



# West Moreton Health

## Clinical Services Plan 2020-2035

2021 outlook

**Division:** Strategy Governance and Engagement

**Prepared by:** Strategic Projects and Planning Team

**Contributors:** Manager – Planning  
Principal Planning Advisor  
Senior Planning Officer

**Approved by:** WMH Board 3 September 2021

**Date of Review:** August 2022

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## Acknowledgement of Traditional Owners

We acknowledge and pay our respects to the Jagera, Yuggera and Ugarapul people, Traditional Owners and Caretakers of this land, where they have performed age-old ceremonies of storytelling, healing, music, dance and celebration. We would also like to acknowledge and give our respects to our Elders, past, present and emerging, for they hold the memories, traditions and knowledge of Aboriginal and Torres Strait Islander culture.

## Our vision for the future

West Moreton Health works to deliver the best possible health and wellbeing outcomes for residents of the West Moreton region.

Now and into the future West Moreton Health faces some unique challenges. Our community is experiencing unprecedented growth with our population anticipated to double over 20 years to approximately 587,000 by 2036. Demand for our acute hospital services is anticipated to grow by 6.1 per cent per year over this time period.

Approximately 30 per cent of our residents requiring public hospital services still have to travel outside of our borders to receive their care, 60 per cent of our community is socio-economically disadvantaged, our community experiences higher rates of Chronic Disease than the Queensland Average and our Indigenous community members experience a 7-8 year gap in life expectancy compared to our non-Indigenous community members.

At the time this document is being updated we continue to work in the midst of the COVID-19 Global Pandemic, which has led to a rapid increase in the delivery of virtual care and a revised operational model to ensure we remain in a state of pandemic preparedness.

It is with these challenges in mind, that this Clinical Services Plan has been developed. We have reviewed our current and future demand profiles and developed a vision for the way we want to deliver our services in the future and a responsive and agile plan to help us get there.

By 2036, West Moreton Health and partners will provide better care to more people, closer to home. We will achieve this by developing an interconnected network of health facilities and services spanning the continuum of care. Ipswich Hospital will function as an acute services hub that will be closely connected to rural and regional facilities; providing patients with access to complex, tertiary services, while enabling as much care as possible to be provided closer to home.

Our Mental Health and Specialised Services will be aligned with the National Mental Health Service Planning Framework to ensure that people needing mental health support receive the contemporary care that meets their needs, as well as the need of their carers and families.

Our commitment to innovating and adopting new technology will ensure that we are able to grow and transform our services. By 2036 our patients will be able to access even more services from their home and embedded technology will ensure that our patients are able to flow smoothly between our facilities when face to face attendance is required.

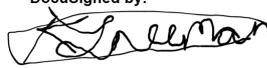
Throughout this journey our values - connect, respect, excel – will sustain our promise to the community that we are ***Caring Better Together.***

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Michael Willis

**Chair**

**West Moreton Hospital & Health Board**

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Dr Kerrie Freeman

**Health Service Chief Executive**

**West Moreton Hospital & Health Service**

## Executive Summary

West Moreton Health's (WMH) Clinical Services Plan 2020-2035 (CSP) (2021 update) has been developed to identify and articulate current and future challenges in health care delivery, and how WMH will respond to those challenges. The CSP provides a critical linkage between service delivery and WMH's *Strategic Plan 2021-2025*. The CSP will be utilised by WMH's corporate and clinical staff to develop enabling service strategies (e.g. workforce and infrastructure), annual service plans, operational plans and for annual budget negotiations.

WMH provides health and wellbeing services to over 310,000 people who live within the region. Those services range from preventative and primary health care services through to acute care and specialised services, which includes delivery of primary health care to several correctional facilities. In relative terms, WMH has the fastest growing population in Queensland.

The community in WMH is culturally, linguistically, economically and geographically diverse, encompassing both metropolitan and regional settings. 4.7 per cent of the WMH population identify as Aboriginal and/or Torres Strait Islander, which is comparable to the Statewide average of 4 per cent. As at the last CENSUS 18 per cent of WMH residents were born overseas, which is lower than the state average of 21.6 per cent. The National Mental Health Service Planning Framework (NMHSPF) estimates that approximately 140,301 people in WMH will require some form of mental health service over a 12-month period (2019-20).

Additionally, when compared to Queensland, WMH's residents have:

- A higher rate of socioeconomic disadvantage;
- A higher rate of potentially preventable hospitalisations;
- A higher rate of daily smokers, including a higher rate of smokers during pregnancy; and
- A higher rate of obesity.

WMH is already experiencing significant growth in hospital activity volumes, and approximately 30 per cent of our health care demand is delivered by other Hospital and Health Services due to a lack of capacity and capability in some service areas.

Whilst there are many challenges, WMH has made significant progress to transform and optimise services to respond to the rapidly developing needs of the West Moreton population. Key initiatives to keep people out of hospital, rapidly developing virtual care models, enhanced innovation and research and a strong clinical redesign and sustainability agenda highlight WMH's ongoing focus to best meet the needs of the West Moreton community.

To ensure that WMH is well placed to respond to anticipated health service demand and residents can receive their care closer to home, a planning scenario has been developed. The scenario responds to the WMH projected demand, increases the amount of complex services delivered in WMH (particularly at Ipswich Hospital) whilst also reducing the need for acute infrastructure by providing care in more appropriate settings and avoiding hospitalisation through expanded hospital substitution models.

**Table 1** highlights the output of this scenario on WMH's current infrastructure.

Table 1: Projected WMH-wide Infrastructure Requirements 2036

Infrastructure Type	Existing (2018/19)	2036/37	Deficit
Overnight Beds	372	832	-460
Mental Health (acute)	44	97	-53
Same Day Beds	4	157	-153
Critical Care Beds	35	72	-36
Procedure Chairs	24	41	-17
Operating Theatres	7	19	-12
Endoscopy Suites	2	4	-2
Birthing Suites	11	15	-4
Non-admitted clinics	50	133	-83
Emergency Department spaces	64	186	-122

The Implementation Roadmap of the CSP has been developed in alignment with WMH's *Strategic Plan 2021-25*, State and Federal health strategy and policy documents and following consultation with clinical leaders in the development of Service Profiles. The Roadmap articulates WMH's transform and optimise agenda whilst also highlighting the actions required to deliver on planned clinical capability and infrastructure increases.

The CSP will be implemented using WMH's Integrated Planning Framework, which is referenced in Appendix 2. Progress against the implementation roadmap will be assessed annually as part of the yearly Service Profile updates. The CSP will be updated annually where new data is available and will undergo a comprehensive review every five years.

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# A Clinical Services Plan for West Moreton

## The purpose of the Clinical Services Plan

This Clinical Services Plan (CSP) has been developed to define West Moreton Health's (WMH) current and future challenges in health care delivery and how we hope to deliver services now and into the future. It also provides a critical linkage between clinical service delivery and the Board and Executive's vision outlined in the Strategic Plan.

The content provided is intended to support our clinicians in the planning and delivery of their services, both now and for the life of the CSP. The challenges and actions outlined in each Service Profile have been incorporated into the implementation roadmap, along with strategic actions from the Executive Leadership Team's suite of Strategic Action Plans.

The CSP will be a useful tool when developing annual service plans, negotiating budgets and the Business Planning Framework (BPF). When using the CSP to develop annual service plans, service enabling plans such as workforce and infrastructure should also be considered.

## How the CSP was developed

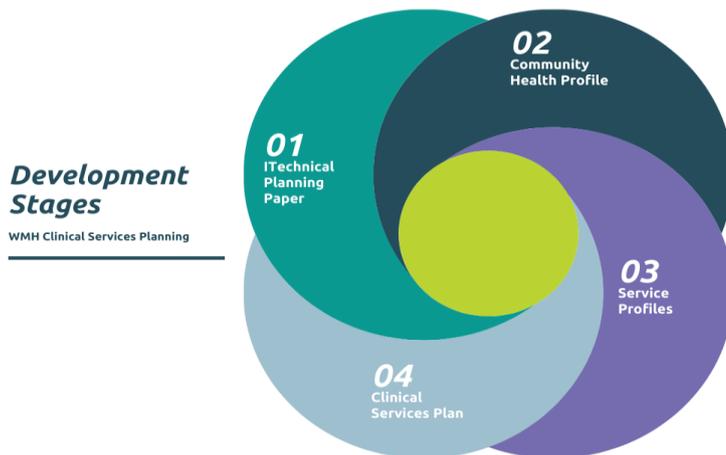


Figure 1: WMH Clinical Service Planning Process

The CSP was developed by building on the foundational work done in the WMH Technical Planning Paper 2020, WMH Service Profiles 2019 and the WMH Community Health Profile 2019.

The Technical Paper includes technical health service planning projections that outline the anticipated functional requirements (beds, chairs, theatres etc) that WMH will require in the future. These future projections also consider WMH's aspirations of caring for more people closer to home and increasing the complexity of services we provide.

The Service Profiles were developed in partnership with our clinical leaders and they are an integral part of the CSP's implementation roadmap.

The Community Health Profile provides a comprehensive overview of the current health and demographic status of our community. Access to the Community Health Profile, Technical Paper and Service Profiles is outlined at Appendix 5.

## How the CSP aligns with our Strategic Plan

WMH's vision is to create a *thriving West Moreton community in which people achieve their best possible health and wellbeing*. This means ensuring that West Moreton residents receive the right care in the right place from the right person at the right time. The WMH *Strategic Plan 2021-2025* (the Strategic Plan) outlines WM's overall future direction, including its mission, objectives and how success will be measured. These objectives are outlined under three key strategic pillars:

- Caring for people – we care for the community and each other
- Safe, sustainable care – we deliver safe. Quality care, now and in the future
- Future focus – we will grow and adapt along with the community we serve.

The implementation roadmap for the CSP articulates actions against these pillars to ensure our clinical leaders have the information they need to deliver against the aspirations outlined in the Strategic Plan. The implementation roadmap also considers the broader strategic context at a State and Federal Government level. Further information regarding the strategic context for the CSP can be found in Appendix 3. WMH's Strategic Plan 2021-25 can be accessed [here](#). The West Moreton Health Integrated Planning Framework is highlighted below at Figure 2. The

Framework outlines West Moreton's approach to the translation of strategy in the form of the Strategic Plan, this Clinical Services Plans and Enabling plans into operational actions.

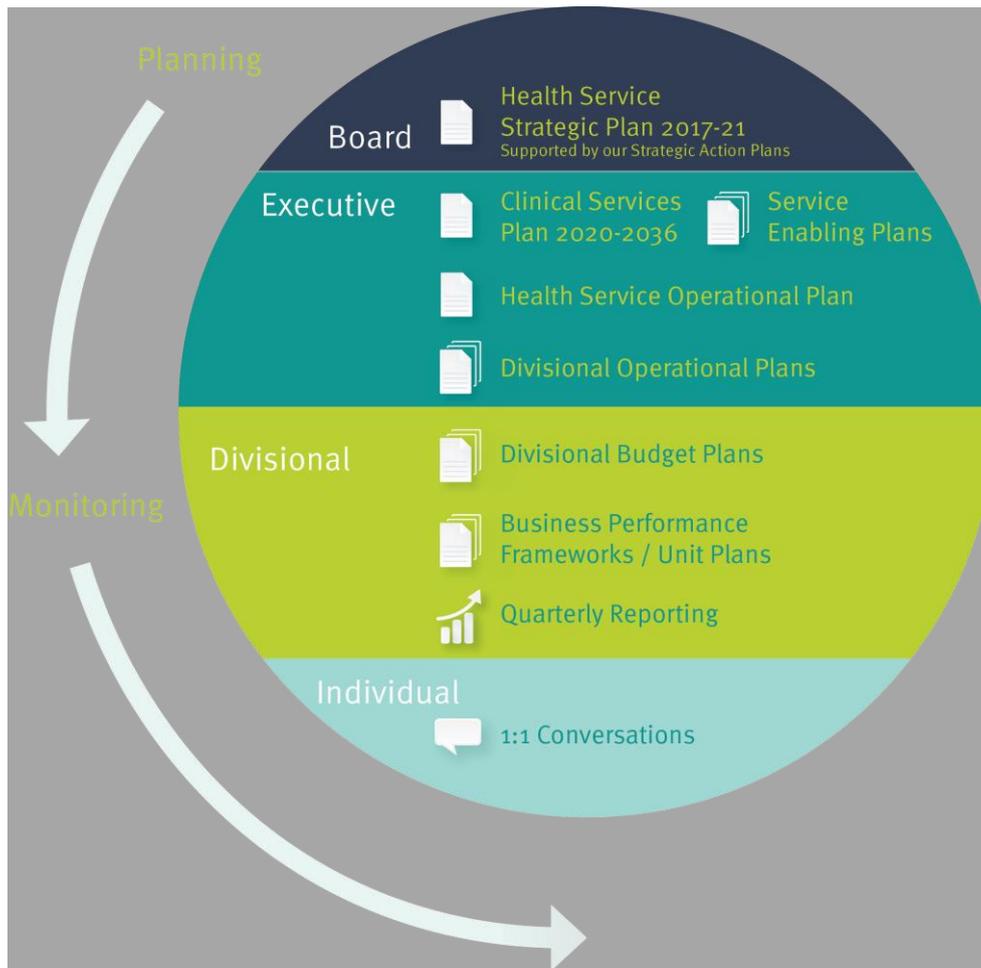


Figure 2: WMH Integrated Planning Framework

## Our Values

West Moreton Health is committed to planning and delivering our services in alignment with our values.

**Connect:** We are part of the community, empathetic with consumers and each other.

**Respect:** We are accepting, genuine and fair to one another.

**Excel:** We are innovative and work together, giving our best for all.

## Our Equity Framework

The CSP will be implemented in alignment with the WMH Equity Framework (**Figure 3**). The WMH Equity Framework articulates WMH's vision and values for providing accessible and equitable services for the WMH community and staff. It relates directly to the delivery of services in WMH and aligns with each pillar of our Strategic Plan. The purpose of our Equity Framework is to:

- Drive improvements to health care delivery to the most vulnerable consumers.
- Encourage and support our staff and teams to identify areas and ideas of where the health service can do better to improve inclusivity, and
- Cater for the diversity of our community and staff in equitable manner.

## Pandemic Preparedness

At the time this CSP was reviewed WMH and the entire world continue to face the COVID-19 Pandemic. The CSP is intended to be flexible enough to accommodate a phased response to a pandemic should the need arise in the future. Each of the service development plans that are developed as part of the implementation process for the CSP will include a section that prompts discussion and documentation of how each service will respond to a pandemic.

## Our Commitment to Sustainability

WMH is committed to developing sustainable models of service delivery and to developing strategies that will reduce our impact on the environment. WMH's Sustainability Plan is in planning stages currently and is expected to be delivered within the next 12 to 18 months. Actions and strategies from that plan will be incorporated once complete.

## Implementing the Clinical Services Plan

The CSP will be used for two key activities:

- It will be used to drive other key enabling plans such as ICT, Infrastructure (Master Plan), Workforce and Finance; and
- It will be used by the Strategic Projects and Planning Team to develop Service Development Plans and Future Operating Models for our clinical service areas, undertaking clinical redesign projects where necessary. These Service Development Plans will support our clinical leaders in operationalising the strategies within this document and within the WMH Strategic Plan 2021-25.

The CSP will be implemented using a number of supporting tools and processes:

- Service Development Plans will be developed with leadership and support from the Strategic Projects and Planning Team
- Future Operating Models will be developed with leadership and support provided by the Strategic Projects and Planning Team
- Enabling areas of the business will use the CSP to develop their enabling plans
- A Model of Care template and a range of planning tools and templates will be developed and published by the Strategic Projects and Planning Team
- Clinical leaders will use the CSP and Service Development Plans to guide their annual service and operational planning.

Implementation of the CSP will be monitored through regular reporting against our strategic priorities outlined in the Strategic Plan and via progress against the implementation roadmap. The CSP will be reviewed annually and updated with new data where possible, and it will undergo a comprehensive refresh every five years to ensure currency and alignment with WMH's strategic direction.



Figure 3: WMH Equity Framework

## About West Moreton Health

WMH provides health and wellbeing services to more than 312,000<sup>1</sup> people across the Somerset, Scenic Rim, Lockyer Valley and Ipswich communities, from Esk in the north, Gatton to the west, Springfield and Ipswich in the east, and Boonah to the south (**Figure 4**).

WMH provides preventative and primary care services, ambulatory services, acute care, subacute care and oral health, mental health and other specialised services such as prison health services and alcohol and other drugs services to the region.

In addition to providing complex acute inpatient and community mental health services, WMH provides Queensland's only forensic mental health service – the High Security Inpatient Service (HSIS) and the Extended Forensic Treatment Rehabilitation Unit (EFTRU) as well as a cross catchment Secure Mental Health Rehabilitation Unit (SMHRU). WMH also leads mental health research internationally through the Queensland Centre for Mental Health Research (QCMHR) and statewide mental health learning through the Queensland Centre for Mental Health Learning (QCMHL) and the Queensland Mental Health Benchmarking Unit. WMH also provides a range of primary care services to prison facilities in South East Queensland caring for almost 60% of the Queensland's prisoner population in 7 adult correctional centres and 1 youth detention centre.

The WM region has the fastest growing population in Queensland in relative terms, which is expected to double to 587,600 by 2036. With a budget of more than \$730 million and 3,720 full time equivalent staff, WMH has strong networks and relationships with the community and partners, supporting our commitment of Caring Better Together.

WMH was established on 1 July 2012 as a statutory body under the Hospital and Health Boards Act 2011. One of 16 hospital and health services in Queensland, WMH is governed by the West Moreton Hospital and Health Board (the Board), whose members are accountable to the community and to the Minister for Health and Minister for Ambulance Services, the Honourable Steven Miles. Hospital and health services and the Department of Health together make up Queensland Health. WMH operates in line with the Service Agreement with the Department of Health.

## Our Population

The estimated resident population of WMH as at 30 June 2020 was 312,500 persons, representing about 6 per cent of the Queensland population<sup>2</sup>. Compared with Queensland, WMH had a larger proportion of young children (0 to 14 years of age)<sup>3</sup>.



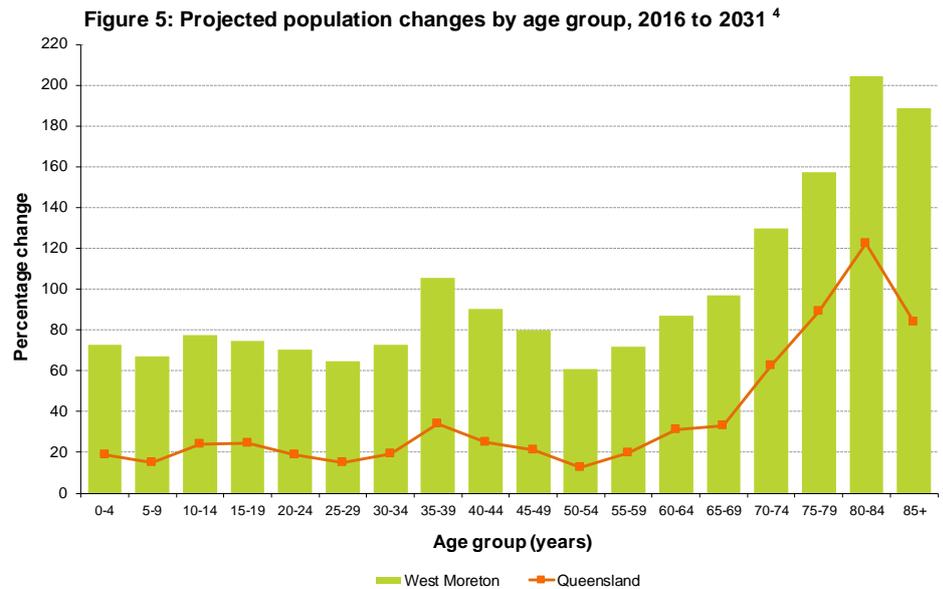
**Figure 4: WMH Region**

<sup>1</sup> Estimated Resident Population SA2 2006-2020, Queensland Government Statistician's Office (ERP 2020)

<sup>2</sup> Estimated Resident Population SA2 2006-2020, Queensland Government Statistician's Office (ERP 2020)

<sup>3</sup> Estimated Resident Population Age and sex indicators by SA2, Queensland Government Statistician's Office (ERP 2018)

The WMH catchment is experiencing remarkable growth. Historically, the region has grown at an annual growth rate (AGR) of 3.0 per cent over the past ten years (Queensland's AGR was 1.8 per cent). The most recent population projections estimate an increase in overall population of around 83 per cent in WMH from 2016 to 2031<sup>4</sup>. This compares with a projected increase across all of Queensland over the same period of 28 per cent. By far the largest increases are projected to occur in the age groups over 70 years (Figure 5). By 2031, it is projected that there will be just under 46,000 more WMH residents aged 65 years and over than there were in 2016. Such substantial ageing of the population will have major implications for the health and hospital system.



## Our Demographic Status

The WM community is culturally, linguistically, economically and geographically diverse, encompassing both metropolitan and rural settings. In terms of the Index of Relative Socio-Economic Disadvantage, the WM region is disadvantaged compared to Queensland as a whole. In 2016, up to 40 per cent of the population was in Quintile 1, the most disadvantaged measure, and 27.9 per cent of the population was in Quintile 2, the second-most disadvantaged marker. Comparatively, WMH is the third lowest health service for quintiles 1-4 (behind Torres and Cape and Darling Downs).

### Our First Nations People

Closing the gap in life expectancy for the Aboriginal and Torres Strait Islander community is a priority for WMH. 14,998 West Moreton people (or 4.9 per cent of the population) identify as Aboriginal and/or Torres Strait Islander. This is comparable to the statewide average of 4.6 per cent. In 2019, 49 per cent of the Aboriginal and Torres Strait Islander population was under 20 years of age (against 25 per cent of the non-indigenous population). At an SA2 level, the highest Aboriginal and Torres Strait Islander places of residence was Lockyer Valley East (1,275 residents), followed by Ipswich East (1,267 residents) followed by Redbank Plains (1,147 residents). Leichardt – One Mile SA2 had the highest proportion of Aboriginal and Torres Strait Islander residents making up 11.8 per cent of the resident population<sup>5</sup>.

WMH has strong connections with the region's Aboriginal and Torres Strait Islander peoples. Elders' invaluable input, ideas and feedback is helping our Executive team to shape the future of WMH.

### Our Culturally and Linguistically diverse communities

The culturally and linguistically diverse (CALD) communities of WMH are growing at a rapid pace. Increased diversity brings and opportunity to provide culturally responsive health services that meet the need of our community.

As at the last CENSUS:

- 18 per cent of residents were born overseas, compared with a state-wide average of 21.6 per cent.

<sup>4</sup> Source: WMH's Public Health Unit, Health Indicators Report, 2019

<sup>5</sup> Source: Indigenous and non-indigenous estimated resident population of Queensland as at 30 June 2015 to 2017 derived by Statistical Analysis Linkage Team, Statistical Services Branch, Department of Health, Queensland

- Residents' top places of origin include New Zealand (4.6 per cent), England (3.2 per cent), the Philippines (0.9 per cent), India (0.8 per cent), and South Africa (0.5 per cent).

This CSP has been developed in alignment with the *WMH Cultural Diversity Action Plan 2019-21*.

## Our Health Status

When compared to other Hospital and Health Services across Queensland, the West Moreton community has a higher percentage of people who are obese, living with a disability, living with a cancer diagnoses and are smokers, including women who smoke during pregnancy (**Table 2**).

**Table 2: WMH status percentages and HHS ranking, Health of Queenslanders 2018 Report, Chief Health Officer**

Demographic Description	West Moreton	Compared to Qld
 Deaths	1,486 (45% premature)	8% higher
 Median age at death	77 years	80.4 years
 Hospitalisations	152,395 (47% of pop)	Crude hospital rate 2% lower than Qld
 Potentially preventable hospitalisations	11,033 (7% of hospitalisations)	0.3% higher
 Private Health Insurance rate (ASR)	38%	-
 Assistance needed for profound / severe disability	5.9%	-
 Adult daily smokers	12%	16% higher
 Adults who were obese	46	2.7 times higher.
 Children who were overweight or obese	30%	-
 Adult risky drinkers	19%	-
 Women smoking while pregnant	17%	38% higher
 Women obese at conception	29%	-
 Cancer incidence rate (ASR)	544 per 100,000	-

### People Living with a Mental Health illness

WMH has implemented the use of the National Mental Health Service Planning Framework (NMHSPF) as a guide to support mental health service planning across the region. The NMHSPF provides WMH with an overview of the care needed by individuals as they progress on their recovery journey. Localised planning knowledge and expertise from WMH, Mental Health and Specialised Services (MHSS) is applied to NMHSPF outputs to ensure each service area is considered in alignment with local service constraints e.g. private and public capacity.

For the year 2019-20 the NMHSPF estimates the prevalence population for mental health illness and need in the West Moreton region to be approximately 140,301 people. This covers early intervention, mild, moderate and severe populations.

Of this prevalence population, the NMHSPF estimates that 57,749 people will require some form of mental health treatment in West Moreton. 10,867 people will be in the severe category with the largest cohort between the ages of 18-64 years (7,038 people).

Mental health illness also places a significant burden on infants, children and young people with an estimated 2,190 people aged between 0-17 requiring mental health care in the severe category.

## Access to Services

In 2019/20, 64 per cent of admissions for West Moreton residents were publicly funded and 36 per cent were privately funded<sup>6</sup>.

Self-sufficiency is the percentage of admitted<sup>7</sup> resident public health demand provided within the catchment. In 2019/20 WMH had a self-sufficiency of 69 per cent<sup>8</sup>, meaning 31 per cent of admissions were delivered outside of WMH's catchment.

In 2020/21 West Moreton residents completed 107,369 public inpatient separations across all services in Queensland. Children (aged up to 14) accounted for 12 per cent of public separations, adults (aged 15-74) accounted for 73 per cent of public separations and older persons (aged 74 and above) accounted for 14 per cent of public separations.

The top public specialties (by admissions) accessed by WMH residents for adults (15 and over) in 2020/21 include renal dialysis, chemotherapy, diagnostic GI endoscopy, obstetrics, cardiology, orthopaedics and non-subspecialty surgery.

The top public specialties (by admissions) accessed by WMH residents for children (14 and under) in 2020/21 include respiratory medicine, qualified neonates, ear, nose and throat, non-subspecialty surgery and non-subspecialty medicine.

The most recent Potentially Preventable Hospitalisations (PPH) data for 2017/18 showed a total of 7,640 separations attributed to PPH's for the West Moreton region. The top three conditions include diabetes complications, chronic obstructive pulmonary disease and urinary tract infections (including pyelonephritis). At a State level, the top three PPH conditions by separations include diabetes complications, urinary tract infections (including pyelonephritis) and Cellulitis.

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<sup>6</sup> Data source: Projections of Future Health Service Activity ACE Inpatient Projections, Base Year 2019-20, ASGS 2016

<sup>7</sup> Excludes Chemotherapy, Renal Dialysis and Unqualified Neonates.

<sup>8</sup> Data source: Projections of Future Health Service Activity ACE Inpatient Projections, Base Year 2019-20, ASGS 2016

## Our service profile

Figure 6: WMH service activity, 2020/21.<sup>9</sup>



West Moreton residents access a broad range of primary, secondary and tertiary health services at hospital facilities. **Figure 6** outlines the activity delivered during the 2020/21 financial year across our inpatient and outpatient services.

## Our Facilities

WMH offers comprehensive health services to the West Moreton community, including hospitals, community services, mental health services and primary care. WMH manages the following facilities, with additional details provided below for each service:

Hospitals <sup>10</sup>	Community and Mental Health Services
Ipswich Hospital	The Park – Centre for Mental Health (The Park)
Boonah Health Service	Gailes Community Care Unit
Esk Health Service	Goodna Community Health
Gatton Health Service	Ipswich Community Dental Clinic
Laidley Health Service	Collingwood Park Dental Clinic
	School-based Dental Clinics (fixed sites)
	Ipswich Community Health Plaza
	Primary health centres in several SEQ Correctional Facilities

<sup>9</sup> West Moreton Hospital and Health Service Annual Report 2018–19

<sup>10</sup> Hospital activity data sources: Monthly Activity Collection (MAC) and Queensland Hospital Admitted Patient Data Collection from Statistical Services Branch, Department of Health, QLD

# Ipswich Hospital



\* Physical Overnight Beds Only

\*\* includes Tier 2 clinics for Tiers 20,40 and 70 only

## Boonah Health Service



\* Physical Overnight Beds Only

\*\* includes Tier 2 clinic data for Tiers 20,40 and 70 only

## Esk Health Service



\* Physical Overnight Beds Only

\*\* includes Tier 2 clinic data for Tiers 20,40 and 70 only

# Gatton Health Service



\* Physical Overnight Beds Only

\*\* Includes Tier 2 clinic data for Tiers 20,40 and 70 only

## Laidley Health Service



\* Physical Overnight Beds Only

\*\* Includes Tier 2 clinic data for Tiers 20,40 and 70 only

## The Park Centre for Mental Health



### The Park Centre for Mental Health



*The Park – Centre for Mental Health, Treatment, Research and Education (The Park) is located on Wolston Park Rd, Wacol, approximately 25 kilometres west of Brisbane.*

#### Services

The Park is a fully-accredited, gazetted tertiary mental health facility providing a range of comprehensive, forensic mental health and specialised services to the people of Queensland. Clinical programs include the High Security Inpatient Service and Forensic Extended Treatment and Rehabilitation. Specialised services include Prison Health Service and Prison Mental Health Services.

The site also hosts WMH's Secure Mental Health Rehabilitation Unit which supports consumers from across Metro South Health, Gold Coast Health and WMH.

The Queensland Centre for Mental Health Research, Queensland Centre for Mental Health Learning and Queensland Mental Health Benchmarking Unit are also located at The Park, providing globally recognised mental health research and a state-wide program for mental health education and benchmarking.

*\* Physical Overnight Beds Only*

# Community Health Services



## Community Services

West Moreton Health community services are provided at a number of facilities including Ipswich Community Health Plaza, Ipswich Oral Health Clinic, Goodna Community Health and Gailes Community Care Unit.

### IPSWICH COMMUNITY HEALTH PLAZA

**Services**

- Child Health
- Child Development Services
- Child, Youth and Adult Mental Health
- Sexual Health
- AODS
- Community Based Rehabilitation
- Aged Care Assessment
- Geriatric Management (including RASS and GEDI)
- Transition Care
- Breast and Bowel Screening Programs
- Chronic Conditions Services
- Hospital in the Home
- Virtual Care Platforms
- GP Liaison service

### GOODNA COMMUNITY HEALTH

**Services**

- Child and Young People's Health
- Ambulatory Services
- AODS
- Child, Youth and Adult Mental Health
- Public Health

### IPSWICH ORAL HEALTH

**Services**

Oral Health services for eligible children and adults at dedicated oral health facilities, hospitals, community outreach clinics and schools.

### GAILES COMMUNITY CARE UNIT

**Services**

18 bed residential accommodation facility for adult mental health consumers who require additional support and rehabilitation to transition to independent living.

## Service provided in Correctional Centres



### Services provided in Correctional Centres

*WMH provides health services to seven correctional facilities in the South-East Queensland region.*

Services are provided by the Mental Health and Specialised Services' Prison Health Service and Forensic and Secure Service; and Community and Rural Service which include:

- Primary care i.e. nursing and medical
- Pharmacy
- Oral health services
- Women's and Children's services
- Specialist Prison Mental Health services

These services are governed by a Memorandum of Understanding between the Department of Health and Department of Attorney General.

#### **Correctional Centres include:**

- Borallon Training and Correctional Centre
- Wolston Correctional Centre
- Brisbane Women's Correctional Centre (and Helena Jones Centre)
- Brisbane Correctional Centre
- Southern Queensland Correctional Centre
- Arthur Gorrie Correctional Centre
- Brisbane Youth Detention Centre

#### **In addition, Prison Mental Health Services are also provided:**

- Woodford Correctional Centre
- Palen Creek Correctional Centre
- Numinbah Correctional Centre

WMH works in close collaboration with Metro South Health as the Secure Unit is hosted by the Princess Alexandra Hospital in South Brisbane.

## Research and Innovation

The West Moreton Health Research and Innovation Strategy 2021–25 focuses on supporting staff to actively improve the way we provide care to our community. Over the past four years, this has led to staff focusing on priority areas, including chronic and preventable disease, health promotion and prevention, service delivery improvement and mental health. The West Moreton Centre for Research and Innovation has also had a strong focus on building research capability and capacity within the clinical workforce through research skills training, communities of practice, structured mentorship and supporting staff to start research higher degrees with our academic partners.

The Queensland Centre for Mental Health Research (QCMHR), aims to reduce the level of disability associated with mental illness. It achieves this by providing internationally recognised research that leads to more effective mental health services and interventions, the identification and reduction of risk factors and the development of researchers in the field of mental health.

Further development of the WMH research and innovation portfolio will be a critical enabler of the plans outlined in this CSP.

## Our partners

WMH works in partnership with stakeholders and other organisations to improve health outcomes for the community. This includes connecting with private hospitals, other hospitals and health services, GPs, community services and other external organisations. WMH's *Engagement and Partner Strategy 2018-2019* outlines strategic engagement and communication objectives, responsibilities and outcomes.

### Hospital partners

WMH has a partnership for the delivery of public health services with Ramsay Health Care at St Andrew's Private Hospital Ipswich (St Andrew's). At present, St Andrews support WMH by delivering public services for Outpatients, Elective Surgery and Interventional Cardiology. WMH also has a partnership with Ipswich Day Hospital for the provision of day surgery cases and Endoscopy.

Mater Private Hospital Springfield (Mater Springfield) also delivers some publicly funded hospital services in partnership with WMH. In 2018/19, WMH patients received surgical, medical and outpatient services at Mater Springfield.

St Andrew's and Mater Springfield's planned growth in specialist services may help to reduce and accommodate public health demand within our region.

Metro South Health, Metro North Hospital and Health Service, Mater Health Services and Children's Health Queensland provide tertiary level services to the WMH community as needed.

Princess Alexandra Hospital Secure Unit for complex prisoner health care outside of the capability of the WMH Prison Health Service.

### Community partners

WMH has strong networks and relationships with our community partners, including GPs, the Darling Downs and West Moreton Primary Health Network (DDWM PHN), Kambu Aboriginal and Torres Strait Islander Corporation for Health, and the Ipswich Hospital Foundation.

WMH has also fostered strong partnerships with Government service providers in our region. Our partners include Queensland Ambulance Services, Queensland Police Services and Queensland Corrective Services.

WMH values the voice of our consumers and our community members. Community Reference Groups have been established to make sure their voice is heard when we plan, design, deliver and evaluate health care in WMH.

WMH greatly values the leadership and guidance of the West Moreton Aboriginal and Torres Strait Islander Elders who advise on the culturally appropriate provision of services to WMH's Aboriginal and Torres Strait Islander community.

There are five Local Government Authorities in the West Moreton catchment and WMH has a strong and functional relationship with each of them. By partnering with the Ipswich, Lockyer Valley, Scenic Rim, Brisbane and Somerset Councils it provides a long-term, consistent connection point between the health service and people in our community.

WMH also partners with other service providers (Government and Non-government), and formal and informal community organisations, groups and clubs.

## Our projected health care need

WMH is experiencing significant growth in hospital activity volumes. Under the Baseline Projection (assuming no change to current service models and sufficient infrastructure to meet demand) inpatient separations are projected to grow at an average rate of 6.1 per cent per annum and occupied bed days at 5.6 per cent between 2017/18 (the base year for the projection) to 2036/37<sup>11</sup>. Non-admitted activity (occasions of service) is projected to grow at an average annual rate of 5.0 per cent and emergency department activity (presentations) at 4.4 per cent each year over the same projection period.

In absolute terms, health service activity will more than double by 2036/37 based on current service patterns. This growth is driven in a large part by significant population growth – including in paediatrics and the older population, as well as the burden of disease of the population. The top 5 Service-Related Groups (SRGs) by projected inpatient volume growth are:

1. Cardiology
2. Orthopaedics
3. Respiratory Medicine
4. Non-Subspecialty Surgery
5. Non-Subspecialty Medicine.

The fastest projected growth for non-admitted clinics are General Medicine – Medical led (7.5 per cent), Infectious Disease – Medical led (7.4 per cent), Ophthalmology (7.1 per cent), Infectious Diseases – Nursing led (7.0 per cent) and General Medicine – Nursing led (6.9 per cent). Under current service patterns, most of this growth is projected to occur at Ipswich Hospital. In addition, mental health services are also expected to grow significantly, with inpatient infrastructure required to more than double between 2019 and 2026; and community-based infrastructure to more than triple over the same time period. Oral health infrastructure requirements will also increase significantly, however no endorsed projection guidelines are available.

If WMH does not adjust current models of care, clinical capability and patient flow, the baseline projection indicates that the following will be required by 2036/37:

- 2 times the number of overnight beds
- 8 times the number of same day beds
- 1.9 times the number of bed alternatives and
- 2.5 times the amount of non-MAC infrastructure, such as clinical spaces, birthing suites, theatres, clinic rooms and Emergency Department infrastructure.

The NMHSPF estimates an approximate 30% increase in the treated population (people requiring treatment for a mental health condition) for West Moreton HHS by 2026 from approximately 57,000 people to 75,000 people (**Table 3**). The increase of population is particularly pronounced for the cohort over 65 years of age than other cohorts. The largest cohort of consumers is recognised at the 18-64 year age group (adult) with a total of approximately 47,000 people (2025-26).

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<sup>11</sup> Source: WMH Technical Planning Paper 2019.

Table 3: NMHSPF Treated Population Projections 2019 to 2026.<sup>12</sup>

Years	0-4	5-11	12-17	18-64	65+	65+ BPSD	Total
2019-20	4,263	5,938	4,377	37,242	4,536	1,393	57,748
2020-21	4,434	6,200	4,588	38,632	4,802	1,474	60,130
2021-22	4,615	6,479	4,842	40,201	5,114	1,570	62,822
2022-23	4,808	6,774	5,137	41,949	5,473	1,680	65,822
2023-24	5,001	7,070	5,432	43,696	5,832	1,791	68,822
2024-25	5,194	7,365	5,728	45,444	6,191	1,901	71,822
2025-26	5,388	7,660	6,023	47,191	6,549	2,011	74,822
% increase (2019 to 2026)	26%	29%	38%	27%	44%	44%	30%

WMH continues to be engaged with the Office of Prisoner Health and Wellbeing as primary care for Prison Health Services continues to grow and change in alignment with the needs of the prisoner population. Consideration of impacts to CSCF of existing services provided into the correctional facilities is important alongside impact for larger infrastructure if there will be more reliance on services at Ipswich Hospital i.e. outpatient services.

Built cell capacity 19/20	19/20	20/21	21/22	Estimated Future Demand
Arthur Gorrie CC	-	1,004	1,004	1,004
Borallon Training and CC	736	736	736	736
Brisbane CC	766	766	766	766
Wolston CC	778	778	778	778
Brisbane Womens CC	270	270	270	270
Southern Queensland CC	-	-	312	312
Brisbane Youth Detention Centre	130	166	166	166
Gatton New Build	-	-	-	1,000
<b>TOTAL</b>	<b>2,680</b>	<b>3,720</b>	<b>4,032</b>	<b>5,032</b>
QLD Prisoner Population	9,181	9,181	9,181	10,181

## Transforming and Optimising our Services

To ensure that WMH rises to the challenge of providing health care in an ever increasingly complex environment a projected health care need scenario has been developed. The scenario has three key components:

- Clinical Services Capability Framework (CSCF) and Self-Sufficiency changes at Ipswich Hospital.**  
 The majority of services will increase to a Level 5 by 2026/27. The increase in service capability will enable more WMH residents to receive complex care close to home. A full outline of proposed CSCF changes is included at **Appendix 4**.
- Increase efficiency and effectiveness of acute services through optimisation strategies.**  
 WMH is planning a range of initiatives to improve effectiveness and efficiency of service delivery. Four key focus areas have been identified and outlined in **Figure 7** below. Alignment of these strategies to the State Government's Transform Optimise Grow agenda is outlined in **Figure 8**.
- CSCF and self-sufficiency changes at other facilities.**  
 Self-Sufficiency changes are also considered for Esk, Gatton and Laidley hospitals, where there are longer-term plans to provide CSCF Level 3 services in the Lockyer Valley and potential CSCF Level 4 services in the Springfield region. The scheduled of planned CSCF uplift is included in **Appendix 3**.

<sup>12</sup> Data provided was extracted from the National Mental Health Service Planning Framework, Planning Support Tool (Tableau) on 4 September 2019 by the Mental Health Alcohol and Other Drugs Branch. This information has been provided to support West Moreton Health mental health service planning. Under licensing agreement between Queensland Health and the Commonwealth Department of Health, it is a condition that users (including third party users) cannot discuss data, material or other output generated with the NMHSPF Support Tool and supporting documentation outside the intended purpose of this document.

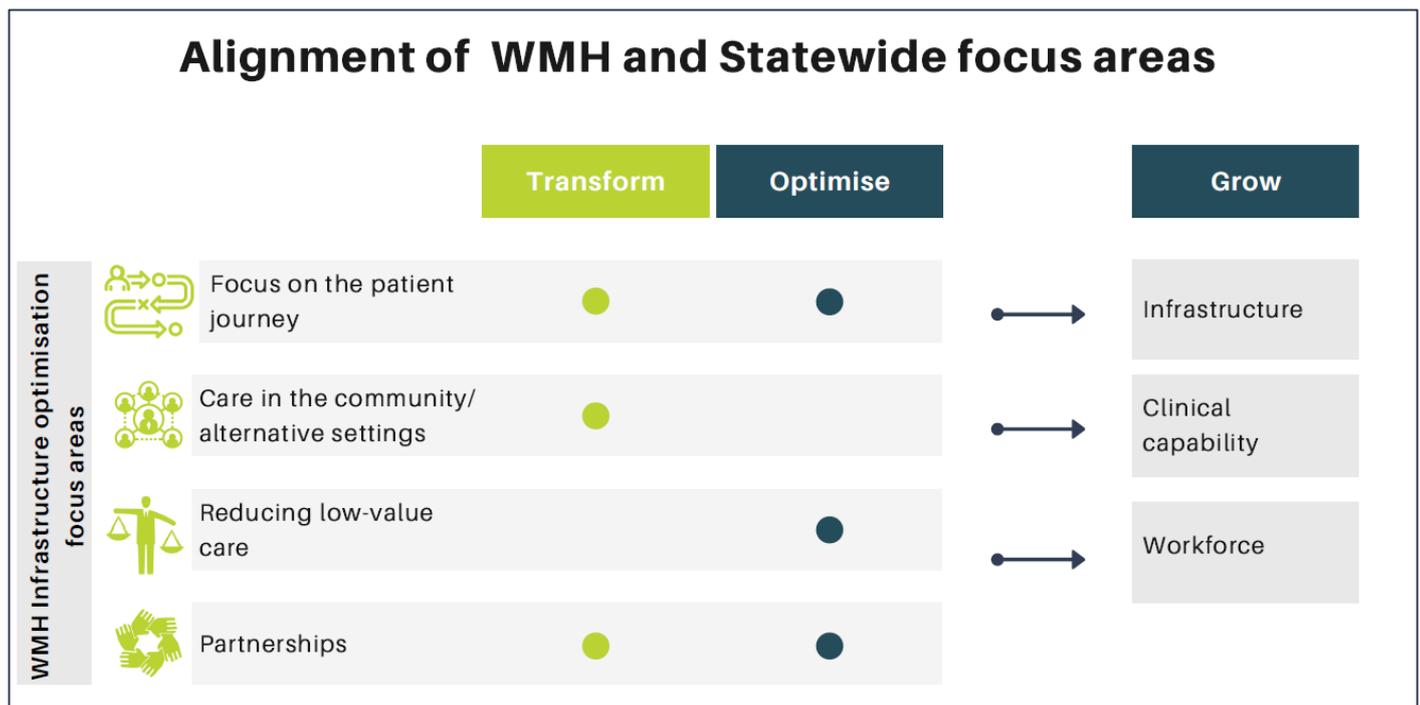
Figure 7: Focus areas for service and infrastructure optimisation

	<p><b>Focus on the patient journey</b></p> <p>A focus on the patient journey will improve the care experience and reduce length of stay. Strategies include better discharge planning, adequate provision of sub-acute beds, transitional care for patients who cannot be discharged home, and new infrastructure to support different models of care.</p>		<p><b>Reducing low-value care</b></p> <p>Strategies to reduce low-value care, including better end-of-life planning and criteria for surgery to reduce complications and access to low-value procedures, and enhancing community based mental health services to reduce hospitalisation will improve the effectiveness of our acute hospital services.</p>
	<p><b>Care in the community / alternative settings</b></p> <p>More care could be delivered in the community / alternative settings. Strategies include increased virtual care, nursing home outreach, community palliative care and rehabilitation, a virtual hospital model, alternative admission mechanisms and hospital avoidance strategies to reduce ED presentations.</p>		<p><b>Partnerships</b></p> <p>Better partnerships are required with other health care providers, including mental health. Partnerships with private facilities may allow some activity to be outsourced. Partnerships with GPs and the Darling Downs and West Moreton Primary Health Network will support more management of chronic disease in primary care.</p>

## Alignment of Planning Focus Areas

WMH is committed to aligning localised focused areas to Statewide directions to ensure a systematic approach to planning and delivering health care services. Figure 8 below speaks to the alignment between WMH Focus areas for service and infrastructure optimisation and Statewide directions Transform, Optimise, Grow as articulated in [Queensland Health's System Outlook to 2020 for a sustainable health service](#). Focusing on transforming and optimising our services before we grow them will ensure we are delivering safe and sustainable services to the community.

Figure 8: Alignment of WMH and Statewide focus areas



The application of this scenario produces the following activity projections (**Table 4**) and infrastructure requirements (**Table 5**).

**Table 4: WMH Activity Projections 2017/18 to 2036/37.**<sup>13</sup>

Projections	Units	Base Year	2021/22	2026/27	2031/32	2036/37	CAGR
Inpatient Projected Healthcare Demand	Occupied bed days	130,569	151,830	227,145	295,773	367,251	5.6%
Non-admitted	Occasions of service	311,338	356,285	545,772	717,390	898,969	5.7%
Emergency Department	Presentations	87,511	103,345	136,352	179,903	237,363	5.7%
Endoscopy	Separations / Occasions of Service	5,760	7,482	10,098	12,353	14,458	5.2%
Cancer care (Chemo)		-	5,700	7,402	12,346	14,798	6.6%
Interventional cardiology		-	339	411	484	558	3.4%
Renal Dialysis	In-Centre Treatments	-	22,521	30,222	39,990	52,090	5.7%

**Table 5: WMH Projected Infrastructure Requirements and Shortfall 2018/19 - 2036/37.**<sup>14</sup>

Infrastructure Type	MAC Bed Type	Existing (2018/19)	2021/22	2026/27	2031/32	2036/37	Deficit**
Overnight Beds	All Other Overnight	372	391	445	665	832	-460
Mental Health	Mental Health*	44	74	97	97	97	-53
Same Day Beds	All Other Same Day	4	58	84	119	157	-153
Critical Care Beds	ICU, HDU, CCU & SCN	35	40	51	61	71	-36
Procedure Chairs	Chemotherapy and Dialysis	24	20	26	32	41	-17
Operating Theatres	Procedural / Interventional	7	9	11	14	19	-12
Endoscopy Suites	Procedural / Interventional	2	2	3	4	4	-2
Birthing Suites	Maternity	11	10	12	14	15	-4
Non-admitted clinics	Other	50	66	82	105	133	-83
Emergency Department	Emergency	64	87	116	147	185	-121
Forensic Services (Secure overnight)	Mental Health	124	114	127	127	127	-3
Gailes Community Health Unit (overnight)	Mental Health	18	48	60	60	60	-42

\* Mental Health Projections only project to the 2026/27 time horizon.

\*\* Projections exclude provisions for public services provided in private facilities

\*\*\*Excludes Oral Health projections as the Department of Health has not endorsed a projection methodology. Further detailed planning will be undertaken in consultation with the Department of Health in this regard.

<sup>13</sup> WMH Technical Planning Paper 2019 - Deloitte

<sup>14</sup> WMH Technical Planning Paper 2019 – Deloitte

## Implementation Roadmap

The following tables articulate WMH's road map to increasing clinical capability whilst delivering on our strategic vision to provide safe and sustainable digitally enabled care closer to home for our community. The following implementation plan is aligned to WMH's three Strategic priorities (below) and is supported by a suite of critical enabling functions for the health service.

As a part of the development of the CSP, the Strategy and Planning team collaborated with clinical areas of the business to develop their Clinical Service Profiles (Appendix Five). The Clinical Service Profiles contained detailed service level plans articulating who the services are, what challenges they face, their Master Planning and CSCF considerations and their planning agenda over the same 15-year time horizon.

Action item	Transform Optimise Grow	5 years (2025)	10 years (2030)	15 years (2035)
<b>All facilities</b>				
Continue to improve patient experience, consumer engagement and care environments in both existing and new facilities to enhance consumer outcomes.	O			
Deliver on Making Tracks, Closing the Gap and Aboriginal and Torres Strait Islander population health initiatives to ensure the improvement of West Moreton Aboriginal & Torres Strait Islander health outcomes	O			
Continue to provide education to primary health care providers to improve capacity in the community to manage older persons mental health.	O			
Continue to enhance and streamline the patient care journey both within WMH (community, rural hospitals, mental health and specialised services and Ipswich Hospital) and between WMH and partner providers.	O			
Continue to deliver a population health agenda with cross sectoral collaboration and establishment of community led health initiatives	O			
Implement COVID-19 Safe Workplace Strategy measures.	T			
Optimise nursing and allied health scope of practice to enable value-based models of care that support timely and equitable service provision.	T			
<b>Rural Facilities</b>				
Expand remote monitoring options for rural hospital patients; accommodating for aging population and expected increased demand for this cohort.	O			
<b>Mental Health and Specialised Services</b>				
Expand mental health specialist services to introduce models including; community forensic, mobile intensive care teams, early psychosis and homeless outreach to meet projected community need.	T/G			
Grow specialist child and youth mental health outpatient and community services, including the implementation of a step up/step down model and early intervention services.	G			
Establish perinatal mental health service, to support pregnant women experiencing mental health concerns and to increase regional self-sufficiency	T			
Explore opportunity for access to an AODS Lived Experience Workforce.	T			
Develop an Occupational Violence Prevention program tailored to the unique needs of forensic services (including prisons).	T			
Implement a sustainable workforce planning strategy across Mental Health and Specialised Services.	O			
<b>Prison Health Services</b>				
Increase allied health, pharmacy and oral health support services for prison health.	G			
Increase in Prison Health Service staffing and resources commensurate with prisoner health needs and population numbers.	G			
Establish inpatient Paediatric Allied Health staffing model.	O			

Caring for people

Action item	Transform Optimise Grow	5 years (2025)	10 years (2030)	15 years (2035)
Community and Outpatient Services				
Review community and outpatient models of care and sustainably increase services to meet demand and increasing clinical capability.	O			
Implement nurse or allied health models as options to deliver care closer to home for West Moreton residents.	T			
Work collaboratively with primary healthcare providers to streamline the care journey and ensure the right care in the right setting at the right time for consumers.	O			
Develop and advance the WMH Diabetes Alliance and consider the development of similar alliances for other chronic conditions.	T			
Implement Hospital in the Home services to support care closer to home for rural communities	O			
Increase Outpatient procedural capabilities.	T			
Grow Oral Health facilities, dental vans and equipment to meet the rapidly changing service need and profile of the oral health service.	G			
Expand Oral Health services to correctional facilities (four additional services to come online).	G			
Review and implement new models of community-based rehabilitation and cardiac rehabilitation care to ensure contemporary evidenced based practice that best meets WMH community needs.	O			
Grow all chronic conditions services to align with burgeoning community need, and enhance capability increasing clinical complexity of services to be offered by Ipswich Hospital.	G			
Enhance bariatric capability across all community, mental health and outpatient contexts.	T			
Establishment of a co-located Community and Outpatients Service within the Ipswich Wellness and Health Centre	T			
Mental Health and Specialised Services				
Expand community and rural models including the development of care units in Lockyer Valley & Ripley and expansion of the Gailes Community Care Unit.	G			
Explore regional opportunities with partners for ambulatory and long stay services, AOD detox services and improve access to opioid substitute treatment programs.	T			
Increase in capability of General Health Services at The Park to provide care closer to the consumers and reduce the need for escorted travel	G			
Collaborate with partners to implement stepped care pathway models across the care continuum.	T			
Continue to work in collaboration to deliver on the Regional Mental Health Plan with key partners.	O			
Delivery of new mental health facility with contemporary design improving aesthetics, sensory and safety environment and safe haven model step up/step down and specialist community mental health teams.	G			

Safe, sustainable care

Action item	Transform Optimise Grow	5 years (2025)	10 years (2030)	15 years (2035)
Expand AOD services at Ipswich Hospital to provide early intervention i.e Consultation Liaison and Drug and Alcohol Brief Intervention Team.	G			
Embed the suicide prevention pathway and Zero Suicide Framework into community and emergency services.	T			
Expand, transition and increase independent living models; accommodating for projected service demand.	G			
Establish a Centre for Forensic Mental Health Excellence.	T			
Adolescent acute mental health beds delivered at Ipswich Hospital.	G			
Establish new models of service delivery for mental health services i.e crisis response, step up/step down, AODS and specialist community mental health teams.	G			
<b>Prison Health Services</b>				
Develop partnerships to provide on-site prison drug and alcohol support services.	T			
Expand service provision to include additional correctional facilities as agreed with Queensland Corrective Services.	G			
Develop and implement a research and evaluation plan for Prison mental health as a key platform to WMH's research and innovation strategy.	T			
Prison Health Services to facilitate a nationwide correctional forum	T			
Leverage key partnerships, research and technology to develop and enhance integrated primary care service model.	O			
<b>Women, Children and Family Services</b>				
Establish Clinical Director Community Paediatrics and meet CSCF level 5 for Child Development Services.	T			
Expand oncology and Type 1 diabetes capacity.	G			
Establish Paediatric High Dependency Unit to meet projected CSCF level 5 requirement.*	G			
Extend Paediatric surgery capacity, increasing service to meet projected CSCF level 5.*	G			
Extend Paediatric post anaesthetic capacity in line with projected CSCF increase to level 5.*	G			
Expand Neonatal Special Care Nursery services.	G			
Expand Maternity services, across the ante and postnatal continuum.	G			
Expand obstetric surgical capacity to manage increasing casemix complexity.	G			
Establish a Maternal Foetal Medicine capacity for Women's Services.	T			
Develop Gynaecology service to meet CSCF level 5 aspirations including oncology, infertility and endometriosis management services*	G			
Expand provision of current medical services to meet at CSCF level 5*.	G			
Develop and implement gastroenterology, and neurology services	G			

Safe, sustainable care

Action item	Transform Optimise Grow	5 years (2025)	10 years (2030)	15 years (2035)
Expand Palliative care services in partnership with community providers supported by improved digital monitoring and telehealth linkages in line with the development of a CSCF level 6 service*.	G,T			
Build Older Person services, including meeting CSCF levels: - Level 5 Emergency Care, Older Persons Inpatient, Cognitive Impairment, Consultation Liaison, Geriatric Evaluation and Management, Geriatric Rehabilitation and Ortho-Geriatric services. - Level 4 Ambulatory services - Level 3 Interim Care services*.	G			
Undertake model of care review and expand Rehabilitation services to include approved rural and additional community providers in line with CSCF level 5 aspirations by 2031.	G			
Review Acute Stroke model of care and commence thrombolysis service.	O/G			
Grow Oncology service to CSCF Level 5, inclusive of day chemotherapy outreach models; radiation oncology and nuclear medicine*	G			
Grow Renal services to CSCF level 4, inclusive of dialysis programs in the home, and in alternate community settings and expanded outpatient and inpatient capability.	G			
Build Respiratory Inpatient Service and expand Respiratory Investigation Unit on-site.	G			
Expand Cardiac inpatient, diagnostics and interventional services to meet CSCF 5. Grow CSCF Level 6 rehabilitation inpatient and outpatient services to meet population demand.*	G			
Development of adult Haematology services.	G			
<b>Surgical and Perioperative</b>				
Expand current surgical services to increase self-sufficiency and achieve Level 5 CSCF Surgery requirements including the CSCF requirements for Level 5 Perioperative services, specifically: - Acute Pain - Day Surgery - Endoscopy - Operating Suite - Level 4 services for Children's Post – Anaesthetic Care*.	G			
Increase surgical services to six or seven-day rostered service, including night duty for Post Anaesthetic Care Unit.	G			
Grow physical surgery capacity including investigation of the establishment of a robotic surgical program.	G			
Expand ENT capabilities including middle ear implant surgery, cochlear implants, neurosurgery, plastics and skull-based surgery.	T/G			
Establish a standalone day surgery service to maximise efficiencies.	T			
Grow ICU capability and size to support CSCF Level 5 Surgical and Medical services*.	G			

Safe, sustainable care

	Action item	Transform Optimise Grow	5 years (2025)	10 years (2030)	15 years (2035)	
Safe, sustainable care	Further investigate implications of Level 5 paediatrics surgical service on sustainable critical care service provision in line with advice from Statewide Paediatric ICU Group	O				
	Establish High Dependency Care models to support increased acuity in line with the projected CSCF level 5*.	T				
	Build ICU, anaesthetic and surgical research and educational capabilities.	O				
	<b>Emergency Services</b>					
	Increase Emergency Department staffing profile capability and capacity to meet CSCF 5 requirements*.	T/G				
	Increase Adult emergency trauma management capacity.	G				
	Increase Paediatric emergency trauma management capacity.	G				
	Continued implementation of alternative care pathways to reduce Emergency presentations and in particular mental health presentations.	O				
	<b>Clinical Support Services</b>					
	Consider the commencement of Positron Emission Tomography (PET) and nuclear medicine services.	T				
	Expand Allied Health services and scope to meet service expansion and articulated CSCF for individual services.	G				
	Extend pharmacy capacity to meet ongoing service needs and maintain CSCF 5 status and expand to a 7 day a week service.	G				
	Work with Health Services Queensland to support the provision of CSCF Level 5 Pathology services by 2026/7.	G				
	<b>Rural Facilities</b>					
	Expand community and allied health models in rural facilities to accommodate increased demand, projected population growth and CSCF uplift plans.	G				
	Increase capacity and capability for Boonah Hospital to deliver CSCF Level 3 rehabilitation services.	T				
	Undertake planning and model of care reviews to enable rural hospitals to become clinical specialty hubs.	T				
	Undertake further planning to refine and develop service capacity and capability across all Rural Hospitals to meet short- to mid-term service needs.	G				
	Establishment of a new CSCF level 3 hospital in the Lockyer Valley. Overnight services at Laidley and Gatton to transfer to the new facility. Laidley and Gatton to transition to community health centres.	G				
<b>All facilities</b>						
Leverage digital technology to enhance patient outcomes, reduce inefficiencies and improve access to safe, high quality health care.	O					
Leverage digital technology to enhance patient flow, throughput, and capacity management.	O					
Embed technology and biomedical equipment advances to enhance and deliver, safer, more reliable healthcare.	T					
<b>Rural Services</b>						
Increase the availability of telehealth services and virtual rounding for rural facilities	O					
Future focus						

	Action item	Transform Optimise Grow	5 years (2025)	10 years (2030)	15 years (2035)	
Future focus	Implement the independent electronic medical record for Rural Hospitals	T				
	Develop, implement and evaluate a comprehensive telehealth plan for the rural facilities.	O				
	<b>Community and Outpatient Services</b>					
	Expand digital in reach and remote monitoring models and telehealth to support caring for patients within the home and community environment.	O				
	Expand virtual health models, catering for both those patients with a chronic disease comorbidity and other services as appropriate e.g. Specialist Outpatients Department.	O				
	Develop and expand out of hospital service models to accommodate for growing demand for services, including HITH and hospice in the home.	O				
	Enhance community health services to meet growing regional demand	G				
	Extend screening programs for breast and bowel screen, developing new satellite breast screen sites to meet projected regional demand.	G				
	<b>Prison Health Services</b>					
	Work with the Office of Prisoner Health and Wellbeing (OPHW) and eHealth Queensland to implement an electronic prisoner medical record	O				
	Build telehealth capability across Prison Health Services.	O				
	<b>Mental Health and Specialised Services</b>					
	Implement change management procedures and service model redesign in preparation for the new Mental Health facility to be built at Ipswich Hospital.	O				
	<b>Clinical Support Services</b>					
	Leverage available technology to enhance pharmacy services (including robotics, automated dispensing and electronic prescribing).	T				
	<b>Surgical and Perioperative Services</b>					
	Enhance current orthopaedic optimisation initiatives including telehealth, virtual fracture clinic and nurse led clinics.	T				
	<b>Master Plan</b>					
	Establish a new CSCF level 4 hospital in the Springfield/Ripley Valley region*	G				
Expand service delivery to new facilities in Ripley Valley and Lockyer Valley.	G					
Critical enabling functions	Maintain and implement COVID-19 operational plans in line with community need.	O				
	Undertake Master Planning in alignment with CSP.	G				
	Continue to develop data and analytics capabilities to enhance clinical decision making.	O				
	Ongoing clinical redesign and improvement across the health service supported by robust change management methodologies to ensure a system approach to quality improvement and waste reduction and realisation of Transform and Optimise opportunities.	O				

	<b>Action item</b>	Transform Optimise Grow	5 years (2025)	10 years (2030)	15 years (2035)
<b>Critical enabling functions</b>	Develop accommodation solutions in the medium term to enable transition from current infrastructure to master planned solutions.	O			
	Develop a financial model to determine and understand the impacts of changes to CSCF level changes for individual services and respective funding model changes.	O			
	Develop and implement an extensive workforce development plan to meet future workforce requirements of West Moreton Health as dictated by service projected demand, service acuity and the proposed CSCF level changes for each individual service.	G			
	Continue to invest in and build staff capability and culture at all levels of West Moreton Health.	O			
	Investment and growth in clinical and non-clinical support services to ensure that clinical growth and capacity increases are appropriately supported.	G			
	Align health services and funding models in line with financial sustainability outlook.	O			
	Growth in research and innovation to: - Improve patient safety - Improve health outcomes - Improving WMH's ability to recruit and retain a high-quality specialist workforce - Support progression to enhanced clinical capability.	G			
	Increase partnerships with private health providers to deliver an appropriate service mix to manage dynamic regional health demand.	O			
	Leverage the capacity of WMH partners through the WMH Engagement and Partner Strategy, to ensure the right care in the right place at the right time.	O			
	Develop strategic partnerships with government and non-government sector to improve regional population health, via town planning/ infrastructure and community wellness programs.	O			
	Seek and obtain funding to meet infrastructure growth and increased clinical capability.	G			
	Ensure Service Development Plans, developed to implement Future Operating Models and the Clinical Service Plan accommodates Pandemic preparedness requirements.	T			
	Establish an Indigenous Health Leadership model as a key enabler to improve outcomes for Indigenous staff and consumers	T			
	Implement the West Moreton Health Equity Framework to drive improvements in health care for the most vulnerable consumers by catering for diversity, building a workforce representative of our community and building capacity of our workforce to improve inclusivity in the services we deliver.	O			
	Develop an obesity management plan in collaboration with the DDWMPHN and relevant NGO's and government partners (HWQ).	T			
	Development of Aboriginal and Torres Strait Islander Health Equity Strategy in collaboration with relevant AMS's, NGO's, peak bodies and government partners.	T			

Action item	Transform Optimise Grow	5 years (2025)	10 years (2030)	15 years (2035)
Develop and implement the WMH Sustainability (Climate Change) Plan.	T			

\*Timing to meet CSCF planning progression by 2026/27 in line with Statewide Capability – Attachment 4.

# Appendices

## 1. Glossary & Abbreviations

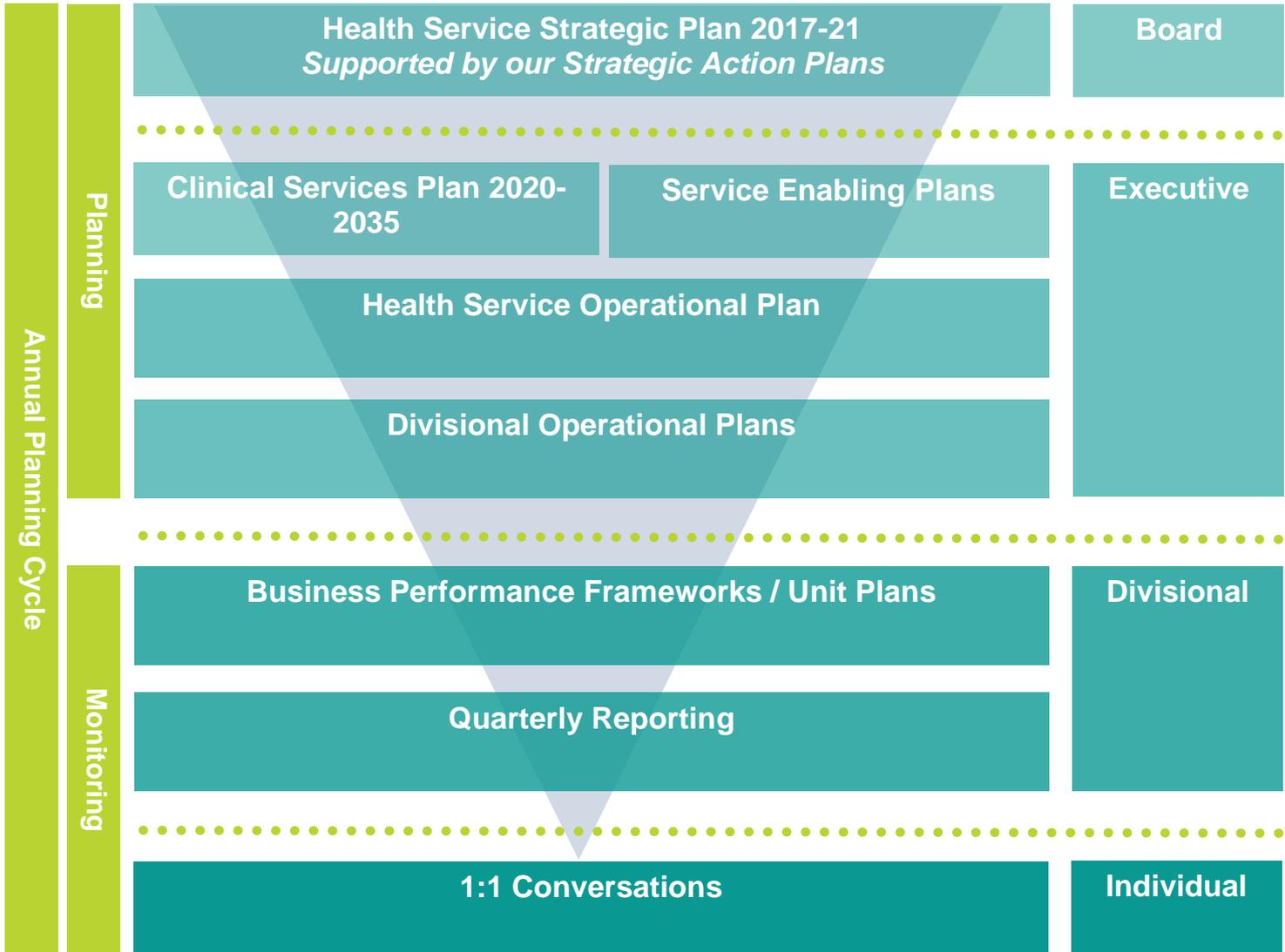
Key Word	Explanation / Definition
Australian Statistical Geography Standard (ASGS)	<p>The Australian Statistical Geography Standard (ASGS) provides a framework of statistical areas used by the Australian Bureau of Statistics (ABS) and other organisations to enable the publication of statistics that are comparable and spatially integrated. The ASGS is split into two parts, the ABS Structures and the Non ABS Structures.</p> <p>Further information can be found here:  <a href="http://www.abs.gov.au/websitedbs/D3310114.nsf/home/Australian+Statistical+Geography+Standard+(ASGS)">http://www.abs.gov.au/websitedbs/D3310114.nsf/home/Australian+Statistical+Geography+Standard+(ASGS)</a></p>
Chief Health Officer Report	<p>The <i>2018 Chief Health Officer Report</i> provides a variety of demographic and epidemiological information relating to the health of Queenslanders. The report measures of health status including the following:</p> <p>Hospitalisations - in this report, this refers to the crude rate of total hospitalisations for WMH residents. The data is sourced from the Queensland Health Admitted Patient Data Collection (QHAPDC).</p> <p>Mortality - in this report, this refers to the age standardised mortality (death) rate for WMH residents. The data is sourced from the Cause of Death Unit Record File, Australian Coordinating Registry.</p>
Clinical services Capability Framework (CSCF)	<p>The CSCF for Public and Licensed Private Health Facilities provides a standard set of minimum capability criteria for service planning and delivery. The current version (v3.2), published in December 2014, has been designed to guide a coordinated and integrated approach to health service planning and delivery in Queensland. It applies to both public and licensed private health facilities and will enhance the provision of safe, quality services by providing health service planners and service providers with a standard set of minimum capability criteria. The CSCF's purpose is to:</p> <ul style="list-style-type: none"> <li>describe a set of capability criteria that identifies minimum requirements by service level</li> <li>provide a consistent language for healthcare providers and planners to use when describing and planning health services</li> <li>assist health services to identify and manage risk</li> <li>guide health service planning</li> <li>provide a component of the clinical governance system, credentialing and scope of practice of health services</li> <li>instil confidence in clinicians and consumers services meet minimum requirements for patient safety and guide health service planning.</li> </ul>
Service-Related Group (SRG)	<p>The SRG classification is based on Australian Refined Diagnosis Related Group (AR-DRG) aggregations and categorise admitted patient episodes into groups representing clinical divisions of hospital activity. SRGs are used to assist the planning of services, in analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services.</p>
Enhanced Service-Related Group (ESRG)	<p>A level below the SRG classification, is the Enhanced Service-Related Group (ESRG) classification.</p>
Episode of Care	<p>The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type.</p>

Flows	Flows reflect where people go to receive healthcare treatment. Outflow refers to residents from within the catchment area who go to facilities outside the catchment to receive services. Inflow refers to people who live outside of the catchment area, but who receive services at facilities within the catchment. Reverse flow refers to activity expected to return to or leave a hospital or catchment.
QGSO	Queensland Government Statistician's Office
Relative Utilisation	Relative Utilisation (RU) is the ratio of the number of admissions for residents of a particular region (regardless of where they were admitted) to the expected number of admissions. RU definition can be found: <a href="http://qheps.health.qld.gov.au/ppb/docs/hsram/ru_factsheet.pdf">http://qheps.health.qld.gov.au/ppb/docs/hsram/ru_factsheet.pdf</a>
Separation	The term separations is used in planning data to identify an inpatient occasion of service (and admission followed by a discharge).
Statistical Areas (SAs)	The Australian Statistical Geography Standard (ASGS) provides a framework of statistical areas used by the Australian Bureau of Statistics (ABS) and other organisations to enable the publication of statistics that are comparable and spatially integrated. They range from SA1s (smaller areas with populations of between 200 and 800 persons) up to SA4s (larger areas with populations of between 100,000 and 500,000).
Self Sufficiency Index (SSI)	Self Sufficiency is a term used to describe the proportion of resident demand for public health services that is delivered within the catchment.
West Moreton Health (WMH)	West Moreton Health is a Hospital and Health Service in the state of Queensland.
Bed Day	A bed day is a term used to count the number of days a patient is admitted to the health service. i.e. a four day admission is 4 bed days. This measure helps to determine the projected number of beds required for each service specialty.
NMHSPF	National Mental Health Service Planning Framework.

## 2. WMH’s Integrated Planning Framework

Planning is a cyclical process that is undertaken by organisations to identify future goals and strategic direction and how it can be achieved.

WMH’s Integrated Planning Framework articulates the relationships between our key planning documents and cycles. It also outlines how we cascade strategic priorities throughout the organisation.



[WMH’s Integrated Planning Framework can be accessed here.](#)

### 3. State and National Policy Context

As a public health service provider, WMH operates within the national and state policy frameworks. It is important that any planning we undertake is in alignment with the following policy documents.

The CSP, is aligned plans with the following key documents:

- *My health, Queensland's future: Advancing Health 2026* provides a longer-term guide to the Queensland Government's investment to transform the health system into a flexible and innovative service that utilises new technologies and improves health outcomes for Queenslanders.
- The *Queensland Health System Outlook to 2026* aims to help achieve the government's commitment, articulated in *Advancing Health 2026*.
- The *Minister for Health and Minister for Ambulance Services Rapid Results Program* recognises potential in local innovative projects and assists in scaling initiatives to a state level to achieve greater scale impact across the State. Given the growth in demand in a resource-constrained environment, continuing to deliver more and better health services requires a focus on:
  - *Prevention*: Improving the health and wellbeing of Queenslanders through preventive health measures.
  - *Value*: Ensuring the health system can meet future demand and deliver the right care in the right place at the right time. This will ensure quality care that offers benefits for consumers, clinicians and the system as a whole.
- The *Department of Health's Reform priorities*:
  - *HHS funding model review*
  - *A Statewide Health Needs analysis to enable multisectoral commissioning and responses to key hotspots*
  - *Statewide services review future funding and commissioning models.*
  - *Development of Statewide Specialty Plans to address specific capacity gaps (e.g. Ophthalmology, ENT, Ortho).*
  - *A review of safe affordable care to consider appropriate scope and utilisation for public health services moving forwards.*

#### National Policy: Better health and wellbeing for all Australians

- Commonwealth Government objectives, roles and funding for health services are defined within the *National Healthcare Agreement* and the *National Health Reform Agreement (2011)*. Under the combined agreements, the Commonwealth has established Primary Health Networks to promote coordinated primary health care, as well as working with Queensland Health (and other states) on system-wide policy and state-wide planning for primary health care services, including promoting equitable and timely access to primary health care services.
- Performance of the health system is measured through the *National Safety and Quality Health Service Standards*, and the Australian Commission on Safety and Quality in Health Care.
- The *National Indigenous Reform Agreement* defines six targets to 'Closing the Gap' in inequalities that exist between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander Australians, with two health-specific targets relating to Aboriginal and Torres Strait Islander people's life expectancy and mortality rates for Aboriginal and Torres Strait Islander children under five.
- The *National Framework for Rural and Remote Health (2012)* promotes a national approach to policy, planning and delivery of rural and remote health services.
- The *National Primary Health Care Strategic Framework (2013)* provides national directions for a coordinated approach in primary health care planning and service delivery.

- The *National Strategic Framework for Chronic Conditions 2017* is an overarching policy document for chronic conditions that sets the directions and outcomes to achieve a vision that “all Australians live healthier lives through effective prevention and management of chronic conditions.”
- The *Fifth National Mental Health Plan* (Fifth Plan) will seek to establish a national approach for collaborative government effort over the next five years, from 2017 to 2022. The *Fifth Plan* articulates nationally agreed priority areas and actions for the next five years to achieve an integrated mental health system.
- *The Commonwealth Child and Adult Public Dental Scheme 2016* includes a national efficient pricing in dental services that is similar to the activity-based funding used for hospitals.
- *The National Disability Insurance Scheme* (NDIS) is now available in Ipswich, Lockyer Valley, Scenic Rim and Somerset local government areas. Program areas from health which have been identified as potentially in scope for the NDIS include (but are not limited to) aids and equipment, community mental health, high cost home support and services provided to long stay younger people with disability in public health facilities.

## 4. Current and Future Clinical Service Capability Framework (CSCF) levels

The table below outlines the current Clinical Service Capability Framework (CSCF) levels across WMH facilities as approved in January 2019.

CSCF 3.2 Service	Ipswich Hospital	The Park Centre for Mental Health	Boonah	Esk	Gatton	Laidley	Gailes Community Care Unit	Prison Health
<b>Alcohol &amp; Other Drugs</b>								
• Ambulatory	4							
• Emergency								
• Inpatient - adult								
• Inpatient - child and youth								
Anaesthetic	4	3						
Anaesthetic-Children's	4							
<b>Cancer</b>								
• Children's								
• Haematological Malignancy								
• Medical Oncology	4							
• Radiation Oncology								
• Radiation Oncology-Children's								
<b>Cardiac</b>								
• Cardiac (Coronary) Care Unit	4							
• Cardiac Diagnostic & Interventional	3							
• Cardiac Medicine	4							
• Cardiac Outreach	Yes							
• Cardiac Surgery								
• Cardiac Rehabilitation- Inpatient	6							
• Cardiac Rehabilitation- Outpatient	6							
• Cardiac Rehabilitation- Ongoing prevention & maintenance	Yes							
Emergency	4		2	2	2	2		
Emergency-Children's	4							
<b>Geriatric</b>								
• Emergency geriatric care								
• Geriatric acute inpatient	4							
• Ambulatory	3							
• Cognitive impairment	4							
• Consultation liaison	4							
• Geriatric evaluation and management	4							

CSCF 3.2 Service	Ipswich Hospital	The Park Centre for Mental Health	Boonah	Esk	Gatton	Laidley	Gailes Community Care Unit	Prison Health
• Interim care	3							
• Geriatric rehabilitation	4							
• Ortho-geriatric	4							
Intensive Care	4							
Intensive Care–Children's								
Maternity	4							1
Medical	4	1	2	2	2	2		1
Medical–Children's	4		2	2	2	2		
Medication	5	4	2	2	2	2		1
Medical Imaging	4		1	1	1	1		
Mental Health–Adult								
• Ambulatory	5						4	1
• Acute inpatient	5							
• Non-acute inpatient		5						
Mental Health–Child & Youth								
• Ambulatory	5							
• Acute inpatient								
• Non-acute inpatient								
Mental Health–Older persons								
• Ambulatory	5							
• Acute inpatient	5							
Mental Health–Statewide & Other Targeted services								
• Adult Forensic		6						
• Child & Youth Forensic								
• Deafness & Mental Health								
• Eating Disorder								
• Emergency	4							
• Evolve Therapeutic	5							
• Homeless Health Outreach								
• Perinatal & Infant								
• Transcultural								
Neonatal	4							
Nuclear Medicine								
Palliative Care	5		2	2	2	2		
Pathology	4		2	2	2	2		1
Perioperative								
• Acute Pain	5							
• Day Surgery	4							
• Endoscopy	3							
• Operating Suite	4							
• Post-Anaesthetic Care	4	3						
• Children's Post-Anaesthetic Care	3							

CSCF 3.2 Service	Ipswich Hospital	The Park Centre for Mental Health	Boonah	Esk	Gatton	Laidley	Gailes Community Care Unit	Prison Health
Rehabilitation	4		2	2	2	2		
Renal	3							
Surgical	4							
Surgical oncology								
Surgical-Children's	4							

The two following tables are the CSCF projections for WMH's services to 2026 as outlined in the Department of Health System Capability Matrix. It should be noted that in addition to the projected CSCF changes outlined below WMH is also planning for the following changes in the future:

- Planned Level 3 facility in the Lockyer Valley by 2031/32
- Increase in Rehabilitation and Renal Services to level 5 by 2031/32
- Increase in Maternity Services to level 5 by 2031/32
- Child and Youth Mental Health Services to level 5 by 2031/32



West Moreton HHS													
Primary Healthcare Centres and Other													
Module	Sub-classification	The Park Centre for Mental Health				Galles Community Care Unit				Prison Health			
		2017	2020	2023	2026	2017	2020	2023	2026	2017	2020	2023	2026
<b>Alcohol &amp; Other Drugs</b>	Ambulatory	-	-	-	-	-	-	-	-	-	-	-	-
	Emergency	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient-adult	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient-child and youth	-	-	-	-	-	-	-	-	-	-	-	-
<b>Anaesthetic</b>	Adult	3	3	3	3	-	-	-	-	-	-	-	-
	Children's	-	-	-	-	-	-	-	-	-	-	-	-
<b>Cancer Services</b>	Children's	-	-	-	-	-	-	-	-	-	-	-	-
	Haematological Malignancy	-	-	-	-	-	-	-	-	-	-	-	-
	Medical Oncology	-	-	-	-	-	-	-	-	-	-	-	-
	Radiation Oncology	-	-	-	-	-	-	-	-	-	-	-	-
	Radiation Oncology-Children's	-	-	-	-	-	-	-	-	-	-	-	-
<b>Cardiac</b>	Coronary Care Unit	-	-	-	-	-	-	-	-	-	-	-	-
	Diagnostic & Interventional	-	-	-	-	-	-	-	-	-	-	-	-
	Medicine	-	-	-	-	-	-	-	-	-	-	-	-
	Outreach	-	-	-	-	-	-	-	-	-	-	-	-
	Surgery	-	-	-	-	-	-	-	-	-	-	-	-
	Rehabilitation-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-
	Rehabilitation-Outpatient	-	-	-	-	-	-	-	-	-	-	-	-
	Rehabilitation-Ongoing prevention & maintenance	-	-	-	-	-	-	-	-	-	-	-	-
<b>Emergency</b>	Adult	-	-	-	-	-	-	-	-	-	-	-	-
	Children's	-	-	-	-	-	-	-	-	-	-	-	-
<b>Geriatric</b>	Emergency geriatric care	-	-	-	-	-	-	-	-	-	-	-	-
	Geriatric acute inpatient	-	-	-	-	-	-	-	-	-	-	-	-
	Ambulatory	-	-	-	-	-	-	-	-	-	-	-	-
	Cognitive Impairment	-	-	-	-	-	-	-	-	-	-	-	-
	Consultation liaison	-	-	-	-	-	-	-	-	-	-	-	-
	Geriatric evaluation & management	-	-	-	-	-	-	-	-	-	-	-	-
	Interim care	-	-	-	-	-	-	-	-	-	-	-	-
	Geriatric rehabilitation	-	-	-	-	-	-	-	-	-	-	-	-
<b>Intensive Care</b>	Adult	-	-	-	-	-	-	-	-	-	-	-	-
	Children's	-	-	-	-	-	-	-	-	-	-	-	-
<b>Maternity</b>	Adult	-	-	-	-	-	-	-	-	1	1	1	1
	Children's	-	-	-	-	-	-	-	-	-	-	-	-
<b>Medical</b>	Adult	-	1	1	1	-	-	-	-	1	1	1	1
	Children's	-	-	-	-	-	-	-	-	-	-	-	-
<b>Medication</b>		-	5	5	5	-	-	-	-	1	1	1	1
<b>Medical Imaging</b>		-	-	-	-	-	-	-	-	-	-	-	-
<b>Mental Health-Adult</b>	Ambulatory	-	-	-	-	4	4	4	4	1	1	1	1
	Acute Inpatient	-	-	-	-	-	-	-	-	-	-	-	-
	Non-acute Inpatient	5	5	5	5	-	-	-	-	-	-	-	-
<b>Mental Health-Child &amp; Youth</b>	Ambulatory	-	-	-	-	-	-	-	-	-	-	-	-
	Acute Inpatient	-	-	-	-	-	-	-	-	-	-	-	-
	Non-acute Inpatient	-	-	-	-	-	-	-	-	-	-	-	-
<b>Mental Health-Older persons</b>	Ambulatory	-	-	-	-	-	-	-	-	-	-	-	-
	Acute Inpatient	-	-	-	-	-	-	-	-	-	-	-	-
<b>Mental Health-Statewide &amp; Other Targeted services</b>	Adult Forensic	6	6	6	6	-	-	-	-	-	-	-	-
	Child & Youth Forensic	-	-	-	-	-	-	-	-	-	-	-	-
	Deafness & Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
	Eating Disorder	-	-	-	-	-	-	-	-	-	-	-	-
	Emergency	-	-	-	-	-	-	-	-	-	-	-	-
	Evolve Therapeutic	-	-	-	-	-	-	-	-	-	-	-	-
	Homeless Health Outreach	-	-	-	-	-	-	-	-	-	-	-	-
	Perinatal & Infant	-	-	-	-	-	-	-	-	-	-	-	-
	Transcultural	-	-	-	-	-	-	-	-	-	-	-	-
	Neonatal	-	-	-	-	-	-	-	-	-	-	-	-
<b>Nuclear Medicine</b>		-	-	-	-	-	-	-	-	-	-	-	-
<b>Palliative Care</b>		-	-	-	-	-	-	-	-	-	-	-	-
<b>Pathology</b>		-	-	-	-	-	-	-	-	1	1	1	1
<b>Perioperative</b>	Acute Pain	-	-	-	-	-	-	-	-	-	-	-	-
	Day Surgery	-	-	-	-	-	-	-	-	-	-	-	-
	Endoscopy	-	-	-	-	-	-	-	-	-	-	-	-
	Operating Suite Incorporating Sterilising services	-	-	-	-	-	-	-	-	-	-	-	-
	Post-Anaesthetic Care	-	3	3	3	-	-	-	-	-	-	-	-
	Children's Post-Anaesthetic Care	-	-	-	-	-	-	-	-	-	-	-	-
<b>Rehabilitation</b>		-	-	-	-	-	-	-	-	-	-	-	-
<b>Renal</b>		-	-	-	-	-	-	-	-	-	-	-	-
<b>Surgical</b>	Adult	-	-	-	-	-	-	-	-	-	-	-	-
	Oncology	-	-	-	-	-	-	-	-	-	-	-	-
	Children's	-	-	-	-	-	-	-	-	-	-	-	-

## 5. WMH Clinical Services Planning suite of documents

This Clinical Services Plan should be read in conjunction with the following documents and plans:

- [WMH Community Health Profile](#)
- WMH Technical Planning Paper (email [WM\\_StrategicProjectsandPlanning@health.qld.gov.au](mailto:WM_StrategicProjectsandPlanning@health.qld.gov.au) for a copy).
- [WMH Health Indicators Report](#)
- WMH Service Profiles
  - [Ipswich Hospital Services](#)
  - [Mental Health and Specialised Services](#)
  - [Community and Rural Services](#)