:... **UR Number:**

We will be sending you a fact sheet in the mail with a number to phone if you have any further questions. Can I please confirm you mailing address is as above?	

I understand this could be a difficult time for you. Would you like me to repeat anything (If the patient appears concerned please ensure you offer a follow up appointment to be arranged with their surgeon.)
Confirm 13 HEALTH (13431584) for further questions.

Interventions arranged (tick all that apply)

□ Advice by phone □ Factsheet sent to postal address or emailed □ Other	
Completed by:	
Date:	Print Name
Signature:	

DRAFT

RTI RELEASE

Townsville Hospital and Health Service

Media statement

Queensland Government

25 March 2013

The Townsville Hospital is contacting patients who had surgery in its two new theatres after issues were identified with the air filters which clean the air going into the theatres.

Routine servicing identified an issue with the fitting of the filters. The theatres were closed while the situation was rectified and the two theatres are now back in use.

As a result of the issues identified, the hospital and health service has taken expert advice and identified a potential small risk of a wound infection for 316 patients.

These patients are being contacted and notified by phone. None of the patients seen to date has any infection arising from this issue.

Townsville Hospital and Health Service chief executive Mrs Julia Squire said that the issue related to incorrect installation of air filters which caused a very small increase in the risk of fungal infections.

“An infection by airborne fungi is very rare,” she said.

“The issue was addressed immediately and we are confident the situation has been rectified.”

Mrs Squire said it was important patients knew of any risk, however small, to ensure any infection was diagnosed quickly and treated properly with the right medication.

“We are phoning and speaking to all affected patients and have organised an information hotline and fact sheets for patients, GPs and surgeons,” she said.

“Letters will go to all patients and their GPs.

“They have every right to be concerned and, as I have said, the risk is very small.

“If they would like to speak to someone further, we encourage them to ring 13HEALTH (1343 2584),” she said.

Contact: Irene Jacovos Public Affairs 4433 0089 or 0408 982 062

RTI RELEASE

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2/4/13

QC08/017235 Pt2

Department RecFind No:	BR056427
Division/HHS:	SPP Division
File Ref No:	

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Deputy Director General, System Policy and Performance Division **Date requested:** **Action required by:**

SUBJECT: Updated Hospital and Health Service (HHS) Activity Based Funding (ABF) efficiency calculations

Recommendation

That the Minister:

Note the preliminary analysis of Hospital and Health Service (HHS) Activity Based Funding (ABF) efficiency and the further validation work to be completed in April 2013.

Note The Blueprint for better healthcare in Queensland contained information on the relative efficiency of HHSs in 2009/2010 in relation to acute admitted patients only – the analysis stated that Queensland Hospitals were 11.4% inefficient. The document also contained the target that the Queensland public health system will meet or better the National average cost by mid 2014.

Note since that time there has been considerable discussion regarding how this relative efficiency figure has changed over time and considerable interest from the HHSs in the calculation methodology.

Note this brief provides updated information for 2011/2012 and outlines how the figures will be further updated to 2012/2013 and 2013/2014 based on budgeted numbers contained within the service agreement – these analyses are likely to show a significant improvement in efficiency.

Note It is recommended that before any public release of further information the data and supporting methodology is discussed with the HHSs to ensure their support prior to release.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

15/4/13

Minister's comments

RTI RELEASE

DOH-DL-12/13-015 RTI Document 239

28 MAR 2013

URGENT

Department RecFind No:	BR056427
Division/HHS:	SPP Division
File Ref No:	

Briefing Note for Noting
Director-General

Requested by: Deputy Director General, System Policy and Performance Division **Date requested:** **Action required by:**

SUBJECT: Updated Hospital and Health Service (HHS) Activity Based Funding (ABF) efficiency calculations

Proposal
That the Director-General:

Note the preliminary analysis of Hospital and Health Service (HHS) Activity Based Funding (ABF) efficiency and the further validation work to be completed in April 2013.

Provide this brief to the Minister for information.

Urgency
1. **Urgent** – this brief has been requested by the Director-General to be completed prior to 28 March 2013.

Headline Issues
2. Top issues are:
   - The Blueprint for better healthcare in Queensland contained information on the relative efficiency of HHSs in 2009/2010 in relation to acute admitted patients only – the analysis stated that Queensland Hospitals were 11.4% inefficient. The document also contained the target that the Queensland public health system (QPHS) will meet or better the National average cost by mid 2014.
   - Since that time there has been considerable discussion regarding how this relative efficiency figure has changed over time and considerable interest from the HHSs in the calculation methodology.
   - This brief provides updated information for 2011/2012 and outlines how the figures will be further updated to 2012/2013 and 2013/2014 based on forecast/budgeted expenditure/activity contained within the service agreement – these analyses are likely to show a significant improvement in efficiency if delivered.
   - It is recommended that before any public release of further information the data and supporting methodology is discussed with the HHSs to ensure their understanding prior to release.

Key issues
3. Looking at an assessment of HHS ABF efficiency there are three different bases which could be used:
   - utilise the published national ABF model with no localisations National Weighted Activity Units (NWAUs);
   - utilise the published national ABF model with localisations Queensland Weighted Activity Units (QWAUs) and apply Queensland indexation; and
   - utilise the published national ABF model with localisations – QWAUs - and apply Independent Hospital Pricing Authority's (IHPA) indexation.
4. In addition, there will be a different efficiency assessment depending on which year is chosen.
5. Regardless of which option is chosen the following should be noted:
   - estimates vary depending on which model - and version - is used;
   - estimates depend on whether we are assessing actual or projected efficiency. The most recent actual data for Queensland Hospitals relates to 2011/2012. Any estimates for subsequent periods are based on budgeted/projected costs and activity;
   - changes in efficiency at the national level will affect comparisons based on the national model. The most recent national data relates to 2010/2011. Hence estimates for 2011/2012 are based on comparing actual Queensland data with projected national data.

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It could be, for example, that other states and territories have also significantly improved their efficiency in recent years; and

- it should also be noted that cost and activity data and modelling relating to the Queensland ABF model for 2013/2014 have not yet been finalised and are subject to revision.

6. Assessment of HHS Efficiency based on 2011/2012 actual data (Attachment 1):
   - based on the national ABF model for 2013/2014, it is estimated that the cost of public hospital services in Queensland in 2011/2012 was around 8.4% above the projected national average. This may indicate a slight improvement compared to the IHPA estimate of 11.4% for 2009/2010, although it should be noted that the IHPA estimate was derived using a different methodology (individual patient level costing rather than summated ABF data) and related to acute admitted patients only. A breakdown of these figures by HHS is provided in Attachment 2;
   - based on the Queensland model, inefficiency was estimated at 9.6% using the Queensland price (based on a Queensland-specific indexation factor), and 7.0% using the high indexation factor from IHPA. Both Queensland prices have a direct line of sight to the national efficient price, and hence these estimates are broadly comparable to estimated inefficiency under the national model; and
   - it is recommended that if any data needs to be published in the coming months it should be based on the 8.4% with the appropriate caveats but that prior to any publication discussions should take place with the HHSs to ensure there is full understanding and validation of the methodology.

7. Looking forward to 2012/2013 and 2013/2014 the Department of Health (the Department) has produced preliminary assessments of HHS efficiency based on forecast/budgeted expenditure and activity for these two years. It is anticipated that this information will be fully validated by the end of April 2013 which should enable further information to be provided as to whether the QPHS is on track to deliver the target within the blueprint. It is however, anticipated that there will be a significant improvement during these two years due to:
   - the department applying efficiency targets in 2012/2013 contracts;
   - funding reductions as a result of the fiscal recovery strategy; and
   - reductions in funding associated with the recent Commonwealth funding changes which have not been matched by a corresponding activity reduction in the service agreement.

8. Other issues to consider:
   - confirmation is required in terms of the basis of blueprint reporting – is it against the pure national efficient price or the national efficient price with Queensland localisations? It is recommend that if any data needs to be published before the start of 2013/2014 that the pure national efficient model for 2011/2012 (that is, 8.4% inefficient) is utilised which is a similar basis to the 2009/2010 data contained in the blueprint. From 2013/2014 it is recommended that the assessment is against the national model with the Queensland localisations since this will form the basis of the service agreements which are signed off with the HHSs.
   - With regards to publishing of efficiency data by national bodies IHPA have stated that they have decided not to publish data on HHS cost versus National Efficient Price until it is clear what the National Health Performance Authority (NHPA) decide to publish. The latest information from NHPA suggests that they plan to release a Hospital and Healthy Communities report regarding financial performance between January to March 2014. There is a risk that this report could be based on a different set of assumptions.

9. It is anticipated that following further discussions with the HHSs, finalisation of site specific grants and the price, a final version of the HHS efficiency assessment covering 2011/2012 actuals and forecast efficiency for 2012/2013 and 2013/2014 can be made by the end of April 2013.

Background

10. The Blueprint for Better Healthcare in Queensland, released in February 2013, provided data on the efficiency of ABF facilities in delivering of public hospital services which suggested that average costs per national weighted activity unit (NWAU) in Queensland were 11.4% above the national average.

RTI RELEASE

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Department RecFind No:	BR056427
Division/HHS:	SPP Division
File Ref No:	

11. These estimates were derived from unpublished estimates by the Independent Hospital Pricing Authority (IHPA), based on 2009-10 data, and relate to acute admitted patients only. IHPA has not provided its detailed methodology for the calculations.
12. The Blueprint noted that all Hospital and Health Boards will report publicly on a measure of cost per weighted activity unit (WAU) on a quarterly basis from 1 July 2013 and that by mid 2014 (that is, at the end of the next financial year) the Queensland healthcare system will meet or better the National average cost.
13. The Independent Hospital Pricing Authority (IHPA) published on 28 February 2013, the National Efficient Price for 2013/2014 which equated to $4,993. This represents the average cost of producing a National Weighted Activity Unity (NWAU) on a 2013/2014 price base. It is based on an assessment of average actual national costs ($4,350) in 2010/2011 uplifted for indexation for the following three years at a rate of $4.7% per year.
14. The Department has decided to utilise the national ABF Model as a basis for funding Hospital and Health Services (HHSs) in 2013/2014 but with some localisations (the contract currency will be Queensland Weighted Activity Units - QWAUs) including:
    - Queensland will pay the full price for private patients (rather than the discounted prices applied in the national model for admitted patients and a zero price for non-admitted) but will continue to apply own source revenue targets to HHSs.
    - Queensland is not likely to apply the national model for mental health inpatients due to anomalies in the model, but will continue to apply the current per diem model in 2013/2014.
    - Queensland will provide block grants for site specific grants and clinical education/training, whereas in the national model these costs are built into the national efficient price.
15. At this current time one further decision needs to be made to confirm the price – should the Department apply indexation at the IHPA rate of 4.7% or at the actual amount funded for Employment Bargaining and Non Labour Escalation in Queensland – this more accurately reflects costs incurred by the HHS since IHPA indexation is based merely on the rate of national price increase between 2006/2007 and 2010/2011 which could be overstated. The difference in price per QWAU depending on which decision is made is $268.

Attachments

16. Attachment 1: Draft assessment of HHS efficiency.
    Attachment 2: Change in HHS efficiency between 2009/2010 and 2011/2012 – using national model.

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Attachment 1

Efficiency Overview

as at 25 March 2013

	2009-10 Actuals			2011-12 Actuals		
	Cost per NWAU(12-13)[1]	Percentage Difference[2]	Efficient Cost	Cost per WAU(13-14)[3]	Percentage Difference[4]	Efficient Cost
National Model - NWAU(12-13)	4,614	11.4	4,141	N/A	N/A	N/A
National Model - NWAU(13-14)	N/A	N/A	N/A	5,097	8.4	4,700
Queensland Model (Q16) - Low Price (QLD Indexation)	N/A	N/A	N/A	4,589	9.6	4,189
Queensland Model (Q16) - High Price (IHPA Indexation)	N/A	N/A	N/A	4,589	7.0	4,268

Notes:

NWAU = National Weighted Activity Units

The 12-13 NWAU model and the 13-14 NWAU model have been built using different datasets and using different parameters.
Some of the changes in efficiency may be due to changes as a result of the different methodologies
The National ABF Model does not take into account the costs or revenue associated with private patients

1) Cost per NWAU of Acute admitted patient services only
2) Compared to the National Average Cost of $4,141 in 2009-10 for NWAU(12-13)

3) Cost per NWAU of all activity hospital activity including acute admitted patient services, non-acute, outpatients and emergency
The cost per NWAU has been built from the 11/12 ABF Expenditure Pool with adjustments made for corporate overheads and private patients
4) a) National Average Cost = $4,489 per NWAU(13-14) in 2010-11
b) Index by 4.7% as per IHPA methodology = $4,700 per NWAU(13-14) in 2011-12
http://www.ihpa.gov.au/internet/ihpa/publishing.nsf/Content/pricing-framework-public-hospitals-2013-14~05-nec-ab-funded-hospital-services~5-6-indexation-cost-price

RTI RELEASE

DOH-DL-12/13-015

RTI Document 244

Health and Hospital Services Efficiency Compared to National Average Cost

as at 25 March 2013

Hospital and Heath Service	2009-10 Actuals (Base Price = 4,141) Cost per NWAU(12-13)[1]	2009-10 Actuals (Base Price = 4,141) Percentage Difference[2]	2011-12 Actuals (Base Price = 4,700) Cost per NWAU(13-14)[3]	2011-12 Actuals (Base Price = 4,700) Percentage Difference[4]
Cairns and Hinterland	4,025	-2.8	4,604	-2.0
Central Queensland	4,560	10.1	5,187	10.4
Children's Health Queensland	4,650	12.3	6,033	28.4
Darling Downs	4,600	11.1	4,923	4.8
Gold Coast	4,633	11.9	4,909	4.5
Mackay	5,147	24.3	5,328	13.4
Metro North	4,887	18.0	5,300	12.8
Metro South	4,644	12.1	5,077	8.0
North West	5,129	23.9	5,490	16.8
Sunshine Coast	4,396	6.2	4,949	5.3
Townsville	4,251	2.7	5,009	6.6
West Moreton	4,175	0.8	4,655	-1.0
Wide Bay	4,517	9.1	5,288	12.5
State Average	**4,614**	**11.4**	**5,097**	**8.4**

Notes:

NWAU = National Weighted Activity Units

The 12-13 NWAU model and the 13-14 NWAU model have been built using different datasets and using different parameters. Some of the

The National ABF Model does not take into account the costs or revenue associated with private patients

1) Cost per NWAU of Acute admitted patient services only

2) Compared to the National Average Cost of $4,141 in 2009-10

3) Cost per NWAU of all activity hospital activity including acute admitted patient services, non-acute, outpatients and emergency

The cost per NWAU has been built from the 11/12 ABF Expenditure Pool with adjustments made for corporate overheads and private patients

4) a) National Average Cost = $4,489 per NWAU(13-14) in 2010-11

b) Index by 4.7% as per IHPA methodology = $4,700 per NWAU(13-14) in 2011-12

RTI RELEASE

DOH-DL-12/13-015 RTI Document 245

7/35

QCHO/005258 Pt2

Department RecFind No:	BR056507
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

RECEIVED 16 APR 2013

RECORDS TEAM RECEIVED 15 MAY 2013 QLD HEALTH

Requested by: Deputy Director-General, Health Service and Clinical Innovation Division **Date requested:** **Action required by: 9 May 2013**

SUBJECT: Area of Need application for Aspire Clinic Bundaberg

Recommendation

That the Minister:

> **Note** Aspire Clinic's (the Clinic) appeal to review the original decision to refuse its Area of Need (AoN) general practitioner application. The review documentation is quite large, however, can be provided on request.
>
> **Note** that the decision to refuse the clinic's application (the application) is correct and in line with the Policy and Procedure Declaration of AoN for Medical Services in Queensland (the Policy).

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

14 / 5 / 13

Jane Smith

Chief of Staff

13 / 05 / 13.

Minister's comments

Note I have conveyed this to Bundaberg & Hinkler MPs.
AB. 17/04.

RTI RELEASE

11 APR 2013

URGENT

Department RecFind No:	BR056507
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Noting
Director-General

Requested by: Deputy Director-General, Health Service and Clinical Innovation Division **Date requested:** **Action required by: 9 May 2013**

SUBJECT: Area of Need application for Aspire Clinic Bundaberg

Proposal
That the Director-General:

Note Aspire Clinic's (the Clinic) appeal to review the original decision to refuse its Area of Need (AoN) general practitioner application. The review documentation is quite large, however, can be provided on request.

Note that the decision to refuse the Clinic's application (the application) is correct and in line with the Policy and Procedure Declaration of AoN for Medical Services in Queensland (the Policy).

Provide this brief to the Minister for noting.

Urgency
1. **Urgent** - Mr Paul Neville MP, Federal Member for Hinkler, is putting pressure on the Department of Health to urgently alter the decision.

Headline Issues
2. The top issues are:
   - the Clinic has requested a second review of the application. The Clinic has lobbied Mr Neville MP, who in turn has contacted the Minister to influence the decision;
   - Bundaberg is not a District of Workforce Shortage (DWS). The Policy requires that the clinic be located within a DWS or alternatively meet one of the Policy exemptions; and
   - if the decision to refuse the AoN application is overturned, there would be significant risk of negative media arising from the backlash from the Bundaberg clinics who have had their applications refused because they are not located within a DWS.

Key issues
3. The Department of Health and Ageing (DoHA) has confirmed Bundaberg has not been DWS since at least 2005. The DoHA determine DWS status which is based on active Medicare billing and census data. Not being DWS means there are more general practitioners practicing in Bundaberg, compared to that of the National average.

4. The Clinic was provided the opportunity to present further information before the final review decision is made. The information provided by the Clinic was business decisions and did not meet one of the exemption criteria, which therefore cannot be considered by the decision maker. For example, the Clinic made a business decision to have greater than 9,000 patients on their books, this is a business decision.

5. The Australian College of Rural and Remote Medicine (ACRRM) provided the decision maker with Bundaberg area statistics to help inform the original decision. The Clinic has refuted the statistics put forward by ACRRM and has provided conflicting statistics from the Medicare Local in support of their application. Contesting the statistics does not take away from the fact the Clinic is not located within a DSW location.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 247

Department RecFind No:	BR056507
Division/HHS:	HSCID
File Ref No:	

Background

6. On 5 December 2012, the Clinic applied for an AoN Declaration for a general practitioner. On 5 February 2013, the application was refused by the Delegate. On 19 February 2013, the applicant requested a review of the decision. On 5 March 2013, the original decision to refuse the application was upheld by the Chief Health Officer (review delegate). On 14 March 2013, the applicant requested a second and final review of the original decision. The decision maker for the second review is the Deputy Director-General, Health Service and Clinical Innovation Division (DDGHSCI).

7. The DDGHSCI has not yet made a decision and is asking the Minister if there is an alternative solution for the Clinic.

Consultation

8. Workforce Regulation Section, Health Workforce Capacity Branch, DoHA

Attachments

9. Nil

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DOH-DL-12/13-015 RTI Document 248

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RTI RELEASE

DOH-DL-12/13-015 RTI Document 249

18/4/13. QCOS/018274 6A

CONF

Department RecFind No:	BR056530
Division/HHS:	North West HHS
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

RECEIVED 19 APR 2013

Requested by: Chief Executive, North West Hospital & Health Service **Date requested:** **Action required by:**

SUBJECT: Proposed Voluntary Redundancy to Clinical Nurse Consultant (CNC) Homeless Health Outreach Team (HHOT), North West Hospital and Health Service (HHS)

Recommendation
That the Minister:

Note the North West Hospital and Health Service (HHS) target FTE is 609 currently and this has already been achieved but with the knowledge that there are a number of critical positions which still require recruitment.

Note ongoing weekly monitoring of MOHRI plus intensive review of all positions across the HHS has identified a number of occupied positions which are classified as surplus to requirements given changed models of care.

Note the Clinical Nurse Consultant (CNC) Homeless Health Outreach Team (HHOT) position is to be made redundant and has the support of the North West HHS Board.

Note abolishing this position will have no significant impact on the community and management duties will be absorbed by existing staff.

Note no staff or Unions have been notified.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
/ /

Chief of Staff
17 / 5 / 13

Minister's comments

RTI RELEASE

DOH-DL-12/13-015 RTI Document 250

15 APR 2013

Department RecFind No:	BR056530
Division/HHS:	North West HHS
File Ref No:	

URGENT

Briefing Note for Noting

Director-General

Requested by: Chief Executive, North West Hospital & Health Service **Date requested:** **Action required by:**

SUBJECT: Proposed Voluntary Redundancy to Clinical Nurse Consultant (CNC) Homeless Health Outreach Team (HHOT), North West Hospital and Health Service (HHS)

Proposal

That the Director-General:

Note the North West Hospital and Health Service (HHS) target FTE is 609 currently and this has already been achieved but with the knowledge that there are a number of critical positions which still require recruitment.

Note ongoing weekly monitoring of MOHRI plus intensive review of all positions across the HHS has identified a number of occupied positions which are classified as surplus to requirements given changed models of care.

Note the Clinical Nurse Consultant (CNC) Homeless Health Outreach Team (HHOT) position is to be made redundant and has the support of the North West HHS Board.

Note abolishing this position will have no significant impact on the community and management duties will be absorbed by existing staff.

Note no staff or Unions have been notified.

Provide this brief to the Minister for information.

Urgency

1. **Critical** - the deadline for a submission of voluntary redundancies is 19 April 2013.

Headline Issues

2. The top issues are:
   - Voluntary redundancy to be offered to one permanent staff based at the Homeless Health Outreach Team off campus of Mount Isa hospital, after amalgamated service delivery.
   - The identified position is considered surplus to requirements and the intent is to offer a voluntary redundancy.

Key Values

The key values that apply are the following:

☐ Better service for patients
☒ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☒ Openness

Key issues

3. Whilst MOHRI targets and trajectory are being met, the North West HHS was aware of the need to still recruit to critical vacancies, therefore ongoing review of all positions identified an additional position surplus to requirement.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 251

s.47(3)(b)

RTI RELEASE

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RTI RELEASE

Affected Positions spreadsheet:

Organisational Unit	Comments
70068391	d for DG & Minister Approval 11/4/13

Organisational Unit	nments

Organisational Unit	r of ns	Applicant Pool	Comments

Organisational Unit	r of ns	Comments

RTI RELEASE

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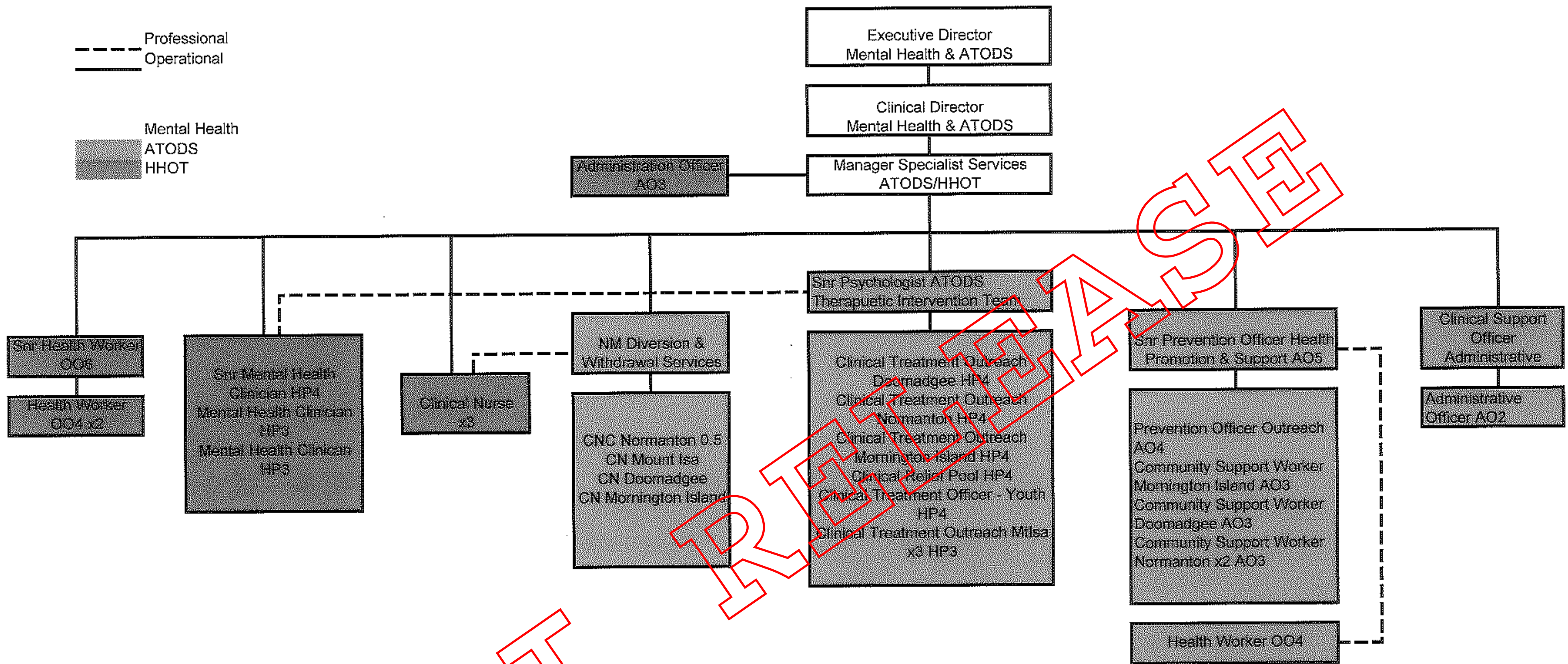
DOH-DL-12/13-015

RTI Document 255



RTI RELEASE

DOH-DL-12/13-015

RTI Document 256

Department RecFind No:	BR056536
Division/HHS:	Mackay HHS
File Ref No:	

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, Mackay Hospital & Health Service | **Date requested: 15 April 2013** | **Action required by: 16 April 2013**

SUBJECT: Organisational Change within Mackay Hospital and Health Service

Recommendation

That the Minister:

Note that the Mackay Hospital and Health Service (MHHS) has determined to make organisational changes to services encompassing Clinical Governance, Child & Family Therapies and Alcohol, Tobacco and Other Drugs (ATOD) Services, which will result in the abolishment of 13.88 Full Time Equivalent (FTE) and creation of 4.28 FTE. (Total net reduction of 9.6 FTE).

Note the Clinical Governance Unit - Organisational changes determined so as to better align deployment of resources to meet service demand arising from National Quality & Safety Standards - total (net) reduction of 2.0 FTE.

Note the Child and Family Therapy Services – due to the introduction of services in the non-government sector, through the commencement of ATAPS for Kids, auspiced under the TMML, the services currently offered by MHHS are a duplication of services – total (net) reduction of 3.6 FTE.

Note the ATODS – Organisational changes determined to better align deployment of resources to meet projected service demand commensurate with anticipated budget capacity – total (net) reduction of 4 FTE.

APPROVED/NOT APPROVED | **NOTED** | **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff
10/5/13

Minister's comments

DOH-DL-12/13-015 RTI Document 257

RTI RELEASE

6 MAY 2013

URGENT

Department RecFind No:	BR056536
Division/HHS:	Mackay HHS
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: Chief Executive, Mackay Hospital & Health Service | Date requested: 15 April 2013 | Action required by: 16 April 2013

SUBJECT: Organisational Change within Mackay Hospital and Health Service

Proposal

That the Director-General:

Note that the Mackay Hospital and Health Service (MHHS) has determined to make organisational changes to services encompassing Clinical Governance, Child & Family Therapies and Alcohol, Tobacco and Other Drugs (ATOD) Services, which will result in the abolishment of 13.88 Full Time Equivalent (FTE) and creation of 4.28 FTE. (Total net reduction of 9.6 FTE).

Provide this brief to the Minister for information.

Urgency

1. **Urgent** - MHHS announced the changes to affected staff and representative Union organisations on 17 April 2013.

Headline Issues

2. The top issues are:
   - Clinical Governance Unit - Organisational changes determined so as to better align deployment of resources to meet service demand arising from National Quality & Safety Standards - total (net) reduction of 2.0 FTE.
   - Child and Family Therapy Services – due to the introduction of services in the non-government sector, through the commencement of ATAPS for Kids, auspiced under the TMML, the services currently offered by MHHS are a duplication of services – total (net) reduction of 3.6 FTE.
   - ATODS – Organisational changes determined to better align deployment of resources to meet projected service demand commensurate with anticipated budget capacity – total (net) reduction of 4 FTE.

Key issues

3. Duplicate Services available in the Primary Care Sector:
   - There has been an introduction of services in the non-government sector, through the commencement of ATAPS for Kids, auspiced under the TMML.
   - The services offered through this service are a duplication of the services offered through the Child and Family Therapy Team.
   - The NGO service offers parents and children an initial 6 sessions, with no out of pocket expenses for families. A further six sessions may also be available after the initial course of treatment is
   - The service is geared to providing GPs and specialists with a therapeutic avenue for children (0-12 years) with mild to moderate behavioural or emotional presentations.
   - There is no similar service for Child Development Services, and as such this service will be maintained so that community has access to therapeutic services directly involved in Child Development.
4. Contribution of Service to Current Service Agreement and Priority Service Demands:
   - The Mackay HHS Service Agreement articulates the services that Mackay must provide for the funding allocated. There are no specific requirements for MHHS to maintain a primary care/first contact service offering counselling and support for parents and children.
   - Mackay HHS continues to make changes to services, so that the HHS can provide specified services, to required levels within the funding allocated.
   - This means that, from time to time, there will be a requirement to divest our investment in some services, where there is no clear requirement within our contracted services.

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Department RecFind No:	BR056536
Division/HHS:	Mackay HHS
File Ref No:	

- As part of the broader National reform agenda, the Federal Government are changing the way they fund healthcare. There is a reduction in funding coming to the States, and an increase in primary health care.
- MHHS will continue to experience changes to its future budget, and will be expected to change the service mix associated with this change, to respond to the efficiency targets applied by both National and State funding agendas.
- There are ambiguous KPIs and requirements in the MHHS Service Agreement related to ATODs.
- High level analysis of the current service indicates that these KPIs could be maintained and that there is opportunity to reallocate savings to other demands in addition to redirection of resources to other priority service demands.

5. Service Financial Viability:
   - Mackay Base Hospital, and all associated outpatient clinic services, are included under the ABF framework for funding.
   - With regard to Child & Family Therapy Services, based on an average of 1.8 occasions of service per FTE/Day (that is, less than two patients being seen per employee per day) – continuation of this service profile cannot be sustained.
   - Savings from the organisational change process will be redirected in to priority services such as ophthalmology wait lists.
   - This means that our service must show that we can maintain service costs for the price that is paid by the System Manager. The National Efficient Price for Healthcare is also driving our organisation to become more efficient.
   - Based on the client numbers and occasions of service provided within the Child and Family Therapy team, the MHHS cannot afford to maintain this service. The current ABF price paid for an outpatient psychology or social work intervention is $160.54/OOS for the M2 Peer Group.
   - When we apply this price to the OOS provided last financial year, and compare this to the cost of salaries to provide this service, there is a deficit of $170,000 pa. That is, the payments we generate for providing this service, is $170,000 short of paying for the salaries of the team.
6. National Safety and Quality Health Service Standards:
   - With the introduction of the aforementioned standards HHS are required to facilitate and enable resources and systems to be deployed to protect the public from harm and to improve the quality of health service provision.
   - MHHS former Clinical Governance Unit organisational structure was not reflective of required capacity and skill mix to provide a quality assurance mechanism and systems congruent with the national standards.

Background

7. MHHS in conjunction with the MHHS Board is continually monitoring and reviewing service demand and service capacity and capability to meet this demand.
8. As part of this process MHHS has identified required organisational change that will enhance service capacity and capability in the services.
9. The determination and implementation of the organisational change is in accordance with Queensland Public Service Commission Organisational Change process.

Consultation

10. MHHS Executive have been consulted on the organisational changes prior to determination by the Chief Executive.
11. MHHS Board has been consulted.
12. Staff and Union representatives will be provided with two weeks consultation from 17 April 2013 regarding the implementation process.

Attachments

13. Attachment 1: Proposed Implementation Plan for Organisational Change:
    - 13.1 Clinical Governance Unit;
    - 13.2 Child & Family Therapy Services; and
    - 13.3 ATODs.

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DOH-DL-12/13-015 RTI Document 259

s.73

RTI RELEASE

24/4/13 QCOS/021180 (5)

Department RecFind No:	BR056559
Division/HHS:	Central Qld HHS
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

RECEIVED 24 APR 2013

Requested by: Chief Executive, Central Queensland Hospital & Health Service

Date requested: 5 April 2013

Action required by:

SUBJECT: Capital funding for Moura Community Hospital

Recommendation

That the Minister:

Approve a $2.2 million funding allocation to the Central Queensland Hospital and Health Service (CQHHS) for the development of the Moura Community Hospital based on the existing Moura Medical Centre.

Note that at a public meeting on 16 April 2013, the Moura community carried a resolution to support the Moura Community Hospital proposal which will offer 24-hour responsive health care, inpatient beds and an enhanced range of ambulatory and primary health care services.

Note that effective implementation of the Community Hospital model is reliant on $2.2 million capital funding being provided to CQHHS to extend the Moura Medical Centre.

Note the Office of the Minister for Health requested, and is expecting, this funding submission.

APPROVED/NOT APPROVED **NOTED**

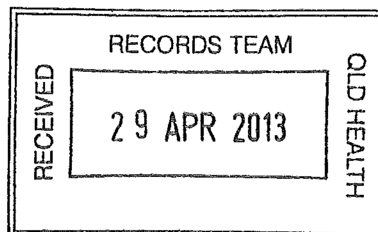
LAWRENCE SPRINGBORG
Minister for Health
24/4/13

NOTED

Jake Smith

Chief of Staff
/ /

Minister's comments



RECORDS TEAM RECEIVED 29 APR 2013 QLD HEALTH

RTI RELEASE

19 APR 2013

Department RecFind No:	BR056559
Division/HHS:	Central Qld HHS
File Ref No:	

URGENT

Briefing Note for Approval

Director-General

Requested by: Chief Executive, Central Queensland Hospital & Health Service **Date requested: 5 April 2013** **Action required by:**

SUBJECT: Capital funding for Moura Community Hospital

RELEASE

Proposal

That the Director-General:

Provide this brief to the Minister to **approve** a $2.2 million funding allocation to the Central Queensland Hospital and Health Service (CQHHS) for the development of the Moura Community Hospital based on the existing Moura Medical Centre.

Urgency

1. **Urgent** - Extensive consultation with the Moura Community, including a visit by the Minister for Health, has resulted in the development of a new model for service delivery to the community requiring an investment in capital infrastructure.

Headline Issues

2. The top issues are:
   - At a public meeting on 16 April 2013, the Moura community carried a resolution to support the Moura Community Hospital proposal which will offer 24-hour responsive health care, inpatient beds and an enhanced range of ambulatory and primary health care services.
   - Effective implementation of the Community Hospital model is reliant on $2.2 million capital funding being provided to CQHHS to extend the Moura Medical Centre.
   - The Office of the Minister for Health requested, and is expecting, this funding submission.

Key Values

3. The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☒ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☒ Openness

Key issues

4. The need for a sustained and more appropriate model of health service delivery was identified for the Moura community.
5. The Premier and the Minister for Health publicly announced the Moura Hospital would not close and that there would be community consultation.
6. Extensive consultation with the Moura community started with a public meeting on 22 January 2013. Ten weekly meetings of the Moura Strong, Smart and Sustainable Committee, which included two CQHHS Executives on its membership, worked to develop the plan supported by the community on 16 April 2013.
7. The Moura Community Hospital is designed to deliver a sustainable model that meets the future community needs and makes use of telehealth technology to enhance treatment options.
8. Charles Ware CQHH Board Chairman and Maree Geraghty CQHHS Chief Executive presented the Moura Community Hospital Future Directions Paper at a community forum in Moura at 7.30pm on 16 April 2013. The model was supported by a clear majority of those who attended.
9. The 2012/2013 Budget for the Moura Hospital is approximately $3.1 million. Introduction of the National Efficient Cost (NEC) in 2013/2014 indicates Moura Hospital should be funded to a budget of $2.1 million. The Moura Community Hospital would require an estimated operating budget of $2.5 million.

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File Ref No:	

10. The Moura Community Hospital model is dependent on capital investment being secured to expand the existing and collocated Medical Centre. Extension of the facility will include:
    - Four (4) same-day to longer-stay inpatient beds;
    - 24-hour nursing services;
    - Two doctors will remain on staff and their 24-hour on-call arrangement will continue;
    - Three additional consultation rooms including one to be equipped as a telehealth room;
    - X-ray room;
    - Storage for clinical support services (consumables, clinical supplies);
    - Space for record storage;
    - Room for the computer server;
    - Bedsit with en-suite to accommodate a parent staying with an admitted child or an outreach health professional;
    - Bathrooms;
    - Imprest Pharmacy;
    - Mortuary; and
    - A small kitchenette capable of managing plated frozen meals.
11. The new model of service delivery will lead to a reduction in staffing numbers from 18.64 FTE to 13 FTE. Staff may be offered redundancies or placed into suitable vacancies elsewhere should they wish.
12. The Moura Community Hospital model will initially be trialled in the existing Moura Hospital building. This will not achieve the same efficiencies as the proposed development as the existing facility is 40 years old, has significant maintenance issues and is not appropriate for contemporary models of service delivery.
13. The Health Service Plan for CQHHS identified the need for four inpatient beds to 2026-2027. The Moura Strong, Smart and Sustainable Committee (MSSSC) has indicated it will seek private/business funding to support an increased scope to cater for two additional inpatient beds plus the ongoing operational costs. The capital cost is estimated at $250,000 and the recurrent cost is estimated at $54,000 per year per bed but is variable depending on occupancy and patient acuity. The proposed budget does not support CQHHS providing the recurrent funding for six beds.
14. Space to allow the collocation of the Queensland Ambulance Service (QAS) has been included as an option in the Capital budget. CQHHS has had preliminary discussions at a regional level with QAS. The community suggested the cost of collocation be used to cover the capital cost of providing space for the two additional beds, but as stated above the proposed budget does not support CQHHS providing the recurrent funding for the two additional beds. The cost of collocating the QAS is $200,000 to $330,000 and this is included in the $2.2 million.
15. CQHHS will explore public/private partnerships in order to optimise service availability and accessibility. An example is the potential development of dental services in Moura and the proposed capital funding application by CQHHS for the Community Hospital includes this initiative. The construction of a dental surgery within the Community Hospital would allow the CQHHS to explore a lease arrangement with a private dentist which included treatment of public as well as private patients. The cost of including a dental surgery is estimated to be $150,000. Members of the community have had discussions with dentists who may be interested in providing a private dental health service. This is included in the $2.2 million.

Background

16. The Moura Hospital Director of Nursing has resigned. Negotiations with a relieving DON, who would also be the change manager has been finalised. The future management model of the Moura Community Hospital is yet to be decided.
17. Facility planning will need to specifically take into account configuration of the four beds, x-ray requirements, service oxygen for the four bed treatment area, security system for the building and back-up emergency power.
18. Moura has been identified as one of six trial sites to benefit from the new Rural Telehealth Service in Queensland. The service design will be guided by the community of Moura, representatives of CQHHS and the Department of Health. Local planning is underway for the staged implementation of the pilot telehealth service in Moura.

RELEASE

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Department RecFind No:	BR056559
Division/HHS:	Central Qld HHS
File Ref No:	

Consultation

19. The MSSSC has met weekly since it was established on Tuesday, 22 January 2013.
20. Senior CQHHS staff have attended all MSSSC meetings, except for Tuesday, 5 March 2013, when there was flooding over the road to Moura.
21. The representatives have been Rod Boddice, Chief Operations Officer and Rodney Hutcheon, Executive Director, Rural Health Services.
22. The Chairman and Chief Executive have also attended meetings with the MSSSC.
23. Two public meetings were held to receive direct feedback from the community on 17 January 2013 and 16 April 2013.
24. The extent and commitment to consultation by the CQHHS was recognised by the Moura Strong, Safe and Sustainable Committee and the Moura and District Health Care Association.

Financial implications

25. The 2012/2013 Budget for Moura Hospital is approximately $3.1 million. The Moura Community Hospital Model will require an estimated budget of $2.5 million. The 2013/2014 budget allocation under the NEC will be $2.1 million.
26. Implementing the Moura Community Hospital model in the current facility means the maintenance backlog program will have to be maintained and there will be inefficiencies in service delivery.
27. The proposed Moura Community Hospital budget would not support the recurrent cost of two private/business funded beds.
28. There is currently no approved funding in the Capital Acquisition Plan (CAP) for the Moura Community Hospital.
29. The $2.2M in capital funding will be able to be funded by the Department of Health's Minor Capital Acquisitions.

Legal implications

30. There are no legal implications

Attachments

31. Attachment 1: Moura Community Hospital Future Discussions Paper

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RTI RELEASE

Central Queensland
Hospital and Health Service

Moura Community Hospital

Future Directions Paper

April 2013

Version 16 April 2013

RTI RELEASE

DOH-DL-12/13-015 RTI Document 266

Introduction

Moura has the opportunity to move in a new direction of health care through the development of a service model that better meets the health needs of the community. The current more traditional model of service delivery at Moura Hospital has seen decreasing inpatient activity and emergency department presentations over an extended period, along with associated difficulties in maintaining the aging buildings and infrastructure. It is timely to consider a more appropriate model of service delivery for Moura.

Central Queensland Hospital and Health Board representatives held a public information forum for the Moura community on 17 January 2013. It was agreed at this forum that a community reference group would be established to explore an alternative health service delivery model for Moura that meets its current health needs and can be enhanced over time to address community growth.

The community reference group - Moura Strong, Smart and Sustainable Committee (MSSSC) - was formed on January 24 2013 with the primary task of developing an innovative, cost effective and sustainable model of health service delivery for consideration by the CQHHS Board and the Health Minister. The MSSSC includes members of the Moura District Health Care Association Inc, community and industry members together with the Chief Operations Officer and Executive Director of Rural Health Services for Central Queensland Hospital and Health Service (CQHHS).

The MSSSC has met weekly since it was convened. During the meetings, the MSSSC has maintained awareness of the community concerns highlighted in a public meeting in November 2012 that 24-hour emergency care, respite and palliative care, allied health and dental services would be locally available. A summary of the key community concerns is provided at Appendix Four.

CQHHS recognises the attachment the Moura community has for its hospital, despite the age of the facility and the maintenance works that are, and will be, required to keep it functioning. The collocation of the modern Moura Medical Centre in the hospital grounds offers an opportunity to propose a new model of service providing an enhanced range of services that includes 24-hour responsive health care. A capital investment to upgrade the Medical Centre will be necessary for the new model to be implemented and provide the scope for service enhancement. CQHHS will seek capital funding to support the new model.

CQHHS appreciates the hard work and dedication of the staff at Moura Hospital, particularly at this time when discussions are about changes in the health service delivery model and their future roles in it. Every effort is being made to inform them through the planning process and to seek their input to the future service model.

CQHHS acknowledges the detailed thinking and time committed by all members of the Moura Strong, Smart and Sustainable Committee. The information brought to the discussion table and the insights provided into the Moura community have proven valuable in developing the revised health service model for Moura that is presented in this Directions Paper.

Background

Moura is a rural community within the Banana Shire in Central Queensland. Industry within and around the town includes major coal mines, a large grain depot, the Queensland Cotton Gin, Queensland Nitrates Ammonium Nitrate Plant which uses coal bed methane and gas to produce ammonium nitrate and Origin Energy. There are road and public transport service links from the area to Rockhampton, Gladstone and the south. No direct commercial flights other than charter are available to Moura however commercial flights are available to Thangool which is approximately one hour distance by motor vehicle. A demographic profile is outlined in Appendix One.

CQHHS is aware of the risks present in mining and industry communities such as Moura and the need for proper planning to manage these risks and respond in the event of adverse events and disasters. CQHHS collaborates with other government departments, non-government agencies and the broad industry groups to formulate and manage a mandatory Emergency Preparedness and Disaster Management Plan that guides community responsiveness in the event of major incidents and disasters. Activation of the Plan involves the deployment of essential health personnel, such as medical retrieval teams, on-the-ground professionals and post-event recovery staff to manage the situation. CQHHS has standard procedures in place for routine road and air patient transfers. These have been developed in collaboration with Queensland Ambulance Service and aerial retrieval services.

RTI RELEASE
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Moura Hospital is a 10-bed facility delivering low acuity inpatients and outpatients at Level 2 of the Queensland Health Clinical Services Capability Framework Version 3.1.

Collocated on the hospital grounds is a Medical Centre built in 2009 from which the Medical Superintendent with Right of Private Practice (MSRPP) and Medical Officer with Right of Private Practice (MORPP) provide services. Private allied health services such as a dietician and a diabetic educator are currently available at the Centre. There is capacity for further primary health care service enhancements.

Moura Hospital has experienced reducing emergency presentations and steadily declining admissions in recent years. There were 914 emergency presentations in 2011/12, equal to 2.5 presentations per day. 79% were discharged home while the remainder were either admitted, left of their own accord or were transferred to another hospital for higher level care. Average bed occupancy during the past 15 months has been 28%, with a further decline in the past six months to 24% occupancy (ref. Appendix Two for detailed overview of activity).

The establishment of the Medical Centre has meant a large percentage of emergency activity has transferred from the hospital to the more appropriate primary care medical facility. The Moura Medical Centre is substantially meeting the town's daily health care needs.

Moura Hospital currently has an allocated budget of $3.04M in 2012/13. The facility is 40 years old and the increasing costs associated with maintaining the infrastructure and equipment, together with the decreasing acute activity, indicates that current budget requirements are not sustainable and a more appropriate service model needs to be developed for the Moura community.

Community involvement

The CQHHS strongly values working with the community. Groups such as the Moura District Health Care Association Inc and the Moura Strong, Smart and Sustainable Committee are particularly important for raising awareness of health care needs which can only improve service delivery to the local community.

CQHHS recognises that the community wants to better understand decision-making in health service provision so that it can become involved and contribute to the various processes. CQHHS representatives have held discussions with a number of community stakeholders in the planning of the new health service model and will continue to engage with them into the future as the model is implemented. A list of Moura community stakeholders is outlined in Appendix Three. CQHHS acknowledges there may be other stakeholders not identified here who could contribute to the service planning process.

Medical Officer Services

CQHHS employs the two Medical Officer positions in Moura: the Medical Superintendent with Right of Private Practice (MSRPP) and the Medical Officer with Right of Private Practice (MORPP). CQHHS intends maintaining both medical officers in order to deliver the proposed service model.

The MSRPP has been permanently appointed for some time. The MORPP position continues to be filled on a rotational basis by locum medical officers. CQHHS is committed to recruitment of the MORPP position and will continue with its efforts to fill the position permanently. CQHHS is currently partnering with Queensland Country Practice in order to increase the attractiveness of the current private practice to assist with the recruitment of a permanent MORPP. In addition, Queensland Country Practice is looking to source experienced senior medical relievers to reduce the reliance by CQHHS on locums at Moura.

Current health service delivery in Moura

The current health delivery model at Moura is based on a traditional rural service model including inpatient, outpatients and emergency type services. Moura Hospital provides a Level 2 Service in accordance with the Queensland Health Clinical Services Capability Framework Version 3.1.

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The current staffing profile is as follows:

Professional Stream	FTE Establishment
Medical	2.0
Director Of Nursing	1.0
Clinical Nurses	2.0
Registered Nurses	2.69
ENAP (Enrolled Nurse Advanced Practice)	2.0
Enrolled Nurses	2.42
Administration Officer	1.0
Operational Services (includes Cook/Wardsperson/Cleaning/Gardener)	5.53
Total	18.64

The current budget Allocation 2012/2013 = $3,035,545
Includes (in round figures)
Medical = $484,332 (excludes locum costs)
Nursing = $1.28M
Other staff = $500,000 (including receptionist, cook, wards staff, yards staff)
Labour Component = $2.26M

Clinical Supplies, Drugs, Pathology etc = $89,000
Repairs and Maintenance = $84,000
Other non-labour = $400,000
Non-labour Component = $572,622

The National Efficient Cost and its impact on future health service delivery in Moura

The Commonwealth Government will implement the National Efficient Cost (NEC) for the delivery of health services in 2013/2014. While future funding allocations have not, as yet, been confirmed preliminary indications are that the funding allocation to Moura will be approximately $2.1 M per annum as compared to the current budget allocation of approximately $3.1 M per annum.

The introduction of the NEC will compel the CQHHS to review service provision for cost reductions and improved efficiencies. The response by the Queensland Department of Health to the NEC is that a greater emphasis will be placed on the provision of ambulatory services as opposed to growth of inpatient services across Queensland. That is, the focus will be more on managing care outside of the hospital inpatient setting through initiatives such as hospital in the home.

The development of a more appropriate service model in Moura is therefore an imperative.

The new model of health service delivery in Moura

A new Community Hospital model is proposed to be developed in Moura based on the current Moura Medical Centre.

The Community Hospital will offer community access to 24-hour responsive health care together with a range of primary health care services. The proposed facility extensions will include four (4) same-day to longer-stay inpatient beds staffed by nursing personnel 24 hours per day; a specific telehealth/conference room; 3 additional consultation rooms; X-ray facilities; and meal preparation facilities to support inpatient activity and a bed-sit with ensuite to accommodate a parent staying with an admitted child or an outreach health professional.

Redevelopment of the Medical Centre will require capital funding and CQHHS will seek this from the Minister for Health in order for the Community Hospital model to be implemented.

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We will continue to work with other health care providers in Moura, such as Central Queensland Medicare Local, non-government organisations and private practitioners to develop a comprehensive range of services for Moura. Blue Care has an active presence in Moura through the provision of Meals on Wheels, Home and Community Care (HACC) funded services and community-based respite and palliative care services.

The Moura Community Hospital model will continue to rely on the strong working relationship already developed with Queensland Ambulance Service (QAS). CQHHS is proposing to collocate the QAS in the Community Hospital and capital funding will be sought for this initiative to be implemented. A collocated QAS would encourage the active participation of the paramedics in patient assessment and treatment processes and would improve the responsiveness of patient transfers from Moura to other hospitals.

Telehealth Services

Telehealth allows doctors from elsewhere to consult with local doctors and patients via a video link. This service will be available to support the acute management of patients in the 4 inpatient beds. Direct access to trauma specialists at Rockhampton will assist local staff to manage emergency presentations.

Telehealth will be used to manage a range of health issues, particularly for the management of chronic health conditions. A consultation room specifically equipped with telehealth services will support all medical officers and specialists from other locations to directly assist with patient management in the Medical Centre.

Moura has been identified as one of the first six trial sites to benefit from the new Rural Telehealth Service in Queensland. The service design will be guided by the community of Moura, representatives of CQHHS and the Department of Health. Planning is underway for the staged implementation of the pilot telehealth service in Moura.

Public / Private Partnerships

CQHHS will explore public/private partnerships in order to optimise service availability and accessibility. An example is the potential development of dental services in Moura and the proposed capital funding application by CQHHS for the Community Hospital will include this initiative.

The current dental surgery in Moura Hospital has dated equipment (most is over 10 years old). It can be difficult obtaining parts and extra servicing is needed to keep the equipment working.

The construction of a dental surgery within the Community Hospital would allow the CQHHS to explore a lease arrangement with a private dentist which included treatment of public as well as private patients. The cost of including a dental surgery is estimated to be $150,000.

Meals on Wheels Services

Moura Hospital currently prepares the meals for the local Meals on Wheels service managed by Bluecare. CQHHS has agreed to work with Bluecare to transition the meals service to an alternative provider.

Moura Hospital Auxiliary

CQHHS acknowledges the work and contribution of the Moura Hospital Auxiliary in its fund-raising efforts over the 40-year history of the hospital.

CQHHS supports the continuation of the Hospital Auxiliary in the future Community Hospital. All furniture, fittings, equipment and ancillary items donated by the Auxiliary will be retained in recognition of the contributions of the Moura community.

Moura Community Hospital Model

A Community Hospital will be developed as an extension of the existing Medical Centre. This new and contemporary health facility will provide an integrated health service incorporating medical services, inpatient beds and capacity for telehealth and visiting services.

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The Community hospital will include four (4) beds, two for longer stay patients and two for observation/same-day treatment. There will be the option to flex the observation beds to extended stay if clinically required. The staff rosters will be developed to support four inpatient beds.

The four beds reflect the projected inpatient treatment requirements for the Moura community over the next 10 to 15 years, based on current service demand and the health requirements of the community identified in the CQHHS Health Service Plan Technical Paper May 2012.

Discussions in the MSSSC have highlighted community concerns that four inpatient beds will not be sufficient for Moura in the long term. The MSSSC has requested that the proposed facility extensions be large enough to accommodate an additional two beds for future-proofing community needs. The community would approach local industry to secure the funding to allow the increased bed capacity to be developed. CQHHS will include this proposal in its application for funding to develop the new Moura Community Hospital model.

The MSSSC has also raised the need for a helipad to be constructed in the hospital grounds and has requested that it be included in the capital proposal of CQHHS. Community contributions for the helipad construction will be sought if required.

Key aspects of the new Community Hospital Service

- The general practice service operates 9:00 – 5:00 daily, as is currently the practice.
- An emergency-type response service is implemented over three nursing shifts for 24 hours per day, using a Registered Nurse or the competencies of a Rural Isolated Practice Registered Nurse (RIPRN) and Enrolled Nurse Advanced Practice (ENAP). This ensures that clinical staff are located in the facility at all times.
- The existing medical on-call arrangement in Moura continues unchanged.
- Telehealth facilities are included to allow for specialist management of emergency-type and admitted patients as required. The clinical assessment of patients will determine who can be discharged home, who may be held for an extended/admitted period of time and who will need to be transferred to a higher-level facility in Biloela, Rockhampton or Brisbane for further treatment.
- Queensland Ambulance Centre is collocated in the centre.
- A new, specific telehealth room is developed to allow for the enhancement of ambulatory-type services such as additional respiratory, paediatric, mental health and other identified services.
- Two other new consultation rooms are provided in the extended facility for use by visiting services.
- The existing patient transfer arrangements in place with Queensland Ambulance Service and Queensland Coordination Centre continue unchanged following the re-location of services to the new Community Hospital.
- A meal program for patients being observed/admitted overnight is developed.
- A bedroom with en-suite is provided for overnight staff or visiting health professionals.
- The range of non-GP health services, such as diabetes nurse education, allied health and telehealth services will be determined in collaboration with CQ Medical Local, non-government organisations and private practitioners who currently visit Moura or agree to visit Moura.
- A kitchenette will be developed for the preparation of meals. Meals will be provided on a service similar to that planned for Blackwater and Woorabinda where frozen meals are warmed and provided for patients.

Capital Infrastructure

Current

The current Moura Medical Centre includes:

- three consultation rooms;

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- treatment area;
- lunch room;
- visiting allied health room;
- store room.

Planned capital improvements

The extension to the facility will include:

- Space for an additional four inpatient treatment beds;
- Three additional consultation rooms, including one to be equipped as a telehealth room;
- X-ray room;
- Storage for clinical support services (consumables, clinical supplies) and space for record storage;
- Pathology services continue unchanged;
- Room for the computer server;
- Bed-sit with ensuite to accommodate a parent staying with an admitted child or an outreach health professional;
- Space for the QAS; and
- Support services through a small kitchenette capable of managing frozen meals.

The planning will need to specifically take into account x-ray requirements; piped oxygen in the inpatient treatment area; security system for the building; and emergency power to the building. Procedures for maintaining the services in the event of a contingency will be the same as in the current facility.

Summary

The implementation of the National Efficient Cost (NEC) funding arrangement in 2013/14 is forcing CQHHS to review its service delivery methodology for cost-efficient service models, especially in rural locations. The development of an innovative service model is required for the Moura community where hospital activity has been declining over recent years and the current model is financially unsustainable.

A Community Hospital offering inpatient beds and an enhanced range of ambulatory and primary health care services is planned for Moura. Development of the model is reliant on capital funding being provided to CQHHS to extend the Moura Medical Centre.

Current Model:

Approximately $3.1M Recurrent

National Efficient Cost Proposed Allocation:

Estimated $2.1M Recurrent

The Community Hospital Model:

Estimated $2.50 M Recurrent

Note that the Community Hospital model exceeds the proposed budget allocation under the National Efficient Cost of Health Delivery and funding would need to be found from an alternative source to allow this model to proceed.

CQHHS is making a funding application to the Minister for Health for the implementation of the new Community Hospital model.

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It is proposed the new model of care will be implemented in the current hospital building until funding is secured for the construction of the new facility.

Acknowledgement

Many thanks to all Moura community members, the Moura Strong, Smart and Sustainable Committee and CQHHS staff for their valuable input into the development of this new Community Hospital model.

We look forward to working with the Moura community to deliver an efficient and effective Community Hospital, suitable for the community's health needs now and into the future.

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APPENDIX 1 – **Demographics**

Moura's population is 1,899 according to the 2011 census. Up to 4,000 people live in the surrounding area, including areas currently serviced by other hospitals and CQHHS facilities.

Moura's demographics are:

- 54.5% males, compared to 49.6% for Queensland
- 6.1% Aboriginal and Torres Strait Islanders, compared to 3.6% for Queensland
- Median age of 33 years, compared to 36 years for Queensland
- Children aged 0 to 14 years make up 23.3%, compared to 20.2% for Queensland
- People aged over 65 years make up 7.4%, compared to 13.2% for Queensland
- 79.9% are from Australian or English speaking countries, with 93% of households speaking English only at home
- 70% are in full-time employment, compared to 60% for Queensland
- 19.4% are in part-time employment, compared to 28% for Queensland
- 57.9% work as machinery operators and drivers, technicians and trade workers or labourers, compared to 32.8% for Queensland.

Source: ABS 2011 Census Quick Stats Profile Moura, released 30/10/2012

In comparison to the rest of Queensland, Moura has a younger population with more men, and manual-oriented workers from English speaking backgrounds. There are more children and fewer older people and unemployment is lower.

The current range of children and family health visiting services from Biloela will be maintained and enhanced as required.

It is recognised that there is a significant fly-in and fly-out population mainly employed in the mining industry around the region. At this stage, this population maintains GP services through doctors in their residential location and have had little impact on hospital services.

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APPENDIX TWO – **Staffing**

Staffing Requirements for the Community Hospital

Professional Stream	FTE Establishment
Medical	2.0
Registered Nurse/RIPRN Nurse (Casualty)	4.5
ENAP (Enrolled Nurse Advanced Practice)	4.5
Administration Officer	1.0
Operational Services	1.0
Total	13.0

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APPENDIX THREE – **Budget**

Budget Requirements for the new Community Hospital Service

Item	Budget allocation
Labour component. - This includes on-call, leave backfill, training and development - The annual cost of 24 hours Registered Nurse coverage, including leave relief and Rostered Day Off coverage, is $727,000	$2.0M
Non-labour component	$500,000
Funding for locum coverage - as this is unbudgeted expenditure	Not included
Grand total – annual budget allocation	**$2.5M**

Capital Requirements for the new Community Hospital Service

It is estimated that capital development for the Community Hospital Service is as follows:

Item	Budget allocation
Capital development - This includes room to accommodate four beds, x-ray, IT server room, three consulting and treatment rooms, telehealth/conference room and store room plus bedroom/en-suite for Registered Nurse/RIPRN and kitchenette	$1.6M
Relocation of the Queensland Ambulance Service	$200,000 to 330,000
Inclusion of the dental services	$150,000
Telehealth equipment - the treat/transfer or same-day beds room and the specific telehealth consult room	$50,000
Grand total capital expenditure	**$2.0 to $2.2 M**

Recurrent (annual) costs for the new Community Hospital Service

Item	Budget allocation
Telehealth - costs to manage and coordinate service – estimated only	$200,000 to $300,00
Grand total recurrent expenditure (estimated for all inclusions)	**$2.5M**

The Community Hospital development will be attached to the current on-site medical centre.

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Appendix Four - **Moura Hospital activity**

In 2012, the Moura hospital treated a total of 1076 patients. There were 336 inpatient admissions – less than one a day and down from 357 in 2011. There were 914 presentations to emergency, of which 174 were admitted as inpatients for observation or treatment.

Average bed occupancy during the past 15 months has been 28% with occupancy over the past six months of 29%. During any given month, the number of patients occupying a hospital bed on a given day ranges from none to 10, with the most common number (mode) of beds occupied between none and three.

For admitted inpatients on average over the past seven years, approximately 38% were day stay patients only 6% were boarders (a person receiving food and/or accommodation but for whom the hospital does not accept responsibility for treatment and/or care, such as a mother accompanying an ill newborn). A further 2.4% were patients awaiting nursing home placement.

Average inpatient acuity (degree of illness) was increasing but is down for the year to December 2012.

Inpatient discharges from the facility have decreased by 21% since 2007, with the major changes for children and adults 15 to 49 years.

Average discharges dropped from a high of 45 per month in 2007/2008 to 28 per month in 2011/2012.

Current Hospital Activity

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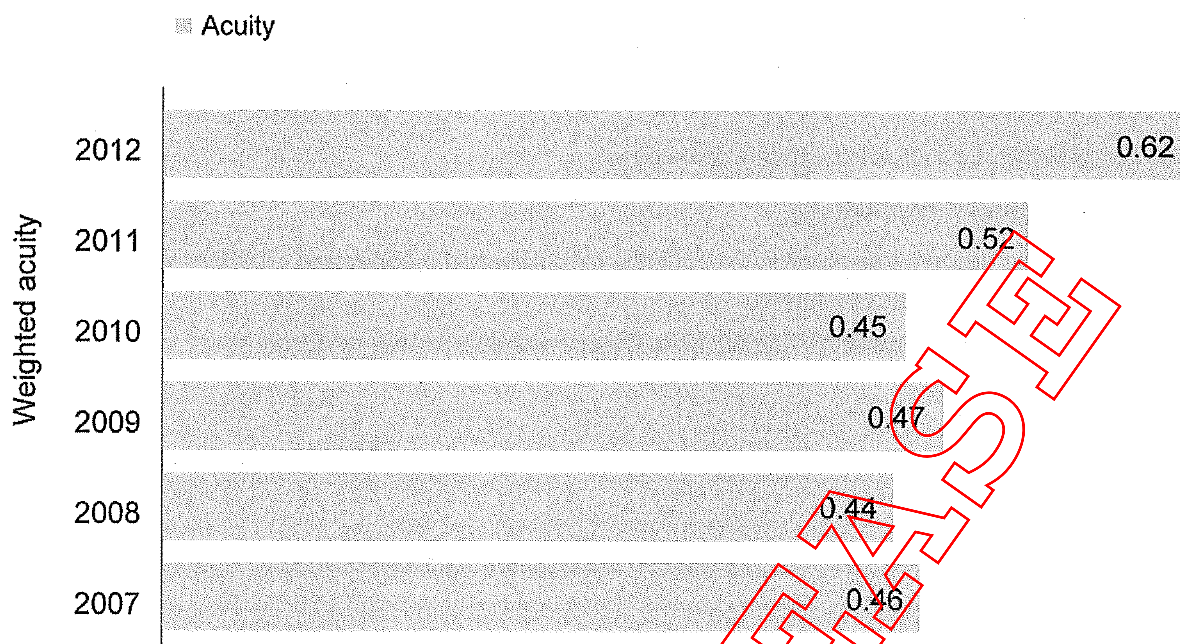

Emergency Presentations Analysis (2011/2012)

Emergency presentations have decreased 68%, from an average 277 per month in 2008/2009 to an average of 75 per month in 2011/2012.

In summary:

- On any given day, there were approximately 2.5 emergency presentations to the facility, a total of 914 for 2011/2012 year
- Of all presentations in 2011/2012, 0.2% (2) were Category 1 (immediate), 35.3% (323) were Category 2/3 (treatment within 10 minutes/30 minutes) and 64.5% (589) were Category 4 and 5 (treatment within one hour/two hours)
- The days of the week with the most presentations were Saturday and Sunday when the medical centre facility is closed
- Of all presentations, 79.5% were discharged from the emergency department to home (726), 19% were admitted (174), and 1.1% were transferred to other facilities (10) and 0.4% left of their own accord (4).

Weekend presentation spread

	Saturday	Sunday
Maximum	7	3
Minimum	1	1
Mode	2	1
Average	2.28	1.49

The 2011/2012 profile of Category 2 and 3 patients seen on the weekend shows:

- 35% were admitted
- <1% were transferred out

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- 65% were discharged home
- 45% were seen between the hours of 8.00am and 5.00pm
- 19% were seen between the hours of 5.00pm and 10.00pm
- The remainder were seen between the hours of 10.00pm and 8.00am

The weekend presentation spread was relatively consistent.

After Hours (3pm to 10pm) Presentations

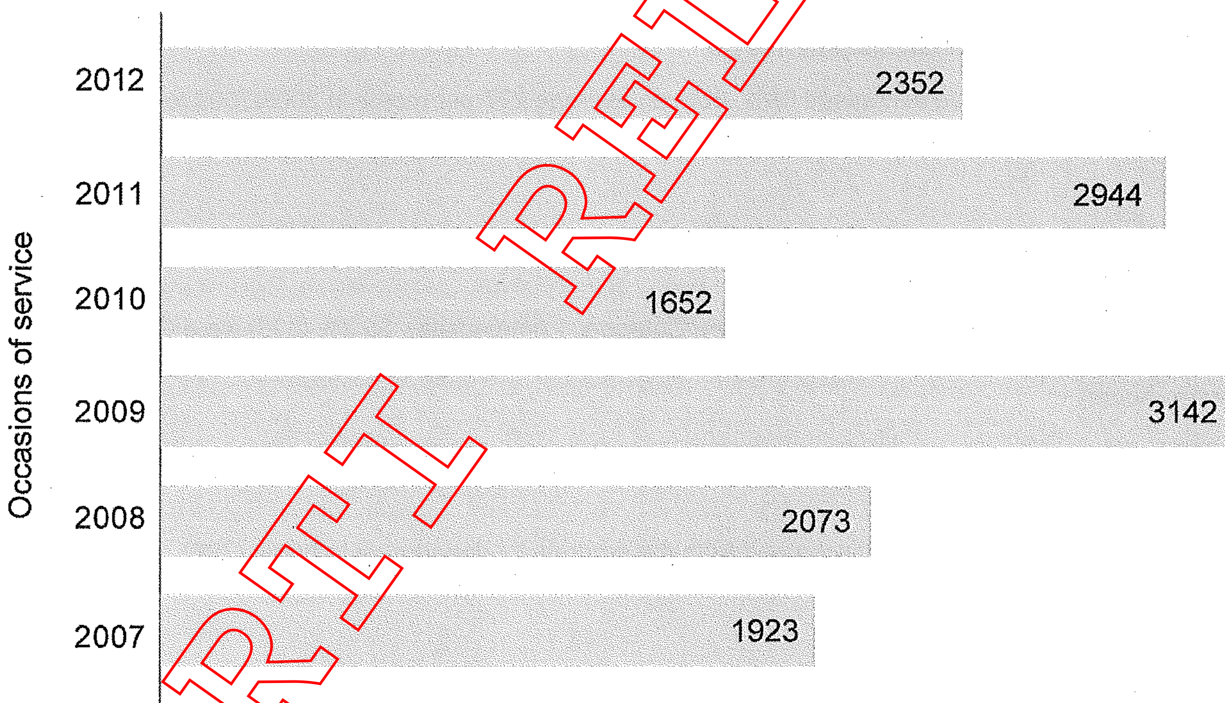
Overall peak presentation hours for all emergency patients were between 3.00pm and 10.00pm and most of these were Category 4 and 5 type presentations.

21% of the after-hours presentations in 2011/2012 were Category 2 and 3 (198) resulting in:

- 46.5% being admitted
- 3.5% being transferred out
- 50% being discharged home

The after-hours presentations spread of Category 2 and 3 were again relatively consistent in 2011/2012.

Ambulatory Service Analysis



Ambulatory occasions of service – which means those visits by patients who present themselves and do not stay overnight – have increased by 22% since 2007, mainly in the areas of primary care and wound care, and allied health clinics. Primary care increases are reflective of the daily general outpatient clinic still held within the facility.

There is significant pharmacy and diagnostic imaging activity but a percentage of these relate to primary care outpatient visits. Primary care, allied health, diagnostic imaging and pharmacy clinics comprise 96% of all ambulatory activity for the facility.

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APPENDIX FIVE – **Moura Community Stakeholders**

Moura community stakeholders are listed below.

- Banana Shire Council;
- Moura & District Health Care Association Inc;
- Queensland Ambulance Service;
- Blue Care;
- CQ Medicare Local;
- Rural Doctors Association of Queensland;
- Central Queensland Rural Health (formerly CQ Rural Division of General Practice);
- Australian Medical Association;
- Moura Pharmacy;
- Moura Residential Village;
- Anglicare;
- Anglo Coal Australia;
- CareFlight;
- Capricornia Helicopter Rescue Service.

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Key Service Areas identified by the community

The CQHHS met with community leaders and key stakeholders in response to 10 identified key service areas that the Moura community wanted maintained in the future. The CQHHS believe the new model of care will address these areas and have responded to these through the Moura Strong, Smart and Sustainable Committee. The following table summarises the issues and explains how they will be addressed.

Key Service Area	Current	Community Hospital
1. 24/7 emergency capacity	Hospital emergency service staffed with 2 clinical positions 24 hours per day, 7 days per week. Medical Officers on call.	Emergency service staffed with 2 clinical positions 24 hours per day, 7 days per week. Medical Officers on call.
	The Clinical Nurse triages the patient and manages the patient under observation with medical oversight while determining if admission or QAS / QCC transfer is required.	The Registered Nurse/RIPRN triages the patient and manages the patient under observation with medical oversight while determining if admission or QAS / QCC transfer is required.
	The triage/observation process may involve teleconferencing with medical staff at Rockhampton Hospital to determine if patient admission or transfer is necessary.	The triage/observation process may involve teleconferencing or videoconferencing with medical staff at Rockhampton Hospital to determine if patient admission or transfer is necessary.
	Queensland Ambulance Service (QAS) currently operates the Moura station with one paramedic working 8 am to 6 pm, followed by an on-call arrangement overnight.	Relocation of QAS to Community Hospital does not change the current roster arrangements.
	Moura Hospital provides a nurse escort to the paramedic when patients require transfer out of Moura to Biloela or Rockhampton Hospitals.	Moura Hospital provides a nurse escort to the paramedic when patients require transfer out of Moura to Biloela or Rockhampton Hospitals.
	Serious/critical cases are called through to the Queensland Coordination Centre (QCC) where a decision is made on the type of air retrieval required and the destination of the patient.	Serious/critical cases are called through to the Queensland Coordination Centre (QCC) where a decision is made on the type of air retrieval required and the destination of the patient.
2. Triage capability	Refer to statement above.	Refer to statement above.
3. Overnight/observation capacity	Inpatient beds are available for the management of patients prior to admission or transfer-out or discharge home.	The Community Hospital provides inpatient beds for the management of patients prior to admission or transfer-out or discharge home.

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4. Short-term inpatient capacity, including for children	Inpatient beds are available for the management of patients prior to admission or transfer-out or discharge home, inclusive of adults and children.	The Community Hospital provides inpatient beds for the management of patients prior to admission or transfer-out or discharge home, inclusive of adults and children.
5. X-ray and minor procedure capacity	X-rays are undertaken by Licensed X-ray Operators (LXOs).	X-rays are undertaken by Licensed X-ray Operators (LXOs).
	Moura Medical Centre provides minor procedure capacity.	The Moura Community Hospital provides minor procedure capacity.
6. 24-hour senior citizen care	Older persons requiring acute inpatient care are triaged and admitted to the hospital where clinically appropriate.	Older persons requiring acute inpatient care are triaged and admitted to the Community Hospital where clinically appropriate.
7. Palliative care	Patients requiring inpatient palliative care are admitted to the hospital.	Patients requiring inpatient palliative care are admitted to the Community Hospital and assessed for their long term care requirements.
8. Respite capacity	Patients requiring inpatient respite care are admitted to the hospital.	Patients requiring inpatient respite care are admitted to the Community Hospital and assessed for their long term care requirements.
9. Capacity for visiting specialists and allied health professionals	Physiotherapy services are provided on an outreach basis from Biloela Community Health Services as well as through a private provider.	Physiotherapy services are provided on an outreach basis from Biloela Community Health Services as well as through a private provider.
	Private allied health services provided through CQ Medicare Local include speech pathology, occupational therapy, nutrition/dietetics and diabetes education.	Private allied health services provided through CQ Medicare Local include speech pathology, occupational therapy, nutrition/dietetics and diabetes education.
	A private podiatrist provides services regularly.	A private podiatrist provides services regularly.
10. Maintain facility for dental care	No public dental services are currently provided at the dental clinic in the hospital.	Moura residents who are eligible to use the public dental scheme access the service through the Biloela Community Dental Clinic.
	The equipment is dated but remains functional (assessments undertaken in 2011/2012).	A public / private arrangement will be explored if capital funding is secured to implement the Community Hospital model which includes a dental clinic.
	Moura residents who are eligible to use the public dental scheme access the service through the Biloela Community Dental Clinic.	

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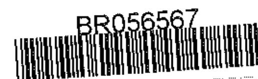
Department RecFind No:	BR056567
Division/HHS:	Townsville HHS
File Ref No:	

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

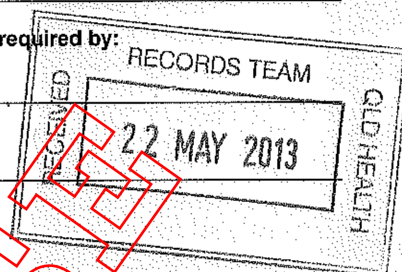
RECEIVED
24 APR 2013



Requested by: Mr Vaun Peate, Office of the Minister for Health

Date requested:

Action required by:



SUBJECT: Cystic Fibrosis Coordinator

Recommendation

That the Minister:

Note the contents of this brief regarding a letter from Ms Glenys Cuddy, President, Supporters of 65 Roses Inc, in relation to the Townsville Hospital and Health Service (THHS) cystic fibrosis coordinator.

Note Supporters of 65 Roses Inc is unhappy with realignment of the cystic fibrosis nurse position.

Note the disestablishment of the clinical nurse cystic fibrosis position (.21 full-time equivalent [FTE]) due to THHS realignment.

Note the paediatric clinical nurse consultant (CNC) position will take responsibility for the coordination and nursing support for cystic fibrosis services and clinics.

APPROVED/NOT APPROVED **NOTED** **NOTED**

V Peate

LAWRENCE SPRINGBORG
Minister for Health

/ /

for **Chief of Staff**

29 / 4 / 13

Minister's comments

RTI RELEASE

22 APR 2013

Department RecFind No:	BR056567
Division/HHS:	Townsville HHS
File Ref No:	

Briefing Note for Noting
Director-General

Requested by: Mr Vaun Peate, Office of the Minister for Health **Date requested:** **Action required by:**

SUBJECT: Cystic Fibrosis Coordinator

RELEASE

Proposal
That the Director-General:

Note the contents of this brief regarding a letter from Ms Glenys Cuddy, President, Supporters of 65 Roses Inc, in relation to the Townsville Hospital and Health Service (THHS) cystic fibrosis coordinator.

Provide this brief to the Minister for information.

Urgency
1. Routine

Headline Issues
2. The top issues are:
   - Supporters of 65 Roses Inc is unhappy with realignment of the cystic fibrosis nurse position;
   - the disestablishment of the clinical nurse cystic fibrosis position (.21 full-time equivalent [FTE]) due to THHS realignment; and
   - the paediatric clinical nurse consultant (CNC) position will take responsibility for the coordination and nursing support for cystic fibrosis services and clinics.

Key issues
3. There is the potential for withdrawal of the paediatrician for The Townsville Hospital Cystic Fibrosis Clinic held each Friday if a dedicated cystic fibrosis nurse is not in position. The THHS has not been formally advised of this by the paediatrician:
   - the Director of Paediatrics is working with members of the Paediatric Medical Team who have experience in cystic fibrosis to provide ongoing medical support for the service, should the current paediatrician withdraw from the cystic fibrosis service.

4. The paediatric CNC position will be occupied at 1.0 FTE and will include the provision of clinical support and education to children and families with cystic fibrosis.

5. Some families are expressing distress and anxiety about the changes

Background
6. The THHS Cystic Fibrosis Service has 28 patients who attend for care.

7. Children with cystic fibrosis are currently reviewed four times a year at The Townsville Hospital. This includes two reviews per year from an outreach service provided by the Royal Children's Hospital and Health Service Queensland Respiratory Centre. Two reviews are provided by The Townsville Hospital multidisciplinary team (paediatrician, physiotherapist, dietician, nurse).

8. The current clinical nurse for cystic fibrosis was a merit based appointment and has acquired a level of skills and knowledge while in this position.

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Department RecFind No:	BR056567
Division/HHS:	Townsville HHS
File Ref No:	

9. The substantive CNC is a paediatric trained nurse and has also been appointed through a merit based selection process to provide clinical care to children with complex needs. This involves providing clinical education for nursing staffing providing paediatric care within THHS.

10. THHS is committed to ensuring that any additional education needs identified by the Royal Children's Hospital team will be supported, including training to obtain the required skills and knowledge with the Cystic Fibrosis Team at the Royal Children's Hospital.

11. Clinical liaison between public and private health care providers occurs in various areas, including paediatric outreach, paediatric ward, paediatricians, general practitioners and various non-government organisations.

12. The substantive CNC is returning from maternity leave three days per week (Wednesday, Thursday and Friday). The CNC will be available to attend the regular Cystic Fibrosis Clinics and the scheduled Visiting Specialist Cystic Fibrosis Clinics. An acting CNC will cover the CNC role (Monday and Tuesday) and will be available to cover for Visiting Clinics, enabling full coverage for the Visiting Clinics twice per year.

13. The Director of Paediatrics is working with the multidisciplinary team to provide an effective services for children with cystic fibrosis.

14. The Director of Paediatrics is working with members of the Paediatric Medical Team who have experience in cystic fibrosis to provide ongoing medical support for the service, should the current paediatrician withdraw from the Cystic Fibrosis Service.

15. The Institute of Women's and Children's Health is committed to providing ongoing co-ordinated clinics for children and families within THHS.

16. The THHS is confident in the ability of the CNC to provide an efficient service to children and families.

17. The THHS is also committed to ongoing communication with consumers/families in providing this service.

Consultation

18. The Director of Paediatrics

Attachments

19. Nil

RTI RELEASE

DOH-DL-12/13-015 RTI Document 285

s73

RTI RELEASE

COPY

Executive Support Unit
MINISTERIAL CORRESPONDENCE – ACTION SHEET

Recfind Doc Type: MIN ✓ / MINPREM / MINPREMD / MINMP / MINMPD / MINAD / MINNRR / MINU

Reg No: MI 188659

DUE EXECUTIVE SUPPORT: 12/4/13

RCVD IN ESU: 19/3/2013

ACTION OFFICER: MD25

COPIED TO:

Response required:	Yes		No	✓	Action Direct / Board to respond	
Response signatory:	Minister for Health		Assistant Minister		Chief of Staff	
Closing contact details:	Departmental		N/A			

Response Template*: A B C G

Standard Letter:

ESU Option Letter Number:

Redirect to:

* Templates can be found on QHEPS by clicking on Corporate Templates under *I am looking for* or from the tool bar click on Business Support, and under Administration click on Templates. Alternatively, in Word, File / New and then click on Qld Health Templates (in the task panel on the right hand side of the page). It is important that you access the templates from the website *every time* (and not use a previous template) as the templates are updated regularly.

Briefing note required: (YES) / NO

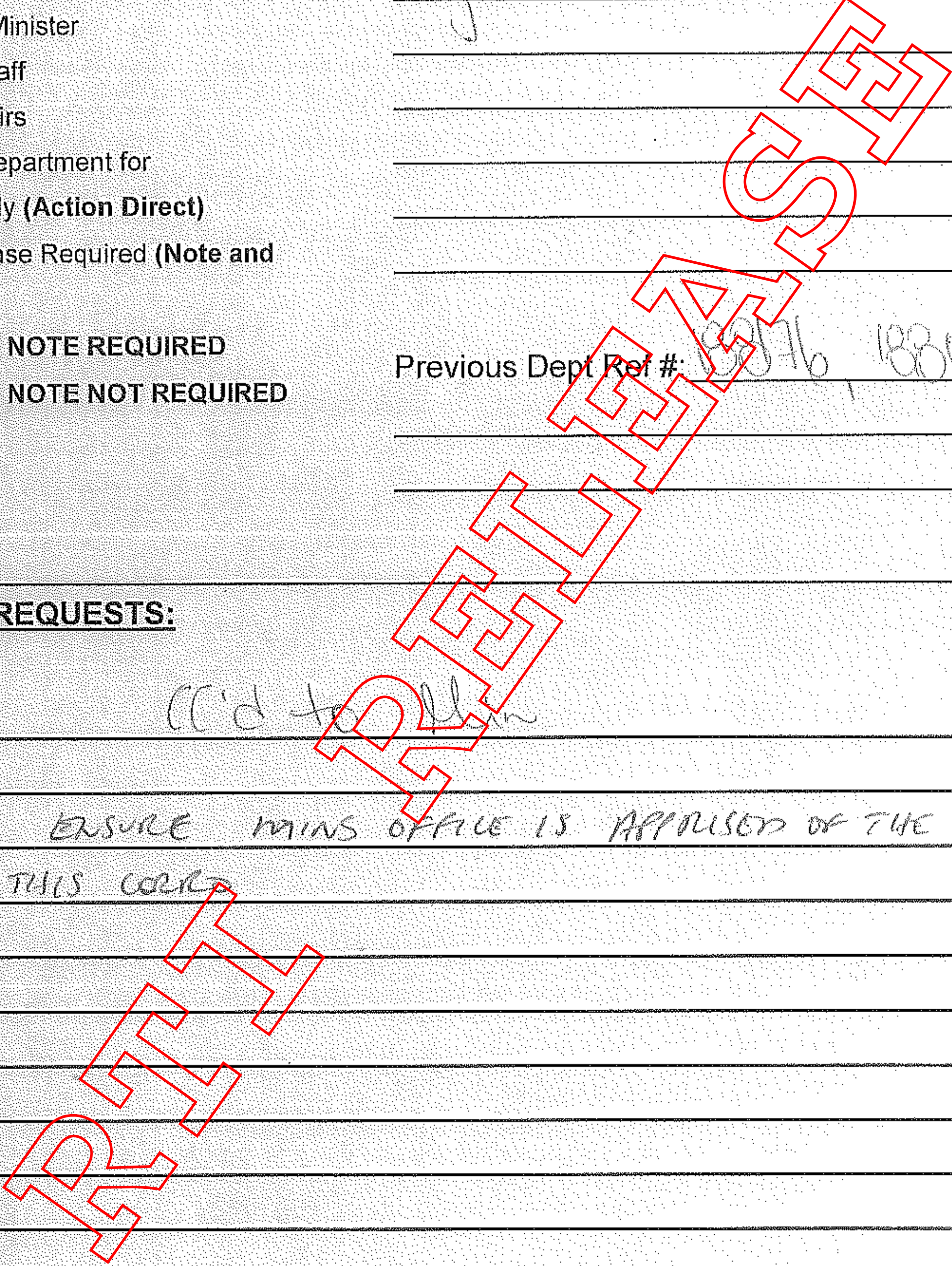
Briefing note template*: A B (C)

COMMENTS: Brief only required
Refers MI188176 / MI188053

(NJ)

RTI RELEASE

DOH-DL-12/13-015 RTI Document 287



ACKNOWLEDGEMENT:

- ☑ Acknowledgement Letter
- ☐ Acknowledgement Email
- ☑ Acknowledgement **Not Required**

Department Ref #: ____________________

Policy Advisor: Vaun

Re-Issue: letter Gillings Waddy - Cystic Fibrosis Coordinator

RESPONSE:

- ☐ Minister
- ☐ Assistant Minister
- ☐ Chief of Staff
- ☐ Board Chairs
- ☐ Refer to Department for Direct Reply **(Action Direct)**
- ☐ No Response Required **(Note and File)**
- ☑ **BRIEFING NOTE REQUIRED**
- ☐ **BRIEFING NOTE NOT REQUIRED**

Previous Dept Ref #: 188176, 188053-NHR,

COMMENTS / REQUESTS:

CC'd to Min

PLS ENSURE MINS OFFICE IS APPRISED OF THE OUTCOME OF THIS CORRO

Reviewed by: VP **Date:** 18/3/13

DOH-DL-12/13-015 **RTI Document 288**

s73

RTI RELEASE

$15,000 that you are tying to save by the re-alignment. Royal Children's Hospital clinics will also be impacted, having to stretch their resources even further to accommodate these children at clinic. Local services will be disjointed with families making separate appointments to see the physiotherapist, dietician & paediatrician, with associated delays. Travel will become even more difficult for our families living further afield eg Ingham, Giru and Charters Towers.

We really fail to understand how you can state that services will be enhanced. We believe this decision will lead to the demise of the CF clinic, and services for families will be diminished. Some families have stated they have no confidence in the CNC and they will not use the service without an experienced CF nurse, families are still anxious and distressed about this situation.

Our CF nurse is highly regarded by families & allied health colleagues, however this is not about the person, it is about the position.

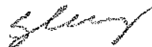
For the CF community, the retention of our local CF clinic is paramount, and so we will continue to escalate our lobbying efforts, seeking the re-instatement of the CF coordinators' position.

We ask that you urgently review the ramifications of this decision.

Reversing this decision will allow the CF clinics to continue.

We hope that you can respond to our concerns as soon as possible.

Yours sincerely,



Glenys Cuddy
President
Supporters of 65 Roses Inc
(North Qld Support & Research for Cystic Fibrosis)

c.c.
The Hon Campbell Newman, Premier of Queensland
The Hon Lawrence Springborg, Minister for Health (Qld)
The Hon Tanya Plibersek MP, Federal Minister for Health
Dr Peter Steer CEO, Children's Health Services Qld
Dr Helen Buntain Respiratory Specialist, Royal Children's Hospital Brisbane

RTI RELEASE
DOH-DL-12/13-015 RTI Document 290

s73

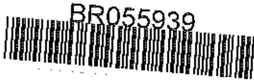
s73

RTI RELEASE

CONF 4/1/13 QC05/001072 Pt2 (28)

Department RecFind No:	BR055939
Division/District:	SSS Division
File Ref No:	HRS05729

BR055939



Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Deputy Director-General, System Support Services Division
Date requested: Monthly
Action required by:

SUBJECT: Performance and people management reporting – October 2012

Recommendation

That the Minister:

Note the information outlined in the report (Attachment 1) regarding performance and people management within Queensland Health.

Note a copy of the attached report has been provided to the Public Service Commission Chief Executive.

Note that the Premier requested all agencies report on performance and people management and provide the report to the Public Service Commission Chief Executive and the Minister.

APPROVED/NOT APPROVED **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

NOTED

Chief of Staff

22/1/13

Minister's comments

RTI RELEASE

4 JAN 2013

Department RecFind No:	BR055939
Division/District:	SSS Division
File Ref No:	HRS05729

Briefing Note for Noting

Director-General

Requested by: Deputy Director-General, System Support Services Division **Date requested: Monthly** **Action required by:**

SUBJECT: Performance and people management reporting – October 2012

Proposal

That the Director-General:

Note the information outlined in the report (Attachment 1) regarding performance and people management within Queensland Health.

Note a copy of the attached report has been provided to the Public Service Commission Chief Executive.

Provide this brief to the Minister for his information.

Urgency

1. Routine.

Headline Issues

2. The top issues are:
   - The Premier requested all agencies report on performance and people management.
   - The report is provided to the Public Service Commission Chief Executive and the Minister each month as per the Premier's directive in correspondence dated 6 June 2012.

Key issues

3. The attached report advises that, as of 22 October 2012, there are:

Issue to be reported	Number
Number of current formal diminished performance processes	81
Number of workplace investigations currently in progress for more than 60 days	19
Number of formal disciplinary proceedings currently underway	72
Number of suspended employees	50

Background

4. The Premier requested all agencies report on performance and people management.
5. The following information is included in the report:
   - the number of diminished performance processes currently underway within the Queensland health system;
   - the number of workplace investigations arising from formal complaints which have been in progress for greater than 60 days, including an explanation for the delay;
   - number of formal disciplinary proceedings (show cause processes) currently underway; and
   - the number of staff suspended on full pay.
6. The report is provided to the Public Service Commission Chief Executive and the Minister for Health each month.

Attachments

7. Attachment 1: Performance and people management report

RTI RELEASE
DOH-DL-12/13-015 RTI Document 293

s73

RTI RELEASE

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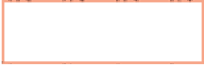
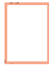
s73

RTI RELEASE

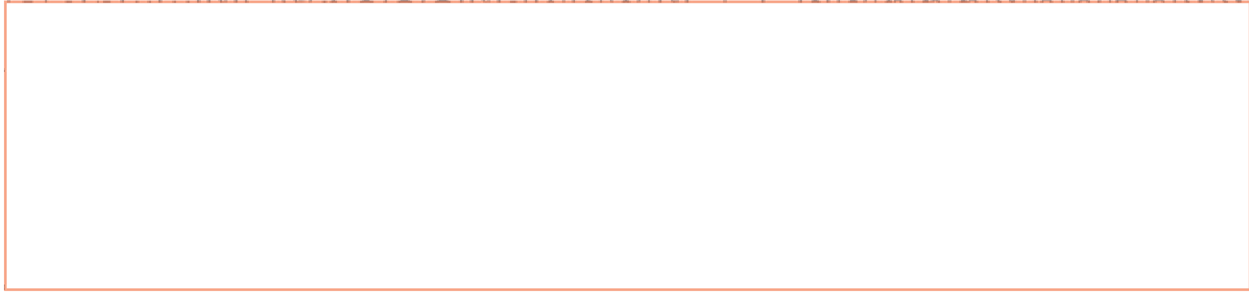
47(3)(b)

RELEASED

RTI

RTI Document 296

DOH-DL-12/13-015



RTI RELEASED
RTI Document 297
DOH-DL-12/13-015

RTI RELEASE

DOH-DL-12/13-015

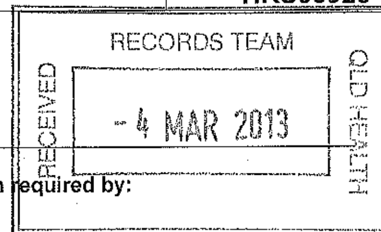
RTI Document 298

CONF

21/12/12.

QCOS/001072 Pt2
25 JAN 2013
26A

Department RecFind No:	BR056055
Division/District:	SSS Division
File Ref No:	HRS05928



Briefing Note for Noting

Director-General

Requested by: Public Service Commission **Date requested:** **Action required by:**

SUBJECT: Performance and people management reporting – November 2012

RELEASE

Proposal

That the Director-General:

Note the information outlined in the report (Attachment 1) regarding performance and people management within the Queensland public health system.

Note a copy of the attached report was provided to the Chief Executive, Public Service Commission, via email.

Provide this brief to the Minister for information.

Urgency

1. Routine

Headline Issues

2. The top issues are:
   - the Premier requested all agencies report on performance and people management; and
   - the report must be provided to the Chief Executive, Public Service Commission, and the Minister (within 14 days after each month).

Key issues

3. The attached report advises that, as at 23 November 2012, there are:

Issue to be reported	Number
Number of current formal diminished performance processes	84
Number of workplace investigations currently in progress for more than 60 days	18
Number of formal disciplinary proceedings currently underway	82
Number of suspended employees	48

RTI

Background

4. The Premier requested all agencies report on performance and people management.
5. The following information is included in the report:
   - the number of diminished performance processes currently underway;
   - the number of workplace investigations arising from formal complaints which have been in progress for greater than 60 days, including an explanation for the delay;
   - number of formal disciplinary proceedings (show cause processes) currently underway; and
   - the number of staff suspended on full pay.
6. The report is to be provided to the Chief Executive, Public Service Commission, and the Minister for Health each month.

DOH-DL-12/13-015 RTI Document 299

Department RecFind No:	BR056055
Division/District:	SSS Division
File Ref No:	HRS05928

7. The Chief Human Resources Officer will provide the report to the Chief Executive, Public Service Commission each month.

Attachments

8. Attachment 1 Copy of Performance and people management report
   Attachment 2 Copy of letter to the PSC attaching the report

RTI RELEASE

DOH-DL-12/13-015 RTI Document 300

s73

RTI RELEASE

Department RecFind No:	BR056055
Division/District:	SSS Division
File Ref No:	HRS05928

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Public Service Commission **Date requested:** **Action required by:**

SUBJECT: Performance and people management reporting – November 2012

Recommendation
That the Minister:

Note the information outlined in the report (Attachment 1) regarding performance and people management within the Queensland public health system.

Note a copy of the attached report was provided to the Chief Executive, Public Service Commission, via email.

Note the Premier requested all agencies report on performance and people management.

Note the report must be provided to the Chief Executive, Public Service Commission, and the Minister (within 14 days after each month).

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

RTI RELEASE

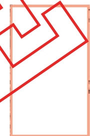
s73

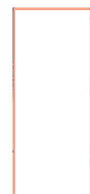
s73

RELEASED RTI

RTI Document 303

DOH-DL-12/13-015





RTI RELEASE

DOH-DL-12/13-015

RTI Document 304

RTI RELEASE
DOH-DL-12/13-015
RTI Document 305

RTI RELEASE

DOH-DL-12/13-015

RTI Document 306

RTI RELEASE

DOH-DL-12/13-015

RTI Document 307

CONF 25\11\13. QCOS/001072 24 JAN 2013 PC2 29

Department RecFind No:	BR056056
Division/District:	SSS Division
File Ref No:	HRS05929

Briefing Note for Noting
Director-General

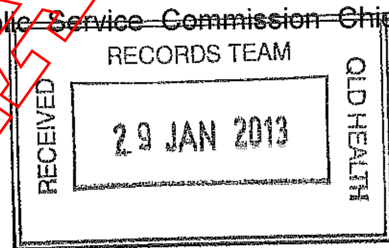
Requested by: **Deputy Director-General, System Support Services** **Date requested:** **Action required by:**

SUBJECT: Performance and people management reporting – December 2012

Proposal
That the Director-General:

Note the information outlined in the report regarding performance and people management within the Queensland public health system (Attachment 1).

Note that a copy of the report was provided to the Public Service Commission Chief Executive (by email – WorkforcePolicy@psc.qld.gov.au).



Urgency
1. Routine

Headline Issues
2. The top issues are:
   - The Premier requested all agencies report on performance and people management; and
   - the report must be provided to the Public Service Commission Chief Executive and the Minister (within 14 days after each month).

Key issues
3. The attached report advises that, as of 20 December 2012, there are:

Issue to be reported	Number
Number of current formal diminished performance processes	73
Number of workplace investigations currently in progress for more than 60 days	19
Number of formal disciplinary proceedings currently underway	68
Number of suspended employees	49

Background
4. The Premier requested all agencies report on performance and people management.

5. The following information is included in the report:
   - the number of diminished performance processes currently underway;
   - the number of workplace investigations arising from formal complaints which have been in progress for greater than 60 days, including an explanation for the delay;
   - number of formal disciplinary proceedings (show cause processes) currently underway; and
   - the number of staff suspended on full pay.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 308

Department RecFind No:	BR056056
Division/District:	SSS Division
File Ref No:	HRS05929

6. The report is to be provided to the Public Service Commission Chief Executive and the Minister for Health each month.

7. The Chief Human Resources Officer, System Support Services Division, Department of Health, will provide the report to the Public Service Commission Chief Executive each month.

Attachments

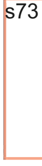
8. Attachment 1: Copy of Performance and people management report
   Attachment 2: Copy of letter to the PSC attaching the report

RTI RELEASE

DOH-DL-12/13-015 RTI Document 309

s73

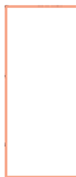
RTI RELEASE



RELEASED UNDER RTI

RTI Document 311

DOH-DL-12/13-015



RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

8/3/13

Q C05/001072 Pt2 (31)

Department RecFind No:	BR06224
Division/HHS:	SSS Divsion
File Ref No:	HR000848 / HRS05937

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

RECEIVED
11 MAR 2013

BR056224

Requested by: Deputy Director-General, System support Services Division

Date requested: Monthly

Action required by: 7 March 2013

SUBJECT: Performance and people management reporting – January 2013

Recommendation

That the Minister:

Note the information provided to the Public Service Commission Chief Executive outlined in the attached report (Attachment 1) regarding performance and people management within the Queensland Public Health System.

Note the letter to the Public Service Commission Chief Executive (Attachment 2) providing the report in accordance with the Premier's instructions (Attachment 3).

Note the Premier requested all agencies report on performance and people management. The report must be provided to the Public Service Commission within 14 days after each month (Attachment 3).

Note the attached report advises that, as of 25 January 2013, there were:

Issue to be reported	Number
Number of current formal diminished performance processes	69
Number of workplace investigations currently in progress for more than 60 days	12
Number of formal disciplinary proceedings currently underway	65
Number of suspended employees	43

APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG
Minister for Health

/ /

PPA
Chief of Staff
14 / 3 / 13

Minister's comments

please add table to compare numbers at same time last year + last month. Then 12 month table. ? by HHS also.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 316

8 MAR 2013

Department RecFind No:	BR056224
Division/HHS:	SSS Divsion
File Ref No:	HR000848 / HRS05937

Briefing Note for Noting
Director-General

Requested by: Deputy Director-General, System support Services Division **Date requested: Monthly** **Action required by: 7 March 2013**

SUBJECT: Performance and people management reporting – January 2013

Proposal
That the Director-General:

Note the information provided to the Public Service Commission Chief Executive outlined in the attached report (Attachment 1) regarding performance and people management within the Queensland Public Health System.

Note the letter to the Public Service Commission Chief Executive (Attachment 2) providing the report in accordance with the Premier's instructions (Attachment 3).

Provide this brief to the Minister for information in accordance with the Premier's instructions (Attachment 3).

Urgency
1. Routine.

Headline Issues
1. The top issues are:
   - the Premier requested all agencies report on performance and people management; and
   - the report must be provided to the Public Service Commission Chief Executive and the Minister (within 14 days after each month).

Key issues
2. The attached report advises that, as of 25 January 2013, there were:

Issue to be reported	Number
Number of current formal diminished performance processes	69
Number of workplace investigations currently in progress for more than 60 days	12
Number of formal disciplinary proceedings currently underway	65
Number of suspended employees	43

Background
3. The Premier requested all agencies report on performance and people management.

4. The following information is included in the report:
   - the number of diminished performance processes currently underway;
   - the number of workplace investigations arising from formal complaints which have been in progress for greater than 60 days, including an explanation for the delay;
   - number of formal disciplinary proceedings (show cause processes) currently underway; and
   - the number of staff suspended on full pay.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 317

Department RecFind No:	BR056224
Division/HHS:	SSS Divsion
File Ref No:	HR000848 / HRS05937

5. The report is to be provided to the Public Service Commission Chief Executive and the Minister for Health each month.

6. The Chief Human Resources Officer provides the report to the Public Service Commission Chief Executive each month.

Attachments

7. Attachment 1: Copy of Performance and people management report
   Attachment 2: Copy of Letter to the PSC attaching the report
   Attachment 3: Letter from the Premier – June 2012

RTI RELEASE

DOH-DL-12/13-015 RTI Document 318

s73

RTI RELEASE

DOH-DL-12/13-015 RTI Document 319

s73

RTI RELEASE

DOH-DL-12/13-015

RTI Document 320

47(3)(b)

47(3)(b)

RTI RELEASE
RTI Document 321
DOH-DL-12/13-015

Monthly summary of workplace investigations >60 days as at January 2013

Employee identifier	Date investigation commenced	Brief summary of formal complaint	Summary of why investigation not yet completed	Expected date investigation will be completed
Prepared by: A. Stephens Alexis Stephens A/Director, Workplace Services	05 / 12 / 2012		Signature L.M. Rowland Lyn Rowland 21/2/2013. Chief Human Resources Officer	/ /

RTI RELEASE

DOH-DL-12/13-015

s73

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RTI RELEASE

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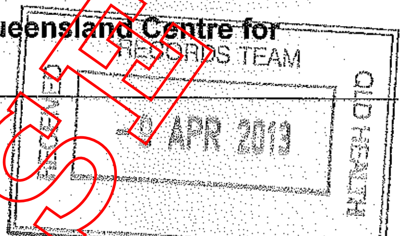
RTI RELEASE

QCOS/013194 (4)

Department RecFind No:	BR056121
Division/HHS:	SPP Division
File Ref No:	



Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Mark Wood, Office of the Minister for Health / SDLO | Date requested: 8 February 2013 | Action required by:

SUBJECT: Funding and governance arrangements for the Queensland Centre for Gynaecological Cancer

RECORDS TEAM
RECEIVED
9 APR 2013
QLD HEALTH

Recommendation

That the Minister:

Note the Queensland Centre for Gynaecological Cancer (QCGC) is currently led by a part-time Director, with its functions being shared through the delivery hub hospitals rather than having dedicated staff considered as part of the QCGC.

Note that as part of the service agreement between the Department of Health and Metro North Hospital and Health Service, the Queensland Centre for Gynaecological Oncology has been allocated $834,984 in 2012-2013.

Note that Ms Jane Schmitt, Chief Executive Officer (CEO), Australian Medical Association of Queensland (AMAQ) has requested a discussion with the Minister's Office regarding the QCGC, once Ms Schmitt receives an update on the QCGC from Professor Alex Crandon.

Note that in June 2012 Professor Alex Crandon, an Australian Medical Association (AMA) member, and part-time Director, QCGC, submitted a proposal to the Premier to strengthen and improve the operation of the QCGC, including a request for additional funding of $176,000 (Attachment 1).

APPROVED/NOT APPROVED | **NOTED** | **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
/ /

Chief of Staff
26 / 3 / 13

Minister's comments

Please provide options to fund a full time director, but not establish a business unit.
2/4/3.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 327

11 FEB 2013

Department RecFind No:	BR056121
Division/HHS:	SPP Division
File Ref No:	

URGENT

Briefing Note for Noting

Director-General

Requested by: Mark Wood, Office of the Minister for Health / SDLO **Date requested: 8 February 2013** **Action required by:**

SUBJECT: Funding and governance arrangements for the Queensland Centre for Gynaecological Cancer

Proposal

That the Director-General:

Note the Queensland Centre for Gynaecological Cancer (QCGC) is currently led by a part-time Director, with its functions being shared through the delivery hub hospitals rather than having dedicated staff considered as part of the QCGC.

Note that as part of the service agreement between the Department of Health and Metro North Hospital and Health Service, the Queensland Centre for Gynaecological Oncology has been allocated $834,984 in 2012-2013.

Note that Ms Jane Schmitt, Chief Executive Officer (CEO), Australian Medical Association of Queensland (AMAQ) has requested a discussion with the Minister's Office regarding the QCGC, once Ms Schmitt receives an update on the QCGC from Professor Alex Crandon.

Note that in June 2012 Professor Alex Crandon, an Australian Medical Association (AMA) member, and part-time Director, QCGC, submitted a proposal to the Premier to strengthen and improve the operation of the QCGC, including a request for additional funding of $176,000 (Attachment 1).

Provide this brief to the Minister for information.

Urgency

1. **Urgent**

Headline Issues

2. The top issues are:
   - It is expected that the issues likely to be raised by Ms Jane Schmitt, CEO, AMAQ when discussing the QCGC with the Minister's Office will be similar to those raised by those outlined in the QCGC's proposal, which was submitted to the Premier in June 2012.
   - QCGC's proposal raised a number of issues that may reduce the QCGC's effectiveness to provide quality gynaecological cancer services statewide.
   - Any request to address the governance, reporting and funding issues identified by the QCGC would require further, detailed consideration by the Department of Health to establish their benefit and feasibility in the context of the continual implementation of the health reforms and associated purchasing of services.

Key issues

3. The QCGC provides Queensland with statewide gynaecological cancer services and in 2011 saw 3,100 new patients.

4. In the past, the QCGC has not received its own identifiable funding, but rather has been funded as part of hub hospitals' (Mater Hospital, Royal Brisbane and Women's Hospital (RBWH) and the Gold Coast Hospital) department of oncology or gynaecological services.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 328

Department RecFind No:	BR056121
Division/HHS:	SPP Division
File Ref No:	

5. However, in the service agreement between the Department of Health and Metro North HHS, $834,984 has been allocated to the RBWH for the Queensland Centre for Gynaecological Oncology.

6. The QCGC proposal submitted to the Premier in June 2012 requested additional funding of $176,000, which is anticipated to be additional to the $834,984 identified in the current service agreement with Metro North.

7. In 2004, under a restructure of the RBWH, several QCGC functions, were spread between the RBWH and the Mater Hospital, which resulted in the reduction of the dedicated functions of Director (this became part-time rather than full-time), data management, quality assurance, medical coders and Director of Research.

8. Professor Alex Crandon, part-time Director, QCGC has previously raised a number of issues relating to the operation of the QCGC, including:
   - the governance and reporting of QCGC staff has been fragmented through several hospitals with limited coordination between a number of people;
   - the requirement for the position of the Director to be full-time to allow the proper organisation and function of the QCGC and the appropriate planning of future service needs and implementation of associated services;
   - reporting for the QCGC should be directly to the Department of Health rather than through a hospital or to the hub hospitals, given that it provides a statewide service;
   - the QCGC should be established as an autonomous services entity within Queensland Health and have its own dedicated staff and budget, employing all of its staff at the various service delivery hubs;
   - the ongoing fragmented nature of the governance of the QCGC may result in it not being possible to re-unite them into one cohesive service again; and
   - improving the data sharing and reporting between the QCGC and Queensland Oncology Online.

Background

9. According to the QCGC's website, the QCGC:
   - is a statewide service for the management of women with gynaecological cancer (cancer of the ovaries, the uterus, the cervix, the vulva and vagina);
   - works in partnership with HHSs for the state's gynaecological cancer services; and
   - has a research branch, which is an academic (non-profit) institution situated at the RBWH (Herston, Brisbane) where its research funds (mainly received by the National Health and Medical Research Council and Cancer Australia) are administered through the School of Medicine, University of Queensland, and the Gynaecological Cancer Society;

10. According to advice provided by the QCGC Director in July 2012:
    - QCGC's administration is based at the RBWH, with three quaternary hubs at the RBWH, Mater Health Service (MHS), South Brisbane and more recently a smaller but rapidly growing service at the Gold Coast Hospital;
    - it also provides outreach services to Townsville since January 1994; and
    - the QCGC is the largest gynaecological cancer service in Australia and considered to be the leading training centre for gynaecological cancer surgery in this country, as well as being a leader of gynaecological surgical oncology in Australia.

Attachments

11. Attachment 1: QCGC proposal submitted to the Premier, June 2012.

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QCOS/021382

21 MAR 2013

26/3/13

Department RecFind No:	BR056330
Division/HHS:	SPP Division
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: Deputy Director-General, System Policy and Performance Division

Date requested: 19 March 2013

Action required by:

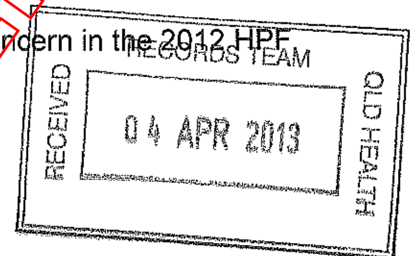
SUBJECT: Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report - Queensland

Proposal

That the Director-General:

Note the release of the Queensland Aboriginal and Torres Strait Islander Health Performance Framework 2012 (2012 HPF), on 25 March 2013.

Note the significant areas of improvement and ongoing areas of concern in the 2012 HPF.



Urgency

1. Routine

Headline Issues

2. The top issues are:
   - The fourth AIHW report on the *Aboriginal and Torres Strait Islander Health Performance Framework* was released on 25 March 2013. A copy of the full report is available on request.
   - It highlights some significant improvements in Indigenous health in Queensland, as well as some significant issues of ongoing concern.
   - The report's findings support the priorities identified by the Making Tracks Policy and Accountability Framework, and Queensland's investment strategy under the Indigenous Health Outcomes NPA.

Key issues - Areas of improvement:

3. Areas of improvement in health status and outcomes as identified in the 2012 HPF include:
   - a 32% decline in avoidable mortality from 2001 to 2010, representing a significant narrowing of the gap between Indigenous and non-Indigenous Queenslanders;
   - a 30% decline in deaths due to circulatory disease, the leading cause of death for Indigenous Queenslanders from 2001 to 2010; and
   - a 41% decline in infant mortality rates from 2001 to 2010.

4. Areas of improvement in health determinants identified in the 2012 HPF include:
   - some improvements in literacy and numeracy for Indigenous children in Queensland in Year 3 and 5 between 2008 and 2011; and
   - improvements in access to functional housing (Over 95% of households had access to washing facilities, bedding, food storage and preparation and working sewerage systems).

5. Areas of improvement in health system performance identified in the 2012 HPF include:
   - a significant increase in health assessments recorded through Medicare for Indigenous Queenslanders;
   - a corresponding increase in allied health services claimed through Medicare for Indigenous Queenslanders;
   - two year old immunisation coverage for Indigenous Queenslanders at parity with non-Indigenous children; and
   - Increased proportion of Indigenous women in Queensland attending ante-natal care.

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Department RecFind No:	BR056330
Division/HHS:	SPP Division
File Ref No:	

Key issues - Areas of concern:

6. Areas of concern in health status and outcomes as identified in the 2012 HPF include:
   - much higher rates of mortality from chronic disease for Indigenous Queenslanders compared to non-Indigenous Queenslanders, eight times the rate of non-Indigenous Queenslanders for Diabetes, two times the rate of non-Indigenous Queenslanders for circulatory disease;
   - no improvement in end stage renal disease incidence for Indigenous Queenslanders, seven times the rate for non-Indigenous Australians;
   - higher rates of hospitalisations and deaths due to injury for Indigenous Queenslanders, seven times the rate for non-Indigenous Queenslanders; and
   - Diabetes is almost four times more prevalent among Indigenous Queenslanders compared to non-Indigenous people.

7. Areas of concern in health determinants identified in the 2012 HPF include:
   - ongoing high rates of smoking in pregnancy for Indigenous women who are pregnant, 52%;
   - indigenous smoking rates in Queensland, in 2008 42% of Indigenous Queenslanders report smoking regularly;
   - risky alcohol consumption, in 2008, 51% of Indigenous Queenslanders reported drinking at risky/high-risk level sin the past 12 months; and
   - physical activity, nutrition and obesity, in 2004-2005, 51% of Indigenous Queenslanders reported their physical activity levels as sedentary.

8. Areas of concern in health system performance identified in the 2012 HPF include:
   - lower access to hospital procedures for Indigenous Queenslanders;
   - higher rates of discharge against medical advice for Indigenous Queenslanders, four times the rate of non-Indigenous Australians between July 2008 and June 2010;
   - lower rates of ante-natal care in first trimester of pregnancy for Indigenous women in Queensland who are pregnant; and
   - Barriers to accessing appropriate health, such as cost and cultural competency, continue to be a problem for Indigenous Queenslanders.

9. A summary is attached on the initiatives being undertaken to address the areas of concern in the 2012 HPF (Attachment 1).

Background

10. This is the fourth Queensland report against the *Aboriginal and Torres Strait Islander Health Performance Framework* (HPF).

11. The HPF:
    - was designed to measure the impact of the National Strategic Framework for Aboriginal and Torres Strait Islander Health;
    - monitors progress in Aboriginal and Torres Strait Islander health outcomes, health system performance and the broader determinants of health; and
    - currently reports performance under three tiers, Tier 1 Health Status and Outcomes, Tier 2 Determinants of Health, and Tier 3 Health System Performance.

Attachments

12. Attachment 1: Summary of Queensland Government initiatives to address areas of concern.

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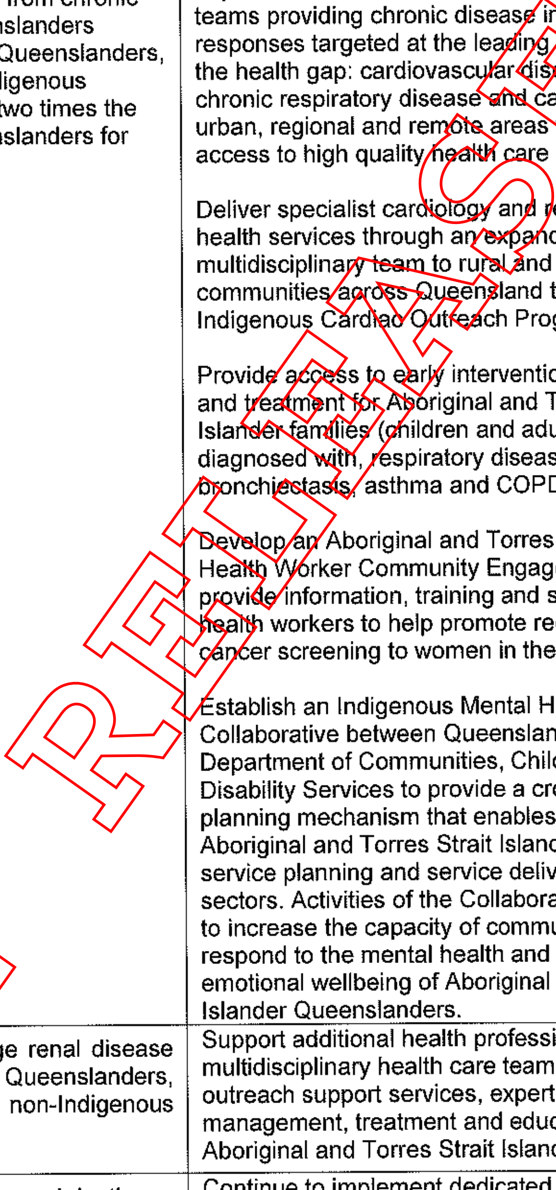
Attachment 2

What the Queensland government is doing to address areas of concern in the 2012 Aboriginal and Torres Strait Islander Health Performance Framework:

Area of concern	**Queensland Health initiatives to address area of concern**
Areas of concern in health status and outcomes as identified in the 2012 HPF include:	
• Much higher rates of mortality from chronic disease for Indigenous Queenslanders compared to non-Indigenous Queenslanders, eight times the rate of non-Indigenous Queenslanders for Diabetes, two times the rate of non-Indigenous Queenslanders for circulatory disease	Implement flexible models of multidisciplinary care teams providing chronic disease intervention responses targeted at the leading contributors to the health gap: cardiovascular disease, diabetes, chronic respiratory disease and cancer, in priority urban, regional and remote areas to improve access to high quality health care services. Deliver specialist cardiology and related allied health services through an expanded multidisciplinary team to rural and remote communities across Queensland through the Indigenous Cardiac Outreach Program. Provide access to early intervention, prevention and treatment for Aboriginal and Torres Strait Islander families (children and adults) at risk of, or diagnosed with, respiratory disease, including bronchiectasis, asthma and COPD. Develop an Aboriginal and Torres Strait Islander Health Worker Community Engagement Kit to provide information, training and strategies for health workers to help promote regular breast cancer screening to women in their communities. Establish an Indigenous Mental Health Collaborative between Queensland Health and Department of Communities, Child Safety and Disability Services to provide a cross-sectoral planning mechanism that enables integrated Aboriginal and Torres Strait Islander mental health service planning and service delivery across sectors. Activities of the Collaborative would aim to increase the capacity of community services to respond to the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders.
• No improvement in end stage renal disease incidence for Indigenous Queenslanders, seven times the rate for non-Indigenous Australians	Support additional health professionals as part of multidisciplinary health care teams to provide outreach support services, expert diabetes management, treatment and education to Aboriginal and Torres Strait Islander people.
• higher rates of hospitalisations and deaths due to injury for Indigenous Queenslanders, seven times the rate for non-Indigenous Queenslanders	Continue to implement dedicated strategies to build individual and community resilience and to reduce suicide risk and mortality in Aboriginal and Torres Strait Islander populations. Continue initiatives to address domestic and family violence with a focus on the safety and well being of victims, including children, using models of support specific to Aboriginal and Torres Strait Islander communities.



DOH-DL-12/13-015 RTI Document 335

Areas of concern in health determinants identified in the 2012 HPF include:	
Diabetes is almost four times more prevalent among Indigenous Queenslanders compared to non-Indigenous people.	*Please see initiatives under section 'no improvement in end stage renal disease'.*
• Ongoing high rates of smoking for Indigenous women who are pregnant, 52%	Support the employment and development of Aboriginal and Torres Strait Islander Maternal and Infant Care Health Teams (midwife and Aboriginal and Torres Strait Islander Maternal and Infant Care Health Workers) to improve access to culturally competent and timely maternity and infant care health services to promote healthier pregnancies and improve health outcomes for Aboriginal and Torres Strait Islander babies. Support the employment and development of Aboriginal and Torres Strait Islander Maternal and Infant Care Health Workers in major maternity units to support the provision of culturally competent multidisciplinary, antenatal, birthing and postnatal care to Aboriginal and Torres Strait Islander women and their families.
• Indigenous smoking rates in Queensland, in 2008 42% of Indigenous Queenslanders report smoking regularly	Target high rates of tobacco smoking through a multi-strategy initiative which includes: • Expanding the SmokeCheck brief intervention training and support program. • Improving Quitline to provide culturally responsive counselling. • Implementing staff quit smoking support. • Establishing improved quit smoking services for offenders in custody. • Supporting national and local social marketing campaigns. • Expanding smoke-free awareness raising programs.
• Risky alcohol consumption, in 2008, 51% of Indigenous Queenslanders reported drinking at risky/high-risk level sin the past 12 months	Continue to support a regional network of Indigenous Alcohol and Other Drugs Youth Treatment Programs providing a focussed treatment model and services to Aboriginal and Torres Strait Islander young people 12 to 18 years with substance misuse problems.
• Physical activity, nutrition and obesity, in 2004-2005, 51% of Indigenous Queenslanders reported their physical activity levels as sedentary	Nutrition and physical activity in playgroups (Have Fun Be Healthy). Early Childhood Education and Care (ECEC) settings - Get Up & Grow. Continue implementation and evaluation of Growing Strong and Breastfeeding Resources, including initiatives to promote healthy pregnancies, breastfeeding and ensuring a healthy weight for children. Continue implementation of Healthy Jarjums, a nutrition resource for years Prep-year 3 which supports schools to embed Aboriginal and Torres Strait Islander perspectives into the Health and Physical Education and Studies of Society and Environment Key Learning Areas of the Queensland school curriculum.
Areas of concern in health system performance identified in the 2012 HPF include:	
• Lower access to hospital procedures for	Continue implementation of the Cultural Capability Framework (CCF) with an increased focus on

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Indigenous Queenslanders	safety and quality in health care for Aboriginal and Torres Strait Islander people and the development of further cultural resources to assist clinicians and service managers, including: • Guidelines for clinical staff in hospital care, in maternity and neonatal services and in adolescent sexual health services. • Updated guidelines for community and consumer engagement with Aboriginal and Torres Strait Islander people.
• Higher rates of discharge against medical advice for Indigenous Queenslanders, four times the rate of non-Indigenous Australians between July 2008 and June 2010	Continue implementation of the CCF with an increased focus on safety and quality in health care for Aboriginal and Torres Strait Islander people and the development of further cultural resources to assist clinicians and service managers, including: • Guidelines for clinical staff in hospital care, in maternity and neonatal services and in adolescent sexual health services. • Updated guidelines for community and consumer engagement with Aboriginal and Torres Strait Islander people.
• Lower rates of ante-natal care in first trimester of pregnancy for Indigenous women in Queensland who are pregnant	*Please see initiatives under 'ongoing high rates of smoking amongst Aboriginal and Torres Strait Islander women'.*
• Barriers to accessing appropriate health, such as cost and cultural competency, continue to be a problem for Indigenous Queenslanders.	Continue partnering with the Institute for Urban Indigenous Health (IUIH) to improve health service integration and delivery, and support service development and new models in the delivery of comprehensive primary health care, particularly chronic disease and child and maternal health, to urban Aboriginal and Torres Strait Islander populations in South East Queensland.

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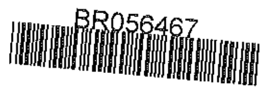

Department RecFind No:	BR056467
Division/HHS:	SPP Division
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Deputy Director-General, System Policy and Performance Division | Date requested: | Action required by: 10 April 2013

SUBJECT: Commencement of legislation to discontinue registration of dental technicians and speech pathologists

Recommendation

That the Minister:

Note the Director-General has noted the proposed commencement dates for the *Health Practitioner Registration and Other Legislation Amendment Act 2013* (the Act).

Approve preparation of a Proclamation to discontinue the registration scheme for dental technicians and speech pathologists (including abolition of the Boards) on 20 May 2013 and abolish the Office of Health Practitioner Registration Boards (OHPRB) on 30 June 2013.

Approve preparation of a Regulation to repeal the *Health Practitioners (Professional Standards) Regulation 2010*.

Sign the attached letters to the Executive Officer, OHPRB and the Chairs of the Dental Technicians and Speech Pathologists Registration Boards (the Boards) (Attachment 1-3).

Note the OHPRB requires an additional two weeks to undertake winding up activities, requiring the commencement date to discontinue the registration scheme to be brought forward from 1 June 2013, as originally proposed.

Note the urgent making of a Proclamation will provide registrants with sufficient notice of the cessation of their registration, to meet Medicare, blue card and yellow card requirements.

Note the Commonwealth is providing a four month transition period for affected speech pathologists to obtain membership with Speech Pathology Australia, to ensure their services (where relevant) continue to be eligible for Medicare rebate.

APPROVED/NOT APPROVED | **NOTED** | **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
15/4/13

Chief of Staff
9/4/13

Minister's comments

DOH-DL-12/13-015 RTI Document 338

12 APR 2013

URGENT

Department RecFind No:	BR056467
Division/HHS:	SPP Division
File Ref No:	

Briefing Note for Approval

Director-General

Requested by: Deputy Director-General, System Policy and Performance Division **Date requested:** **Action required by: 10 April 2013**

SUBJECT: Commencement of legislation to discontinue registration of dental technicians and speech pathologists

Proposal

That the Director-General:

Note the proposed commencement dates for the *Health Practitioner Registration and Other Legislation Amendment Act 2013* (the Act).

Provide this brief to the Minister to:

Approve preparation of a Proclamation to discontinue the registration scheme for dental technicians and speech pathologists on 20 May 2013 and abolish the Office of Health Practitioner Registration Boards (OHPRB) on 30 June 2013.

Approve preparation of a Regulation to repeal the *Health Practitioners (Professional Standards) Regulation 2010*.

Sign the attached letters to the Executive Officer, OHPRB and the Chairs of the Dental Technicians and Speech Pathologists Registration Boards (the Boards) (Attachment 1-3).

Urgency

1. **Critical** - urgent Ministerial approval of the commencement date is required to ensure registrants have adequate notice in advance of the date on which their registration will cease.

Headline Issues

2. The top issues are:
   - propose bringing forward the date of discontinuing registration scheme by two weeks; and
   - registrants must be informed of the cessation date as soon as possible, to take full advantage of transitional periods to avoid disruption to employment.

Key Values

3. The key values that apply are the following:

☐ Better service for patients
☐ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☐ Openness

Key issues

4. Subsequent to previous advice and after further consideration, the OHPRB has advised that 19 working days is insufficient to undertake the audit and financial requirements to wind up three statutory bodies (for example, fringe benefit tax returns, pay as you go tax, annual reports, final payroll and account payments). The OHPRB has requested an additional two weeks to undertake the winding up.

5. Therefore it is recommended that the Minister approve commencement dates of 20 May 2013 (rather than 1 June 2013) for discontinuing the registration scheme and 30 June 2013 to abolish the OHPRB. The OHPRB will advise registrants of the cessation date immediately after a Proclamation is made. It is proposed that a Proclamation be made by the Governor in Council on 24 April 2013, giving registrants three weeks' notice. This would require lodgement of the Proclamation on 15 April 2013.

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Department RecFind No:	BR056467
Division/HHS:	SPP Division
File Ref No:	

6. Alternatively, 1 June 2013 could be retained for discontinuing registration with abolition of the OHPRB extended to 12 July 2013. This would require extending the Acting Executive Officer's appointment and the lease in Forestry House, and preparation of financial statements for the 2013-2014 financial year.

7. The Commonwealth Department of Health and Ageing (DoHA) is amending the *Health Insurance (Allied Health Services) Determination 2011* (the Determination) to require Speech Pathology Australia (SPA) membership for Queensland speech pathologists in order to be eligible for Medicare rebate schemes. The amendment will take effect from 1 May 2013 with a three month transitional period from 1 May 2013.

8. The Act provides affected speech pathologists a period of three months from the cessation date to obtain a blue card to work with children or a yellow card to work with adults with a disability. A communication strategy was deployed in August 2012 to inform registrants, employers and other relevant stakeholders of these requirements.

9. Letters have been drafted for the Minister to advise the Boards and OHPRB of the passage of the legislation and related impacts. The Clinician Planning and Leadership Unit (CPL Unit) is leading a communications strategy to inform stakeholders (including Hospital and Health Services) of implementation impacts, such as Medicare, blue cards and yellow cards.

10. The Act also repeals provisions of the *Health Practitioners (Professional Standards) Act 1999* that will make the *Health Practitioners (Professional Standards) Regulation 2010* redundant. It is therefore proposed to prepare a Regulation to repeal this Regulation, which would take effect from 20 May 2013, to coincide with the repeal of the authorising provisions in the *Health Practitioners (Professional Standards) Act 1999* under the Proclamation.

Background

11. The Act, which abolishes the registration scheme for dental technicians and speech pathologists, received assent on 27 March 2013.

12. The Minister wrote to the Honourable Tanya Plibersek MP, Federal Minister for Health, on 6 March 2013 (MI187604), requesting amendments to the *Health Insurance (Allied Health Services) Determination 2011* once the Act has commenced (Attachment 4).

Consultation

13. Consultation is ongoing with the DoHA regarding the amendments. Consultation has also been undertaken with the OHPRB regarding the proposed commencement dates, and with the CPL Unit and Office of Health Statutory Agencies.

Financial implications

14. No financial implications arise from the Proclamation. Options for utilising surplus funds arising from abolition of the Boards and the OHPRB are the subject of a separate brief.

Legal implications

15. There are no legal implications arising from the proposed commencement dates.

Attachments

16. Attachment 1: Letter to Mr Michael Demy-Geroe – MI188975
    Attachment 2: Letter to Mr John Mackay – MI188976
    Attachment 3: Letter to Ms Meredith Kilminster – MI188977
    Attachment 4: Copy of MI187604

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QCH0/002983

Department RecFind No:	BR055931
Division/District:	HSCID
File Ref No:	

Briefing Note for Noting

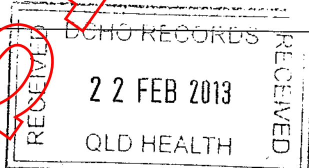
The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Deputy Director-General Health Service & Clinical Innovation Division

Date requested: 18 December 2012

Action required by:

SUBJECT: Update on complex forensic patient that is jointly managed by the Department of Health, the West Moreton Hospital and Health Service and the Department of Communities, Child Safety and Disability Services



Recommendation

That the Minister:

Note the proposed date of March 2013 for the transition of a complex forensic patient at The Park – Centre for Mental Health (The Park) back to the care of the Department of Communities, Child Safety and Disability Services (DCCSDS).

Note that a model of service for the patient's transition back to DCCSDS supported accommodation is to be finalised in January 2013 and will include a shared funding model across agencies.

Note that it is proposed that the patient be transitioned back to DCCSDS care in March 2013.

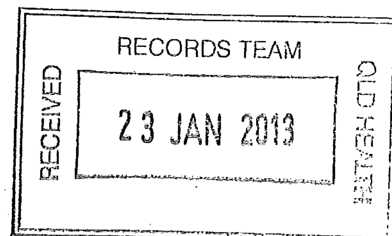
APPROVED/NOT APPROVED **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
21/1/2013

NOTED

Chief of Staff
18/01/13.

Minister's comments



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DOH-DL-12/13-015 RTI Document 342

s.47(3)(b)

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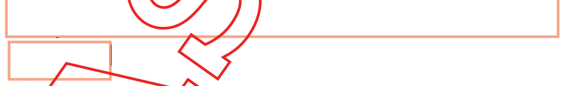
DOH-DL-12/13-015 RTI Document 346



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Out of scope - Legal Professional Privilege

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RTI RELEASE

Pages 352 through 717 redacted for the following reasons:
- -
Access refused in full - s.47(3)(b) - patient information
Out of scope - Legal Professional Privilege

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DOH-DL-12/13-015

CONF

8/3/13 . QC08/021010

Department RecFind No:	BR056282
Division/HHS:	SSS Division
File Ref No:	HRS06088

Briefing Note for Noting
The Honourable Lawrence Springborg MP
Minister for Health

RECEIVED
11 MAR 2013

Requested by: Deputy Director-General, System Support Services **Date requested: 4 March 2013** **Action required by: 8 March 2013**

SUBJECT: Queensland Health Payroll System Commission of Inquiry status update

Recommendation
That the Minister:

Note the status of the Queensland Health Payroll Commission of Inquiry, including the current issues faced by the Department of Health in responding to summons from the Commissioner.

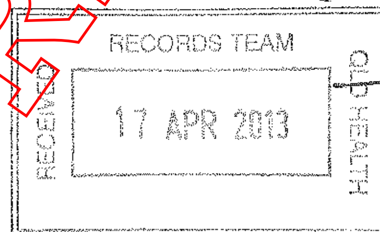
Note that both current and former Department of Health staff have been interviewed and will be called as witnesses before the Commission.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff
5/4/13



Minister's comments

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DOH-DL-12/13-015 RTI Document 718

8 MAR 2013

URGENT

Department RecFind No:	BR056282
Division/HHS:	SSS Division
File Ref No:	HRS06088

Briefing Note for Noting

Director-General

Requested by: Deputy Director-General, System Support Services **Date requested: 4 March 2013** **Action required by:**

SUBJECT: Queensland Health Payroll System Commission of Inquiry status update

Proposal

That the Director-General:

Note the status of the Queensland Health Payroll Commission of Inquiry (the Inquiry), including the current issues faced by the Department in responding to summons from the Commissioner.

Note that both current and former Department of Health staff have been interviewed and will be called as witnesses before the Commission.

Provide this brief to the Minister for information.

Urgency

1. **Urgent** – The Chief Human Resources Officer has requested an update be provided to the Minister.

Headline Issues

2. The top issues are:
   - As at 5 March 2013, there have been 98 separate items requested by the Commission and an additional 36 items requested from law firms representing witnesses in relation to the Commission of Inquiry. Of these 134 requests, 59 have been completed, 17 are in progress, five have not yet been started and 53 are not relevant to the Department of Health.
   - There are technical and administrative constraints associated with sourcing and reviewing the items requested and, as a result, the Department is not always able to respond to the requested items within the timeframe specified by the Commission. In this event, an extension is requested by Crown Law on behalf of the State of Queensland.
   - Hearings are due to commence on 11 March 2013, and will include several current and former Queensland Health staff.

Key issues

<u>Requests for documents (summonses)</u>

3. The Commissioner has summonsed the State of Queensland to produce books, documents and/or written information relevant to the Inquiry.

4. A dedicated team has been established to manage the Department's response to each request. This includes eight full-time staff in the Commission of Inquiry Coordination Team, two full-time staff in HSIA (restoring email accounts), one full-time senior lawyer from the Legal Branch, along with a portion of the Chief Legal Counsel's time.

5. State Requests 1-5 and State Requests 9-10 issued to Crown Law on behalf of the State of Queensland include 98 separate document requests. Of these, 43 have been completed (based on the available information at the time of searching), 15 are yet to be completed (eight are overdue to the Commission) and 40 are not relevant to the Department of Health. This information is current as at 5 March 2013.

6. There are several key reasons for the delay in the Department providing documents to Crown Law (which then forwards them to the Commission). These include:
   - <u>Email restoration</u>: the email restoration process is a timely exercise and can take several weeks. This is a technical limitation which cannot be overcome with additional human resources.

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Department RecFind No:	BR056282
Division/HHS:	SSS Division
File Ref No:	HRS06088

- Reviewing of email correspondence: searching, reading and analysing emails that may be relevant to a specific request is a laborious exercise. Some requests involve reading and reviewing thousands of emails from a range of email accounts and can take several days and/or weeks.
- Hard copy files: Hard copy files must be identified, located and reviewed for relevant documents. As a number of the hard copy file names are vague in nature, these all need to be searched (manually) by team members to identify relevance. Some files are very large and this can take significant amounts of time (several hours just for one file and potentially up to a day or more if several files need to be reviewed).

7. Additionally, there are some witnesses that are not represented by the State (Crown Law) and, as a result, additional requests for documents (36 requests) have been received by the law firms representing those individuals. Of these, 16 have been completed, seven are yet to be completed and 13 are not relevant to the Department of Health or to be provided directly by Crown Law. This information is current as at 5 March 2013.

8. Up to 4 March 2013, all summonses were issued to Crown Law on behalf of the State of Queensland, who would then forward the summons to the relevant Department

9. On 4 March 2013, the Commissioner wrote to Crown Law advising that he deemed the current process and speed of document provision (managed by Crown Law) to be unsatisfactory and advised that future summonsed would be issued directly to Departments. Summons to the Department of Health will be addressed to the Chief Legal Counsel. Such a summons represents an obligation on the Department to comply with the summons. In the event this is not possible, a reasonable excuse must be provided to the Commission.

Witnesses

10. Since 1 February 2013, the Commission has been interviewing a range of individuals to investigate the matters relevant to its Terms of Reference. This includes interviewing both current and former Department of Health staff.

11. The Commission has advised it intends to hold hearings for two weeks commencing the week of 11 March 2013. These first two weeks will deal with the tender process leading to the awarding of the 5 December 2007 contract with IBM. A further two weeks of public hearings commencing 6 April 2013, will deal with the management of that contract.

12. As at 5 March 2013, three current staff members have been interviewed and advised they will also be witnesses. It is anticipated that further staff may be called as the Commission focuses its attention on the management of the contract between the State of Queensland and IBM.

13. Witnesses have reported that the interview process has been very stressful and it is anticipated that this will be compounded as and when these staff members are called to give oral evidence at the public hearings.

14. It is worth noting that one of the current staff members involved to date is crucial in managing the execution of the Department's fortnightly pay. This staff member has been interviewed by the Commission, required to provide a written statement and will also be called upon to provide evidence at public hearings. The Department of the Premier and Cabinet, Crown Law and the Secretariat to the Commission of Inquiry have been advised of this issue and contingency arrangements have been put in place.

15. The Department is supporting these individuals and has offered all staff involved the professional services of the Employee Assistance Program.

Background

16. The Honourable Richard Chesterman AO RFD QC, opened the Queensland Health Payroll System Commission of Inquiry on 1 February 2013.

17. The Departments involved in sourcing and providing documents to the Commission include the Department of Health, the Department of Public Works, the Department of Science, Information Technology, Innovation and the Arts, Queensland Treasury and the Department of the Premier and Cabinet.

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DOH-DL-12/13-015 RTI Document 721

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QCOS/004037 PQ

26 MAR 2013

URGENT

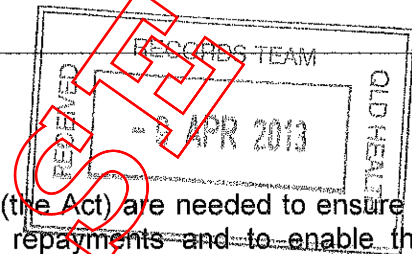
Department RecFind No:	BR056402
Division/HHS:	SSS Division
File Ref No:	HRS06137

Briefing Note for Noting

Director-General

Requested by: A/Deputy Director-General, System Support Services | **Date requested: 21 March 2013** | **Action required by: 26 March 2013**

SUBJECT: Employee overpayments - Proposed amendments to the *Industrial Relations Act 1999*



Proposal

That the Director-General:

Note that amendments to the *Industrial Relations Act 1999* (the Act) are needed to ensure a sound legislative basis for the introduction of automated repayments and to enable the recovery of outstanding overpayments on termination.

Provide this brief to the Minister for approval and signature of the attached letter to the Attorney-General (Attachment 2).

Urgency

1. **Urgent** - to ensure the amendments can be introduced in Parliament with other planned changes to the Act.

Headline Issues

2. The top issues are:
   - No definition of 'amount that would otherwise be paid' in s396A(5) of the Act and limited ability to recover overpayments on termination without employee consent.
   - A letter from the Minister to the Attorney-General is needed to support proposed changes to the Act.
   - Changes will only apply to employees of the Queensland public health system.

Key issues

3. On 14 August 2012, section 396A of the *Industrial Relations Act 1999* was introduced to facilitate recovery of overpayments, regardless of whether absence-related or not.

4. Additional amendments to the Act are proposed to:
   - ensure a sound legislative foundation for the introduction of automated repayments in 2013; and
   - enable the recovery of overpayments upon termination of employment.

5. These amendments will only apply to employee's of the Queensland public health system.

6. In relation to automated repayments, a definition of 'amount that would otherwise be paid' (a term used in section 396A(5) of the Act) will be introduced. This will avoid any potential confusion regarding the figure to be used as the starting point for calculating the maximum possible deduction from an employee's pay.

7. In relation to recovery on termination, the Department's power to recover outstanding overpayment amounts from an employee's final payment without consent is currently restricted under section 396A (that is, the overpayment must have occurred after 14 August 2012 and the amount deducted cannot breach the maximum deduction stipulations under section 396A(5)). In all other circumstances, employee consent is required.

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Department RecFind No:	BR056402
Division/HHS:	SSS Division
File Ref No:	HRS06137

8. In a number of recent cases, staff who were due to receive significant termination pays have refused to authorise the deduction of historic or large overpayments from their final pay, even though the debt was acknowledged.

9. Given the increased costs and reduced likelihood of success associated with recovery from terminated staff, it is therefore proposed to introduce a new section, section 396C, that supports recovery of any outstanding overpayment amount from an employee's final pay.

10. It is intended that this new provision would not impose any restrictions regarding the timing of the overpayment or the amount recoverable.

11. Draft amendments have been prepared (see Attachment 1) and are currently being reviewed by the Department of Justice and Public Service Commission. It is proposed that these amendments would be incorporated into the planned 'Authority to prepare legislative amendments' (ATP).

12. The usual process of approval would require the Minister for Health to approve a Cabinet Submission relating to the changes. Due to the nature of the amendments and time constraints, the Department of Justice has indicated that a letter from the Minister for Health to the Attorney-General supporting the ATP will suffice.

13. A draft letter has been prepared and is provided in Attachment 2.

Background

14. Prior to the prospective legislation passed in Parliament on 14 August 2012, the Act permitted recovery without consent of absence related overpayments only.

15. The introduction of automated repayments, planned for 2013, relies on section 396A of the Act as its legislative basis.

16. Automated repayments will only apply to new overpayments that occur after the date of implementation.

17. As at 3 March 2013, the current outstanding overpayments balance is approximately $98.5 million.

Attachments

18. Attachment 1: Proposed amendment to *Industrial Relations Act 1999*
    Attachment 2: Letter of support from Minister for Health to the Attorney-General – MI188780

RTI RELEASE

DOH-DL-12/13-015 RTI Document 723

s73

RTI RELEASE

BR056402

Department RecFind No:	BR056402
Division/HHS:	SSS Division
File Ref No:	HRS06137

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

URGENT

Requested by: A/Deputy Director-General, System Support Services **Date requested: 21 March 2013** **Action required by: 26 March 2013**

SUBJECT: Employee overpayments - Proposed amendments to the *Industrial Relations Act 1999*

Recommendation
That the Minister:

Note that amendments to the *Industrial Relations Act 1999* (the Act) are needed to ensure a sound legislative basis for the introduction of automated repayments and to enable the recovery of outstanding overpayments on termination.

Note additional amendments to the Act are proposed to:
- ensure a sound legislative foundation for the introduction of automated repayments in 2013; and
- enable the recovery of overpayments upon termination of employment.

Sign the attached letter to the Attorney-General supporting the proposed changes.

Note that the draft amendments are currently being reviewed by the Department of Justice and the Public Service Commission.

Note that the changes will be incorporated into the 'Authority to prepare legislative amendments' being prepared by the Department of Justice.

Note that the letter to the Attorney-General is sufficient indication of Ministerial support for the proposed amendments to progress.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
4 / 4 / 13

Chief of Staff
/ /

Minister's comments

RTI RELEASE

ATTACHMENT 1

Proposed amendment to the *Industrial Relations Act 1999* regarding overpayments to employees of the Queensland public health system

Section 396A(7)-

insert-

amount that would otherwise be paid to a health employee means the aggregate amount of gross wages and any other amounts which has been assessed by a health employer as being payable to a health employee in a pay period relating to their employment,.

396C Recovery of health employment overpayments on termination of employment

(1) This section applies if a health employer has paid a health employee an amount in relation to employment, or purportedly in relation to employment, to which the health employee is not entitled (the ***overpayment***) and part or all of this amount has not been repaid at the date of cessation of the health employee's employment with the health employer (the ***outstanding overpayment***).

(2) Notwithstanding any other provision of this Act, a health employer may recover the whole or any part of the outstanding overpayment by deducting an amount from the employee's final payment (as defined in s396B(5)). .

(3) A health employer may recover an outstanding overpayment by making a deduction under subsection (2) even if the overpayment was made by another health employer during the health employee's employment with the other health employer.

(4) Deductions under this section can occur at any time after the overpayment.

(5) This section—

(a) is of general application to health employers and health employees and is not limited by any other provision of this division; and

(b) does not affect the operation of section 396 in relation to payments made to health employees before the commencement of this section.

(6) This section 396C is intended to permit a health employer to recover an amount overpaid to a health employee prior to, or after, the date of commencement of this section.

(7) In this section—

amount in relation to employment means wages or any other amount relating or purporting to relate to employment.

health employee means—

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(a) a public service employee whose employment is with Queensland Health; or

(b) a person who is a health service employee under the *Hospital and Health Boards Act 2011*, section 67.

health employer means—

(a) Queensland Health; or

(b) a Hospital and Health Service established under the *Hospital and Health Boards Act 2011*.

Queensland Health means the department, however named, in which the *Hospital and Health Boards Act 2011* is administered.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 727

Hon Lawrence Springborg MP
Minister for Health

Level 19
147–163 Charlotte Street Brisbane 4000
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone +61 7 3234 1191
Facsimile +61 7 3229 0444
Email health@ministerial.qld.gov.au

MI188780

The Honourable Jarrod Bleijie MP
Attorney-General and Minister for Justice
Member for Kawana
GPO Box 149
BRISBANE QLD 4001

– 8 APR 2013

Dear Attorney-General

I am writing to express my support for proposed changes to the *Industrial Relations Act* (the Act) relating to the recovery of overpayments made to staff of the Queensland public health system. These changes will apply only to employees of the Queensland public health system.

As you are aware, prospective changes were introduced to the Act on 14 August 2012, to facilitate recovery of all employee overpayments, regardless of whether absence-related or not.

Further amendments to the Act are now proposed that would:

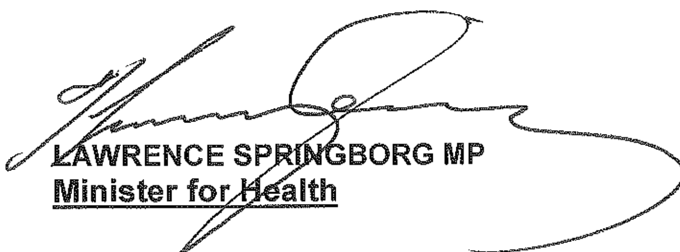
- clarify the meaning of 'amount that would otherwise be paid' in section 396A(5) of the Act; and
- enable recovery of outstanding overpayments from the final pay of staff who are ending employment with a health employer.

These changes are critical to ensure both a sound legislative foundation for the introduction of automated repayments (planned for later this year) and the cost effective and efficient recovery of outstanding overpayments, particularly in light of future voluntary redundancy payments that may occur in association with contestability processes.

I fully support both the proposed amendments and their incorporation into the 'Authority to prepare legislative amendments'.

I am informed this letter is sufficient demonstration of my support for these proposed amendments to proceed. Should your officers require further information, I have arranged for Mr Mark Brady, Acting Senior Director, Employee Relations, Human Resource Services, System Support Services Division, Department of Health, on telephone 3234 0350, to be available to assist.

Yours sincerely



LAWRENCE SPRINGBORG MP
Minister for Health

RTI RELEASE

DOH-DL-12/13-015 RTI Document 728

s73

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s73

RTI RELEASE

13/3/13. QC05/021023 (5)

Department RecFind No:	BR056156
Division/HHS:	Wide Bay HHS
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

RECEIVED DATE 15 MAR 2013 BY

URGENT

Requested by: Chief Executive, Wide Bay Hospital & Health Service **Date requested:** **Action required by:**

SUBJECT: Disposal of property - Proposed Transfer of ownership, Yaralla Place, Residential Aged Care Facility, Maryborough

Recommendation

That the Minister:

Approve in principle, the disposal of Yaralla Place, Maryborough as well as Lot 183 Survey Plan 111521, County of March, Parish of Maryborough (6.8 hectares), to an alternate service provider as part of a current Expression of Interest (EOI) process by WBHHS.

Note that the WBHHS has commenced an EOI process seeking an alternate service provider for the Yaralla Place Residential Aged Care facility (YRACF), Maryborough

Note revenue from the Commonwealth Department of Health and Ageing (DoHA), as well as resident contributions, have been insufficient to cover the total operating cost for Yaralla Place which has historically required $4.5 million per annum supplementation from the WBHHS operating budget. This supplementation impacts the broader WBHHS operational budget and acute services.

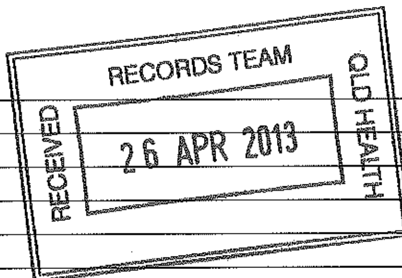
Note the EOI process approved by the WBHHS Board will ensure existing residents remain in place and are maintained in accordance with all existing care and fee arrangements and the Australian Government's aged care requirements.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
24/4/13

Jake Smith
Chief of Staff
19/04/13.

Minister's comments



RELEASE
RTI RELEASE
DOH-DL-12/13-015 RTI Document 730

11 MAR 2013

Department RecFind No:	BR056156
Division/HHS:	Wide Bay HHS
File Ref No:	

URGENT

Briefing Note for Approval

Director-General

Requested by: Chief Executive, Wide Bay Hospital & Health Service **Date requested:** **Action required by:**

SUBJECT: Disposal of property - Proposed Transfer of ownership, Yaralla Place, Residential Aged Care Facility, Maryborough

Proposal

That the Director-General:

Note the proposed disposal of Yaralla Place, Maryborough as well as Lot 183 Survey Plan 111521, County of March, Parish of Maryborough (6.8 hectares), to an alternate service provider as part of a current Expression of Interest (EOI) process.

Note it is essential that there is certainty surrounding the proposed transfer of real property, as negotiations with short listed providers are initiated and "in principle" approval from the Minister is sought to facilitate those negotiations.

Note it is proposed any resultant transition to an alternate provider will be completed as soon as possible, and will be subject to final approval from the Whole of Government Property Management Committee as well as completion of related steps.

Provide this brief to the Minister for approval in principle.

Urgency

1. **Urgent** – The Wide Bay Hospital and Health Service (WBHHS) commenced an EOI process seeking an alternate service provider for the Yaralla Place Residential Aged Care facility, Maryborough on 6 February 2013. The first phase of this process closed 7 March 2013.

Headline Issues

2. The top issues are:
   - Ongoing budget supplementation for Yaralla Place significantly impacts the broader WBHHS operational budget and acute services; and
   - The EOI process as well as any negotiated transition of Yaralla Place, approved by the WBHHS Board will ensure existing residents remain in place and are maintained in accordance with all existing care and fee arrangements and the Australian Government's aged care requirements.

Key Values

The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☒ Openness

Key issues

3. Revenue from this service is substantially derived from the Commonwealth Department of Health and Ageing (DoHA), as well as through resident contributions. Identified sources of revenue have been insufficient to cover the total operating cost, of this facility. Yaralla's financial position has historically required significant supplementation from the WBHHS operating budget and at present, this supplementation is $4.5 million per annum.

4. Advice has been sought from the Asset and Property Services Division, Health Infrastructure Branch and it is noted that any sale and transition of real property to an alternate service provider will require completion of specific sub-division, survey, and approval processes and WBHHS is working closely with that branch to ensure compliance.

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Department RecFind No:	BR056156
Division/HHS:	Wide Bay HHS
File Ref No:	

5. It is essential that WBHHS has approval in principle from the Minister to enable timely progression of negotiations with any alternate provider.
6. The land, buildings, furniture and fittings of Yaralla Place have a potential value of up to $13.3 million and the additional vacant land offered has been valued at $1.2 million.
7. Residential aged care is now largely provided by the non-government sector and is funded and regulated by the Australian Government which has funding, policy and regulatory responsibility for residential aged care services in Australia.
8. The Queensland State Government has played a smaller and lessening role in the operation of residential aged care facilities over recent years. The State through Queensland Health is the approved provider for the Federally funded residential aged care services at Yaralla Place, Maryborough.
9. Yaralla Place is located on land (including buildings and fixtures) owned by the State. These existing facilities are used by the WBHHS to provide residential aged care services to the Maryborough community.
10. As part of the EOI and subsequent processes, it is considered critical by the WBHHS that it:
    - identifies providers who are best placed to deliver quality services; and
    - ensures resources are directed to the health services for which it has primary responsibility.
11. The objective of WBHHS is to enter into contractual arrangements with a non-government provider who can deliver a quality service in the local community so that WBHHS can focus on its core business while removing or reducing the cost and operational burden of Yaralla Place.
12. WBHHS is considering partnering with a non-government service provider to facilitate the operation of this residential aged care facility. Options may include (but are not limited to):
    - ownership and allocation of places to remain as is, with a selected provider to be appointed to operate the existing facility;
    - ownership and allocation of places to be transferred, so the selected provider becomes the owner and Approved Provider at the existing facility; and
    - a selected provider operates the existing facility for an interim period and later becomes the owner and Approved Provider at the facility.
13. Mandatory under the Capital Funding Policy, the proceeds from the sale of the land and buildings shall be returned to the Capital Acquisition Plan, specifically the Emergent Works Provision (EWP). A HHS may request an allocation from the EWP.
14. The application to the EWP would need to demonstrate that the allocation requested falls within one of the three criteria – project finalisation, tender overrun, urgent

Background

15. The Yaralla Place Residential Aged Care facility is situated in Maryborough adjacent to the Maryborough Hospital. Yaralla Place has a total of 96 high care places including a 16 bed secure dementia unit. Revenue from this service is substantially derived from the Commonwealth DoHA through the Aged Care funding instrument, as well as through resident contributions but does not cover the operating cost.
16. In 2003, the "Bayhaven" Residential Aged Care facility at Hervey Bay was transferred to the non-government sector and the proposed transfer of "Yaralla Place" will end the WBHHS involvement with the provision of residential aged care services.

Consultation

17. The WBHHS Board approved on 14 January 2013, that an EOI process be commenced for the transfer of Yaralla Place to a non-government organisation (NGO).The Asset and Property Services Division, Health Infrastructure Branch, System Support Services Department of Health has been consulted regarding required approvals and processes to effect the proposed property transfer.
19. An initial residents, relatives and representatives meeting was conducted on 25 January 2013, and formal letters together with a residents information sheet, have been provided to residents and their next of kin, advising of the proposed changes. Further meetings will be arranged as the EOI process continues.

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Department RecFind No:	BR056156
Division/HHS:	Wide Bay HHS
File Ref No:	

20. Meetings with staff and union representatives have been conducted on 16 January 2013, 23 January 2013, 6 February 2013 and further meetings continue on a fortnightly basis.
21. A Residents and Relatives Advisory Group has been established to support and inform the proposed changes process with an initial meeting on 20 February 2013 and a further meeting on 20 March 2013.
22. The Commonwealth DoHA has been formally advised of the proposed changes and is provided updated information as the process continues.
23. Contestablity Unit advised that Yaralla proposal does not currently form part of the overall Aged Care Contestability assessment in conjunction with Deloitte. WBHHS was further advanced in their process and opted out of the statewide approach.
24. Contestability Unit has confirmed that the approach taken by WBHHS is consistent with the strategy being developed/implemented for Aged Care, with the aim of delivering a sustainable outcome, that includes improving the recurrent budget outcome and realising the value of land, buildings and other assets associated with the facility.
25. The Implementation process is in a consistent manner to the strategy being developed with Deloitte, with consideration given to all the key factors included.
26. WBHHS will meet with Mr Warren Truss, Federal Member for Wide Bay on 12 April 2013 to provide an update on progress.

Financial implications

27. The proposed transfer of this service is a key initiative to support efforts to achieve the financial challenges and the overall Minimum Obligatory Human Resource Information (MOHRI) Full Time Equivalent (FTE) target for the WBHHS. An annual recurrent saving of approximately $4 million and the reduction of in excess of 100 FTE will result from the proposed transfer of this service.
28. WBHHS has initiated necessary survey, subdivision and valuation processes to ensure the most financially beneficial outcome for the State from any future transition process.
29. Until formal negotiations are underway it is not possible to predict the value of any potential revenue realisable from this transaction or the final transition model to be adopted.
30. All proposals received through the EOI process will be independently evaluated by Paxton Partners, who will also evaluate the financial viability. An independent commercial valuation is currently beings sought to ensure an effective value for money outcome is achieved from the process.

Legal implications

31. WBHHS is working with a panel legal firm to develop the EOI documentation contract and related documentation to support any future transfer of Yaralla Place.
32. Negotiations with an alternate provider will be conducted with a final agreement developed to ensure operational application of the agreed transfer arrangements.
33. Final transfer of the 96 high care licences will be subject to approval from DoHA.
34. Property transfers will be overseen by the WBHHS panel legal firm and the Asset and Property Services Division, Health Infrastructure Branch, System Support Services, Department of Health will ensure compliance with requirements surrounding any proposed sale of land and buildings.

Attachments

Attachment 1: Copy of an aerial photograph of Yaralla Place showing the proposed area to be transferred to an alternate Aged Care provider.

Attachment 2: Copy of Lot 183 Survey Plan 111521, County of March, Parish of Maryborough showing lot 183 Neptune Street, Maryborough (6.8ha) – vacant land to be offered with the proposed Yaralla Place transfer. (Note: located opposite Yaralla Place – Winston Noble Drive).

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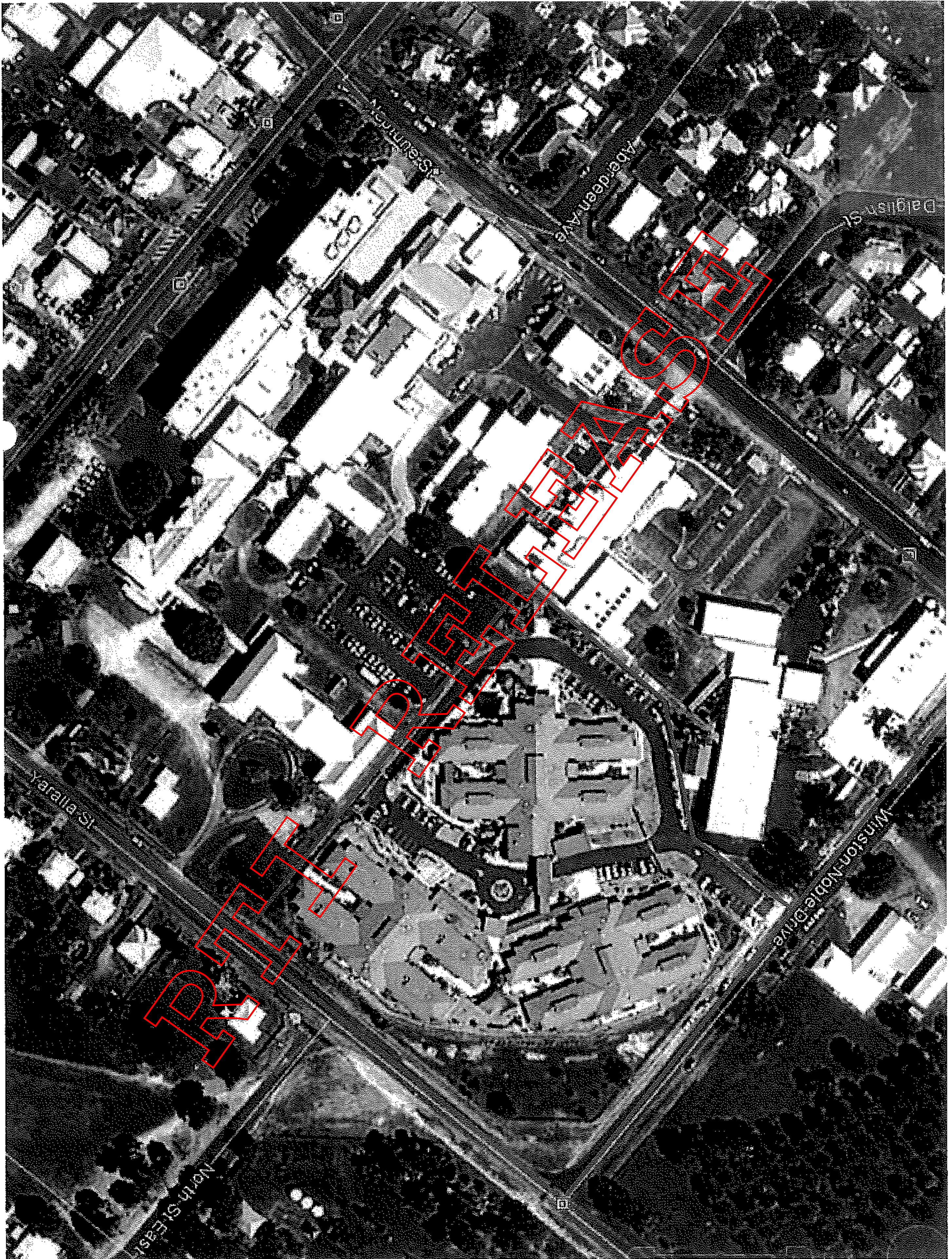

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DOH-DL-12/13-015 RTI Document 735

Land Title Act 1994 ; Land Act 1994
Form 21 Version 2

SURVEY PLAN

Sheet 1 of 1

PERMANENT MARKS

PM	ORIGIN	BEARING	DIST	NO
4–PM fd 6–OPM	M20371	338°02'30" 37°49'45"	29·054 3·418	2580 2592

Peg placed at all new corners, unless otherwise stated.

3 — 9587 m²

2 — 9944 m²

183 — 6·804 ha

REFERENCE MARKS

STN	TO	ORIGIN	BEARING	DIST
1	O.Rom.Nail in conc.	CP889982	319°27'	3·14
4	Rom.Nail in kb.		266°26'40"	20·444
5	OIP	CP889982	30°42'30"	1·016
6	OIP	M20371	75°39'	27·02
8	OIP	M20371	120°39'05"	1·0
9	Pin		18°55'	0·796
10	Rom.Nail in manhole		346°16'	6·36
12	Pin		197°54'	1·166
16	Rom.Nail in kb.		204°42'	20·404

Original information compiled from CP901361 in the Department of Natural Resources.

Scale 1:1500 — Lengths are in Metres.

CULLEN & COUPER PTY LTD ACN 050 842 503 hereby certify that the Company has surveyed the land comprised in this plan by Adrian Charles COUPER, Licensed Surveyor, for whose work the company accepts responsibility, that the plan is accurate, that the said survey was performed in accordance with the Surveyors Act 1977 and the Surveyors Regulation 1992 and that the said survey was completed on 20/02/98.

Director and Licensed Surveyor

Director

Date 26.2.98

Scale 1:1500

Format STANDARD

SP111521

Plan Status

Plan of Lots 2, 3 & 183

Cancelling Lot 183 on CP901361

PARISH: MARYBOROUGH COUNTY: March

Meridian CP901361 F/N's NO

15324.CN

Copyright protects the plan/s being ordered by you. Unauthorised reproduction or amendments are not permitted

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RTI RELEASE

Department RecFind No:	BR056290
Division/HHS:	SSS Division
File Ref No:	HPID03503

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: SDLO **Date requested:** 8 March 2013 **Action required by:** 25 March 2013

SUBJECT: Land and Buildings Transfer Project current status and work plan

Recommendation

That the Minister:

Note the current status of the land and buildings transfer project.

Note that the transfers will occur progressively following capability and capacity assessments.

Note that legislative amendments are being progressed to include a reduced set of transfer notice provisions in the *Hospital and Health Boards Act 2011* on an ongoing basis.

Note that the Department are proposing to engage Ernst and Young to carry out a capability and capacity assessment of HHSs readiness to be the legal owner of land and building assets.

Note that the assessment will be made against key elements of the Publically Available Specification (PAS) 55 – Specification for the optimised management of Physical assets.

APPROVED/NOT APPROVED **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

NOTED

V. Peat

Chief of Staff

7 / 4 / 13

Minister's comments

RTI RELEASE

DOH-DL-12/13-015 RTI Document 739

Department RecFind No:	BR056290
Division/HHS:	SSS Division
File Ref No:	HPID03503

URGENT

Briefing Note for Noting
Director-General

Requested by: SDLO **Date requested:** 8 March 2013 **Action required by:** 25 March 2013

SUBJECT: Land and Buildings Transfer Project current status and work plan

Proposal
That the Director-General:

Note: the current status of the land and buildings transfer project;

Note: that the transfers will occur progressively following capability and capacity assessments.

Provide this brief to the Minister for information.

Urgency
1. **Urgent** – legislative amendments need to be progressed.

Headline Issues
2. The top issues are:
   - The transfer of legal ownership of land and building assets to Hospital and Health Services (HHSs) will occur progressively on an earned autonomy basis.
   - Legislative amendments are being sought seeking to include a reduced set of transfer notice provisions on an ongoing basis.
   - Ernst and Young have been approached to develop and undertake a capability and capacity assessment of HHSs readiness to own their land and building assets.

Key issues
Legislation
3. In introducing the Health and Hospitals Network and Other Legislation Amendment Bill 2012 in May 2012, the Minister announced that the land and buildings operated by HHSs would be transferred from the department to HHSs. (Attachment 1)

4. In accordance with Government policy the transfer of ownership will occur once an HHS has demonstrated it has the capability and capacity to properly manage the transferred land and buildings.

5. Due the complexities associated with the transfers and the need to undertake a capability and capacity assessment, it will not be possible to transfer the land and buildings prior to 30 June 2013 when the existing statutory mechanism (transfer notices) expires.

6. A briefing note BR055919 (Attachment 2) was progressed in December 2012 seeking approval to progress the required legislative amendments and additional information was provided to the Departmental Liaison Executive, Office of the Director-General (Attachment 3).

7. To enable the implementation of the Government's policy, it is proposed to amend the *Hospital and Health Boards Act 2011* to insert a reduced version of the existing transfer notice provisions that will apply on an ongoing basis. The provisions would apply only to the transfer of assets between the Department and HHSs. This mechanism would also enable future statutory transfers of land and buildings, such as at the completion of major capital works undertaken by the Department.

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DOH-DL-12/13-015 RTI Document 740

Department RecFind No:	BR056290
Division/HHS:	SSS Division
File Ref No:	HPID03503

8. It is currently proposed to include the amendments as part of an urgent Health Legislation Amendment Bill currently being prepared.

Capability and capacity assessment

9. Executive Management Team (EMT) endorsed that the project proceed on an earned autonomy basis in November 2012.

10. A request for quote was developed and released on a sole supplier basis to Ernst and Young (EY) in late January, to develop and undertake a capability and capacity assessment. EY have extensive knowledge of HHSs as a result of them undertaking the previous readiness assessment prior to the then Health Service Districts becoming statutory bodies on 1 July 2012.

11. An EMT paper will progressed seeking approval of the assessment process and associated timeframes in early April 2013.

Transfer of third party leases (Queensland Health as lessee)

12. The transfer of third party leases where Queensland Health is the lessee will need to occur within the existing transfer notice provisions (prior to 30 June 2013). A separate briefing note is being prepared which outlines the key issues and proposed process for transferring these leases.

Background

13. Request for briefing note to the Minister for noting received from SDLO.

14. The establishment of HHSs as independent statutory bodies represents a significant shift in system governance and structure for Queensland.

15. Providing HHSs with the opportunity to own land and building assets and/or becoming the prescribed employer of their staff is in line with the Government's *Blueprint for better healthcare in Queensland*.

Attachments

16. Attachment 1: Extract from Hansard Record of Proceedings 17 May 2012
    Attachment 2: BR055919 - Legislation to Transfer Land and Buildings to HHSs
    Attachment 3: Supplementary information provided to SDLO 1 February 2013

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DOH-DL-12/13-015 RTI Document 741

RTI RELEASE

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DOH-DL-12/13-015 RTI Document 742

2005/ADEL/5-26

CAPW/000691 A15

Department RecFind No:	BR056382
Division/HHS:	SSS Division
File Ref No:	FPL04469

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Deputy Director-General, System Support Services Division **Date requested: 21 February 2013** **Action required by: 12 April 2013**

SUBJECT: Request for Corporate Real Property Delegations

Recommendation

That the Minister:

Note the ability to enter into real property transactions are governed by positions holding a Corporate Real Property Delegations.

Note the restructure of Queensland Health, and subsequent review of positions has resulted in the need to appropriately amend Corporate Real Property Delegations. Accordingly, the positions contained within Attachment 1 require Corporate Real Property delegations to undertake their roles.

Note the Minister has the power to make, amend, suspend or revoke a delegation dealing with corporate real property.

Approve the attached Instrument of Authorisation granting approval to create/amend Corporate Real Property Delegations, as outlined in Attachments 1.

APPROVED/NOT APPROVED **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
18/3/13

NOTED

Jake Smith

Chief of Staff
17/04/13

Minister's comments

VP

RTI RELEASE

DOH-DL-12/13-015 RTI Document 743

2 8 MAR 2013

Department RecFind No:	BR056382
Division/HHS:	SSS Division
File Ref No:	FPL04469

Briefing Note for Approval
Director-General

Requested by: Deputy Director-General, System Support Services Division **Date requested: 21 February 2013** **Action required by: 12 April 2013**

SUBJECT: Request for Corporate Real Property Delegations

Proposal
That the Director-General:

Provide this brief to the Minister for approval of the attached Instrument of Authorisation granting approval to create/amend Corporate Real Property Delegations, as outlined in Attachment 1.

Urgency
1. Routine.

Headline Issues
2. The top issues are:
   - The restructure of Queensland Health and subsequent review of positions has resulted in the need to appropriately amend Corporate Real Property Delegations. Accordingly, the positions contained within Attachment 1 require Corporate Real Property delegations to undertake their roles.
   - The Minister has the power to make, amend, suspend or revoke a delegation dealing with corporate real property.

Key Values
3. The key values that apply are the following:
- ☐ Better service for patients
- ☐ Better healthcare in the community
- ☐ Valuing our employees and empowering its frontline staff
- ☐ Empowering local communities with a greater say over their hospital and local health services
- ☒ Value for money for taxpayers
- ☒ Openness

Key issues
4. For Corporate Real Property delegations, the Minister has the power to make, amend, suspend or revoke a delegation as per Section 55(1) of the *Constitution of Queensland Act 2001*. The Act provides the power for a Minister to delegate a power of the State to an appropriately qualified officer of the State. This includes Chief Executives of public sector units or officers of the public service.

5. The changes contained within the *Instrument of Authorisation* in Attachment 1 include:
   - o to add delegations for the Chief Health Infrastructure Officer;
   - o to remove delegations for the Senior Director Asset and Property Services;
   - o to remove delegations for the Director Land Use and Transaction Unit Asset and Property services;
   - o to change the delegation that was previously given by the Minister to Chief Executives HHSs, to now be given to the Hospital and Health Service Boards, in line with the *Hospital and Health Services Board Act 2011* (HHBA 2011) - section 19 2(o) Functions of Services. The Board can then choose to delegate this at their discretion as per *HHBA* 2011 section 30 Delegations by Boards,

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- Additional delegation categories for:
  - Acquisition of Real Property <$1,000,000;
  - Disposal of Real Property <$1,000,000; and
  - Expenditure Leases <$10,000,000.

Background

6. The National Health Reform Agreement (NHRA) led to an initial review and approval of Corporate Real Property Delegations, effective 1 July 2012. Since this time and with the continued restructure of Queensland Health, an ongoing review of business requirements indicated a need to amend Corporate Real Property delegations to align with the new structure.

Consultation

7. Health Infrastructure Branch has compiled the list for Corporate Real Property delegations in consultation with Legal Unit.

Financial implications

8. There are no financial implications.

Legal implications

9. There are no legal implications.

Attachments

10. Attachment 1: Instrument of Delegation – Corporate Real Property Delegations

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Department RecFind No:	BR056382
Division/HHS:	SSS Division
File Ref No:	FPL04469

Recommendation
That the Director-General:

Provide this brief to the Minister for approval of the attached Instrument of Authorisation granting approval to create/amend Corporate Real Property Delegations, as outlined in Attachment 1.

APPROVED/NOT APPROVED **NOTED**

DR TONY O'CONNELL
Director-General
2 / 4 / 13

To Minister's Office for Approval ☑
for Noting ☐

Director-General's comments

Author: James Ronan	Cleared by: Narinder Singh	Cleared by: Mark Davey	Cleared by: Tony Hendry	Content verified by: Susan Middleditch
Principal Finance Officer Financial Strategy and Policy Coordination Finance Branch	Director Financial Strategy and Policy Coordination Finance Branch	Senior Director Statutory Advisory Services Finance Branch	Chief Finance Officer Department of Health	Deputy Director-General System Support Services
s73				
21 February 2013	21 February 2013	12 March 2013 26 March 2013	13 February 2013	19 March 2013

Content verified by:
Lyn Rowland

A/Deputy Director-General

System Support Services

s73
27 March 2013

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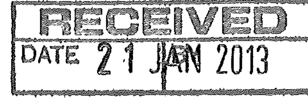
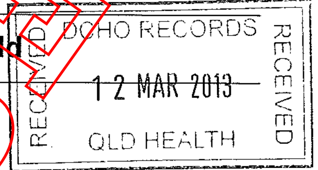
Department RecFind No:	BR056034
Division/District:	HSCI
File Ref No:	



Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health



Requested by: Deputy Director-General, Health Service and Clinical Innovation Division **Date requested: 12 January 2013** **Action required by: ASAP**

SUBJECT: Gold Mine Tailing Contamination Residential Land Eidsvold

Proposal
That the Minister:

> **Note** the action taken to date and the urgent public health response to high levels of arsenic and lead in soil samples on two residential properties owned and tenanted by the Department of Housing and Public Works (HPW) in Eidsvold.

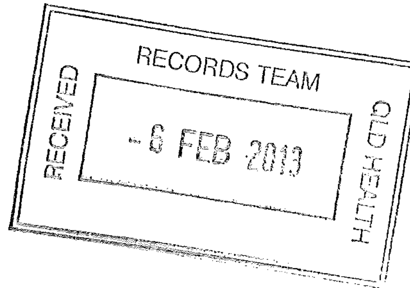
APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff
2 / 2 / 13

Minister's comments



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DOH-DL-12/13-015 RTI Document 747

s.47(3)(b)

47(3)(b)

RTI RELEASE

DOH-DL-12/13-015 RTI Document 748

Department RecFind No:	BR056034
Division/District:	HSCI
File Ref No:	

8. WBPHU officers have conducted testing of the water supply. There is no evidence of contamination of the reticulated water and sporadic future testing will be recommended.

9. Lead exposure can cause learning and attention problems in children and a range of health effects in adults. Long-term arsenic exposure can cause a range of conditions of the skin and nervous system and slightly increases the risk of a number of cancers.

Attachments

10. Attachment 1: Chronology of Events
    Attachment 2: Brochure provided to community

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RTI RELEASE

47(3)(b)

RTI RELEASE

30 December 2012
Under the terms of the tenancy agreement letters were sent providing 7 days notice of intention to enter and take the soil samples. The letters advised the tenants of high levels of lead and arsenic on the mine lease behind their houses. The residents were advised of the importance of good hygiene after being in the yard.

6 December 2012
Results from water samples taken on 28 November 2012 confirmed there was no infiltration of cyanide, arsenic or heavy metals into the water supply from the potentially contaminated bedding sand.

7 December 2012
WBPHU in company with DEHP took six (6) soil samples from around each of the residences.

A further three (3) soil samples were taken from behind the properties and within the mine lease.

A further three (3) soil samples were taken from a section of water main known to have been undisturbed since the pipes were laid, to determine the impact of the tailing sand being used as bedding sand around the town's water pipes.

13 December 2012
WBPHU contacted a retired Council Foreman who worked on Council at the time the water pipes were installed and had knowledge regarding how and where the tailing sand may have been used in the past. It would appear that the use of tailing sand around town was generally limited to the water and sewerage pipes. Some sand was used to mix up mortar and concrete but in doing so the chemicals would have been immobilised and hence are considered to pose no significant risk. The retired Foreman advised the tailing sand formed a crust on top when dry, so it was considered not suitable for gardens, as top dressing for lawns nor as soft-fall under playground equipment and it was therefore not used for those purposes.

2 January 2013
WBPHU contacted QHFSS to check on progress of the soil samples taken on 7 December 2012. Initial testing had been completed however further testing of the samples was being undertaken in accordance with their NATA accreditation standards.

9 January 2013
Results received of soil samples from around the two houses revealed very high levels of arsenic and lead, well above the maximum acceptable health-based limits for residential property.

10 January 2013: *Health Risk Assessment*
The soil test results indicate that people who reside in the houses and visitors (especially children) who play in the yard, may have been exposed, predominantly through ingestion, to arsenic and lead in the soil. However, the bioavailability of arsenic and lead in the tailing sand is unknown; the laboratory testing process included grinding the sand and digesting it in acid to retrieve the acid extractable metals. It is therefore **not** inevitable that residents will have elevated levels of arsenic and/or lead. The next step is to assess actual exposure of tenants and visitors to the property, and arrange arsenic and lead testing as appropriate.

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Soil samples from bedding around a section of the water reticulation pipeline showed only modest elevation of arsenic levels in this soil, but no other metals were elevated. These results in combination with the water sample results indicate the potential risk to public health from the tailing sand around the pipes is very low. Likewise the risk to Council staff working on water pipes is also low notwithstanding they use good personal hygiene practices. The risk from cross contamination during repairs and maintenance to water pipes is also low if there is adequate flushing of the pipes. Further sampling of another section of pipe in town is recommended. It's also recommended that arsenic and heavy metal sampling be included in Councils water sampling program to monitor these parameters in the future.

The WBPHU are reasonably confident there is now a good understanding of the extent to which the tailing sand was used in and around Eidsvold. Any new information will be assessed as it comes to light.

11 January 2013
DEHP convened a stakeholder meeting to discuss the findings of the soil samples.

WBPHU advised DHPW that as the levels of arsenic and lead in the soil are well beyond health-based limits, remediation will need to occur to enable ongoing occupation of the properties. The urgency of that work depends on the results of the human testing. If there are clinical concerns about health effects of exposure to lead or arsenic, or if the human tests are elevated in any resident, recommended management is to cease exposure - which will require relocating from the property as soon as possible. If the tests are not elevated, timely relocation will still be advised to avoid further exposure (and enable remediation), but the urgency is lifted.

WBPHU have been provided with contact details and will organise, as soon as possible, to visit the households, interview the tenants, arrange clinical assessment as necessary through the local General Practitioner, provide advice, and recommend and arrange urinary arsenic and blood lead testing - for resident adults and children, and any other adults and children whom are deemed may have had significant exposure to the soil on the properties in recent times.

12 January 2013
Resources prepared:

- Information Sheet for tenants and community
- Information Sheet for NBRC to assist responses to any public enquiries
- Media holding statement

17 January 2013

Two affected households visited by WBPHU. Information provided and relevant testing arranged.

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47(3)(b)

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What is lead?

Lead is a metal found in the crust of the earth. It was used for many years in paint and petrol. Sources of lead include old paint, industrial and car pollution, building materials and products such as old fishing sinkers, and old plumbing. Lead is harmful to health.

How do arsenic and lead in soil get into people's bodies?

Arsenic and lead in soil may enter people's bodies when they handle or touch dust or soil and then put their fingers in their mouths. The arsenic and lead is then swallowed and taken into the body.

Young children are most likely to come into contact with dust or soil when they play. Arsenic and lead can enter their bodies when they touch dust or soil and then put their fingers or toys into their mouths.

Pets that have been outside can have dust or soil on their coats, so people can also get arsenic and lead on their hands when they pat or play with their pets.

People can also swallow arsenic and lead if they have soil or dust on their hands, and don't wash their hands before smoking or eating.

Who might be at risk of arsenic or lead entering their bodies?

People who currently live in these houses are at risk, through direct contact with the soil and handling pets that have been outside.

People who have visited and have only been inside the house, or visitors who have been outside but have not handled soil are very unlikely to have any risk. Visitors, especially children, who have played in the yard and had direct contact with soil, may have some risk.

People who lived in these houses in the past may have had some contact with the soil when they were there, and lead or arsenic may have entered their bodies.

The body clears lead and arsenic through the kidneys. Arsenic leaves the body quickly – after about one week or so it is usually gone. Lead leaves the body more slowly and is stored in bones, but lead levels in blood generally fall within about six weeks unless there have been elevated levels for lengthy periods.

How may arsenic affect health?

Arsenic can cause changes in the skin, including thickening of the skin, patchy changes in colour (darker or lighter) and ulcers.

Arsenic can affect the nerves to the arms and legs, causing loss of sensation and pins and needles.

Arsenic can increase the risk for some cancers, including some skin cancers.

The risk of these health effects depends on how long a person had raised levels of arsenic in their body, and how high the level was.

How may lead affect health?

Most people with raised blood lead levels have no obvious symptoms.

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However, at low levels, lead can affect children's intellectual development. At higher levels, lead can cause learning and attention problems, hearing loss, slowed growth and behavioural problems.

Lead can affect adults, causing joint and muscle pains, high blood pressure and nerve problems.

How do you test for lead and arsenic in the body?

Tests of recent intake of arsenic require a sample of urine . As arsenic is found in seafood, a person being tested for arsenic should not eat seafood or sauces with seafood in them (e.g. oyster sauce) for three days. If possible, it is best to not smoke for three days before the test.

Lead tests require a sample of blood.

If a person in contact with soil on these properties has raised levels of arsenic or lead in their body, how is it treated?

The first step is to stop further contact with the contaminated soil so that no more arsenic or lead from this soil can enter the body.

Other things people can do are:

- wash hands after being outside and playing with pets; and before smoking and eating
- wash pets regularly
- keep kids' dummies and toys clean
- reduce dust in the house by regular mopping or vacuuming
- eat a wide variety of foods. Foods high in zinc, iron and calcium are good because they reduce the amount of lead people take up in their body. Foods that are good include red meats, eggs, cereals, milk, cheese, yoghurt and nuts.

Are animals at risk?

Animals that swallow soil can also take arsenic and lead into their bodies. Arsenic and lead can affect the health of household animals. If there are any concerns, see your vet.

Was this mine tailing sand used in other places in Eidsvold?

The mine tailing sand was used as bedding for the town water pipes, laid down in the 1960s. Council and Queensland Health have taken a number of samples of water from the town water supply. These have been tested and there is no measureable arsenic or lead in the town water. Samples will be taken from time to time in the future to check the water continues to be safe from contamination.

The mine tailing sand may have been used in concrete. Any arsenic or lead bound up in concrete is not a risk to humans.

The mine tailing sand was not suitable for fill or top-dressing, so as far as is known, it was not used for these purposes.

How will this matter be followed up?

Queensland Health will be talking with the residents of the two affected properties and may contact other people or families who visited those properties in recent weeks. This is to ensure people's safety.

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The Department of Environment and Heritage Protection, Queensland Health, The Department of Housing and Public Works (DHPW), and North Burnett Regional Council will continue to work together with the community to make sure health risks to the community in relation to this issue are identified and managed.

If you have not been contacted and you have concerns that you or your family have had contact with mine tailings, please contact Council's Environmental Health Department on 1300 696 272.

Where can I get more information?

The Victorian Department of Health website has a useful brochure '*Arsenic and Health. Are you Living in an Area with Mine Tailings?*' It is available at:
http://health.vic.gov.au/environment/hazards-arsenic-mine-tailings.htm
Copies are also available at the Council office.

Queensland Health has a brochure on living with lead available at:
http://www.health.qld.gov.au/goodhealthintnq/documents/living_with_lead.pdf

Prepared by the Wide Bay Public Health Unit, 15 January 2013

RTI RELEASE

DOH-DL-12/13-015 RTI Document 757

18/3/13 Q(05/021186

Department RecFind No:	BR056340
Division/District:	DDHHS
File Ref No:	

NFA

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

RECEIVED
DATE 19 MAR 2013 BY

Requested by: SDLO **Date requested:** 13 March 2013 **Action required by:**

SUBJECT: Dispersal of bat colony from Warwick State High School

Proposal
That the Minister:

Note the contents of this brief regarding the dispersal of a bat colony from the Warwick State High School.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
/ /

Chief of Staff
/ /

Minister's comments

RETURNED BY MIN'S OFFICE

RECORDS TEAM RECEIVED 03 APR 2013 QLD HEALTH

RTI RELEASE

DOH-DL-12/13-015 RTI Document 758

Department RecFind No:	BR056340
Division/HHS:	DDHHS
File Ref No:	

Briefing Note for Noting

15 MAR 2013

Director-General

Requested by: SDLO **Date requested: 13 March 2013** **Action required by:**

SUBJECT: Dispersal of bat colony from Warwick State High School

RELEASE

Proposal

That the Director-General:

Note the contents of this brief regarding the dispersal of a bat colony from the Warwick State High School.

Urgency

1. Routine

Headline Issues

2. The top issues are:
   - A colony of Little Red Flying Foxes near the Warwick State High School were a source of public concern regarding potential health risks.
   - The Southern Downs Regional Council sought and obtained permission to undertake measures to move the colony away.
   - Some of the Colony have now relocated to an area near the Allman Park Racecourse Warwick.
   - While it is understood that no horses are permanently stabled at the racecourse, there are some horses located within 200 metres of the colony. Southern Downs Regional Council has provided information to horse owners and residents in the vicinity of the colony.

Key issues

3. Ongoing public concern about potential health risks from Bat Horse contact (Hendra virus).

Background

4. On 21 February 2013, the Darling Downs Public Health Unit (DDPHU) was advised of public concerns relating to a colony of Little Red Flying Foxes located near the Warwick State High School oval and Agricultural facility. A subsequent Public Health Risk Assessment was undertaken. Advice on avoiding contact with the flying foxes was provided.

5. On 22 February 2013, the Southern Downs Regional Council sought and were granted permission to disperse the colony. This commenced on the 5 March 2013. The colony have subsequently relocated to an area near the Allman Park Racecourse Warwick, where existing colonies of black and grey-headed flying foxes are located. It is understood that Council is unable to relocate this colony for the time being as many of the flying foxes have only recently given birth.

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Attachments

6. Attachment 1: Media Statement
   Attachment 2: Daily News, Warwick Queensland 9 March 2013.

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RTI RELEASE

22 February 2013

MEDIA STATEMENT

Please attribute to Public Health Medical Officer, Dr Kari Jarvinen

The Darling Downs Hospital and Health Service Population Health Unit has recommended students, staff and visitors follow a few simple steps to avoid the flying fox colony at Warwick State High School.

Dr Kari Jarvinen yesterday reminded locals that avoiding flying foxes was the simplest way to stay safe as she assessed possible health risks associated with the flying fox colonies at the school.

"I've asked the principal to instruct all students, teachers and visitors to avoid touching injured, sick or dead bats," Dr Jarvinen said.

"I also recommended people stay away from the colonies during normal rest periods because when the bats are stimulated, they tend to become trapped in nearby barbed wire fences.

"Only authorised people should be within 50 metres of the flying fox colonies or the Agriculture Complex until the colonies move on."

Other recommendations made to the school by Dr Jarvinen included:

- an exclusion area at the school oval should be declared and appropriately roped or fenced off with signage erected
- access to the sports oval should be strictly controlled outside of school hours
- advice on personal hygiene, especially hand washing, should be reinforced to everyone at the school
- antibacterial hand wash should be provided and used
- all students should be provided with advice on the need to seek urgent medical assistance if they are either bitten or scratched (regardless of whether the flying fox is alive or dead at the time).

A Queensland Health Fact Sheet has been provided to school to assist in reinforcing the important health messages.

Advice was also provided on the use of tank rain water at the school.

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Health Advice

Only people who have been trained in the care of bats, and who have been vaccinated against rabies, should handle bats or flying foxes.

If you have been bitten or scratched, it is very important to properly clean the wound and immediately seek medical attention.

The wound should be washed thoroughly with soap and water for at least five minutes. If available, apply an antiseptic such as iodine or alcohol after washing.

If bat saliva comes into contact with the eyes, nose or mouth, flush the area thoroughly with water, and always seek medical attention.

Anyone who comes into contact with an injured bat should contact the Department of Environment and Heritage Protection on 1300 130 372, or the RSPCA on 1300-ANIMAL.

For further information, please phone the 13 HEALTH information line (13 43 25 84).

Ends

Media contact:
For media inquiries, contact Darling Downs Hospital and Health Service Public Affairs Manager, 4616 6095, 0417 795 568 or DDHHS_Media@health.qld.gov.au

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Department RecFind No:	BR056529
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

RECEIVED
19 APR 2013

Requested by: Deputy Director-General Health Service & Clinical Innovation Division **Date requested: 9 April 2013** **Action required by: ASAP**

RECORDS TEAM
RECEIVED
28 MAY 2013

SUBJECT: Coal Seam Gas (CSG) Report – Action Plan

Recommendation
That the Minister:

Note the draft Action Plan that has been developed in response to the six recommendations in the Department's recent Coal Seam Gas (CSG) report.

Note that the Deputy Director-General, Health Services and Clinical Innovation Division, is convening a meeting on 1 May 2013, with senior representatives from other key Government agency stakeholders to discuss and finalise the Action Plan, including timelines for actions.

Note that it is envisaged the meeting on 1 May 2013, will also develop a process to track the progress of each recommendation.

Note that representatives from the Health Protection Unit, Department of Health, and the Darling Downs Public Health Unit, Darling Downs Hospital and Health Service, will be attending a meeting of the GasFields Community Support Group in Chinchilla on 24 May 2013, to discuss the recent CSG report.

APPROVED/NOT APPROVED **NOTED** **NOTED**

[signature] for

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff
27/5/2013

Minister's comments

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URGENT

Department RecFind No:	BR056529
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: Deputy Director-General Health Service & Clinical Innovation Division **Date requested:** 9 April 2013 **Action required by:** ASAP

SUBJECT: Coal Seam Gas (CSG) Report – Action Plan

Proposal

That the Director-General:

Note the proposed Action Plan and proposal for consultation with senior representatives from other key Departments.

Provide this brief to the Minister for information.

Urgency

1. **Urgent** - to ensure the Minister and Director-General are aware of current actions arising from the recommendations in the Department of Health's (DoH'S) recent CSG report.

Headline Issues

2. The top issues are:
   - Progress of the recommendations in DOH's recent report into the health effects of Coal Seam Gas (CSG) activities in the Tara region.
   - DoH is continuing to respond to the concerns of affected residents in the Tara region.

Key issues

3. DoH's recent report, "Coal seam gas in the Tara region: Summary risk assessment of health complaints and environmental monitoring data" was tabled by the Minister in Parliament on 21 March 2013. It included six recommendations.

4. Most of the recommendations have relevance to other Government agencies, including the GasFields Commission, the Department of Natural Resources and Mines, the Department of Environment and Heritage Protection, and the Department of Communities, Child Safety and Disability Services.

5. Some of the recommendations have relevance to DoH and the Darling Downs Hospital and Health Service (HHS).

6. A draft Action Plan has been developed (Attachment 1).

7. The Deputy Director-General, Health Service and Clinical Innovation Division (DDGHSCID), is convening a meeting on 1 May 2013 with senior representatives from other key Government agencies.

8. It is envisaged the Action Plan will be finalised at that meeting with all relevant agencies agreeing to their respective roles and timelines in regard to the recommendations in the report.

9. It is anticipated that processes will be established at the initial meeting in regard to tracking the progress of each recommendation.

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DOH-DL-12/13-015 RTI Document 764

Department RecFind No:	BR056529
Division/HHS:	HSCID
File Ref No:	

Background

10. There have been long-standing complaints from some residents in the Tara area that CSG activities are adversely impacting their health. Health complaints generally relate to non-specific effects such as headache, nausea and vomiting, nose bleeds and skin rashes. There also are complaints in regard to noise and vibration.

11. DoH commenced an investigation of these complaints last year. This culminated in a risk assessment report based on available clinical and environmental monitoring data.

12. The report was tabled by the Minister in Parliament on 21 March 2013 and published on the DoH website. It comprised the overall report and four appendices:
    - Report by the Darling Downs Public Health Unit into its investigation of the health complaints based on reports to local GPs and hospitals, and 13HEALTH;
    - Report by a Specialist Occupational and Environmental Health Physician who was engaged by the Department to undertake clinics in Tara during 11-12 October 2012;
    - Report by ERM, an independent consulting firm, which QGC engaged to report on the environmental monitoring of air, water and soil that QGC commissioned in mid-2012; and
    - Report by the Department of Science, Information Technology, Innovation and the Arts on an air monitoring program undertaken by the Department of Environment and Heritage Protection in the second half of 2012.

13. The overall conclusion in the report was that a clear link could not be drawn between the health complaints and impacts of the CSG industry on air, water or soil in the community.

Consultation

14. The DDGHSCID is convening a meeting on 1 May 2013, for the proposed Action Plan to be discussed with key representatives of other relevant agencies.

15. A meeting of the GasFields Community Support Group will be held on 24 April 2013 in Chinchilla. Representatives from the Health Protection Unit, DoH and the Darling Downs Public Health Unit, Darling Downs Hospital and Health Service, will be attending to provide a briefing on the report and to respond to questions that arise.

Attachments

16. Attachment 1: Coal Seam Gas Report – Draft Action Plan for Recommendations (draft version 3 April 2013)

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Coal Seam Gas Report
Draft Action Plan for Recommendations
(Draft version 3 April 2013)

Report recommendation	Responsibility	Action	Timeline
1. Relevant government agencies establish mechanisms to ensure a coordinated response to community and social aspects identified in this report. For example, a community reference group drawn from CSG areas may assist in the identification of health, community and social concerns at a community level and in the development of appropriate responses.	Department of Natural Resources and Mines Assistance from: • GasFields Commission • Department of Environment and Heritage Protection • Department of Health • Darling Downs Hospital and Health Service • Department of Communities, Child Safety and Disability Services	• Meeting of relevant stakeholders to finalise coordination mechanisms • Development of issues management process and plan • Communication plan for providing information to community that addresses all relevant aspects i.e. community, social, health, environmental, CSG development, etc.	• 30 April 2013 • 30 June 2013 • 30 June 2013
2. The Department of Communities, Child Safety and Disability Services take a lead role in advising on community support initiatives that can be implemented in areas where there are significant concerns about the impacts of CSG development.	Department of Communities, Child Safety and Disability Services Input from Darling Downs Hospital and Health Service based on its needs analysis for region	• Resource issues identified • Implementation of any additional initiatives that are identified	• 30 April 2013 • 30 June 2013
3. Regular, timely and accurate information be provided to communities in CSG areas in relation to health, community and social concerns, including the feedback of information on environmental monitoring activities.	This links to recommendation 1. Integrate into the actions under that recommendation.	• See recommendation 1	• See recommendation 1
4. A strategic ambient air monitoring program be established by DEHP to monitor overall CSG emissions and the exposure of local communities to those emissions.	Department of Environment and Heritage Protection Assistance from: • GasFields Commission • Department of Natural Resources	• Collate and review existing air monitoring data available from government agencies and industry sources, and identify gaps in the available data • Develop air monitoring plan to	• 31 May 2013 • 31 July 2013

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RTI Document 767

Report recommendation	Responsibility	Action	Timeline
	and Mines • Department of Health • Darling Downs Hospital and Health Service • Department of Science, Information Technology, Innovation and the Arts	address gaps and to provide longer-term strategic monitoring of ambient air quality	
5. If concerns continue in the community about low frequency noise, additional assessment by DEHP and/or industry stakeholders may need to determine if noise mitigation measures are required.	Department of Environment and Heritage Protection Assistance from: • GasFields Commission • Department of Natural Resources and Mines • Department of Health • Darling Downs Hospital and Health Service	• Collate and review existing community noise and/or vibration data available from government agencies and industry sources, and identify gaps in the available data • Assess requirements for future noise and/or vibration monitoring and mitigation based on identified gaps and/or persisting community concerns/complaints • Complete any additional noise and/or vibration assessments that are identified	• 31 May 2013 • 30 June 2013 • 30 September 2013
6. Future health clinics related to CSG concerns may be indicated for residents in the Tara region and elsewhere. Community input should be sought in regard to the nature, location, frequency and timing of such clinics. Given the identification of mental health concerns relating to the impacts of the CSG industry on some residents in the Tara region, future clinics should include specific expertise on mental health aspects. Relevant Hospital and Health Services in CSG areas should be involved in the planning and resourcing of such clinics within their areas.	Darling Downs Hospital and Health Service	• As part of the DDHHS's current overall needs analysis of health services, incorporate aspects specific to CSG areas, including mental health services and role of 13HEALTH reporting, if not already included in current processes • Report of needs analysis to DDHHS Board for consideration of services that may be identified for communities in CSG areas	• 30 June 2013 • 30 September 2013

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CONF

18/4/13 18 APR 2013 QC05/021022

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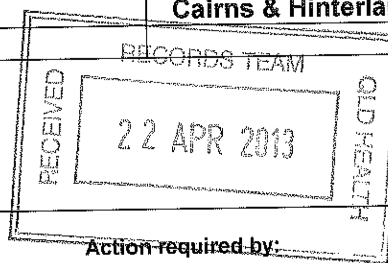
Division/HHS:	Cairns & Hinterland HHS
File Ref No:	



URGENT

Briefing Note for Noting

Director-General

Requested by: Chief Executive, Cairns and Hinterland Hospital & Health Service **Date requested: 16 April 2013** **Action required by:**

SUBJECT: Special Care Nursery Air Quality

Proposal

That the Director-General:

Note that *GCG Health Safety & Hygiene* (GCG) (Townsville) was commissioned by the Cairns and Hinterland Hospital and Health Service (CHHHS) to conduct air monitoring and report on airborne irritant chemicals at the Special Care Nursery (SCN) at Cairns Base Hospital, CHHHS, and submit samples for laboratory analysis.

Note that the test results (Attachment 1, Irritant Chemical Analysis) indicate elevated concentrations of formaldehyde.

Note that staff, infants and others in the Special Care Nursery of the Cairns Hospital may have inadvertently been exposed to high levels of formaldehyde emissions.

Note that the CHHHS took precautionary action by relocating all Special Care Nursery Babies to an area within the Intensive Care Unit.

Urgency

1. **Urgent** - potential adverse medical, legal, patient, community and media implications.

Headline Issues

2. The top issues are:
   - Formaldehyde is classified by the National Occupational Health and Safety Commission (NOHSC) as a Category 2 carcinogen. This classification was made in 2005, whereas the International Agency for Research in Cancer (IARC) classified formaldehyde as a Group 1 carcinogen in 2004 based on the occurrence of nasopharyngeal cancer in industrial workers. IARC assigns substances to Group 1 if there is sufficient evidence of carcinogenicity in humans.
   - The CHHHS has urgently completed additional testing (samples sent to Brisbane) and has sourced a formaldehyde monitor from James Cook University in an attempt to find the source. Investigations have so far narrowed the source of the formaldehyde to specific joinery units (cupboards) within a room of the SCN.
   - The analytical results of the urgent testing may not be available until Friday, 19 April 2013, or Monday, 22 April 2013.
   - The CHHHS has acted protectively and urgently by relocating all babies within the SCN to another area of the hospital, the Intensive Care Unit.

Key issues

3. Premature babies and a number of Cairns HHS staff members have been exposed to formaldehyde emissions that allegedly exceed workplace exposure standards.
4. Approximately two weeks ago, Building and Engineering Services, in conjunction with Occupational Health and Safety, arranged for air testing to be conducted in the Special Care Nursery at Cairns Base Hospital. The testing was conducted by GCG, Townsville.
5. Five samples were taken within the same time period at the SCN, and the verbal advice received on 15 April 2013, from GCG is that all five samples showed elevated levels of formaldehyde, and in the south east corner of the SCN there was a level of 2.3mg3 (the occupational exposure standard for an eight hour period is 1.2mg3).
6. The World Health Organisation (WHO) has recommended an indoor air quality guideline for the general public of 0.1mg/m^3 or 0.08 parts per million (ppm).

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7. Formaldehyde is usually found in glues and adhesives, but also in particle boards and plywood. Effects of inhaled formaldehyde are dose dependant and mainly can result in respiratory tract effects - irritation of eyes, nose and throat leading to lacrimation and some wheezing. Those with lung diseases may have a worsening in their respiratory function.
8. The Cairns OHS Unit is liaising with Workplace Health and Safety Queensland regarding the matter and has been advised that the matter is not a Notifiable Incident.
9. In September 2012 Workplace Health and Safety Queensland issued Queensland Health an Improvement Notice for an unrelated matter affecting the same unit following a complaint from the parents of one of the babies who was a patient in the unit. Although no longer a patient in the Unit, It is possible that this infant was also exposed to formaldehyde.

Background

10. The SCN Stage 1 was opened at Cairns Base Hospital in July 2012. The 22 existing cots and nurses station were moved into the newly built space above the Emergency Department. Construction is expected to be complete in the first half of 2013.
11. The CHHHS started to receive Occupational Health and Safety Incident Forms from December 2012 in relation to areas within the SCN. There were approximately four forms received. The forms listed red and itchy eyes as a symptom.
12. As a result of a further OH&S form being submitted, the following locations within SCN were tested. Verbal results were received at about 3.00 pm on Monday, 15 April 2013, with the finding of formaldehyde:

Sample ID	Sampling Location	Sample Duration (Minutes)	Formaldehyde(mg/m3)
QH2122-001	Plant Room at air-conditioner inlet	51	0.8
QH2122-002	SCN Entrance	71	1.5
QH2122-003	SCN Below return air vent	69	0.8
QH2122-004	SCN Corner	67	2.3
QH2122-005	Birthing Unit	69	1.3

13. Advice received from OH&S is that an employee's exposure should preferably be less than 50% of the occupational exposure standard. The occupational exposure standard for an eight hour period is 1.2mg^3.
14. The WHO indoor air quality guideline of 0.1mg/m^3 is based on preventing sensory irritation of the eyes. The guideline value is applicable to any 30 minute interval during a day. WHO reported that "neither increased sensitivity nor sensitisation is considered plausible at such indoor concentration in adults and children". No information was available for new-born babies.
15. The WHO also reported that "in humans, no excess nasopharyngeal cancer has been observed at mean exposure levels at or below 1.25 mg/m^3 and with peak exposures below 5 mg/m^3". Thus the WHO indoor air quality guideline will also prevent the development of cancer in persons exposed this concentration continuously over a 70 year lifetime.
16. The decision to relocate babies from SCN was made at 6.10 pm on Monday 15 April 2013 with the Executive Director Nursing and Midwifery coordinating the relocation. A small group of employees were utilised so as not to create heightened concern for the parents. The babies were moved in a harmonious way as a result.
17. Cleaning commenced and was completed at 6.50 pm. The area was scoped and equipment transfer conducted. The move was completed by 8.20 pm.
18. The parent response at that stage was of calm concern with some of them wanting a little more detail. Some parents were not with their babes so discussions are continuing today.
19. During the time of the move inpatient baby numbers grew by two. These babies were held in the birth-suite until the move had been accomplished.
20. A panel check has been conducted of oxygen suction and switches, and egress issues are being attended to.

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21. Air testing within SCN and the ICU area, where the babies have been moved to is being conducted, by utilising a formalydehyde monitor. This monitor has been sourced from JCU and can be utilised as a 'hot' or 'cold' tool, but not an exact measurement. It will assist in finding a source, however preliminary investigations indicate the source is joinery units.
22. The Health Infrastructure Branch (HIB) was advised of the issues on Monday 15 April 2013, in the context of the recently completed building works. AbiGroup as the building contractor has provided advice to the HHS due to their presence on site and interest in future legal action.
23. It should be noted that the issues and indications of the presence of formaldehyde is widely known within the construction industry and its association with glues and laminates used in joinery.
24. Specifications used in construction within Australia restrict the use of certain chemicals that can give off irritants such as formaldehyde gas. In certain circumstances materials used in joinery may have been erroneously supplied from sources that do not comply with Australian standards, such as China.
25. AbiGroup contractors are confirming the source of the material used in the joinery in the works to date.
26. Further to the works conducted by the HHS, HIB have requested an initial incident report that will articulate the issue, cause and remedial action being undertaken on the Cairns redevelopment as per the current established HIB processes. This is expected to be received by Tuesday 23 April.
27. An urgent meeting was convened by the Chief Executive for internal stakeholders at 9:30 am 16 April 2013. The following action is currently being undertaken by the CHHHS:
    - Occupational Health and Safety communication and support to staff;
    - Communication to media;
    - Discussions are continuing with affected families;
    - Previous inpatient lists are being collated in the event they need to be informed; and
    - Public Health have been informed for support.
28. GCG provided a Report to the CHHHS at 11:00am today providing further information (Attachment 1).
29. The CHHHS is likely to require support from the Department of Health with the following:
    - Expert media and communications assistance;
    - Expert medical assistance (as there may be a conflict of interest for physicians within the CHHHS); and
    - Long-term strategy depending upon the source of the formaldehyde.

Consultation

30. Board Chair
31. Executive Management Team
32. Building Engineering and Maintenance
33. Occupational Health and Safety
34. CHHHS Redevelopment
35. Workplace Health and Safety Queensland
36. Abigroup Constructions
37. Health Infrastructure Branch, Department of Health
38. James Cook University
39. Tropical Public Health
40. CHHHS Emergency Physicians

Attachments

41. Attachment 1: GCG, Indoor Air Monitoring – Chemical Irritants, Cairns Base Hospital March 2013

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INDOOR AIR MONITORING – CHEMICAL IRRITANTS

March 2013

Queensland Health – Cairns Base Hospital

GCG HEALTH SAFETY & HYGIENE

ABN 26 114 988 751

BRISBANE | PERTH | TOWNSVILLE | MORANBAH | EMERALD | HOBART

Townsville Office

Office: 57 Leyland St, GARBUTT QLD 4814 Australia

Postal: PO BOX 698, TOWNSVILLE, QLD 4810

Telephone 07 4725 0659

Email andrew@gcg.net.au

Contact Drew Kleier

Web www.gcg.net.au

INVESTIGATED BY: Jason Hiscox
Senior Hygiene Consultant

REPORTED BY: Jason Hiscox

APPROVED BY: Alan Williams, COH, MAIOH
Occupational Hygiene Specialist

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1 INTRODUCTION

GCG Health Safety & Hygiene (GCG) was requested by Ian McTackett, Maintenance Manager Operations, Queensland Health, to conduct air monitoring and report on airborne irritant chemicals at the Special Care Nursery (SCN) unit of Cairns Base Hospital.

Sampling was conducted on the 22nd March 2013 by Jason Hiscox, Senior Hygiene Consultant.

It was conveyed that some staff members have reported irritated eyes, with one staff member being diagnosed with conjunctivitis.

The Birthing rooms and the SCN have recently been renovated with renovations still being conducted near the birthing rooms during the sampling period. A new air-conditioning unit was recently installed in the plant room above the SCN. The new air-conditioning unit draws air from outside the building through filters and is combined with return air from the SCN before being cooled and supplied to the SCN.

Suspected chemical irritants that were sampled for are Volatile Organic Compounds (VOCs) and Formaldehyde. Sorbent tube sampling for VOCs and Formaldehyde was conducted and sent for laboratory analysis in a bid to identify airborne irritant chemicals that may be present.

2 METHODOLOGY & LIMITATIONS

Samples were collected from five locations (See APPENDIX 2 – Sample Locations);

- Air-conditioning plant room
- SCN entrance hall
- SCN below air-conditioning return-air vent
- SCN East corner
- Birthing unit, corridor between rooms 8 and 9.

Sorbent tube samples were collected over periods of 50 to 71 minutes to obtain the required sample volume as per NIOSH methods 1501 (Hydrocarbons-Aromatic) and 2016 (Formaldehyde).

Samples were sent to the following NATA accredited laboratory for analysis.
Envirolab services Pty Ltd.
NATA accreditation number 2901.

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Laboratory methods utilised by Envirolab laboratory were:

Table 1: Laboratory Methods

Analyte	Method ID	Methodology Summary
VOCs	Ext-054	Analysed by Envirolab Services Sydney, Accreditation Number 2901.
Formaldehyde	Ext-017	Subcontracted to ARL (WA)

VOC analysis by method Ext-054 includes included all of the following thirty four (34) compounds;

- Acetone
- Propylene Oxide
- Acrylonitrile
- Methylethylketone (MEK)
- Hexane
- Ethylacetate
- 1,2-Dichloroethane
- Benzene
- Carbontetrachloride
- Cyclohexane
- Ethylacrylate
- Trichloroethene
- 1,4-Dioxane
- Epichlorohydrin
- Methylisobutylketone (MIBK)
- Toluene
- n-Butylacetate
- Tetrachloroethene
- Chlorobenzene
- Ethylbenzene
- m-Xylene
- p-Xylene
- Cyclohexanone
- Styrene
- o-Xylene
- Nonane
- Isopropylbenzene

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- Diisobutylketone (DIBK)
- a-Methylstyrene
- Benzylchloride
- Decane
- Naphthalene
- Dodecane
- 1&2-Methylnaphthalene*

3 OCCUPATIONAL EXPOSURE STANDARD (OES)

Occupational Exposure Standard (OES) definitions:

- '**Exposure standard**' means an airborne concentration of a particular substance in the worker's breathing zone, exposure to which, according to current knowledge, should not cause adverse health effects nor cause undue discomfort to nearly all workers. The exposure standard can be of three forms; time-weighted average (TWA), peak limitation, or short term exposure limit (STEL).
- '**Exposure standard - time-weighted average (TWA)**' means the average airborne concentration of a particular substance when calculated over a normal eight-hour working day, for a five-day working week.
- '**Exposure standard - short term exposure limit (STEL)**' means a 15 minute TWA exposure which should not be exceeded at any time during a working day even if the eight-hour TWA average is within the TWA exposure standard. Exposures at the STEL should not be longer than 15 minutes and should not be repeated more than four times per day. There should be at least 60 minutes between successive exposures at the STEL.

Occupational Exposure Standards (OES's) are determined as per SafeWork Australia publication, '*Workplace Exposure Standards for Airborne Contaminants*'.

Aldehydes

The Aldehydes group, including Formaldehyde (CH2O), are present in many indoor environments as a result of 'off-gassing' from materials such as plywood, furniture and insulation. These compounds are also present in a wide range of personal care and consumer products.

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Formaldehyde may irritate the eyes, skin and respiratory tract and can cause an asthma-like respiratory allergy. The lowest concentration reported to cause sensory irritation of the eyes in humans is 0.36 mg/m^3 (for four hours). There is no indication of accumulation of effects over time with prolonged exposure[1].

Formaldehyde is classified by the NOHSC as a Category 2 carcinogen (substance that should be regarded as carcinogenic to humans). This classification was made in 2005, where the International Agency for Research in Council (IARC) classed formaldehyde as a Category 1 carcinogen in 2012[2]. GCG therefore recommends that the IARC classification is applied.

The Safe Work Australia (adopted NOHSC standard) has the following occupational exposure standard (OES) for Formaldehyde:

- *TWA (time weighted average, eight-hour) exposure limit in the workplace:* ***1.2 mg/m^3 (1 ppm)***
- *STEL (short-term exposure limit) (15 minutes):* ***2.5 mg/m^3 (2 ppm)***

The World Health Organisation (WHO) provides the following IAQ guideline for Formaldehyde as recommended for preventing sensory irritation in the general population:

- WHO air quality guideline for short-term exposure (30-minute) of: **0.1 mg/m^3 *(0.08 ppm)***

It should be noted that the National Exposure Standard for Formaldehyde has been marked for review. Safe Work Australia[3] indicates that "In most cases the ACGIH documentation should be consulted for these substances". In 2006 NICNAS[4] recommended that the Occupational Exposure Standard be lowered to 0.3 ppm 8h TWA and 0.6 ppm STEL and stated that "This recommended standard not only provides adequate protection against discomfort of sensory irritation (the health endpoint on which the proposed standard is set), but also provides a high level of protection for cancer."

GCG recommends that worker exposures be controlled below the Safe Work Australia exposure standards (TWA & STEL) to manage the risk to workers health. However, consider managing exposures to formaldehyde as low as reasonably practicable (ALARP).

---

[1] *WHO guidelines for indoor air quality: selected pollutants* (2010), http://www.who.int

[2] International Agency for Research on Cancer (IARC), Agents classified by the IARC monographs. http://monographs.iarc.fr/ENG/Classification/ClassificationsAlphaOrder.pdf

[3] Safe Work Australia, Hazardous Substance Information System (HSIS), formaldehyde review notice, http://hsis.ascc.gov.au/DocumentationES.aspx?ID=289#ref-Review%20notice:

[4] Australian Department of Health and Aging, NICNAS, *Priority Existing Chemical Assessment Report No. 28 Formaldehyde,* Nov 2006.

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4 RESULTS

The laboratory reports from the sorbent tube sampling for VOCs and Formaldehyde are in APPENDIX 1 – Laboratory Analysis Results.

4.1 VOC Sampling Results.

All results for all samples for VOCs included in the laboratory analysis suite of chemicals were below the detection limit of the laboratory analysis method except for very low levels of Toluene at the SCN entrance, (the result of 1.0 mg/m^3 was well below the relevant Occupational Exposure Standard (OES) of 191 mg/m^3).

4.2 Formaldehyde Sampling Results.

Table 2: Formaldehyde results.

Sample ID	Sampling Location	Sample Duration (Minutes)	Formaldehyde (mg/m^3)
QH2122-001	Plant Room at air-conditioner inlet	51	0.8
QH2122-002	SCN Entrance	71	1.5
QH2122-003	SCN Below return air vent	69	0.8
QH2122-004	SCN Corner	67	2.3
QH2122-005	Birthing Unit	69	1.3

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5 DISCUSSION

All measurements taken were static samples. As samples were not taken on personnel, the airborne results cannot be directly compared to the relevant occupational exposure standard.

All VOCs that were analysed for were below the detection limit of the laboratory analysis method except for very low levels of Toluene at the SCN entrance.

Airborne Formaldehyde levels obtained using the sorbent sampling tubes in static locations indicate that there is potential for persons working within the SCN and Birthing rooms corridor to receive daily exposure to formaldehyde at levels exceeding the time weighted average (8 hour TWA) occupational exposure standard of 1.2 mg/m^3.

There is potential for patients to receive exposure to formaldehyde exceeding the World Health Organisation (WHO) recommended air quality guideline for short-term exposure (30-minute) for preventing sensory irritation in the general population of 0.1 mg/m^3.

Actual daily exposure to formaldehyde will depend on the formaldehyde concentration (which may vary during the day) and the duration of exposure.

Formaldehyde was detected in the plant room at a level of 0.8 mg/m^3. The sampling location was directly between the filters for the outside air and the inlet to the air-conditioning unit and is unlikely to have been contaminated by air within the plant room.

The highest level of formaldehyde detected was in the Eastern corner of the SCN at a level of 2.3 mg/m^3, this result is approaching the STEL of 2.5 mg/m^3. The Eastern corner of the building is exposed to more sun than other areas of the SCN thus increasing the temperature of this area which may account for higher levels of formaldehyde being vaporised. The Eastern corner of the SCN may have reduced air flow which could result in formaldehyde vapour not being removed effectively.

Formaldehyde was detected in the birthing rooms corridor at a level of 1.5 mg/m^3. Formaldehyde emission from building products including adhesives used in nearby renovation works being conducted in the area during the sampling period may have contributed to this result.

Generally, a common source of formaldehyde within buildings includes pressed wood products (i.e. particle board), flooring, furnishings, carpets and adhesives. Formaldehyde emissions from materials within the building will not continually release at the same rate for the life of the product. Formaldehyde levels will dissipate over time depending on the volume of formaldehyde within the

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material, type of product and other environmental factors. Environmental factors such as increased ventilation (exchange) and temperature will increase vaporisation and removal of formaldehyde.

Increased ambient temperature and fresh air ventilation will assist in reducing formaldehyde emission over time.

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6 RECOMMENDATIONS

GCG recommend that Queensland health consider taking the following actions to reduce formaldehyde exposure within the SCN;

1. If practicable, consider restricting access to the SCN and birthing rooms until airborne formaldehyde levels are reduced to an acceptable level.

2. In the short term, increase fresh air ventilation rates in the SCN to increase rate of removal of airborne formaldehyde. Re-circulation of air within the SCN should be reduced as far as is practicable. Fresh air inlets should be located away from potential sources of airborne contaminants.

3. Identify potential sources of formaldehyde emission within the SCN and nearby areas. Remove identified sources where practicable. Potential emission sources include compressed wood products, carpets furnishings and adhesives. Areas recommended for assessment include normal occupied spaces within the SCN, areas surrounding the SCN, the plant room, the ventilation system and products being used during nearby renovation works.

4. Continue to monitor formaldehyde levels within the SCN.

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Part of the Envirolab Group

16 - 18 Hayden Court, Myaree, Western Australia 6154
PO Box 4023 Myaree BC, Western Australia 6960
Tel: +61 8 9317 2505 / Fax: +61 8 9317 4163
email: laboratory@mpl.com.au
www.envirolabservices.com.au
Envirolab Services (WA) Pty Ltd ABN 63 140 099 207

CERTIFICATE OF ANALYSIS 133640

Client:
GCG Health Safety and Hygiene
Unit 4/10 Vulcan Road
Canning Vale
WA 6155

Attention: GCG Lab

Sample log in details:

Your Reference:	QH2122: 13-0211
No. of samples:	6 tubes
Date samples received:	26/03/13
Date completed instructions received:	26/03/13

Analysis Details:
Please refer to the following pages for results, methodology summary and quality control data.
Samples were analysed as received from the client. Results relate specifically to the samples as received.
Results are reported on a dry weight basis for solids and on an as received basis for other matrices.

Report Details:

Date results requested by:	4/04/13
Date of Preliminary Report:	Not issued
Issue Date:	4/04/13

Results Approved By:

Joshua Lim
Operations Manager

MPL Reference: 133640
Revision No: R 00

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Client Reference: QH2122: 13-0211

VOC in Carbon tubes Our Reference: Your Reference Sample ID Date Sampled	UNITS ------------- ------------	133640-1 735 QH2122-001 22/03/2013	133640-2 731 QH2122-002 22/03/2013	133640-3 976 QH2122-003 22/03/2013	133640-4 737 QH2122-004 22/03/2013	133640-5 965 QH2122-005 22/03/2013
Acetone	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Acetone	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Acetone	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Propylene Oxide	µg/tube	<10	<10	<10	<10	<10
Propylene Oxide	mg/m3	<1.8	<1.8	<1.8	<1.8	<1.8
Propylene Oxide	ppm	<0.80	<0.80	<0.80	<0.80	<0.80
Acrylonitrile	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Acrylonitrile	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Acrylonitrile	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Methylethylketone (MEK)	µg/tube	<5.0	5.0	<5.0	<5.0	<5.0
Methylethylketone (MEK)	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Methylethylketone (MEK)	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Hexane	µg/tube	<5.0	6.0	<5.0	<5.0	<5.0
Hexane	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Hexane	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Ethylacetate	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Ethylacetate	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Ethylacetate	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
1,2-Dichloroethane	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
1,2-Dichloroethane	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
1,2-Dichloroethane	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Benzene	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Benzene	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Benzene	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Carbontetrachloride	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Carbontetrachloride	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Carbontetrachloride	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Cyclohexane	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Cyclohexane	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Cyclohexane	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Ethylacrylate	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Ethylacrylate	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Ethylacrylate	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Trichloroethene	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Trichloroethene	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Trichloroethene	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
1,4-Dioxane	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
1,4-Dioxane	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
1,4-Dioxane	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Epichlorohydrin	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0

MPL Reference: 133640
Revision No: R 00

RTI RELEASE

DOH-DL-12/13-015 RTI Document 784

Client Reference: QH2122: 13-0211

VOC in Carbon tubes Our Reference: Your Reference Sample ID Date Sampled	UNITS ------------- -------------	133640-1 735 QH2122-001 22/03/2013	133640-2 731 QH2122-002 22/03/2013	133640-3 976 QH2122-003 22/03/2013	133640-4 737 QH2122-004 22/03/2013	133640-5 965 QH2122-005 22/03/2013
Epichlorohydrin	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Epichlorohydrin	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Methylisobutylketone (MIBK)	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Methylisobutylketone (MIBK)	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Methylisobutylketone (MIBK)	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Toluene	µg/tube	<5.0	14	10	7.0	8.0
Toluene	mg/m3	<0.90	1.0	<0.90	<0.90	<0.90
Toluene	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
n-Butylacetate	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
n-Butylacetate	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
n-Butylacetate	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Tetrachloroethene	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Tetrachloroethene	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Tetrachloroethene	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Chlorobenzene	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Chlorobenzene	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Chlorobenzene	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Ethylbenzene	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Ethylbenzene	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Ethylbenzene	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
m-Xylene	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
m-Xylene	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
m-Xylene	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
p-Xylene	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
p-Xylene	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
p-Xylene	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Cyclohexanone	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Cyclohexanone	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Cyclohexanone	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Styrene	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Styrene	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Styrene	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
o-Xylene	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
o-Xylene	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
o-Xylene	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Nonane	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Nonane	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Nonane	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Isopropylbenzene	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Isopropylbenzene	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Isopropylbenzene	ppm	<0.40	<0.40	<0.40	<0.40	<0.40

RTI RELEASE

MPL Reference: 133640
Revision No: R 00

DOH-DL-12/13-015

RTI Document 785

Client Reference: QH2122: 13-0211

VOC in Carbon tubes Our Reference: Your Reference Sample ID Date Sampled	UNITS ------------ ------------	133640-1 735 QH2122-001 22/03/2013	133640-2 731 QH2122-002 22/03/2013	133640-3 976 QH2122-003 22/03/2013	133640-4 737 QH2122-004 22/03/2013	133640-5 965 QH2122-005 22/03/2013
Diisobutylketone (DIBK)	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Diisobutylketone (DIBK)	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Diisobutylketone (DIBK)	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
a-Methylstyrene	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
a-Methylstyrene	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
a-Methylstyrene	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Benzylchloride	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Benzylchloride	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Benzylchloride	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Decane	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Decane	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Decane	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Naphthalene	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Naphthalene	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Naphthalene	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
Dodecane	µg/tube	<5.0	<5.0	<5.0	<5.0	<5.0
Dodecane	mg/m3	<0.90	<0.90	<0.90	<0.90	<0.90
Dodecane	ppm	<0.40	<0.40	<0.40	<0.40	<0.40
1&2-Methylnaphthalene*	µg/tube	<10	<10	<10	<10	<10
1&2-Methylnaphthalene*	mg/m3	<1.8	<1.8	<1.8	<1.8	<1.8
1&2-Methylnaphthalene*	ppm	<0.80	<0.80	<0.80	<0.80	<0.80

RTI RELEASE

DOH-DL-12/13-015 RTI Document 786

Client Reference: QH2122: 13-0211

VOC in Carbon tubes Our Reference: Your Reference SampleID Date Sampled	UNITS ------------ ------------	133640-6 734 QH2122-006 22/03/2013
Acetone	µg/tube	<5.0
Propylene Oxide	µg/tube	<10
Acrylonitrile	µg/tube	<5.0
Methylethylketone (MEK)	µg/tube	<5.0
Hexane	µg/tube	<5.0
Ethylacetate	µg/tube	<5.0
1,2-Dichloroethane	µg/tube	<5.0
Benzene	µg/tube	<5.0
Carbontetrachloride	µg/tube	<5.0
Cyclohexane	µg/tube	<5.0
Ethylacrylate	µg/tube	<5.0
Trichloroethene	µg/tube	<5.0
1,4-Dioxane	µg/tube	<5.0
Epichlorohydrin	µg/tube	<5.0
Methylisobutylketone (MIBK)	µg/tube	<5.0
Toluene	µg/tube	7.0
n-Butylacetate	µg/tube	<5.0
Tetrachloroethene	µg/tube	<5.0
Chlorobenzene	µg/tube	<5.0
Ethylbenzene	µg/tube	<5.0
m-Xylene	µg/tube	<5.0
p-Xylene	µg/tube	<5.0
Cyclohexanone	µg/tube	<5.0
Styrene	µg/tube	<5.0
o-Xylene	µg/tube	<5.0
Nonane	µg/tube	<5.0
Isopropylbenzene	µg/tube	<5.0
Diisobutylketone (DIBK)	µg/tube	<5.0
a-Methylstyrene	µg/tube	<5.0
Benzylchloride	µg/tube	<5.0
Decane	µg/tube	<5.0
Naphthalene	µg/tube	<5.0
Dodecane	µg/tube	<5.0
1&2-Methylnaphthalene*	µg/tube	<10

RTI RELEASE

MPL Reference: 133640
Revision No: R 00

DOH-DL-12/13-015 RTI Document 787

Client Reference: QH2122: 13-0211

Method ID	Methodology Summary
Ext-054	Analysed by Envirolab Services Sydney, accreditation number 2901

RTI RELEASE

DOH-DL-12/13-015 RTI Document 788

Part of the Envirolab Group

16 - 18 Hayden Court, Myaree, Western Australia 6154
PO Box 4023 Myaree BC, Western Australia 6960
Tel: +61 8 9317 2505 / Fax: +61 8 9317 4163
email: laboratory@mpl.com.au
www.envirolabservices.com.au
Envirolab Services (WA) Pty Ltd ABN 53 140 099 207

CERTIFICATE OF ANALYSIS 133639

Client:
GCG Health Safety and Hygiene
Unit 4/10 Vulcan Road
Canning Vale
WA 6155

Attention: GCG Lab

Sample log in details:

Your Reference:	**QH2122: TV-13-0210**
No. of samples:	6 tubes
Date samples received:	26/03/13
Date completed instructions received:	26/03/13

Analysis Details:
Please refer to the following pages for results, methodology summary and quality control data.
Samples were analysed as received from the client. Results relate specifically to the samples as received.
Results are reported on a dry weight basis for solids and on an as received basis for other matrices.
Formaldehyde analysed by ARL report 13-1989

Report Details:

Date results requested by:	4/04/13
Date of Preliminary Report:	Not issued
Issue Date:	4/04/13

Results Approved By:

Joshua Lim
Operations Manager

MPL Reference: 133639
Revision No: R 00

RTI RELEASE

DOH-DL-12/13-015 RTI Document 789

Client Reference: QH2122: TV-13-0210

Formaldehyde Our Reference: Your Reference Sample ID Date Sampled	UNITS ------------ ------------	133639-1 953 QH2122-001 22/03/2013	133639-2 959 QH2122-002 22/03/2013	133639-3 960 QH2122-003 22/03/2013	133639-4 957 QH2122-004 22/03/2013	133639-5 956 QH2122-005 22/03/2013
Formaldehyde	μg/tube	8	22	11	31	18
Formaldehyde	mg/m^3	0.8	1.5	0.8	2.3	1.3

Formaldehyde Our Reference: Your Reference Sample ID Date Sampled	UNITS ------------ ------------	133639-6 958 QH2122-006 22/03/2013
Formaldehyde	μg/tube	<1

RTI RELEASE

MPL Reference: 133639
Revision No: R 00

DOH-DL-12/13-015 RTI Document 790

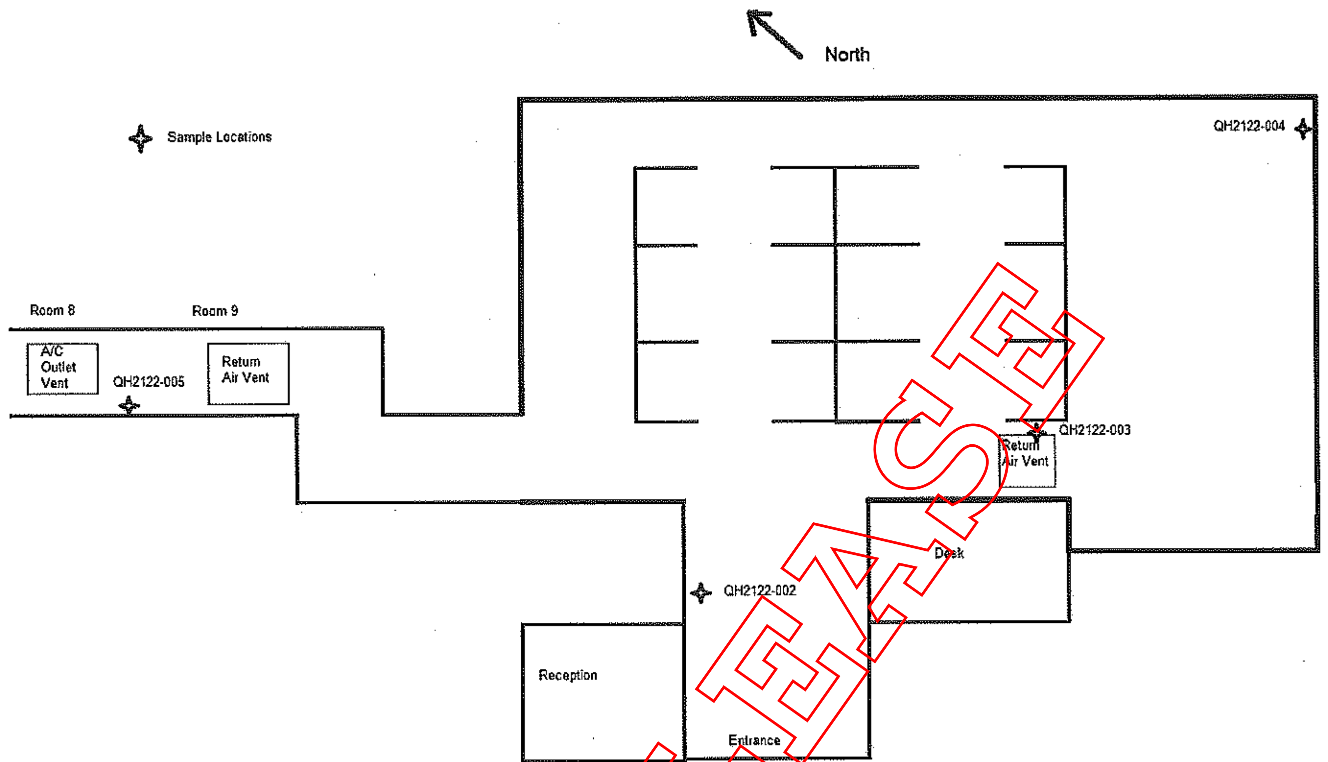
Client Reference: QH2122: TV-13-0210

Method ID	Methodology Summary
Ext-017	Subcontracted to ARL (WA).

RTI RELEASE

DOH-DL-12/13-015 RTI Document 791

APPENDIX 2 – Sample Locations



RTI RELEASE

DOH-DL-12/13-015 RTI Document 792

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RTI RELEASE

DOH-DL-12/13-015 RTI Document 793

s.73

RTI RELEASE

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RTI RELEASE

DOH-DL-12/13-015 RTI Document 795

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RTI RELEASE

s.73

RTI RELEASE

Department RecFind No:	BR056140
Division/District:	SSS Division
File Ref No:	HPID03206

7. The GCUH Project has initiated a number of budget management strategies to ensure that there are sufficient uncommitted funds available to manage such project risks and approved works. The strategies include deferring the installation of the approved Cogeneration Plant in order to reallocate funding, and to stage equipment procurement in line with the current planning for service ramp up.

8. The ICT solution represents the critical path to an operational hospital. A strategy has been implemented to mitigate this risk and support the completion of works through a process to transfer previous Group 3 items (purchased and installed by Health Services Information Agency the commissioning phase) to Group 1 (purchased and installed by the Managing Contractor prior to practical completion). This means that works normally undertaken post practical completion can commence prior to that time, thereby reducing timeframes for completion.

9. Handover of GCUH will commence at the end of February 2013 and dual running costs will be incurred from that time until the Gold Coast Hospital moves to GCUH. Following the staged practical completion of initial works from the end of February, operational commissioning of the facility will be undertaken. This process will occur over seven months and involves training staff in the new environment, loading in furniture and equipment, testing equipment, information communications technology (ICT) and operational procedures.

10. The scale and complexity of commissioning a hospital the size of GCUH is unprecedented in Australia. In the interests of patient safety, quality infrastructure and a seamless transition for staff, patients and the community, September is seen as a realistic and reasonable timeframe.

11. Our number one priority is safety - safe operation of the facility for both staff and patients; and as such the move will only take place once we have fully completed trialling building services, testing the facility and training hospital staff.

Background

12. Information contained in the documents identified for release primarily pertains to updates and information relating to the delay to the Practical Completion date for the GCUH.

13. The documents identify the two key reasons for the delay to Practical Completion; being the complexity involved in delivery of ICT services for the GCUH and strategies being implemented to mitigate the risks this represents; and the collapse of the Hastie Group, who held a number of major subcontracts on the GCUH Project.

14. The documents provided should not represent issues to any Stakeholders for the GCUH Project. Stakeholders potentially impacted include:
    - Lend Lease;
    - Capital Insight;
    - Davis Langdon; and
    - Surepark.

Attachments

15. Attachment 1: Documents proposed for release

RTI RELEASE

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RTI RELEASE

1 MAY 2013

URGENT

Department RecFind No:	BR056380
Division/District:	HSCID
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: Governance Branch Date requested: 23 April 2013 Action required by: ASAP

RECEIVED RECORDS TEAM 05 JUN 2013 DEPT. OF HEALTH

SUBJECT: Right to Information (RTI) Application 1794 now 1890

Proposal

That the Director-General:

Note that the Statewide Maternity and Neonatal Clinical Network (SMNCN) are not aware of any restrictions of access or closures at Queensland Neonatal Intensive Care Units since 1 January 2012.

Urgency

1. **Urgent** - Documents were proposed for release on 5 April 2013.

Headline Issues

2. The top issues are:
   - The Courier Mail has lodged an application under the *Right to Information Act 2009* (RTI) seeking access to, "*Any documents, including reports, briefing notes, memos, emails, reviews and audits, relating to restrictions or closures at Queensland's Neonatal Intensive Care Units since January 1, 2012.*"
   - There are no issues (that is contrary to the public interest) that would restrict the release of these documents through this application.

Key issues

3. Reported cot closures captured in the draft Neonatal Intensive Care Unit and Special Care Nursery Workforce survey (Attachment 1), were for Gold Coast Hospital Special Care Unit cots, not Neonatal Intensive Care Unit cots. The Gold Coast Hospital Neonatal Intensive Care Unit is co-located with their Special Care Nursery.

4. The co-location of the units allows for an ability to flex the capacity of the Special Care Nursery to meet an unpredicted increased demand on Neonatal Intensive Care Unit cots, over and beyond the current two funded cots. In the 2012 calendar year, the capacity of Special Care Unit cots was reduced approximately six times (for up to 48 hours), in order to reallocate resources (human and equipment) to provide complex healthcare to neonatal intensive care clientele.

5. Anecdotally, in mid 2012, it was reported that Toowoomba Hospital reduced their Special Care Nursery Cots. Toowoomba Hospital is classified as a level four neonatal service in accordance with the Clinical Services Capability Framework v3.0. Currently they are funded for 12 cots. However, only nine of these cots are currently in operation. This Darling Downs Hospital and Health Service operational arrangement commenced in July 2012, and will continue through to June 2013.

6. A number of aberrations have been identified in the Neonatal Intensive Care Unit and Special Care Nursery Workforce survey by members of the Queensland Neonatal Services Advisory Group (QNSAG) that require correction. Directors and Nurse Unit Managers of Queensland Neonatal Intensive Care Units and Special Care Nurseries have been requested to review and correct their data. It is anticipated that this will occur by end May 2013.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 800

Department RecFind No:	BR056380
Division/District:	HSCID
File Ref No:	

Background

7. In 2011, QNSAG, a sub-group of the SMNCN was reconvened to: assess Statewide Neonatal Intensive Care Unit and Special Care Nursery cot utilisation, capacity and demand; explore neonatal workforce issues; review the 2006 Report and re-examine the service planning benchmark.

8. On-going planning to meet service demand for the Neonatal Intensive Care Unit and Special Care Nursery environment is currently being explored and addressed by the QNSAG.

9. By December 2013, the QNSAG will have completed a report that reviews and makes recommendations on the:
   - Report of the Statewide Neonatal Intensive Care Services Project (2006);
   - Level 4, 5 and 6 neonatal service cot allocations and sustainability of services and workforce requirements; and
   - Consistency in referral and care patterns when neonatal services at the Gold Coast University Hospital become fully operational.

10. Information received from Ms Sandra Daniels, Acting Director, Office of the Deputy Director-General, Health Service and Clinical Innovation Division; Dr Peter Schmidt, Specialist in Paediatrics/Neonatology, Gold Coast Hospital, and Ms Amanda Ostrenski, Nursing/Midwifery Director, Toowoomba Hospital, informed the contents of this briefing note.

Attachments

11. Attachment 1: Neonatal Intensive Care Nursery and Special Care Nursery Workforce survey.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 801

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RTI RELEASE

CONF

7/1/13. QCOS/021214

BR055944

Department RecFind No:	BR055944
Division/District:	Metro North HHS
File Ref No:	18653

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, Metro North Hospital & Health Service **Date requested: 13 December 2012** **Action required by:**

SUBJECT: Royal Brisbane and Women's Hospital Outpatient Waitlist Management Strategy

Recommendation

That the Minister:

Note the approved demand management strategies at the Royal Brisbane and Women's Hospital (RBWH), and the proposed implementation date of 28 January 2013.

Note The implementation of strategies to address the long waiting times for access to Outpatient Specialist Clinics at the RBWH was approved by the Chief Executive, Metro North Health Service on 19 October 2012 (Attachment 1).

Note the proposed commencement date is 28 January 2013.

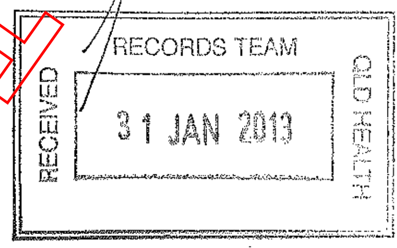
Note the Chief Executive, Metro North Health Service has advised the Chief Executive Officers of Metro South Hospital and Health Service (MSHHS) and Gold Coast Hospital and Health Service (GCHHS) of the approved demand management strategies and proposed commencement date (Attachment 2).

APPROVED/NOT APPROVED **NOTED** **NOTED**

V. Peat

LAWRENCE SPRINGBORG
Minister for Health

/ /



for **Chief of Staff**
23 / 1 / 13

Minister's comments

RTI RELEASE

-7 JAN 2013

Department RecFind No:	BR055944
Division/District:	Metro North HHS
File Ref No:	18653

URGENT

Briefing Note for Noting

Director-General

Requested by: Chief Executive, Metro North Hospital & Health Service **Date requested: 13 December 2012** **Action required by:**

SUBJECT: Royal Brisbane and Women's Hospital Outpatient Waitlist Management Strategy

Proposal

That the Director-General:

Note the approved demand management strategies at the Royal Brisbane and Women's Hospital (RBWH), and the proposed implementation date of 28 January 2013.

Provide this brief to the Minister for information.

Urgency

1. **Urgent** – to provide advice prior to proposed commencement date of 28 January 2013.

Headline Issues

2. The top issues are:
   - The implementation of strategies to address the long waiting times for access to Outpatient Specialist Clinics at the RBWH was approved by the Chief Executive, Metro North Health Service on 19 October 2012 (Attachment 1).
   - The proposed commencement date is 28 January 2013.
   - The Chief Executive, Metro North Health Service has advised the Chief Executive Officers of Metro South Hospital and Health Service (MSHHS) and Gold Coast Hospital and Health Service (GCHHS) of the approved demand management strategies and proposed commencement date (Attachment 2).

Key issues

3. The brief to manage the outpatient demand at RBWH has been approved (Attachment 1) and an implementation date has been set. The implementation of these strategies will impact on MSHHS, GCHHS, and the patients from these catchments. Notification to the Office of the Minister for Health and the Chief Executives of MSHHS and GCHHS prior to commencement will minimise disruption to current outpatient services.

4. The risks for not implementing this strategy are:
   - disruption to outpatient services;
   - ceasing of demand management strategies; and
   - ongoing extensive long waits for outpatient services at RBWH

Background

5. On 19 October 2012, this strategy was approved by the Chief Executive, Metro North Health Service.

6. The RBWH is currently in the planning phase to implement the strategy on 28 January 2013.

7. The Metro North Brisbane Medicare Local will be advised on the demand management strategies by the RBWH Executive Director.

Attachments

8. Attachment 1: approved brief regarding RBWH Outpatient Waitlist Management Strategy (17598).

   Attachment 2: Memo to Chief Executive of MSHHS, GCHHS re commencement of strategy.

RELEASE

DOH-DL-12/13-015 RTI Document 804

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RTI RELEASE

COPY

Department RecFind No:	
Division/District	Metro North HHS
File Ref No:	18653

Briefing Note

Chief Executive, Metro North Health Service

Requested by: ED, RBWH

Date requested: 4 December 2012

Action required by: 13 December 2012

Action required
☐ For approval
☐ For meeting
☐ With correspondence
☒ For information

Other attachments for consideration
☐ Speaking points
☐ Draft media release
☐ Ministerial Statement
☐ Question on Notice
☐ Cabinet related document

SUBJECT: Approved Royal Brisbane and Women's Hospital Outpatient Waitlist Management Strategy

RELEASE

Proposal

That the Chief Executive, Metro North Health Service:

Note the proposed implementation date of 28 January 2013 for the approved demand management strategies at the Royal Brisbane and Women's Hospital (RBWH).

Advise the Office of the Minister for Health, and the Chief Executive Officers of Metro South Hospital and Health Service (MSHHS) and Gold Coast Hospital and Health Service (GCHHS) of the approved demand management strategies and proposed commencement date.

Note that a brief to the Director-General will be submitted for the purpose of providing to the Minister for Health for information.

Urgency

1. Urgent – to meet the proposed commencement date of 28 January 2013.

Key issues

3. The brief to manage the outpatient demand at RBWH has been approved (Attachment 1) and an implementation date has been set. The implementation of these strategies will impact on MSHHS, GCHHS, and the patients from these catchments who will be affected by these strategies. Notification to the Office of the Minister for Health and the Chief Executives of MSHHS and GCHHS prior to commencement will minimise disruption to current outpatient services.

4. The risks for not achieving support of this strategy are:
   - disruption to outpatient services;
   - ceasing of demand management strategies; and
   - ongoing extensive long waits for outpatient services at RBWH.

RTI

Background

5. On 19 October 2012, this strategy was approved by the Chief Executive, Metro North Health Service.

6. The RBWH is currently in the planning phase to implement the strategy on 28 January 2013.

7. The Metro North Brisbane Medicare Local will be advised on the demand management strategies by the RBWH Executive Director.

DOH-DL-12/13-015 RTI Document 806

Department RecFind No:	
Division/District	Metro North HHS
File Ref No:	18653

8. Consultation with RBWH Marketing and Communication, and the RBWH Patient Liaison Office has commenced.

Financial implications

9. This strategy is expected to produce savings, as staff will be less involved in tasks to manage enquiries, patient complaints and ministerial requests, however the savings figure cannot be quantified at this time.

Legal implications

10. There are no legal implications.

Attachments

11. Attachment 1 – approved brief regarding RBWH Outpatient Waitlist Management Strategy (17598).

RTI RELEASE

DOH-DL-12/13-015 RTI Document 807

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RTI RELEASE

RTI RELEASE

s73

4/29

QC05/019313

Department RecFind No:	BR055961
Division/District:	MD18
File Ref No:	

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Jessica Martin, SDLO **Date requested: 9 January 2013** **Action required by:**

SUBJECT: Wide Bay Hospital and Health Services (WBHHS) – Plans for Services

Proposal
That the Minister:

> **Note** the contents of this brief and considers supporting agreement to the decisions that the Wide Bay Hospital and Health Board (WBHHB) will make post Board meeting Monday, 14 January 2013. Individual plans for each of the proposals will be submitted either for approval by the Director-General or briefing for internal changes.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff
4/2/13

Minister's comments

NFA

RTI RELEASE

11 JAN 2013

Department RecFind No:	BR055961
Division/District:	MD18
File Ref No:	

URGENT

Briefing Note for Noting

Director-General

COPY

Requested by: Jessica Martin, SDLO **Date requested: 9 January 2013** **Action required by:**

SUBJECT: Wide Bay Hospital and Health Services (WBHHS) – Plans for Services

Proposal

That the Director-General:

Note the contents of this brief and considers supporting agreement to the decisions that the Wide Bay Hospital and Health Board (WBHHB) will make post Board meeting Monday, 14 January 2013. Individual plans for each of the proposals will be submitted either for approval by the Director-General or briefing for internal changes.

Urgency

1. **Critical** – timeline will vary for different components of the proposals.

Headline Issues

2. WBHHS is heading towards a end year balanced financial position however, to ensure confidence of the Department of Health, Treasury and WBHHB of our ability to maintain strong financial performance, we need to ensure that our Minimum Obligatory Human Resource Information (MOHRI) full time equivalent (FTE) aligns to performance targets.

3. The Chief Executive is therefore, proposing to the WBHHB meeting on 14 January 2013, the following:
   - The agreement to tender the Yaralla Residential Aged Care Service into the private sector;
   - A substantive change to the services provided within the Eidsvold Multi-purpose Health Service;
   - The sub-contracting to the private sector of Home and Community Care Services;
   - The transfer of the Indigenous Health Service at Bundaberg into Medicare Local;
   - Reduction and realignment of the Community Hospital Interface Program (CHIP);
   - The amalgamation of Corporate Services across the WBHHS; and
   - A proposal to introduce a specialist endoscopy centre at Maryborough Hospital.

Key issues

4. The impact of the changes above affect roughly 250 FTE and up to 400 individual positions. The substantial recurrent savings equating to about $10 million will be gained. Continuity of both service and quality that is delivered will be maintained. There will be significant media and political agendas to address.

5. Responsible officers have been assigned to these projects.

Background

6. Detailed plans for the elements described above, will be forwarded to the Director-General next Tuesday, 15 January 2013, for those approved by the Board.

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DOH-DL-12/13-015 RTI Document 811

Department RecFind No:	BR055961
Division/District:	MD18
File Ref No:	

Attachments

7. Attachment 1: Agenda Item 7.1 – Eidsvold MPHS realignment
   Attachment 2: Agenda Item 7.2 – Yaralla Residential Aged Care Service
   Attachment 3: Agenda Item – HACC Transition from the Wide Bay Hospital and Health Service
   Attachment 4: Agenda Item – Indigenous Health Realignment
   Attachment 5: Agenda item – Endoscopy Waiting List Trial at Maryborough Hospital
   Attachment 6: Copy of Wide Bay HHS brief – CHIP services
   Attachment 7: Copy of Wide Bah HHS Corporate Services – A HHS Approach

RTI RELEASE

DOH-DL-12/13-015 RTI Document 812

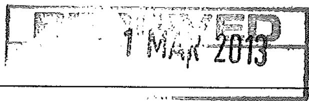
s73

RTI RELEASE

Department RecFind No:	BR056213
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health



Requested by: Deputy Director-General Health Service & Clinical Innovation Division **Date requested: 20 February 2013** **Action required by: 4 March 2013**

SUBJECT: Project Agreement for the National Bowel Cancer Screening Program Participant Follow-up Function 2012-2016

Recommendation

That the Minister:

Sign the attached Project Agreement between the Commonwealth of Australia and the Queensland Department of Health for the National Bowel Cancer Screening Program Participant Follow-up Function (Attachment 1).

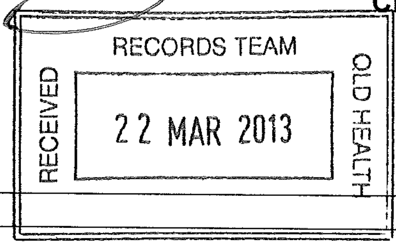
Note that authorisation has been received from the Premier of Queensland for the Minister to sign the attached Project Agreement on behalf of the Queensland Government (Attachment 2).

Note that under the Intergovernmental Agreement on Federal Financial Relations, the Commonwealth of Australia has offered Queensland a Project Agreement for the National Bowel Cancer Screening Program – Participant Follow-up Function (Project Agreement) with total funding of $1,921,501 for the period 1 July 2012 to 30 June 2016. This funding will wholly meet the operating costs of the function in Queensland.

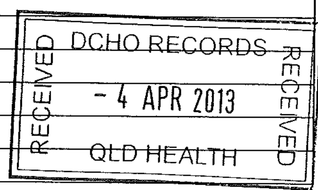
APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

Chief of Staff



Minister's comments



DOH-DL-12/13-015 RTI Document 814

Department RecFind No:	BR056213
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Approval
Director-General

Requested by: Deputy Director-General Health Service & Clinical Innovation Division **Date requested: 20 February 2013** **Action required by: 4 March 2013**

SUBJECT: Project Agreement for the National Bowel Cancer Screening Program Participant Follow-up Function 2012-2016

Proposal
That the Director-General:

Provide the Project Agreement for the National Bowel Cancer Screening Program – Participant Follow-up Function to the Minister for approval and signature (Attachment 1).

Urgency
1. Routine

Headline Issues
2. The top issues are:
   - Under the Intergovernmental Agreement on Federal Financial Relations, the Commonwealth of Australia has offered Queensland a Project Agreement for the National Bowel Cancer Screening Program – Participant Follow-up Function (Project Agreement) with total funding of $1,921,501 for the period 1 July 2012 to 30 June 2016.
   - The Premier has authorised the Minister to sign the Project Agreement, with exemption from the Cabinet Budget Review Committee (CBRC) approval process (Attachment 2) following a request from the Minister dated 11 December 2012.

Key Values
3. The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☐ Openness

Key issues
4. The Project Agreement requires the Minister's approval and signature to allow continuation of the Participant Follow-up Function in Queensland.

Background
5. The Project Agreement for the Participant Follow-up Function was received on 14 August 2012, under cover of a letter from the Commonwealth Minister for Health. This agreement provides funding for a follow-up contact to participants in the National Bowel Cancer Screening Program who have a positive faecal occult blood test result and who are not recorded on the National Bowel Cancer Screening Program Register as having attended a consultation with a relevant health professional. The follow-up contact provides support and information about local health services and facilitates appropriate service access.

6. The *Queensland Government Principles for Commonwealth-State/Territory Intergovernmental Activities* agreed by Cabinet on 16 July 2012, require that proposed new and varying agreements are approved by CBRC prior to signing. However, where Ministers assess that the impact of a new intergovernmental agreement or variation to an existing agreement is not

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DOH-DL-12/13-015 RTI Document 815

Department RecFind No:	BR056213
Division/HHS:	HSCID
File Ref No:	

significant, an exemption from the CBRC approval process can be provided via Ministers writing to the Premier. This was sought in December 2012, with the Premier's approval received on 17 January 2013 (Attachment 2).

7. Advice was provided to the Director-General concerning the Project Agreement in a brief in November 2013 (Attachment 3), including the justification for a CBRC exemption.

Consultation

8. Consultation has occurred with the State and Commonwealth Funding Unit, Healthcare Purchasing, Funding and Performance Management Branch.

Financial implications

9. The new funding agreement will provide total funding of $1,921,501 to Queensland to undertake the Participant Follow-up Function for the period 1 July 2012 to 30 June 2016. The funding provided under the Agreement will wholly meet the operating costs of the Participant Follow-up Function undertaken within the Chief Health Officer Branch's Preventive Health Unit.

Legal implications

10. There are no legal implications.

Attachments

11. Attachment 1: Project Agreement for the National Bowel Cancer Screening Program – Participant Follow-up Function

Attachment 2: Letter from Premier of Queensland to the Minister for Health – Authorisation to sign Project Agreement.

Attachment 3: Copy of Director-General's Briefing Note for Approval concerning the Project Agreement – BR055673

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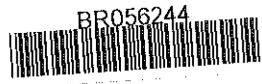
DOH-DL-12/13-015 RTI Document 816

s73

RTI RELEASE



Department RecFind No:	BR056244
Division/HHS:	Townsville
File Ref No:	

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, Townsville Hospital & Health Service **Date requested: 1 March 2013** **Action required by:**

SUBJECT: Closure of Two Theatres due to HEPA Filters found to have been incorrectly fitted

Recommendation
That the Minister:

Note the recent incident at The Townsville Hospital where two operating theatres have been compromised over the last two months and note the action taken and await further details on review of medical records.

Note that two theatres were commissioned on 10 December 2012, and recently it has been found that the High Efficiency Particulate Filters (HEPA) in the operating theatres were not correctly fitted after routine servicing conducted on 23 February 2013. The theatres had a formal media opening on Friday, 22 February 2013, and coverage was published by the Townsville Bulletin on 1 March 2013. Therefore, there are both patient safety and public confidence/reputational concerns.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
/ /

Chief of Staff

Minister's comments

RTI RELEASE

DOH-DL-12/13-015 RTI Document 818

Department RecFind No:	BR056244
Division/HHS:	Townsville
File Ref No:	

URGENT

Briefing Note for Noting

Director-General

Requested by: Chief Executive, Townsville Hospital & Health Service **Date requested: 1 March 2013** **Action required by:**

SUBJECT: Closure of Two Theatres due to HEPA Filters found to have been incorrectly fitted

Proposal

That the Director-General:

Note the recent incident at The Townsville Hospital where two operating theatres have been compromised over the last two months and note the action taken and await further details on review of medical records.

Provide this brief to the Minister for information as necessary

Urgency

1. **Urgent** - Two theatres were commissioned on 10 December 2012, and recently it has been found that the High Efficiency Particulate Filters (HEPA) in the operating theatres were not correctly fitted after routine servicing conducted on 23 February 2013. The theatres had a formal media opening on Friday, 22 February 2013, and coverage was published by the Townsville Bulletin on 1 March 2013. Therefore, there are both patient safety and public confidence/reputational concerns.

Headline Issues

2. The top issues are:
   - HEPA filters ensure that air is filtered before entering the theatres ensuring that only sterile air enters the operating room.
   - The new theatres were commissioned new in December after air testing and inspection under the governance of the Redevelopment Project.
   - On a routine servicing of the existing theatres over the weekend of 23 and 24 February 2013, internal engineering services identified issues with the HEPA filters in Theatres 11 and 12.
   - Advice about risk of infection has been provided by the Director of Pathology, Dr Robert Norton (a microbiologist) and acted on. No risk requiring immediate action or patient recall has been advised. Rather, a possibility of patients with open wounds or prosthetics obtaining fungal infections.
   - The risk is very small but can take up to 12 months or longer to present. None have presented to date. Each patient's notes seen through the theatres are being reviewed to stratify risk and a communication process will be put in place once this is completed during this week.
   - Both Theatres are now closed and will be cleaned and inspected before a reopening which is currently scheduled for Wednesday, 6 March 2013.

Key issues

3. An Incident Control Team, lead by the Chief Operating Officer, has been established to respond to this matter. Staff from the Townsville Hospital and Health Service have been in contact with CHRISP (Centre for Healthcare Related Infection Surveillance and Prevention) in relation to the issue and CHRISP will be included in ongoing Incident Control meetings.

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DOH-DL-12/13-015 RTI Document 819

Department RecFind No:	BR056244
Division/HHS:	Townsville
File Ref No:	

4. The issue will be listed and managed as a defect through the Redevelopment governance framework, which will include the management of any remedy from appropriate parties.

Background

5. Pre commissioning air sampling was performed in December 2012 and met the required air quality.

6. Routine servicing of HEPA filters carried over the weekend of 23 and 24 February 2013. The report from the NATA accredited contractor, OPIRA, engaged to undertake the servicing, is attached.

7. During the routine servicing damage occurred to the installation of the HEPA filters in Theatres 11 and 12 as a result of their incorrect installation. At this stage a temporary repair was affected and the theatres were reopened for use.

8. At 8 am on 25 February 2013, after further inspection between Engineering and the Nurse Unit Manager, concerns remained regarding the adequacy of the filters and the theatres were closed to allow for further investigation and repairs.

9. Initially it was thought that the issues with the HEPA filters were arising from the works undertaken by the contractor over the weekend.

10. As a result of further investigation it became apparent that the issues associated with the HEPA filters were not arising from the contractor but were more likely to have been longstanding. This was confirmed at the first incident control team meeting on 27 February 2013.

11. Approximately 340 patients have been treated in these theatres since the commissioning in December 2012.

12. When the scope and scale of the issue was confirmed on Wednesday at close of business a brief was subsequently prepared for the Director General.

13. Current impact due to the closure is on elective surgery mainly urology.

14. Holding statement and communication plan being developed.

Attachments

15. Attachment 1: Operating Theatres HEPA Filters Installation Assessment from Opira Pty Ltd

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DOH-DL-12/13-015 RTI Document 820

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RTI RELEASE

OPIRA PTY LTD

JOB NO. 2569

TOWNSVILLE HOSPITAL
100 Angus Smith Drive,
DOUGLAS, QLD, 4814

RTI RELEASE

OPERATING THEATRE HEPA FILTER INSTALLATION ASSESSMENT
SPECIALISTS IN THE TESTING & CERTIFICATION OF CONTROLLED ENVIRONMENTS

THIS LABORATORY IS ACCRDITED BY THE NATIONAL ASSOCIATION OF TESTING AUTHORITIES (NATA), LABORATORY No. 15597. THE TESTS REPORTED HEREIN HAVE BEEN PERFORMED IN ACCORDANCE WITH ITS TERMS OF ACCREDITATION. THIS REPORT SHALL NOT BE REPRODUCED EXCEPT IN FULL.

RTI

Report By: **Curtis Bettell**
Date: **26/02/2103**

DOH-DL-12/13-015 RTI Document 822

Opira

EXECUTIVE SUMMARY:

Introduction:

1.1 Opira was commissioned by Townsville Hospital to undertake the annual NATA performance and integrity testing and certification of the HEPA filters, biosafety clean workstations and fume cupboards located throughout the Townsville Hospital, Douglas.

1.2 During the assessment the HEPA filters in Operating Theatres 11 and 12 were tested. The testing was performed on the evening of Saturday, the 24th, of February, 2013.

Assessment:

2.1 Various installation issues were identified during the testing of the HEPA filters that were common in both Operating Theatre 11 and 12. These issue included gaps between the HEPA filter modules themselves and with the ceiling, and the use if foil tape and strips of stainless steel that were not adequately secured, to cover some of the gaps.

This installation can facilitate the introduction of non filtered air and contaminates from the above ceiling space and the plasterboard ceiling into the Operating Theatres 11 and 12. This would be particularly problematic with a loss of positive pressure in the Theatres.

The use of the foil tape and strips of stainless steel that were not adequately secured, are issue as they are not long term fixtures sealing the gaps. The tape will break down and possibly release particles and the stainless steel will fall when the grilles are moved.

2.2 Another problematic issue that was identified was that the filter screens were sealed with silicon to ceiling. This prevents correct filter integrity testing in accordance with Australian Standard AS1807.6. This would also inhibit any repairs on the filter or filter module due to leakage or replacement of the filter.

Recommendations:

3.3 The gaps between the HEPA filter modules and with ceiling should be filled and the joins sealed. There should be no exposure of plasterboard edges to the Operating Theatre space also.

3.4 Ensure HEPA filter guards can be removed.

NATA
WORLD RECOGNISED ACCREDITATION

RTI RELEASE

DOH-DL-12/13-015 RTI Document 823

Opira

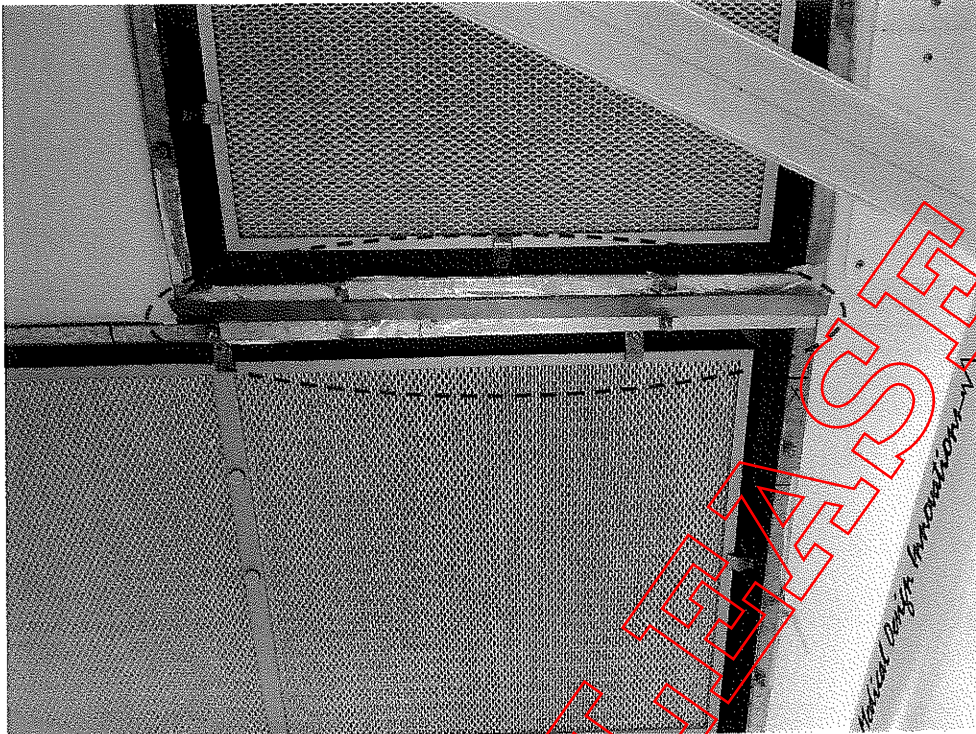

Photo 1: Example of the use of foil tape and inadequately secured strips of stainless steel to fill the gaps between the HEPA filter modules.

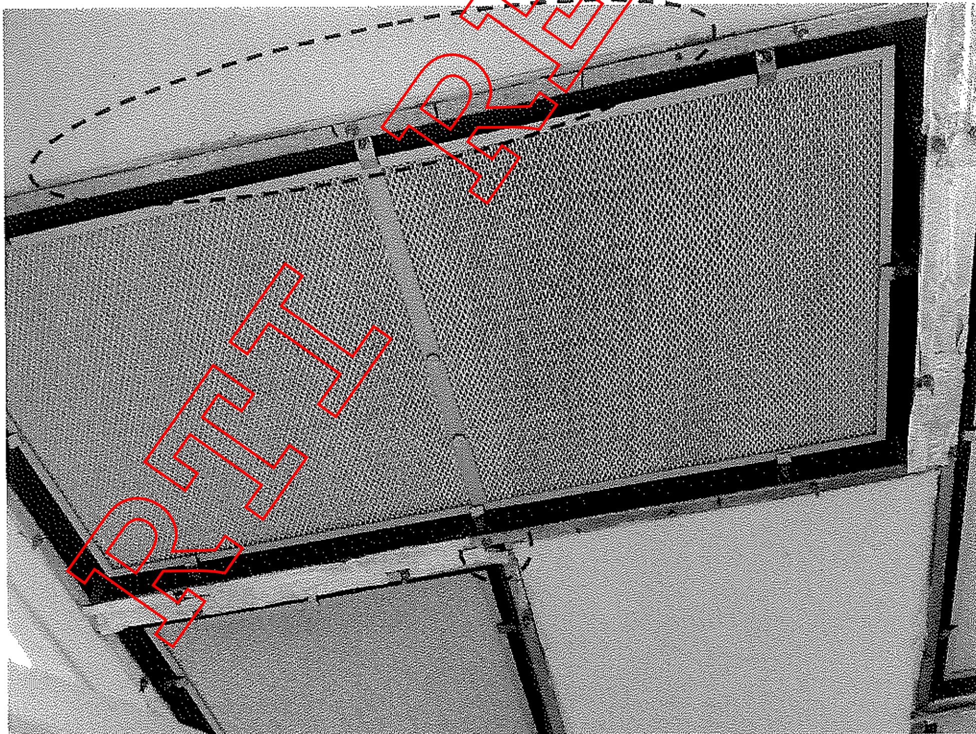

Photo 2: Example of the gaps between the HEPA filter modules and the ceiling.

NATA
WORLD RECOGNISED ACCREDITATION

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DOH-DL-12/13-015 RTI Document 824

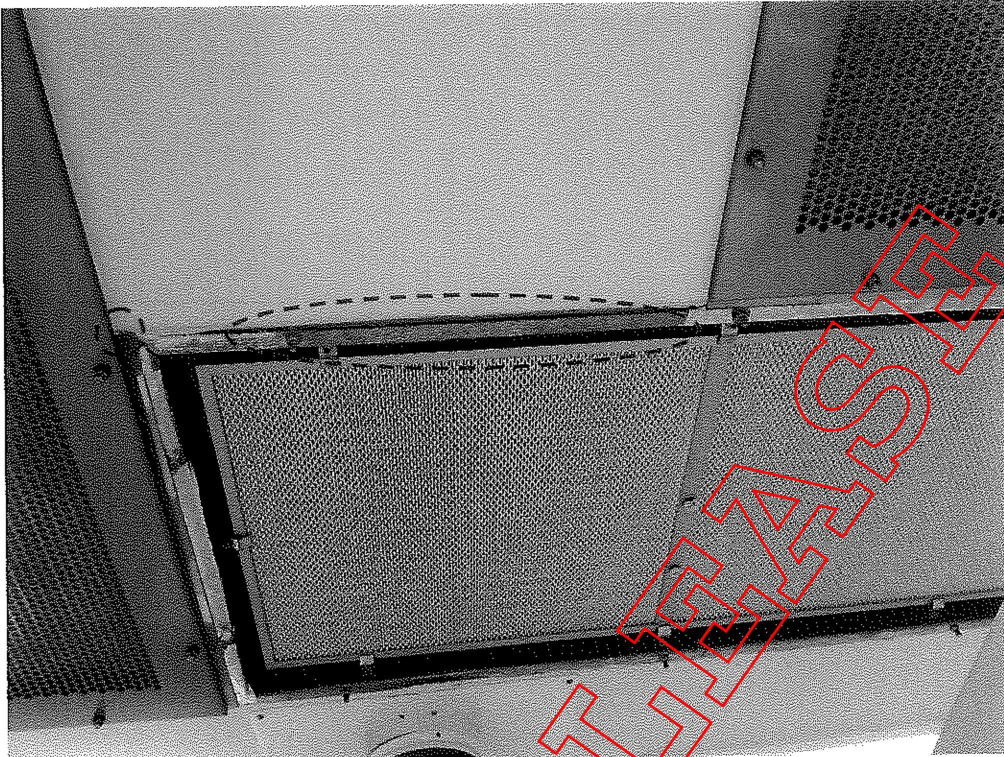


Photo 2: Example of the gaps between the HEPA filter modules and the ceiling.

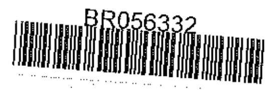
RTI RELEASE

NATA
WORLD RECOGNISED ACCREDITATION

DOH-DL-12/13-015 RTI Document 825

Q08/013927

Department RecFind No:	BR056332
Division/District:	HSCID
File Ref No:	



Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Deputy Director-General, Health Service and Clinical Innovation **Date requested:** **Action required by:**

SUBJECT: Rural Registered Nurse (RN) Graduate Employment Model Phase 1

Proposal

That the Minister:

Note the rural RN graduate employment funding package provided to Hospital and Health Services (HHS) will support 66 RN Graduates currently employed into rural health services as well as a further 39 RN graduates who will be employed into rural health services by 30 June 2013.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

28 / 5 / 13

Minister's comments

RTI RELEASE

DOH-DL-12/13-015 RTI Document 826

URGENT

Department RecFind No:	BR056332
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Noting

Director-General

1 4 MARCH 2013

Requested by: Deputy Director-General, Health Service and Clinical Innovation **Date requested:** **Action required by:**

SUBJECT: Rural Registered Nurse (RN) Graduate Employment Model Phase 1

Proposal

That the Director-General:

Note the rural RN graduate employment funding package provided to Hospital and Health Services (HHS) will support 66 RN Graduates currently employed into rural health services as well as a further 39 RN graduates who will be employed into rural health services by 30 June 2013.

Urgency

1. Routine

Headline Issues

2. The top issues are:
   - $660,000 provided to Rural HHS to support supervision, mentorship and clinical skilling of 66 employed RN graduates.
   - A further $1.17 million provided to HHSs who have committed to an uptake of an additional 39 RN graduates by 30 June 2013.
   - A total $1.83 million provided to support the HHS in skilling 105 RN Graduates into rural practice.

Key issues

3. The employment of 105 RN graduates into rural practice will enable workforce sustainability through succession planning. The current rural nursing and midwifery workforce are highly skilled, small in number and vital to health care delivery in the bush. Their age profile is older than the State average and this indicates that up to 114 small health facilities may close within five years if no replacement RNs are skilled into rural practice prior to the expected retirement spike in the current rural nursing workforce.

4. The efficiencies expected through this strategy include significant reduction in agency/locum use in rural services. Many HHSs are using this initiative to eliminate reliance on nursing agency engagement into their rural health services.

5. The significant reduction of nursing vacancies in rural health services would be a key output in this initiative and would positively impact on service capacity as a result.

6. The availability of funds to rapidly up-skill RN graduates at the commencement of their career in rural practice will deliver a workforce skilled to perform their role in the rural context and fast track them into a career pathway aligned to the requirements of rural health services and their communities.

Background

7. The Nursing and Midwifery Office Queensland (NMOQ) has been requested by the Minister for Health to focus on development of a RN graduate employment model that will address the urgent need of HHSs to significantly increase employment of RNs into rural health services. The model will commence a planned rural career pathway from novice to expert aligned to the specialty skills required for future service sustainability. Graduate funding for the model has been sourced corporately and administered through NMOQ.

RELEASE

DOH-DL-12/13-015 RTI Document 827

Department RecFind No:	BR056332
Division/HHS:	HSCID
File Ref No:	

8. There is currently an oversupply of RN graduates in Queensland and Australia. Despite this, rural health services struggle to attract and retain RN graduates into rural practice. There is limited capacity to provide mentorship and supervision and to resource the upfront clinical skilling of novice RNs so they are able to practice competently and safely in rural health services.

9. It is intended that the rural graduate employment model resource package for HHSs will address four critical elements over the two year programme:
   - timely supervision and mentorship of novice clinician;
   - completion of clinical workshops relevant to a novice in the rural practice context;
   - commencement into post graduate programmes aligned to priority specialty skills required for local HHS. Key areas of priority based on macro scan of workforce age profile would include: mental health, midwifery, primary health care and general rural practice, and;
   - clinical participation in rural health service practice settings.

10. The rural RN graduate employment model has been developed to progress in two phases against the current and 2013-2014 financial years. Phase one (to end June 2013) of the model seeks to address the first two elements noted above.

11. An additional and related piece of work is currently being finalised to allow around 25-30 new graduate RNs to be supported to gain a midwifery qualification; gaining clinical experience through employment arrangements with privately practicing midwifery group practices in partnership with rural and remote HHSs. This project will test the viability and sustainability of supporting the provision of registered nurse/midwife clinicians in rural and remote areas.

12. HHSs have offered to take further graduates but this requires flexibility in variation to Full Time Equivalent caps and the need to source further central funding for the program.

Attachments

13. Nil

RTI RELEASE

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RTI RELEASE

DCHO/.../PL3

10/4/13 QCHO/000822 (6)

Department RecFind No:	BR056407
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Noting

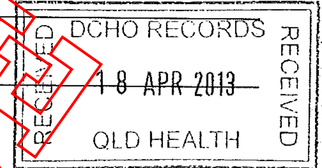
The Honourable Lawrence Springborg MP
Minister for Health

RECEIVED DATE 28 MAR 2013 BY

Requested by: Deputy Director-General, Health Service and Clinical Innovation Division

Date requested: 7 March 2013

Action required by: 8 April 2013



DCHO RECORDS 18 APR 2013 QLD HEALTH RECEIVED

SUBJECT: 'Bare below the elbows' initiative

Recommendation

That the Minister:

Note that there is little clinical evidence that supports "bare below the elbows' and studies have found that wearing clothing below the elbows does not impede hand hygiene.

Note that 'bare below the elbows' was introduced in January 2008 throughout the National Health Service (NHS) in the United Kingdom and the initiative banned wrist watches, jewellery, white coats and long sleeves whilst carrying out clinical activities to enable proper hand hygiene.

Note that 'bare below the elbows' has not been identified as a work priority in the Australian Commission on Quality and Safety in Health Care (ACQSHC) *Draft Work Plan and Budget 2013-2016*.

APPROVED/NOT APPROVED NOTED

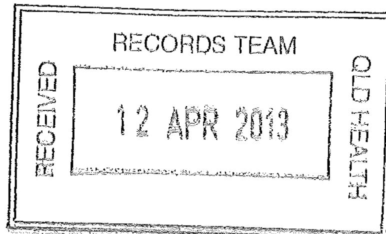
LAWRENCE SPRINGBORG
Minister for Health
10 / 4 / 13

NOTED

Jake Smith
Chief of Staff
09 / 04 / 13

Minister's comments

Please give a copy of this brief to the ASO Min.



RECORDS TEAM RECEIVED 12 APR 2013 QLD HEALTH

RTI RELEASE

26 MAR 2013

Department RecFind No:	BR056407
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: Deputy Director-General, Health Service and Clinical Innovation Division **Date requested: 7 March 2013** **Action required by: 8 April 2013**

SUBJECT: 'Bare below the elbows' initiative

Proposal

That the Director-General:

Note information in relation to the 'bare below the elbows' initiative.

Provide this brief to the Minister for information as the Minister enquired if the Department of Health was considering implementing the 'bare below the elbows' initiative.

Urgency

1. Routine

Headline Issues

2. The top issues are:
   - There is little clinical evidence that not wearing ties, shirts, cuffs, rings and watches will reduce healthcare associated infections (HAI).
   - Previous consultation with Trade Unions and the Australian Medical Association has indicated that these groups do not support the 'bare below the elbows' initiative. To progress will require significant consultation, agreement by all parties plus an allocation of resources.
   - 'Bare below the elbows' has not been identified as a work priority in the Australian Commission on Quality and Safety in Health Care (ACQSHC) *Draft Work Plan and Budget 2013-2016.*

Key issues

3. If the 'bare below the elbows' initiative is to be implemented, consideration will also need to be given to the use of lanyards and investigating an alternative means for staff to display their identification tags.

4. A number of additional HAI initiatives have been identified in the ACQSHC *Draft Work Plan and Budget 2013-2016*, such as ventilator and catheter related infection surveillance, which will have resource implications for Hospital and Health Service Infection Prevention and Control Programs and the Centre for Healthcare Related Infection Surveillance and Prevention.

5. National Safety and Quality Healthcare Standards (NSQHS) used to determine mandatory accreditation requirements do not include 'bare below the elbows' as a strategy to minimise the risk of HAI transmission.

Background

6. 'Bare below the elbows' was introduced in January 2008 throughout the National Health Service (NHS) in the United Kingdom.

7. The initiative banned wrist watches, jewellery, white coats and long sleeves whilst carrying out clinical activities to enable proper hand hygiene.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 831

Department RecFind No:	BR056407
Division/HHS:	HSCID
File Ref No:	

8. A number of studies were undertaken in 2010 regarding the bare below the elbows initiative. Burger A, Wijewardena C, Clayson S, and Greatorex RA investigated skin colonisation of doctors and concluded that 'hand washing resulted in a statistically significant reduction in colony count and that clothing that is not bare below the elbows does not impede this reduction'.

9. The NHS has developed a number of resources that can assist those hospitals who wish to implement 'bare below the elbows'.

10. The Princess Alexandra Hospital recently implemented 'bare below the elbows' in those clinical areas that wanted to participate. The implementation was not mandatory and the medical staff uptake was limited due to lack of evidence to support 'bare below the elbows'.

11. In 2007, Queensland Health hand hygiene program 'Clean Hands are Life Savers' commenced with a financial investment of $1.6 million for the 2006-2007 financial year.

12. In 2009, the ACQSHC commenced the National Hand Hygiene Initiative (NHHI) and the Executive Management Team determined that Queensland Health will change its hand hygiene education, observations and reporting methodologies to the NHHI '5 Moments for Hand Hygiene'.

13. A NHMRC Partnership project has been established and is currently evaluating the National Hand Hygiene initiative (NHHI) which includes its ability to reduce HAI and determine the cost-effectiveness of the program.

Attachments

14. Nil

RTI RELEASE

s73

RTI RELEASE

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

24 January 2013

Item	Type of Travel	Name of Traveller & Work Location	Fast Facts	Travelling Dates	Total Cost ($)		RecFind Ref
					Agency	External	
1	Overseas **Urgent**	Kaye Hewson Manager of HealthPACT Secretariat, Clinical Access and Redesign Unit, Health Services and Clinical Innovation Division LEAVE: 4 day Conference Leave	• Attend public meeting with NHS UK Health Technology Assessment expert; Asialink HTS meeting; Prince Mahidol Conference. 28-30 January 2013 in Bangkok, Thailand. • HealthPACT recently invited to join AsiaLink which is an Asia Pacific collaboration of all HTA agencies. • The Prince Mahidol Award Conference has a health technology assessment component and a formal meeting has been arranged with Sir Michael Rawlins from the United Kingdom National Health System and an expert in HTA. • All travel costs only from Department of Health. HealthPACT is Commonwealth funded. • External funding from AsiaLink to pay conference attendance. Cost not available. • No personal leave in conjunction with official travel.	**Depart:** 27 January 2013 **Return:** 31 January 2013	$5,276.40	$0	BR055924/ OT001785

Travel team to return

TRAVEL TIMELINE HEWSON

Sun 27/1	Mon 28/1	Tue 29/1	Wed 30/1	Thu 31/1
FLIGHT Bris/Bangkok,Thailand	CONFERENCE	MEETING	CONFERENCE	FLIGHT Arrive Bris 12.00

RECEIVED RECORDS TEAM 30 JAN 2013 QLD HEALTH

RECEIVED RECORDS TEAM 30 JAN 2013 QLD HEALTH

RTI RELEASE

DOH-DL-12/13-015

RTI Document 834

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

24 January 2013

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Ms Kaye Hewson	27-31 January 2013		

RTI RELEASE

Supported:

______________________ Date____/____/______
Director-General

Comments:

______________________ Date____/____/______
Chief of Staff

I hereby approve the international travel contained within this summary items 1-1

______________________ Date____/____/______
The Honourable Lawrence Springborg MP
Minister for Health

DOH-DL-12/13-015

RTI Document 835

24 JAN 2013

Department RecFind No:	BR055924 / OT001785
Division/District:	HSCID
File Ref No:	

URGENT

Briefing Note for Approval

Director-General

Requested by: Deputy Director-General Health Service & Clinical Innovation Division **Date requested:** 4 December 2012 **Action required by:**

SUBJECT: Overseas travel by HealthPACT secretariat officer to attend AsiaLink Health Technology Assessment (HTA) meeting and Prince Mahidol Award Conference in Bangkok, Thailand – Ms Kaye Hewson

Proposal

That the Director-General:

Note the overseas travel and attendance at AsiaLink Health Technology Assessment Meeting and Prince Mahidol Award Conference (PMAC).

Sign the attached travel approval documents (Attachments 1 and 2).

Note this will be funded from the HealthPACT secretariat funding which is provided from the Commonwealth.

Provide this brief to the Minister for approval.

Urgency

1. **Urgent** - as overseas travel requires eight weeks notice and intended travel date is the 27 January 2013.

Headline Issues

2. The top issues are:
   - HealthPACT recently were formerly invited to join AsiaLink which is an Asia Pacific collaboration of all HTA agencies. This conference is invitation only and has been extended to the HealthPACT members as a member of AsiaLink.
   - The Prince Mahidol Award Conference has a health technology assessment component and a formal meeting has been arranged with Sir Michael Rawlins from the United Kingdom National Health System and an expert in Health Technology Assessment.

Key Values

3. The key values that apply are the following:

☐ Better service for patients
☒ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☐ Value for money for taxpayers
☒ Openness

Key issues

4. The itinerary for the visit to Bangkok includes :
   - an invitation to attend a public lecture on Optimising health care in the UK National Health Service: "Are quality of care and technology advancement jeopardised by value for money" by Sir Michael Rawlins.
   - a meeting on the establishment of HTA organizations in Lower Middle Income Countries (29 January 2013 from 9.00am to 12.00pm). This side meeting will be chaired by Dr Kalipso and Dr Yot.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 836

Department RecFind No:	BR055924 / OT001785
Division/District:	HSCID
File Ref No:	

- a meeting for HTA AsiaLink members to discuss the future work of the network which includes our 2nd HTA AsiaLink Annual conference and our role in the PMAC 2016 (with the theme of HTA).
- a meeting on the establishment of HTA organizations and sharing workplans and improved communication.
- attendance at the Prince Madidol conference.

Background

5. HealthPACT is a subcommittee of the Australian Health Ministers' Advisory Committee and conducts horizon scanning on new and emerging technologies to assist with the relevant planning and infrastructure needs to inform Australian and New Zealand Governments.

Financial implications

6. HealthPACT is Commonwealth funded. All costs would be covered within the secretariat budget for 2012-2013.

7. Commonwealth funding will be used to cover travel and accommodation costs.

Legal implications

8. There are no legal implications

Attachments

9. Attachment 1: Email with conference invitation and details.
   Attachment 2: Travel itinerary – OT001785.
   Attachment 3: Conference Agenda
   Attachment 4: Special Events (Side Meetings) Program

RTI RELEASE

DOH-DL-12/13-015 RTI Document 837

RTI RELEASE

s73

DOH-DL-12/13-015 RTI Document 838

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RTI RELEASE

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RTI RELEASE

4) **What is the purpose of the travel?** Please tick the appropriate box/es

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☐ Research	☐ Investigations/inspections/fact finding/data gathering
☒ Operational/part of duties	☐ Law enforcement
☐ Receive training/Attend a course(s)	☐ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☐ Attend conference/seminar/workshop/forum	☐ Formalise relations with international clients
☐ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☒ Committee Representation/meetings/councils/boards	☒ Activities associated with Sister State and other bilateral relationships
☐ Professional development	☐ Other, please specify:
☐ Promotions and marketing	**Non-Employees**
	☒ Other, please specify: HealthPACT was formerly asked to become part of AsiaLink in 2012 and accepted membership. This will be the first attendance at a meeting.

5a) **Is this a block approval form?** ☐ Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☒ Yes ☐ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

This is an opportunity to attend a conference and take part in the AsiaLink HTA conference. There are no teleconference arrangements in place and may be some language barriers which would make this unacceptable

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

Both as Manager of HealthPACT Secretariat and Queensland Health Technology Assessment program. I have a responsibility to understand the environment and represent the interests of HealthPACT as a subcommittee of AHMAC.

7) **What are the consequences of not travelling?**

RTI RELEASE
DOH-DL-12/13-015 RTI Document 841

Limited ability to engage with Asia Pacific and international HTA community to share lessons learnt and opportunities to provide better value for money health technologies and the development of a disinvest ment framework.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 842

Security risk destinations

8) **Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling?** Travel advisories can be accessed at www.dfat.gov.au.
☒ Yes ☐ No

9) **What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling?** The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☒ **To exercise good personal security awareness.**
2. ☒ **To be alert to your own security.**
3. ☒ **To exercise caution and be aware of developments that might affect your safety.**
4. ☒ **To exercise a high degree of (or "extreme") caution.**
5. ☒ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

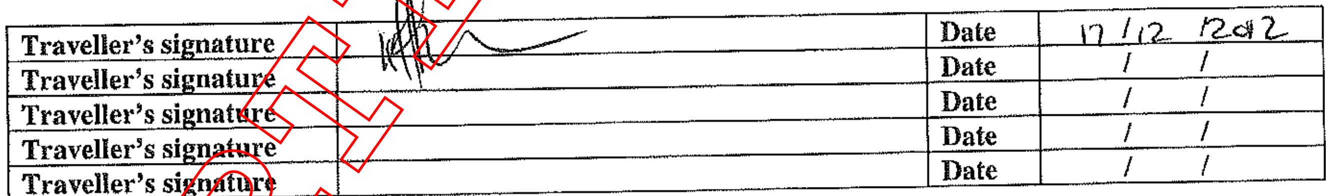
10) **What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?**

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).



Traveller's signature	[signature]	**Date**	17/12/2012
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 843

Requirements for Recommendation by Director-General

(if not complete – application will be returned to traveller):

Ref No:

CHECKLIST:

Applicant's Name: Kaye HEWSON

Position: Manager Health **Classification:** AO8

		Yes / No / N/a
1.	Dates Departing and returning Australia: 27/ 01 /2013 to 31/01/2013 /	YES
2.	Dates of Conference/course/meeting: 28/01 /2013-31/01/2013	Yes
3.	Location of Conference/course/meeting: ....Bangkok, Thailand.........................	Yes
4.	Additional leave taken (if applicable): / / to / /	No
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	Yes
6.	Itemised travel diary/itinerary is complete, accurate and attached.	Yes
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	Yes
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	NO
9.	If receiving funding from an external source (eg drug company) - a written statement from the applicant's manager that there is no conflict of interest - attached.	No
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	Yes
11.	Benefits in relation to Queensland Government priorities are documented within submission.	Yes
12.	Benefits to Queensland Health are documented within submission.	Yes
13.	Conference program is attached.	Yes
14.	Travel booking is to be made through a QH Travel Booker.	YES
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	Yes
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	Yes

Traveller (or Contact Officer) ....Kaye Hewson...**Date** 7/12/2012

Checked By (Overseas Travel Co-ordinator): ....S Woodrow..........................**Date:** 24/1/13

Manager - Financial Systems

RELEASE

DOH-DL-12/13-015 RTI Document 844

OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)

Traveller:

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested Conference Recreation TOIL Study leave	Activity: Attend conference Visit health facility Flight Other	Daily Salary if requesting paid leave	Airfare	Accom	- Meal expenditure	- Taxi fares	Incidental Allowance	Proposed funding source: Trust funds Operational funds Self funding Private company
27.01.2013	Sunday	1420	2030	Brisbane	Day off	Flight		2000 return	187.5		50	$	Cost centre 282090
28.01.2013	Monday	900	1730	Bangkok	conf	Attend conference	425.6		8 187.5	104		17.00	
29.01.2013	Tuesday	900	1730	Bangkok	conf	Attend AsiaLink meeting	425.6		$ 187.5	104		17.00	
30.01.2013	Wednesday	900	17.05	Bangkok	Conf	Attend conference	425.6		$ 187.5	104		17.00	
31.01.2013	Thursday	2359	12.00	Bangkok	Conf	Flight	425.6			104	90	17.00	
Travel Insurance	**$200**												
TOTAL:	$5276.4						1702.4	2000	750	416	140	68	

NOTE:

- This diary shall be prepared in advance.
- This diary is to be endorsed by traveller, signed and dated after travel.
- This diary is to be presented when submitting a claim for expenses.
- Receipts are to be produced when seeking re-imbursement (eg taxi fares, meals) following travel.

Traveller signature:.. Date: 21/12/2012

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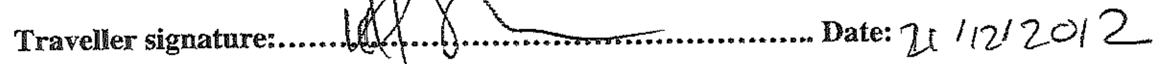


DOH-DL-12/13-015

RTI Document 845

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

13 February 2013

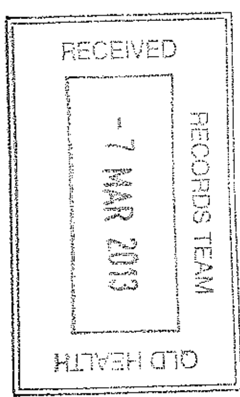
NB: To the best of my knowledge, all travel noted below meets the requirements of the whole-of-Government travel policy and the Queensland Health travel policy and standard. For travel using Private Practice Trust Funds, trust fund approval has been obtained, subject to Ministerial approval of the travel – Senior Policy Officer, System Support Services.

Item	*Type of Travel*	*Name of Traveller & Work Location*	*Fast Facts*	*Travelling Dates*	*Total Cost ($)*		*RecFind Ref*
					Agency	*External*	
1	Overseas	Mr Scott Cooper, Assistant Director, Radiation Therapy – Planning, Townsville Hospital **Leave:** 2 days Conference Leave 3 days Professional Development Leave.	• Attend Elekta Stereotactic Training Course, North Carolina, USA 21 – 22 March 2013. • Front-line training. • External funding from Elekta to cover airfares, accommodation, registration, as part of service agreement between Elekta and Townsville Hospital and Health Service. • Elekta is a human care company developing innovations and clinical solutions for treating cancer and brain disorders. • Operational funding to cover salary, meals and incidentals. • Applicant to self-fund any additional travel costs.	**Depart:** 18 March 2013 **Return:** 25 March 2013	$2,884 ($2,472.25 – salary; $237.10 – meals; $175 – incidentals)	$6,590.75 ($6,145 – ELEKTA; $445.75 – self)	BR056100/ OT001800

TRAVEL TIMELINE

Mon 18/03 FLIGHT TOWNSVILLE/ BRISBANE/ LOS ANGELES (LA)	**Tues 19/03** PERSONAL REST LOS ANGELES	**Wed 20/03** FLIGHT Depart LA 0700/ Arrive WINSTON-SALOM 1600	**Thurs 21/03** TRAINING	**Fri 22/03** TRAINING	**Sat 23/03** FLIGHT Depart 0730	**Sun 24/03** FLIGHT

Mon 25/03 FLIGHT Arrive Townsville 1330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- 7 MAR 2013
RECORDS TEAM
QLD HEALTH

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DOH-DL-12/13-015

RTI Document 846

Queensland Health

RecFind Ref No:

International Travel – Ministerial Approval Summary

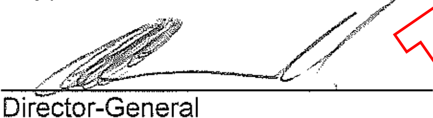
13 February 2013

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Mr Scott Cooper	Los Angeles, USA 18-25 March 2013		
2	Ms Sonia Maria Mahou Lago	North Carolina, USA 16-25 March 2013		
3	Ms Karen Shann	Montreal, Canada 7-20 March 2013		

RTI RELEASE

Supported:

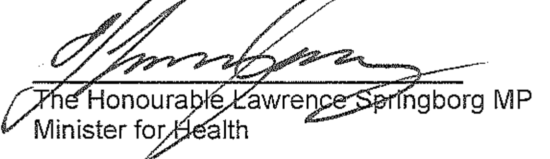


Director-General Date 1/3/13

Comments:

Chief of Staff Date 6/3/13.

I hereby approve the international travel contained within this summary items 3-3



The Honourable Lawrence Springborg MP
Minister for Health Date 6/3/13

DOH-DL-12/13-015

RTI Document 847

Department RecFind No:	BR056100 / OT001800
Division/District:	Townsville HHS
File Ref No:	

Briefing Note for Approval

Director-General

Requested by: Chief Executive, Townsville Hospital & Health Service

Date requested: 1 February 2013

Action required by: ASAP

SUBJECT: Attendance at Stereotatic Training Course in USA in March 2013

Proposal

That the Director-General:

Note the contents of this brief regarding overseas travel for Mr Scott Cooper, Assistant Director Radiation Therapy – Planning, Townsville Hospital, to attend the Elekta Stereotactic Training Course in Winston-Salem, North Carolina, United States of America (USA) from 21 - 22 March 2013.

Note that this travel is for the purposes of essential front-line training. A travel request for a second officer to attend the same training has been made under a separate application (Ms Sonia Maria Mahou Lago, Medical Physicist, Townsville Cancer Centre - BR056102/ OT001801).

Note that airfares, accommodation and registration costs will be funded externally by Elekta, as part of the service agreement between Elekta and the Townsville Hospital and Health Service. Elekta is a human care company developing innovations and clinical solutions for treating cancer and brain disorders.

Note that operational funds are available to cover salary, meals and incidentals with the applicant self-funding remaining travel costs.

Provide this brief to the Minister for approval.

Urgency

1. **Urgent** - as the training dates are within the eight weeks required for approval. The department became aware of the suitability of the training from the providing company in January 2013.

Headline Issues

2. The top issues are:
   - Course attendance is required in order to implement stereotactic radiation therapy for access by patients in North Queensland.
   - Stereotactic radiation therapy treatment is not currently available in North Queensland: patients need to travel to Brisbane for treatment.
   - Course not available in Australia/New Zealand region.

Key Values

3. The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☒ Valuing our employees and empowering frontline staff
☒ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☐ Openness

RTI RELEASE

DOH-DL-12/13-015 RTI Document 848

Department RecFind No:	BR056100 / OT001800
Division/District:	Townsville HHS
File Ref No:	

Key issues

4. This is a late application as a result of late notification of course availability and the need to ensure clinical coverage is available during the applicant's absence from work.
5. Stereotactic radiation therapy is a type of external beam radiation therapy that uses special equipment to position patients to precisely deliver high doses radiation which require training for precision and accuracy.

6. This type of therapy delivers larger doses of radiation in fewer treatments and offers a radio surgery approach for some cancers where conventional surgery is not appropriate, thereby expanding the treatment options for some cancers.

7. Centres using this treatment report fewer acute side-effects and reduced patient attendances.

8. The consequences of not approving the travel include inability to use the newly purchased technology to its fullest extent, reduced access to optimal treatment for rural and remote patients and not using training already purchased from Elekta.

Background

9. Training not available in Australia and required for implementation of stereotactic radiation therapy in North Queensland.
10. The applicant has not undertaken any previous official overseas travel within the past 24 months.

Consultation

11. Dr Susan Hewitt, Director Radiation Oncology supports this application.

12. Ms Liza Tomlinson, Operations Director, Townsville Cancer Centre supports this application.

Financial implications

13. External funding ($6,145) from Elekta is available to cover airfares, accommodation and registration.
14. Operational funding will cover the following costs:
    - salary ($2,472.25);
    - incidentals ($175); and
    - meals ($237.10).
15. The applicant will self-fund some meals and accommodation expenses ($445.75).
16. The total cost of the travel is $9,475.10.

Legal implications

17. There are no legal implications

Attachments

18. Attachment 1: Travel application for Scott Cooper – OT001800
    Attachment 2: Training program.
    Attachment 3: No conflict of interest letter.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 849

s73

RTI RELEASE

Department RecFind No:	BR056100 / OT001800
Division/District:	Townsville HHS
File Ref No:	

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, Townsville Hospital & Health Service

Date requested: 1 February 2013

Action required by: ASAP

SUBJECT: Attendance at Stereotatic Training Course in USA in March 2013

Recommendation

That the Minister:

Approve the overseas travel for Mr Scott Cooper, Assistant Director Radiation Therapy – Planning, Townsville Hospital, to attend the Elekta Stereotactic Training Course in Winston-Salem, North Carolina, United States of America (USA) from 21 -22 March 2013.

Note that this travel is for the purposes of essential front-line training. A travel request for a second officer to attend the same training has been made under a separate application (Ms Sonia Maria Mahou Lago, Medical Physicist, Townsville Cancer Centre - BR056102/ OT001801).

Note that airfares, accommodation and registration costs will be funded externally by Elekta, as part of the service agreement between Elekta and the Townsville Hospital and Health Service. Elekta is a human care company developing innovations and clinical solutions for treating cancer and brain disorders.

Note that operational funds are available to cover salary, meals and incidentals with the applicant self-funding remaining travel costs.

Provide this brief to the Minister for approval.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

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DOH-DL-12/13-015 RTI Document 851

s73

RTI RELEASE

1 February 2013

Overseas Travel Officer
Queensland Health

Dear Sir/Madam

Re: Late Submission for Overseas Travel Approval

Please find attached my application for overseas travel. I apologise for my late submission. My reasons are as follows:

1. the Townsville Cancer Centre wishes to implement Stereotatic Radiation Therapy and detailed planning commenced last year.
2. in order to be financially responsible, we were seeking local means for training. However, training is not available in Australia.
3. knowledge of the training offered by Elekta became available in early January 2013. However in determining if we could attend the course, staffing logistics required resolution firstly.

In summary, my application is late during to late knowledge of the course availability and the need to ensure clinical coverage in my absence.

Please consider my application favourably.

Yours faithfully

Scott Cooper
Senior Radiation Therapist
Townsville Cancer Centre

RTI RELEASE

4) **What is the purpose of the travel?** Please tick the appropriate box/es

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☐ Research	☐ Investigations/inspections/fact finding/data gathering
☐ Operational/part of duties	☐ Law enforcement
☒ Receive training/Attend a course(s)	☐ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☒ Attend conference/seminar/workshop/forum	☐ Formalise relations with international clients
☐ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☐ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☒ Professional development	☐ Other, please specify:
☐ Promotions and marketing	**Non-Employees**
	☐ Other, please specify

5a) **Is this a block approval form?** Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☐ Yes ☒ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

Video-conferencing not offered. Video-conferencing impractical, the course has large hands-on component to training.

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

- SRT is a type of external beam radiation therapy that uses special equipment to position patients and precisely deliver radiation to a tumour. Predominantly used for treating early stage tumours or solitary secondary malignancies. SRT usually delivers very high doses with very small fields and reduce fractions and requires a high degree of precision.
- This course offers the principles behind Stereotactic Radiation Therapy (SRT) and steps required to implement SRT for treatment on linear accelerators with stereotactic capabilities.
- The Townsville Cancer Centre has installed linear accelerators and equipment with stereotactic capabilities with the current redevelopment.
- There is no formal training course for the planning and deliver of SRT available in Australia.

In relation to Queensland Health Strategic Plan 2012-2016

Health services emphasis keeping people well and avoiding unnecessary hospitalisations.

- SRT delivers large radiation doses in fewer fractions.
- SRT offers a radio surgery approach to some cancers where conventional surgery is inappropriate.

RTI RELEASE
DOH-DL-12/13-015 RTI Document 854

Treatment is usually delivered on an outpatient basis over a 3 or four day period.

- In the setting of solitary secondary malignancies where patients may normally attend daily radiotherapy for between 10 and 20 of treatments. Using SRT, treatment may be delivered in 3 fractions once per week. Potentially with fewer acute side effects.

Services are innovative, safe and effective, and designed around those who use them.

- The Townsville Cancer Centre is a tertiary referral centre servicing Queensland north of Rockhampton. Potential patients who have a need for SRT would be away from their homes for a shorter period.
- With fewer acute side effects, patients would potentially be less burden on local health facilities.
- The training course would allow for staff to pass on information and to train local Townsville radiation therapists.

7) **What are the consequences of not travelling?**

In relation to Queensland Health Strategic Plan 2012-2016
Access to services is easier and faster, especially for those with higher health needs or living in rural or regional communities.

- Townsville Cancer Centre is a tertiary referral centre with the equipment and capability of delivering SRT in a safe and accurate manner. Implementation would be greatly delayed if the training course could not be taken advantage of.

Public investment in health is targeted to ensure the best possible use of available resources.

- The Townsville Cancer Centre has a service contract with ELEKTA for the maintenance of equipment. Included in the contract are annual training courses to ensure the best possible and safest use of the apparatus. If we do not take advantage of the courses we risk not using expensive equipment and software to its full potential.
- There is no formal training course for the planning and deliver of SRT available in Australia.
- Patients would have to be offered a less optimal treatment option.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 855

Security risk destinations

8) **Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling?** Travel advisories can be accessed at www.dfat.gov.au.
☒ Yes ☐ No

9) **What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling?** The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☒ **To exercise good personal security awareness.**
2. ☐ **To be alert to your own security.**
3. ☐ **To exercise caution and be aware of developments that might affect your safety.**
4. ☐ **To exercise a high degree of (or "extreme") caution.**
5. ☐ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

10) **What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?**

Recommend to take out travel insurance.

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).

Traveller's signature	[signature] for S. Cooper	**Date**	1 /02/ 2013
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 856

Requirements for Recommendation by Director-General
(if not complete – application will be returned to traveller):

CHECKLIST: **Ref No:**
Applicant's Name: Scott Cooper
Position:Senior Radiation Therapist **Classification: HP6**

		Yes / No / N/a
1.	Dates Departing and returning Australia:18/03 /2013 to 24/03 /2013	y
2.	Dates of Conference/course/meeting: 21/03 /2013 to 22/03 /2013	y
3.	Location of Conference/course/meeting: **Winston-Salem Nth Carolina USA**	y
4.	Additional leave taken (if applicable): 19/03 to 19/03/2013	y
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	y
6.	Itemised travel diary/itinerary is complete, accurate and attached.	y
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	na
9.	If receiving funding from an external source (eg drug company) - a written statement from the **applicant's manager** that there is no conflict of interest - attached.	N/A
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	N/A
11.	Benefits in relation to Queensland Government priorities are documented within submission.	y
12.	Benefits to Queensland Health are documented within submission.	y
13.	Conference program is attached.	y
14.	Travel booking is to be made through a QH Travel Booker.	N/A.
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	y.
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	y.

Traveller (or Contact Officer) ...Scott Cooper..Date:28/1/2013

Checked By (Overseas Travel Co-ordinator): ....Date: / /

RTI RELEASE
DOH-DL-12/13-015 RTI Document 857

OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)

Traveller: Scott Cooper

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested: Conference, Recreation, TOIL, Study leave	Activity: Attend conference, Visit health facility, Flight, Other	Daily Salary if requesting paid leave	Airfare	Accom	- Meal expenditure	- Taxi fares	Incidental Allowance	Proposed funding source: Trust funds, Operational funds, Self funding, Private company
18/3/13	Monday	6:00	8:00	Townsville to Brisbane	Conference	Flight							
18/3/13	Monday	11:30	6:40	Brisbane to Los Angeles		Flight		$1300					ELEKTA
18/3/13	Monday			Los Angeles		Stop Over & Rest Flight >10.5Hrs			$175				Self
							$494.45					$35.00	Operational
19/3/13	Tuesday			Los Angeles	Annual	Rest			$175	$95.75			Self
							$494.45						Operational
20/3/13	Wednesday	7:00	16:00	Los Angeles to Winston-Salom NC	Professional Development	Flight		$350	$115				ELEKTA
							$494.45			$95.75		$35.00	Operational

RTI RELEASE
DOH-DL-12/13-015
RTI Document 858

21/3/13	Thursday	7:30	20:30	Winston-Salom NC	Professional Development	Training Course			$115			$2500 (Registration)	ELEKTA
							$494.45					$35.00	Operational
22/3/13	Friday	7:30	16:00	Winston-Salom NC	Professional Development	Training Course			$115				ELEKTA
							$494.45			$45.60		$35.00	Operational
23/3/13	Saturday	7:30	12:00	Winston-Salom NC to Los Angeles	Weekend	Flight		$350					ELEKTA
										$95.75		$35.00	Operational
23/3/13 24/3/13	Saturday Sun	23:50		Los Angeles to Townsville	Weekend weekend	Flight flight		$1300					ELEKTA
25/3/13	Monday		13:30	Townsville	Conference								
TOTAL:							$2472.25	$3300	$695	$332.85		$2675	$7010.10

NOTE:

- This diary shall be prepared in advance.
- This diary is to be endorsed by traveller, signed and dated after travel.
- This diary is to be presented when submitting a claim for expenses.
- Receipts are to be produced when seeking re-imbursement (eg taxi fares, meals) following travel.

Traveller signature: [signature] .... Date: 28 / 11 / 2013

RTI RELEASE

DOH-DL-12/13-015

RTI Document 859

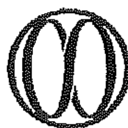
STEREOTACTIC RADIATION THERAPY TRAINING PROGRAM

Wake Forest University Baptist Medical Center
March 21-22, 2013

Course Faculty

Physicians	
James Urbanic, MD	Course Co-Director, Radiation Oncology
Michael Chan, MD	Radiation Oncology
Kevin McMullen, MD	Radiation Oncology
Thomas Ellis, MD	Neurosurgery
A. William Blackstock, MD	Chairman, Radiation Oncology
Edward Shaw, MD	Former Chairman, Radiation Oncology
Physicists	
William Hinson, PhD	Course Co-Director, Radiation Oncology
Carnell Hampton, PhD	Radiation Oncology
William Kearns, MS	Radiation Oncology
Radiation/Cancer Biology	
Michael Robbins, PhD	Radiation Oncology
Administration	
R. Scott Krewson, MBA	Radiation Oncology
Axesse Staff	
Debbie Clodfelter, RTT	Radiation Oncology
Mandi Moeller, RTT	Radiation Oncology
Valerie Alexander, RTT	Radiation Oncology
Michael Brady, RTT	Radiation Oncology
Erin Boggs, RTT	Radiation Oncology
CT Simulator Staff	
Lorne Kerley, NMT	Radiation Oncology
Debbie Fulk, RTT	Radiation Oncology
Mandy Parker, RTT	Radiation Oncology

PHI RELEASE


Wake Forest University Baptist MEDICAL CENTER

ELEKTA

DOH-DL-12/13-015 RTI Document 860

Course Syllabus

Day one: Thursday, March 21, 2013

Time	Session	Faculty
7:45am	**Registration and Continental Breakfast**	
8:00am	**Welcome and Introduction**	Urbanic/Hinson
8:15am	**Radiation Biology of Hypofractionated Therapy**	Robbins
8:40am	**Physics of SBRT**	Hinson
9:20am	**Multimodality Simulation and Motion Assessment**	Hampton
10:00am	Coffee Break	
10:15am	**Lung SBRT – Indications and Outcomes**	Urbanic
11:15am	**Liver SBRT – Indications and Outcomes**	Urbanic
12:00pm	Lunch	
1:00pm	**Practical: Observation of Treatment/Simulation**	Hampton/Hinson/ Kearns/Linac Staff
2:00pm	**Physics of SBRT: Image-Guided RT**	Hampton
3:00pm	**Dose Constraints and Contouring Issues**	Urbanic
4:00pm	**Practical: Sample Case Evaluations Lung/Liver/Body or IGRT/SBRT QA**	Urbanic/ Hampton/Hinson
5:15pm	**Return to hotel**	
6:15pm	**Pickup at hotel for transportation to dinner at Brookstown Inn**	
8:30pm	**Return to hotel**	

Day two: Friday, March 22, 2012

Time	Session	Faculty
7:45am	**Continental Breakfast**	
8:00am	**Department Set-up: Documentation and Billing**	Krewson
9:00am	**Spine Radiosurgery – Radiation Oncology Perspective**	McMullen
10:00am	**Spine Radiosurgery – Neurosurgical Perspective**	Ellis
10:30am	Coffee Break	
10:45am	**Intracranial Applications**	Chan
12:30pm	Lunch	
1:00pm	**Practical: Observation of Treatment/Simulation**	Hampton/Hinson/ Kearns/Linac Staff
2:00pm	**Practical: Sample Case Evaluations Spine Radiosurgery and Intracranial**	Chan/McMullen
3:00pm	**Final Questions and Wrap-up**	McMullen/ Hinson
3:30pm	**Evaluation and distribution of Certificates**	McMullen

RTI RELEASE
DOH-DL-12/13-015 RTI Document 861

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

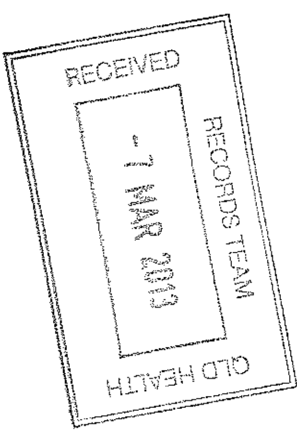
13 February 2013

Item	*Type of Travel*	*Name of Traveller & Work Location*	*Fast Facts*	*Travelling Dates*	*Total Cost ($)*		*RecFind Ref*
					Agency	*External*	
2	Overseas	Ms Sonia Maria Mahou Lago, Medical Physicist, Townsville Cancer Centre **Leave:** 6 days Conference Leave 4 Day Recreation Leave	• Attend Elekta Stereotactic Training Course, North Carolina, USA 21 – 22 March 2013. • Front-line training. • External funding from Elekta to cover airfares, accommodation, registration, as part of service agreement between Elekta and Townsville Hospital and Health Service. • Elekta is a human care company developing innovations and clinical solutions for treating cancer and brain disorders. • Operational funding to cover salary, meals and incidentals. • Applicant to self-fund any additional travel costs.	**Depart:** 16 March 2013 **Return:** 25 March 2013	$572	$7,900 ($6,600 – Elekta; Self - $1,300	BR056102/ OT001801

TRAVEL TIMELINE

Sat 16/03 FLIGHT Brisbane/USA	**Sun 17/03** PERSONAL REST DAY flight > 10.5	**Mon 18/03** PERSONAL	**Tues 19/03** PERSONAL	**Wed 20/03** PERSONAL	**Thurs 21/03** TRAINING	**Fri 22/03** TRAINING

Sat 23/03 PERSONAL/ FLIGHT Depart 1600	**Sun 24/03** FLIGHT	**Mon 25/03** FLIGHT Arrive Townsville 1045


RECEIVED
- 7 MAR 2013
RECORDS TEAM
QLD HEALTH

RTI RELEASE

DOH-DL-12/13-015

RTI Document 862

Queensland Government

Queensland Health

RecFind Ref No:

International Travel – Ministerial Approval Summary

13 February 2013

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Mr Scott Cooper	Los Angeles, USA 18-25 March 2013		
2	Ms Sonia Maria Mahou Lago	North Carolina, USA 16-25 March 2013		
3	Ms Karen Shann	Montreal, Canada 7-20 March 2013		

RTI RELEASE

Supported:

Director-General

Date 1 / 3 / 13

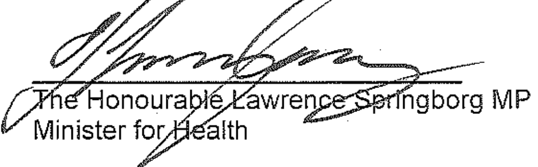
Comments:

JAKE SMITH.

Chief of Staff

Date 6 / 3 / 13.

I hereby approve the international travel contained within this summary items 3-3



The Honourable Lawrence Springborg MP
Minister for Health

Date 6 / 3 / 13

DOH-DL-12/13-015

RTI Document 863

Department RecFind No:	BR056102 / OT001801
Division/District:	Townsville HHS
File Ref No:	

Briefing Note for Approval

Director-General

RECEIVED
DATE 13 FEB 2013 BY

Requested by: Chief Executive, Townsville Hospital & Health Service

Date requested: 31 January 2013

Action required by: 22 February 2013

SUBJECT: Overseas Travel Request – Ms Sonia Maria Mahou Lago - Attending Stereotactic Training Course

Proposal

That the Director-General:

Note the contents of this brief regarding overseas travel for Miss Sonia Maria Mahou Lago, Medical Physicist, Townsville Cancer Centre, to attend the Elekta Stereotactic Training Course in Winston-Salem, North Carolina, United States of America (USA) from 21 -22 March 2013.

Note that this travel is for the purposes of essential front-line training. A travel request for a second officer to attend the same training has been made under a separate application (Mr Scott Cooper - Assistant Director Radiation Therapy – Planning, Townsville Hospital - BR056100/ OT001800).

Note that airfares, registration, some meals and accommodation costs will be funded externally by Elekta, as part of the service agreement between Elekta and the Townsville Hospital and Health Service. Elekta is a human care company developing innovations and clinical solutions for treating cancer and brain disorders.

Note that operational funds are available to cover salary, with the applicant self-funding remaining travel costs.

Provide this brief to the Minister for approval.

Urgency

1. **Urgent** –Late submission of the overseas travel approval form in order to attend to the Elekta Stereotactic Radiation Therapy Training Course.

Headline Issues

2. The top issues are:
   - The Townsville Cancer Centre has equipment with the capability to deliver Stereotatic Radiation.
   - Medical Physicists need to be trained in this technology in order to commission the equipment for clinical use.

Key Values

3. The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☒ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☐ Openness

Key issues

RTI RELEASE

Department RecFind No:	BR056102 / OT001801
Division/District:	Townsville HHS
File Ref No:	

4. This is a late application due to late notification of course availability and the need to ensure continuity of service provision.
5. If the approval is not granted the consequences are:
   - Delayed implementation of Stereotactic Radiation Therapy (SRT) within the Townsville Cancer Centre, as formal training programs in this area do not exist within Australia;
   - Unable to use the linear accelerators and the associated equipment/software to its full potential; and
   - If technology not used, patients may receive a less optimal treatment option or be referred elsewhere resulting in a greater cost to the Queensland Health.

Background

6. The applicant has not undertaken any previous official overseas travel within the past 24 months.

Consultation

7. Lisa Tomlinson, Operations Director, Townsville Cancer Centre.

8. Louis Fourie, Medical Physics Director, Townsville Cancer Centre.

Financial implications

9. Miss Mahou Lago's travel will be funded as follows:
   - Operational funding ($572) is available to cover salary;
   - Elekta funds ($6,600) are available to cover flights, registration and some meals and accommodation.
   - Miss Mahou Lago will self-fund all other costs.
   - The total cost of travel is $8,472.

Legal implications

10. There are no legal implications.

Attachments

11. Attachment 1: Overseas travel approval form – OT001801
    Attachment 2: Training program.
    Attachment 3: No conflict of interest letter.

RTI RELEASE

Department RecFind No:	BR056102 / OT001801
Division/District:	Townsville HHS
File Ref No:	

Recommendation

That the Director-General:

Note the contents of this brief regarding overseas travel for Miss Sonia Maria Mahou Lago, Medical Physicist, Townsville Cancer Centre, to attend the Elekta Stereotactic Training Course in Winston-Salem, North Carolina, United States of America (USA) from 21 -22 March 2013.

Note that this travel is for the purposes of essential front-line training. A travel request for a second officer to attend the same training has been made under a separate application (Mr Scott Cooper - Assistant Director Radiation Therapy – Planning, Townsville Hospital - BR056100/ OT001800).

Note that airfares, registration, some meals and accommodation costs will be funded externally by Elekta, as part of the service agreement between Elekta and the Townsville Hospital and Health Service. Elekta is a human care company developing innovations and clinical solutions for treating cancer and brain disorders.

Note that operational funds are available to cover salary, with the applicant self-funding remaining travel costs.

Provide this brief to the Minister for approval.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 866

s73

RTI RELEASE

Department RecFind No:	BR056102 / OT001801
Division/District:	Townsville HHS
File Ref No:	

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, Townsville Hospital & Health Service **Date requested: 1 February 2013** **Action required by: ASAP**

SUBJECT: Attendance at Stereotatic Training Course in USA in March 2013

Recommendation
That the Minister:

Approve the overseas travel for Miss Sonia Maria Mahou Lago, Medical Physicist, Townsville Cancer Centre, to attend the Elekta Stereotactic Training Course in Winston-Salem, North Carolina, United States of America (USA) from 21 -22 March 2013.

Note that this travel is for the purposes of essential front-line training. A travel request for a second officer to attend the same training has been made under a separate application (Mr Scott Cooper, Assistant Director Radiation Therapy – Planning, Townsville Hospital - BR056100/ OT001800).

Note that airfares, accommodation and registration costs will be funded externally by Elekta, as part of the service agreement between Elekta and the Townsville Hospital and Health Service. Elekta is a human care company developing innovations and clinical solutions for treating cancer and brain disorders.

Note that operational funds are available to cover salary, meals and incidentals with the applicant self-funding remaining travel costs.

Provide this brief to the Minister for approval.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
/ /

Chief of Staff
/ /

Minister's comments

RTI RELEASE

DOH-DL-12/13-015 RTI Document 868

s73

RTI RELEASE

RTI RELEASE

s73

RTI RELEASE

s73

DOH-DL-12/13-015 RTI Document 871

4) **What is the purpose of the travel?** Please tick the appropriate box/es

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☐ Research	☐ Investigations/inspections/fact finding/data gathering
☒ Operational/part of duties	☐ Law enforcement
☒ Receive training/Attend a course(s)	☐ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☒ Attend conference/seminar/workshop/forum	☐ Formalise relations with international clients
☐ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☐ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☒ Professional development	☐ Other, please specify:
☐ Promotions and marketing	**Non-Employees**
	☐ Other, please specify

5a) **Is this a block approval form?** ☐ Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☒ Yes ☐ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

Not available.
The course is not offered in Australia.
The course has a practical component (hands on) which cannot be achieved by video conferencing.

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

Stereotactic radiation therapy (SRT) utilises high dose radiation, such high doses of radiation requires high precision and accuracy.

The main objective of this travel is the implementation of SRT at the Townsville Cancer Centre. In order to achieve this objective the Medical Physics department has to be trained in this technology. This technology is new for the department and nobody has previous experience.

I need to attend the Elekta North Carolina training course in SBRT to:

- Expand my knowledge on the principles behind SRT.
- Start getting the experience needed to implement SRT at the Townsville Cancer Centre.
- Training course is not offered in Australia.

RTI RELEASE
DOH-DL-12/13-015 RTI Document 872

7) **What are the consequences of not travelling?**

- Delayed implementation of SRT within the Townsville Cancer Centre as formal training programs in this area do not exist within Australia.
- Unable to use the linear accelerators and the associated equipment/software to its full potential.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 873

Security risk destinations

8) **Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling?** Travel advisories can be accessed at www.dfat.gov.au.
☒ Yes ☐ No

9) **What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling?** The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☐ **To exercise good personal security awareness.**
2. ☒ **To be alert to your own security.**
3. ☐ **To exercise caution and be aware of developments that might affect your safety.**
4. ☐ **To exercise a high degree of (or "extreme") caution.**
5. ☐ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

10) **What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?**

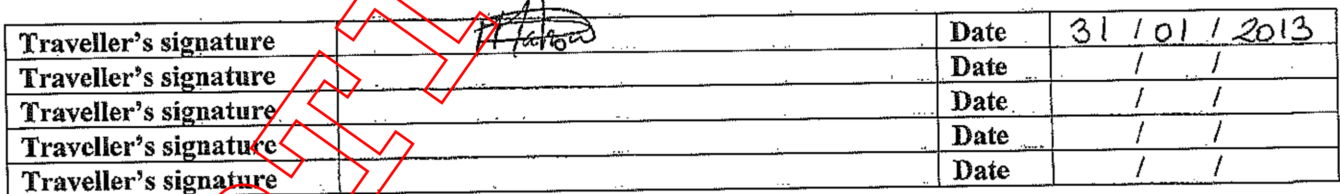
None

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).



Traveller's signature	[signature]	**Date**	31 / 01 / 2013
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 874

Requirements for Recommendation by Director-General

(if not complete – application will be returned to traveller):

CHECKLIST: **Ref No:**

Applicant's Name: Sonia Maria Mahou Lago

Position: Medical Physicist **Classification:** HP3

		Yes / No / N/a
1.	Dates Departing and returning Australia: 16/03/13 to 25/03/13	Yes
2.	Dates of Conference/course/meeting: 21 - 22/ 03/2013	Yes
3.	Location of Conference/course/meeting: Winston-Salem, North Carolina	Yes
4.	Additional leave taken (if applicable): TOIL 18/03/13 to 20/03/13	Yes
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	
6.	Itemised travel diary/itinerary is complete, accurate and attached.	Yes
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	Yes
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	N/A
9.	If receiving funding from an external source (eg drug company) - a written statement from the **applicant's manager** that there is no conflict of interest - attached.	N/A
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	N/A
11.	Benefits in relation to Queensland Government priorities are documented within submission.	Yes
12.	Benefits to Queensland Health are documented within submission.	Yes
13.	Conference program is attached.	Yes
14.	Travel booking is to be made through a QH Travel Booker.	No
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	Yes
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	Yes

Traveller (or Contact Officer) ....[signature]..........**Date:** 31/01/2013

Checked By (Overseas Travel Co-ordinator): ....**Date:** / /

RELEASE

DOH-DL-12/13-015 RTI Document 875

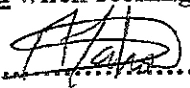
OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)

Traveller: Sonia Maria Mahou Lago

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested Conference Recreation TOIL Study leave	Activity: Attend conference Visit health facility Flight Other	Daily Salary if requesting paid leave	Airfare	Accom	- Meal expenditure	- Taxi fares	Incidental Allowance	Proposed funding source: Trust funds Operational funds Self funding Private company
16/03/13	Sat	6:00	17:55	Townsville-North Carolina	Weekend	Flight		$1600					Elekta
									$150	$50(Dinner)	$50		Self funded
17/03/13	Sun			North Carolina	Weekend	Recovery			$150	$100			Self funded
18/03/13	Mon			North Carolina	TOIL	Other			$150	$100			Self funded
19/03/13	Tuesday			North Carolina	TOIL	Other			$150	$100			Self funded
20/03/13	Wed			North Carolina	TOIL	Other			$150				Elekta
										$100			Self funded
21/03/13	Thu	7:30	20:30	North Carolina	Conference	Training Course			$150	$100			Elekta
							$286						Operational
22/03/13	Fri	7:30	16:00	North Carolina	Conference	Training Course			$150	$50 (Breakfast and Lunch)			Elekta
							$286						Operational
										$50(Dinner)			Self funded
23/03/13	Sat	16:00		North Carolina – Townsville	Weekend	Flight & Recovery (Flight in excess 10.5 hr)		$1600					Elekta
											$50		Self funded
24/03/13	Sun												
25/03/13	Mon		10:45		Recovery								
TOTAL:								$3200	$450	$150			Elekta
							$572						Operational
									$600	$500	$100		Self funded

RTI RELEASE
DOH-DL-12/13-015
RTI Document 876

- This diary shall be prepared in advance.
- This diary is to be endorsed by traveller, signed and dated after travel.
- This diary is to be presented when submitting a claim for expenses.
- Receipts are to be produced when seeking re-imbursement (eg taxi fares, meals) following travel.

Traveller signature:........................ Date: 31/01/2013

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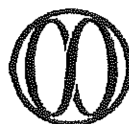
STEREOTACTIC RADIATION THERAPY TRAINING PROGRAM

Wake Forest University Baptist Medical Center
March 21-22, 2013

Course Faculty

Physicians	
James Urbanic, MD	Course Co-Director, Radiation Oncology
Michael Chan, MD	Radiation Oncology
Kevin McMullen, MD	Radiation Oncology
Thomas Ellis, MD	Neurosurgery
A. William Blackstock, MD	Chairman, Radiation Oncology
Edward Shaw, MD	Former Chairman, Radiation Oncology
Physicists	
William Hinson, PhD	Course Co-Director, Radiation Oncology
Carnell Hampton, PhD	Radiation Oncology
William Kearns, MS	Radiation Oncology
Radiation/Cancer Biology	
Michael Robbins, PhD	Radiation Oncology
Administration	
R. Scott Krewson, MBA	Radiation Oncology
Axesse Staff	
Debbie Clodfelter, RTT	Radiation Oncology
Mandi Moeller, RTT	Radiation Oncology
Valerie Alexander, RTT	Radiation Oncology
Michael Brady, RTT	Radiation Oncology
Erin Boggs, RTT	Radiation Oncology
CT Simulator Staff	
Lorne Kerley, NMT	Radiation Oncology
Debbie Fulk, RTT	Radiation Oncology
Mandy Parker, RTT	Radiation Oncology


Wake Forest University Baptist

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DOH-DL-12/13-015 RTI Document 878

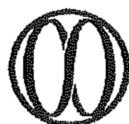
Course Syllabus

Day one: Thursday, March 21, 2013

7:45am	**Registration and Continental Breakfast**	
8:00am	**Welcome and Introduction**	Urbanic/Hinson
8:15am	**Radiation Biology of Hypofractionated Therapy**	Robbins
8:40am	**Physics of SBRT**	Hinson
9:20am	**Multimodality Simulation and Motion Assessment**	Hampton
10:00am	Coffee Break	
10:15am	**Lung SBRT – Indications and Outcomes**	Urbanic
11:15am	**Liver SBRT – Indications and Outcomes**	Urbanic
12:00pm	Lunch	
1:00pm	**Practical: Observation of Treatment/Simulation**	Hampton/Hinson/ Kearns/Linac Staff
2:00pm	**Physics of SBRT: Image-Guided RT**	Hampton
3:00pm	**Dose Constraints and Contouring Issues**	Urbanic
4:00pm	**Practical: Sample Case Evaluations Lung/Liver/Body or IGRT/SBRT QA**	Urbanic/ Hampton/Hinson
5:15pm	**Return to hotel**	
6:15pm	**Pickup at hotel for transportation to dinner at Brookstown Inn**	
8:30pm	**Return to hotel**	

Day two: Friday, March 22, 2012

7:45am	**Continental Breakfast**	
8:00am	**Department Set-up: Documentation and Billing**	Krewson
9:00am	**Spine Radiosurgery – Radiation Oncology Perspective**	McMullen
10:00am	**Spine Radiosurgery – Neurosurgical Perspective**	Ellis
10:30am	Coffee Break	
10:45am	**Intracranial Applications**	Chan
12:30pm	Lunch	
1:00pm	**Practical: Observation of Treatment/Simulation**	Hampton/Hinson/ Kearns/Linac Staff
2:00pm	**Practical: Sample Case Evaluations Spine Radiosurgery and Intracranial**	Chan/McMullen
3:00pm	**Final Questions and Wrap-up**	McMullen/ Hinson
3:30pm	**Evaluation and distribution of Certificates**	McMullen


Wake Forest University Baptist

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DOH-DL-12/13-015 RTI Document 879

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

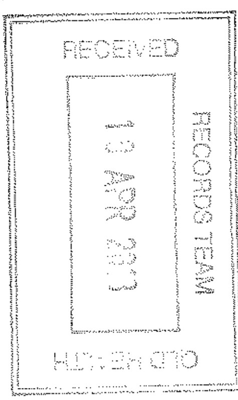
Monday, 25 February 2013

Item	Type of Travel	Name of Traveller & Work Location	Fast Facts	Travelling Dates	Total Cost ($)		RecFind Ref
					Agency	External	
1	Overseas	Dr David Whiley, Advanced Microbiologist (Research) / Senior Scientist, Queensland Paediatric Infections Diseases Laboratory, Sir Albert Sakzewksi Virus Research Centre. **Leave:** 5 days Conference Leave 3 days Recreation Leave	• Attend and present at the Sexually Transmitted Infections and Acquired Immune Deficiency Syndrome World Congress 2013 in Vienna, Austria, 14 – 17 July 2013. • Dr Whiley is an invited symposium speaker at the conference and an expert in the field of molecular diagnostics. • External funds from the conference organisers to cover registration. • Research funds administered by the University of Queensland to cover airfares, accommodation and taxi fares. • Operational funds to cover salary only. • Applicant to self-fund incidentals.	**Depart:** 10 July 2013 **Return:** 19 July 2013	$3,200 – salary only	$4,100 ($800 -Conf organisers; $3,100 – UQ; $200 – self-funded)	BR056125/ OT001802

TRAVEL TIMELINE

Wed 10/07	Thurs 11/07	Fri 12/07	Sat 13/07	Sun 14/07	Mon 15/07	Tues 16/07
FLIGHT Brisbane/Sydney 12:25 – 14:00	FLIGHT Depart Sydney 16:05	FLIGHT Arrive London 06:35	FLIGHT Depart London 14:40; Arrive Vienna 17:55	CONFERENCE	CONFERENCE	CONFERENCE

Wed 17/07	Thurs 18/07	Fri 19/07
CONFERENCE Begin return flight 22:40	FLIGHT	FLIGHT Arrive Brisbane 06:20



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DOH-DL-12/13-015

RTI Document 880

Queensland Government

RecFind Ref No:

Queensland Health

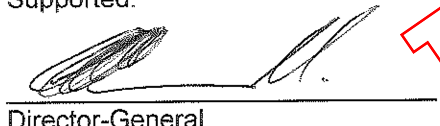
International Travel – Ministerial Approval Summary

Monday, 25 February 2013

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Dr David Whiley	10 – 19 July 2013, Vienna, Austria		

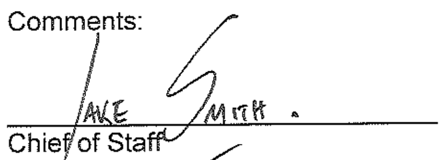
Supported:



Director-General

Date 28 / 2 / 13

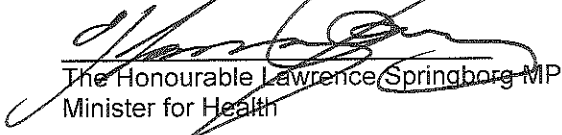
Comments:



Chief of Staff

Date 18 / 4 / 13.

I hereby approve the international travel contained within this summary items 1-1



The Honourable Lawrence Springborg MP
Minister for Health

Date 17 / 4 / 13

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DOH-DL-12/13-015

RTI Document 881

Department RecFind No:	BR056125 / OT001802
Division/District:	CHQ
File Ref No:	CHQ01099

Briefing Note for Approval

Director-General

Requested by: Chief Executive, Children's Health Qld Hospital & Health Service

Date requested: 5 January 2013

Action required by: ASAP

SUBJECT: Overseas Travel Application for Dr David Whiley

Proposal

That the Director-General:

Note the overseas travel for Dr David Whiley, Advanced Microbiologist (Research) / Senior Scientist, Queensland Paediatric Infectious Diseases Laboratory, Sir Albert Sakzewksi Virus Research Centre, who has been invited to give a symposium presentation at the Sexually Transmitted Infections (STI) and Acquired Immune Deficiency Syndrome (AIDS) World Congress 2013 (to be held as a joint meeting of the 20th International Society for Sexually Transmitted Diseases Research and the 14th World Congress of the International Union against STI), in Vienna, Austria, from 14 – 17 July 2013.

Note that Dr Whiley is an invited symposium speaker at the conference and has been invited as an expert in the field of molecular diagnostics.

Note that external funding from the conference organising committee will cover conference registration and research funding administered by the University of Queensland will cover airfares, accommodation and incidentals. The applicant will cover incidental costs and the only cost to Queensland Health will be the applicant's salary.

Provide this brief to the Minister for approval.

Urgency

1. **Critical** – Attendance is required. Dr Whiley is due to depart in July 2013 and approval is required as soon as possible in order to confirm travel arrangements.

Headline Issues

2. The top issues are:
   - Dr Whiley will give a presentation on molecular detection of antimicrobial resistance and provide a presentation to a more general audience including health promoters and primary care nurses on the pros and cons of molecular testing.
   - Dr Whiley's invitation as a symposium speaker and an expert greatly enhances Queensland Health as a leader in molecular diagnostic technology.

Key Values

The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☒ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☐ Value for money for taxpayers
☐ Openness

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DOH-DL-12/13-015 RTI Document 882

Department RecFind No:	BR056125 / OT001802
Division/District:	CHQ
File Ref No:	CHQ01099

Key issues

3. Knowledge gained from this conference will be shared by Dr Whiley with colleagues in the Sir Albert Sakzewski Virus Research Centre. The knowledge will also be used in further assay development for Pathology Queensland.

4. Attendance at the conference will ensure Queensland is represented internationally at the forefront of molecular diagnostics. It will also help promote Queensland as an international participant, leader and enabler in molecular diagnostics.

5. A travel report will be provided within 14 days of return from travel, as per requirements.

Background

6. The STI & AIDS World Congress 2013 will take place at the Vienna, Austria, 14 July 2013-17 July 2013.

7. The Program's themes include laboratory issues and clinical aspects of sexual health.

8. Sexually transmitted infections, including Chlamydia and gonorrhoea are on the rise in Queensland and elsewhere. In particular, Aboriginal peoples are over-represented in STI statistics. There are also serious concerns regarding the development of antimicrobial resistance by these organisms. The Queensland Paediatric Infectious Diseases (QPID) Laboratory plays a central role in the development and validation of moleculars assays used to detect STIs, and they are now developing methods to detect antimicrobial resistance.

9. The Conference brings together laboratory and clinical staff to focus on issues in the area of sexual health.

10. The applicant has undertaken the following official overseas travel within the past 24 months:

    Attended the New Zealand Sexual Health Society 34th Annual Conference 2012, 30 August – 1 September 2012, Palmerston North, New Zealand, as key note speaker and expert in Gonorrhoea. A travel report for the above has been provided.

Consultation

11. Not applicable

Financial implications

12. External funds ($800) are available from the conference organising committee to cover conference registration.

13. Research funding ($3,200), administered for the applicant by the Queensland Children's Medical Research Institute, University of Queensland, will cover airfares, accommodation and incidentals.

14. The only cost to Queensland Health will be the applicant's salary ($3,200).

Legal implications

15. There are no legal implications.

Attachments

16. Attachment 1: Queensland Health Overseas Travel Form – OT001802
    Attachment 2: Invitation to present and conference program.
    Attachment 3: No Conflict of Interest Letter.

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RTI RELEASE

Department RecFind No:	BR056125 / OT001802
Division/District:	CHQ
File Ref No:	CHQ01099

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, Children's Health Qld Hospital & Health Service **Date requested: 5 January 2013** **Action required by: ASAP**

SUBJECT: Overseas Travel Application for Dr David Whiley

Recommendation

That the Minister:

Approve the overseas travel for Dr David Whiley, Advanced Microbiologist (Research) / Senior Scientist, Queensland Paediatric Infectious Diseases Laboratory, Sir Albert Sakzewksi Virus Research Centre, who has been invited to give a symposium presentation at the Sexually Transmitted Infections (STI) and Acquired Immune Deficiency Syndrome (AIDS) World Congress 2013 (to be held as a joint meeting of the 20th International Society for Sexually Transmitted Diseases Research and the 14th World Congress of the International Union against STI), in Vienna, Austria, from 14 – 17 July 2013.

Note that Dr Whiley is an invited symposium speaker at the conference and has been invited as an expert in the field of molecular diagnostics.

Note that external funding from the conference organising committee will cover conference registration and research funding administered by the University of Queensland will cover airfares, accommodation and incidentals. The applicant will cover incidental costs and the only cost to Queensland Health will be the applicant's salary.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

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4) **What is the purpose of the travel?** Please tick the appropriate box/es

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☐ Research	☐ Investigations/inspections/fact finding/data gathering
☐ Operational/part of duties	☐ Law enforcement
☐ Receive training/Attend a course(s)	☐ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☒ Attend conference/seminar/workshop/forum	☐ Formalise relations with international clients
☒ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☐ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☐ Professional development	☐ Other, please specify:
☐ Promotions and marketing	**Non-Employees**
	☐ Other, please specify

5a) **Is this a block approval form?** ☐ Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☐ Yes ☒ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

Dr David Whiley is an invited symposium speaker of the conference

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

1. The purpose for Dr David Whiley to attend the STI & AIDS World Congress is to:
   - Provide a talk on molecular detection of antimicrobial resistance.
   - Provide a presentation to a more general audience including health promoters and primary care nurses on the pros and cons of molecular testing.

2. Dr Whiley is an invited symposium speaker at the conference and has been invited as an expert in the field of molecular diagnostics. This invitation greatly enhances Queensland Health as a leader in molecular diagnostic technology.

3. Sexually transmitted infections (STIs), including Chlamydia and gonorrhoea are on the rise in Queensland and elsewhere. In particular, Aboriginal peoples are over-represented in STI statistics. There are also serious concerns regarding the development of antimicrobial resistance by these organisms. The Queensland Paediatric Infectious Diseases (QPID) Laboratory plays a central role in the development and validation of moleculars assays used to detect STIs, and they

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are now developing methods to detect antimicrobial resistance. Knowledge gained from this conference will be shared by Dr Whiley with colleagues in QPID Laboratory, Sir Albert Sakzewski Virus Research Centre. The knowledge will also be used in further assay development for Pathology Queensland.

4. Attendance at the conference will ensure Queensland is represented internationally at the forefront of molecular diagnostics. It will also help promote Queensland as an international participant, leader and enabler in molecular diagnostics.

7) What are the consequences of not travelling?

Dr Whiley will be unable to participate in Conference at invited speaker.

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Security risk destinations

8) **Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling?** Travel advisories can be accessed at www.dfat.gov.au.
☒ Yes ☐ No

9) **What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling?** The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☒ **To exercise good personal security awareness.**
2. ☐ **To be alert to your own security.**
3. ☐ **To exercise caution and be aware of developments that might affect your safety.**
4. ☐ **To exercise a high degree of (or "extreme") caution.**
5. ☐ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

10) **What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?**

Advises immunisations for health risks such as H1N1/Influenza
Take out travel insurance
Travel in forested areas brings the risk of exposure to tick-borne encephalitis. Ticks are very common in country areas and are active from spring to autumn.

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).

Traveller's signature	[signature]	**Date**	3 / 1 / 2013

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

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DOH-DL-12/13-015 RTI Document 889

Requirements for Recommendation by Director-General

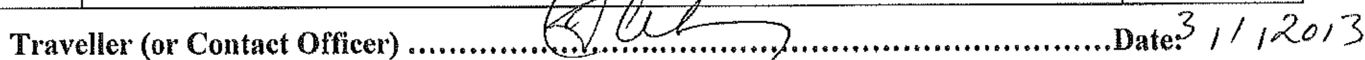
(if not complete – application will be returned to traveller):

CHECKLIST: **Ref No:**

Applicant's Name: Dr David Whiley

Position: Advanced Microbiologist (Research) / Senior Scientist **Classification: HP5**

		Yes / No / N/a
1.	Dates Departing and returning Australia: 10/ 7 /2013 to 19/ 7 /2013	Yes
2.	Dates of Conference/course/meeting: 14/ 7 /2013 to 17/ 7 /2013	Yes
3.	Location of Conference/course/meeting: Vienna, Austria	Yes
4.	Additional leave taken (if applicable): 10/7 /2013 to 12/7 /2013	Yes
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	Yes
6.	Itemised travel diary/itinerary is complete, accurate and attached.	Yes
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	N/A
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	N/A
9.	If receiving funding from an external source (eg drug company) - a written statement from the applicant's manager that there is no conflict of interest - attached.	Yes
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	N/A
11.	Benefits in relation to Queensland Government priorities are documented within submission.	Yes
12.	Benefits to Queensland Health are documented within submission.	Yes
13.	Conference program is attached.	Yes
14.	Travel booking is to be made through a QH Travel Booker.	N/A
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	Yes
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	Yes



Traveller (or Contact Officer) ....**Date:** 3 / 1 / 2013

Checked By (Overseas Travel Co-ordinator): ....**Date:** / /

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OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)

Traveller: Dr David Whiley

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested: Conference, Recreation, TOIL, Study leave	Activity: Attend conference, Visit health facility, Flight, Other	Daily Salary if requesting paid leave	Airfare	Accom	- Meal expenditure	- Taxi fares	Incidental Allowance	Proposed funding source: Trust funds, Operational funds, Self funding, Private company
10/7/2013	Wednes	12.25	14.00	Brisbane - Sydney	Recreation	Travel	$400 ●	$1000 *			$50 *		* Airfare, Accom, Taxi Fares & } UQ; ▲ Registration - Conf org. External Funds
11/7/2013	Thurs	16.05		Sydney-London	Recreation	Travel	$400 ●						
12/7/2013	Fri		06.35	London	Recreation	Rest travel > 10.5hrs	$400 ●						● Conference Leave – Operational Funds
13/7/2013	Satur	14.40	17.55	London to Vienna	N/A	Travel			$200 *			$40 @	@ Incidentals – Self Funded
14/7/2013	Sun			Vienna	N/A	Attend conference			$200 *			$40 @	
15/7/2013	Mon			Vienna	Conference	Attend conference	$400 ●		$200 *			$40 @	
16/7/2013	Tues			Vienna	Conference	Attend conference	$400 ●		$200 *			$40 @	
17/7/2013	Wednes	22.40		Leave Vienna	Conference	Attend conference	$400 ●		$200 *			$40 @	
18/7/2013	Thurs			Air travel	Conference	Travel	$400 ●	$1000 *					
19/7/2013	Fri		06.20	Arrive Brisbane	Conference	Travel	$400 ●				$50 *		
TOTAL:							$3200	$2000	$1000		$100	$200	

NOTE: plus registration $800 - Conference organisers ▲

- This diary shall be prepared in advance.
- This diary is to be endorsed by traveller, signed and dated after travel.
- This diary is to be presented when submitting a claim for expenses.
- Receipts are to be produced when seeking re-imbursement (eg taxi fares, meals) following travel.

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DOH-DL-12/13-015

RTI Document 891

Queensland Health

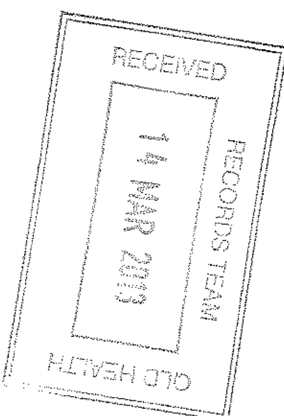
International Travel – Ministerial Approval Summary

Thursday, 21 February 2013

RecFind Ref No:

RECEIVED
2 6 FEB 2013

Item	Type of Travel	Name of Traveller & Work Location	Fast Facts	Travelling Dates	Total Cost ($)		RecFind Ref
					Agency	External	
1	Overseas **URGENT**	Professor Elizabeth Ward, Centre for Functioning and Health Research, Princess Alexandra Hospital. **Leave:** 5 days Conference Leave	• Attend the post graduate course "The Ultimate Videofluroscopic Swallow Study Symposium", Seattle Washington, USA, 13 March 2013. • Attend and present (three oral presentations and one E-Poster presentation) at the Dysphagia Research Society 21st Annual Meeting, Seattle Washington, USA, 14 – 16 March 2013. • Operational funds to cover salary only. • Applicant to self-fund all other costs from personal funds. • Applicant appointed to generate and stimulate allied health research and to disseminate this at international conferences in order to increase the research profile of Queensland Health. • Ministerial approval required as applicant representing Queensland Health in an official capacity and seeking to use Conference Leave.	**Depart:** 11 March 2013 **Return:** 19 March 2013	$3,100 – salary only	$4,000 Professor Ward to cover all travel costs from personal monies	BR056181/ OT001803



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DOH-DL-12/13-015

RTI Document 892

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

Thursday, 21 February 2013

TRAVEL TIMELINE

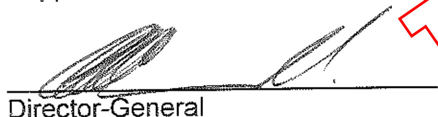
Mon 11/03 FLIGHT Brisbane/Sydney/Seattle	**Tues 12/03** REST DAY Flight > 10.5 hrs	**Wed 13/03** CONFERENCE	**Thurs 14/03** CONFERENCE	**Fri 15/03** CONFERENCE	**Sat 16/03** CONFERENCE	**Sun 17/03** FLIGHT

Mon 18/03 FLIGHT	**Tues** Arrive Brisbane 7am and return to work

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Professor Elizabeth Ward	11 – 19 March 2013, Seattle, USA		

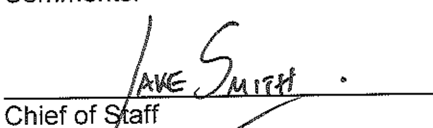
Supported:



Director-General

Date 25/2/13

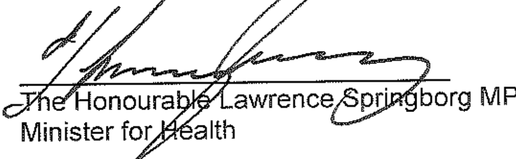
Comments:



Chief of Staff

Date ___/___/___

I hereby approve the international travel contained within this summary items 1-1



The Honourable Lawrence Springborg MP
Minister for Health

Date 14/3/13

RTI RELEASE

DOH-DL-12/13-015

RTI Document 893

Department RecFind No:	BR056181 / OT001803
Division/District:	Metro South HHS
File Ref No:	

Briefing Note for Approval
Director-General

RECEIVED
26 FEB 2013

Requested by: Chief Executive, Metro South Hospital and Health Service **Date requested:** **Action required by: ASAP**

SUBJECT: Approval of overseas travel for Prof Elizabeth Ward – Seattle, Washington 2013

Proposal
That the Director-General:

Note the overseas travel activities for Professor Elizabeth Ward, Centre for Functioning and Health Research (CFAHR), Princess Alexandra Hospital:

- 13 March 2013, attend post-graduate course "The Ultimate Videofluroscopic Swallow Study Symposium, Seattle Washington, United States of America (USA); and
- 14 -16 March 2013, attend and present at the Dysphagia Research Society 21st Annual Meeting, Seattle Washington, USA.

Note that all travel costs will be funded by the applicant using personal funds. Ministerial approval is required for this application as Professor Ward is representing the Department in an official capacity and is seeking to use Conference Leave during the travel.

Provide this brief to the Minister for approval.

Urgency
1. Routine - Approval is required as soon as possible to confirm attendance at the conference.

Headline Issues
2. The top issues are:
   - Professor Ward is the Professor CFAHR based within Queensland Health (QH). Professor Ward was appointed to this position to generate and stimulate allied health research for and within QH and to disseminate this at international conferences, in order to increase the research profile of Queensland Health (Attachment 4).
   - Professor Ward will be presenting the results of recent research conducted for Queensland Health at the conference (refer Attachment 2 – four abstract presentations and acceptances).
   - Professor Ward will attend a postgraduate training course on 13 March 2013 on Videofluroscopy. Videofluroscopy is used extensively in Professor Ward's research in Queensland Health and it is important that she is aware of the most recent evidence about this technique to ensure best methods are being used in both research and clinical services in Queensland Health.

Key Values
3. The key values that apply are the following:

☒ Better service for patients
☐ Better healthcare in the community
☐ Valuing our employees and empowering its frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☐ Openness

Key issues
4. This is a late application due to administrative delays at the Hospital and Health Service level.

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Department RecFind No:	BR056181 / OT001803
Division/District:	Metro South HHS
File Ref No:	

5. Professor Ward will undertake the following presentations at the conference:
    a. Presenter: Exploring the impact of dysphagia severity on clinical decision making via telerehabilitation (Oral presentation);
    b. Co-Presenter: Dysphagia and nutritional management in Australia and New Zealand Head and Neck Cancer centres (oral presentation);
    c. Co-presenter: Impact of nasogastric tubes on swallowing physiology in older healthy volunteers: A randomised controlled trial (oral presentation); and
    d. Co-presenter: Validation of predictive factors of dysphagia risk following thermal burn injury: A prospective Cohort Study (Poster presentation).

Background

6. The Dysphagia Research Society is the premier annual professional education event for speech-language pathologists and researchers who work in the field of dysphagia. Professor Ward is an internationally recognised researcher in the area of dysphagia.

7. Previous overseas travel within the past 24 months:
    - March 2011 – Presenter, Dysphagia Research Society Conference and pre-conference postgraduate training day in head and neck cancer management, San Diego, USA. (conference leave only, all costs self funded)
    - April 2011 – Keynote speaker Karlsbad Dysphagia Forum, Karlsbad Germany (conference leave only, all costs self funded)
    - September 2011 – Presenter, Pan European Voice Conference, Marseille, France (conference leave only, all costs self funded); and
    - March 2012 – Presenter, Dysphagia Research Society Conference, Toronto, Canada, (conference leave only, all costs self funded)
    - November – Presenter, American Speech and Hearing Association Conference, USA (conference leave only, all costs self funded)

    All Travel reports provided.

Consultation

8. Approval from line manager accompanies application.

Financial implications

10. Professor Ward is covering all travel costs using personal funds, as she is not entitled to a Professional Development Allowance.

11. Hospital and Health Service funds are available to cover salary costs ($3,100). The applicant is seeking to use Conference Leave.

Legal implications

12. There are no legal implications.

Attachments

13. Attachment 1: Overseas Travel approval form and associated documentation – OT001803.
    Attachment 2: Four abstract presentations and acceptance letters.
    Attachment 3: Conference Program, including postgraduate course program.
    Attachment 4: Support for travel from Executive Director, Clinical Support Services PAH.

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DOH-DL-12/13-015 RTI Document 896

Department RecFind No:	BR056181 / OT001803
Division/District:	Metro South HHS
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, Metro South Hospital and Health Service **Date requested:** **Action required by: 25 February 2013**

SUBJECT: Approval of overseas travel for Elizabeth Ward

Recommendation
That the Minister:

Approve the following overseas travel activities for Professor Elizabeth Ward, Centre for Functioning and Health Research (CFAHR), Princess Alexandra Hospital:

- 13 March 2013: Attend post-graduate course "The Ultimate Videofluroscopic Swallow Study Symposium, Seattle Washington; and
- 14-16 March 2013 attend and present at the Dysphagia Research Society 21st Annual Meeting, Seattle Washington.

Note that all travel costs will be funded by the applicant using personal funds. Ministerial approval is required for this application as Professor Ward is representing the department in an official capacity and is seeking to use Conference Leave during the travel.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

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DOH-DL-12/13-015 RTI Document 897

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4) **What is the purpose of the travel? Please tick the appropriate box/es**

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☒ Research	☐ Investigations/inspections/fact finding/data gathering
☒ Operational/part of duties	☐ Law enforcement
☒ Receive training/Attend a course(s)	☐ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☐ Attend conference/seminar/workshop/forum	☐ Formalise relations with international clients
☒ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☐ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☒ Professional development	☒ Other, please specify: Collaborative research meetings
☐ Promotions and marketing	**Non-Employees**
	☐ Other, please specify

5a) **Is this a block approval form?** ☐ Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☐ Yes ☒ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

Attending a workshop and a conference

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

(a) to present speech pathology research produced within Queensland Health at the leading International Dysphagia Research conference. Conducting and disseminating Queensland Health research is a key performance indicator of my position within Queensland Health

(b) to attend a postgraduate level training course in Videofluroscopy – a critical assessment tool used extensively within Queensland Health and within Prof Wards research activities

7) **What are the consequences of not travelling?**

Failure to meet above objectives

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Security risk destinations

8) **Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling?** Travel advisories can be accessed at www.dfat.gov.au.
☒ Yes ☐ No

9) **What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling?** The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☒ **To exercise good personal security awareness.**
2. ☒ **To be alert to your own security.**
3. ☒ **To exercise caution and be aware of developments that might affect your safety.**
4. ☐ **To exercise a high degree of (or "extreme") caution.**
5. ☐ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

10) **What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?**

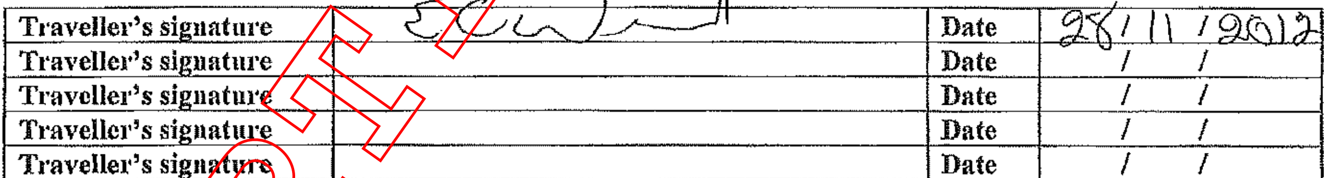
Nil significant risks.

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).



Traveller's signature	[signature]	**Date**	28/ 11 /2012
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

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Requirements for Recommendation by Director-General

(if not complete – application will be returned to traveller):

CHECKLIST: **Ref No:**

Applicant's Name: Professor Elizabeth Ward Position: professor Centre for Functioning and Health Research Classification: SES

		Yes / No / N/a
1.	Dates Departing and returning Australia	Yes
2.	Dates of Conference/course/meeting:	Yes
3.	Location of Conference/course/meeting:	Yes
4.	Additional leave taken (if applicable): / / to / /	N/A
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	Yes.
6.	Itemised travel diary/itinerary is complete, accurate and attached.	Yes
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	N/A
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	N/A
9.	If receiving funding from an external source (eg drug company) - a written statement from the applicant's manager that there is no conflict of interest - attached.	N/A – self funding
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	Attached
11.	Benefits in relation to Queensland Government priorities are documented within submission.	Yes
12.	Benefits to Queensland Health are documented within submission.	Yes
13.	Conference program is attached.	Yes
14.	Travel booking is to be made through a QH Travel Booker.	N/A
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	Yes
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	Yes

Traveller (or Contact Officer) ....[signature]........ **Date:** 28/11/2012

Checked By (Overseas Travel Co-ordinator): ....[signature].... **Date:** 29/11/12.

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OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)

Traveller: Professor Elizabeth Ward   SALARY = OPERATIONAL FUNDS; ALL OTHER COST = SELF-FUNDED.

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested: Conference, Recreation, TOIL, Study leave	Activity: Attend conference, Visit health facility, Flight, Other	Daily Salary if requesting paid leave	Airfare	Accom	Meal expenditure	Taxi fares	Incidental Allowance	Proposed funding source: Trust funds, Operational funds, Self funding, Private company
11 March	Monday	morning	Late evening	Brisbane – Sydney - Seattle	conference	FLIGHT	$516.80 (OP)	0	0	0	0	0	Self funding
12 March	Tuesday			Seattle	Rest day flight >10.5hrs		$516.80 (OP)	0	0	0	0	0	Self funding
13 March	Wed	8	6	Postgraduate Course	conference	COURSE	$516.80 (OP)	0	0	0	0	0	Self funding
14 March	Thursday	8	6	Conference	conference	CONFERENCE	$516.80 (OP)	0	0	0	0	0	Self funding
15 March	Friday	8	6	Conference	conference	CONFERENCE	$516.80 (OP)	0	0	0	0	0	Self funding
16 March	Saturday	8	5	Conference	w/end	CONFERENCE	Weekend	0	0	0	0	0	Self funding
17 March	Sunday	-	-	Travel commences home	w/end	FLIGHT	Weekend	0	0	0	0	0	Self funding
18 March	Monday	-	-	Lost in transit	conference	FLIGHT	$516.80 (OP)	0	0	0	0	0	Self funding
19 March	Tuesday		7 Am.	Arrive in 7am return to work	N/A.	RETURN TO WORK	At work	0	0	0	0	0	Self funding
TOTAL:							$3100						

NOTE:

- This diary shall be prepared in advance.
- This diary is to be endorsed by traveller, signed and dated after travel.
- This diary is to be presented when submitting a claim for expenses.
- Receipts are to be produced when seeking re-imbursement (eg taxi fares, meals) following travel.

Traveller signature: [signature] Date: 28/11/12

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DOH-DL-12/13-015

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Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

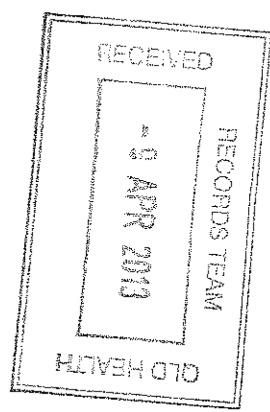
28 February 2013

Item	Type of Travel	Name of Traveller & Work Location	Fast Facts	Travelling Dates	Total Cost ($)		RecFind Ref
					Agency	External	
1	Overseas	Dr Christopher Coulter Director, Qld Mycobacterium Reference Laboratory, Pathology Qld. **Leave:** 5 days Conference Leave 1 day Professional Development Leave	• Attend the 5th Global Laboratory Initiative partners Meeting and Consultation of the Supranational Tuberculosis Reference Laboratory, 15-19 April 2013, Annecy, France. • Meeting is peak global meeting to share data and discuss new policies/procedures of TB prevention and cure, including problem of drug resistant TB. • Airfares, accommodation and living expenses covered by World Health Organisation funding contained in operational research cost centre. • Operational funds to cover salary costs only.	**Depart:** 12 April 2013 **Return:** 22 April 2013	$8,973 ($3,748 – salary; $5,224 – WHO funding in operational Research Cost Centre.		BR056194/ OT001804

TRAVEL TIMELINE

Fri 12/04	Sat 13/04	Sun 14/03	Mon 15/04	Tues 16/04	Wed 17/04	Thurs 18/04
FLIGHT Depart Brisbane 2100	FLIGHT Dubai/Geneva	TRAVEL Geneva/ Annecy	MEETING	MEETING	MEETING	MEETING

Fri 19/04	Sat 20/04	Sun 21/04	Mon 22/04
MEETING TRAVEL Annecy/Geneva	FLIGHT Geneva/ Dubai	FLIGHT Dubai/ Brisbane	Arrive Brisbane 0040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QLD HEALTH

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DOH-DL-12/13-015

RTI Document 904

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

28 February 2013

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1.	Dr Christopher Coulter	Annecy, France, 12 – 22 April 2013		

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Supported:

Director-General

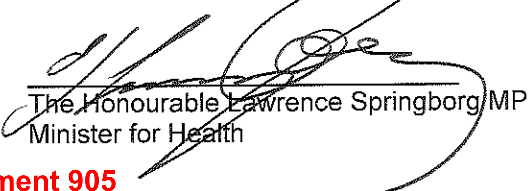
Date 1 / 3 / 13

Comments:

Chief of Staff

Date 03 / 04 / 13.

I hereby approve the international travel contained within this summary items 1-1



The Honourable Lawrence Springborg MP
Minister for Health

Date 4 / 4 / 13

DOH-DL-12/13-015

RTI Document 905

Department RecFind No:	BR056194/ OT001804
Division/District:	HSSA
File Ref No:	IN130144

Briefing Note for Approval
Director-General

Requested by: Chief Executive, Health Services Support Agency | **Date requested: 20 February 2013** | **Action required by: 16 March 2013**

SUBJECT: Overseas Travel for Dr Christopher Coulter to Annecy, France

Proposal
That the Director-General:

Note the overseas travel for Dr Christopher Coulter, Director, Queensland Mycobacterium Reference Laboratory (QMRL), Pathology Queensland, to attend the 5th Global Laboratory Initiative(GLI) Partners Meeting and Consultation of the Supranational Tuberculosis Reference Laboratory (SRL), on 15 – 19 April 2013, in Annecy France.

Note that funding for Dr Coulter's airfares, accommodation and living expenses will be covered by World Health Organisation (WHO) funding contained in operational research cost centre 780908. Operational funding will cover salary costs.

Provide this brief to the Minister for approval.

Urgency
1. Routine.

Headline Issues
2. The top issues are:

2. This meeting is the peak global meeting to share data and to discuss new policies and procedures of tuberculosis prevention and cure, including the problem of drug resistant tuberculosis (TB). This benefits the health of Queenslanders with mycobacterial disease and strengthens the healthcare system through excellence in diagnostic testing. Additionally, the Department of Health wishes to remain at the forefront of laboratory practice to control tuberculosis in Queensland and in the countries supported by the QMRL in its role as a WHO Collaborating Centre.

- The applicant has been invited to participate in the 5th GLI Partners Meeting and Consultation of the SRL Network (refer Attachment 2). Obligations and terms of reference as a WHO Collaborating Centre and as a WHO designated supranational reference laboratory are met by active participation in the meeting and aligning QMRL overseas activity in line with WHO and Global Laboratory Initiative policy and practice.

- New knowledge and practice will help to ensure tuberculosis diagnosis and laboratory practice in Papua New Guinea (PNG) is enhanced to reduce the burden of cross border health seeking behaviour in the Torres Strait by PNG Nationals with tuberculosis.

Key Values
3. The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☐ Value for money for taxpayers
☒ Openness

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DOH-DL-12/13-015 RTI Document 906

Department RecFind No:	BR056194/ OT001804
Division/District:	HSSA
File Ref No:	IN130144

Key issues

4. This is a late application because Dr Coulter was unable to complete his application until his return from long service leave overseas, on 18 February 2013.
5. Attendance is sought to enhance the international reputation and influence of Department of Health within the network of supranational reference laboratories and amongst international donor partners.
6. An open commitment to supporting the participation of the QMRL in this meeting enhances the integrity and transparency of state government agencies in supporting regional and local tuberculosis control.
7. To review global roll-out of new diagnostic technology, especially Xpert MTB/RIF regarding which QMRL is providing expert advice to PNG and Fiji, as well as adoption via HTA programme in Queensland.
8. As Dr Coulter has recently been requested to take on a new role as the Senior Medical Officer TB Control Communicable Diseases Unit, Office of the Chief Health Officer, this meeting is an excellent opportunity to open and maintain dialogue with WHO on TB control issues affecting our region in a context not limited to laboratory medicine.

Background

9. The QMRL is the only WHO Collaborating Centre in Tuberculosis Bacteriology in Australia. It is one of two supranational reference laboratories in Australia with 32 globally. The QMRL undertakes capacity building, drug susceptibility testing and drug resistance surveillance for low-income countries in the Western Pacific Region (Vanuatu, Fiji, Nauru), in PNG and in East Africa (Kenya).
10. Reducing the burden of disease and preventing the emergence of multi-drug resistant tuberculosis worldwide depends on the ongoing support from organisations such as the Department of Health and the QMRL.
11. Because PNG patients of the South Fly District seek medical care in Queensland, multi-drug resistant tuberculosis is a significant threat to tuberculosis control in North Queensland and Extensively Drug Resistant Tuberculosis has now been discovered in PNG nationals in both Queensland and the South Fly District, PNG. This has received significant media coverage. This meeting will include discussion with the WHO personnel regarding strategies to improve tuberculosis laboratory capacity in PNG.

12. Previous official overseas travel within the last 24 months:
    - Attend the 4th Global Laboratory Initiative Partners Meeting, Annecy, France, 17-19 April 2012. Travel report provided.

Consultation

13. Dr Coulter has been invited to attend by Dr Christopher Gilpin, WHO, on behalf of the WHO STOP TB Department and the Global Laboratory Initiative.

Financial implications

14. Operational funding from the WHO research cost centre 780908 will cover Dr Coulter's airfares, accommodation and living expenses ($5,225.00).
15. Operational Department of Health funding will cover Dr Coulter's salary ($3,748.00)
16. Funds in the WHO cost centre have been provided by the WHO for the purpose of funding activities which support the QMRL as a supranational reference laboratory. There are sufficient funds for this travel.

Legal implications

17. There are no legal implications.

Attachments

18. Attachment 1: Overseas Travel Approval Form - OT001804 – and associated documents.
    Attachment 2: Invitation and meeting objectives/expected outcomes.

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DOH-DL-12/13-015 RTI Document 907

RTI RELEASE

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Department RecFind No:	BR056194/ OT001804
Division/District:	HSSA
File Ref No:	IN130144

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, Health Services Support Agency **Date requested: 20 February 2013** **Action required by: 16 March 2013**

SUBJECT: Overseas Travel for Dr Christopher Coulter to Annecy, France

Recommendation
That the Minister:

Approve the overseas travel for Dr Christopher Coulter, Director, Queensland Mycobacterium Reference Laboratory (QMRL), Pathology Queensland, to attend the 5th Global Laboratory Initiative(GLI) Partners Meeting and Consultation of the Supranational Tuberculosis Reference Laboratory (SRL), on 15 – 19 April 2013, in Annecy France.

Note that funding for Dr Coulter's airfares, accommodation and living expenses will be covered by World Health Organisation (WHO) funding contained in operational research cost centre 780908. Operational funding will cover salary costs.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

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Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☐ Research	☐ Investigations/inspections/fact finding/data gathering
☐ Operational/part of duties	☐ Law enforcement
☐ Receive training/Attend a course(s)	☒ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☒ Attend conference/seminar/workshop/forum	☒ Formalise relations with international clients
☐ Deliver paper(s) at conference/seminar/workshop/ forum	☒ Participate in a cooperative partnership program
☒ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☐ Professional development	☐ Other, please specify
☐ Promotions and marketing	**Non-Employees**
	☐ Other, please specify

5a) Is this a block approval form? ☐ Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) Have you considered video-conferencing as an alternative to air travel?

☐ Yes ☒ No

5c) Please document your reasons for not using video-conferencing as an alternative to air travel?

Not available at the site of the meeting

6) What are the objectives of the travel?

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

- To participate actively in the meeting and represent the Queensland Mycobacterium Supranational Reference Laboratory (QMRL), Pathology Queensland, in the Global Laboratory Initiative and Supranational Reference Laboratory (SRL) meeting as per WHO terms-of-reference.
- To enhance the international reputation and influence of Queensland health within the Network of SRL's and amongst International Donor Partners
- This meeting is the peak global meeting to share data and to discuss new policies, procedures and technical advances in TB diagnostics including the problem of drug resistant TB; this benefits the health of Queenslanders with mycobacterial disease and strengthens the healthcare system through excellence in diagnostic testing.
- An open commitment to supporting the participation of the QMRL in this meeting enhances the integrity and transparency of State Government Agencies in supporting regional and local tuberculosis control.

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DOH-DL-12/13-015 RTI Document 912

- To review global roll out of new diagnostic technology, especially Xpert MTB/RIF regarding which QMRL is providing expert advice to PNG and Fiji, as well as adoption via HTA programme in Queensland.
- As Dr Coulter has recently been requested to take on a new role as the Senior Medical Officer TB Control Communicable Diseases Unit, Office of the Chief Health Officer, this meeting is an excellent opportunity to open and maintain dialogue with WHO on TB Control issues affecting our region in a context not limited to laboratory medicine.

7) What are the consequences of not travelling?

- Failure to comply with the WHO collaborating centre agreement and Supranational Reference Laboratory (SRL) agreement.
- Diminished value of QMRL/Queensland Health in the view of the WHO and Global Laboratory Initiative and Supranational laboratory network.
- Lack of access to most up to date information on laboratory aspects of TB control.

Security risk destinations

8) Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling? Travel advisories can be accessed at www.dfat.gov.au.

☒ Yes ☐ No

9) What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling? The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☒ **To exercise good personal security awareness.**
2. ☐ **To be alert to your own security.**
3. ☒ **To exercise caution and be aware of developments that might affect your safety.**
4. ☐ **To exercise a high degree of (or "extreme") caution.**
5. ☐ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

10) What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?

To exercise normal safety precautions

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

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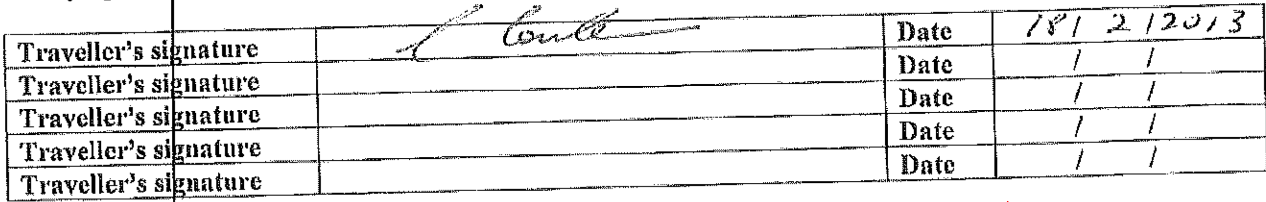
DOH-DL-12/13-015 RTI Document 913

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).



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Traveller's signature		Date	/ /
Traveller's signature		Date	/ /

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

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DOH-DL-12/13-015 RTI Document 914

Requirements for Recommendation by Director-General

(if not complete – application will be returned to traveller):

Ref No:

CHECKLIST:

Applicant's Name: DR CHRIS COULTER

Position: DIRECTOR QMRL   Classification: MO3

		Yes / No / N/a
1.	Dates Departing and returning Australia: 12/04/2013 TO 22/04/2013	Y
2.	Dates of Conference/course/meeting: 15/04/2013 TO 19/04/2013	Y
3.	Location of Conference/course/meeting: Annecy, France	Y
4.	Additional leave taken (if applicable): (2 working days)	N
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	Y
6.	Itemised travel diary/itinerary is complete, accurate and attached.	Y
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	Y
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached. Operational research cost centre utilised.	Yes
9.	If receiving funding from an external source (eg drug company) - a written statement from the applicant that there is no conflict of interest - attached.	N
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	Y
11.	Benefits in relation to Queensland Government priorities are documented within submission.	Y
12.	Benefits to Queensland Health are documented within submission.	Y
13.	Conference program is attached.	Y
14.	Travel booking is to be made through a QH Travel Booker.	Y
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	Y
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	Y

Traveller (or Contact Officer) ......[signature]...... Date: 07 / 2 / 2013

Checked By (Overseas Travel Co-ordinator): .... Date: / /

RELEASE

DOH-DL-12/13-015 RTI Document 915

OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)

Traveller: Dr Christopher Coulter

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested (Conference, Recreation, TOIL, Study leave)	Activity: Attend conference, Visit health facility, Flight, Other	Daily Salary if requesting paid leave	Airfare	Accom	- Meal expenditure	- Taxi fares	Incidental Allowance	Proposed funding source: Trust funds, Operational funds, Self funding, Private company
12/04/13	FRI	2100		BRISBANE	Travel after working hours	TRAVEL	-	$1145.32 $220 (TRANSACTION FEE)			$50	$35	WHO 780908 Operational
13/04/13	SAT	0855	0520 1345	DUBAI GENEVA	W/END	TRAVEL			$250	$50		$35	WHO 780908 Operational
14/04/13	SUN			GENEVA ANNECY (FRANCE)	W/END	TRAVEL (PRIVATE)			$220	$100		$35	WHO 780908 Operational
15/04/13	MON			ANNECY	CONFERENCE	MEETING	$749.60		$220	$100		$35	WHO 780908 Operational
16/04/13	TUES			ANNECY	CONFERENCE	MEETING	$749.60		$220	$100		$35	WHO 780908 Operational
17/04/13	WED			ANNECY	CONFERENCE	MEETING	$749.60		$220	$100		$35	WHO 780908 Operational
18/04/13	THUR			ANNECY	CONFERENCE	MEETING	$749.60		$220	$100		$35	
19/04/13	FRI	1700		ANNECY GENEVA	CONFERENCE	MEETING/TRAVEL (PRIVATE)	$749.60		$250	$100		$35	WHO 780908 Operational
20/04/13	SAT	1515	2335	GENEVA/ DUBAI	W/END	TRAVEL		1145.32		$50		$35	WHO 780908 Operational
21/04/13	SUN	0245		DUBAI/ BRISBANE	W/END	TRAVEL					$50		
22/04/13	MON		0040	BRISBANE	PDL	TRAVEL							
TOTAL:							$3748.00	$2510.64	$1600	$700	$100	$315	WHO 780908 Operational

NOTE:

- This diary may be prepared in advance.

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DOH-DL-12/13-015

RTI Document 916

- This diary is to be endorsed by traveller, signed and dated after travel.
- This diary is to be presented when submitting a claim for expenses.
- Receipts are to be produced when seeking re-imbursement (eg taxi fares, meals) following travel.

Traveller signature:.. Date: 19/2/2013

RTI RELEASE

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

6 March 2013

Item	Type of Travel	Name of Traveller & Work Location	Fast Facts	Travelling Dates	Total Cost ($)		RecFind Ref
					Agency	External	
1	Overseas	Mr Rhys Fitzgerald, Radiation Therapist, PAH **LEAVE:** **5 days Rostered Day Off** (RDO) – all for official purposes; **8 days Rec Leave** – five days for official purposes and three days personal leave.	• Robert Bourne Travelling Grant recipient for 2012. Grant sponsored by PAH Private Practice Trust Fund. • Grant provides for to two non-medical professionals from the Mater and Princess Alexandra Hospital radiation oncology centres each year to investigate new developments in radiation therapy. • Travel activities: - 6 -7 June 2013 – Stereotactic Body Radiation Therapy Training Course, Dallas, USA; - 10-12 June 2013 – site visit University of Colorado, Denver, USA, and - 16-20 June 2013 – International Stereotactic Radiosurgery Society Conference, Toronto, Canada. • Salary costs only from Health Service operational. • Private Practice Trust funds to cover cost of travel, accommodation, registration, meals and incidentals. • Travelling grant travel previously approved by Minister on 8 October 2012 but not undertaken as conference attendance not available due to full capacity (BR055084/ OT001758).	**Depart:** 5 June 2013 **Return:** 23 June 2013	**$12,749** ($3,777 – operational (salary); $8,972 – PPTF) **NB**: PPTF has allocated a maximum of $10,000 to cover travel costs.		BR056214/ OT001806

RECEIVED
RECORDS TEAM
30 APR 2013
QLD HEALTH

RTI RELEASE

DOH-DL-12/13-015

RTI Document 918

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

6 March 2013

TRAVEL TIMELINE RHYS FITZGERALD

Wed 5/06 FLIGHT Depart 1025 for Dallas	Thurs 6/06 TRAINING	Fri 7/06 TRAINING	Sat 8/06 FLIGHT/PERSONAL Dallas/Denver	Sun 9/06 PERSONAL Denver	Mon 10/06 SITE VISIT	Tues 11/06 SITE VISIT

Wed 12/06 SITE VISIT	Thurs 13/06 FLIGHT/PERSONAL Denver/Toronto	Fri 14/06 PERSONAL	Sat 15/06 PERSONAL	Sun 16/06 PERSONAL	Mon 17/06 CONFERENCE	Tues 18/06 CONFERENCE

Wed 19/06 CONFERENCE	Thurs 20/06 CONFERENCE	Fri 21/06 PERSONAL/ FLIGHT Depart Toronto 2155	Sat 22/06 FLIGHT	Sun 23/06 FLIGHT Arrive Brisbane

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Mr Rhys Fitzgerald	5-23 June 2013 USA/Canada		

Supported:

Director-General

Date 12/3/13

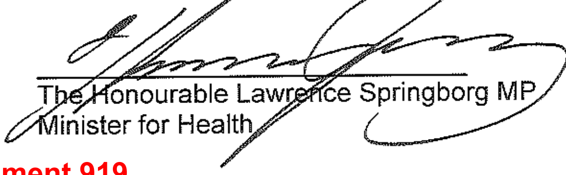
Comments:

Jake Smith

Chief of Staff

Date 29/04/13

I hereby approve the international travel contained within this summary items 1-1



The Honourable Lawrence Springborg MP
Minister for Health

Date 22/4/13

RTI RELEASE

DOH-DL-12/13-015

RTI Document 919

Department RecFind No:	BR056214 / OT001806
Division/District:	Metro South HHS
File Ref No:	

Briefing Note for Approval
Director-General

Requested by: Chief Executive, Metro South Hospital & Health Service **Date requested: 18 February 2013** **Action required by: 5 May 2013**

SUBJECT: Overseas Travel – Mr Rhys Fitzgerald

Proposal
That the Director-General:

Note the contents of this brief regarding overseas travel for Mr Rhys Fitzgerald, Radiation Therapist, Princess Alexandra Hospital (PAH).

Note that Mr Fitzgerald is a recipient of the Robert Bourne Travelling Grant for 2012 (Attachment 4) and has been awarded $10,000 to cover travel costs. Health Service operational funding is available to cover the applicant's salary.

Note that the Robert Bourne Travelling Grant is awarded to two non-medical professionals from the Mater and Princess Alexandra Hospital radiation oncology centres each year to investigate new developments in radiation therapy. The grant is sponsored by the Princess Alexandra Hospital Private Practice Trust Fund and is named in honour of the former Director of Radiation Oncology, Professor Robert Bourne.

Note that the applicant is seeking to take three working days personal leave in conjunction with his official travel duties and will use three days Recreation Leave to cover the leave. An additional five days of Recreation Leave will be used by the applicant to cover official activities.

Provide this brief to the Minister for approval of overseas travel for Mr Fitzgerald to attend the following:

- 6 – 7 June 2013, Stereotactic Body Radiation Therapy (SBRT) Training Course, Dallas, United States of America (USA);
- 10 – 12 June 2013, Site visit, University of Colorado, Denver, USA; and
- 17 – 20 June 2013, International Stereotactic Radiosurgery Society (ISRS) Conference, Toronto, Canada.

Urgency
1. Routine – Standard overseas travel application submitted outside the eight weeks prior to departure. Approval is required as soon as possible in order to confirm travel arrangements.

Headline Issues
2. The top issues are:
   - Travel will improve SBRT for PAH patients and develop international relations with leading physicians in SBRT.
   - Attendance is crucial to roles.
   - There is no alternative to attendance.

Key Values
3. The key values that apply are the following:

☒ Better service for patients
☐ Improved community health
☒ Valuing Queensland Health employees and empowering its frontline staff
☒ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☐ Openness

RTI RELEASE

Department RecFind No:	BR056214 / OT001806
Division/District:	Metro South HHS
File Ref No:	

Key issues

4. On 8 October 2012, Ministerial approval was obtained for the applicant to undertake travel activities relating to the Robert Bourne Travelling Grant 2012 award (Attachment 2). Unfortunately, due to maximum numbers being reached at the conference Mr Fitzgerald was seeking to attend, the travel was rescheduled for June 2013, with an amended travel activities format.

5. Benefits to the department include enhanced knowledge on planning technologies for SBRT. This includes improved planning skills in the area of intracranial, liver, lung and spine lesions. Experience will be gained in planning this treatment, but knowledge on immobilisation, patient specific quality assurance and image guidance may also be gained.

6. Attendance at the training will allow for a well defined and thorough protocol for treating patients using SBRT. As this hypo fractionated treatment regime is only in its infancy in Australia, hands on experience at some of the worlds leading facilities will be invaluable.

7. The purpose of the site visit to the University of Denver, Colorado is to discuss Stereotactic planning strategies with leading physicians in the field and discuss the possibility of collaborative research projects (Attachment 4).

8. The ISRS conference will bring together a diverse international community of neurosurgeons, radiation oncologists, medical physicists and other healthcare professionals to encourage communication and interactive networking, as well as to exchange first-hand scientific and research information on the latest developments in the field of radiosurgery.

9. The knowledge gained will not only benefit the department now, but also for future directions. It will allow for strategic focus on SBRT protocols for current and future sites not yet being explored by the PAH.

10. As new equipment and technology enters the department, (that is, Elekta Axesse Linear Accelerator and Novalis Brain Lab Stereotactic Planning System) experience may be gained that is not necessarily intended on this trip but coincidental. With the department always looking to expand and explore new treatment options, the knowledge gained will be able to give the Department some perspective on worldwide cancer care and the best way to move forward.

11. Results from Mr Fitzgerald's Masters Research may allow for reduced treatment times for patients being treated with a hypo-fractionated treatment regime for metastatic lung cancer. In some cases these patients can take up to 40 minutes to treat.

12. The promises that Volumetric Modulated Arc Therapy (VMAT) delivers are being able to reduce this time, if planned correctly and efficiently.

13. This trip would also allow the applciant to gain experience in planning with Intensity Modulated Radiation Therapy (IMRT) and VMAT that is not experienced in his department and the knowledge will be beneficial to the department's progression.

14. A travel report will be provided within 14 days of return from travel, as per requirements.

Background

15. The primary focus of the two day training course is to help oncology centres to learn about the proper implementation of a viable and effective SBRT treatment practice.

RTI RELEASE

Department RecFind No:	BR056214 / OT001806
Division/District:	Metro South HHS
File Ref No:	

16. Covered topics will include evolution of SBRT from roots in image-guided three-dimensional conformal therapy and radio surgery toward ablation of tumours in the body, guidelines for proper treatment conduct, billing, and compliance, physics and dosimetry of SBRT with attention to unique requirements beyond conventional radiotherapy and IMRT, clinical outcomes and treatment patterns in spine, liver, lung, Genitointestinal and Genitourinary cancers, and description of various treatment platforms in clinical operation.

17. No official overseas travel has been undertaken within the past 24 months.

Consultation
18. Not Applicable

Financial implications
19. Private Practice Trust Funds (849309) ($10,000) are available to cover airfares, accommodation, conference registration and incidentals (Attachment 3). The current estimation of the applicant's travel expenses is $8,972.

20. Hospital and Health Service operational funding ($3,777) is available to cover salary costs.

Legal implications
21. There are no legal implications.

Attachments
22. Attachment 1: Overseas Travel Approval form and associated documentation – OT001806
Attachment 2: BR055084/OT001758 – previous Ministerial approval for overseas travel.
Attachment 3: Recipient of the Robert Bourne Travelling Grant 2012 notification, including Private Practice Trust Fund approval.
Attachment 4: Stereotactic Body Radiation Therapy Training program.
Attachment 5: Site visit email confirmation and itinerary.
Attachment 6: Conference program.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 922

Department RecFind No:	BR056214 / OT001806
Division/District:	Metro South HHS
File Ref No:	

Recommendation
That the Director-General:

Note the contents of this brief regarding overseas travel for Mr Rhys Fitzgerald, Radiation Therapist, Princess Alexandra Hospital (PAH).

Note that Mr Fitzgerald is a recipient of the Robert Bourne Travelling Grant for 2012 (Attachment 4) and has been awarded $10,000 to cover travel costs. Health Service operational funding is available to cover the applicant's salary.

Note that the Robert Bourne Travelling Grant is awarded to two non-medical professionals from the Mater and Princess Alexandra Hospital radiation oncology centres each year to investigate new developments in radiation therapy. The grant is sponsored by the Princess Alexandra Hospital Private Practice Trust Fund and is named in honour of the former Director of Radiation Oncology, Professor Robert Bourne.

Note that the applicant is seeking to take three working days personal leave in conjunction with his official travel duties and will use three days Recreation Leave to cover the leave. An additional five days of Recreation Leave will be used by the applicant to cover official activities.

Provide this brief to the Minister for approval of overseas travel for Mr Fitzgerald to attend the following:

- 6 – 7 June 2013, Stereotactic Body Radiation Therapy (SBRT) Training Course, Dallas, USA;
- 10 – 12 June 2013, Site visit, University of Colorado, Denver, USA; and
- 17 – 20 June 2013, International Stereotactic Radiosurgery Society (ISRS) Conference, Toronto, Canada.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 923

s73

RTI RELEASE

Department RecFind No:	BR056214 / OT001806
Division/District:	Metro South HHS
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, Metro South Hospital and Health Service **Date requested: 18 February 2013** **Action required by: 5 May 2013**

SUBJECT: Overseas Travel Approval – Rhys Fitzgerald

Recommendation
That the Minister:

Approve overseas travel for Mr Rhys Fitzgerald to attend the following:

- 6 – 7 June 2013, Stereotactic Body Radiation Therapy (SBRT) Training Course, Dallas, USA;
- 10 – 12 June 2013, Site visit, University of Colorado, Denver, USA; and
- 17 – 20 June 2013, International Stereotactic Radiosurgery Society (ISRS) Conference, Toronto, Canada.

Note that Mr Fitzgerald is a recipient of the Robert Bourne Travelling Grant for 2012 (Attachment 4) and has been awarded $10,000 to cover travel costs. Health Service operational funding is available to cover the applicant's salary.

Note that the Robert Bourne Travelling Grant is awarded to two non-medical professionals from the Mater and Princess Alexandra Hospital radiation oncology centres each year to investigate new developments in radiation therapy. The grant is sponsored by the Princess Alexandra Hospital Private Practice Trust Fund and is named in honour of the former Director of Radiation Oncology, Professor Robert Bourne.

Note that the applicant is seeking to take three working days personal leave in conjunction with his official travel duties and will use three days Recreation Leave to cover the leave. An additional five days of Recreation Leave will be used by the applicant to cover official activities.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health
/ /

Chief of Staff
/ /

Minister's comments

RTI RELEASE

s73

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4) **What is the purpose of the travel? Please tick the appropriate box/es**

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☒ Research	☐ Investigations/inspections/fact finding/data gathering
☐ Operational/part of duties	☐ Law enforcement
☒ Receive training/Attend a course(s)	☐ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☒ Attend conference/seminar/workshop/forum	☒ Formalise relations with international clients
☐ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☐ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☒ Professional development	☐ Other, please specify:
☐ Promotions and marketing	**Non-Employees**
	☐ Other, please specify

5a) **Is this a block approval form?** ☐ Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☐ Yes ☒ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

Hands on workshop and courses, need to be in there in person.

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

To gain experience in the field of Stereotactic Body Radiation Therapy (SBRT) to allow development of protocols in the Radiation Oncology Department

7) **What are the consequences of not travelling?**

Not attending the 2 day hands on course and developing professional relations with leading physicians in SBRT. The ISRS conference in Toronto will allow me to network with international Doctors

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DOH-DL-12/13-015 RTI Document 927

Security risk destinations

8) **Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling?** Travel advisories can be accessed at www.dfat.gov.au.

☐ Yes ☒ No

9) **What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling?** The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☒ **To exercise good personal security awareness.**
2. ☐ **To be alert to your own security.**
3. ☐ **To exercise caution and be aware of developments that might affect your safety.**
4. ☐ **To exercise a high degree of (or "extreme") caution.**
5. ☐ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

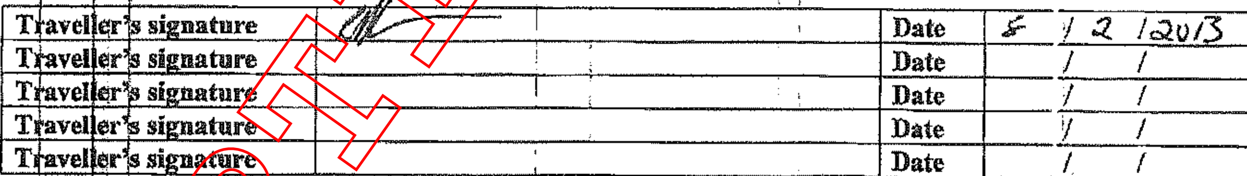
10) **What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?**

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).



Traveller's signature	[signature]	**Date**	5 / 2 /2013
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 928

Requirements for Recommendation by Director-General

(if not complete – application will be returned to traveller):

CHECKLIST: **Ref No:**

Applicant's Name:

Position: **Classification:**

		Yes / No / N/a
1.	Dates Departing and returning Australia: 5/ 6 /2013 to 23/6 /2013	YES
2.	Dates of Conference/course/meeting: 6-7/6/2013, 10-13/6/2013, 16-20/6/2013	YES
3.	Location of Conference/course/meeting: Dallas, Texas/Denver, Colorado/Toronto, Canada	YES
4.	Additional leave taken (if applicable): / / to / /	NO
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	YES
6.	Itemised travel diary/itinerary is complete, accurate and attached.	YES
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	NO
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	YES
9.	If receiving funding from an external source (eg drug company) - a written statement from the applicant's manager that there is no conflict of interest - attached.	NO
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	YES
11.	Benefits in relation to Queensland Government priorities are documented within submission.	YES
12.	Benefits to Queensland Health are documented within submission.	YES
13.	Conference program is attached.	YES
14.	Travel booking is to be made through a QH Travel Booker.	YES
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	YES
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	YES

Traveller (or Contact Officer) ....[signature]........ **Date:** 5/2/2013

Checked By (Overseas Travel Co-ordinator): ....[signature].... **Date:** 20/2/13

RTI RELEASE

DOH-DL-12/13-015 RTI Document 929

OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)

Traveller:

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested Conference Recreation TOIL Study leave	Activity: Attend conference Visit health facility Flight Other	Daily Salary if requesting paid leave	Airfare	Accom	- Meal expenditure	- Taxi fares	Incidental Allowance	Proposed funding source: Trust funds Operational funds Self funding Private company
5/6/2013	Wednesday			Brisbane to Dallas	RDO	Flight	290.53	$1200	$230			$50	PPTF Operational
6/06/2013	Thursday			Dallas	RDO	Training Course	290.53		$230			$1458(Course Registration)	PPTF
7/06/2013	Friday			Dallas	RDO	Training Course	290.53		$230			$50	PPTF
8/06/2013	Saturday			Dallas to Denver	non working day	Flight		$172	$116			$50	PPTF
9/06/2013	Sunday			Denver	non working day	w/end			$116			~~$50~~	PPTF
10/06/2013	Monday			Denver	RDO	Site Visit	290.53		$116			$50	PPTF
11/06/2013	Tuesday			Denver	RDO	Site Visit	290.53		$116			$50	PPTF
12/06/2013	Wednesday			Denver	A/L	Site Visit	290.53		$116			$50	PPTF
13/06/2013	Thursday			Denver to Toronto	A/L	Flight	290.53	$330	$219			$50	PPTF
14/06/2013	Friday			Toronto	~~A/L~~ A/L	Day Off	290.53		$219			~~$50~~	PPTF

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DOH-DL-12/13-015

RTI Document 930

3													
15/06/201 3	Saturday			Toronto	non workday	w/end			$219			$50	PT TF
16/06/201 3	Sunday			Toronto	non work day	w/end			$219			$50 (Conference Rego $1113)	PT TF
17/06/201 3	Monday			Toronto	A/L	Conference	290.53		$219			$50	PT TF
18/06/201 3	Tuesday			Toronto	A/L	Conference	290.53		$219			$50	PT TF
19/06/201 3	Wednesday			Toronto	A/L	Conference	290.53		$219			$50	PT TF
20/6/20 3	Thursday			Toronto	A/L	Conference	290.53		$219			$50	PT TF
21/6/20 3	Friday			Toronto to Brisbane	A/L	FLIGHT	290.53	$1127					PT TF
22-23/6/13	SAT/SUN												
TOTAL:					5 x FDO, 8 x A/L		3777.	$2829	$3022			$ ~~340~~ 550	

Conference registration $ 2571.00

NOTE:

- [illegible]
- [illegible]
- [illegible]
- [illegible]

Traveller signature:.. Date: 20/02/2012

RTI RELEASE

DOH-DL-12/13-015

RTI Document 931

radiation oncology

Stereotactic Body Radiation Therapy Training Program

UT Southwestern Medical Center
W.A. Monty & Tex Moncrief Radiation Oncology Building
Dallas, Texas

March 7-8

June 6-7

September 5-6

December 5-6

Sponsored by
UT Southwestern Department of Radiation Oncology

UT SOUTHWESTERN
MEDICAL CENTER

RTI RELEASE

DOH-DL-12/13-015 RTI Document 932

Stereotactic Body Radiation Therapy Training Program

Course Director
Timothy Solberg, PhD
Professor, Department of Radiation Oncology
UT Southwestern Medical Center, Dallas, TX

Course Co-Directors
Robert Timmerman, MD
Professor, Department of Radiation Oncology
UT Southwestern Medical Center, Dallas, TX

Paul Medin, PhD
Assoociate Professor, Department of Radiation Oncology
UT Southwestern Medical Center, Dallas, TX

Zeke Ramirez, MS
Chief Dosimetrist, Department of Radiation Oncology
UT Southwestern Medical Center, Dallas, TX

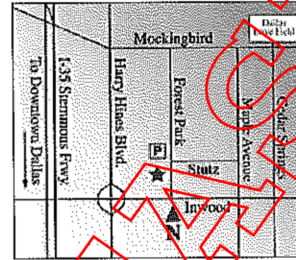
Who Should Attend
Radiation oncologists, medical physicists, medical dosimetrists, administrators and radiation therapists interested in implementing SBRT into clinical practice.

Purpose and Content
The primary focus of this two day non-CME course is to help oncology programs in both large and small centers, academic and community practice learn about the proper implementation of a viable and effective SBRT treatment practice. Covered topics will include evolution of SBRT from roots in image-guided 3-D conformal therapy and radiosurgery toward ablation of tumors in the body, guidelines for proper treatment conduct, billing, and compliance, physics and dosimetry of SBRT with attention to unique requirements beyond conventional radiotherapy and IMRT, clinical outcomes and treatment patterns in spine, liver, lung, GI and GU cancers, and description of various treatment platforms in clinical operation.

Educational Objectives
Upon completion of this course, participants should be able to:
- Examine the rationale and basic biology for delivering ablative doses of radiation to demarcated tumors using stereotactic body radiation therapy and image-guided techniques through a didatic and hands on approach
- Describe mature clinical data on which treatment might be indicated on or off protocol
- Present treatment delivery options for both large and small centers interested in starting a clinical SBRT program
- Describe and perform simulations and observe SBRT treatments
- Describe quality assurance and regulatory compliance requirements for carrying out a clinical SBRT program

Registration
The registration fee entitles the participant admission to the conference, all course materials, breakfast, lunch and refreshment breaks during the meeting.

Disclaimer
The intent of this program is to share our stereotactic practice experience. We shall not be responsible for the actions of any third party. Furthermore, we are not endorsing the products or processes of any manufacturer, provider or seller.



Location
UT Southwestern Medical Center
W.A. Monty & Tex Moncrief
Radiation Oncology Building
5801 Forest Park Road
Dallas, Texas 75390-9183

Registration Cancellation Policy

Please Note. Due to the high demand for this course:

1. Your registration is subject to cancellation if payment is not received two weeks prior to the course start date.

2. If cancellation must occur we ask that notification be given two weeks prior to the course.

**Your registration can be transferred to a later course if you find that you must cancel.

**A list of suggested hotels will be sent to you upon registration.

Additional Information
Email: lori.zurita@utsouthwestern.edu
Phone: 214-645-8523
Fax: 214-645-7622

Program Accessibility
We accommodate people with disabilities. Please call (214) 645-8523 for more information, or mark the space indicated on the registration form. To ensure accommodation, please register as soon as possible.

The University of Texas Southwestern Medical Center is committed to providing programs and activities to all persons regardless of race, color, national origin, religion, sex, age, veteran status, or disability.

UT Southwestern is an equal opportunity institution.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 933

AGENDA

DAY ONE: TRACK 1 & 2

7:45 am Breakfast
7:55 am Welcome – Robert Timmerman, MD
Timothy Solberg, PhD

8:00 am Principles of SBRT – Robert Timmerman, MD
8:30 am History of SBRT – Timothy Solberg, PhD
9:00 am Physics of SBRT – Timothy Solberg, PhD
9:45 am SBRT Dosimetry Principles – Zeke Ramirez, MS
10:15 am Coffee Break
10:30 am SBRT Radiobiology and Dose Constraints
– Robert Timmerman, MD
11:30 am Observation – SBRT Simulation
12:00 pm Lunch

TRACK 1

1:00 pm Observation – SBRT Simulation
1:30 pm Hands-on: Immobilization and Motion Management Lab – Robert Timmerman, MD
Hands-on: SBRT Treatment Planning
– Zeke Ramirez, MS
5:00 pm Adjourn

DAY TWO: TRACK 1

7:45 am Breakfast
8:00 am SBRT Quality Assurance – Michael Speiser, PhD
8:30 am Spine Radiosurgery – Paul Medin, PhD
9:30 am Lung and Liver SBRT – Robert Timmerman, MD
10:20 am Coffee Break
10:40 am Case Presentations: Lung – Hak Choy, MD
11:30 am Observation – SBRT Treatment
12:00 pm Lunch
1:00 pm Observation – SBRT Treatment
1:30 pm Case Presentations: Liver, Pancreas, Renal Cell
– Jeffrey Meyer, MD
2:00 pm Treatment Outcomes – Lucien Nedzi, MD
3:00 pm SBRT Billing and Dcumentation
– Claire Mendenhall, BA
3:30 pm Closing Remarks / Discussion
– Robert Timmerman, MD
4:00 pm Adjourn

Note: This schedule is subject to change

STEREOTACTIC BODY RADIATION THERAPY TRAINING PROGRAM

Radiation Oncology

REGISTRATION FORM FOR INDIVIDUAL PARTICIPANT

Print Form

Name ______
Address ______
City ______ State ______ Zip Code ______
Business Phone ______ Fax ______
Degree ______ Specialty ______
E-mail Address ______

Please indicate preferred method to receive confirmation: ☐ Email ☐ Fax ☐ Mail

COURSE DATES
☐ March 7-8, 2013 ☐ June 6-7, 2013
☐ September 5-6, 2013 ☐ December 5-6, 2013

PROFESSIONAL SPECIALTY
☐ Radiation Oncologist ☐ Medical Dosimetrist
☐ Medical Physicist ☐ Radiation Therapist
☐ Administrator ☐ Other

REGISTRATION FEES: INDIVIDUAL PARTICIPANTS
___ $1,500.00 Track 1 (entire conference)
___ $625.00 Track 2 (first half of Day 1)

REGISTRATION FEES: MULTIPLE PARTICIPANTS
(See enclosed insert and registration form)

METHOD OF PAYMENT:
☐ MASTERCARD ☐ VISA

Card # ______ Security Code ______

Expiration Date ______ Signature of cardholder ______
Print name of cardholder ______
Full Mailing Address of Cardholder: ______
City ______ State ______ Zip Code ______

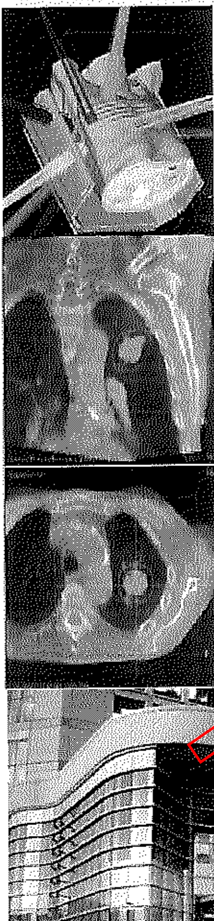
☐ CHECK
If paying by check make checks payable to: Radiation Oncology/UT Southwestern
Fax completed registration form to 214/645-7622.
Mail completed registration form to:
UTSW Department of Radiation Oncology
Attn: Finance Dept., MC 9183
5801 Forest Park Road • Dallas, TX 75390-9183

☐ Dietary Restrictions (Please specify) ______

ADA STATEMENT

☐ Please check this box if you require assistance because of a disability to make this program accessible to you. Someone from our office will be in touch with you.

RELEASE
RTI
DOH-DL-12/13-015 RTI Document 934



Professor and Chair:
Hak Choy, MD

Radiation Oncologists:
Robert Timmerman, MD
Ramzi Abdulrahman, MD
Kevin Choe, MD
Puneeth Iyengar, MD
Jeffrey Meyer, MD
Lucien Nedzi, MD
David Pistenmaa, MD

Administrator:
Claire Mendenhall, BA

Medical Physicists:
Timothy Solberg, PhD
Paul Medin, PhD
Ryan Foster, PhD

Dosimetrists:
Pam Lee, BS, CMD
Stacey Martinsen, BS, CMD
Ezequiel Ramirez, MS, CMD
Chris Brooks, BS, CMD

Therapists:
Jay Dwyer, RTT
Lindsay Carr, RTT
Kara Tomlinson, RTT
Karen Skains, RTT

Stereotactic Body Radiation Therapy Training Program

March 7–8
June 6–7
September 5–6
December 5–6

UT Southwestern Medical Center
W.A. Monty & Tex Moncrief Radiation Oncology Building
Dallas, Texas

radiation oncology

RTI RELEASE
DOH-DL-12/13-015
RTI Document 935

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

6 September 2012

TRAVEL TIMELINE RHYS FITZGERALD

Wed 5/12	Thurs 6/12	Fri 7/12	Sat 8/12	Sun 9/12	Mon 10/12	Tues 11/12
FLIGHT Bris/Syd/Dallas	TRAINING	TRAINING	FLIGHT/PERSONAL Dallas/Denver	PERSONAL Denver	SITE VISIT	SITE VISIT

Wed 12/12	Thurs 13/12	Fri 14/12	Sat 15/12	Sun 16/12	Mon 17/12	Tues 18/12
FLIGHT Denver/Toronto	SITE VISIT	SITE VISIT	PERSONAL	PERSONAL/FLIGHT 18:25 from Toronto	FLIGHT	FLIGHT Arrive Bris 07:55

RTI RELEASE

DOH-DL-12/13-015

RTI Document 936

Queensland Government

Queensland Health

RecFind Ref No:

International Travel – Ministerial Approval Summary

6 September 2012

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Ms Mary Job	19 October – 3 November 2012 Canada/USA		
2	Mr Rhys Fitzgerald	5-18 December 2012 USA/Canada		

RTI RELEASE

Supported:

Director-General

Date 10/9/12

Comments:

Chief of Staff

Date 5/10/12

I hereby approve the international travel contained within this summary items 1-1

The Honourable Lawrence Springborg MP
Minister for Health

Date 8/10/12

DOH-DL-12/13-015

RTI Document 937

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

6 September 2012

Item	Type of Travel	Name of Traveller & Work Location	Fast Facts	Travelling Dates	Total Cost ($)		RecFind Ref
					Agency	External	
2	Overseas	Mr Rhys Fitzgerald, Radiation Therapist, PAH **LEAVE:** 5 days Rostered Day Off (RDO) 5 days Rec Leave	• Robert Bourne Travelling Grant recipient for 2012. Grant sponsored by PAH Private Practice Trust Fund. • Grant provides for to two non-medical professionals from the Mater and Princess Alexandra Hospital radiation oncology centres each year to investigate new developments in radiation therapy. • Travel activities: - 6-7 December 2012 – Stereotactic Body Radiation Therapy Training Course, Dallas, USA; - 10-11 December 2012 – site visit University of Colorado, Denver, USA; and - 13-14 December 2012 – site visit Princess Margaret Hospital, Toronto, Canada. • Salary costs only from Health Service. • Private Practice Trust funds to cover cost of travel, accommodation, registration and incidentals.	**Depart:** 5 December 2012 **Return:** 18 December 2012	**$9,492** ($2,592 – operational (salary), $6,900 – PPTF) NB: PPTF has allocated a maximum of $10,000 to cover travel costs.		BR055084/ OT001758

RTI RELEASE

DOH-DL-12/13-015

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

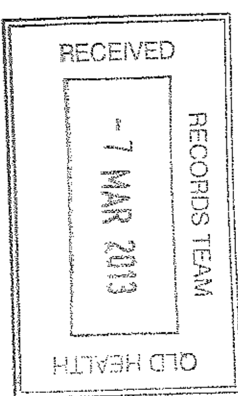
28 February 2013

Item	*Type of Travel*	*Name of Traveller & Work Location*	*Fast Facts*	*Travelling Dates*	*Total Cost ($)*		*RecFind Ref*
					Agency	*External*	
1	Overseas URGENT	Mr Malcolm Stamp Successful candidate for position of Chief Executive Officer, Metro North Hospital and Health Service **Leave:** N/a	• Travel to Brisbane from the United Kingdom for preliminary meetings with the Metro North Hospital and Health Board and Metro north Hospital and Health Service Executive Group 18-22 March 2013, prior to commencing as Chief Executive Metro North on 8 July 2013. • Metro North Hospital and Health Service operational funding to cover cost of airfares, accommodation, meals and taxi fares. • Seeking approval for Business Class travel as applicant undertaking travel between work commitments in the UK.	**Depart:** 15 March 2013 **Return:** 24 March 2013	$10,850		BR056215/ OT001807

TRAVEL TIMELINE

Fri 15/03	**Sat 16/03**	**Sun 17/03**	**Mon 18/03**	**Tues 19/03**	**Wed 20/03**	**Thurs 21/03**
FLIGHT 2200 (after work) from UK	FLIGHT Arrive Brisbane 0700	REST	**MEETING**	**MEETING**	**MEETING**	**MEETING**

Fri 22/03	**Sat 23/03**	**Sun 10/02**
MEETING FLIGHT Depart Brisbane 2100	FLIGHT	FLIGHT Arrive London 0630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RECORDS TEAM
- 7 MAR 2013
QLD HEALTH

RTI RELEASE

DOH-DL-12/13-015

RTI Document 939

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

28 February 2013

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Mr Malcolm Stamp	UK – Brisbane - UK, 15 - 24 March 2013		

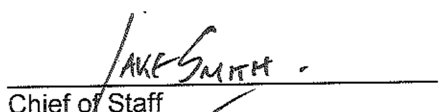
RTI RELEASE

Supported:

Director-General

Date 1 / 3 / 13

Comments:

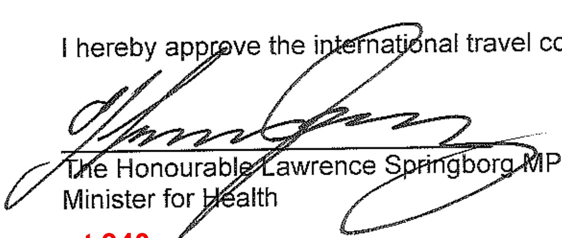


Jake Smith

Chief of Staff

Date 06 / 03 / 13.

I hereby approve the international travel contained within this summary items 1-1



The Honourable Lawrence Springborg MP
Minister for Health

Date 7 / 3 / 13

DOH-DL-12/13-015

RTI Document 940

Department RecFind No:	BR056215 / OT001807
Division/HHS:	Metro North HHS
File Ref No:	

Briefing Note for Approval

Director-General

Requested by: Chair, Metro North Hospital and Health Board | **Date requested: 20 February 2013** | **Action required by: ASAP**

SUBJECT: Overseas Travel Request for Metro North Hospital and Health Service Chief Executive – Mr Malcolm Stamp

Proposal

That the Director-General:

Provide this brief to the Minister to approve overseas travel for the successful Metro North Hospital and Health Service (MNHHS) Chief Executive, Mr Malcolm Stamp, to travel to Brisbane from the United Kingdom, for preliminary meetings with the Metro North Hospital and Health Board and MNHHS Executive Group.

Note that MNHHS operational funding will cover all travel costs.

Note that the Metro North Hospital and Health Board is seeking approval for Mr Stamp to travel Business Class. This has been selected as Mr Stamp will be travelling to Brisbane directly from his current employment on Friday, 15 March 2013 and returning home and back to work immediately after the conclusion of his meeting schedule on 22 March 2013. Business class travel will allow him to be sufficiently rested in preparation for a very busy meeting schedule and for an immediate return to his place of employment on 25 March 2013.

Urgency

1. **Urgent**

Headline Issues

2. The top issues are:
   - Mr Stamp will commence in the Chief Executive MNHHS role on Monday, 8 July 2013.
   - As an interim, Mr Stamp requires travel to Brisbane to commence his orientation and introductory meetings with Metro North Hospital and Health Board members and the MNHHS Executive Group.

Key Values

3. The key values that apply are the following:

☐ Better service for patients
☐ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☐ Value for money for taxpayers
☐ Openness

Key issues

4. Mr Malcolm Stamp has accepted the position of MNHHS Chief Executive. To assist in preparation for his commencement in the role on 8 July 2013, orientation and introductory meetings have been arranged in Brisbane.
5. Mr Stamp is currently employed and residing in the United Kingdom and will need to travel to Brisbane to participate in the orientation and meetings.

Background

6. The recruitment for the Chief Executive role was finalised on 20 February 2013.

RTI RELEASE
DOH-DL-12/13-015 RTI Document 941

Department RecFind No:	BR056215 / OT001807
Division/HHS:	Metro North HHS
File Ref No:	

Consultation

7. Not applicable

Financial implications

8. Metro North Hospital and Health Service operational funding ($10,850) is available to cover the following travel costs:
   - Flights;
   - Accommodation;
   - Meals;
   - Taxi fares.

9. The itinerary for travel will be finalised following approval.

Legal implications

10. There are no legal implications.

Attachments

11. Attachment 1: Overseas Travel Approval Form – OT001807
    Attachment 2: Memorandum to the Minister, from the Chair, Metro North Hospital and Health Board.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 942

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RTI RELEASE

Department RecFind No:	BR056215 / OT001807
Division/HHS:	Metro North HHS
File Ref No:	

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chair, Metro North Hospital and Health Board **Date requested:** 20 February 2013 **Action required by:** ASAP

SUBJECT: Overseas Travel Request for Metro North Hospital and Health Service Chief Executive – Mr Malcolm Stamp

Recommendation

That the Minister:

Approve the overseas travel for the successful Metro North Hospital and Health Service (MNHHS) Chief Executive (CE), Mr Malcolm Stamp, to travel to Brisbane from the United Kingdom, for preliminary meetings with the Metro North Hospital and Health Board and MNHHS Executive.

Note that MNHHS operational funding will cover all travel costs.

Note that the Metro North Hospital and Health Board is seeking approval for Mr Stamp to travel Business Class. This has been selected as Mr Stamp will be travelling to Brisbane directly from his current employment on Friday 15 March 2013 and returning home and back to work immediately after the conclusion of his meeting schedule on 22 March 2013. Business class travel will allow him to be sufficiently rested in preparation for a very busy meeting schedule and for an immediate return to his place of employment on 25 March 2013

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

RTI RELEASE

s73

RTI RELEASE

4) **What is the purpose of the travel?** Please tick the appropriate box/es

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☐ Research	☐ Investigations/inspections/fact finding/data gathering
☐ Operational/part of duties	☐ Law enforcement
☐ Receive training/Attend a course(s)	☐ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☐ Attend conference/seminar/workshop/forum	☐ Formalise relations with international clients
☐ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☐ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☐ Professional development	☐ Other, please specify:
☐ Promotions and marketing	**Non-Employees**
	☑ Other, please specify: Orientation & Introductory Meetings.

5a) **Is this a block approval form?** ☐ Yes ☑ No
If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☑ Yes ☐ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

As the new MNHHS Chief Executive it is important for orientation discussions & introductory meetings to be held face to face.

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

The new MNHHS Chief Executive will commence orientation & introductory meetings with the Board & the MNHHS Executive Group.

7) **What are the consequences of not travelling?**

Delays in CE Transition.

RTI RELEASE
DOH-DL-12/13-015 RTI Document 946

Security risk destinations

8) **Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling?** Travel advisories can be accessed at www.dfat.gov.au.
☐ Yes ☐ No N/A

9) **What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling?** The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

N/A

1. ☐ **To exercise good personal security awareness.**
2. ☐ **To be alert to your own security.**
3. ☐ **To exercise caution and be aware of developments that might affect your safety.**
4. ☐ **To exercise a high degree of (or "extreme") caution.**
5. ☐ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

10) **What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?**

N/A - travelling to Australia.

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).

Traveller's signature	N/A.	Date	/ /
Traveller's signature		Date	/ /
Traveller's signature		Date	/ /
Traveller's signature		Date	/ /
Traveller's signature		Date	/ /

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 947

Requirements for Recommendation by Director-General

(if not complete – application will be returned to traveller):

CHECKLIST: **Ref No:**

Applicant's Name: Malcolm Frederick Stamp

Position: MNHHS Chief Executive (effective 8.07.13) **Classification:** N/A

		Yes / No / N/a
1.	Dates Departing and returning Australia: 15/3/13 to 22/3/13	Y
2.	Dates of Conference/course/meeting: 18/3/13 to 22/3/13	Y
3.	Location of Conference/course/meeting: W1 3/15 Butterfield St, Herston.	Y
4.	Additional leave taken (if applicable): / / to / /	N/A
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	
6.	Itemised travel diary/itinerary is complete, accurate and attached.	Y
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	Y
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	N/A
9.	If receiving funding from an external source (eg drug company) - a written statement from the **applicant's manager** that there is no conflict of interest - attached.	N/A
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	N/A
11.	Benefits in relation to Queensland Government priorities are documented within submission.	N/A
12.	Benefits to Queensland Health are documented within submission.	N/A
13.	Conference program is attached.	N/A
14.	Travel booking is to be made through a QH Travel Booker.	Y
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	N/A
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	N/A

Traveller (or Contact Officer) ......[signature]...... **Date:** 21 / 2 /13

Checked By (Overseas Travel Co-ordinator): .... **Date:** / /

RTI RELEASE

DOH-DL-12/13-015 RTI Document 948

OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)

Traveller: Mr Malcolm Stamp

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested Conference Recreation TOIL Study leave	Activity: Attend conference Visit health facility Flight Other	Daily Salary if requesting paid leave	Airfare	Accom	- Meal expenditure	- Taxi fares	Incidental Allowance	Proposed funding source: Trust funds Operational funds Self funding Private company
15/03/13	Fri	2200		Heathrow, London	N/a	Flight		$8,500 ret					HHS operational
16/03/13	Sat		0700	Brisbane, Qld	w/end	Flight							HHS operational
17/03/13	Sun			Brisbane	w/end	Rest day							HHS operational
18/03/13	Mon			Brisbane	N/a	Meetings 0800 - 1700							HHS operational
19/03/13	Tues			Brisbane	N/a	Meetings 0800 - 1700							HHS operational
20/03/13	Wed			Brisbane	N/a	Meetings 0800 - 1700							HHS operational
21/03/13	Thurs			Brisbane	N/a	Meetings 0800 - 1700							HHS operational
22/03/13	Fri			Brisbane	N/a	MNHHB Meeting 0800 - 1700							HHS operational
22/03/13	Fri	2100 (TBC)		Brisbane	n/a	Flight							HHS operational
23/03/13	Sat				w/end	Flight							HHS operational
24/03/13	Sun		TBC 0630	Heathrow, London	w/end	Flight							HHS operational
TOTAL:								$8,500	$1,800	$300	$250		

NOTE:

- This diary shall be prepared in advance.
- This diary is to be endorsed by traveller, signed and dated after travel.
- This diary is to be presented when submitting a claim for expenses.
- Receipts are to be produced when seeking re-imbursement (eg taxi fares, meals) following travel.

Traveller signature:... **Date:** / /

DOH-DL-12/13-015

RTI Document 949

RTI RELEASE

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RTI RELEASE

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RTI RELEASE

RTI RELEASE

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DOH-DL-12/13-015 RTI Document 952

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RTI RELEASE

RTI RELEASE

DOH-DL-12/13-015

RTI Document 954

Queensland Government

Queensland Health

RecFind Ref No:

International Travel – Ministerial Approval Summary

20 March 2013

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Associate Professor Marcus Watson	Kaohsiung,Taiwan, 24-28 April 2013		
2	Dr Geoffrey Eather	Philadelphia, USA, 14-23 May 2013		

RTI RELEASE

Supported:

Director-General

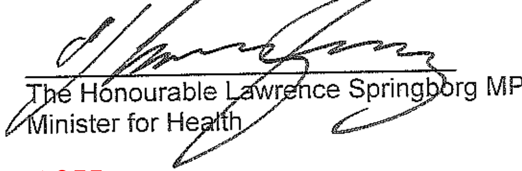
Date 21/3/13

Comments:

Chief of Staff

Date __/__/__

I hereby approve the international travel contained within this summary items 2-2



The Honourable Lawrence Springborg MP
Minister for Health

Date 26/3/13

DOH-DL-12/13-015

RTI Document 955

47(3)(b)

47(3)(b)

RTI RELEASE

DOH-DL-12/13-015 RTI Document 956

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RTI RELEASE

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RTI RELEASE

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47(3)(b)

RTI RELEASE

s73

RTI RELEASE

4) **What is the purpose of the travel?** Please tick the appropriate box/es

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☐ Research	☐ Investigations/inspections/fact finding/data gathering
☐ Operational/part of duties	☐ Law enforcement
☐ Receive training/Attend a course(s)	☐ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☐ Attend conference/seminar/workshop/forum	☐ Formalise relations with international clients
☒ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☐ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☐ Professional development	☐ Other, please specify:
☐ Promotions and marketing	**Non-Employees**
	☐ Other, please specify

5a) **Is this a block approval form?** ☐ Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☐ Yes ☒ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

This service is not available, nor feasible as I am presenting at a large forum

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

To present original research performed within Queensland Health.
This will greatly enhance the profile of Queensland Health as a major contributer to international research in this area, and potentially influence Queensland practice in the diagnosis of tuberculosis infection.
My professional development will be enhanced by attendance of other activities at this high quality educational meeting.

7) **What are the consequences of not travelling?**

This valuable research will not be presented in an international forum and the contribution of this research to the international body of research in this area will be compromised.

RTI RELEASE
DOH-DL-12/13-015 RTI Document 961

Security risk destinations

8) **Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling?** Travel advisories can be accessed at www.dfat.gov.au.
☒ Yes ☐ No

9) **What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling?** The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☒ **To exercise good personal security awareness.**
2. ☐ **To be alert to your own security.**
3. ☒ **To exercise caution and be aware of developments that might affect your safety.**
4. ☐ **To exercise a high degree of (or "extreme") caution.**
5. ☐ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

10) **What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?**

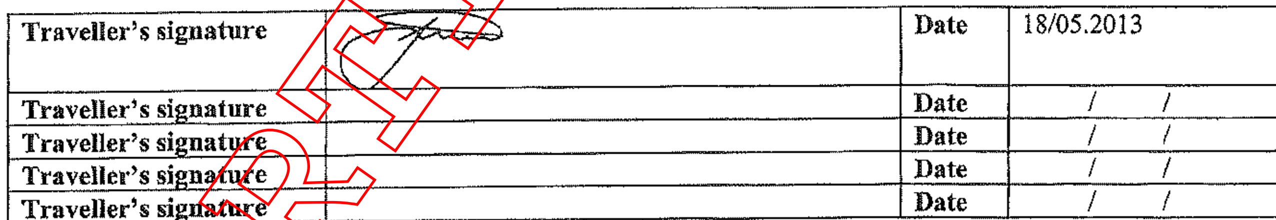
Recommendations that routine vaccinations are up-to-date (on CDC website link).. Travel insurance recommended.

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations ~~under~~ these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).



Traveller's signature	[signature]	**Date**	18/05.2013
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

RTI RELEASE
DOH-DL-12/13-015 RTI Document 962

Requirements for Recommendation by Director-General

(if not complete – application will be returned to traveller):

CHECKLIST: **Ref No:**

Applicant's Name: Geoffrey Eather

Position:SMO **Classification:**

		Yes / No / N/a
1.	Dates Departing and returning Australia: 14/05/2013. to 23.05.2013	Yes
2.	Dates of Conference/course/meeting: 17/05/2013 to 22/05/2013	Yes
3.	Location of Conference/course/meeting: Philadelphia, U.S.A..	Yes
4.	Additional leave taken (if applicable): / / to / /	N/A
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	N/A - Yes.
6.	Itemised travel diary/itinerary is complete, accurate and attached.	Yes
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	N/A
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	Yes
9.	If receiving funding from an external source (eg drug company) - a written statement from the applicant's manager that there is no conflict of interest - attached.	N/A
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	N/A
11.	Benefits in relation to Queensland Government priorities are documented within submission.	Yes
12.	Benefits to Queensland Health are documented within submission.	Yes
13.	Conference program is attached.	Yes
14.	Travel booking is to be made through a QH Travel Booker.	Yes
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	Yes
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	Yes

Traveller (or Contact Officer) ....Date:18 /02/2013

Checked By (Overseas Travel Co-ordinator): ....Date: 26/2/13

RELEASE

DOH-DL-12/13-015 RTI Document 963

OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)

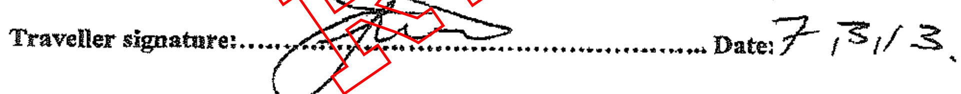
Traveller:

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested: Conference, Recreation, TOIL, Study leave	Activity: Attend conference, Visit health facility, Flight, Other	Daily Salary if requesting paid leave	Airfare	Accom	Meal expenditure	Taxi fares	Incidental Allowance	Proposed funding source: Trust funds, Operational funds, Self funding, Private company
14/5/13	Tuesday	1025	2110	Brisbane – Philadelphia	PDL (Travel day)	Flight	$801.50	$4500	$283.75	$100	$50	$25 a day	Private Practice/ Self Funding
15/5/13	Wednesday			Philadelphia	PDL	PERSONAL	$801.50	-	$283.75	$100	$50	$25 a day	Private Practice/ Self Funding
16/5/13	Thursday			Philadelphia	PDL	PERSONAL	$801.50	-	$283.75	$100	$50	$25 a day	Private Practice/ Self Funding
17/5/13	Friday			Philadelphia	PDL	Attend Conference	$801.50	-	$283.75	$100	$50	$25 a day	Private Practice/ Self Funding
18/5/13	Saturday			Philadelphia	w/end	Attend Conference	$801.50	-	$283.75	$100	$50	$25 a day	Private Practice/ Self Funding
19/5/13	Sunday			Philadelphia	w/end	Attend Conference	$801.50	-	$283.75	$100	$50	$25 a day	Private Practice/ Self Funding
20/5/13	Monday			Philadelphia	PDL	Attend Conference	$801.50	-	$283.75	$100	$50	$25 a day	Private Practice/ Self Funding
21/5/13	Tuesday			Philadelphia	PDL	Attend Conference	$801.50	-	$283.75	$100	$50	$25 a day	Private Practice/ Self Funding
22/5/13 23/5/13	Wednesday Thurs	1730	06.25	Philadelphia – Brisbane	PDL (Travel day)	Flight	$801.50	$4500	-	-	-	-	Private Practice/ Self Funding
TOTAL:							$7213.50	$9000	$2270	$800	$400	$225	

NOTE: Conference registration $830.

- This diary shall be prepared in advance.
- This diary is to be endorsed by traveller, signed and dated after travel.
- This diary is to be presented when submitting a claim for expenses.
- Receipts are to be produced when seeking re-imbursement (eg taxi fares, meals) following travel.

Traveller signature:........[signature]........ Date: 7/3/13.

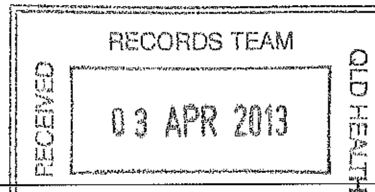


RTI Document 964

RTI RELEASE

40PAC-000016

Department RecFind No:	BR056353 / OT001810
Division/District:	SSS Division
File Ref No:	FPL04534



Briefing Note for Approval
Director-General

Requested by: Deputy Director-General, System Support Services **Date requested: 7 March 2013** **Action required by: ASAP**

SUBJECT: Invitation to present at Gov CFO Summit 2013 – Ms Susan Middleditch

RELEASE

Proposal
That the Director-General:

Note the overseas travel for Ms Susan Middleditch, Deputy Director-General, System Support Services, Department of Health, to attend and present at the Gov CFO Summit 2013 in Phuket, Thailand from 20-21 June 2013.

Note that Ms Middleditch has been invited as a keynote presenter, which recognises her success in finance and corporate leadership roles for the State of Queensland and her extensive financial and business expertise in delivering results in high performing organisations (refer Attachment 2 – Conference Program).

Note that external funding from Gov CFO Summit 2013 (summit organisers) will cover airfares and accommodation. Operational funding will cover insurance, meals, taxi fares and incidentals.

Provide this brief to the Minister for approval.

Urgency
1. **Routine** – approval is required as soon as possible to allow organisers to book airfares, arrange accommodation and finalise marketing materials for the Summit.

Headline Issues
2. The top issues are:
   - Ms Middleditch has extensive experience in major change initiatives in government organisations, particularly in implementing new processes and systems. This key international forum allows experts in their field to share their expertise in these areas, maintain and foster international networks and will also provide an opportunity to promote the innovative work of Queensland Health.

3. **Key Values**

☐ Better service for patients
☐ Improved community health
☐ Valuing Queensland Health employees and empowering its frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☐ Openness

RTI

Key issues
4. The Gov CFO Summit is an executive invitation-only forum specifically designed to pinpoint areas of common concern for finance leaders in the public service throughout the Asia/Pacific Region. It aims to bring together examples of successful execution in the areas of cost avoidance, governance, procurement, budget management, and capital allocations – allowing participants to exchange and discuss a range of performance benchmarks.

DOH-DL-12/13-015 RTI Document 965

Department RecFind No:	BR056353 / OT001810
Division/District:	SSS Division
File Ref No:	FPL04534

5. Presentations at the Summit are by invitation only. The invitation to present at the 2013 Summit recognises Ms Middleditch's previous success as a CFO for the State of Queensland and also recognises the knowledge that she can share with such an audience. Ms Middleditch will present on the topic "Identifying and Cutting Waste" (details on p.6, Attachment 2).

Background

6. For nine years this Annual Summit has been the region's premier gathering of Asia Pacific public sector leaders. Hosted by FutureGov Asia Pacific Magazine, and backed by FutureGov Research, this Government CFO Summit uniquely brings together public sector finance officials from across the region for two days of intensive knowledge exchange. The conference brochure is attached for further information (Attachment 1).

7. Previous official overseas travel within the last 24 months:

   - 12 – 13 July 2012, Chiang Mai, Thailand. Ms Middleditch presented at the 2012 Summit and obtained significant professional benefit from the experience. Sharing and learning about government CFO initiatives across Asia Pacific at the 2013 Summit provides an ideal opportunity for her to build on the benefits gained from presenting at the 2012 Summit, and remain consistently informed about issues relevant to the Department. A travel report was provided for the 2012 travel.

Consultation

8. Not applicable

Financial implications

9. Ms Middleditch's travel will be funded as follows:
   - Operational funding ($865) is available to cover travel insurance, meals, taxi fares and incidentals not covered by the Summit organisers.
   - External funding from Summit organisers – Gov CFO Summit 2013 - will cover the following costs:
     - Return airfares (current estimated airfare cost is $1,125); and
     - Accommodation (summit organisers to arrange).

Legal implications

10. There are no legal implications.

Attachments

11. Attachment 1: Overseas Travel application – OT001810
    Attachment 2: Conference program.
    Attachment 3: No Conflict of Interest letter.

RTI RELEASE

RTI RELEASE

s73

Minister's Office RecFind No:	
Department RecFind No:	
Division/District:	SSS Division
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Deputy Director-General, System Support Services **Date requested:** **Action required by:**

SUBJECT: Invitation to present at Gov CFO Summit 2013 – Ms Susan Middleditch

Recommendation
That the Minister:

Approve the overseas travel for Ms Susan Middleditch, Deputy Director-General, System Support Services, to attend and present at the Gov CFO Summit 2013 in Phuket, Thailand from 20-21 June 2013.

Note that Ms Middleditch has been invited as a keynote presenter, which recognises her success in finance and corporate leadership roles for the State of Queensland and her extensive financial and business expertise in delivering results in high performing organisations (refer Attachment 2 – Conference Program).

Note that external funding from Gov CFO Summit 2013 (summit organisers) will cover airfares and accommodation. Operational funding will cover insurance, meals, taxi fares and incidentals.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

RTI RELEASE

s73

RTI RELEASE

I confirm that there is no conflict of interest in Ms Middleditch accepting funding from Gov CFO Summit. Ms Middleditch does not have any private or personal interest in the company/organisation which may influence decisions. Additionally, Ms Middleditch does have procurement delegation within her current position although this would not be used inappropriately to Queensland Health, or result in liaison with the company/organisation to procurement matters.

Tony O'Connell
Director-General

RTI RELEASE

DOH-DL-12/13-015 RTI Document 970

4) What is the purpose of the travel? Please tick the appropriate box/es

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☐ Research	☐ Investigations/inspections/fact finding/data gathering
☐ Operational/part of duties	☐ Law enforcement
☐ Receive training/Attend a course(s)	☐ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☒ Attend conference/seminar/workshop/forum	☐ Formalise relations with international clients
☒ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☐ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☐ Professional development	☐ Other, please specify:
☐ Promotions and marketing	**Non-Employees**
	☐ Other, please specify

5a) **Is this a block approval form?** ☐ Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☐ Yes ☒ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

Susan Middleditch has been invited to present at the Gov CFO Summit 2013, therefore video conferencing would not be an option.

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

- Learn current and international best practices around financial management issues
- Sharing experiences and expertise in performance management systems and benchmarks
- Sharing experiences and expertise in developing and implementing new structures and processes to achieve maximum results

7) **What are the consequences of not travelling?**

Above objectives will not be met

RTI RELEASE
DOH-DL-12/13-015 RTI Document 971

Security risk destinations

8) Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling? Travel advisories can be accessed at www.dfat.gov.au.
☒ Yes ☐ No

9) What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling? The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☐ To exercise good personal security awareness.
2. ☐ To be alert to your own security.
3. ☐ To exercise caution and be aware of developments that might affect your safety.
4. ☒ To exercise a high degree of (or "extreme") caution.
5. ☐ To defer non-essential travel. Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ To defer (or avoid) all travel. Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ Not to travel and, for Australians in the country, to depart immediately by whatever means available. In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

10) What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?

Exercise high degree of caution

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).

Traveller's signature	Susan Middleditch [signature]	Date	11 / 3 / 13
Traveller's signature		Date	/ /
Traveller's signature		Date	/ /
Traveller's signature		Date	/ /
Traveller's signature		Date	/ /

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

RTI RELEASE
DOH-DL-12/13-015 RTI Document 972

Requirements for Recommendation by Director-General

(if not complete – application will be returned to traveller):

CHECKLIST: **Ref No:**

Applicant's Name: Susan Middleditch

Position: Deputy Director-General, System Support Services **Classification:**

		Yes / No / N/a
1.	Dates Departing and returning Australia: 18/06/2013 to 22/06/2013	Yes
2.	Dates of Conference/course/meeting: 20-21/06/2013	Yes
3.	Location of Conference/course/meeting: Angsana Laguna Hotel, Phuket Thailand Thailand.	Yes
4.	Additional leave taken (if applicable):	N/A
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	Yes
6.	Itemised travel diary/itinerary is complete, accurate and attached.	Yes
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	N/A
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	N/A
9.	If receiving funding from an external source (eg drug company) - a written statement from the applicant's manager that there is no conflict of interest - attached.	N/A
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	N/A
11.	Benefits in relation to Queensland Government priorities are documented within submission.	Yes
12.	Benefits to Queensland Health are documented within submission.	Yes
13.	Conference program is attached.	Yes
14.	Travel booking is to be made through a QH Travel Booker.	Yes
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	Yes
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	Yes

Traveller (or Contact Officer) ……………………………………………………………Date: / /

Checked By (Overseas Travel Co-ordinator): ………………………………………………Date: / /

RTI RELEASE

DOH-DL-12/13-015 RTI Document 973

OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)

Traveller: Susan Middleditch

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested Conference Recreation TOIL Study leave	Activity: Attend conference Visit health facility Flight Other	Daily Salary if requesting paid leave	Airfare	Accom	- Meal expenditure	- Taxi fares	Incidental Allowance	Proposed funding source: Trust funds Operational funds Self funding Private company
18/06/13	Tues			Brisbane – Phuket	Conference	Flight	nil	$1125	N/A	$45	$140	$35	Operational
19/06/13	Wed			Phuket	Rest Day	Rest Day *flight > 10.5 hrs*	nil		N/A	$120	$40	$35	Operational
20/06/13	Thur			Phuket	Conference	Conference	nil		N/A	$45		$35	Operational
21/06/13	Fri			Phuket	Conference	Conference	nil		N/A	$45		$35	Operational
22/06/13	Sat			Phuket – Brisbane	w/end	Flight	nil		N/A		$140		Operational
Travel Insurance								$150					Operational
TOTAL:								$1125		$255	$320	$140	

NOTE:

- This diary shall be prepared in advance.
- This diary is to be endorsed by traveller, signed and dated after travel.
- This diary is to be presented when submitting a claim for expenses.
- Receipts are to be produced when seeking re-imbursement (eg taxi fares, meals) following travel.

Traveller signature:.......[signature]....... Date: 11/3/13

Airfares: $1,125 Conference Organisers

Costs to Qld Health - $865.00 (approx) (meals, incidentals, taxi fares, travel insurance)

DOH-DL-12/13-015
RTI Document 974
RTI RELEASE

Queensland Government

Queensland Health

RecFind Ref No:

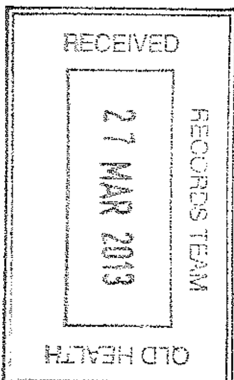
International Travel – Ministerial Approval Summary

20 March 2013

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Associate Professor Marcus Watson	Kaohsiung,Taiwan, 24-28 April 2013		
2	Dr Geoffrey Eather	Philadelphia, USA, 14-23 May 2013		

RTI RELEASE



Supported:

Director-General Date 21/3/13

Comments:

Chief of Staff Date ___/___/___

I hereby approve the international travel contained within this summary items 2-2

The Honourable Lawrence Springborg MP
Minister for Health

Date 26/3/13

DOH-DL-12/13-015

RTI Document 975

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

20 March 2013

Item	*Type of Travel*	*Name of Traveller & Work Location*	*Fast Facts*	*Travelling Dates*	*Total Cost ($)*		*RecFind Ref*
					Agency	*External*	
1	Overseas **URGENT**	Associate Professor Marcus Watson, Executive Director, Clinical Skills Development Service, Metro North Hospital and Health Service. **Leave:** 3 days Conference Leave.	• Attend and present at the International Conference on Healthcare Simulation Based Teaching in Kaohsiung, Taiwan, 25-26 April 2013. • Applicant also attending conference to assess the potential to license or sell Clinical Skills Development Service training to Taiwan. • External funding from Fooyin University to cover cost of airfares, insurance, conference registration and incidentals. University to arrange accommodation and meals. • Salary costs only from Hospital and Health Service.	**Depart:** 24 April 2013 **Return:** 28 April 2013	$1,926.90 – salary only	$2,189	BR056366/ OT001811

TRAVEL TIMELINE

Wed 24/04 FLIGHT Brisbane/Hong Kong/ Kaohsiung Taiwan Arrive 2325	**Thurs 25/04** CONFERENCE	**Fri 26/04** CONFERENCE	**Sat 27/04** FLIGHT Kaohsiung/ Hong Kong	**Sun 28/04** FLIGHT Hong Kong/Brisbane

RTI RELEASE

DOH-DL-12/13-015

RTI Document 976

Department RecFind No:	BR056366 / OT001811
Division/District:	Metro North HHS
File Ref No:	19529

Briefing Note for Approval

Director-General

Requested by: Chief Executive, Metro North Hospital & Health Service

Date requested: 13 March 2013

Action required by: 12 April 2013

SUBJECT: Overseas Travel Submission for Associate Professor Marcus Watson, Metro North Health and Hospital Service

Proposal

That the Director-General:

Note and endorse the contents of this brief regarding the overseas travel of Associate Professor Marcus Watson, Executive Director, Clinical Skills Development Service (CSDS), Metro North Hospital and Health Service, to attend and present at the International Conference on Healthcare Simulation Based Teaching in Kaohsiung, Taiwan, from 25 - 26 April 2013.

Note that external funding from the University of Fooyin, Taiwan, will cover airfares, insurance, conference registration and incidentals. Accommodation and meals will also be arranged by the university. Operational funding will cover salary costs only.

Provide this brief to the Minister for approval.

Urgency

1. **Urgent** - Associate Professor Watson is due to depart on Wednesday, 24 April 2013, and approval is required as soon as possible in order to confirm travel arrangements.

Headline Issues

2. The top issue is:
   - The purpose for Associate Professor Watson in attending the conference is to assess the potential to license or sell CSDS training to Taiwan, which will increase revenue to subsidise Queensland Health training, identify potential Asian countries to export CSDS training to, and to increase CSDS profile to influence potential public/private partnerships for training in Queensland.
   - Associate Professor Watson will also deliver a presentation entitled *Program Design for Simulation-Based Education in Health Care* (Attachment 3).

Key Values

3. The key values that apply are the following:

☒ Better service for patients
☐ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☐ Openness

Key issues

4. This is a late application as a result of the applicant needing to obtain further details regarding external funding source, Fooyin University.

5. Associate Professor Watson will be presenting on "Program Design for Simulation-Based Education in Health Care". This has been based on the work done for the National Health Education and Training Simulation (NHET-Sim) program.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 977

Department RecFind No:	BR056366 / OT001811
Division/District:	Metro North HHS
File Ref No:	19529

6. Associate Professor Watson is the Executive Director, CSDS, and is recognised as an international leader in Clinical Skills Development and Simulation delivery methods. Taiwan is looking to improve the standards of clinical training and increase its capacity for this. CSDS subsidises QH training by providing fee for service for external health organisations.

Background

7. The International Conference on Healthcare Simulation Based Teaching will take place in Kaohsiung, Taiwan, from 25 to 26 April 2013. The program's themes include the latest innovations in the field of simulation-based teaching and learning in healthcare.

8. Previous overseas travel within the past 24 months:

   - Attended Asia Pacific Simulation in Healthcare meeting, Hong Kong, May 2011. Travel report provided.

Consultation

9. A report regarding the travel will be provided within 14 days of return of travel. Feedback will be provided to QH through the Metro North Hospital and Health Service.

Financial implications

10. External funding from the Fooyin University, Taiwan will cover the cost of the following:
    - Conference Registration $17.00;
    - Airfares $1,726.00;
    - Accommodation and meals to be arranged by the University (N/A);
    - Travel Insurance $86.00;
    - Incidentals $140.00; and
    - Queensland Health Travel Management System (TMS) Fees $220.00.

11. Operational funding will cover salary (three days Conference Leave) at a cost of $1,926.90.

12. The total cost of the overseas trip is $4,115.90

13. CSDS has not exceeded allocated overseas travel budget.

Legal implications

14. There are no legal implications.

Attachments

15. Attachment 1: Overseas Travel Approval Form and associated documentation – OT001811.
    Attachment 2: Invitation to present at conference.
    Attachment 3: Conference program.
    Attachment 4: No conflict of interest letter.

RTI RELEASE

RTI RELEASE

s73

DOH-DL-12/13-015 RTI Document 979

Department RecFind No:	BR056366 / OT001811
Division/District:	Metro North HHS
File Ref No:	19529

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: : Chief Executive, Metro North Hospital & Health Service **Date requested: 13 March 2013** **Action required by: 12 April 2013**

SUBJECT: Overseas Travel Submission for Associate Professor Marcus Watson, Metro North Health and Hospital Service

Recommendation

That the Minister:

Approve the overseas travel for Associate Professor Marcus Watson, Executive Director, Clinical Skills Development Service (CSDS), Metro North Hospital and Health Service to attend and present at the International Conference on Healthcare Simulation Based Teaching in Kaohsiung, Taiwan, from 25 - 26 April 2013.

Note that external funding from the University of Fooyin, Taiwan, will cover airfares, insurance, conference registration and incidentals. Accommodation and meals will also be arranged by the university. Operational funding will cover salary costs only.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

RTI RELEASE

DOH-DL-12/13-015 RTI Document 980

s73

RTI RELEASE

4) **What is the purpose of the travel?** Please tick the appropriate box/es

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☐ Research	☐ Investigations/inspections/fact finding/data gathering
☐ Operational/part of duties	☐ Law enforcement
☐ Receive training/Attend a course(s)	☐ Medical
☐ Deliver training/Set-up a course(s)	☒ Trade related/business delegations/commercial activities
☐ Attend conference/seminar/workshop/forum	☒ Formalise relations with international clients
☒ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☐ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☐ Professional development	☐ Other, please specify:
☒ Promotions and marketing	**Non-Employees**
	☐ Other, please specify

5a) **Is this a block approval form?** ☐ Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☐ Yes ☒ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

Attendance includes interactive workshops. Video conferencing is not an appropriate means for interactive workshops.

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

- Meet with Government and Universities to discuss potential partnerships and sale of CSDS training.
- Increase the value of CSDS for public private partnership bids.

7) **What are the consequences of not travelling?**

Not attending is likely to reduce the Clinical Skills Development Services ability to secure external income contracts worth millions of dollars.
A missed opportunity to develop healthcare simulation collaborations and to further enhance the reputation of Queensland as a leader in the field of simulation. The strong reputation of the Service has helped to attract high quality clinicians to work in Queensland Health and influence the commercial companies funding research facilities in Queensland.

RTI RELEASE
DOH-DL-12/13-015 RTI Document 982

Security risk destinations

8) **Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling?** Travel advisories can be accessed at www.dfat.gov.au.
☒ Yes ☐ No

9) **What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling?** The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☒ To exercise good personal security awareness.
2. ☒ To be alert to your own security.
3. ☒ To exercise caution and be aware of developments that might affect your safety.
4. ☐ To exercise a high degree of (or "extreme") caution.
5. ☐ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

10) **What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?**

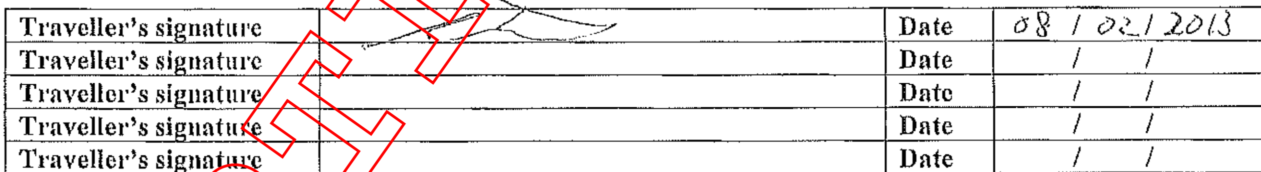
Exercise normal safety precautions.

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).



Traveller's signature		Date	08 / 02 / 2013
Traveller's signature		Date	/ /
Traveller's signature		Date	/ /
Traveller's signature		Date	/ /
Traveller's signature		Date	/ /

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

RTI RELEASE
DOH-DL-12/13-015 RTI Document 983

Requirements for Recommendation by Director-General

(if not complete – application will be returned to traveller):

CHECKLIST: Ref No:

Applicant's Name: Marcus Watson

Position: Executive Director - CSDS Classification: HES2

		Yes / No / N/a
1.	Dates Departing and returning Australia: 24/4 /13 to 28/4/13	Yes
2.	Dates of Conference/course/meeting: 25 and 26/4 /13	Yes
3.	Location of Conference/course/meeting: …Kaohsiung - Taiwan…..	Yes
4.	Additional leave taken (if applicable): / / to / /	No
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	
6.	Itemised travel diary/itinerary is complete, accurate and attached.	Yes
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	No
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	No
9.	If receiving funding from an external source (eg drug company) - a written statement from the applicant's manager that there is no conflict of interest - attached.	Yes
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	Yes
11.	Benefits in relation to Queensland Government priorities are documented within submission.	Yes
12.	Benefits to Queensland Health are documented within submission.	Yes
13.	Conference program is attached.	Yes
14.	Travel booking is to be made through a QH Travel Booker.	Yes
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	Yes
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	Yes

Traveller (or Contact Officer) ……………………………………………………Date: 8 / 2 /13

Checked By (Overseas Travel Co-ordinator): ……………………………………Date: / /

RTI RELEASE

DOH-DL-12/13-015 RTI Document 984

OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)

Traveller: Marcus Watson

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested Conference Recreation TOIL Study leave	Activity: Attend conference Visit health facility Flight Other	Daily Salary if requesting paid leave	Airfare, Insurance, TMS fees	Accom	- Meals	- Taxi fares	Incidental Allowance	Proposed funding source: Trust funds Operational funds Self funding Private company
24/4/2013	Wed	0915	2325	Brisbane/Hong Kong/Kaohsiung	Conference	Flight	$642.30 &	$1,726 ret; $86; $220 #	N/a			$35 #	# - external - Fooyin Uni & - operational
25/4/2013	Thurs			Kaohsiung	Conference	Attend Conference	$642.30 &		N/a			$35 #	# - external - Fooyin Uni & - operational
26/4/2013	Fri			Kaohsiung	Conference	Attend Conference	$642.30 &		N/a			$35 #	# - external - Fooyin Uni & - operational
27/4/2013	Sat	0800	0925	Kaohsiung/Hong Kong	w/end	Flight	-		-				
28/4/2013	Sun	1250	2325	Hong Kong/Brisbane	wend	Flight	-		-			$35#	# - external - Fooyin Uni
	Conf Registration $17 - #												# - external - Fooyin Uni
TOTAL:	**$4,115.90**						$1,926.90	$2,032				$140	

NOTE:

- **This diary shall be prepared in advance.**
- **This diary is to be endorsed by traveller, signed and dated after travel.**
- **This diary is to be presented when submitting a claim for expenses.**
- **<u>Receipts are to be produced</u> when seeking re-imbursement (eg taxi fares, meals) following travel.**

Traveller signature:.. Date: / /

RTI RELEASE

DOH-DL-12/13-015

RTI Document 985

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RTI RELEASE

RTI RELEASE

s73

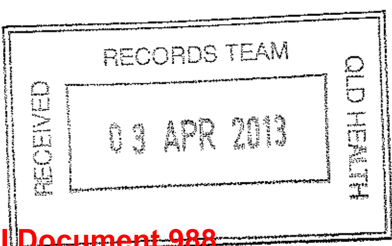
RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

26 March 2013

Item	Type of Travel	Name of Traveller & Work Location	Fast Facts	Travelling Dates	Total Cost ($)		RecFind Ref
					Agency	External	
1	Overseas **URGENT** **Depart 7 April 2013**	Dr Helen Irving, Senior Medical Officer and Children's Oncology Group Principal Investigator, Division of Oncology, Royal Children's Hospital **Leave:** On duty throughout travel	• Attend the Children's Oncology Group (COG) Spring 2013 group meeting, Minneapolis, USA, 8 – 12 April 2013 • The COG is a cooperative group of institutions based in the United States, with participating centres in Canada, Europe, Australia and New Zealand. The centres collaborate to conduct clinical trials and research in treatments for children with cancer. • Attendance at the COG meeting is a requirement to maintain full member status and to represent the Division of Oncology, Royal Children's Hospital at the voting body. • Travel activities are core business • External funding from COG USA to cover accommodation costs. • Children's Oncology Group Research Cost Centre (operational) to cover meals and incidentals. • Hospital and Health Service operational funds to cover salary. • Applicant to self-fund airfares and insurance. • Official travel only (no personal leave).	**Depart:** 7 April 2013 **Return:** 14 April 2013	$3,665 (Salary - $3,000; COG Research Cost Centre - $665)	$6,700 (self - $6,700; COG USA - $700)	BR056377/ OT001812


RECORDS TEAM
RECEIVED
03 APR 2013
QLD HEALTH

RTI RELEASE
DOH-DL-12/13-015
RTI Document 988

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

26 March 2013

TRAVEL TIMELINE

Sun 7/04 FLIGHT Bris/Minneapolis Depart 1035; Arrive 1745	**Mon 8/04** REST DAY Flight > 10.5 hrs	**Tues 9/04** COG MEETING	**Wed 10/04** COG MEETING	**Thurs 11/04** COG MEETING	**Fri 12/04** COG MEETING FLIGHT 1630	**Sat 13/04** FLIGHT

Sun 14/04 FLIGHT Arrive Bris 0500

RTI RELEASE

DOH-DL-12/13-015

RTI Document 989

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

26 March 2013

Item	Type of Travel	Name of Traveller & Work Location	Fast Facts	Travelling Dates	Total Cost ($)		RecFind Ref
					Agency	External	
2	Overseas	Ms Susan Middleditch, Deputy Director-General, System Support Services Division, Department of Health **Leave:** 3 days Conference Leave	• Attend and present at the Gov CFO Summit 2013, Phuket, Thailand, 20-21 June 2013. • Applicant invited as Keynote presenter. Presentation topic: "Identifying and Cutting Waste". • External funding from summit organisers to cover return airfares and accommodation. • Operational funding to cover travel insurance, meals, taxi and incidentals. • Daily salary to be paid during travel.	**Depart:** 18/06/2013 **Return:** 22/06/2013	$865 – excluding salary	$1,125 – summit organisers (accommodation also to be arranged by organisers; no $ amount available).	BR056353/ OT001810

Tues 18/06 FLIGHT Brisbane/Phuket	**Wed 19/06** REST DAY Flight > 10.5 hrs	**Thurs 20/06** CONFERENCE	**Fri 21/06** CONFERENCE	**Sat 22/06** FLIGHT Phuket/Brisbane

RTI RELEASE

DOH-DL-12/13-015

RTI Document 990

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

26 March 2013

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Dr Helen Irving	7 – 14 April 2013, Minneapolis, USA		
2	Ms Susan Middleditch	18 – 22 June 2013, Phuket, Thailand		

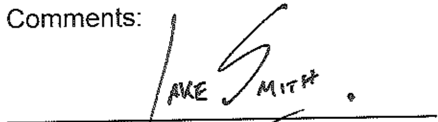
RTI RELEASE

Supported:

Director-General

Date 27/3/13

Comments:

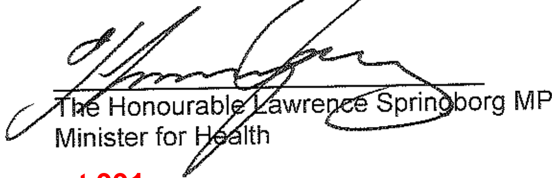


Jake Smith

Chief of Staff

Date 2/4/13.

I hereby approve the international travel contained within this summary items 2-2



The Honourable Lawrence Springborg MP
Minister for Health

Date 3/4/2013

DOH-DL-12/13-015

RTI Document 991

Department RecFind No:	BR056377 / OT001812
Division/District:	CHQ
File Ref No:	CHQ01309

Briefing Note for Approval

Director-General

URGENT

Requested by: Chief Executive, Children's Health Queensland

Date requested: 15/02/2013

Action required by: ASAP

SUBJECT: Overseas Travel Application for Dr Helen Irving, Senior Medical Officer, Royal Children's Hospital

Proposal

That the Director-General:

Note the contents of this brief regarding overseas travel for Dr Helen Irving, Senior Medical Officer and Children's Oncology Group Principal Investigator, Division of Oncology, Royal Children's Hospital.

Provide this brief to the Minister for approval of overseas travel for Dr Irving to attend the Children's Oncology Group (COG) Spring 2013 Group Meeting in Minneapolis, United States of America (USA), from 8 - 12 April 2013.

Note COG is a co-operative group of institutions based in the United States with participating centres in Canada, Europe, Australia and New Zealand. These centres have collaborated to conduct clinical trials and research in treatments for children with cancer. Over 60% of children with cancer at the Division of Oncology, Royal Children's Hospital are participating in clinical trials and as a result, cancer diagnosis and treatment has transformed a uniformly fatal disease into a group of malignancies that are curable for the majority of children. This significant achievement has occurred predominantly as a result of the work of multi-disciplinary investigators working in national and international co-operative clinical trial groups. The Division of Oncology is the single oncology and stem cell transplantation service for children and adolescents in Queensland.

Note that COG USA will contribute up to US$1,000, which will be used to cover the applicant's accommodation costs. The Children's Oncology Group Research Cost Centre will cover meals and incidentals and Hospital and Health Service operational funds are available to cover salary costs. The applicant will self-fund airfares and insurance.

Urgency

1. **Urgent** - Attendance at this annual meeting is a requirement for ongoing membership to the COG and continued participation in clinical trials.

Headline Issues

2. The top issues are:
   - Attendance at the COG meeting is a requirement to maintain full member status through participation and to represent the Division of Oncology at the Voting Body. Dr Irving is the COG Principal Investigator for the Royal Children's Hospital Brisbane.
   - Participation in this international collaborative trials group will ensure Queensland is at the forefront of practice in paediatric oncology and haematology. It will also assist with promoting Queensland as a key achiever and leader in clinical trial involvement and management, thereby affording children and adolescents with best chance of long term cure and productivity.

RTI RELEASE

Department RecFind No:	BR056377 / OT001812
Division/District:	CHQ
File Ref No:	CHQ01309

3. **Key Values**

The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☒ Openness

Key issues

4. This is a late application as a result of administrative delays at the Hospital and Health Service level.
5. Attendance enhances the opportunity for paediatric oncologists to participate in the development of new clinical trials for children and young people with cancer. The overall aim is to increase the survival and quality of survival for children with cancer.
6. All patients entering COG studies are registered through a web-based data entry system, through which patient responses to therapy are centrally collected, monitored and analysed. This system helps develop and manage studies more efficiently which leads to faster scientific progress, quicker dissemination of study results and ultimately improved health outcomes for children with cancer.
7. The benefit for Queensland Heath will be maintaining and improving the highest standards of quality clinical research principles in children's oncology. This ensure paediatric oncology patients have access to the most current medical treatment and information, resulting in higher cure rates and better quality of life.
8. Ongoing participation ensures the latest advances in oncology research are implemented in Queensland, supporting key Government priorities of participation in cancer clinical trials and research, improved quality of life and better health outcomes for Queensland children.
9. Improved care and application of modern treatments will also result in less dependence and burden on the health care system in future years, resulting in significant savings for the Queensland Government.
10. Knowledge gained will be shared and disseminated with other staff members of the Division of Oncology at the Division of Oncology Service meetings and presentations at weekly education sessions.

Background

11. The meeting is an invitation only meeting for institutional Principal Investigators. The meeting is a busy working meeting, rather than a conference or training forum.

Consultation

12. Not applicable.

Financial implications

13. Dr Irving's travel will be funded as follows:
   - Operational funding ($3,000) is available to cover salary;
   - Children's Oncology Group Research Cost Centre ($665) funds are available to cover incidental allowance and meals;
   - Children's Oncology Group USA will contribute up to US$1,000 and this will cover the cost of accommodation; and
   - Dr Irving will self-fund airfares and insurance.

14. Travel activities are core business and the use of Professional Development Allowance is not appropriate.

Legal implications

14. There are no legal implications.

RTI RELEASE
DOH-DL-12/13-015 RTI Document 993

Department RecFind No:	BR056377 / OT001812
Division/District:	CHQ
File Ref No:	CHQ01309

Attachments

15. Attachment 1: Overseas Travel Application – OT001812 and associated documentation.
    Attachment 2: COG Spring Group Meeting Agenda – Minneapolis
    Attachment 3: Invitation to Meeting (Principal Investigator)
    Attachment 4: No Conflict of Interest Memo.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 994

Department RecFind No:	BR056377 / OT001812
Division/District:	CHQ
File Ref No:	CHQ01309

Recommendation
That the Director-General:

Note the contents of this brief regarding overseas travel for Dr Helen Irving, Senior Medical Officer and Children's Oncology Group Principal Investigator, Division of Oncology, Royal Children's Hospital.

Provide this brief to the Minister for approval of overseas travel for Dr Irving to attend the Children's Oncology Group (COG) Spring 2013 Group Meeting in Minneapolis, United States of America, from 8 - 12 April 2013.

Note COG is a co-operative group of institutions based in the United States with participating centres in Canada, Europe, Australia and New Zealand. These centres have collaborated to conduct clinical trials and research in treatments for children with cancer. Over 60% of children with cancer at the Division of Oncology, Royal Children's Hospital are participating in clinical trials and as a result, cancer diagnosis and treatment has transformed a uniformly fatal disease into a group of malignancies that are curable for the majority of children. This significant achievement has occurred predominantly as a result of the work of multi-disciplinary investigators working in national and international co-operative clinical trial groups. The Division of Oncology is the single oncology and stem cell transplantation service for children and adolescents in Queensland.

Note that COG USA will contribute up to US$1,000, which will be used to cover the applicant's accommodation costs. The Children's Oncology Group Research Cost Centre will cover meals and incidentals and Hospital and Health Service operational funds are available to cover salary costs. The applicant will self-fund airfares and insurance.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 995

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RTI RELEASE

Department RecFind No:	BR056377 / OT001812
Division/District:	CHQ
File Ref No:	CHQ01309

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, Children's Health Queensland | **Date requested:** | **Action required by: ASAP**

SUBJECT: Overseas Travel Application for Dr Helen Irving, Senior Medical Officer, Royal Children's Hospital

Recommendation

That the Minister:

Approve the overseas travel for Dr Helen Irving, Senior Medical Officer and Children's Oncology Group Principal Investigator, Division of Oncology, Royal Children's Hospital, to attend the Children's Oncology Group (COG) Spring 2013 Group Meeting in Minneapolis, United States of America (USA), from 8 - 12 April 2013.

Note that the COG is a co-operative group of institutions based in the United States with participating centres in Canada, Europe, Australia and New Zealand. These centres have collaborated to conduct clinical trials and research in treatments for children with cancer. Over 60% of children with cancer at the Division of Oncology, Royal Children's Hospital are participating in clinical trials and as a result, cancer diagnosis and treatment has transformed a uniformly fatal disease into a group of malignancies that are curable for the majority of children. This significant achievement has occurred predominantly as a result of the work of multi-disciplinary investigators working in national and international co-operative clinical trial groups. The Division of Oncology is the single oncology and stem cell transplantation service for children and adolescents in Queensland.

Note that COG USA will contribute up to US$1,000, which will be used to cover the applicant's accommodation costs. The Children's Oncology Group Research Cost Centre will cover meals and incidentals and Hospital and Health Service operational funds are available to cover salary costs. The applicant will self-fund airfares and insurance.

APPROVED/NOT APPROVED | **NOTED** | **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

RTI RELEASE

DOH-DL-12/13-015 RTI Document 997

s73

RTI RELEASE

14th March 2013

Re: Late Submission for Travel to Children's Oncology Group (COG) Spring Group Meeting, Minneapolis, USA.

To Whom It May Concern

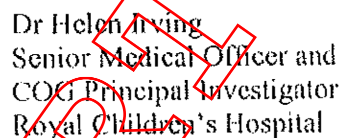
I will be travelling to attend the Children's Oncology Group Spring Group Meeting to be held in Minneapolis, USA, from the 7th April 2013 to 14th April 2013.

The official invitation and meeting Agenda was issued by the Children's Oncology Group on the 7th February 2013. The overseas travel application and accompanying documentation were prepared accordingly and given to the Senior Administration Officer (Michelle Owens) on the 15th February 2013.

The documentation was re-worked by the Senior Administration Officer, causing delay in sending it to the next level of approval.

This delay in submitting the documentation for approval is regrettable, and due care will be taken for future submissions.

Yours sincerely



Dr Helen Irving
Senior Medical Officer and
COG Principal Investigator
Royal Children's Hospital

RTI RELEASE

DOH-DL-12/13-015 RTI Document 999

4) **What is the purpose of the travel? Please tick the appropriate box/es**

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☒ Research	☐ Investigations/inspections/fact finding/data gathering
☒ Operational/part of duties	☐ Law enforcement
☐ Receive training/Attend a course(s)	☒ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☐ Attend conference/seminar/workshop/forum	☐ Formalise relations with international clients
☐ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☒ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☐ Professional development	☐ Other, please specify:
☐ Promotions and marketing	**Non-Employees**
	☐ Other, please specify

5a) **Is this a block approval form?** ☐ Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☒ Yes ☐ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

Video conferencing is not offered by the Children's Oncology Group for this international meeting.

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

- As part of our commitment to clinical research and membership with the Children's Oncology Group (COG), Queensland Health has a mandatory requirement for the COG Principal Investigator (or their representative) to attend the annual COG Spring meeting in the USA. Medical and other Principal Investigators of paediatric oncology units/hospitals from Australia, New Zealand, USA and Canada will be attending.
- Attendance and information dissemination will continue to provide education and training, and mentoring of clinical staff to effectively manage clinical research and investigational agent trials, thereby affording optimal cancer care ensuring children and adolescents with cancer in Queensland have access to current, ethically-approved clinical trials.

7) **What are the consequences of not travelling?**

- Principal Investigator (PI) role at this institution will not be met.
- Children and adolescents with cancer in Queensland will be unable to access advanced clinical therapeutic and investigational agents, and therefore will be severely disadvantaged in treatment options.

RTI RELEASE
DOH-DL-12/13-015 RTI Document 1000

Security risk destinations

8) **Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling?** Travel advisories can be accessed at www.dfat.gov.au.
☒ Yes ☐ No

9) **What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling?** The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☐ **To exercise good personal security awareness.**
2. ☐ **To be alert to your own security.**
3. ☒ **To exercise caution and be aware of developments that might affect your safety.**
4. ☐ **To exercise a high degree of (or "extreme") caution.**
5. ☐ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

10) **What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?**

Visitors to USA should ensure vaccinations are up-to-date.

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).

Traveller's signature	[signature] for Dr Irving	**Date**	15/ 2 / 13
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 1001

Requirements for Recommendation by Director-General

(if not complete – application will be returned to traveller):

CHECKLIST: **Ref No:**

Applicant's Name: Dr Helen Irving

Position: Senior Medical Officer **Classification: SMO**

		Yes / No / N/a
1.	Dates Departing and returning Australia: 07/04/13 - 14/04/13	Yes
2.	Dates of Conference/course/meeting: 09/04/13 – 14/04/13	Yes
3.	Location of Conference/course/meeting: Minneapolis, USA	Yes
4.	Additional leave taken (if applicable): / / to / /	N/A
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	Yes
6.	Itemised travel diary/itinerary is complete, accurate and attached.	Yes
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	N/A
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	Yes
9.	If receiving funding from an external source (eg drug company) - a written statement from the applicant's manager that there is no conflict of interest - attached.	Yes
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	N/A
11.	Benefits in relation to Queensland Government priorities are documented within submission.	Yes
12.	Benefits to Queensland Health are documented within submission.	Yes
13.	Conference program is attached.	Yes
14.	Travel booking is to be made through a QH Travel Booker.	No
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	Yes
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	Yes

Traveller (or Contact Officer) ....[signature]........ **Date:** 15/2/13

Checked By (Overseas Travel Co-ordinator): .... **Date:** / /

RELEASE

DOH-DL-12/13-015 RTI Document 1002

OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)
Traveller: Dr Helen Irving

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested Conference Recreation TOIL Study leave	Activity: Attend conference Visit health facility Flight Other	Daily Salary if requesting paid leave	Airfare	Accom	- Meal expenditure	- Taxi fares	Incidental Allowance	Proposed funding source: Trust funds Operational funds Self funding Private company
07/04/13	Sun	1035	1745	Brisbane - Minneapolis	Weekend	Flight		$6000 return@	$140*	$70&		$35&	@self *COG (meeting organiser) &COG Research Cost Centre
08/04/13	Mon			Minneapolis	Work day (salary)	Rest day-flight in excess of 10.5 hours	$600%		$140*	$70&		$35&	%operational *COG &COG Research Cost Centre
09/04/13	Tues			Minneapolis	Work day (salary)	COG Meeting	$600%		$140*	$70&		$35&	%operational *COG &COG Research Cost Centre
10/04/13	Wed			Minneapolis	Work day (salary)	COG Meeting	$600%		$140*	$70&		$35&	%operational *COG &COG Research Cost Centre
11/04/13	Thurs			Minneapolis	Work day (salary)	COG Meeting	$600%		$140*	$70&		$35&	%operational *COG &COG Research Cost Centre
12/04/13	Fri	1630		Minneapolis	Work day (salary)	COG Meeting/ Flight	$600%			$70&		$35&	%operational &COG Research Cost Centre
13/04/13	Sat				Weekend	Flight						$35&	
14/04/13	Sun		0500	Brisbane	Weekend	Flight/arrive home							
TOTAL:	$10365						$3000	$6000	$700	$420		$245	

NOTE:

- This diary shall be prepared in advance.
- This diary is to be endorsed by traveller, signed and dated after travel.
- This diary is to be presented when submitting a claim for expenses.
- Receipts are to be produced when seeking re-imbursement (eg taxi fares, meals) following travel.

Traveller signature:......[signature]...... **Date:** 15/ 3/ 13

RTI RELEASE
DOH-DL-12/13-015
RTI Document 1003

Queensland Health

RecFind Ref No:

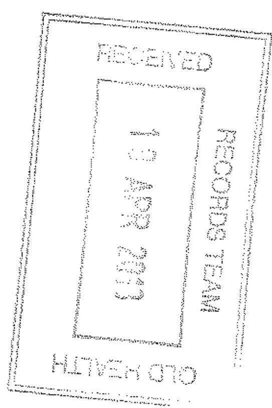
International Travel – Ministerial Approval Summary

8 April 2013

Item	*Type of Travel*	*Name of Traveller & Work Location*	*Fast Facts*	*Travelling Dates*	*Total Cost ($)*		*RecFind Ref*
					Agency	*External*	
1	Overseas **URGENT**	Ms Joanna McCosker, Acting Clinical Nurse Consultant, Queensland Haemophilia Centre, Royal Children's Hospital **LEAVE:** 4 days Conference Leave	• Attend the Global Haemophilia Network First Advanced Study Nurse Training 2013, Istanbul, Turkey, 29-30 April 2013 • Applicant is attending as participant and observer, providing feedback so training can be improved and provided to study nurses. • Attendance is in line with applicant's role to provide consultancy services, as per consultancy agreement signed between the Haemophilia Centre, Royal Children's Hospital and Novo Nordisk (pharmaceutical company) • Salary costs only from Health Service operational. • External funding from Novo Nordisk to cover airfares and accommodation. • Applicant to self-fund meals and incidentals from personal monies.	**Depart:** 27 April 2013 **Return:** 2 May 2013	$1,584	$3,600 – Novo Nordisk; $300 – self funded	BR056460/ OT001814

TRAVEL TIMELINE

Sat 27/04 FLIGHT Arrive Istanbul 1755	**Sun 27/04** W/END REST DAY	**Mon 28/04** TRAINING	**Tues 29/04** TRAINING RET FLIGHT BEGINS 1925	**Wed 1/05** FLIGHT	**Thurs** Arrive Brisbane 0040


RECEIVED RECORDS TEAM 19 APR 2013 QLD HEALTH

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DOH-DL-12/13-015

RTI Document 1004

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

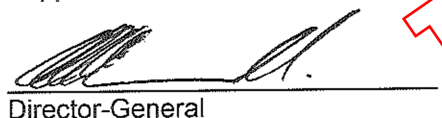
8 April 2013

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Ms Joanna McCosker	27 April – 2 May 2013		

RTI RELEASE

Supported:



Director-General

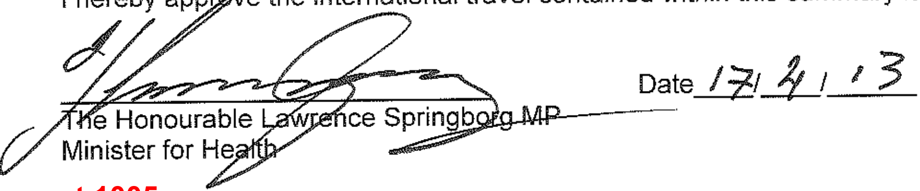
Date 9 / 4 / 13

Comments:

Chief of Staff

Date 17 / 04 / 13.

I hereby approve the international travel contained within this summary items 1-1



The Honourable Lawrence Springborg MP
Minister for Health

Date 17 / 4 / 13

DOH-DL-12/13-015

RTI Document 1005

Department RecFind No:	BR056460 OT001814
Division/HHS:	CHQ
File Ref No:	CHQ01370

Briefing Note for Approval

Director-General

Requested by: Chief Executive, Children's Health Queensland Hospital and Health Service

Date requested:

Action required by: ASAP

SUBJECT: Overseas Travel for Ms Joanna McCosker, Royal Children's Hospital

Proposal

That the Director-General:

Note the contents of this brief regarding overseas travel for Ms Joanna McCosker, Acting Clinical Nurse Consultant, Queensland Haemophilia Centre, Royal Children's Hospital (RCH), to attend the Global Haemophilia Network (GHN) First Advanced Study Nurse Training 2013, in Istanbul, Turkey on 29 and 30 April 2013.

Note that external funding from Novo Nordisk (pharmaceutical company) is available to cover the applicant's airfare and accommodation. Hospital and Health Service operational funding is available to cover salary and the applicant will self-fund meals and incidentals.

Provide this brief to the Minister for approval.

Urgency

1. **Urgent** – attendance is required as Ms McCosker (the consultant) and the Children's Health Queensland Hospital and Health Service (CHQHHS) have a signed consultancy agreement with the external company Novo Nordisk.

Headline Issues

2. The top issues are:
   - On 1 October 2012, an agreement was signed between the Haemophilia Centre, Royal Children's Hospital and Novo Nordisk for the provision of consultancy services to Novo Nordisk (refer Attachment 4). Ms Joanne McCosker, was noted as the consultant and subsequently invited to attend the first Advanced Study Nurse training by the GHN Site Trainer for Haemophilia Portfolio, as a participant and observer, providing valuable feedback, so the training can be continually improved and then provided to study nurses.
   - The Haemophilia Centre, RCH is participating in global research on long acting recombinant factor replacement which is cost-effective for the Blood budget and the Children's Health Queensland Hospital and Health Service (CHQHHS) as the factor products are provided free of charge (including consumables). Based on 2011-2012 factor usage, savings of approximately $950,000 for the National Blood Budget and approximately $310,000 for Queensland Government budget (about $50,000 per patient) have been achieved.
   - CHQHHS receives funding from Novo Nordisk for participation in the clinical trials, so attendance at Advanced Study Training means better compliance with clinical trial protocol.

Key Values

3. The key values that apply are the following:

☒ Better service for patients
☐ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☐ Value for money for taxpayers
☒ Openness

RELEASE

DOH-DL-12/13-015 RTI Document 1006

Department RecFind No:	BR056460 OT001814
Division/HHS:	CHQ
File Ref No:	CHQ01370

Key issues

4. This is a late application as a result of the contract being signed and thereby a delay in accepting the invitation to participate in the meeting.

5. The course will cover content that will improve the quality of clinical trials by enhancing knowledge for nurses (including Ms McCosker) who are a vital component of the clinical trial team. This will translate to improved clinical practice for the research trials the Haemophilia Centre is participating in and ensure compliance with research protocols and have patients willing to participate in trials which ultimately is a significant cost saving for the CHQHHS and for the Oncology Division with "funded" factor.

6. Contractual obligation - CHQHHS receives 1320 Euro paid on 1 April and 1 October 2013 for the consultant's work and participation in the GHN Support Committee, which Ms McCosker is a member of.

7. Participation at a global level will ensure that the Department of Health has the ability to support research and research trials that have the goal of improved quality of life and better health outcomes for Queensland children with haemophilia.

8. The applicant has not undertaken any previous official overseas travel within the past 24 months.

Background

9. The GHN Support Committee was created in 2009 to improve outcomes in clinical trials.

10. The consultant (Ms McCosker) was invited to become a member in November 2012 to represent the Australasia region, after attending a research meeting for a research study the CHQHHS was participating in.

Consultation

11. Not applicable.

Financial implications

12. External funding ($3,600) is available from Novo Nordisk to cover airfare and accommodation costs.

13. Hospital and Health Service, operational funding ($1,584) is available to cover the applicant's salary .

14. The applicant will cover the cost of meals and incidentals ($300).

15. Ms McCosker is not eligible for Professional Development Leave/Allowance.

Legal implications

16. There is a signed contract for the consultant's services and expertise (Attachment 4).

Attachments

17. Attachment 1: Overseas Travel Application - OT001814.
    Attachment 2: Invitation and confirmation of training attendance.
    Attachment 3: Training program.
    Attachment 4: Novo Nordisk Contract.
    Attachment 5: No conflict of interest letter.

RTI RELEASE

s73

RTI RELEASE

Department RecFind No:	BR056460 OT001814
Division/HHS:	CHQ
File Ref No:	CHQ01370

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, Children's Health Queensland Hospital and Health Service

Date requested:

Action required by: ASAP

SUBJECT: Overseas Travel for Ms Joanna McCosker, Royal Children's Hospital

Recommendation

That the Minister:

Approve the contents of this brief regarding overseas travel for Ms Joanna McCosker, Acting Clinical Nurse Consultant, Queensland Haemophilia Centre, Royal Children's Hospital (RCH), to attend the Global Haemophilia Network (GHN) First Advanced Study Nurse Training 2013, in Istanbul, Turkey on 29 and 30 April 2013.

Note that external funding from Novo Nordisk (pharmaceutical company) is available to cover the applicant's airfare and accommodation. Hospital and Health Service operational funding is available to cover salary and the applicant will self-fund meals and incidentals.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

RTI RELEASE

s73

RTI RELEASE

25th March 2013

Re: Late Submission for Travel to Istanbul for the Global Haemophilia Network (GHN) Support Committee from the 29th April – 30th April 2013.

To Whom It May Concern

I will be travelling to Istanbul to attend the Global Haemophilia Network (GHN) Support Committee from the 29th April – 30th April 2013.

The travel application has been submitted outside of the required 8 week time frame due to a delay in the contract being signed which subsequently led to a delay in accepting the invitation to participate in meeting.

Yours sincerely

Ms Joanna McCosker
A/Clinical Nurse Consultant
Qld Haemophilia Centre
Royal Children's Hospital

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DOH-DL-12/13-015 RTI Document 1011

4) What is the purpose of the travel? Please tick the appropriate box/es

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☒ Research	☐ Investigations/inspections/fact finding/data gathering
☐ Operational/part of duties	☐ Law enforcement
☒ Receive training/Attend a course(s)	☐ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☒ Attend conference/seminar/workshop/forum	☐ Formalise relations with international clients
☐ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☒ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☐ Professional development	☐ Other, please specify:
☐ Promotions and marketing	**Non-Employees**
	☐ Other, please specify

5a) **Is this a block approval form?** ☐ Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☒ Yes ☐ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

Not suitable to observe group interactions and participate in course content

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

- I am a member of the Global Haemophilia Network (GHN) Support Committee for which an agreement has been signed by the Chief Executive Peter Steer that I am permitted to assist Novo Nordisk as a Consultant contributing my expertise. My role is of participant and as an "observer" – providing valuable feedback on the training – so the training can be continually improved.
- Participation at a global level will ensure that QH has the ability to support research and research trials that have the goal of improved quality of life and better health outcomes for Queensland children with Haemophilia
- The course will cover content that will improve the quality of clinical trials by enhancing knowledge for nurses (including myself) who are a vital component of the clinical trial team.
- The content will also include strategies to improve both the experience for the patient and for the nurse which ensures the HTC is compliant with research protocols and have patients willing to participate in trials which ultimately is cost saving for the CHS and for the Oncology division with "funded" factor.

RTI RELEASE
DOH-DL-12/13-015 RTI Document 1012

- International networking consolidates Australia's and Brisbane's position as participants in global research with the goal of changing possibilities in Haemophilia care thereby improving care and outcomes for Haemophilia patients.
- Personal attendance will ensure Queensland and Australia and the Brisbane Haemophilia Centre are represented as active participants in global research and establish a forum for exchange of ideas, sharing of experience and networking of nurses involved in Congenital bleeding disorders, including Haemophilia A and B
- Nursing leadership will be enhanced by the course due to the communication content and the opportunity to engage with other Haemophilia specialist nurses and novices. Relevant and interesting information and concepts will be shared on my return and may foster interest in nursing careers and opportunities such as Haemophilia thereby promoting recruitment and retention of health care professionals.

7) **What are the consequences of not travelling?**

Risk of not fulfilling contractual agreement as Consultant with Novo Nordisk
Risk of not accessing most up to date knowledge regarding improving the quality of clinical trials that may benefit the Paediatric population
Missed opportunity to participate at an international level to benchmark practice with other haemophilia specialists

RTI RELEASE

DOH-DL-12/13-015 RTI Document 1013

Security risk destinations

8) **Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling?** Travel advisories can be accessed at www.dfat.gov.au.
☒ Yes ☐ No

9) **What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling?** The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☐ **To exercise good personal security awareness.**
2. ☐ **To be alert to your own security.**
3. ☐ **To exercise caution and be aware of developments that might affect your safety.**
4. ☒ **To exercise a high degree of (or "extreme") caution.**
5. ☐ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

10) **What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?**

Travel insurance is recommended in case of health issues whilst travelling. Up to date immunisations with comment to discuss in particular Avian influenza with GP

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).

Traveller's signature	[signature]	**Date**	20 / 3 / 13
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 1014

Requirements for Recommendation by Director-General

(if not complete – application will be returned to traveller):

CHECKLIST: Ref No:

Applicant's Name: Joanna McCosker

Position: Clinical Nurse Consultant Classification: Gr 7

		Yes / No / N/a
1.	Dates Departing and returning Australia: 27/04 /13 to 02/05 /13	YES
2.	Dates of Conference/course/meeting: 29/04 /13 – 30/04/13	YES
3.	Location of Conference/course/meeting: ISTANBUL, TURKEY	YES
4.	Additional leave taken (if applicable): / / to / /	NO
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	YES
6.	Itemised travel diary/itinerary is complete, accurate and attached.	YES
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	YES
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	NO
9.	If receiving funding from an external source (eg drug company) - a written statement from the applicant's manager that there is no conflict of interest - attached.	YES
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	NO
11.	Benefits in relation to Queensland Government priorities are documented within submission.	YES
12.	Benefits to Queensland Health are documented within submission.	YES
13.	Conference program is attached.	YES
14.	Travel booking is to be made through a QH Travel Booker.	NO
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	YES
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	YES

Traveller (or Contact Officer) ....M McCosker............Date: 25/3/13.

Checked By (Overseas Travel Co-ordinator): ....Date: / /

RTI RELEASE

DOH-DL-12/13-015 RTI Document 1015

OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)
Traveller:

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested Conference Recreation TOIL Study leave	Activity: Attend conference Visit health facility Flight Other	Daily Salary if requesting paid leave	Airfare	Accom	- Meal expenditure	- Taxi fares	Incidental Allowance	Proposed funding source: Trust funds Operational funds Self funding Private company
27/04/12	Sat	0230	1245	Brisbane - Dubai	weekend	flight		$3000 return @					@ External (Novo Nordisk)
27/04/13	Sat	1420	1755	Dubai - Istanbul	weekend	flight			$200 @	$150 #			@ External (Novo Nordisk) # Self
28/04/13	Sunday			Istanbul	weekend	Rest day			$200 @	$150#			@ External (Novo Nordisk) # Self
29/04/13	Monday	0900	1700	Istanbul	Conference leave	conference training	$396%		$200 @				@ External (Novo Nordisk) %operational
30/04/13	Tuesday	0800	1600	Istanbul	Conference leave	conference training	$396%						%operational
30/4/13	Tuesday	1925	0045	Istanbul – Dubai (Wed)		flight					self#		# Self
01/05/13	Wed	0245	0040	Dubai – Brisbane (Thurs)	Conference leave	flight	$396%						%operational
02/05/13	Thurs	0040	-	Arrive in Brisbane	Conference leave	Travel day	$396%				self#		%operational # Self
TOTAL:	$5484						$1584	$3000	$600	$300			

NOTE:

- This diary shall be prepared in advance.
- This diary is to be endorsed by traveller, signed and dated after travel.
- This diary is to be presented when submitting a claim for expenses.
- Receipts are to be produced when seeking re-imbursement (eg taxi fares, meals) following travel.

RTI RELEASE
DOH-DL-12/13-015
RTI Document 1016

Traveller signature: ....[signature]....... Date: 25/3/13

RTI RELEASE

DOH-DL-12/13-015

RTI Document 1017

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

24 April 2013

NB: To the best of my knowledge, all travel noted below meets the requirements of the whole-of-Government travel policy and the Queensland Health travel policy and standard. For travel using Private Practice Trust Funds, trust fund approval has been obtained, subject to Ministerial approval of the travel – Senior Policy Officer, System Support Services.

Item	Type of Travel	Name of Traveller & Work Location	Fast Facts	Travelling Dates	Total Cost ($) Agency	External	RecFind Ref
2	Overseas	Dr Alexander Willson, Senior Medical Officer, Interventional Cardiologist, Nambour General Hospital. **Leave:** **Five days** Conference Leave For heaven's sake, it's not a torture chamber!	• Attend the Transcatheter Valve Therapies Conference, Vancouver, Canada, 12-15 June 2013, with invitation to participate in interactive workshops in order to pass on knowledge. • Applicant seeking approval to travel Premium Economy Class. Dr Willson is 195cm tall and premium economy seat will provide additional leg room to avoid cramping and allow adequate post flight recovery • Hospital and Health Service operational funds to cover salary costs and daily incidental allowance. • Private Practice Trust Funds to cover premium economy airfares, travel insurance, accommodation, taxi fares and airport parking. • Applicant to self-fund conference registration and meals using Professional Development Allowance (PDA). Any other costs will be self-funded from personal monies.	**Depart:** 10 June 2013 **Return:** 16 June 2013	$9,489 ($3,239 – salary/incidentals; $6,250 – PPTF)	$1425 – self PDA	BR056464/ OT001815

TRAVEL TIMELINE

Mon 10/06	Tues 11/06	Wed 12/06	Thurs 13/06	Fri 14/06	Sat 15/06	Sun 16/06
FLIGHT Bris/Vancouver Depart 0700 Arrive 1245 CONF LEAVE	REST Flight>22hrs **PREPARE FOR WORKSHOPS** CONF LEAVE	**CONFERENCE** CONF LEAVE	**CONFERENCE** CONF LEAVE	**CONFERENCE** FLIGHT Depart Vancouver 1615 CONF LEAVE	FLIGHT W/END	FLIGHT Arrive Bris 0500 CONF LEAVE

RTI RELEASE
RECEIVED 15 MAY 2013 RECORDS TEAM

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

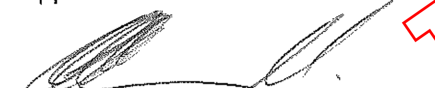
24 April 2013

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Dr Alexander Willson	10 – 16 June 2013, Vancouver USA		

RTI RELEASE

Supported:



Director-General

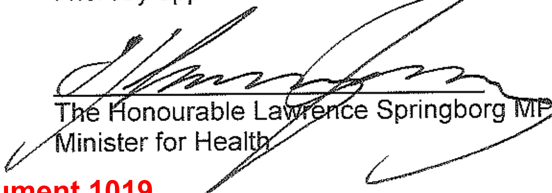
Date 10/5/13

Comments:

Chief of Staff

Date 10/May/2013

I hereby approve the international travel contained within this summary items 1-1



The Honourable Lawrence Springborg MP
Minister for Health

Date 14/5/13

DOH-DL-12/13-015

RTI Document 1019

Department RecFind No:	BR056464 OT001815
Division/HHS:	Sunshine Coast HHS
File Ref No:	

Briefing Note for Approval
Director-General

Requested by: Chief Executive, Sunshine Coast Hospital and Health Service **Date requested:** **Action required by:**

SUBJECT: Approval of Overseas Travel – Dr Alexander Willson to attend a conference in Vancouver, Canada in June 2013

Proposal
That the Director-General:

Note the contents of this brief regarding overseas travel for Dr Alexander Willson, Senior Medical Officer Interventional Cardiologist, Nambour General Hospital, to attend and participate in interactive workshops at the Transcatheter Valve Therapies conference in Vancouver, Canada, from 12 to 15 June 2013.

Note that Dr Willson is seeking permission to travel Premium Economy Class. Dr Willson is 195cm tall and a premium economy seat will provide additional leg room to avoid cramping and allow adequate post flight recovery.

Note that Private Practice Trust Funds are available to cover premium economy class airfares, travel insurance, accommodation, taxi fares and airport parking. Hospital and Health Service funds are available to cover salary costs and daily incidental allowance. Dr Willson will use his Professional Development Allowance to cover conference registration and meals. Any additional costs will be covered by the applicant's personal monies.

Provide this brief to the Minister for approval.

Urgency
1. Routine

Headline Issues
2. The top issues are:
   - minimally invasive heart procedures are associated with improved patient outcome and reduced hospital length of stay and cost;
   - if approval is provided, Dr Willson will attend the conference and assist/participate in interactive workshops (refer Attachment 4); and
   - Dr Willson is a Faculty Member of Interventional Cardiology and the Queensland Statewide representative.

Key Values
3. The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☒ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☐ Value for money for taxpayers
☐ Openness

Key issues

4. Knowledge gained from attending the conference in relation to the latest developments in the field of minimally invasive cardiac procedures will be used in daily work practice and

RELEASE

DOH-DL-12/13-015 RTI Document 1020

Department RecFind No:	BR056464 OT001815
Division/HHS:	Sunshine Coast HHS
File Ref No:	

enhance cardiology services and research in the Sunshine Coast Hospital and Health Service.

5. Attendance at the conference will ensure the Sunshine Coast Hospital and Health Service is represented at the forefront of cardiology knowledge and research.

6. A report of the travel will be provided within 14 days of return from travel.

Background

7. The Transcatheter Valve Therapies conference will be held in Vancouver, Canada, from 12 to 15 June 2013.

8. The conference directly relates to Dr Willson's position.

9. Dr Willson has had no prior official overseas travel within the last 24 months.

Consultation

10. Not applicable

Financial implications

11. Private Practice Trust Funds of $6,300 are available to cover airfares, travel insurance, accommodation, taxi fares and airport parking. Trust fund approval for airfares covers a premium economy class of travel.
12.
13. Hospital and Health Service operational funding is available to cover salary costs ($3,064) and daily incidental allowance ($175).

14. Dr Willson's Professional Development Allowance ($1,425) is available to cover conference registration and meals. Dr Willson will use personal funds to cover any other remaining costs.

15. The Sunshine Coast Hospital and Health Service is on track to meet its 20% reduction in travel expenditure.

Legal implications

16. There are no legal implications.

Attachments

17. Attachment 1: Overseas travel application – OT001815 – and associated documentation.
    Attachment 2: Private Practice Trust Fund approval letter.
    Attachment 3: Conference overview (full program not yet available).
    Attachment 4: Invitation to participate in conference workshop.
    Attachment 5: Sunshine Coast Hospital and Health Service, Director, Clinical Services support for attendance.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 1021

s73

RTI RELEASE

Department RecFind No:	BR056464 OT001815
Division/HHS:	Sunshine Coast HHS
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, Sunshine Coast Hospital and Health Service

Date requested:

Action required by:

SUBJECT: Approval of Overseas Travel – Dr Alexander Willson to attend a conference in Vancouver, Canada in June 2013

Recommendation

That the Minister:

Approve the overseas travel for Dr Alexander Willson, Senior Medical Officer Interventional Cardiologist, Nambour General Hospital, to attend and participate in interactive workshops at the Transcatheter Valve Therapies conference in Vancouver, Canada, from 12 to 15 June 2013.

Note that Dr Willson is seeking permission to travel Premium Economy Class. Dr Willson is 195cm tall and a premium economy seat will provide additional leg room to avoid cramping and allow adequate post flight recovery.

Note that Private Practice Trust Funds are available to cover premium economy class airfares, travel insurance, accommodation, taxi fares and airport parking. Hospital and Health Service funds are available to cover salary costs and daily incidental allowance. Dr Willson will use his Professional Development Allowance to cover conference registration and meals. Any additional costs will be covered by the applicant's personal monies.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

RTI RELEASE

DOH-DL-12/13-015 RTI Document 1023

s73

RTI RELEASE

4) What is the purpose of the travel? Please tick the appropriate box/es

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☒ Research	☐ Investigations/inspections/fact finding/data gathering
☐ Operational/part of duties	☐ Law enforcement
☐ Receive training/Attend a course(s)	☒ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☒ Attend conference/seminar/workshop/forum	☐ Formalise relations with international clients
☒ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☐ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☒ Professional development	☐ Other, please specify:
☐ Promotions and marketing	Non-Employees
	☐ Other, please specify

5a) **Is this a block approval form?** ☐ Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☒ Yes ☐ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

Videoconference is not available

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

- Give an expert presentation and be faculty of an international heart meeting. This will boost the international reputation of Queensland Health and the Cardiology Department on the Sunshine Coast
- gain up to date knowledge of the best management of valvular heart disease
- knowledge gained will enhance cardiology services in the Sunshine Coast Hospital and Health Service and planning of cardiac surgery at the new Sunshine Coast University Hospital
- Network with international researchers that will enhance Dr Willsons role as Interventional Cardiologist and Interventional Cardiology Researcher in the Sunshine Coast Hospital and Health Service and board member of the Sunshine Coast research board.

7) **What are the consequences of not travelling?**

As a staff specialist and clinical senior lecturer I will not be able to provide up to date clinical education to others.

RTI RELEASE
DOH-DL-12/13-015 RTI Document 1025

Security risk destinations

8) **Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling?** Travel advisories can be accessed at www.dfat.gov.au.

☒ Yes ☐ No

9) **What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling?** The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☒ **To exercise good personal security awareness.**
2. ☐ **To be alert to your own security.**
3. ☐ **To exercise caution and be aware of developments that might affect your safety.**
4. ☐ **To exercise a high degree of (or "extreme") caution.**
5. ☐ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

10) **What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?**

Travel Insurance to cover medical costs

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).

Traveller's signature	[signature]	**Date**	19 / 3 / 13
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 1026

Requirements for Recommendation by Director-General

(if not complete – application will be returned to traveller):

CHECKLIST: **Ref No:**

Applicant's Name: Dr Alexander Willson

Position: Senior Staff Specialist **Classification: MMOI 1.03**

		Yes / No / N/a
1.	Dates Departing and returning Australia: 10/6/2013 to 16/6/2013	Yes
2.	Dates of Conference/course/meeting: 12-15 June 2013 **NB: Conference concludes on 15/6/2013 however traveller travelling home on 14/6/2013***	Yes
3.	Location of Conference/course/meeting: Vancouver, Canada.	
4.	Additional leave taken (if applicable): / / to / /	No
5.	Travel has been supported by ~~District~~ Chief Executive ~~Officer~~ / ~~Deputy Director-General / Chief Information Officer / Chief Health Officer~~	Yes 3/4/13
6.	Itemised travel diary/itinerary is complete, accurate and attached.	Yes
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	No
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	Yes
9.	If receiving funding from an external source (eg drug company) - a written statement from the applicant's manager that there is no conflict of interest - attached.	No
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	No
11.	Benefits in relation to Queensland Government priorities are documented within submission.	Yes
12.	Benefits to Queensland Health are documented within submission.	Yes
13.	Conference program is attached.	Yes
14.	Travel booking is to be made through a QH Travel Booker.	Yes
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	Yes
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	Yes

Traveller (or Contact Officer) ....**Date:** 19/3/13

Checked By (Overseas Travel Co-ordinator): ....**Date:** / /

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DOH-DL-12/13-015 RTI Document 1027

Attachment 2.

OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)

Traveller:

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested Conference Recreation TOIL Study leave	Activity: Attend conference Visit health facility Flight Other	Daily Salary if requesting paid leave	Airfare	Accom	- Meal expenditure	- Taxi fares	Incidental Allowance	Proposed funding source: Trust funds Operational funds Self funding Private company
10/6/13	MON	0700	1245	Brisbane – Vancouver	Conference	Flight	$612 @	$4900 #	$250 #	$45 %	$50 #	$35 @	@operational # PPTF %self
11/6/13	TUE				Conference	Rest day (22hr flight) Prepare for workshops	$612 @		$250 #	$45 %		$35 @	@operational # PPTF %self
12/6/13	WED				Conference		$612 @		$250 #	$45 %		$35 @	@operational # PPTF %self
13/6/13	THU				Conference		$612 @		$250 #	$45 %		$35 @	@operational # PPTF %self
14/6/13	FRI	1615		Vancouver - Brisbane	Conference	Flight	$612 @			$45 %	$50 #	$35 @	@operational # PPTF %self
15/6/13	SAT	DAY LOST IN TRAVEL		Vancouver - Brisbane		Flight							
16/6/13	SUN		0500	Vancouver - Brisbane		Flight					$50 #		# PPTF
TOTAL:	$9,514 $10,914**						$3064	$4900	$1000	$225	$150	$175	

**ACTUAL TOTAL IS $10, 914 WHICH INCLUDES:
CONFERENCE REGO $1200 (PDA) & TRAVEL INSURACE $200 (PPTF)

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DOH-DL-12/13-015
RTI Document 1028

NOTE:

- This diary shall be prepared in advance.
- This diary is to be endorsed by traveller, signed and dated after travel.
- This diary is to be presented when submitting a claim for expenses.
- Receipts are to be produced when seeking re-imbursement (eg taxi fares, meals) following travel.

Traveller signature:.. Date: 19/3/13

RTI RELEASE

Queensland Government

RecFind Ref No:

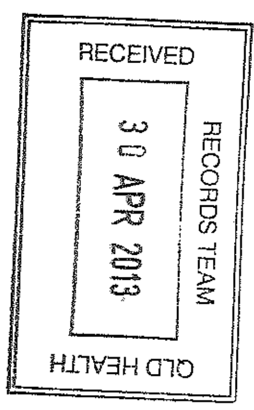
Queensland Health

International Travel – Ministerial Approval Summary

24 April 2013

NB: For travel using Private Practice Trust Funds, trust fund approval has been obtained, subject to Ministerial approval of the travel – Senior Policy Officer, System Support Services.

Item	*Type of Travel*	*Name of Traveller & Work Location*	*Fast Facts*	*Travelling Dates*	*Total Cost ($)*		*RecFind Ref*
					Agency	*External*	
1	Overseas	Ms Susanne Le Boutillier, Senior Director, Governance, Relationships, Improvement and Priorities Branch, System Policy and Performance Division, Department of Health. **Leave:** **Five days** Conference Leave – for forum. **Seven days** Rec Leave (4 days Rec Leave for personal time; remaining is associated with flights. **One day** Public Holiday (to cover personal activity day)	• Attend The Women's Leadership Forum: Innovation strategies for a changing world, Harvard Business School, Boston, USA, 3-7 June 2013. • Applicant is the 2013 recipient of the St George Bank Fostering Executive Women International Scholarship award, provided by the Queensland University of Technology and funded by St George Bank. • Salary costs only from Department of Health. • External funding from St George Bank ($15,000) to cover cost of airfares, course fees, some accommodation and meals. • Applicant to self-fund all other costs using personal monies. • Five working days personal leave in conjunction with official travel.	**Depart:** 31 May 2013 **Return:** 18 June 2013	$3,768.50 – salary only	$15,000 – St George Bank Scholarship Award	BR056489/ OT001817


RECEIVED
30 APR 2013
RECORDS TEAM
QLD HEALTH

RTI RELEASE

DOH-DL-12/13-015

RTI Document 1030

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

24 April 2013

TRAVEL TIMELINE

Fri 31/5 FLIGHT Bris/Syd/Boston Depart 1025 REC LEAVE	**Sat 1/06** REST/FORUM PREPARATION W/END	**Sun 2/06** REST/FORUM PREPARATION W/END	**Mon 3/06** **FORUM** CONF LEAVE	**Tues 4/06** **FORUM** CONF LEAVE	**Wed 5/06** **FORUM** CONF LEAVE	**Thurs 6/06** **FORUM** CONF LEAVE
Fri 7/06 **FORUM** CONF LEAVE	**Sat 8/06** REST/PERSONAL TIME W/END	**Sun 9/06** PERSONAL TIME W/END	**Mon 10/06** PERSONAL TIME NIL LEAVE PUBLIC HOL IN BRISBANE	**Tues 11/06** PERSONAL TIME REC LEAVE	**Wed 12/06** PERSONAL TIME REC LEAVE	**Thurs 13/06** PERSONAL TIME REC LEAVE
Fri 14/06 PERSONAL TIME REC LEAVE	**Sat 15/06** PERSONAL TIME W/END	**Sun 16/06** PERSONAL TIME/ FLIGHT Depart New York 1855 W/END	**Mon 17/06** FLIGHT REC LEAVE	**Tues 11/06** Arrive Bris 0645 REC LEAVE		

RTI RELEASE

DOH-DL-12/13-015

RTI Document 1031

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

24 April 2013

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Ms Susanne Le Boutillier	31 May – 18 June 2013, Boston USA		

RTI RELEASE

Supported:

________________________ Date____/____/______
Director-General

Comments:

Jane Smith. Date 28 /04 / 13.
Chief of Staff

I hereby approve the international travel contained within this summary items 1-1

The Honourable Lawrence Springborg MP
Minister for Health

Date 29/ 4 / 13

DOH-DL-12/13-015
RTI Document 1032

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

17 April 2013

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Ms Susanne Le Boutillier	31 May – 18 June 2013, Boston USA		
2	Dr Alexander Willson	10 – 16 June 2013, Vancouver USA		

Supported:

Director-General Date 17/4/13

Comments:

Chief of Staff Date ___/___/___

I hereby approve the international travel contained within this summary items 2-2

The Honourable Lawrence Springborg MP
Minister for Health

Date ___/___/___

RTI RELEASE
DOH-DL-12/13-015
RTI Document 1033

Department RecFind No:	BR056489/ OT001817
Division/District:	SPP Division
File Ref No:	

Briefing Note for Approval
Director-General

Requested by: Deputy Director General, System Policy and Performance Division **Date requested:** **Action required by:**

SUBJECT: Overseas Travel Ms Susanne le Boutillier

Proposal
That the Director-General:

Note the contents of this brief regarding overseas travel for Ms Susanne Le Boutillier, Senior Director, Governance, Relationships, Improvement and Priorities (GRIP) Branch, System Policy and Performance Division (SPP), Department of Health, to attend The Women's Leadership Forum: Innovation strategies for a changing world at the Harvard Business School in Boston, United States of America (USA) from 3 to 7 June 2013.

Note that funding for airfares, course fees, and some accommodation and meals will be covered by a scholarship provided by the Queensland University of Technology (QUT) and funded by St George Bank. The applicant will self-fund other expenses. The only cost to the Department will be the applicant's salary.

Note that the applicant is seeking to take five working days personal leave in conjunction with her official travel duties. As one of the days falls on a public holiday in Brisbane, the applicant will only need four days Recreation Leave to cover the personal leave. An additional three days Recreation Leave will be used to cover return flights.

Note that the applicant is seeking to use Conference Leave which requires Ministerial approval.

Provide this brief to the Minister for approval.

Urgency
1. Routine

Headline Issues
2. The top issues are:
   - Ms Susanne Le Boutillier is the 2013 recipient of the St George Bank Fostering Executive Women International Scholarship award. The award of the scholarship by Fostering Executive Women (FEW) and the QUT Business School recognises the importance of high quality leadership within the public sector;
   - Previous scholarship recipients have generally come from the private and small business sectors; and
   - Participation at the Forum provides an opportunity to positively promote and support changes occurring within the Queensland public sector, including facilitating increased innovation in Government.

Key Values
3. The key values that apply are the following:

☐ Better service for patients
☐ Better healthcare in the community
☒ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☐ Value for money for taxpayers
☐ Openness

RTI RELEASE

Department RecFind No:	BR056489/ OT001817
Division/District:	SPP Division
File Ref No:	

Key issues

4. Ms Le Boutillier was awarded the scholarship in a competitive process conducted by FEW, the QUT Business School and St George Bank, after having participated in the FEW program as a mentee in 2012.

5. Ms Le Boutillier was recognised for the outcomes she has already achieved as a public servant and her future potential as a leader in public sector health.

6. Attendance at the Forum will enable Ms Le Boutillier to feed the latest thinking from Harvard Business School into forums, work systems and processes associated with the SPP Division, including the Hospital and Health Board Chairs Forum, for each of the following topic areas:
   - leadership;
   - innovation;
   - negotiation;
   - service management;
   - change; and
   - values.

Background

7. FEW supports the development and promotion of women in leadership positions - corporate or entrepreneurial - by offering a range of programs aimed at continuous development to produce world-class executives for the real world.

8. FEW offers up to two scholarships to previous FEW mentees to attend the Harvard Women's Leadership Forum each year – one full and one half scholarship. Ms Le Boutillier was awarded the full scholarship for 2012.

9. Ms Le Boutillier has not been approved leave to travel overseas in the last 24 months.

Consultation

10. Not applicable

Financial implications

11. Ms Le Boutillier's travel will be funded as follows:
   - operational funding – ($3,768.50) is available to cover salary;
   - scholarship ($15,000) is available to cover travel, accommodation, course fees and most meals associated with attendance at the Forum; and
   - Ms Le Boutillier will self-fund all other costs using personal monies as she does not have access to a professional development allowance.

Legal implications

12. There are no legal implications.

Attachments

13. Attachment 1: Overseas travel application – OT001817.
    Attachment 2: Letter from QUT regarding scholarship.
    Attachment 3: Statement from Manager confirming no conflict of interest.
    Attachment 4: Acceptance from Harvard and conference program.

RELEASE

RTI RELEASE

s73

DOH-DL-12/13-015 RTI Document 1036

Department RecFind No:	BR056489/ OT001817
Division/District:	SPP Division
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Deputy Director General, System Policy and Performance Division | Date requested: | Action required by:

SUBJECT: Overseas Travel Ms Susanne le Boutillier

Recommendation

That the Minister:

Approve the overseas travel for Ms Susanne Le Boutillier, Senior Director, Governance, Relationships, Improvement and Priorities (GRIP) Branch, System Policy and Performance Division (SPP), Department of Health, to attend The Women's Leadership Forum: Innovation strategies for a changing world at the Harvard Business School in Boston, United States of America (USA) from 3 to 7 June 2013.

Note that funding for airfares, course fees, and some accommodation and meals will be covered by a scholarship provided by the Queensland University of Technology (QUT) and funded by St George Bank. The applicant will self-fund other expenses. The only cost to the Department will be the applicant's salary.

Note that the applicant is seeking to take five working days personal leave in conjunction with her official travel duties. As one of the days falls on a public holiday in Brisbane, the applicant will only need four days Recreation Leave to cover the personal leave. An additional three days Recreation Leave will be used to cover return flights.

Note that the applicant is seeking to use Conference Leave which requires Ministerial approval.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

RTI RELEASE

s73

RTI RELEASE

4) **What is the purpose of the travel?** Please tick the appropriate box/es

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☐ Research	☐ Investigations/inspections/fact finding/data gathering
☐ Operational/part of duties	☐ Law enforcement
☐ Receive training/Attend a course(s)	☐ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☒ Attend conference/seminar/workshop/forum	☐ Formalise relations with international clients
☐ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☐ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☒ Professional development	☐ Other, please specify:
☐ Promotions and marketing	**Non-Employees**
	☐ Other, please specify

5a) **Is this a block approval form?** ☐ Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☐ Yes ☒ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

Not appropriate – development program can only be delivered face to face

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

- The program will assist me to make a positive contribution to revitalising front line services and restoring accountability in government.
- The curriculum combines topics that promote proactive business leadership, including marketing innovation, organizational effectiveness, service excellence, and negotiation; a focus on enhancing leadership skills; and the opportunity to meet each day with a Board of Advisers—a small group facilitated by a professional coach—who can help me address critical challenges and develop a personal action plan.

7) **What are the consequences of not travelling?**

I will take recreation leave so that I can access the professional development benefits associated with the scholarship.

RTI RELEASE

DOH-DL-12/13-015 RTI Document 1039

Security risk destinations

8) **Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling?** Travel advisories can be accessed at www.dfat.gov.au.
☒ Yes ☐ No

9) **What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling?** The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☒ **To exercise good personal security awareness.**
2. ☐ **To be alert to your own security.**
3. ☐ **To exercise caution and be aware of developments that might affect your safety.**
4. ☐ **To exercise a high degree of (or "extreme") caution.**
5. ☐ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

10) **What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?**

Take out travel insurance, standard of care compares favourably to Australia

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).

Traveller's signature	[signature]	**Date**	2/4/13

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

RTI RELEASE

Requirements for Recommendation by Director-General

(if not complete – application will be returned to traveller):

CHECKLIST: **Ref No:**

Applicant's Name: Susanne Le Boutillier

Position: Senior Director **Classification:** HES2.3

		Yes / No / N/a
1.	Dates Departing and returning Australia: 31/05/2013 to 18/06/2013	Yes
2.	Dates of Conference/course/meeting: 03/06/2013	Yes
3.	Location of Conference/course/meeting: Boston, USA	Yes
4.	Additional leave taken (if applicable): 10/06/2013 to 14/06/2013	Yes
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	Yes
6.	Itemised travel diary/itinerary is complete, accurate and attached.	Yes
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	N/A
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	N/A
9.	If receiving funding from an external source (eg drug company) - a written statement from the applicant's manager that there is no conflict of interest - attached.	N/A
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	N/A
11.	Benefits in relation to Queensland Government priorities are documented within submission.	Yes
12.	Benefits to Queensland Health are documented within submission.	Yes
13.	Conference program is attached.	Yes
14.	Travel booking is to be made through a QH Travel Booker.	No
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	Yes
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	Yes

Traveller (or Contact Officer) ...SLeBoutillier...**Date:** 2/4/13

Checked By (Overseas Travel Co-ordinator): ...**Date:** / /

RTI RELEASE

DOH-DL-12/13-015 RTI Document 1041

OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)

Traveller:

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested Conference Recreation TOIL Study leave	Activity: Attend conference Visit health facility Flight Other	Daily Salary if requesting paid leave	Airfare	Accom	- Meal expenditure	- Taxi fares	Incidental Allowance	Proposed funding source: Trust funds Operational funds Self funding Private company
31/05/13	Friday	10.25	20.35	Brisbane – Sydney, Fort Worth – Boston, USA	Recreation	Flight		Nil	Nil	Nil	Nil	Nil	Scholarship
01/06/13	Saturday			Boston USA	Weekend	Rest, Forum preparation			Nil	Nil	Nil	Nil	Scholarship
02/06/13	Sunday			Boston USA	Weekend	Rest, Forum preparation			Nil	Nil	Nil	Nil	Scholarship
03/06/13	Monday			Boston USA	Conference	Forum	753.70		Nil	Nil	Nil	Nil	Scholarship
04/06/13	Tuesday			Boston USA	Conference	Forum	753.70		Nil	Nil	Nil	Nil	Scholarship
05/06/13	Wednesday			Boston USA	Conference	Forum	753.70		Nil	Nil	Nil	Nil	Scholarship
06/06/13	Thursday			Boston USA	Conference	Forum	753.70		Nil	Nil	Nil	Nil	Scholarship
07/06/13	Friday			Boston USA	Conference	Forum	753.70		Nil	Nil	Nil	Nil	Scholarship
08/06/13	Saturday			Boston USA	Weekend	Rest			Nil	Nil	Nil	Nil	Scholarship
09/06/13	Sunday			Boston USA	Weekend	Personal time			Nil	Nil	Nil	Nil	Self-Funding
10/06/13	Monday	11.11	15.16	Boston – New York USA	Public Holiday	Personal time			Nil	Nil	Nil	Nil	Self-Funding
11/06/13	Tuesday			New York USA	Recreation	Personal time			Nil	Nil	Nil	Nil	Self-Funding
12/06/13	Wednesday			New York USA	Recreation	Personal time			Nil	Nil	Nil	Nil	Self-Funding
13/06/13	Thursday			New York USA	Recreation	Personal time			Nil	Nil	Nil	Nil	Self-Funding
14/06/13	Friday			New York USA	Recreation	Personal time			Nil	Nil	Nil	Nil	Self-Funding
15/06/13	Saturday			New York USA	Weekend	Personal time			Nil	Nil	Nil	Nil	Self-Funding
16/06/13	Sunday	18.55		New York USA – LA - Brisbane	Weekend	Flight		Nil	Nil	Nil	Nil	Nil	Scholarship
17/06/13	Monday			New York USA – LA - Brisbane	Recreation	Flight		Nil	Nil	Nil	Nil	Nil	Scholarship
18/06/13	Tuesday		6.45	Brisbane	Recreation	Flight, Rest		Nil	Nil	Nil	Nil	Nil	Scholarship
TOTAL:							3,768.50						

Traveller signature:.. **Date:** 2/4/13

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DOH-DL-12/13-015

RTI Document 1042

Queensland Government

RecFind Ref No:

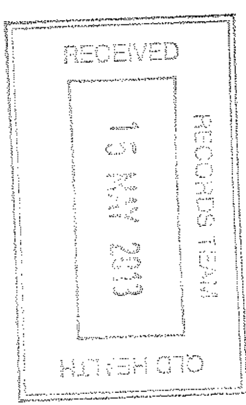
Queensland Health

International Travel – Ministerial Approval Summary

7 May 2013

NB: To the best of my knowledge, all travel noted below meets the requirements of the whole-of-Government travel policy and the Queensland Health travel policy and standard. For travel using Private Practice Trust Funds, trust fund approval has been obtained, subject to Ministerial approval of the travel – Senior Policy Officer, System Support Services.

Item	Type of Travel	Name of Traveller & Work Location	Fast Facts	Travelling Dates	Total Cost ($) Agency	Total Cost ($) External	RecFind Ref
1	Overseas **URGENT** to minimise cost increases	Dr Anna Hatton, Joint Research Fellow in Physiotherapy, Princess Alexandra Hospital (PAH) and University of Queensland. **Leave:** 8 days Conference Leave	• Attend and present at the International Society for Posture and Gait Research and Gait and Mental Function, Akita, Japan 22-26 June 2013. • Meet with colleagues and international collaborators to discuss current research projects and the development of new projects on 27 June 2013. • Private Practice Trust Funds to cover airfares, accommodation and conference registration. • Salary costs only from Hospital and Health Service operational funds. • Applicant to self-fund taxi, meals and incidentals using personal monies as does not receive a Professional Development Allowance.	**Depart:** 19 June 2013 **Return:** 28 June 2013	$7,421.40 ($3,266.40 – **salary**: AND $4,155 – **PPTF**)	$600	BR056516/ OT001819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15 MAY 2013
RECORDS TEAM
QLD HEALTH

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DOH-DL-12/13-015

RTI Document 1043

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

7 May 2013

TRAVEL TIMELINE

Wed 19/06	Thurs 20/06	Fri 21/06	Sat 22/06	Sun 23/06	Mon 24/06	Tues 25/06
FLIGHT Bris/Japan Depart1430 CONF LEAVE	FLIGHT Arrive Akita 1550 CONF LEAVE	REST/ PREPARE FOR CONFERENCE CONF LEAVE	CONFERENCE W/END	CONFERENCE W/END	CONFERENCE CONF LEAVE	CONFERENCE CONF LEAVE

Wed 26/06	Thurs 27/06	Fri 28/06
CONFERENCE CONF LEAVE	MEETINGS/FLIGHT Depart 1700 CONF LEAVE	FLIGHT Arrive Bris 1930 CONF LEAVE

SUMMARY

	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Dr Anna Hatton	19 – 28 June 2013, Akita Japan		

Supported:

Director-General Date 8/5/13

Comments:

Jake Smith

Chief of Staff Date 10/May/13

I hereby approve the international travel contained within this summary items 1-1

The Honourable Lawrence Springborg MP
Minister for Health Date 14/5/13

RTI RELEASE

DOH-DL-12/13-015

RTI Document 1044

Department RecFind No:	BR056516 OT001819
Division/District:	Metro South HHS
File Ref No:	

Briefing Note for Approval
Director-General

RECEIVED
9 MAY 2013

Requested by: Chief Executive, Metro South Hospital and Health Service

Date requested:

Action required by: ASAP

SUBJECT: Overseas Travel – Dr Anna Hatton

Proposal
That the Director-General:

Note the overseas travel activities for Dr Anna Hatton, Joint Research Fellow in Physiotherapy, Princess Alexandra Hospital (PAH) and the University of Queensland:

(a) 22 to 26 June 2013 - attend and present at the International Society for Posture and Gait Research and Gait and Mental Function in Akita, Japan;

(b) 27 June 2013 - meet will colleagues and international collaborators to discuss current research projects and the development of new projects.

Note that Private Practice Trust Funds are available to cover return airfares, accommodation and conference registration. Metro South Hospital and Health Service funding is available to cover salary. Dr Hatton will self-fund taxi, meals and incidentals using personal monies as she does not receive a Professional Development Allowance.

Provide this brief to the Minister for approval.

Urgency
1. Routine – approval is required as soon as possible in order to confirm attendance at the conference and to minimise cost increases in airfares and registration.

Headline Issues
2. The top issues are:
   - Dr Hatton is seeking to deliver a paper on research being undertaken within the Physiotherapy Department at the Princess Alexandra Hospital, in collaboration with The University of Queensland, relating to balance performance in adults with hip chondropathy (hip joint degeneration) (Attachment 3);
   - Dr Hatton will present findings which are closely aligned to health service outcomes within Queensland Health's Strategic Plan 2012-2016, including the contribution to improving the quality and use of evidence base for reducing rates of chronic disease. Dr Hatton's paper also addresses two key Australian National Health Priority areas: 'injury prevention' and 'musculoskeletal conditions'; and
   - Attendance at this conference will assist in raising the international profile of allied health research being conducted within the Queensland public health system and provide opportunities to develop future collaborative links through meetings with colleagues and collaborators post-conference.

Key Values
3. The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☐ Value for money for taxpayers
☐ Openness

Key issues

4. Attendance at this conference will enable dissemination of early findings from a large program of research being conducted at the PAH relating to balance and gait in hip osteoarthritis. This research - led by Dr Anna Hatton and funded by a PAH Research Foundation small grant -

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DOH-DL-12/13-015 RTI Document 1045

Department RecFind No:	BR056516 OT001819
Division/District:	Metro South HHS
File Ref No:	

will provide an opportunity to attract international collaborators for future development of this research.

5. Dr Hatton will present findings that will inform the development of larger studies within Queensland Health, which will aim to develop new, effective treatment techniques that will enable people with hip osteoarthritis balance better, maintain their independence for a longer time and reduce the risk of falls. This is of great economic importance.

6. Attendance at this conference will assist Dr Hatton in building her growing track record of research outputs, help to enhance her international research standing in the field of gait and balance in older people and chronic musculoskeletal conditions, extend her knowledge of posture and gait analysis and allow opportunities for networking with world-leading scientists to establish future collaborative research links. Networking meetings to discuss future research collaborations will be undertaken on 27 June 2013, prior to the applicant beginning her return flight home on that day. A meeting schedule will be arranged, once Ministerial consideration of this travel application is concluded.

7. As an employee of Queensland Health, Dr Hatton will be representing the Physiotherapy Department at the PA Hospital at a major international meeting within the field of posture and gait: promoting allied health research activity in Queensland.

8. Knowledge gained at this conference will be shared with Physiotherapy staff at the PA Hospital through the Physiotherapy Research Committee (of which Dr Hatton is Chair), and with allied health professionals through the Metro South Health Practitioner Research Collaborative. Knowledge gained will also be shared with higher research degree students at The University of Queensland through the Research Innovation Meetings.

Background

9. The conference is a major world congress meeting which provides a multidisciplinary forum for basic and clinical scientists to present and discuss the latest research and clinical findings relating to the control of posture, gait and related disorders.

10. A travel report will be provided within 14 days of return from travel as required.

11. No official overseas travel has been undertaken by Dr Hatton within the previous 24 months.

Consultation

12. Not Applicable.

Financial implications

13. Private Practice Trust Funds (849309) of $4,155 are available to cover return airfares, accommodation and conference registration (Attachment 2).

14. Hospital and Health Service operational funding is available to cover salary costs ($3,266.40).

15. Dr Hatton will self-fund taxi, meals and incidentals from personal monies, as she does not receive a Professional Development Allowance.

Legal implications

16. There are no legal implications.

Attachments

17. Attachment 1: Overseas Travel Approval form and associated documentation – OT001819.
    Attachment 2: Private Practice Trust Fund approval.
    Attachment 3: Presentation abstract and letter of abstract acceptance.
    Attachment 4: Conference program.

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Department RecFind No:	BR056516 OT001819
Division/District:	Metro South HHS
File Ref No:	

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, Metro South Hospital and Health Service **Date requested:** **Action required by:** 5 June 2013

SUBJECT: **Overseas Travel – Dr Anna Hatton**

Recommendation
That the Minister:

Approve the following overseas travel activities for Dr Anna Hatton, Joint Research Fellow in Physiotherapy, Princess Alexandra Hospital (PAH) and the University of Queensland:

(a) 22 to 26 June 2013 - attend and present at the International Society for Posture and Gait Research and Gait and Mental Function in Akita, Japan;

(b) 27 June 2013 - meet will colleagues and international collaborators to discuss current research projects and the development of new projects.

Note that Private Practice Trust Funds are available to cover return airfares, accommodation and conference registration. Metro South Hospital and Health Service funding is available to cover salary. Dr Hatton will self-fund taxi, meals and incidentals using personal monies as she does not receive a Professional Development Allowance.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

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4) **What is the purpose of the travel?** Please tick the appropriate box/es

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☒ Research	☐ Investigations/inspections/fact finding/data gathering
☐ Operational/part of duties	☐ Law enforcement
☐ Receive training/Attend a course(s)	☐ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☒ Attend conference/seminar/workshop/forum	☐ Formalise relations with international clients
☒ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☐ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☐ Professional development	☐ Other, please specify:
☐ Promotions and marketing	**Non-Employees**
	☐ Other, please specify

5a) **Is this a block approval form?** ☐ Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☐ Yes ☒ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

Video-conferencing is not an option at this major international meeting. Both poster and oral presentations must be delivered by a presenter who is in attendance at the conference.

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

- Dr Hatton will be presenting a research paper relating to balance performance in adults showing early signs of hip osteoarthritis (hip chondropathy). This area of research fits with current Queensland Government Health Priorities relating to injury prevention, management and rehabilitation of people with chronic musculoskeletal conditions, particularly the elderly.
- As a (conjoint) employee of Queensland Health, Dr Hatton will be representing the Physiotherapy Department at the PA Hospital: promoting current research being conducted in this department and allied health research activity in Queensland
- Knowledge gained at this conference will be shared with Queensland Health allied health professionals to enhance their research knowledge and skills, specifically;
  1. Physiotherapy staff at the PA Hospital through the Physiotherapy Research Committee
  2. Allied health professionals through the Health Practitioner Research Collaborative.
- Dr Hatton will network with world-leading international researchers, to establish future collaborative

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DOH-DL-12/13-015 RTI Document 1050

research links for Queensland Health.

- Dr Hatton will gain knowledge of new methods for posture and gait analysis, which she will use to enhance the quality of research conducted in this field within the Physiotherapy Department at the PA Hospital.

7) **What are the consequences of not travelling?**

Attending this conference, Dr Hatton will be representing Queensland Health (Princess Alexandra Hospital), and The University of Queensland. The consequences of not travelling will include a loss in reputation for both institutions and opportunities to enhance the international research profile of Queensland Health, and attract international research collaborators.

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DOH-DL-12/13-015 RTI Document 1051

Security risk destinations

8) **Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling?** Travel advisories can be accessed at www.dfat.gov.au.

☒ Yes ☐ No

9) **What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling?** The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☒ **To exercise good personal security awareness.**
2. ☒ **To be alert to your own security.**
3. ☒ **To exercise caution and be aware of developments that might affect your safety.**
4. ☐ **To exercise a high degree of (or "extreme") caution.**
5. ☐ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

10) **What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?**

No health risks stated

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).

Traveller's signature	A. Holton	**Date**	18/03/13
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

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DOH-DL-12/13-015 RTI Document 1052

Requirements for Recommendation by Director-General

(if not complete – application will be returned to traveller):

CHECKLIST: **Ref No:**

Applicant's Name: Dr Anna Hatton

Position: Joint Research Fellow in Physiotherapy **Classification:**

		Yes / No / N/a
1.	Dates Departing and returning Australia: 19/06/13 to 28/06/13	Yes
2.	Dates of Conference/course/meeting: 22/06/13 to 26/06/13	Yes
3.	Location of Conference/course/meeting: Akita, Japan	Yes
4.	Additional leave taken (if applicable): / / to / /	N/A
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	Yes
6.	Itemised travel diary/itinerary is complete, accurate and attached.	Yes
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	N/A
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	Yes
9.	If receiving funding from an external source (eg drug company) - a written statement from the **applicant's manager** that there is no conflict of interest - attached.	N/A
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	N/A
11.	Benefits in relation to Queensland Government priorities are documented within submission.	Yes
12.	Benefits to Queensland Health are documented within submission.	Yes
13.	Conference program is attached.	Yes
14.	Travel booking is to be made through a QH Travel Booker.	Yes
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	Yes
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	Yes

Traveller (or Contact Officer) ....A. Hatton........**Date: 18/03/13**

Checked By (Overseas Travel Co-ordinator): ....[signature]........**Date:** 4/4/13.

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DOH-DL-12/13-015 RTI Document 1053

OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)

Traveller:

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested: Conference, Recreation, TOIL, Study leave	Activity: Attend conference, Visit health facility, Flight, Other	Daily Salary if requesting paid leave	Airfare	Accom	- Meal expenditure	- Taxi fares	Incidental Allowance	Proposed funding source: Trust funds, Operational funds, Self funding, Private company
19/6/13	Wednesday	2.30pm	-	Brisbane – Akita, Japan	Conference	Flight	$326.64 ✱	$2500 ● (return)		$40 ▲	$50 ▲		● Private Practice/ ✱Operational / ▲ – Self
20/6/13	Thursday	-	3.50pm	Brisbane – Akita, Japan	Conference	Flight	$326.64 ✱		$115 ●	$40 ▲	$50 ▲		● Private Practice/ ✱Operational / ▲ – Self
21/6/13	Friday	All day event	-	Akita, Japan	Conference	Prepare for conference/Rest day after flight	$326.64 ✱		$115 ●	$40 ▲			● Private Practice/ ✱Operational ▲ – Self
22/6/13	Saturday	All day event	-	Akita, Japan	w/end	Attend Conference	—		$115 ●	$40 ▲			● Private Practice/ ✱Operational / ▲ – Self
23/6/13	Sunday	All day event	-	Akita, Japan	w/end	Attend Conference	—		$115 ●	$40 ▲			● Private Practice/ ✱Operational / ▲ – Self
24/6/13	Monday	All day event	-	Akita, Japan	Conference	Attend Conference	$326.64 ✱		$115 ●	$40 ▲			● Private Practice/ ✱Operational / ▲ – Self
25/6/13	Tuesday	All day event	-	Akita, Japan	Conference	Attend Conference	$326.64 ✱		$115 ●	$40 ▲			● Private Practice/ ✱Operational / ▲ – Self
26/6/13	Wednesday	All day event	-	Akita, Japan	Conference	Attend Conference	$326.64 ✱		$115 ●	$40 ▲			● Private Practice/ ✱Operational / ▲ – Self
27/6/13	Thursday	17:00	-	Brisbane – Akita, Japan	Conference	Meetings/ Flight	$326.64 ✱	above		$40 ▲	$50 ▲		▲ – Self ✱Operational
28/6/13	Friday	-	19:30	Brisbane – Akita, Japan	Conference	Flight	$326.64 ✱	above		$40 ▲	$50 ▲		▲ – Self ✱Operational
TOTAL:	$8,021.40						$3266.40	$2500	$805	$400 Self	$200 Self.		

+ Conference registration $850 ● – PPTF

NOTE:

- This diary shall be prepared in advance.
- This diary is to be endorsed by traveller, signed and dated after travel.
- This diary is to be presented when submitting a claim for expenses.
- Receipts are to be produced when seeking re-imbursement (eg taxi fares, meals) following travel.

Traveller signature:.. Date: 4/4/13

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DOH-DL-12/13-015
RTI Document 1054

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s73

RTI RELEASE

RecFind Ref No:

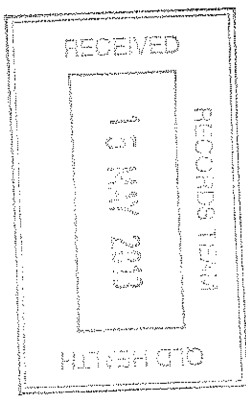
Queensland Health

International Travel – Ministerial Approval Summary

7 May 2013

NB: To the best of my knowledge, all travel noted below meets the requirements of the whole-of-Government travel policy and the Queensland Health travel policy and standard. For travel using Private Practice Trust Funds, trust fund approval has been obtained, subject to Ministerial approval of the travel – Senior Policy Officer, System Support Services.

Item	*Type of Travel*	*Name of Traveller & Work Location*	*Fast Facts*	*Travelling Dates*	*Total Cost ($)*		*RecFind Ref*
					Agency	*External*	
1	Overseas **URGENT** to minimise cost increases	Dr Anna Hatton, Joint Research Fellow in Physiotherapy, Princess Alexandra Hospital (PAH) and University of Queensland. **Leave:** 8 days Conference Leave	• Attend and present at the International Society for Posture and Gait Research and Gait and Mental Function, Akita, Japan 22-26 June 2013. • Meet with colleagues and international collaborators to discuss current research projects and the development of new projects on 27 June 2013. • Private Practice Trust Funds to cover airfares, accommodation and conference registration. • Salary costs only from Hospital and Health Service operational funds. • Applicant to self-fund taxi, meals and incidentals using personal monies as does not receive a Professional Development Allowance.	**Depart:** 19 June 2013 **Return:** 28 June 2013	$7,421.40 ($3,266.40 – **salary**; AND $4,155 – **PPTF**)	$600	BR056516/ OT001819



RTI RELEASE

DOH-DL-12/13-015

RTI Document 1056

Queensland Government

RecFind Ref No:

Queensland Health

International Travel – Ministerial Approval Summary

7 May 2013

TRAVEL TIMELINE

Wed 19/06	Thurs 20/06	Fri 21/06	Sat 22/06	Sun 23/06	Mon 24/06	Tues 25/06
FLIGHT Bris/Japan Depart1430 CONF LEAVE	FLIGHT Arrive Akita 1550 CONF LEAVE	REST/ PREPARE FOR CONFERENCE CONF LEAVE	CONFERENCE W/END	CONFERENCE W/END	CONFERENCE CONF LEAVE	CONFERENCE CONF LEAVE

Wed 26/06	Thurs 27/06	Fri 28/06
CONFERENCE CONF LEAVE	MEETINGS/FLIGHT Depart 1700 CONF LEAVE	FLIGHT Arrive Bris 1930 CONF LEAVE

SUMMARY

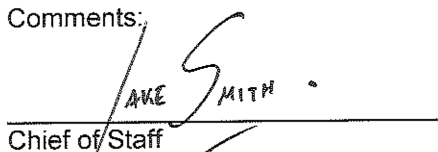
	NAME	TRAVEL	APPROVED	NOT APPROVED
1	Dr Anna Hatton	19 – 28 June 2013, Akita Japan		

Supported:

Director-General

Date 8/5/13

Comments:

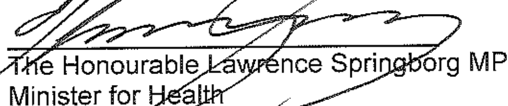


Jake Smith

Chief of Staff

Date 10/May/13

I hereby approve the international travel contained within this summary items 1-1



The Honourable Lawrence Springborg MP
Minister for Health

Date 4/5/13

RTI RELEASE

DOH-DL-12/13-015

RTI Document 1057

Department RecFind No:	BR056516 OT001819
Division/District:	Metro South HHS
File Ref No:	

Briefing Note for Approval

Director-General

RECEIVED
9 MAY 2013

BR056516

Requested by: Chief Executive, Metro South Hospital and Health Service **Date requested:** **Action required by: ASAP**

SUBJECT: Overseas Travel – Dr Anna Hatton

Proposal

That the Director-General:

Note the overseas travel activities for Dr Anna Hatton, Joint Research Fellow in Physiotherapy, Princess Alexandra Hospital (PAH) and the University of Queensland:

(a) 22 to 26 June 2013 - attend and present at the International Society for Posture and Gait Research and Gait and Mental Function in Akita, Japan;

(b) 27 June 2013 - meet will colleagues and international collaborators to discuss current research projects and the development of new projects.

Note that Private Practice Trust Funds are available to cover return airfares, accommodation and conference registration. Metro South Hospital and Health Service funding is available to cover salary. Dr Hatton will self-fund taxi, meals and incidentals using personal monies as she does not receive a Professional Development Allowance.

Provide this brief to the Minister for approval.

Urgency

1. Routine – approval is required as soon as possible in order to confirm attendance at the conference and to minimise cost increases in airfares and registration.

Headline Issues

2. The top issues are:
   - Dr Hatton is seeking to deliver a paper on research being undertaken within the Physiotherapy Department at the Princess Alexandra Hospital, in collaboration with The University of Queensland, relating to balance performance in adults with hip chondropathy (hip joint degeneration) (Attachment 3);
   - Dr Hatton will present findings which are closely aligned to health service outcomes within Queensland Health's Strategic Plan 2012-2016, including the contribution to improving the quality and use of evidence base for reducing rates of chronic disease. Dr Hatton's paper also addresses two key Australian National Health Priority areas: 'injury prevention' and 'musculoskeletal conditions'; and
   - Attendance at this conference will assist in raising the international profile of allied health research being conducted within the Queensland public health system and provide opportunities to develop future collaborative links through meetings with colleagues and collaborators post-conference.

Key Values

3. The key values that apply are the following:

☒ Better service for patients
☒ Better healthcare in the community
☐ Valuing our employees and empowering frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☐ Value for money for taxpayers
☐ Openness

Key issues

4. Attendance at this conference will enable dissemination of early findings from a large program of research being conducted at the PAH relating to balance and gait in hip osteoarthritis. This research - led by Dr Anna Hatton and funded by a PAH Research Foundation small grant -

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will provide an opportunity to attract international collaborators for future development of this research.

5. Dr Hatton will present findings that will inform the development of larger studies within Queensland Health, which will aim to develop new, effective treatment techniques that will enable people with hip osteoarthritis balance better, maintain their independence for a longer time and reduce the risk of falls. This is of great economic importance.

6. Attendance at this conference will assist Dr Hatton in building her growing track record of research outputs, help to enhance her international research standing in the field of gait and balance in older people and chronic musculoskeletal conditions, extend her knowledge of posture and gait analysis and allow opportunities for networking with world-leading scientists to establish future collaborative research links. Networking meetings to discuss future research collaborations will be undertaken on 27 June 2013, prior to the applicant beginning her return flight home on that day. A meeting schedule will be arranged, once Ministerial consideration of this travel application is concluded.

7. As an employee of Queensland Health, Dr Hatton will be representing the Physiotherapy Department at the PA Hospital at a major international meeting within the field of posture and gait: promoting allied health research activity in Queensland.

8. Knowledge gained at this conference will be shared with Physiotherapy staff at the PA Hospital through the Physiotherapy Research Committee (of which Dr Hatton is Chair), and with allied health professionals through the Metro South Health Practitioner Research Collaborative. Knowledge gained will also be shared with higher research degree students at The University of Queensland through the Research Innovation Meetings.

Background

9. The conference is a major world congress meeting which provides a multidisciplinary forum for basic and clinical scientists to present and discuss the latest research and clinical findings relating to the control of posture, gait and related disorders.

10. A travel report will be provided within 14 days of return from travel as required.

11. No official overseas travel has been undertaken by Dr Hatton within the previous 24 months.

Consultation

12. Not Applicable.

Financial implications

13. Private Practice Trust Funds (849309) of $4,155 are available to cover return airfares, accommodation and conference registration (Attachment 2).

14. Hospital and Health Service operational funding is available to cover salary costs ($3,266.40).

15. Dr Hatton will self-fund taxi, meals and incidentals from personal monies, as she does not receive a Professional Development Allowance.

Legal implications

16. There are no legal implications.

Attachments

17. Attachment 1: Overseas Travel Approval form and associated documentation – OT001819.

Attachment 2: Private Practice Trust Fund approval.
Attachment 3: Presentation abstract and letter of abstract acceptance.
Attachment 4: Conference program.

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Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, Metro South Hospital and Health Service **Date requested:** **Action required by: 5 June 2013**

SUBJECT: Overseas Travel – Dr Anna Hatton

Recommendation
That the Minister:

Approve the following overseas travel activities for Dr Anna Hatton, Joint Research Fellow in Physiotherapy, Princess Alexandra Hospital (PAH) and the University of Queensland:
(a) 22 to 26 June 2013 - attend and present at the International Society for Posture and Gait Research and Gait and Mental Function in Akita, Japan;
(b) 27 June 2013 - meet will colleagues and international collaborators to discuss current research projects and the development of new projects.

Note that Private Practice Trust Funds are available to cover return airfares, accommodation and conference registration. Metro South Hospital and Health Service funding is available to cover salary. Dr Hatton will self-fund taxi, meals and incidentals using personal monies as she does not receive a Professional Development Allowance.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

/ /

Minister's comments

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4) **What is the purpose of the travel?** Please tick the appropriate box/es

Agency employees	☐ Purchasing
☐ Study Tour/Cultural Exchange	☐ Signing of contracts/agreements
☐ Student/Client/Custodial Escort	☐ Project management/project work/consultancies
☒ Research	☐ Investigations/inspections/fact finding/data gathering
☐ Operational/part of duties	☐ Law enforcement
☐ Receive training/Attend a course(s)	☐ Medical
☐ Deliver training/Set-up a course(s)	☐ Trade related/business delegations/commercial activities
☒ Attend conference/seminar/workshop/forum	☐ Formalise relations with international clients
☒ Deliver paper(s) at conference/seminar/workshop/ forum	☐ Participate in a cooperative partnership program
☐ Committee Representation/meetings/councils/boards	☐ Activities associated with Sister State and other bilateral relationships
☐ Professional development	☐ Other, please specify:
☐ Promotions and marketing	**Non-Employees**
	☐ Other, please specify

5a) **Is this a block approval form?** ☐ Yes ☒ No

If yes, please provide the contact person name and list the names of the people, their positions and agencies for whom this approval form is submitted.

5b) **Have you considered video-conferencing as an alternative to air travel?**

☐ Yes ☒ No

5c) **Please document your reasons for not using video-conferencing as an alternative to air travel?**

Video-conferencing is not an option at this major international meeting. Both poster and oral presentations must be delivered by a presenter who is in attendance at the conference.

6) **What are the objectives of the travel?**

Please indicate, using succinct dot points, how the travel accords with agency and Queensland Government priorities. In addition, please specify how the work undertaken during this travel will benefit your agency and Queensland.

- Dr Hatton will be presenting a research paper relating to balance performance in adults showing early signs of hip osteoarthritis (hip chondropathy). This area of research fits with current Queensland Government Health Priorities relating to injury prevention, management and rehabilitation of people with chronic musculoskeletal conditions, particularly the elderly.
- As a (conjoint) employee of Queensland Health, Dr Hatton will be representing the Physiotherapy Department at the PA Hospital: promoting current research being conducted in this department and allied health research activity in Queensland
- Knowledge gained at this conference will be shared with Queensland Health allied health professionals to enhance their research knowledge and skills, specifically;
  1. Physiotherapy staff at the PA Hospital through the Physiotherapy Research Committee
  2. Allied health professionals through the Health Practitioner Research Collaborative.
- Dr Hatton will network with world-leading international researchers, to establish future collaborative

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research links for Queensland Health.

- Dr Hatton will gain knowledge of new methods for posture and gait analysis, which she will use to enhance the quality of research conducted in this field within the Physiotherapy Department at the PA Hospital.

7) **What are the consequences of not travelling?**

Attending this conference, Dr Hatton will be representing Queensland Health (Princess Alexandra Hospital), and The University of Queensland. The consequences of not travelling will include a loss in reputation for both institutions and opportunities to enhance the international research profile of Queensland Health, and attract international research collaborators.

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Security risk destinations

8) **Have you read and understood the Department of Foreign Affairs and Trade (DFAT) travel advisory for the country/ies to which you are travelling?** Travel advisories can be accessed at www.dfat.gov.au.
☒ Yes ☐ No

9) **What is the advice by DFAT regarding the level of security risk of the country/ies to which you are travelling?** The advice is contained at the beginning of the security information about the country, listed alphabetically, in the Travel Advisories section.

1. ☒ **To exercise good personal security awareness.**
2. ☒ **To be alert to your own security.**
3. ☒ **To exercise caution and be aware of developments that might affect your safety.**
4. ☐ **To exercise a high degree of (or "extreme") caution.**
5. ☐ **To defer non-essential travel.** Australians in the country may be advised to consider leaving unless they have compelling reasons to stay.
6. ☐ **To defer (or avoid) all travel.** Australians in the country may also be advised to depart as soon as possible using available commercial means.
7. ☐ **Not to travel and, for Australians in the country, to depart immediately by whatever means available.** In some situations, such as ongoing or imminent conflict, Australians in the country may alternatively be told to remain indoors in as safe a place as is possible.

10) **What is the advice by DFAT regarding the level of significant health risks in the country/ies to which you are travelling?**

No health risks stated

Traveller's confirmation

I have read the Queensland Government Air Travel Policy and the Queensland Health Travel and Accommodation Policy and Standard, and have fulfilled my obligations under these policies.

Where my travel relates to the export of Education and Training services, I have consulted with Queensland Education and Training International and my travel has been endorsed by the Executive Director, Queensland Education and Training International.

I am aware of and accept the security risks associated with this travel as outlined in the DFAT travel advisory (e.g. notifying the relevant High Commission of proposed travel arrangements).

Traveller's signature	A. Hatton	**Date**	18/03/13
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /
Traveller's signature		**Date**	/ /

Notification of overseas travel

Information provided in this form may be used for the following purposes:

- briefings
- to identify and assess potential strategic international collaborations and, where appropriate, may be released to other Queensland Government officers, departments and agencies.

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Requirements for Recommendation by Director-General

(if not complete – application will be returned to traveller):

CHECKLIST: **Ref No:**

Applicant's Name: Dr Anna Hatton

Position: Joint Research Fellow in Physiotherapy **Classification:**

		Yes / No / N/a
1.	Dates Departing and returning Australia: 19/06/13 to 28/06/13	Yes
2.	Dates of Conference/course/meeting: 22/06/13 to 26/06/13	Yes
3.	Location of Conference/course/meeting: Akita, Japan	Yes
4.	Additional leave taken (if applicable): / / to / /	N/A
5.	Travel has been supported by District Chief Executive Officer / Deputy Director-General / Chief Information Officer / Chief Health Officer.	Yes
6.	Itemised travel diary/itinerary is complete, accurate and attached.	Yes
7.	If submission is less than eight weeks prior to travel, a letter from applicant explaining reason.	N/A
8.	If using trust funds, written statement that trust fund expenditure in accordance with the purpose of the trust fund is attached.	Yes
9.	If receiving funding from an external source (eg drug company) - a written statement from the **applicant's manager** that there is no conflict of interest - attached.	N/A
10.	If visiting health or other facilities attach documentation / invitation justifying and verifying the visit.	N/A
11.	Benefits in relation to Queensland Government priorities are documented within submission.	Yes
12.	Benefits to Queensland Health are documented within submission.	Yes
13.	Conference program is attached.	Yes
14.	Travel booking is to be made through a QH Travel Booker.	Yes
15.	A report of the conference will be provided within 14 days after returning to duty from overseas travel.	Yes
16.	Applicant has consulted the Department of Foreign Affairs www.dfat.gov.au in relation to security threats for destinations.	Yes

Traveller (or Contact Officer) ....A. Hatton........ **Date: 18/03/13**

Checked By (Overseas Travel Co-ordinator): ....LMarchitto.... **Date:** 4/4/13.

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OVERSEAS TRAVEL DIARY/ ITINERARY DETAILED FOR EACH DAY AWAY (NB: Each day of the proposed travel must have information recorded in the table)

Traveller:

Date	Day of the week	Times Depart	Times Arrive	Towns or centres in which journey started and finished, also towns which accommodation and meals were obtained	Type of Leave Requested (Conference, Recreation, TOIL, Study leave)	Activity: Attend conference, Visit health facility, Flight, Other	Daily Salary if requesting paid leave	Airfare	Accom	- Meal expenditure	- Taxi fares	Incidental Allowance	Proposed funding source: Trust funds, Operational funds, Self funding, Private company
19/6/13	Wednesday	2.30pm	-	Brisbane – Akita, Japan	Conference	Flight	$326.64 ✱	$2500 ● (return)		$40 ▲	$50 ▲		● Private Practice/ ✱ Operational / ▲ - Self
20/6/13	Thursday	-	3.50pm	Brisbane – Akita, Japan	Conference	Flight	$326.64 ✱		$115	$40 ▲	$50 ▲		● Private Practice/ ✱ Operational / ▲ - Self
21/6/13	Friday	All day event	-	Akita, Japan	Conference	Prepare for conference/Rest day after flight	$326.64 ✱		$115 ●	$40 ▲			● Private Practice/ ✱ Operational ▲ - Self
22/6/13	Saturday	All day event	-	Akita, Japan	w/end	Attend Conference	—		$115 ●	$40 ▲			● Private Practice/ ✱ Operational / ▲ - Self
23/6/13	Sunday	All day event	-	Akita, Japan	w/end	Attend Conference	—		$115 ●	$40 ▲			● Private Practice/ ✱ Operational / ▲ - Self
24/6/13	Monday	All day event	-	Akita, Japan	Conference	Attend Conference	$326.64 ✱		$115 ●	$40 ▲			● Private Practice/ ✱ Operational / ▲ - Self
25/6/13	Tuesday	All day event	-	Akita, Japan	Conference	Attend Conference	$326.64 ✱		$115 ●	$40 ▲			● Private Practice/ ✱ Operational / ▲ - Self
26/6/13	Wednesday	All day event	-	Akita, Japan	Conference	Attend Conference	$326.64 ✱		$115 ●	$40 ▲			● Private Practice/ ✱ Operational / ▲ - Self
27/6/13	Thursday	17:00	-	Brisbane – Akita, Japan	Conference	Meetings/ Flight	$326.64 ✱			$40 ▲	$50 ▲		▲ - Self ✱ Operational
28/6/13	Friday	-	19:30	Brisbane – Akita, Japan	Conference	Flight	$326.64 ✱			$40 ▲	$50 ▲		▲ - Self ✱ Operational
TOTAL:	$8,021.40						$3266.40	$2500	$805	$400 Self	$200 Self.		

+ Conference registration $850 ● - PPTF

NOTE:

- **This diary shall be prepared in advance.**
- **This diary is to be endorsed by traveller, signed and dated after travel.**
- **This diary is to be presented when submitting a claim for expenses.**
- **<u>Receipts are to be produced</u> when seeking re-imbursement (eg taxi fares, meals) following travel.**

Traveller signature:.. **Date:** 4/4/13

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