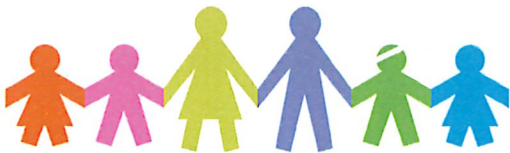


# Children's Health Queensland Hospital and Health Service and Brisbane North PHN

A protocol for working together to enhance health outcomes

2023-2025



**phn**  
BRISBANE NORTH  
An Australian Government Initiative

**Children's Health Queensland Hospital and Health Service and Brisbane North PHN Engagement Protocol**

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An electronic version of this document is available at <https://www.childrens.health.qld.gov.au/chq/about-us/our-hospital-and-health-service/>

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## Table of contents

Parties .....	4
Background .....	4
Objectives.....	4
Key Guiding Principles of Working Together.....	6
1. Joint planning.....	6
2. Integrated information and communication (ICT) systems.....	6
3. Change management.....	6
4. Shared clinical priorities .....	6
5. Aligned incentives .....	6
6. Population focus .....	6
7. Measurement and evaluation.....	6
8. Continued professional development .....	7
9. Community engagement.....	7
10. Innovation .....	7
Governance.....	8
(a) Key accountability .....	8
(b) Key contact person.....	8
(c) Board summary .....	8
Cooperative Initiatives.....	9
(a) Funded Contracts (Level 1) .....	9
(b) In-kind Initiatives (Level 2).....	9
(c) Initiatives for Information (Level 3).....	9
Protocol Particulars.....	10
1. Purpose .....	10
2. Term .....	10
3. Termination.....	10
4. Publication .....	10
5. Privacy and confidentiality.....	10
6. Conflict of interest .....	10
7. Dispute Resolution.....	10
8. Status of Protocol.....	10
9. Inconsistency .....	10
Execution as an agreement on the respective dates set out below. ....	11
Abbreviations.....	12

## Parties

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Partners 4 Health Limited, trading as Brisbane North PHN ACN 150 102 257 of Level 1, Market Central, 120 Chalk Street. PO Box 845, Lutwyche, Queensland, 4030 (BNPHN)

## Background

CHQ is a specialist statewide hospital and health service dedicated to caring for children and young people from across Queensland and northern New South Wales. BNPHN is a not-for-profit public company limited by guarantee and commissioner of primary health care services with a recognised role in local coordination of and support for community and primary health care providers.

The parties have, in all of their previous forms, a long history of working together and achieving improved health care outcomes for the communities of their region.

The nature of these endeavours has varied but all have been built on the good relationships that exist between the parties.

The parties recognise they have a shared responsibility for the health and wellbeing of children and young people within the community of Brisbane North.

Under the National Health Reform Agreement (2011) and subsequent Acts and Regulations in Queensland, there is a requirement to document an overarching engagement Protocol between the parties (PHNs formally Medicare Locals). The Australian Government Department of Health PHN Grant Programme Guidelines (2016) also supports the need for Primary Health Networks (PHNs) and Hospital and Health Services (HHSs) to develop collaborative working relationships.

This document is not a legal instrument but provides a general framework for working together. This document is not exhaustive and serves to support future local agreements between parties.

## Objectives

The key objective of the Protocol is for the parties to adopt a shared and coordinated approach in seeking to address the health needs of the local population in the most safe, effective, efficient, patient-centred, timely and equitable manner possible.

This is in line with CHQ's [Service Agreement](#) with the Queensland Department of Health and the Australian Government's Department of Health PHN [Grant Programme Guidelines](#).

The additional objectives of this Protocol are to:

- a) promote cooperation between the parties in the planning, delivery and integration of health services;
- b) outline how together the parties can contribute to the joint objectives of their respective organisations;
- c) provide context, guidance and governance to joint initiatives that will continue to be developed and will continuously improve cooperation by the parties;
- d) ensure alignment of approach between parties when engaging with other entities and providers in the local health and disability sector regarding improved service delivery and health outcomes;
- e) identify the key priority areas and initiatives which form the basis of the cooperative approach between the parties; and
- f) improve the health outcomes and service planning, development and delivery for the community of Brisbane North.

In order to achieve these objectives, the parties will work together to:

- Identify and prioritise local health needs;
- Share health information and data;
- Identify and provide plans and an evaluation mechanism for the key issues identified as requiring cooperation;
- Respond to relevant State and National strategies, policies, agreements and standards;
- Meet performance requirements as measured by State and National authorities;
- Determine the most efficient method of service delivery to meet current and expected future demand;
- Enhance service access, coordination and integration across the health continuum;
- Influence and reform those areas of the health system for which they have responsibility;
- Engage with clinicians, consumers and community members;
- Ensure care is delivered in the right place at the right time by and to the right people; and
- Maximise health information data sharing in line with privacy and data governance requirements.

## Key Guiding Principles of Working Together

The activities undertaken by the parties under this Protocol will be guided by the adoption of the following ten principles:

### 1. Joint planning

The parties are committed to a joint and coordinated approach to the development of strategic and operational plans that are grounded in a common understanding of the health needs of the Brisbane North community.

### 2. Integrated information and communication (ICT) systems

The parties recognise that integrated information system infrastructure is essential for effective care coordination and communication across the care continuum. The parties will work towards building systems of data sharing and data management.

### 3. Change management

Successful system integration will require institutional change. The parties therefore commit to developing an effective change management strategy to underpin the integration initiatives being undertaken.

### 4. Shared clinical priorities

The parties will work towards consulting available data and engage clinical leaders, community members and consumers to assist in identifying agreed clinical priorities for service improvement. The parties are committed to developing integrated service delivery models in these priority areas that will optimise care across the continuum through improved patient care planning and coordination and the development of care pathways.

### 5. Aligned incentives

The parties will work towards providing incentives that are aligned across the continuum in order to promote inter-professional and cross-sectorial teamwork, shared accountability for cost and quality and to ensure the whole sector is working towards a shared vision. The parties are committed to exploring cross-sector system redesign, for example, alternate funding models, and to promote the goal of improved health and service delivery at a population level. The parties are also committed to pursuing sustainable partnerships within the sector, including the building of strategic alliances to effectively manage shared risks and rewards. This may also include pooling of resources and consolidating expertise for shared priorities and life-limited projects.

### 6. Population focus

The parties are committed to promoting a culture of shared responsibility for the health and wellbeing of the community. This requires a shift in focus from health services delivered in separate units, facilities or sectors to a focus on care that can be provided across organisations for the Brisbane North population and an emphasis on upstream health and wellbeing promotion and disease prevention.

### 7. Measurement and evaluation

The parties are committed to adopting a collaborative approach to evaluating the impact of system improvements. Developing targets that extend beyond organisational boundaries allows clinicians and managers to see areas of improvement from a consumer rather than an organisational perspective. This

will include evaluation of the effectiveness of working relationships, planning processes and outcomes, in relation to this Protocol. Status of effectiveness of the implementation of the Protocol will be evident in the parties' annual reports.

### **8. Continued professional development**

The parties will work towards promoting inter-organisational and inter-sectorial multidisciplinary professional development. By doing this a skill set will be developed across the sector that will better meet the needs of the community by enhancing continuity of care and supporting transition between different types of care.

### **9. Community engagement**

The parties are committed to community and clinician engagement mechanisms and will endeavour to share and/or jointly participate in these mechanisms.

### **10. Innovation**

The parties share a commitment to fostering collaborative innovation, particularly in the areas of care coordination and transition, chronic care optimisation and service redesign to ensure consumers are seen at the right time, in the right place by the right provider.

#### Reference:

<sup>1</sup> Nicholson C, Jackson C, Marley J. A governance model for integrated primary/secondary care for the health-reforming first world – results of a systematic review. BMC Health Serv Res 2013; 13: 528.

## Governance

To achieve the objectives of the Protocol, close collaboration and joint agreement of reporting structures will be agreed by both parties through the following engagement structures:

### **(a) Key accountability**

The Chief Executive of each of the parties will be the accountable officers responsible for the promotion, implementation and carriage of this Protocol.

### **(b) Key contact person**

A key contact person will be nominated to manage matters related to this Protocol. The nominated person will act as a single point of reference and coordination. Proposed initiatives, queries and/or disputes should be discussed with this person, to ensure consistency of approach.

The key contact person will be responsible for:

- Ensuring proposed joint initiatives match agreed strategic direction, objectives and priorities;
- A consolidated activity reporting structure;
- Providing Board summary reports; and
- Coordinating each party's involvement in the Protocol.

### **(c) Board summary**

Both parties are required to provide a summary of the key issues discussed and decisions made in each of their Board's meetings to the key contact person for distribution, subject to the Board's obligations relating to confidentiality and privacy. A schedule of both party's Board meetings should be shared between the key contact people for each party.

Joint Board meetings may be convened at the discretion of both Boards.



## Cooperative Initiatives

All initiatives undertaken between the parties within the context of this Protocol are to be outlined in the register of initiatives contained in Schedule 1 and updated from time to time with agreement between the responsible key contacts from the two parties. Any major amendments (such as activities or priority level) must be agreed in writing by the key party representatives. Schedule 1 will sit as a separate document to the Protocol so it can remain a living document throughout the term of the Protocol, with priorities adapting with the needs identified by the two parties.

The initiatives and correlating activities have been developed from the priority areas and objectives identified in:

- BNPHN's [Primary Health Networks Program Needs Assessment 1 July 2022 – 30 June 2025](#);
- BNPHN's [North Brisbane and Moreton Bay Population health snapshot 2022](#);
- BNPHN's [Children's Health Needs Assessment – Fact Sheet](#);
- CHQ [Strategic Plan 2020-2024](#);
- CHQ's [Children's Health and Wellbeing Services Plan 2018-2028](#);
- CHQ's [Aboriginal and Torres Strait Islander Health Equity Strategy 2022-2025](#); and
- CHQ [Integrated Care Strategy](#).

Various other high-level state and federal Department of Health strategic documents were also consulted. These initiatives range from funded contract arrangements through to cooperative endeavours based on in-kind support and initiatives for each party's information as follows:

### (a) Funded Contracts (Level 1)

A Contract will be used where:

- (a) Funding passes between the parties;
- (b) Project activities involve significant risks to one or both of the parties;
- (c) There is any proposed use or sharing of identifiable patient information;
- (d) On any other grounds determined by either party.

All Funded Contracts will be recorded in Schedule 1 as Level 1 Initiatives.

### (b) In-kind Initiatives (Level 2)

An in-kind initiative shall involve provisions for sharing information, staff resources including staff co-location if appropriate, and facility access described in relevant initiative implementation plans. These initiatives shall be recorded in Schedule 1 as Level 2 Initiatives.

Neither party shall be legally bound to perform any activity under an in-kind initiative, except in the case where a separate agreement is executed by the parties. Each party shall generally support the performance of the in-kind initiatives.

### (c) Initiatives for Information (Level 3)

The parties may from time to time undertake initiatives that may be of interest to each other but will not require a contractual or in-kind arrangement. These initiatives shall be recorded in Schedule 1 as Level 3 Initiatives.

## Protocol Particulars

### 1. Purpose

This Protocol is an overarching agreement setting out the governance of the relationship between the parties and is not intended by the parties to be legally binding.

### 2. Term

The term of this Protocol shall be three (3) years from the date the last party signs this Protocol (Term). The parties may extend the Term of this Protocol by written agreement, however, note that joint annual review, or sooner if deemed appropriate or necessary, should occur prior to extension, commencing from the date of signing.

### 3. Termination

Either party may terminate this Protocol by thirty (30) days written notice to the other party.

### 4. Publication

This Protocol will be publicised through the parties' publications and websites. Any resources and content developed under a joint initiative should reflect the involvement of both parties and be agreed to by both parties. This would include use of the two corporate logos in the publication of paper-based and electronic documents.

### 5. Privacy and confidentiality

Information marked as confidential by either party will be treated as confidential.

The parties will observe and will ensure that they comply with all applicable legislation in relation to any planning processes or initiatives under this Protocol including where it involves the exchange of patient data.

### 6. Conflict of interest

Each party will actively manage any perceived or real conflicts of interest in relation to their employees, officers, contractors, consultants and agents participating in initiatives relating to the Protocol.

### 7. Dispute Resolution

All disputes between the parties in relation to this Protocol will be dealt with in a collaborative manner in good faith.

### 8. Status of Protocol

For the avoidance of doubt, the parties are independent entities and are not engaging in a joint venture, agency or partnership arrangement.

### 9. Inconsistency

If there is any inconsistency between an agreement entered into by the parties and this Protocol, the other agreement will prevail to the extent of the inconsistency.



## Abbreviations

BNPHN	Brisbane North PHN
CCHW	Centre for Children's Health and Wellbeing
CHQ HHS	Children's Health Queensland Hospital and Health Service
CYCHS	Child and Youth Community Health Services
CYMHS	Child and Youth Mental Health Services
EDCS	Executive Director Clinical Services
HSCE	Health Service Chief Executive
GPLO	General Practice Liaison Officer
MNHHS	Metro North Hospital and Health Service
QCH	Queensland Children's Hospital
QCYCN	Queensland Child and Youth Clinical Network
TOR	Terms of Reference
WTA	Working Together Agreement – used interchangeably with Engagement Protocol