

BUNDABERG
HEALTH SERVICE DISTRICT
SERVICE AGREEMENT
2003/2004

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SERVICE AGREEMENT 2003/2004

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INTRODUCTION

Queensland Health has identified three priority Strategic Directions for the decade 2000 – 2010:

- Addressing the Burden of Disease
- Balancing Our Investment in Health
- Improving Indigenous Health

These strategic directions will influence budget negotiations and service enhancements over the next ten years. They provide a framework for planning at all levels of the organisation to provide clearly integrated health services for all Queenslanders.

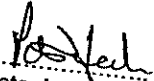
At the same time, Queensland Health has made an explicit and ongoing commitment to performance accountability.

The purpose of the 2003/2004 Service Agreement is therefore to provide:

- a broad accountability mechanism for the provision of quality health services in Queensland, and
- a tool to facilitate performance improvement consistent with Corporate, Zonal and District level planning priorities for the delivery of services within each Health Service District.

The Service Agreement is between the General Manager (Health Services), as Chair of the Health Services Council, the Zonal Manager and the District Manager, Bundaberg Health Service District of Queensland Health. It constitutes the accountability of the District Manager to the Director-General in relation to the resources allocated to the Health Service District for the 2003/2004 financial year and the service and corporate responsibilities to be discharged in return for these resources. Underpinning the Agreement is the obligation to adhere to relevant Queensland Health and Government policies, practices, guidelines, standards, administrative procedures and Acts of Parliament.

Signed by:


Peter Leck
District Manager
Bundaberg Health Service District
3 / 4 / 2003

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Dan Bergin
Zonal Manager
Central Zone
/ / 2003

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Dr S Buckland
General Manager (Health Services)
/ / 2003

SECTION ONE: GUIDING PRINCIPLES

The management and delivery of services within each Health Service District will be in accordance with the Principles and Key Values of Queensland Health as stated in the Strategic Plan 2000-2010.

The Principles are:

- ◆ Operating as one organisation providing a comprehensive health system.
- ◆ Focusing the purpose and role of Queensland Health on:
 - Prevention, health promotion and early intervention;
 - Evidence-based clinical practice;
 - Partnership with all health care providers (including private sector and non-government bodies); and
 - Managing the public health risks to Queenslanders.
- ◆ Maintaining a high quality of health care.
- ◆ Priority in allocation of resources to meet demonstrated need and principles of equity.
- ◆ Encouraging individual responsibility for personal health
- ◆ Implementing the principles of the *Charter of Public Service in a Culturally Diverse Society*.
- ◆ Fostering research and education to continuously improve health services.
- ◆ Transparent and accountable processes consistent with sound business practice.
- ◆ Respect for the health rights and needs of individual consumers.

The Key Values are:

- ◆ Quality and Recognition
- ◆ Professionalism
- ◆ Teamwork
- ◆ Performance Accountability

SECTION TWO: KEY UNDERTAKINGS

The key undertakings for all Health Service Districts for the financial year 2003/2004 are:

Resource Management and Accountability:

- Maintain budget integrity;
- Obtain Zonal Manager approval before any new services are established or existing services are enhanced/contracted
- Adhere to Queensland Health's Business Rules 2003/2004;
- Develop an annual District Operational Plan;
- Implement systematic District level performance monitoring processes including benchmarking and forecasting of service capacity and resource requirements;
- Expend specific funding allocations in accordance with the purpose for which they were provided unless otherwise negotiated with the Zonal Manager;
- Expend capital allocations within the District budget in accordance with the District's Capital Investment Strategic Plan;
- Devolve resource management to cost centre manager level;
- Maintain and support of corporate performance monitoring systems and processes;
- Implement a Memorandum of Understanding with Information Services detailing services and service levels to be provided by both parties;
- Adhere to the service level agreement for Pathology and Scientific Services as negotiated between the General Manager (Health Services) and the State Manager, Pathology and Scientific Services, in consultation with the Zonal Manager

Strategic Directions

- Ensure all major service enhancements reflect the Smart State Health 2020 Directions Statement (2002) and the Queensland Health Strategic Plan 2000-2010. Priority strategies in the next 3-5 years for Smart State Health 2020 are:
 - Improving the Health of Queenslanders
 - Taking a wider perspective on health
 - Target areas for health improvement
 - Involving Queensland communities in better health and health care
 - Developing the Health System
 - Developing an integrated, patient centred health system
 - Shaping our future health care workforce
 - Smart State Research and Technology
 - Paying for Health in 2020
- Support the ISAP (Integrating Strategy and Performance) initiative as a vehicle to achieve the Health 2020 vision.

SECTION 3: DISTRICT UNDERTAKINGS

TARGET / UNDERTAKING	MEASURES / STRATEGIES	REPORTING REQUIREMENTS
ALL DISTRICTS IN CENTRAL ZONE		
<p><i>Addressing the Burden of Disease</i></p> <p>Palliative Care Implement the Central Zone Palliative Care Services Plan (CZPCSP)</p>	<ul style="list-style-type: none"> Prepare District specific implementation plan for the CZPCSP. District staff to participate in Central Zone Palliative Care Forum/Workshop 	<p>Send plan to ZM by 1 December 2003</p> <p>Nil District reporting required.</p>
<p>Renal Services Implement the Central Zone Renal Disease Plan (CZRDP)</p>	<ul style="list-style-type: none"> District staff to participate in Central Zone Renal Reference Group (CZRRG) and subcommittees District to develop local Renal Diseases Plan in accordance with CZRDP Participate in development and implementation of standard clinical protocols in renal diseases management 	<p>Nil District reporting required. Reporting carried out by secretariat of CZRRG</p> <p>Send plan to ZM by 1 December 2003</p> <p>TBA</p>
<p>Mental Health Implement the Central Zone Mental Health Services Service Development Framework (MHSSDF)</p>	<ul style="list-style-type: none"> Implement the relevant strategies identified in the MHSSDF In collaboration with Central Zone Management, participate in ongoing service development activities as required 	<p>Interim reporting on particular strategies as identified in the MHSSDF</p> <p>Milestones achievement report to ZM by 1 December 2003 and 30 June 2004</p>
<p>Oncology Implementation of standard clinical protocols</p>	<ul style="list-style-type: none"> Participate in development and implementation of standard clinical protocols in oncology diseases management 	<p>TBA</p>

Activity Effective management of activity	<ul style="list-style-type: none"> • Manage weighted inpatient separation target (TBA) • Manage elective surgery target (TBA) 	Provide reports to Data Services Unit, Surgical Access and Finance Unit as required. Milestones achievement report to ZM by 1 December 2003 and 30 June 2004
Balancing Our Investment in Health		
Clinical Networks Facilitate Clinical Service Improvement Networks Effective management of medical workforce	<ul style="list-style-type: none"> • Cooperate with other Central Zone Districts and Zonal clinical services networks. • Review medical rostering practices in relation to generic medical rostering issues paper • For metropolitan Districts pursue development of networked medical staff appointments in relevant specialist services to enhance service sustainability 	Nil Report to ZM by 1 December 2003 and 30 June 2004 Nil
Business/Corporate Services Reforms Develop sustainable, efficient business services Support Services (cleaning/food services/porterage) reform	<ul style="list-style-type: none"> • Participate positively in business processes initiated through the Shared Services initiative • Review and improve the operational efficiency of Support Services particularly where there are variances from the QH benchmarks. Address each institution for which Support Services Reform Unit benchmark data are available 	Nil Report to ZM by 1 December 2003 on strategy statement for Support Services improvement outlining for each relevant institution: <ul style="list-style-type: none"> • Your assessment of the situation • Strategies to be implemented • Timelines • Estimated impact on cost • Comparison to prevailing benchmark Milestones achievement report to ZM by 1 December 2003 and 30 June 2004
Indigenous Health Implement the Central Zone Aboriginal and Torres Strait Islander	<ul style="list-style-type: none"> • Implement the relevant strategies identified in the Framework 	Six monthly report to ZM by 1 December 2003 as per template provided

<p>Services Development Framework 2001-2003</p>	<ul style="list-style-type: none"> In collaboration with Central Zone Management Unit, participate in ongoing service development activities as required 	<p>electronically to CZMU</p> <p>Interim reporting on particular strategies as requested by CZMU.</p>
<p>Media and Communications</p> <p>Implement Strategic Communication Plan 2002-04 http://qheps.health.qld.gov.au/ibm/css/mcu/16978.pdf</p> <p>Implement Issues and Crisis Management strategies and guidelines</p>	<ul style="list-style-type: none"> Implement the strategies in the Strategic Communication Plan 2002-04 Implement strategies as specified in Issues and Crisis Management strategies and guidelines 	<p>Final implementation report to ZM by 1 December 2003 of Strategic Communication Plan 2002-04</p> <p>Final implementation report to ZM by 1 December 2003 of strategies outlined in Issues and Crisis Management strategies and guidelines.</p>
<p>Reporting Requirements</p> <p>Comply with Central Zone reporting requirements</p> <p>Enhanced Revenue Performance</p>	<p>See Attached</p> <ul style="list-style-type: none"> Develop and implement revenue improvement strategies (target TBA) 	<p>See Attached</p> <p>Initial report with strategies to ZM by 1 December 2003. Final report on strategies to ZM by 30 June 2004.</p>

DISTRICT SPECIFIC: BUNDABERG HEALTH SERVICE DISTRICT

TARGET / UNDERTAKING	MEASURES / STRATEGIES	REPORTING REQUIREMENTS
Maternity Services	<ul style="list-style-type: none"> Manage relocation of Maternity Services at Bundaberg Hospital to enhance efficiency in operating arrangements 	Milestones achievement report to ZM by 1 December 2003 and 30 June 2004
Facilitate Clinical Service Improvement Networks	<ul style="list-style-type: none"> Continue development of Transition to School Developmental Assessment Team Maintain networked Gastroenterology service 	Report to ZM by 30 June 2004
Implement the Central Zone Renal Disease Plan	<ul style="list-style-type: none"> Renal services aim to achieve 40% home based therapies Investigate feasibility of integrating renal services with Fraser Coast HSD 	Progress report on meeting the 40% benchmark to ZM by 30 September 2003 and 31 March 2004 Provide report to ZM by 30 September 2003
Mental Health	<ul style="list-style-type: none"> Introduce extended hours assessment capacity Establish high dependency unit within statewide guidelines and the principles of treatment within the least restrictive environment In partnership with North Burnett HAS, implement suicide prevention activities utilising an early intervention framework consistent with the QGSPS 2003-2008 	Milestones achievement report to ZM by 21 December 2003 and 30 June 2004 Milestones achievement report to Zm by 31 December 2003

SCHEDULE 1

AGREED ACTIVITY TARGETS 2003/04

TBA

SCHEDULE 2

APPROVED BUDGET 2003/04, see DSS budget module

SCHEDULE 3

BUSINESS RULES 2003/04

TBA

SECTION 4: CENTRAL ZONE MANAGEMENT - UNDERTAKINGS

TARGET / UNDERTAKING	MEASURES / STRATEGIES	REPORTING REQUIREMENTS
<i>Assist Districts with respect to savings in relation to waste management</i>	<ul style="list-style-type: none"> Work with the Zonal Waste Coordinator and Health Services Purchasing and Logistics on targeted energy and waste conservation initiatives 	Report to ZM and DM's on savings achieved and initiatives introduced by 1 December 2003
<i>Assist Districts in the implementation of the Central Zone Renal Disease Plan</i>	<ul style="list-style-type: none"> Coordinate the Central Zone Renal Reference Group and associated subcommittees Develop a report mechanism for Districts to report on implementation of CZRDp 	Provide progress reports to Zonal Forum meetings Provide ZM with copy of template by 30 December 2003
<i>Facilitate the development of palliative care</i>	<ul style="list-style-type: none"> Collaborate with Districts to implement Central Zone Palliative Care Service Development Plan 2001-2004 	Progress report to ZM by 30 December 2003 and 30 June 2004
<i>Facilitate Clinical Service Improvement networks</i>	<ul style="list-style-type: none"> Consult with Districts in the development of Clinical Service Improvement Networks to support service sustainability 	Progress report to ZM by 30 December 2003 and 30 June 2004
<i>Implement the Central Zone Mental Health Service Framework (MHSSDF)</i>	<ul style="list-style-type: none"> Collaborate with Districts in implementing the MHSSDF As appropriate, assist the Districts in service development activities 	Progress report to ZM by 30 December 2003 and 30 June 2004 As Above
<i>Implement the Central Zone Aboriginal and Torres Strait Islander Services Development Framework 2001-2003</i>	<ul style="list-style-type: none"> As appropriate, assist the Districts in the implementation of the strategies in the Framework As appropriate, assist the Districts in service development activities 	Progress report to ZM by 30 December 2003 and 30 June 2004 As above
<i>Enhance asset/capital management</i>	<ul style="list-style-type: none"> Collaborate with Districts to refine Asset Strategic Plan (ASP) and Health Technology Capital Plan (HTCP) process 	Progress report to ZM by 30 December 2003 and 30 June 2004

REPORTING REQUIREMENTS	
REPORTS REQUIRED	REQUIRED BY
Data for Queensland Health's Admitted Patient Data Collection to be submitted within 35 days of the end of the collection	Quarterly milestones achievement report to Zonal Manager
Submit monthly activity statistics reports	To Data Services Unit, Health Information Centre COB 14 th day after the end of the reference period
Submit monthly snapshot reports	To Finance Unit by COB 5 th working day of each month (cc Team Leader Business Operations)
Executive Summary	To Zonal Manager by the 6 th working day of each month month (cc Team Leader Business Operations)
Other reports eg savings strategies	TBA
MILESTONES REPORT	
The reports should be succinct and presented in dot-point format where possible. It is anticipated that the majority of the reports will not exceed two pages and that many will not exceed one page. A template will be provided.	
REPORTS BY E-MAIL	
It is required that Service Agreement reports to the Zonal Manager be via e-mail. It is excepted, however, that this method of communication might not be suitable in all instances.	
IMPORTANT ...	
District Managers are required to provide an immediate report to the Zonal Manager where major difficulties/delays are apparent in achieving Targets/Undertakings, Measures/Strategies or Reporting Requirements.	

Issues and crisis management strategies and guidelines

GUIDELINES

Good communications are essential to a District's day-to-day operations and to positioning Queensland Health as one organisation providing quality health care through a comprehensive network of health services.

The people key to our success are

- our workforce
- the community
- patients and their families
- key stakeholders including other health care providers, unions and professional associations.

For support and assistance with your communications needs, contact your District or Zonal Communications officer.

Communication is a priority

We strive to develop and maintain open communication with each other, and with the community, our patients and partners in health care.

Our efficiency and effectiveness depends on the quality and timeliness of our communication, which supports our clinical and technical skills.

We value personal communication and acknowledge face-to-face communication is best, wherever possible.

We recognise the diversity of our audience and use diverse means to share information and instructions, and to obtain feedback.

We achieve excellence in our external communication by first achieving high standards in internal communication practices.

Communication is everybody's business

We encourage everyone in our organisation, whatever their role, to take responsibility for the quality of our organisation's communication.

Every contact, whether personal, by phone, Internet or mail, is an opportunity to enhance Queensland Health's reputation and service.

We value consultation and feedback

We value two-way communication and always encourage and accept feedback – both formal and informal – from our staff, our patients and our stakeholders.

We expect our managers to listen to the views of others and to take those views into account as part of the decision-making process.

We accept that decisions and policies should be explained to those who will be expected to accept and/or implement them.

We will formally evaluate our communication.

INTERNAL COMMUNICATION STRATEGIES

- Promote open communication within Queensland Health by making the best use of existing channels such as Health Matters, Health Manager, Intranet and Internet, satellite broadcasts, Executive and senior officer forums, District program and unit newsletters
- Consult with staff regarding initiatives they will be expected to implement and ensure staff has access to information required to do their jobs, and are aware of their responsibility to be informed about matters relating to their workplace.
- Introduce the "team brief" concept using immediate supervisors as the primary way of communicating with staff. (Queensland Health research tells us that staff regard information delivered by their immediate supervisor as being more directly relevant to their role)
- Make summaries and actions from senior and local management meetings readily available, where appropriate.

Promote staff understanding of Queensland Health as one organisation and build a sense of shared purpose.

- Hold regular staff forums to provide an opportunity for staff to air concerns.
- Ensure staff have access to regular newsletters and/or email bulletins about district activities
- Implement a process for advising staff of the district's position on current issues (eg budget, issues in the media) using memos on specific topics, or team building
- Establish an executive noticeboard where staff can access the latest executive minutes, memos, newsletters or bulletins
- Ensure all corporate office and district activities are linked to Queensland Health's key directions and priorities.
- Inform staff and their unions first of major departmental projects, issues and initiatives.
- Recognise and celebrate meritorious service.
- Increase opportunities and encourage senior managers to use face-to-face communication with their staff wherever possible (eg through regular work-group meetings and meetings about specific issues).
- Refine induction processes to reinforce the links between local operations and statewide directions and policies.

EXTERNAL COMMUNICATION STRATEGIES

- Maintain a consistent Queensland Health corporate image in the community by developing and implementing specific client service standards eg. response times to correspondence, phone calls etc
- Reflect Queensland Health's corporate identity in all district communication materials
- Review regularly the effectiveness of existing internal communication.

Ensure Queenslanders have access to clear concise and accurate information on health, diseases, treatment and the availability of services by

- Incorporating communication strategies into the development and delivery of health services initiatives in consultation with your District or Zonal communications officer.
- Maintaining public awareness of new and emerging disease issues.
- Providing information and conduct campaigns to increase awareness of Queensland Health services and facilities, protect health, prevent disease, illness and injury, promote the health and well being of Queenslanders.
- Developing and maintaining effective partnerships with key stakeholders including federal and state government departments, District Health Councils, non-government agencies and professional associations.

Ensure Queensland Health's position on specific issues aligns with community expectations and legislative requirements by

- Identifying and training capable officers as departmental spokespersons
- Involving specialist communication officers in pro-active media/issues management strategies in major departmental project service delivery or change initiatives.
- Ensuring appropriate sectors within the community are aware of relevant legislation
- Building and maintaining working relationships with local media outlets
- Promoting Queensland Health's "successes" in service delivery

Encourage community participation in the planning, delivery and evaluation of health services by

- Actively seeking and responding to patient feedback on current and proposed health services.
- Introducing a standard Patient Complaint Management process across all areas and raise awareness with patients.
- Enhancing communication with consumer action groups.

