

Health Service Plan

2024 – 2028



Acknowledgement of Country

The Metro South Hospital and Health Service acknowledges the Traditional Owners and Custodians of the lands, waters and seas across the State of Queensland and pays respect to the Elders past and present. We value the culture, traditions and contributions that the Aboriginal and Torres Strait Islander peoples have made to our communities and recognise that our collective responsibility as government, communities and individuals to ensure equity and equality, recognition, and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society.



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Aboriginal and Torres Strait Islander people are advised that this publication may contain the names and/or images of deceased people.

Foreword

Metro South Health continues to deliver high quality healthcare services to the fast-growing and diverse communities of South East Queensland and beyond. Every day, each of our more than 20,000 team members dedicate themselves to making a difference; and they do.

Across the health system, there continues to be very high demand for care with significant pressure on our hospitals and health services. In the 2023-24 financial year there were 318,530 presentations to Metro South Health emergency departments; that's a person in need coming into our care every 90 seconds or so.

The landscape within which we are providing care is also changing. The health and social care system is evolving, community needs and expectations are growing, and research and technology are advancing at a rapid rate.

At Metro South Health, resilience runs deep, and this has served us well through challenges including the COVID-19 pandemic. The Metro South Health COVID-19 response was an incredible example of what can be achieved through flexibility, team work and new ways of working towards a common goal. It is this adaptability and focussed effort that will see us evolve into a bigger and better health service, and overcome the complex challenges ahead of us.

It has never been a more exciting time for Metro South Health. The more than \$2 billion investment in healthcare infrastructure will deliver new and expanded facilities, providing a once-in-a-generation opportunity to make deliberate choices on what services are provided and where. We have the opportunity to formalise and strengthen existing service networks and develop new ones across Metro South Health. We will be tenacious in ensuring the right balance between care in the community, care closer to home and access to highly specialised services in major centres. Now is the time to set our path forward and work towards our bright future.

The Health Service Plan 2024-2028 sets this path; it provides a blueprint for how care will be delivered in Metro South Health that embraces the opportunities ahead and helps us to achieve our vision, that 'Together we will create Australia's healthiest community'.

Within the Health Service Plan, there are four prioritised service directions:

1. Addressing the diverse needs of our community
2. Innovating and collaborating to optimise service delivery
3. Configuring our services and workforce to maximise health outcomes
4. Embedding research and implementation science.

Within each of these service directions, we have committed to implementing strategies that together will improve access and outcomes for the community.

Metro South Health is in a unique position to make a positive impact for people in our communities and on the broader health system as one of the largest employers in the state and the home of many statewide services. As such, the Health Service Plan strongly aligns with the outcomes identified in Queensland Health's HEALTHQ32 plan:

- access to quality and safe healthcare and equitable outcomes
- overall improved health, a good start to life, healthy ageing and a good end-of-life experience
- an innovative, connected and sustainable health system
- a workforce that is valued, respected and empowered.

Importantly, this Plan was developed with the support and contributions of hundreds of staff, patients, consumers, stakeholders and partners. We thank you all for your commitment and valued contributions to this process, as your voices have shaped our future.

We look forward to working together with our valued team, consumers and partners to implement this exciting Plan for the future of health services in Metro South Health.

Thank you for everything you do to make a difference.



Janine Walker

Janine Walker AM
Chair, Metro South
Hospital and Health Board



Noelle Cridland

Noelle Cridland
Chief Executive
Metro South Health



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Introduction

Context

Metro South Hospital and Health Service (MSH) is the major provider of public hospital and health services for the Brisbane south side, Logan, Redland and Scenic Rim regions. The health service also provides a number of statewide services that support Queenslanders and people living in Northern New South Wales and is a leading centre for health and medical research. MSH has five hospitals – the Princess Alexandra Hospital, Logan Hospital, Queen Elizabeth II Jubilee Hospital, Redland Hospital and Beaudesert Hospital, and an extensive network of community-based health centres.

MSH is one of 16 Hospital and Health Services (HHSs) in Queensland and is responsible for the delivery of public health services within our region. MSH is an independent statutory body governed by the Metro South Hospital and Health Board and is accountable to the Department of Health and the Minister for Health and Ambulance Services for the provision of health services.

MSH embarked on a health and clinical services planning process, commencing with the development of the Health Service Strategy Statement and resulting in this *MSH Health Service Plan 2024-2028*. Our health service planning was undertaken in an environment of fast paced technological innovation, demand pressures on our services and workforce, and substantial infrastructure expansion across the health service.

Between 2023–2029 there will be substantial investment in new and expanded infrastructure at many of our major facilities, as well as two new Satellite Hospitals. This provides a significant opportunity to consider how and where care is delivered across MSH to create a more integrated care system.

Based on detailed research and analysis and extensive consultation and engagement, this Health Service Plan outlines the approach that will be taken to improve the delivery of health services across MSH. This approach aims to maximise the benefit from this investment and ultimately improve access and outcomes for our community.

Strategic alignment

The Health Service Plan is informed by our key strategic documents including:

- [MSH Strategic Plan](#)
- MSH Health Service Strategy Statement 2023-2032
- MSH Local Area Needs Assessment 2022.

Our Strategic Plan sets a strong vision for the future – ‘Together we will create Australia’s healthiest community’ and our purpose ‘Better lives through better health’. To realise our vision and purpose, our strategic objectives will focus on the following key areas:

- Our people are our success
- We improve health equity for our community
- Harnessing digital health to improve access, insights and results
- Our care delivers great experiences and great outcomes
- Research and innovation, improving the future of healthcare today
- Protecting our future through sustainability.

The Health Service Strategy Statement identifies key guiding principles and health service directions (both outlined within this plan) that have informed development of this Health Service Plan and will assist in making decisions as to how health services will be provided to meet the needs of our community over the next 5 to 10 years. Other key strategies and plans have informed this Health Service Plan, as have broader system strategies and policies, including:

- [HealthQ32: A vision for Queensland’s health system](#)
- [Putting Patients First: Further action to tackle ramping and healthcare pressures](#)
- [Better Care Together](#)
- [Making Tracks Investment Strategy \(Queensland’s Aboriginal and Torres Strait Islander Health Equity Framework\)](#)
- [Queensland Health Telehealth Strategy](#)

The Health Service Plan forms part of a broader set of strategies and plans that support the delivery of MSH strategic priorities at various levels within the organisation. The [MSH Integrated Planning Framework](#) (Figure 1) sets out how these strategies and plans fit together to support realisation of the MSH vision and strategic priorities.

A series of clinical service plans will be developed to support the Service Directions and strategies identified in this Health Service Plan.

Purpose of the plan

The purpose of the MSH Health Service Plan 2024-2028 is to improve the health of our population by analysing changing patterns of need and use of services, and identifying opportunities to optimise the delivery of our health care services. We will aim to achieve this through reconfiguring and optimising service models and service delivery, collaborating with our partners, educating, empowering and partnering with our consumers and community, and increasing the use of beneficial technology.

The Health Service Plan provides a four-year roadmap to:

- Meet the needs of our growing community, while continuing to provide critical statewide specialist services
- Review and implement models of care that are contemporary, evidence-based and support interprofessional collaborative practice
- Align our health services with the needs of the community
- Optimise the use of the additional infrastructure as demand grows across our region
- Identify the service priorities for commissioning of new infrastructure which will be delivered across MSH over the time period of the Plan.

The Health Service Plan has been developed from the analysis of population health need and demographic trends, service access for communities within MSH, and the current service challenges and opportunities identified through consultation with clinical and non-clinical stakeholders. A Consumer Focus Group was also convened to provide input to the service directions within the Plan.

The findings from the analysis was used to develop the strategies for each of the Health Service Plan service directions. The information will inform the priorities for MSH over the next four years. An Implementation Plan will be developed to inform and support the achievement of the Health Service Plan strategies. This will include more detailed planning activities, including workforce, infrastructure, clinical service and operational planning, and business case development as required.

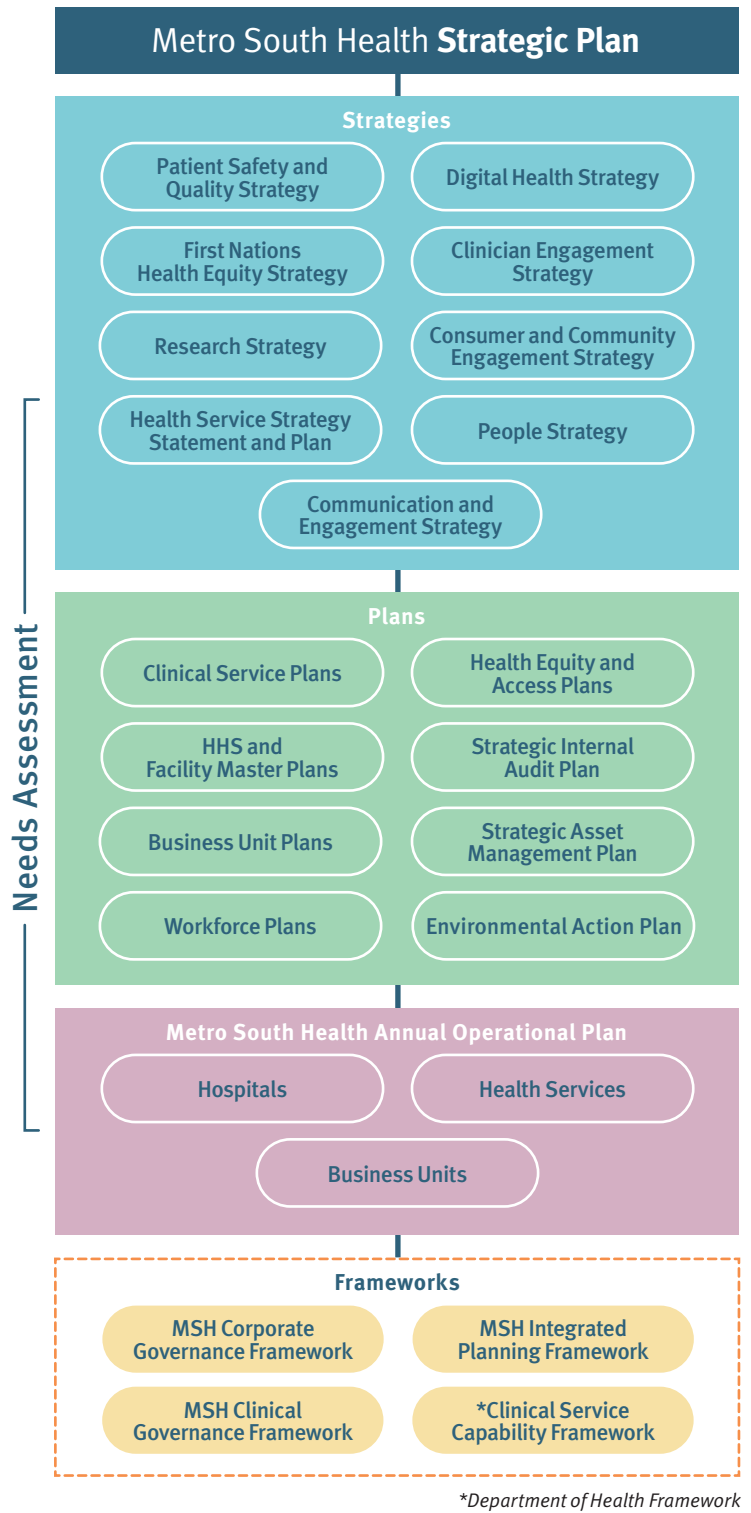


Figure 1: MSH Integrated Planning Framework.

Approach

The MSH Health Service Plan was developed through a structured planning approach which included detailed analysis of:

- population and burden of disease data
- historical and future projected activity trends (based on the Department of Health’s standard activity projection models and adjusted to the MSH environment)
- the policy and strategic context
- current MSH clinical service provision, and
- infrastructure commitments.

An inclusive and extensive consultation and engagement process also shaped the development of the Health Service Plan.

To ensure an objective approach, a Health Service Strategy Statement was developed which sought to provide a structured and definitive framework to guide the Health Service Planning process. The Strategy Statement was informed by a workshop attended by clinicians, consumer representatives, executive, and partners, and resulted in a set of guiding principles to be applied when prioritising service directions and strategies, and making other decisions regarding the most important aspects of MSH’s

future. The guiding principles are centred around MSH’s needs and opportunities to respond to key challenges and were considered when prioritising service directions and strategies for inclusion in this Health Service Plan (Figure 2).

A comprehensive clinical engagement process was undertaken with various specialty groups to discuss and determine future service configuration and model of care changes. This was based primarily on the Department of Health’s health service activity projections. The Department’s ‘System Scenario’ was tested with clinicians and other stakeholders through the engagement process, and a ‘MSH Scenario’ was developed to detail our planned future service configuration. Projection data was provided by the Department of Health which was then tested with clinicians and other stakeholders through the engagement process. A ‘MSH Scenario’ was developed which details our planned future service configuration. The details of the MSH Scenario, including activity and infrastructure profiles by service and facility, are provided in the *MSH Health Service Plan – Technical Paper*, which complements this Health Service Plan. The Technical Paper provides detail on the assumptions and limitations of the activity projection modelling.

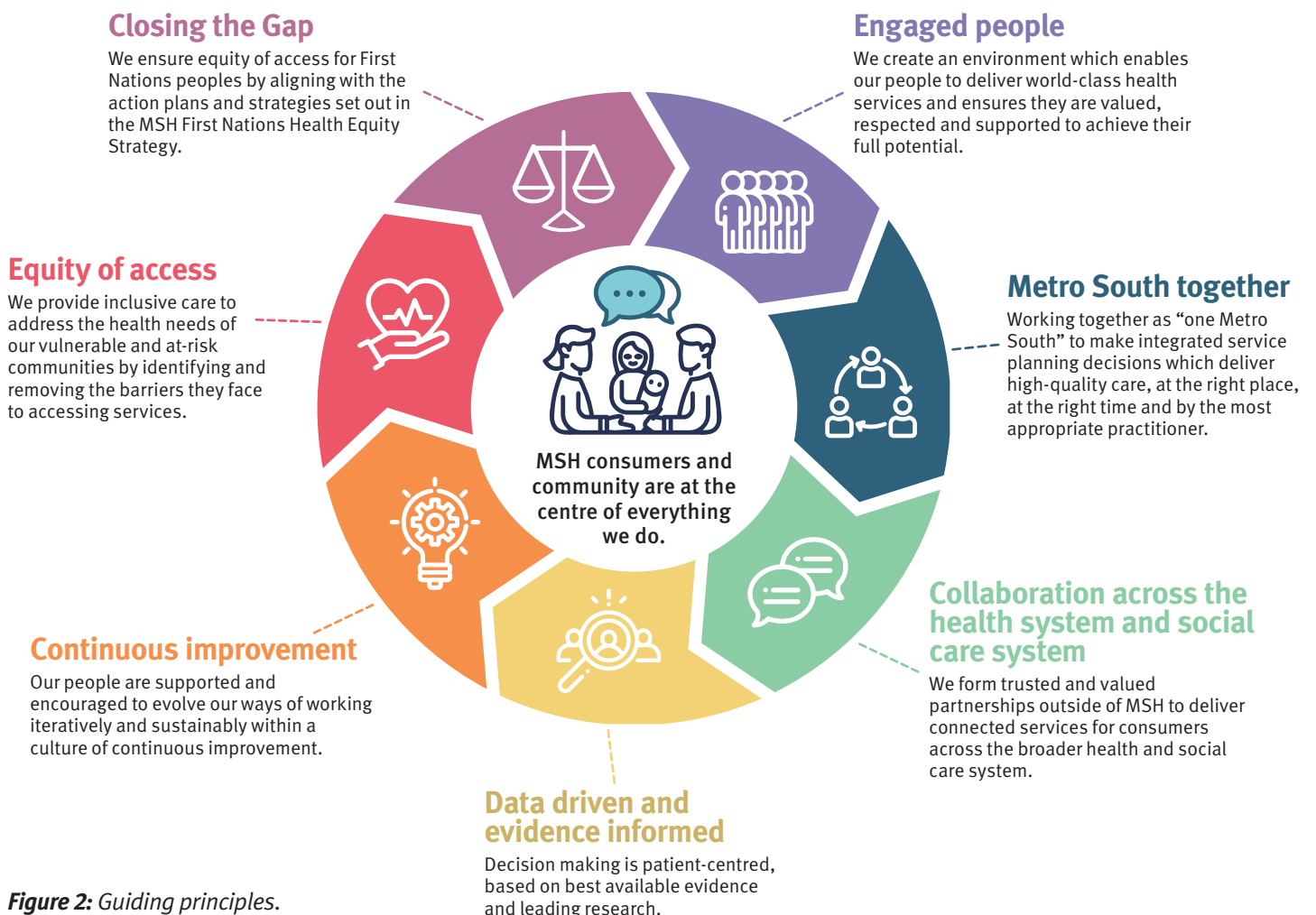


Figure 2: Guiding principles.

Our Metro South Profile

Demand for our health services is driven by our population, their characteristics (such as age and socio-economic status), and their health status. These factors all underpin how we plan for services in the future, ensuring that we provide the right services in the right places to meet our community's needs. The following section provides a brief overview of:

- Our services and key partnerships – MSH planning regions, workforce and health services.
- Our population – key trends in population growth, composition, ageing and socio-economic profile.
- Our health status – key health indicators for the MSH region and how this compares to QLD as a whole.
- Our demand for services – key health service statistics by facility for the MSH residents.

Further detail on the data presented is available in the supporting reports to the Health Service Plan (the Health Service Needs and Issues Paper, the MSH Needs Assessment, and the Health Service Plan Technical Paper).



Our services and key partnerships

Metro South Health is the major provider of public hospital and health services for the Brisbane south side, Logan, Redland, and Scenic Rim regions as well as providing a number of statewide tertiary services, and a leading health and medical research institution. Our services compliment those provided by our partners across the broader health system.



Catchment and Facilities

The MSH catchment spans **3,867** square kilometres and covers the area from the Brisbane River in the north to Redlands in the east, south to Logan and the eastern portion of the Scenic Rim to the border of New South Wales.

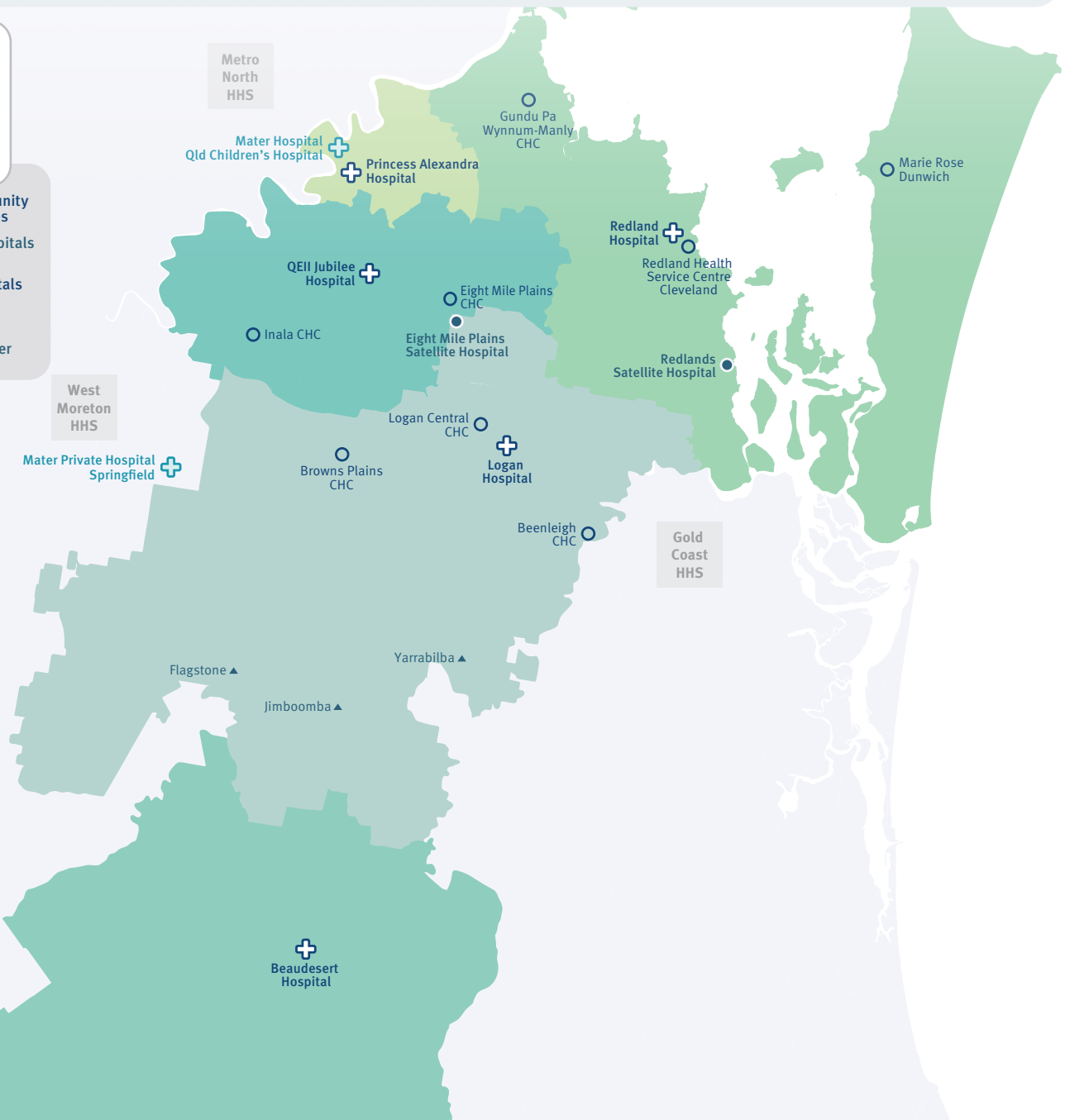
Hospital

Planning region

Beaudesert Hospital	Beaudesert
Logan Hospital Eight Mile Plains Satellite Hospital	Logan – Jimboomba
Princess Alexandra Hospital	Inner and Eastern Brisbane
QEI Jubilee Hospital	Brisbane South
Redland Hospital Redlands Satellite Hospital	Redland



- Major community health centres
- Satellite hospitals
- ⊕ Metro South Health hospitals
- ⊕ In catchment hospitals
- ▲ Suburb marker





Major Health Centres

- Beenleigh Community Health Centre
- Browns Plains Community Health Centre
- Eight Mile Plains Community Health Centre
- Inala Community Health Centre
- Logan Central Community Health Centre
- Marie Rose Centre (Dunwich)
- Redland Health Service Centre, Cleveland
- Wynnum-Manly Community Health Centre, *Gundu Pa*



Workforce

20,188+

employees across clinical and non-clinical streams

Source: MSH SPR Performance Report June 2024

Our clinical services

- Addiction and Mental Health Services
- Aged Care and Rehabilitation Services
- Cancer Services
- Emergency Services
- Medicine and Chronic Disease Services
- Oral Health Services
- Patient Flow Program
- Primary Care Services
- Surgical Services
- Women's and Children's Services

Statewide specialty services

- Kidney transplant
- Liver transplant
- Spinal Cord Injury Service
- Movement Disorders Surgical Service
- Donate Life
- Queensland Tissue Bank
- Queensland Voluntary Assisted Dying – Support and Pharmacy¹
- Medical Aid Subsidy Scheme¹

Community based services

- Aboriginal and Torres Strait Islander Health
- Addiction and Mental Health
- Aged Care Assessment Team
- Acute Care@Home
- BreastScreen Queensland
- Chronic Disease Management
- Dementia Outreach Service
- Maternity
- Offender Health
- Oral Health
- Palliative Care
- Persistent Pain
- Public Health
- Refugee Health
- Rehab@Home
- Residential Aged Care
- Voluntary Assisted Dying



Key Partnerships

Research Institutes

Community Controlled Sector

Tertiary Education

Primary Care

HHSs & other healthcare providers

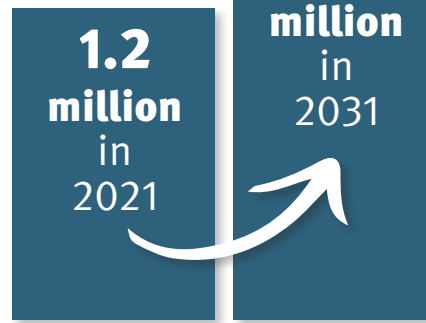
¹These services are operated by MSH but not formally designated statewide services

Our population

The Metro South population is anticipated to grow by almost **200,000** people **by 2031**, representing a compound annual growth rate (CAGR) of **1.5%** (2021-2031). Our community is characterised by diverse social and demographic groups, with significant variances in demographic profile between the planning regions within the catchment.

Population Summary

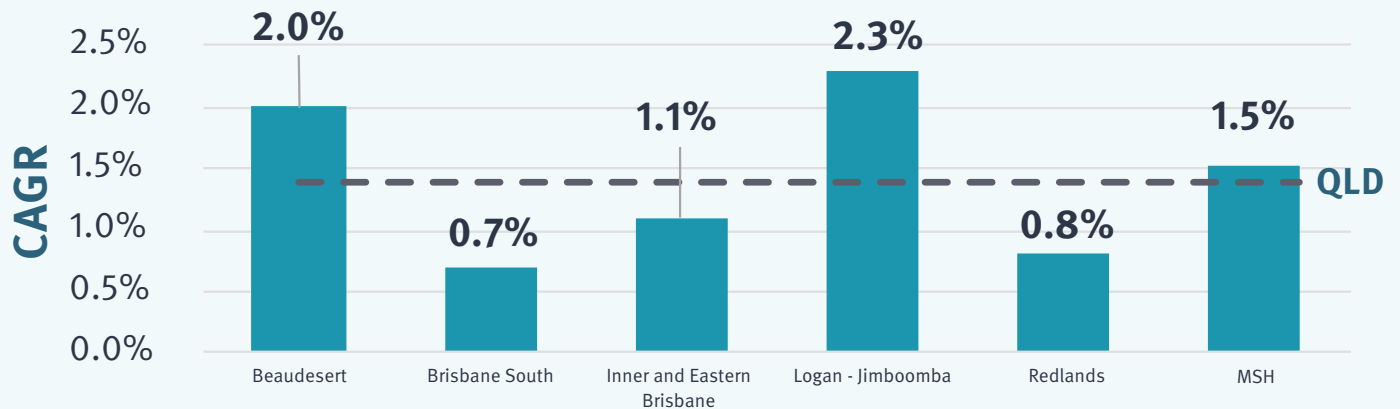
MSH population growth 2021-2031



By 2031 the **MSH population** is expected to reach **1,394,608**

Population Growth by Planning Region

The population of the planning regions within the MSH catchment are expected to grow at varying rates between 2021 and 2031. The **Logan-Jimboomba** region is expected to **grow the fastest (2.3% CAGR)** and have the **largest resident population (442,824)** by 2031/32.



Region	2021 Population	2031/32 Projected
Beaudesert	14,913	18,551
Brisbane South	355,117	383,206
Inner and Eastern Brisbane	321,348	366,476
Logan-Jimboomba	350,740	442,824
Redland	169,375	183,118
MSH	1,211,493	1,394,608

Source: ABS 2021 | Note: totals may not equal due to cross border SA2's





In 2021
**Aboriginal and
Torres Strait Islander
people comprised
2.8%**

of the MSH population (QLD, 4.6%).
The **Logan–Jimboomba planning
region** had the **highest number of
First Nations peoples** at
14,524



In 2021
44,308 (3.7%)
MSH residents reported
being **unable to speak
English well or
not at all**, with
59.7%

of these residents located in
Brisbane South
(QLD, 1.3%)



In 2021
66,503 (5.4%)
MSH residents reported
having a **profound or
severe disability**
(requiring assistance), with
34.5%

of these residents located in
Logan-Jimboomba
(QLD, 6.0%)

Source: ABS 2021

Ageing Population



Children
(0-14)



Adults
(15-64)



Older persons
(65+)

MSH

Year	Children (0-14)	Adults (15-64)	Older persons (65+)
2021	19.6%	66.4%	14.0%
2031	17.5% ↓	65.9% ↓	16.6% ↑

QLD

Year	Children (0-14)	Adults (15-64)	Older persons (65+)
2021	19.0%	64.5%	16.6%
2031	16.9% ↓	63.3% ↓	19.7% ↑

Older persons are
expected to be the
fastest growing age group
with a

3.4%

CAGR (2021-2031)
(QLD, 3.3%)

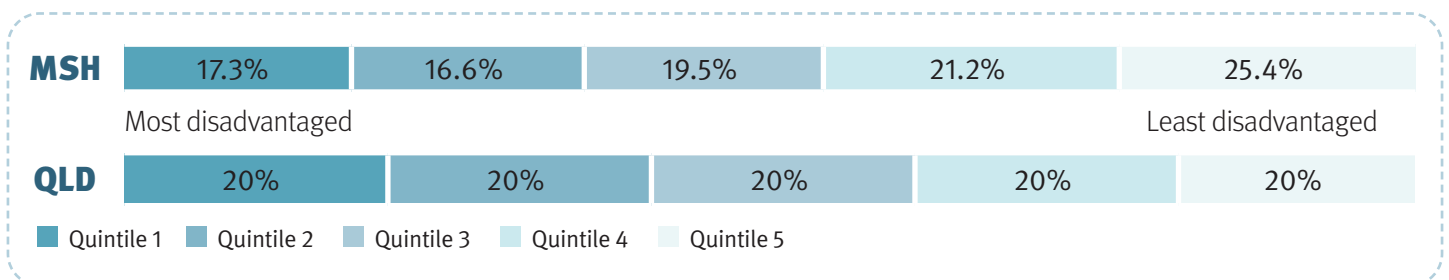
In 2021, the **Beaudesert
and Redland** planning regions
had the **highest proportion
of older persons** populations.

Beaudesert 22%
Redland 20%

Socio-Economic Disadvantage

Overall, MSH had a lower level of socio-economic disadvantage when compared with Queensland as a whole, indicating less disadvantage on average among MSH residents.

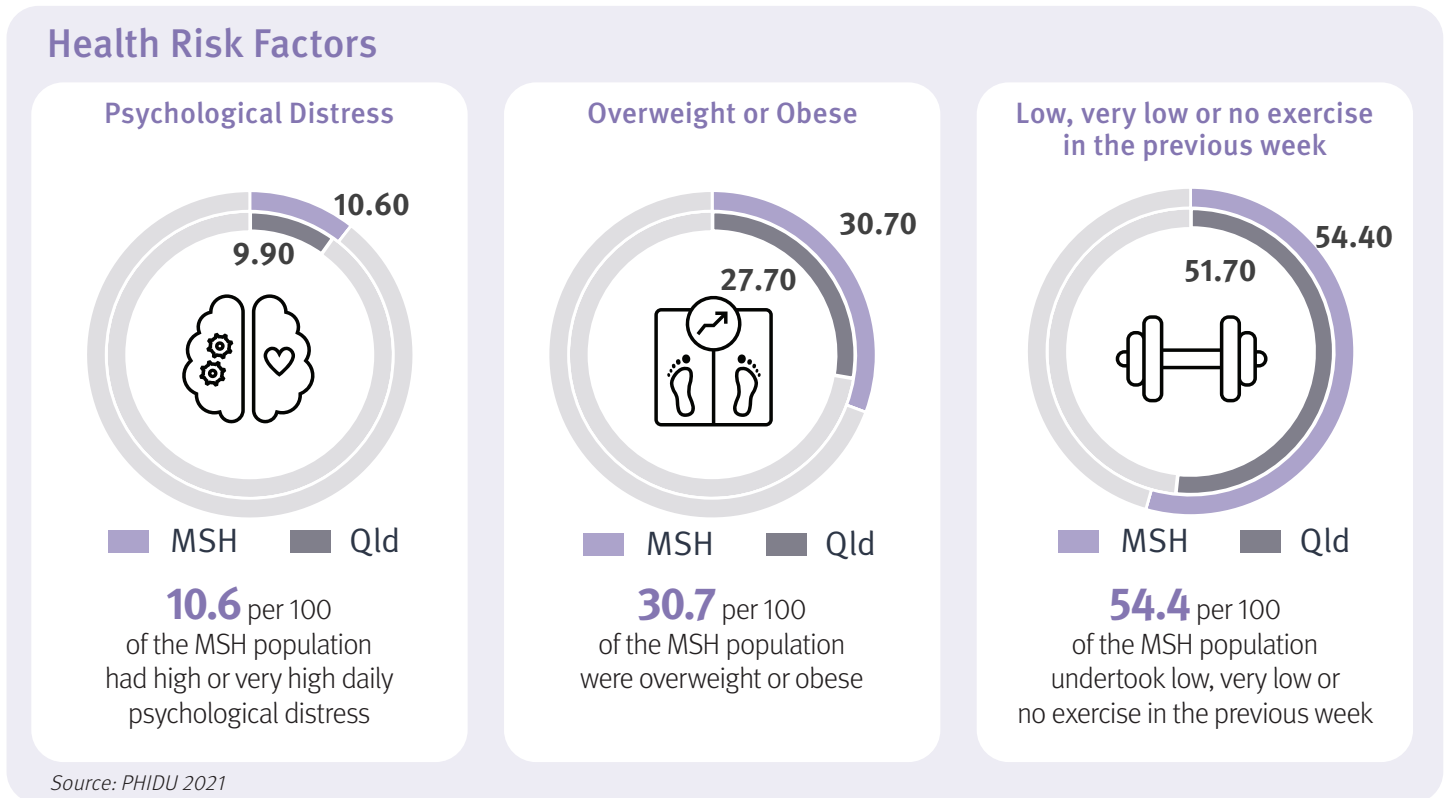
However, when looking within MSH, the **Logan-Jimboomba and Beaudesert** planning regions had significantly higher proportions of their population in the **most disadvantaged** quintile.



Source: SEIFA 2021

Our services and key partnerships

The prevalence of risk factors and burden of disease within MSH is slightly higher than that of the Queensland average. However, the health status of the population varies between the planning regions within the catchment.



Chronic Disease Prevalence

The total estimated rate per 100 for a number of chronic diseases is presented below for the MSH population as a whole. However, prevalence varied significantly throughout the planning regions. Compared to MSH and Queensland as a whole, **Beaudesert** had a higher prevalence of all chronic diseases.

	Arthritis	Asthma	COPD	Diabetes Mellitus	CVD and Stroke	Mental and Behavioural	Osteoporosis
MSH	12.3	11.2	3.5	4.3	4.2	23.3	3.5
QLD	13.8	11.8	3.2	4.7	4.6	22.5	3.8

Source: PHIDU 2021

MSH Diabetes:

More than **1** in **4** patients with an overnight hospital stay had **diabetes**



Potentially Preventable Hospitalisations

Compared to MSH and Queensland as a whole, **Logan-Jimboomba** and **Redland** planning regions had higher rates for all three categories of potentially preventable hospitalisations.

Planning Region (Rate per 100,000 of the population)	Admissions for all potentially preventable hospitalisations	Admissions for total vaccine-preventable hospitalisations	Admissions for total acute hospitalisations
Beaudesert	2,823	232	1,299
Brisbane South	2,321	358	1,080
Inner and Eastern Brisbane	1,765	192	843
Logan-Jimboomba	3,546	412	1,768
Redland	2,975	299	1,488
MSH	2,566	312	1,246
QLD	2,789	271	1,310

Source: PHIDU 2021

Our demand for services

MSH is facing increasing demand for health services due to a growing and ageing population, and increasing burden of disease. In addition, demand for health services is expected to continue to grow throughout Queensland which will, in turn, increase the demand for statewide services provided by MSH.

Projected Demand (CAGR 2023–2032)

Inpatient admissions	7.0%
Outpatient occasions of service	5.1%
Emergency Department Presentations	4.9%

Source: DSS Inpatient and Emergency Activity Data (2019-2023), QHNAPDC Outpatient Activity Data (2020-2023), DoH Inpatient System Scenario and Emergency Department MSH Scenario Projections, DoH Outpatient Baseline Projections

Key Metrics



Admissions for people aged over 70



Average length of stay



Virtual outpatient activity

2022/23	26%	2.8	24%
2031/32	30%	2.5	

Source: DSS Activity Data, DoH System Scenario Projections

Facilities at a Glance

From 2019 to 2023 inpatient separations remained relatively stable with a CAGR of 1.5%. This was primarily due to the COVID-19 pandemic, the impacts of which are still evident in the 2023 inpatient data. Inpatient admissions at QEII Hospital were impacted by the opening of a new ward and replacement of rehabilitation beds with acute beds.

Hospitals	Historical growth (2019 – 2023 % CAGR)		
	Inpatient admissions	Outpatient Occasions of Service ¹	Emergency Department presentations
Beaudesert Hospital	-1.20%	4.30%	3.50%
Logan Hospital	0.90%	5.20%	3.30%
PA Hospital	1.80%	3.50%	1.10%
QEII Hospital	5.20%	6.20%	3.10%
Redland Hospital	0.60%	7.80%	2.60%
Marie Rose Centre	-	-	-3.00%
MSH	1.70%	4.60%	2.60%

¹ QHNAPDC Outpatient data set only has 2020 to 2023 data available.

Source: DSS Inpatient (Excluding Unq Neonates and Emergency Activity Data (2019-2023)), QHNAPDC Outpatient Activity Data (2020-2023)).



2022/23 Intra HHS Flows

The table below outlines the proportion of adult patients from each MSH place of residence treated within each MSH facility. MSH resident activity at Mater Public Hospital facilities and Queensland Children’s Hospital, which are also located within the MSH catchment, has been excluded.

Place of Residence (by planning region)	Treating Facility				
	Beaudesert Hospital	Logan Hospital	PA Hospital	QEII Hospital	Redland Hospital
Beaudesert	24.4%	44.4%	25.0%	6.0%	0.3%
Brisbane South	0.0%	6.4%	56.8%	35.9%	0.8%
Inner and Eastern Brisbane	0.0%	1.8%	77.5%	6.5%	14.1%
Logan–Jimboomba	1.1%	64.2%	22.4%	10.8%	1.5%
Redland	0.0%	2.8%	27.5%	4.0%	65.7%

Children residing within the MSH catchment and treated in a MSH facility received care at Logan Hospital (**74%**), Redland Hospital (**24%**) and Beaudesert Hospital (**2%**).

Source: DSS Inpatient Activity Data (Ex Unq Neonates).

2022/23 Inter HHS Flows

Patient inflows

19%

total public inpatient separations in MSH hospitals were provided to non-MSH residents

Highest inflows were from West Moreton, Gold Coast and Darling Downs

Patient outflows

31%





total public inpatient separations accessed by MSH residents in non-MSH facilities





Highest outflows were to Mater Health Services, Children’s Health Queensland and Metro North HHS

Source: DSS Activity Data, DoH System Scenario Projections.

Our challenges and opportunities

The health and service needs of our community, and the environment in which our health services will be delivered in the future, presents MSH with several challenges and opportunities. These challenges and opportunities, which are summarised below, are the core issues to be addressed through the MSH Service Directions and Strategies outlined in this plan.

CHALLENGES	A population with diverse characteristics and needs	A rapidly changing environment	Demands on our workforce	Care not so close to home
	 <p>High growth corridors (MSH south/west corridor); diverse needs (First Nations, and culturally and linguistically diverse groups, disability); and an ageing population (particularly in the eastern suburbs and Bayside), meaning that a greater proportion of the patients we care for are more likely to be elderly or frail and have significant and complex health and care needs. This will also have an impact on the workforce training needs and clinical workloads.</p>	 <p>The pace of change in health care continues to increase; and it's critical we remain at the forefront of delivering health services that are safe, high quality and meet the needs and expectations of our community. We are also challenged to respond to changes in the broader health and social care system that impact the services we provide at a local level, including changes to Aged Care and the National Disability Insurance Scheme.</p>	 <p>Our diverse population, the rapid pace of change, and the demands of COVID-19 have placed enormous pressure on our workforce. This has resulted in workforce shortages, and challenges attracting and retaining an appropriately-skilled workforce. With demand continuing to increase, we need to remain at the forefront of best practice workforce strategies.</p>	 <p>Our historical service delivery means many of our services are based centrally at the PAH (or Logan for some), with patients often needing to travel. While this will continue for some services, technology and new delivery models mean we can deliver more care closer to home across MSH.</p>

OPPORTUNITIES	Infrastructure investment	Innovation	Integration and Partnerships	Workforce
	 <p>MSH will receive a more than \$2 billion investment over the period of this plan in new, expanded and refurbished infrastructure across MSH. This provides an unprecedented opportunity for us to reconfigure our services and deliver care closer to home.</p>	 <p>The significant investment in infrastructure, combined with our position as a leading research and clinical care organisation, means we are well-placed to continue to enhance our models of care and keep pace with, and contribute to innovation in health care.</p>	 <p>We have a once in a generation opportunity to make deliberate choices about where and how we deliver services, to provide a more integrated, networked system of health care across MSH, as well as continuing to strengthen our partnerships with the primary and community health sectors, and research partners to improve access and outcomes for our community.</p>	 <p>These opportunities will ultimately help us to make MSH a top employer of choice across all professions; providing opportunities to work collaboratively across MSH, in different locations and with different partners.</p>

Eight Mile Plains
Satellite Hospital

Maroo-goodji-ba

Service direction and strategies

To address our challenges and opportunities, four Service Directions were identified to guide our future health service delivery. These were selected in consideration of:

- the health needs and issues identified for the MSH community,
- the pressures experienced in our services by both our workforce and our consumers,
- key trends in future service delivery identified through projections analysis, clinical engagement and consultation, and
- the opportunity that comes with the extensive capital expansion program to consider how and where we provide services across MSH.

Each Service Direction comprises a set of strategies that aim to address the challenges and opportunities we face.

Address
the diverse
health service
needs of
people in our
community

Innovate and
collaborate to
optimise
service
delivery

Configure our
services and
workforce
to maximise
health
outcomes

Embed
research and
implementation
science



1 Address the diverse health service needs of people in our community

MSH has a diverse population, including many different communities with unique and complex health needs. We will respond to these through improved collaboration with partners and the communities themselves.

MSH already has targeted strategies in place to improve service access and outcomes for specific population groups. These strategies are listed below and complement the strategies outlined in this Health Service Plan.

- [MSH First Nations Health Equity Strategy 2022–2025](#) and [MSH First Nations Health Equity Implementation Plan 2023](#)
- [MSH Disability Service Plan 2023–2026](#)
- [Pasifika and Maori Health and Wellbeing: A Strategic Framework and Action Plan for Brisbane South 2020–2025](#)
- [MSH Consumer and Community Engagement Strategy 2023–2026](#).

1.1 Implement the MSH First Nations Health Equity Strategy 2022–2025.

- The MSH First Nations Health Equity Strategy outlines actions directly related to service improvements for First Nations communities. We will ensure they are considered together with the other proposed strategies within this Health Service Plan.

1.2 Implement the MSH Disability Service Plan 2023–2026.

- The MSH Disability Service Plan outlines actions directly related to service improvements for people living with a disability. We will ensure they are in alignment with proposed strategies within this Health Service Plan.

1.3 Implement the Pasifika and Maori Health and Wellbeing Framework and Action Plan for Brisbane South 2020–2025.

- The Pasifika and Maori Health and Wellbeing Framework and Action Plan outlines actions directly related to service improvements for the Pasifika and Maori peoples in the Metro South region. We will ensure they are in alignment with proposed strategies within this Health Service Plan.

1.4 Consider the needs of diverse people in the MSH community in future health service planning and model of care development.

- Ensure consideration and linkage of our diverse communities in the planning and development of new service models identified in Strategies 2.4, 2.5, and 3.8, 3.9, 3.10 (in the Service Directions that follow).

1.5 Strengthen the collaboration with SEQ Health Equity Collaborative to identify and implement opportunities to integrate service provision for First Nations people.

- Actively participate in the SEQ Health Equity Collaborative and work in partnership with the Community Controlled Health Sector to implement new opportunities to improve linkage of services.

1.6 Continue to strengthen and expand our partnership with the Brisbane South Primary Health Network (PHN) to develop and implement joint service models that address the needs of our diverse MSH communities.

- Through our respective Health Needs Assessment processes we know key groups within our community have diverse, specific health needs that require collaborative service models across primary, community and acute care. These should focus on our priority population groups including:
 - » First Nations,
 - » LGBTIQ+ people,
 - » people living with a disability,
 - » culturally and linguistically diverse populations, and
 - » refugee and asylum seekers.

1.7 Proactively engage in the development of the Statewide Children’s Health Services Plan and the First 2000 Days Initiative, to ensure the needs of MSH children and families are considered and future development plans incorporated.

- The Department of Health is leading the development of a statewide children’s health services plan to guide the future statewide priorities and service model for children’s health services. This includes the need to develop increased capability and capacity for acute children’s health services outside of the Queensland Children’s Hospital.

2 Innovate and collaborate to optimise service delivery

We will facilitate innovation and collaboration across the health continuum to improve health outcomes, including through a formal innovation and improvement program that provides a consistent framework for service redesign and improvement.

We will trial innovative and contemporary models of care and, where alternate models of care have been developed and

proven successful, encourage expansion across all facilities where appropriate. Collaboration with our healthcare partners and across MSH will enable better integration of services and will facilitate more seamless transitions to partner services within the community.

2.1 Support clinical improvement and innovation across MSH services.

- Develop an Innovation Framework to lead and support innovation in clinical service delivery.
- Support the ongoing implementation of the MSH Improvement Framework and associated development of tools and resources, and options to support the improvement of health service delivery.

2.2 Build capability and identify opportunities to embed Artificial Intelligence (AI) / machine learning / data analytics to improve service delivery and future models of care.

- Develop our analytic platform and data science capabilities, and build workforce capability to use data insights in every day practice, to provide more reliable and efficient care as identified in the MSH 2023–28 Digital Health Strategy.

2.3 Implement a program of work to review, update and/or document consistent models of care for all specialties across MSH as part of moving to a more integrated, coordinated network of services that supports interprofessional collaborative practice.

- Develop a work program that will progress MSH toward achieving a consistent future state by identifying unwarranted variations in clinical service models across facilities and services.

For example:

There is opportunity to improve efficiency by providing a centralised pre-surgical and pre-anaesthetic screening service, particularly for high volume elective surgery activity taking place at QEII Hospital in the future. Screening checklists across facilities should be standardised where safe and clinically appropriate to enable this.

- Non-medical models of care should be developed for outpatient waiting list improvement, hospital avoidance strategies, rapid access clinics and early hospital discharge services to reduce in patient length of stay.
- The role of community services should be considered in models of care as part of the continuum of care wherever practical.
- Develop models of care for:
 - » Diabetes (in line with the Statewide Diabetes Model of Service Delivery),
 - » Southern Moreton Bay Islands (integrated Model of Care in line with the Community Partnership Service),
 - » Dementia,
 - » Delirium,
 - » Bariatric and obesity.

2.4 Implement or expand access to day stay, community and home-based models of care.

- Support MSH community and Hospital in the Home (HiTH) teams to continue to facilitate and grow capacity to deliver care in the community and at home, including children's HiTH.
- Explore the opportunity to augment current subacute and rehabilitation services through the delivery of services in the community such as Rehabilitation in the Home (RiTH), Geriatric Management in the Home (GEMiTH), and post acute care services (PACS) and the implementation of day rehabilitation models both in the community and in facilities.

Specialty areas that have identified opportunities to implement or expand access to day, community and home-based models of care:

- Cardiology
- Child and Adolescent
- Ear, Nose and Throat
- Gastroenterology
- Geriatric Management
- General Medicine
- Infectious Diseases
- Kidney services
- Mental Health, Alcohol and Other Drugs
- Ophthalmology
- Orthopaedics
- Palliative Care and Voluntary Assisted Dying
- Rehabilitation
- Respiratory
- Urology
- Vascular
- Women's Services

2.5 Use a co-design approach to work with partners across the health and social care system to improve access and discharge to other services outside of the hospital (e.g. HiTH, primary care, the Community Controlled sector, community services, Residential Aged Care Facilities).

- Consider options for patients to be cared for in the primary care setting where appropriate, supported by smart referrals, clinical pathways and other tools as appropriate.
- Engage with the Brisbane South PHN and primary care providers to identify ways to create capacity and support the provision of services which allow for patients to be cared for in the community.
- Support our ageing population by expanding our partnerships with Residential Aged Care Facilities to increase capability, provide care closer to home, explore increased in-reach services (including both in person and virtual consultation services), and improve opportunities for appropriate outpatient discharge.

2.6 Deliver connected services for consumers outside of MSH.

- MSH plays a critical role in providing services as a part of the broader Queensland Health network. We are committed to continuing to deliver quality care for all consumers including those from other catchments accessing statewide services provided by MSH.



3 Configure our services and workforce to maximise health outcomes

We will develop a networked and integrated approach to service delivery across MSH. This approach will respond to the changing needs and demographics of our population, including high population growth areas such as the Southwest corridor. It will also take advantage of the opportunity presented by the significant capital expansion currently underway across MSH including Satellite Hospitals, and planned major redevelopments and expansions at PAH, QEII, Logan and Redland Hospitals.

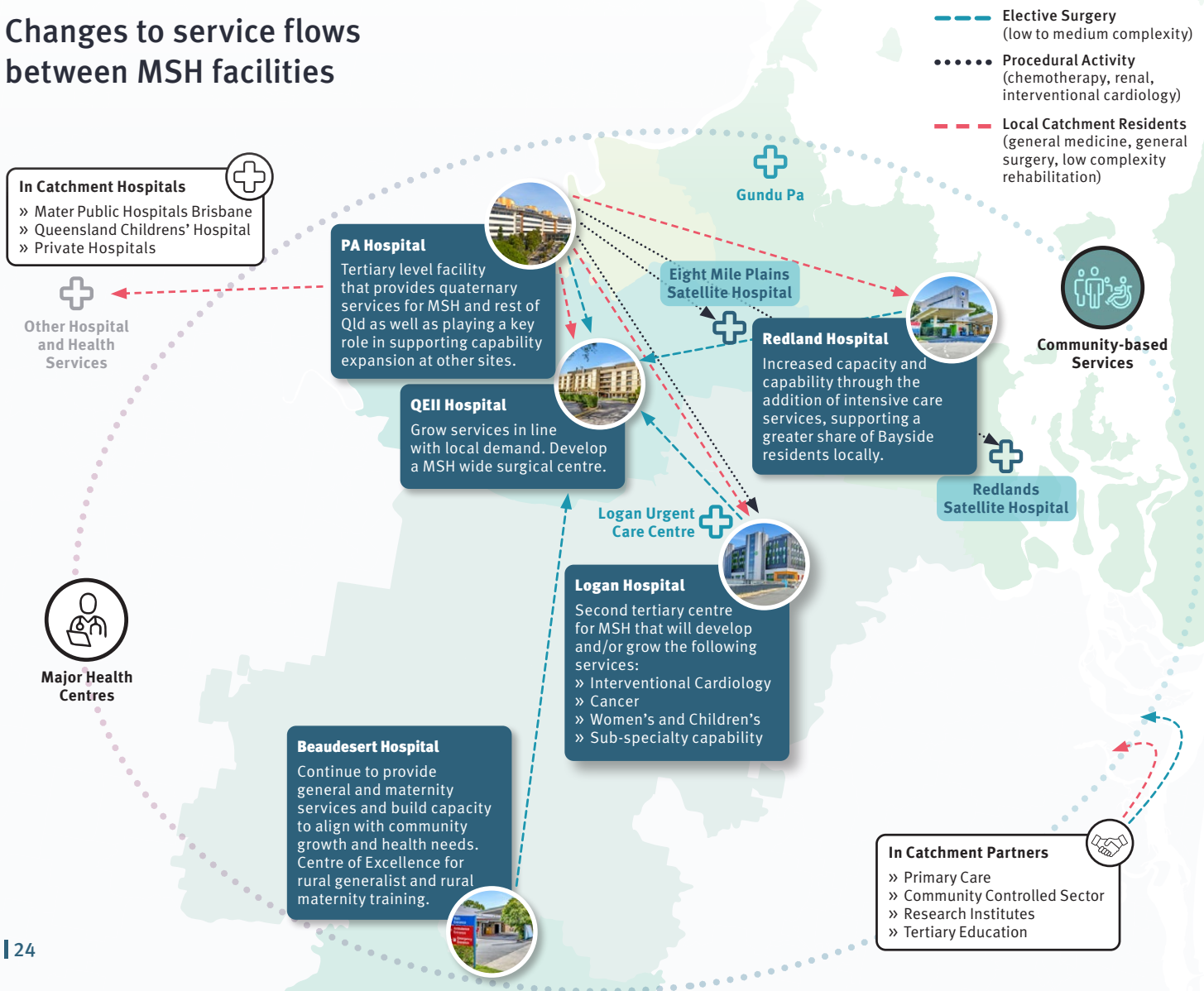
We recognise the unique and important role each of our facilities plays in serving its local population, and in providing specialist health care services in partnership with other service providers, ensuring consumers can access care as close to home as possible where it is safe and appropriate to do so. In adopting a networked approach to service delivery will enable us to take full advantage of our world-leading workforce and capability across all our facilities and services.

The key elements of this networked service system underpinning our planned service configuration include:

- Establishing Logan Hospital as the second tertiary hub within MSH
- Developing a MSH-wide Elective Surgery Centre at QEII
- Introducing intensive care services at Redland Hospital
- Capacity for PAH to expand its world class complex, tertiary services – for both MSH and Queensland residents
- Expanding access to chemotherapy and renal dialysis services at our new Satellite Hospitals; as well as greater access to urgent care and outpatient services.

This networked approach will ensure high quality care is delivered at the right place, at the right time, by the most appropriate practitioner. This will ensure appropriate, safe and sustainable services can be accessed at local facilities for residents within MSH, while also considering the role that each facility plays within the MSH network of care. The diagram below outlines how the networked approach will change the flow of some services within MSH, while ensuring local communities receive care close to home wherever possible.

Changes to service flows between MSH facilities



3.1 Establish Logan Hospital as a second Cancer Services hub within MSH by 2026/27.

- Implement and grow cancer services including Medical Oncology, Haematology and Chemotherapy (including dedicated beds at Logan) with the aim of delivering CSCF level 5 services at Logan Hospital as part of a networked MSH model by 2026/27.

3.2 Establish Interventional Cardiology services at Logan Hospital by 2026/27.

- In line with the commissioning of two interventional cardiology suites as part of the Logan Hospital redevelopment, interventional cardiology services will commence with diagnostic procedures by 2026/27. In the short- to medium-term, the PA Hospital will continue to provide all complex Interventional Cardiology activity including all Electrophysiology (EP) and Ablations.
- The second stage of interventional cardiology at Logan Hospital including EP and Ablations will be established in line with future service planning for cardiac services.

3.3 Establish Logan Hospital as a specialist centre for Women's and Children's health within MSH.

- Undertake planning to support the provision of maternity services that respond to the need of the local population (including planning for the expansion of a maternal fetal medicine service).
- Expand gynaecological elective surgery at Logan Hospital.
- Establish Clinical Service Capability Level 5 neonatal service at Logan Hospital by 2026.
- Expand children's services at Logan Hospital in line with the Statewide/Southeast Queensland paediatric plan to provide more care closer to home, including the development of a Clinical Service Capability Level 4 surgical service for children.

3.4 Establish a MSH elective surgery centre at QEII Hospital from 2026/27.

- With the planned expansion in inpatient beds (including ICU) and operating theatres at QEII, there is an opportunity to establish a hub for elective surgery that would support patients requiring care within the MSH catchment. This will also provide an opportunity for consumers to access care in a more timely manner.
- The scope of the services to be delivered through the centre include those listed in the adjacent box.

Specialty areas include:

- Ear, Nose and Throat
- Gynaecology
- General Surgery
- Ophthalmology
- Orthopaedics
- Upper GIT Surgery
- Colorectal Surgery

3.5 Consider the establishment of an Eye Centre of Excellence at QEII Hospital from 2026/27.

- As part of the redevelopment of the QEII Hospital the health service gives consideration to developing a dedicated Eye Centre of Excellence to provide ophthalmology services within MSH.
- An Eye Centre of Excellence would also provide the opportunity for MSH to adopt contemporary models of care in partnership with other providers and enhance research within MSH.

3.6 Establish a Sexual Assault Response service hub at QEII Hospital.

- MSH will develop a Sexual Assault Response Team capable of providing trauma-informed and forensically-sound care to victims of sexual assault presenting to QEII/PAH/Redlands/Logan hospitals. The Team will be managed and coordinated by QEII Jubilee Hospital and be inclusive of staff across MSH.

3.7 Support the delivery of services from the Redlands and Eight Mile Plains Satellite hospitals.

- Uplift the delivery of Chemotherapy and Renal Dialysis services within MSH by implementing networked models of care which enable them to be safely delivered from each Satellite Hospitals.
 - Develop an outpatient profile to be delivered at the two Satellite hospitals with a view to optimise service delivery through complementary services.
-

3.8 Support MSH Mental Health, Alcohol and Other Drugs services in line with Better Care Together: a plan for Queensland's state-funded mental health alcohol and other drug services to 2027.

- Keep patients well in the community by trialling HiTH and expanding Step up, Step down initiatives.
- Develop alternative pathways for entry to acute care other than the Emergency Department including a crisis stabilisation unit at PA Hospital.
- Implement and embed relevant statewide workforce initiatives in MSH recruitment and retention.
- Undertake planning and advocate for infrastructure expansion to bring MSH closer to projected need outlined in the National Mental Health Service Planning Framework and Queensland Drug and Alcohol Service Planning Model, and lower acute hospital admission thresholds.
- Explore and expand partnerships with PHN, NGOs and universities to improve care coordination and patient outcomes.

3.9 Establish clinical networks to support a networked, integrated service system.

- Develop and implement clinical networks to support the networked delivery of services and interprofessional collaborative practice across MSH.

3.10 Develop an Ambulatory Care Plan.

The Ambulatory Care Plan will:

- Articulate opportunities to expand virtual care, care in the community and closer to home (including through technology).
- Review future infrastructure needs of ambulatory care services and models of care, including for community based-care such as community and oral health, palliative care, and addiction and mental health services.
- Identify opportunities to adopt alternative models of care such as allied health and nurse-led models where appropriate (including shifting activity to ambulatory models and settings).
- Identify best practice service and operating models across MSH to optimise current and future infrastructure.

3.11 Establish dedicated beds for key specialties as part of the implementation of a networked service model by 2026/27.

- Palliative Care at the PA Hospital with further exploration/analysis required to determine the requirement at all other MSH facilities.
- Neurology at Logan Hospital, QEII Hospital and Redland Hospital.
- Respiratory Medicine at QEII Hospital and Redland Hospital.
- Rehabilitation/sub-acute services, additional dedicated beds at all facilities including at QEII Hospital in line with the planned uplift in the surgical profile, with consideration of allocation of specific beds for Geriatric Management and Rehabilitation at a facility level.
- Cancer care beds at Logan Hospital (in line with Strategy 3.1).

3.12 Develop detailed clinical service plans for key services to inform future service development. Initial plans to be considered for development include:

- **Anaesthetics** – undertake further detailed planning to support the increased need for anaesthetics services given the planned uplift in theatre capacity across MSH, particularly at QEII Hospital.
- **Cancer** – undertake further detailed planning across the cancer patient cohorts as part of the development of Logan Hospital as a secondary cancer hub and the optimisation of capacity at the Satellite Hospitals.
- **Cardiology** – undertake detailed planning across MSH to support a networked approach to service delivery and development of an interventional cardiology service at Logan Hospital.
- **Child and Adolescent Services** – undertake planning to support an expansion of services at Logan and Redland Hospitals in collaboration with Queensland Children's Hospital and the Statewide Paediatrics Plan to support the delivery of appropriate care closer to home.
- **Diabetes and Endocrinology** – undertake detailed planning across MSH diabetes and endocrinology services, in line with the Queensland Diabetes Model of Service Delivery.

- **Gastroenterology** – undertake further detailed planning to support the delivery of endoscopy and gastroenterology services across MSH, including how best to support more complex patients of the service.
- **Oral Health** – undertake planning across MSH Oral Health services, in line with the Queensland Oral Health Model of Service Delivery.
- **Respiratory** – develop a hub and spoke model across MSH with two main hubs – PA Hospital (supporting Redland and QEII Hospitals) and Logan (supporting Beaudesert Hospital). Detailed planning should consider how best to support more complex patients of the service and support models of care, including non-medical models.
- **Surgical Services** – undertake further detailed planning to support the re-configuration of surgical services across MSH, particularly at QEII Hospital.
- **Urology** – develop a networked service model for Urology that considers additional access to theatre as a key dependency to enabling expansion of service provision at local facilities.

3.13 Develop plans and progress business cases for the medium- to long-term service and infrastructure needs (with infrastructure being co-designed and considered in relation to the needs of the population) across MSH including:

- **The south-west high growth corridor (Yarrabilba, Jimboomba and Flagstone planning regions)** – in collaboration with the Department of Health, Brisbane South PHN and other government and service delivery agencies to establish the health service needs and potential service options for this high growth area.
- **Redland Hospital capacity** – despite the current planned infrastructure expansion, Redland Hospital will face capacity constraints in the medium- to long-term. Planning should support the service and infrastructure needs for Redlands population. Consideration is to be given to design of facilities to ensure they meet future population needs, including the need to be ‘age-friendly’ where appropriate.
- **Radiation oncology** – given the increased demand for radiation oncology, opportunities to develop a second site for this service at Logan Hospital should be explored in conjunction with clinical service planning for cancer services.
- **Emergency Department capacity** – undertake further detailed planning to cater for the expected continued growth in Emergency Departments presentations across all MSH facilities.
- **Endoscopy** – undertake further detailed planning to understand and prepare for the expected continued growth in demand for endoscopy services across MSH.
- **Mental Health, Alcohol and Other Drugs** – in line with Strategy 3.13.
- **Interventional Cardiology** – given the increasing demand for Interventional Cardiology (including Electrophysiology), options to expand capacity across MSH are to be considered.

3.14 In line with the MSH People Strategy (under development), configure our workforce to support delivery of networked services and our expanded service capacity.

- Develop workforce plans for services/facilities that support and provide direction under a networked MSH model as additional capacity established by the commissioning of new infrastructure.
- Plan for future workforce needs by establishing pathways and training programs to support efficient recruitment and workforce development.
- Undertake a review of corporate and support function governance (e.g. Human Resources, finance) with a view to enabling a networked, integrated service system, including:
 - » Enabling MSH-wide staff appointment (versus facility-based) where appropriate so that workforce recruitment, retention, training, and flexibility supports the networked model of service delivery and enables workforce mobility across MSH.
 - » Analysis of current processes and policies across MSH to identify potential duplication and variations across sites with the aim being to better enable staff to work flexibly across the sites.

4 Embed research and implementation science

We will deliver world-class research and innovation to deliver better health outcomes for our community and embed a culture of continuous improvement for our services. We will further develop our research partnerships to elevate our capability and capacity to undertake research.

We will also focus on our ability to translate high-quality research into service delivery to deliver improved health outcomes and continue to evolve our models of care to align to best practice.

4.1 Develop a Research and Innovation Strategy that will identify focus areas for the next five years.

- Develop new Research and Innovation Strategy that will identify the focus areas for the next five years and support MSH in continuing its role as a key research organisation in Queensland.

4.2 Strengthen and embed world-class research as a core function of MSH by:

- Building research capacity and capability to undertake research that is shaped by the needs and priorities of consumers, research community, clinicians and partners.
- Embedding research in clinical services by providing better opportunities for consumers to co-design and participate in research across the continuum of care.
- Continuing to undertake leading research across all clinical professions and across the research continuum.
- Utilising digital technology to enable and facilitate innovation and research.

4.3 Translate research into better health outcomes for our community by:

- Implementing findings from both within MSH and identified practices in use internationally consistently across MSH to ensure equity of access and outcomes.
- Encouraging knowledge and best practice transfers across facilities and between specialities.

4.4 Expand partnerships that support research and innovation that benefit our community:

- We will continue to support research and innovation opportunities by leveraging our partnerships and external funding sources.
 - We will support collaborative research opportunities, including those introduced by external partners and the community.
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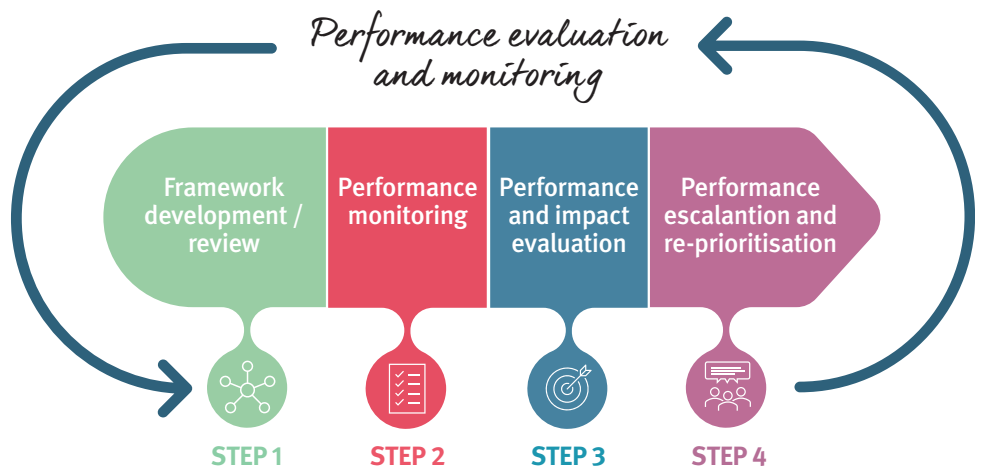
How we will measure progress

Measures of progress against the Health Service Plan have been developed in line with the [Queensland Health Performance and Accountability Framework](#). This will increase the visibility of the implementation process and the progress of each of the service directions whilst also supporting informed decision making. The measures across the Service directions are shown below.

Service directions	Address the diverse health service needs of people in our community	Innovate and collaborate to optimise service delivery	Configure services and our workforce to maximise outcomes	Embed research and implementation science
Our measures	<ul style="list-style-type: none"> Increased representation of diverse members of our community in health service planning processes Number of new/expanded models of care, co-designed with diverse community groups to respond to their needs Monitor progress towards implementation of the First Nations Health Equity Implementation Plan, Disability Plan and Maori & Pasifika Plan. 	<ul style="list-style-type: none"> Innovation framework developed; and supporting function stood up Improved rates of discharges to primary care and community services Reduced bed days for patients awaiting placement in community services (e.g. RACF, NDIS) Increased rate of HiTH utilisation. 	<ul style="list-style-type: none"> Detailed clinical service plans, models of care, and implementation plans developed for identified services by 2026/27 Increased proportion of MSH residents treated at QEII for elective surgery (within planned specialties for the Elective Surgery Centre) Increased proportion of MSH residents treated at QEII for ophthalmology Completed Ambulatory Care Plan Improved rates of virtual ambulatory care services Improved rates of community and/or home-based ambulatory care services Completed South-West High Growth Corridor plan, and future service options Governance structures and supporting functions reviewed and amended to enable a more networked service system Improved recruitment and retention rates across the health service. 	<ul style="list-style-type: none"> Completed MSH Research and Innovation strategy Monitor progress towards implementation of the MSH Research and Innovation strategy Number of active research projects (reported on census date each year) Number of new research projects authorised to commence in MSH facilities and services (i.e. Site Specific Assessment authorisations) Number of publications in calendar year Direct research expenditure reported in financial year Percentage of partnership health reported as being 'on track'.

A continuous improvement approach will be adopted in the implementation and measurement of progress of the service directions and strategies. This will account for changes in health needs and service developments throughout the implementation process (e.g. updated commissioning timeframes) and allow for informed adjustment as planning continues to ensure lasting success. An annual review process which evaluates the progress of each of the service directions and strategies across the four-year period will be implemented. This progress review will include the four key steps.

Performance evaluation and monitoring steps.



Implementation roadmap

The Health Service Plan outlines a substantial program of work that will help us work towards our vision: ‘Together we will create Australia’s healthiest community’.

Progress against the strategies in the Health Service Plan will also be critical to maximising the benefit of the once-in-a-generation investment in new and expanded infrastructure, and the opportunities that brings for us to reimagine our health service delivery.

To support this, a high-level implementation roadmap which details the key next steps for each strategy will be developed.

In addition to this, it will be critical that we have the right systems, processes and support in place for implementation, and to that effect, we will:

- Develop a detailed implementation plan
- Identify the resources and support required for us to implement each strategy
- Identify an appropriate Executive owner for each individual strategy to provide accountability and leadership for implementation
- Develop governance and reporting processes to provide visibility of progress
- Develop a regular communication protocol to keep our consumers, community, workforce, partners and other stakeholders updated on our progress
- Regularly monitor, reassess and update where required.

ⁱ Naik H, Murray TM, Khan M, et al. Population-Based Trends in Complexity of Hospital Inpatients. *JAMA Intern Med.* 2024;184(2):183–192. doi:10.1001/jamainternmed.2023.7410



