

A. Entity responses

As mandated in Section 64 of the *Auditor-General Act 2009*, the Queensland Audit Office gave a copy of this report with a request for comments to the Department of Health and all 16 hospital and health services.

The heads of these entities are responsible for the accuracy, fairness, and balance of their comments.

This appendix contains their detailed responses to our audit recommendations.



Comments received from Minister for Health and Ambulance Services



Hon Yvette D'Ath MP
Minister for Health and Ambulance Services
Leader of the House

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C-ECTF-21/2234

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EMAILED
19 MAR 2021

Dear Mr Worrall

Thank you for your email dated 9 February 2021, inviting a response to the Queensland Audit Office proposed report to Parliament 'Performance audit - Planning for sustainable health services'. I acknowledge receipt of the report and the contents proposed to be included in this report.

Queensland Health is continuously looking to improve the safety, quality and effectiveness of its services and welcomes the report as a contribution to this continuous improvement. The sustainability of the health system, like others across the world, has been challenged by the current COVID-19 pandemic, growing demand and a tightening financial outlook and will be a key focus for the Department of Health, Hospital and Health Services (HHSs) and stakeholders over the coming years.

Queensland Health accepts the recommendations in the report and, as you can see below, has already been progressing initiatives over the last year which will address a number of the recommendations made.

I do note in the Auditor-General's foreword, the audit was paused in early 2020 to enable Queensland Health to focus on the COVID-19 public health response. In this time, the Department of Health (the Department) has commenced, and further developed, various initiatives to secure greater integration and collaboration in the planning of sustainable health services between the Department, HHSs, clinicians, consumers and other key entities in the health sector, including Primary Care Networks. These initiatives can be summarised into planning for sustainability and infrastructure and capital asset planning - highlights of some of the key initiatives are detailed below.

Planning for sustainability

- the Department and HHSs have developed a joint planning workplan for the 2020-21 financial year and are working closely with Primary Care Networks to develop an agreed approach to assessing health need at a local level. These Local Area Needs Assessments (LANAs) will analyse the health and service needs of communities to identify where available resources should be directed to address the greatest health need and/or deliver the greatest impact or value. The LANA framework currently under development provides guidance for complimentary consultation with communities, health professionals and health service providers;

- the Planning Portal - initially developed as part of the Rapid Results program - continues to be enhanced and will provide a central repository to enable a detailed analysis of local level data to support the LANA process. It is intended that most HHSs will have developed LANAs in time to inform the next three-year service level agreements with the Department which are due to commence in 2022-23. HHS level assessments will be compiled into a statewide needs assessment to inform investment in services and support our sustainability agenda;
- Queensland Health has also commenced work to better understand health service planning capability across HHSs and identify models whereby the Department and larger HHSs can help support capacity gaps and strengthen planning capability across all HHSs to support the LANA process and, more broadly, the sustainability agenda;
- in 2019, the Department published the Services Capability Matrix Outlook to 2026, which sets out the strategic intent for changes to hospital capability levels for the longer term. The development of the Matrix was based on extensive collaboration across the Department, HHSs and clinical networks to give consideration to the potential workforce, financial and infrastructure implications of proposed service level changes and the effect of changes in one HHS on another HHS to optimise health service delivery, maximise health service capacity and improve clinical capability;
- the Department, HHSs, clinicians and consumers work collaboratively on two key Tier 2 committees (Investment Assurance Committee and System Management advisory Committee) to review the development of infrastructure investment submissions and manage key aspects of the sustainability agenda including the work being progressed with the Queensland Treasury Corporation. The latter has seen the Queensland Treasury Corporation support the Department and HHSs over a two-year period to deliver a range of initiatives ranging from improved workforce management to improvements in procurement, revenue generation and also improved financial forecasting and capability. The learnings from this project will be used to inform future sustainability issues;
- a strategic health workforce planning framework was approved and published in September 2020 for the whole of sector utilisation;
- a detailed co-design and whole of sector consultation process is nearing completion for a refreshed rural and remote workforce strategy. The sustainability of our rural and remote health services is a key priority; and
- the publication and promotion of the Strategic Health workforce planning framework that includes a discrete section on integrated planning.

Infrastructure and capital asset planning

The Department is partnering with HHSs to enhance reporting capabilities and the quality of asset datasets. Current initiatives will support Queensland Health's long-term asset planning processes through the review and cleansing of existing datasets, optimisation of data governance frameworks, establishment of a statewide asset data collection methodology, and deployment of lifecycle planning functionality. Other initiatives include:

- the Office of Hospital Sustainability is to be established within the Department;
- the Department is leading the national development of a discussion paper on sustainable elements of healthcare infrastructure planning as part of a key initiative of the Health Chief Executives Forum and the Australian Health Infrastructure Alliance to review considerations of the Australasian Health Facility Guidelines;
- the Department has a maturing approach to strategic asset planning and prioritisation. The 2020 Queensland Health portfolio Strategic Asset Management Plan (SAMP) summary report is informed by the individual HHS SAMPs, Queensland Ambulance Services, Health Support Queensland, eHealth Queensland and other business units;
- the 2020 refresh of the SAMP framework led to a comprehensive list of proposals and the Department has developed and implemented a new Infrastructure Investment Portal which is now able to capture these investment proposals to enable the cataloguing and prioritisation of proposals. A summary of the key maintenance strategies from HHS and business unit Asset Maintenance and Management Plans is included in their SAMP;
- the Department has in place a mature framework for master planning and has a multi-year forward program to support master planning in HHSs and key business units;



- Queensland Health is committed to increasing the environmental sustainability of our built infrastructure, both new and existing and minimising the impact of our operations on the local environment. In 2020, a \$30 million rolling emission reduction fund was announced to invest in projects that will reduce greenhouse emissions and operating costs through installations of solar, lighting and upgrades to heating, ventilation and cooling; and
- a community of practice will be established with HHSs and other relevant stakeholders with the purpose to support, build and share information and experiences across Queensland and increase our efforts in reducing emissions, waste going to landfill and increase the use of renewables, increasing our sustainability of built infrastructure and working towards best practice.

As evidenced by the breadth of initiatives above, the Queensland Health system is committed to planning for sustainable health services in an integrated and collaborative way and will incorporate the delivery of the recommendations from this report into their work program.

I thank the Queensland Audit Office for the ongoing work and valuable insights to ensure the safety and health of all Queenslanders. Should you require any further information in relation to this matter, I have arranged for [redacted] to be available to assist you.

Yours sincerely



YVETTE D'ATH MP
Minister for Health and Ambulance Services
Leader of the House



Responses to recommendations—Cairns and Hinterland Hospital and Health Service



Hospital and health services

Planning for sustainable health services

Response to recommendations provided by the Chief Executive, Cairns and Hinterland Hospital and Health Service, on 26 February 2021.

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that all hospital and health services: 5. develop a set of priorities with clearer alignment to the statewide priorities (Chapter 3)	Agree	12 months	Agree – the CHHHS, an independent statutory body, will follow the Department of Premier and Cabinet (DPC) Agency Planning Requirements to demonstrate connections with whole-of-Government planning to collectively deliver on Government’s objectives. The CHHHS will also ensure clear alignment to statewide priorities via its annual strategic planning process.
6. expand the scope of implementing Recommendation 14 of the governance review by developing integrated plans at their level, also incorporating environmental action plans that align with the proposed framework in our Recommendation 1 and statewide plans (Chapter 4)	Agree	24 months	Agree – the HHS will ensure integrated plans being are implemented via the HHS’ Integrated Planning Framework, with expansion to include Environmental Action Plan (noting the disparate planning capability and capacity across HHSs referenced in the report). NB. The Governance Review sits under the purview of the Department of Health.
7. develop appropriate performance indicators for health service and enabling plans, regularly evaluate the success of long-term plans, and use learnings in future plans (Chapter 4).	Agree	12 months	The HHS will ensure key plans have KPIs and performance against these are reported on regularly.



Responses to recommendations—Gold Coast Hospital and Health Service



Hospital and health services

Planning for sustainable health services

Response to recommendations provided by
Gold Coast Hospital and Health Service.



Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
<p>We recommend that all hospital and health services:</p> <p>5. develop a set of priorities with clearer alignment to the statewide priorities (Chapter 3)</p>	Disagree		<p>HHS, as statutory bodies, are accountable for the adequate and safe provision of services to their local community. Local service priorities may differ to those identified at a state aggregate level.</p> <p>HHS already indicate alignment to the Queensland Government priorities for the community within their Strategic Plans. The Strategic Asset Management Plan and HHS Master Plans also illustrate clear alignment with the high-level priorities outlined by the Department of Health e.g. in Advancing Health 2026 and the System Outlook paper. Many HHS Health Service Plans pre-date either of those publications. Queensland Health priorities would need to be more clearly defined, articulated and have longevity for HHS to be able to respond to them in more detail, including agreement of local relevance or not.</p> <p>Furthermore, prioritisation processes also require clearer articulation. The emerging area of standardised Local Area Needs Assessments will enable the development and prioritisation of local health need under the broad sustainability agenda of Transform Optimise and Grow. However, need must also be considered as a function of identified risk and issues within individual HHS, not merely demographic and epidemiological analysis at a whole of state 'averaged' level.</p>



Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
<p>6. expand the scope of implementing Recommendation 14 of the governance review by developing integrated plans at their level, also incorporating environmental action plans that align with the proposed framework in our Recommendation 1 and statewide plans (Chapter 4)</p>	<p>Agree, with adequate local investment</p>		<p>Many HHS arguably have significantly greater integration than the Department of Health as system manager, particularly with respect to service planning, infrastructure and funding. HHS planning officers are a minimal workforce, frequently responsible for the delivery of strategic, service, operational and infrastructure planning as well as supporting funding negotiations. GCHHS notes the recommendation to consider planning capacity and capability within HHS. Integrated planning by the system manager could overcome issues faced by HHS where operational and capital funding methods and decisions do not align adequately.</p> <p>Linking frameworks to identify the relationship of enabler strategies are also in place within Gold Coast HHS. Previously, there has been a lack of 'templates' or a framework to ensure that planning at all organisational levels connects explicitly to the strategic aims which respond to identified strategic risks and opportunities. The HHS is currently trialling a digital platform to explore how this can be overcome. Investment to enable the development and/or adoption of enterprise level strategy execution platforms could provide an opportunity for greater integration.</p> <p>Environmental action plans are frequently hampered by the lack of adequate capital investment, which inevitably focuses on critical, service-related need rather than long term return on investment.</p> <p>It is also worth noting that there is often poor alignment of planning cycles and governance/approval processes between various areas of planning and between HHS and the Department of Health. This results in inefficiencies, delays and challenges in progressing integrated planning. Terms of plans do not align well, hindering the ability to maintain explicit links to current strategic priorities (e.g. a 4-year strategic plan but usually 10-year health service plans refreshed every 3-5 years). Attention to the alignment of planning cycles and governance mechanisms to support integration would be of benefit.</p>

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
<p>7. develop appropriate performance indicators for health service and enabling plans, regularly evaluate the success of long-term plans, and use learnings in future plans (Chapter 4).</p>	<p>Agree but note comments regarding evaluation and accountability</p>		<p>Health Service Plans have multiple functions of assessing health need and supply, directing the provision of service delivery/development over the medium term and must indicate expected medium and long-term future investment requirements e.g. increased service volume or complexity and/or refurbished or additional infrastructure. Under Department of Health investment processes, such developments will not be considered for investment unless clearly identified in Health Service Plans, despite there being no certainty of them being achieved.</p> <p>Whilst the HHS can set and strive to achieve KPIs, where operational and capital funding is constrained it can be challenging to maintain equitable service delivery and access. The HHS can drive efficiencies and optimisation. However, in the setting of rapidly growing populations and demand, achieving many of the statewide targets and indicators designed to evaluate access are frequently beyond HHS control.</p> <p>The governance, accountabilities and mechanisms for evaluation and communication of results of evaluation (i.e. 'success' or 'failure' and the reasons for it) therefore need to be carefully considered with respect to public access to information given that Health Service Plans are public documents.</p> <p>The System would benefit from agreed lexicon regarding 'strategy' versus 'plans' to assist with the development of appropriate indicators.</p> <p>As above, the adoption of enterprise level strategy execution platforms could support the development and monitoring of plans.</p>



Responses to recommendations—Sunshine Coast Hospital and Health Service



Hospital and health services

Planning for sustainable health services

Response to recommendations provided by **Executive, Sunshine Coast Hospital and Health Service (SCHHS)** on 25 Feb 2021.

Recommendation	Agree/ Disagree	Timeframe for implementation (QTR and financial year)	Additional comments
<p>We recommend that all hospital and health services:</p> <p>5. develop a set of priorities with clearer alignment to the statewide priorities (Chapter 3)</p>	Agree	As soon as QLD Health priorities are articulated and the DoH Integrated Planning Framework Developed. Planning for this current period has already commenced.	<p>In line with recommendation 1 & 2 for Department of Health (DoH), the SCHHS priorities will be developed and aligned to articulated DoH priorities. This function will be part of the annual planning process and 4-yearly (annual refresh and review) strategic planning processes.</p> <p>Alignment to state-wide priorities will be clearly articulated in the Strategic and Operational Plans and documented/ mapped in the SCHHS Integrated Planning Framework doc.</p> <p>Governance review recommendation "Minister for Health and Minister for Ambulance Services issue a statement of expectations to each board chair setting out government and ministerial expectations and priorities" will also certainly assist with this recognition/articulation of priorities for each HHS and their role within the entire state health system.</p>
<p>6. expand the scope of implementing Recommendation 14 of the governance review by developing integrated plans at their level, also incorporating environmental action plans that align with the proposed framework in our Recommendation 1 and statewide plans (Chapter 4)</p>	Agree	As soon as state-wide plans and frameworks are in place providing the guidance and standardisation required. This ideally could be done by FY 2022/23 planning period.	<p>SCHHS does currently have an Integrated Planning Framework, alignment of this framework to a state-wide one will provide clarity of requirements and standardisation of templates, planning requirements and uniformity of outcomes providing a more wholistic approach across QLD.</p> <p>This will provide consistency in planning and implementation – shared understanding of what is required at each level.</p> <p>Very keen to discover how the department will advise in the integration of health service planning with the more corporate strategic and operational and enabling planning functions, complemented by consultation and engagement strategies.</p> <p>There was no reference to Agency Planning Requirements (Department of Premiers and Cabinet) which all Agencies are obliged to adhere to the obvious missing link here is the inclusion of Health Services Planning.</p>
<p>7. develop appropriate performance indicators for health service and enabling plans, regularly evaluate the success of long-term plans, and use learnings in future plans (Chapter 4).</p>	Agree	FY 2022/23 planning period	<p>Performance indicators for Strategic and Operational Plans currently in place and are monitored at State and HHS level through our Performance and Accountability Framework</p> <p>With the advent of Department of Health integrated planning directions appropriate performance indicators that represent HHS/statewide achievements/outcomes in regards to health services and enabling plans will become more measurable.</p> <p>Capacity and capability of staff who support planning and those clinicians who feed into planning (and are just as integral) is limited.</p>



Responses to recommendations—West Moreton Hospital and Health Service



Hospital and health services

Planning for sustainable health services

Response to recommendations provided by West Moreton Health - 2 March 2021

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that all hospital and health services: 5. develop a set of priorities with clearer alignment to the statewide priorities (Chapter 3)	Agree	Q4 2022	West Moreton Health is in agreement with this recommendation. West Moreton Health has worked hard to align to Statewide priorities however notes and agrees with the findings of the report that the current <i>My Health, Queensland's future: Advancing health 2026</i> does not provide a clear roadmap. This would be essential to strengthening alignment of HHS planning with system priorities.
6. expand the scope of implementing Recommendation 14 of the governance review by developing integrated plans at their level, also incorporating environmental action plans that align with the proposed framework in our Recommendation 1 and statewide plans (Chapter 4)	Agree	Q4 2022	West Moreton Health is supportive of this recommendation and a system wide approach to ensuring the integrated cascade of system priorities through HHS planning and implementation. It is important to note however that HHS prioritisation should to not be undermined by adopting a more aligned integrated planning approach.
7. develop appropriate performance indicators for health service and enabling plans, regularly evaluate the success of long-term plans, and use learnings in future plans (Chapter 4).	Agree	Q4 2022	Agree



Responses to recommendations—Torres and Cape Hospital and Health Service

Hospital and health services

Planning for sustainable health services Response to recommendations provided by Torres and Cape Hospital and Health Service on 26 February 2021.

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
<p>We recommend that all hospital and health services:</p> <p>5. develop a set of priorities with clearer alignment to the statewide priorities (Chapter 3)</p>	Agree	End of 2021	<p>TCHHS service planning documents (including the CSP) do demonstrate clear alignment with statewide priorities - and the Transform Optimise and Grow strategy has been embedded in numerous other documents. be provided.</p>
<p>6. expand the scope of implementing Recommendation 14 of the governance review by developing integrated plans at their level, also incorporating environmental action plans that align with the proposed framework in our Recommendation 1 and statewide plans (Chapter 4)</p>	Agree	End of 2021	<p>The state is already developing frameworks for integrated planning.</p> <p>The Cooktown activity review recently completed by SPP demonstrates our integration is in alignment with statewide planning and also capital planning internally.</p> <p>Work is underway in regard to Workforce planning across all streams in particular Aboriginal and Torres Strait Islander Health Workers and Health Practitioners.</p> <p>The HHS would need to undertake work in relation to Environmental action plans.</p>
<p>7. develop appropriate performance indicators for health service and enabling plans, regularly evaluate the success of long-term plans, and use learnings in future plans (Chapter 4).</p>	Agree	End of 2021	<p>The HHS has an implementation plan for our Career Succession Plans with performance measures - and is just about to have its 12-month evaluation- so service planning is well placed here across the TCHHS.</p> <p>TCHHS has also; Developed linkages between the strategic, operational and clinical service plan. Developing KPIs that are more targeted to the Rural and Remote First Nations environment and context. Developed linkages between Model of Care, Model of Service Delivery and Workforce Strategies.</p>

Responses to recommendations—Wide Bay Hospital and Health Service



Hospital and health services

Planning for sustainable health services

Response to recommendations provided by Wide Bay Hospital and Health Service on 9 March 2021.

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that all hospital and health services: 5. develop a set of priorities with clearer alignment to the statewide priorities (Chapter 3)	Agree	TBD	WBHHS will develop priorities in response to defined statewide priorities
6. expand the scope of implementing Recommendation 14 of the governance review by developing integrated plans at their level, also incorporating environmental action plans that align with the proposed framework in our Recommendation 1 and statewide plans (Chapter 4)	Agree	TBD	WBHHS will align existing plans to the Department of Health's Integrated planning framework (once developed).
7. develop appropriate performance indicators for health service and enabling plans, regularly evaluate the success of long-term plans, and use learnings in future plans (Chapter 4).	Agree	2021/22 (Quarter 4)	Will review performance indicators against existing plans (updating as required). Will establish a review plan to determine the success and effectiveness of long-term plans.



Responses to recommendations—Metro North Hospital and Health Service



Hospital and health services

Planning for sustainable health services

Response to recommendations provided by Metro North Hospital and Health Service.

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
<p>We recommend that all hospital and health services:</p> <p>5. develop a set of priorities with clearer alignment to the statewide priorities (Chapter 3)</p>	Agree in principle	Q1 2021-22	<p>This recommendation is dependent on the Department of Health setting and communicating statewide priorities.</p> <p>Metro North priorities are included in Metro North Strategic Plan, Health Service Strategy, clinical service plans and annual activity plan.</p>
<p>6. expand the scope of implementing Recommendation 14 of the governance review by developing integrated plans at their level, also incorporating environmental action plans that align with the proposed framework in our Recommendation 1 and statewide plans (Chapter 4)</p>	Agree in principle	Q1 2021-22	<p>This recommendation is dependent on Department of Health Recommendations 1 and 4 being completed.</p> <p>MN32 provides a long term plan for clinical models, workforce, research and innovation and infrastructure. This informs medium term planning for clinical services, workforce, infrastructure and funding. Metro North has a Green Strategy with focus areas for action.</p>
<p>7. develop appropriate performance indicators for health service and enabling plans, regularly evaluate the success of long-term plans, and use learnings in future plans (Chapter 4).</p>	Agree	Will be variable from Q1 2021-22	<p>Review existing plans and where no KPIs included update at next plan review cycle.</p> <p>Implement annual reporting on plans once KPIs documented.</p>

Responses to recommendations—Mackay Hospital and Health Service



Hospital and health services

Planning for sustainable health services

Response to recommendations provided by [redacted] Mackay HHS on 01/03/2021.



Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
<p>We recommend that all hospital and health services:</p> <p>5. develop a set of priorities with clearer alignment to the statewide priorities (Chapter 3)</p>	Agree	Timeframes for implementation subject to dependency recommendation issued to the Department of Health	<p>With clarification requested of the link to the Department of Health recommendations (eg. rec 2) and identification of specific plan reference/s requiring clearer alignment to 'statewide priorities' to understand full scope.</p> <p>Existing key plans to be reviewed and further augmented to include clear, specific reference to statewide priorities, as published by the Department once clarified.</p> <p>The Mackay HHS as an independent statutory authority will continue to comply with DPC Agency Planning requirements for strategic and operational planning processes to demonstrate alignment to deliver on Queensland Government objectives.</p>
<p>6. expand the scope of implementing Recommendation 14 of the governance review by developing integrated plans at their level, also incorporating environmental action plans that align with the proposed framework in our Recommendation 1 and statewide plans (Chapter 4)</p>	Agree	Q2 2022-2023 for environmental planning and balance TBD subject to implementation timeframes of dependency recommendation issued to the Department of Health	<p>With clarifications requested. The HHS will continue to develop plans in accordance with its integrated planning framework, with addition of environmental planning requirements, pending further development of the framework referred to in recommendation 1.</p> <p>Clarification is requested regarding the intent of recommendation 14 referred to, issued to the Department of Health and its translation to HHS recommendations. This relates to the scope of the integrated plan requirement.</p>

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
7. develop appropriate performance indicators for health service and enabling plans, regularly evaluate the success of long-term plans, and use learnings in future plans (Chapter 4).	Agree	Q2 2022-2023 and phased to align with plan renewal timeframes	<p>With clarification requested of the expected scope (targeted range of plans) and recommendations on indicator type/s to which performance indicators should be applied.</p> <p>The HHS will continue to apply and enhance key performance indicators and review associated reporting for strategic and other key relevant enabling plans in accordance with agency planning requirements.</p> <p>Performance indicator selection to factor internal systems capability to provide enhanced data for input, output and outcome measures.</p>



Responses to recommendations—Children’s Health Queensland Hospital and Health Service



Hospital and health services

Planning for sustainable health services

Response to recommendations provided by [redacted] on 1 March 2021.

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that all hospital and health services: 5. develop a set of priorities with clearer alignment to the statewide priorities (Chapter 3)	Agree	Within 12 months of revised system priorities	<p>Process should align to the final outcome of recommendation 2, specifically once system-wide priorities for a sustainable system are articulated and actions to agencies are outlined.</p> <p>In the meantime, existing strategic plans will be reviewed to strengthen alignment to existing system strategy.</p>
6. expand the scope of implementing Recommendation 14 of the governance review by developing integrated plans at their level, also incorporating environmental action plans that align with the proposed framework in our Recommendation 1 and statewide plans (Chapter 4)	Partially agree	TBD	<p>Agree that a HHS should be required to have developed plans which integrate with each other and are in alignment with an agreed integrated planning framework as set out in recommendation 5. There should be sufficient time for HHSs to have developed major updates to those plans and then annual refreshes.</p> <p>There is a need to clarify though if the QAO is seeking to recommend HHSs to have a 'comprehensive integrated plan' such as that outlined in recommendation 14 of the governance review and whether the QAO, in forming this recommendation, sees this as a further separate plan to existing plans that are already documented? CHQ does not support this specific recommendation for three broad reasons:</p> <ol style="list-style-type: none"> 1. The confusion a further plan adds into the organisation lexicon, where there is significant buy-in from



Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
			<p>internal and external stakeholders in developing existing plans (such as the 10 Year Health and Wellbeing Plan and the 5 Year Strategic Plan);</p> <p>2. The cost / effort to develop this plan would be a significant undertaking beyond what CHQ's resources can adequately facilitate without additional financial support; and</p> <p>3. The funding commitment that drives significant system decisions are only truly known within ~ 6 months (best case) before the commencement of a new financial year (the key drivers behind productivity and efficiency dividends). In this context it is challenging to have a plan that can be meaningfully used beyond a 12-month operating cycle and that would provide more value than what existing operational planning cycles already cover.</p>
<p>7. develop appropriate performance indicators for health service and enabling plans, regularly evaluate the success of long-term plans, and use learnings in future plans (Chapter 4).</p>	<p>Agree</p>	<p>~Q2 FY22-23 (circa 9 months post implementation of recommendation 5 for an initial set</p>	<p>Agree with this recommendation, however, propose there should be a shared responsibility with the Department of Health and have some alignment to recommendation 1.</p> <p>There is value in having a consistent, but shortlist of defined performance indicators that can reasonably compare HHSs sustainability to each other and can be aggregated to form a system view. The Department is best placed to coordinate this work,</p>



Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
			informed by consultation with HHSs. There will need to be flexibility for HHSs to build on this approach to include local indicators pertinent to local strategies and to facilitate reporting to management and the board and inform future learnings.

General comments from CHQ:

Overall, QAO's report provides a valuable structured viewpoint of its findings and recommendations that it has learned from the scope of this audit. However, there is a need to recognise fundamental complexities which are important to acknowledge and critical to enable Queenslanders to have access to sustainable health services now and into the future. The report does not articulate which are key barriers to success, specifically:

1. Integrating plans well and maintaining integrated plans on a regular basis is a complex and complicated undertaking (particularly where the strategies in healthcare can be heavily influenced by policies and partners that extend beyond health).
2. There is a need for investment in the development of sophisticated systems that can link the vast quantities of data necessary to model truly integrated plans. Queensland is not alone in this and in fact, most advanced health systems today struggle to model the complexities of care and their impact to all parts of the value chain.

Finally it is recognised there is not a consistent definition or framework for sustainable health system / services, however, it is likely well understood what the risks to an unsustainable system are – did the QAO have any findings in this space that could inform the development of key risk indicators (both locally and at a system level) on this topic?

CHQ notes that '*services provided by one hospital and health service on a statewide basis*' were excluded from the audit scope. Given that the majority of CHQ's clinical service profile incorporates statewide service delivery, as well as broader enablement and advocacy for other paediatric and adolescent services, we would welcome further consideration regarding the planning for these (and other statewide) services within a sustainable health system.