Mater

Exceptional People. Exceptional Care.

Mater Health

Clinical Services Plan

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1. Mater Health. It's all about you.

Mater Health is redesigning the way that we deliver care for our patients and their carers, through the implementation of our *Exceptional Every Time* program of work. That means we will continue to provide the highest quality healthcare when you need it at the same time as building greater capability to provide more support to be relevant in your healthy life.

Working with General Practitioners, government partners, clinicians and other providers we will strive to build a connected and logical pathway which delivers a world-class standard of care for all of our patients across all stages of their healthcare journey. We will extend our care platforms to ensure that your clinical needs are met both within the hospital context, at home and in the community.

Mater People acknowledge the privilege to provide support for our community and we have devised our Clinical Services Plan in Mater Health as an extension of our goal to continuously improve our service for you.

Our promise

- Mater Health will continue to strive for the perfect balance of personalised care and precision medicine which is focused on you.
- We will seek ways to continuously improve our information, products and services to meet your needs.
- We will deliver evidence-based clinical care which delivers improved outcomes each and every time.
- We will build a stronger, more sustainable health service for you and your loved ones.
- Improving the quality of your experience will guide us to excellence and relevance, and we will treat you with respect and dignity regardless of your wealth, your faith, your creed or your social status.

A Clinical Services Plan designed for you

Mater is a Catholic, not-for-profit, private organisation that has provided healthcare services to the people of Queensland since 1906 when the Sisters of Mercy opened the first Mater Private Hospital at North Quay in Brisbane. Since that time Mater Health has grown to be an iconic provider of hospital-based healthcare for the community, striving to deliver an exceptional standard of care in line with our Mission to meet unmet needs.

As our community evolves and your healthcare needs change, Mater Health must also transition in order to provide relevant and financially sustainable clinical services both within, and beyond the hospital setting.

Our Clinical Services Plan helps to frame our approach to a changing environment whilst continuing the high standards of care and customer service to which Mater has always aspired. It guides our response to the health needs of the community and ensures that we meet those needs in a financially sustainable, ethical and socially appropriate manner.

This plan directly connects our commitment to clinical care with the operational decisions that guide our future. It is a critical document in the management and delivery of Mater Health's services and an enabler for Mater Group's strategy to genuinely enhance the standard and quality of community health through a commitment to health, education and research.

Mater Health's Clinical Services Plan is built upon a strategic framework which takes into account the dynamic healthcare funding environment, the complexities of differentiated public and private healthcare expectations, changing market needs and the broad impact of technological advancement.

This framework, known at Mater as '*Exceptional Every Time*' (EET), leverages all aspects of Mater's expertise to deliver the highest quality, evidence-based healthcare for all Mater patients. It requires a genuine and consistent integration of Mater Health, Mater Education and Mater Research across a unique clinical stream-based structure to effect significant and continual improvement in clinical safety and quality.

In line with EET outcomes this Clinical Services Plan commits Mater Health to five priorities which form the points of the Mater Performance Star; Safety, Experience, Quality, Efficiency and Future Viability.

Figure 1: *Exceptional Every Time* Strategy

The performance star aligns with Mater's Mission and Values and helps all Mater People to focus on meeting your needs. It sets an important foundation for our Clinical Services Plan which then drives our response through service configuration, activity projections and infrastructure investment.

Utilising the EET framework, our Clinical Services Plan is designed to maximise Mater's market leading capabilities in key specialty areas which will drive our services growth, and community benefit. This approach and our commitment to Mater's Mission will continue to guide our development and ensure a strong future for Mater.

Our focus areas

Neurosciences.
The strong forecast growth in neurology and neurosurgery opens the potential for Mater to continue to focus on our public and private neuroscience service.

Healthy Living.
Taking account of the determinants for disease, engaging in a personalised approach to care and providing integrated services which meet our patients' needs will ensure that Mater Health makes a significant and positive contribution to health outcomes throughout the healthcare journey.

Women's Health – maternity, newborn and gynaecology services.
Mater will enhance its position as the pre-eminent provider of public and private maternity and neonatology services by enhancing its service catalogue for women's health.

Age-Friendly Care.
Mater will provide tailored, age-relevant care which takes into account the various stages of life. This will be most notable in our service provision for the elderly, a significantly growing proportion of our population which is currently under-serviced, but will also become prominent in young adult services.

Figure 2: Clinical Services Plan – Focus Areas

Driving relevant, focused growth

As with any community-engaged business, and particularly for not-for-profit health services, the future of Mater Health is heavily dependent on our relevance to the community we serve. Extending our excellent reputation and expertise in some key areas for growth while also building capability where there are service gaps in the community will help Mater Health to maintain and improve its position for the future. More importantly, it will ensure that we are providing the services that you need, when and where you want them.

An assessment of community need, socio-economic factors and the geopolitical environment has helped Mater Health to identify key areas of clinical focus. As we progress in building these services we will seek further connection with you, our community, to guide our development and partner in ensuring that you receive exceptional care and a health experience which exceeds your expectations.

Our focus areas for relevant growth are;

Age-Friendly Care

Mater Health provides healthcare services both within the hospital and beyond, which are designed to meet the needs of a diverse demographic population; from newborns to the elderly. Given this broad spectrum of expertise and commitment, Mater has the opportunity to devise and implement tailored, age-relevant care which takes into account the various stages of life. This will be most notable in our service provision for the elderly, a significantly growing proportion of our population which is currently under-serviced, but will also become prominent in young adult services.

Women's Health

Through Mater Mothers', Mater Health has a long-standing connection to growing families in Queensland. Over time, our commitment to maternity and neonatology has grown to include gynaecology, gynaecological oncology, breast and women's health services which draws a genuine link to the health of our community. Mater Health will continue to build this expertise into new models of care and specialised services as a leader in integrated health, education and research.

Neurosciences

The strong forecast growth in neurology and neurosurgery opens the potential for Mater to continue to focus on our public and private neuroscience service. Mater Health has developed a strong reputation for high quality neurosciences and boasts the team, facilities and expertise to meet this need. Our commitment to integrated clinical care, research and education will help to ensure that Mater leads the way for neurosciences in Queensland.

Healthy Living

As a part of Mater Group's broader commitment to the health of our community, Mater Health will continue to play a significant role in providing a comprehensive care platform for healthy living. Taking account of the determinants for disease, engaging in a personalised approach to care and providing integrated services which meet our patients' needs will ensure that Mater Health makes a significant and positive contribution to health outcomes through all stages of the healthcare journey including palliative care services to support 'dying well'.

Mater Health is committed to delivering the highest quality care in our key focus areas through the EET framework and in line with the Mater Group strategy to improve the health of our community. At Mater this means improving operational excellence, defining and embedding evidence-based care, reducing unwarranted clinical variation and setting a sustainable foundation for growth. It means engaging you in your care and building a model which meets your individual needs while also supporting our community as it evolves.

We all benefit from Mater's commitment to operational excellence

Our emphasis on improving operational excellence will be a lived experience for Mater People, our patients and the community. We will deliver the highest standard of clinical care and service experience as we continue to improve cost-effectiveness and efficiency. Standardisation of clinical pathways, more integrated patient journeys and continued commitment to the reduction of unwarranted clinical variation will provide greater transparency and improved outcomes. This model supported by a culture of continuous improvement and integrated with education and research across every specialty area attracts great clinicians, delivers value for the community and ultimately improves health outcomes for all the communities we serve.

The first steps in this next phase of our journey toward operational excellence will commence in our core services of urology, orthopaedics, ophthalmology and general surgery and will rapidly expand to drive a new standard of excellence in young adult, cancer and general medicine services.

It is our commitment and passion for operational excellence which will ensure Mater Health's long-term viability and community relevance. A balance between excellent clinical care and logical application of sustainable business practices positions Mater for a future that is measured by health outcomes and funded on value-based care.

Designing our services around you, makes us all better

As an extension of operational excellence, Mater acknowledges the need to deliver an exceptional experience for all Mater consumers; be they patients, students, donors, clinicians or any other stakeholder. Mater People value customer service and consumer experience as a crucial part of each and every interaction. We know that the same motivation which drives us to deliver exceptional clinical outcomes should drive our approach to service.

We recognise that what has previously been defined as 'the patient experience' must now be broadened to include the whole journey through wellness and extend to family and community. A key element of implementing our new Clinical Services Plan is our commitment to meet or exceed each and every person's service expectations each and every time.

To do this effectively we will engage with our consumers to co-design a holistic service which goes beyond traditional care delivery. We anticipate that this approach will shift not only the configuration of our service, but will help to supplement gaps through strong alliances and partnerships with a range of providers (including those outside of the traditional care environment).

Improved technology improves access to care and information, which means better health outcomes

Your health can be significantly improved through appropriate application of current and emerging technologies. As Mater Health is committed to providing the highest standards of evidence-based care, we are equally committed to enhancing our services through virtual, digital and physical technology.

A key part of the Mater Health Clinical Services Plan is to improve access to support better health outcomes. By making it easier for you to access healthcare and information closer to your home, or in your home, or wherever you choose, we are creating a more relevant and sustainable health service. Building a network of technologies across all Mater services, and using that platform to innovate and improve telehealth, out-of-hospital monitoring and condition-specific applications, we will be more available when you need us.

Scope and purpose of the Mater Health Clinical Services Plan

In a changing healthcare landscape, it is important to implement a plan which allows Mater Health to be dynamic while maintaining a strong commitment to service excellence. Our Clinical Services Plan plots a ten year course for Mater Health to become even more relevant to you and your family and outlines the organisation's approach to infrastructure and service models to ensure growth. It has been devised to also incorporate a degree of flexibility to allow for a rapidly changing industry, new technologies and shifts in community needs.

While this plan sets the path for Mater Health for the next ten years, it is integrated with Mater's *Exceptional Every Time* strategic framework and is devised to respond to the larger forces impacting public and private healthcare nationally and locally. There is a direct link between activity outlined in this Clinical Services Plan and the broader Mater Group Strategy which incorporates all of Mater's activities and focus in South East Queensland.

The scope of the plan includes considerations of current campuses and services. Mater Health provides clinical services through hospital facilities at South Brisbane, Springfield and Redland. These facilities are enhanced by services provided at home, through technology platforms such as telehealth and within the community through people-focused programs including those which reach out to the most underprivileged and marginalised.

With the implementation of *Exceptional Every Time*, and in recognition of the need to alter the centricity of care models, Mater Health transitioned to a 'clinical stream' structure in 2016. All of our services, facilities and clinical activity are now delivered through five clinical streams which enables direct line-of-sight to ensure the safest, highest quality care for our patients. Designed to revolve around people, patients and carers rather than buildings and beds, the Mater Health clinical streams are:

- Medical / Chronic Disease Services
- Surgical / Acute Care Services
- Mothers, Babies and Women's Health Services
- Cancer Care Services
- Neurosciences.

Each stream is governed by a Medical Director who is supported by a Director of Nursing / Midwifery and a Director of Business (i.e. Triumvirate Leadership) to ensure consistent focus on your needs while maintaining a sustainable, evidence-based model of care.

Our clinical streams operate across all of our campuses and have been designed to be scalable to facilitate growth and uphold exceptional standards of care for every patient, every time.

Our Clinical Services Plan provides a clear outline and roadmap to highlight the connection between Mater Health's infrastructure and service development, and the needs of the community. It draws attention to areas in which Mater has specific capability and can deliver optimal support, and in consideration of these factors helps to;

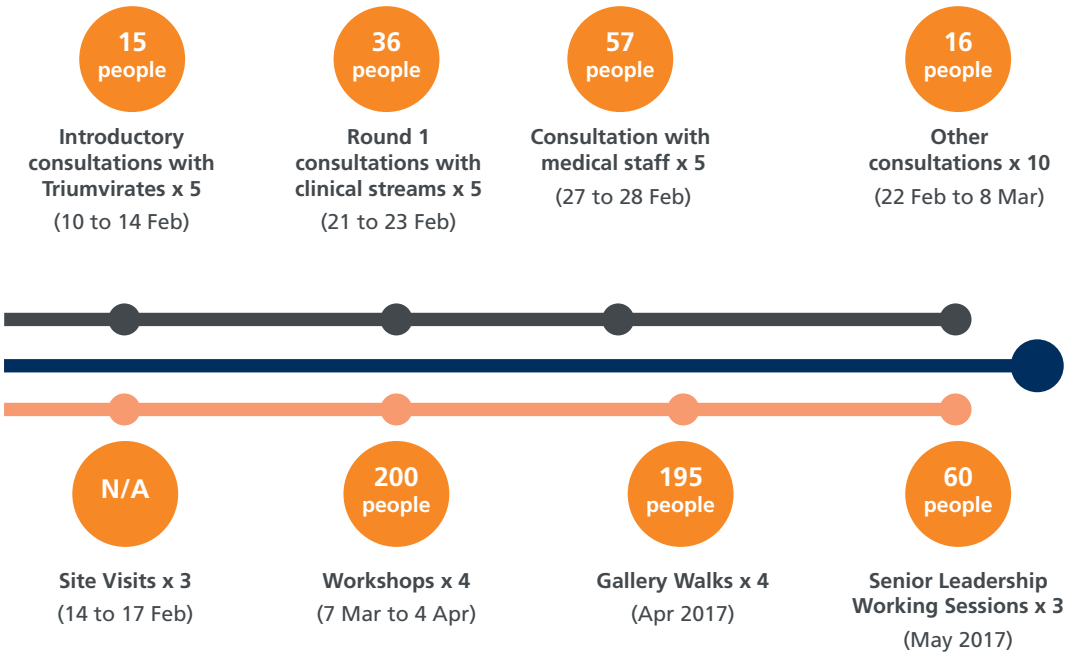
- provide an overview of changing health needs within the community over the next ten years
- outline Mater Health's response to community need
- deliver a roadmap in each clinical stream area to drive action
- establish tangible connections between planning of infrastructure and service delivery.

Our approach to developing this plan

In formulating this plan Mater Health has consulted broadly and engaged significantly with internal and external stakeholders. We recognise the importance of building a plan and a service which is relevant for all our stakeholders and we acknowledge the time, commitment and input from;

- Our consumers
- Mater People including clinicians, administrators and leaders
- Our colleagues in Mater Education, Mater Research and Mater Foundation
- Queensland Department of Health
- Brisbane South Primary Health Network
- Metro South Hospital and Health Service
- West Moreton Hospital and Health Service
- Children's Health Queensland Hospital and Health Service.

Figure 3: Consultation and engagement for the Clinical Services Plan



Using the *Exceptional Every Time* Performance Star as a guide, this plan has been developed to extend Mater Health's capability and relevance within the parameters of continuously delivering safe, high-quality healthcare. To ensure we build a plan which meets the needs of our community we examined key trends in health service delivery, made an assessment of opportunities and challenges facing Mater Health (both internal and external) and deeply investigated areas in which Mater can lead for the future.

At the detailed level we also considered;

- baseline activity projections for each of our campuses and clinical streams
- potential changes in service delivery models at the specialty level
- planning undertaken by our public hospital partners (Metro South and West Moreton Hospital and Health Services)
- service planning scenarios which sought to estimate the future activity and infrastructure requirements considering factors such as growth rates and population changes, and service delivery options for our clinical streams and facilities.

The resultant Mater Health Clinical Services Plan and accompanying implementation agenda proposes a number of initiatives and objectives to position Mater Health for a strong and sustainable future which is aligned to your health goals. We look forward to sharing this plan and the many aspects of its implementation with our partners and the community as we continue to engage and improve.

What this means practically for Mater Health

4.4%

Growth per year in our private inpatient activity, between 2017 and 2027 (excl. Springfield)

5% - 7.5%

Growth per year in private activity in 17 key specialties (2017 to 2027)

20%

Growth in private activity at Springfield, between 2017 and 2020

115K

Additional private occupied bed days per annum 2017 and 2027

50

Additional private inpatient beds utilised within our existing network of infrastructure, between 2017 to 2020

335

Beds potential development as part of Springfield Stage 2 by 2027 (public and private)

2. Our environment and broader policy directions

Our role as a private and public healthcare provider

As a provider of both private and public health services, it is important that we recognise the strategic priorities of our partners (in particular, the Queensland Government); as well as being cognisant of broader policy directions that will also impact our private services.

Our public services are delivered through a formal Service Agreement with the Queensland Department of Health, with a supplementary contractual arrangement to provide public services at Mater Private Hospital Springfield on behalf of Metro South and West Moreton Hospital and Health Services.

In recognition of this important role in the Queensland public health system, it is imperative we consider the strategic priorities of the Queensland Government, as well as other partners in our local community (including private health insurance funds).

My health, Queensland's future: Advancing health 2026

Like any other health system, Queensland is facing significant challenges including an ageing population, increasing chronic disease, rapidly changing technology, and increasing consumer expectations. In 2016, the Queensland Government released My health, Queensland's future: Advancing health 2026 to "outline aspirations for how the entire Queensland health system can support Queenslanders to maintain and improve health and wellbeing in the future."

The strategy outlines the vision for Queensland's health system, that "by 2026 Queenslanders will be among the healthiest people in the world."

Advancing health 2026 then provides five principles to guide decision making and how partners should work together; and four directions with specific indicators to measure progress. These all align broadly with Mater Health's priorities and direction.

The principles are:

- **Sustainability** – ensuring available resources are used efficiently and effectively for current and future generations.
- **Compassion** – applying the highest ethical standards, recognising the worth and dignity of the whole person and respecting and valuing our patients, consumers, families, carers and health workers.
- **Inclusion** – responding to the needs of all Queenslanders and ensuring that, regardless of circumstances, the most appropriate care and service is delivered with the aim of achieving better health for all.
- **Excellence** – delivery of appropriate, timely, high quality and evidence-based care, supported by innovation, research and the application of best practice to improve outcomes.
- **Empowerment** – recognition that the healthcare system is stronger when consumers are at the heart of everything that is done, and they can make informed decisions.

The directions are:

- **Promoting wellbeing** – improving the health of Queenslanders, through concerted action to promote healthy behaviours, prevent illness and injury and address the social determinants of health.
- **Delivering healthcare** – the core business of the health system and improving equitable access to quality and safe healthcare in its different forms and settings.
- **Connecting healthcare** – making the health system work better for consumers, their families and communities by tackling the funding, policy and delivery barriers.
- **Pursuing innovation** – developing and capitalising on evidence and models that work, promoting research and translating it into better practice and care.[1]

As a significant provider of public health services in south-east Queensland, it is imperative we consider and contribute to achieving the strategic priorities of the Queensland Government and Department of Health in meeting the health needs of Queenslanders.

Metro South Hospital and Health Service (Metro South Health)

Mater Health operates largely within the geographic catchment of Metro South Hospital and Health Service (MSHHS); with the main catchments for our South Brisbane and Redland campuses coming from within the boundaries of MSHHS.

As such, MSHHS is an important strategic partner for Mater Health. MSHHS provides services from five main hospitals:

- Princess Alexandra Hospital
- Logan Hospital
- Queen Elizabeth II Hospital
- Redland Hospital
- Beaudesert Hospital.

MSHHS' vision is "to be renowned worldwide for excellence in health care, teaching and research"; and have three focus areas:

- clinical excellence and better health care solutions for patients through redesign and improvement, efficiency and quality
- technology that supports best practice, next generation clinical care
- health system integration.

In 2017, MSHHS also prepared a Health Service Plan for the period to 2022. The Plan outlines the future requirement for service and infrastructure growth to meet population demands in the region, with four service directions – promoting wellbeing and health equity, delivering healthcare to support population growth, connecting healthcare and putting patients first, and pursuing innovation for smarter healthcare.

Mater's Clinical Services Plan considers the needs and priorities of MSHHS, including estimating future activity for Mater Health taking account of services provided by MSHHS and the infrastructure constraints at MSHHS.

West Moreton Hospital and Health Service

West Moreton Hospital and Health Service (WMHHS) is a strategically important partner for Mater Health, given our expanding services and role within the 'Health City' at Springfield which is in the WMHHS catchment. This significant population growth corridor will be both a challenge and an opportunity for WMHHS and Mater Health into the future.

1 Queensland health, 2016, My health, Queensland's future: Advancing health 2026. May 2016. Accessed 15 May 2016 from https://www.health.qld.gov.au/__data/assets/pdf_file/0025/441655/vision-strat-healthy-qld.pdf

WMHHS' vision is "quality care and wellbeing provided locally in our community". Their Strategic Plan (2017-2021) outlines a commitment to four priorities, including:

- **Person-centred care** – listening to, involving and empowering patients, consumers and their families.
- **Caring for their teams** – inspiring a workplace where staff, volunteers and partners can thrive, contributions are valued and performance excels.
- **Interconnected care** – advocating, championing and growing the local health network services to deliver truly integrated care.
- **Excellent care** – transforming service models to set new standards for excellence, deliver a range of complex clinical services and care closer to home through a focus on innovation, research and education.

WMHHS is also currently updating their Health Service Plan to further understand and plan for the growing needs of their population and exploring options to address that need in the context of infrastructure constraints.

Our Clinical Services Plan considers the needs and priorities of WMHHS, and specifically outlines what role we believe we can play in the public and private health sector in the West Moreton area – particularly in growing our services at Springfield.

Responding to system challenges and opportunities

As part of developing the Clinical Services Plan, we scanned the external environment to ensure we had a detailed understanding of the challenges and opportunities facing us. This analysis of the system challenges and opportunities was contextualised through consultation with our clinicians and partners, and a summary is outlined below.

Ageing population and burden of disease

The ageing of the population and increasing burden of disease is a factor facing all communities and health and human service providers. As the population ages, and treatments and technology improve, people are living longer with chronic health conditions. This is driving increasing demand for health services, and different ways of delivering care.

The populations we serve at Mater Health are a mixture of socioeconomically advantaged and disadvantaged groups, older age groups, vulnerable populations (such as the refugee population), as well as those at the beginning of life.

The introduction of the National Disability Insurance Scheme (NDIS) will also impact on a population that we may currently serve; but also represent a cohort of patients we can coordinate services for and part of our drive towards providing more holistic, all-inclusive care.

To continue to keep pace with the demand, we will need to optimise our existing physical capacity and human resources, and develop new and innovative ways of treating patients in their own communities and homes.

New ways of delivering care, underpinned by technology

To continue to deliver high quality care that improves our communities' health in line with the changing requirements of our funders, we will need to develop and implement new ways of delivering care. This includes improving our focus on prevention and early intervention, adopting new clinical advances and technology platforms, and integrating our services internally and with our partners to provide more holistic care.

Opportunities include:

- **Prevention and early intervention** – innovative and proactive approaches to managing the health of a population lowers costs and improves outcomes. These types of services are becoming more important to manage demand and limited resources more effectively, and research shows improved outcomes and lifestyle if we intervene earlier. This is a significant opportunity for Mater Health, especially in developing more holistic service offerings that include a wellness focus.
- **Integrated care** – health systems around the world and Australia are investing significantly in integrated care; including in Queensland, where the Queensland Government is investing $35 million in the Integrated Care Innovation Fund. Integration between clinical specialties and across the health continuum improves health outcomes and patient experience. At Mater Health, we have started this through the introduction of our clinical streams; however, have significant opportunity to build on that through developing more holistic service offerings, and partnering effectively with other organisations to deliver care to our patients.
- **Virtual care** – virtual care and digital health programs are designed around the needs and preferences of consumers, providing more timely information and access to care in a range of different settings (often more convenient to patients and their families). With the rapid advancements in technology, virtual care and digital health programs can improve the quality of care for patients, increase compliance to treatment regimes, and reduce health system inefficiencies and cost (including through preventing unnecessary use of acute facilities).[2] Our Digital Strategy for Mater Health is the start of the journey to improving and capitalising on this kind of technology.
- **Taking advantage of clinical treatment advances** – technology is driving rapid changes and improvements in the way patients are treated. Significant advancements in fields such as precision medicine – customised diagnosis and treatments that consider genes, environment and lifestyle – are gaining momentum in many areas and fields across the world. In addition, the rise of the informed and empowered consumer will drive demand for the latest treatments, delivered in different ways. At Mater, we already have a well-renowned Neurosciences centre and one of the largest co-located public and private maternity services in the southern hemisphere. Building on our integration with Mater Research and Mater Education will be critical to staying at the forefront of advancements in clinical treatments.

Our Clinical Services Plan has outlined our strategic responses to many of these challenges, including delivering a different care experience and improving our use of virtual care and digital health.

Funding and cost pressures

The rising cost of healthcare is well documented, with demand for health services far outweighing the funding available. This, combined with increasing consumer expectations, is one of the greatest challenges facing the health system. As such, funders and providers are increasingly facing the challenge of needing to demonstrate value, while also containing cost growth.

These challenges will only continue, with an end to the 'uncapped' activity-based funding agreement between the Australian Government and the States and Territories for public hospital activity, and the Queensland Department of Health signalling the need for capped public hospital growth in activity and funding.

At Mater, we have not been immune to these challenges, and have set ourselves on a path to improving our operational excellence – ensuring we have a strong, sustainable foundation on which to build in the future.

In response, health systems are starting to shift from volume to value-based healthcare, where value is determined by the outcomes achieved compared to the costs of delivering care. Public and private funders are also increasingly moving away from fee-for-service payment mechanisms, to more performance-based reimbursement.

This is a critical consideration for Mater in developing our Clinical Services Plan.

2 P A Jennett et al., 2011, The socio-economic impact of telehealth: A systematic review, Vol 9 Issue 6 2003; Infoway Canada, Telehealth Benefits and Adoption of Connecting People and Providers across Canada.

The changing private hospital market

The private hospital market in Australia is being challenged on a number of fronts – including funding model and reimbursement reviews, stagnant private health insurance growth among consumers, and lower margins.

Given Mater Health's position as a private hospital operator, these challenges and potential changes in the market are significant in the context of growth and sustainability:

- **Private health insurance membership** – private health insurance membership has remained steady in its growth in recent years, with younger members in particular opting out of insurance due to significant annual premium increases. In addition, as significant investment in public hospital infrastructure and performance has filtered through the public system, there is less immediate differentiation between public and private hospitals; making 'no-insurance' a more attractive option for many people.
- **Quality of private health insurance products** – in addition to the slow rate of growth in membership overall, the rise of private health insurance policies with significant gap payments or exclusions has also resulted in many people with insurance still opting for treatment in a public hospital. This has also contributed to the stagnant growth in activity and margins for private hospitals overall.
- **Commonwealth Government reviews into the Medical Benefits Schedule (MBS) and prostheses funding** – the Australian Government is currently reviewing the Medical Benefits Schedule and the pricing arrangements for prostheses in private hospitals, which is likely to result in changes to the funding arrangements for private hospitals.
- **Different funding arrangements** – private health insurers are increasingly looking to alternative funding arrangements, including bundled payments or packaged care arrangements; and more focus on linking payments and contracts to treatment outcomes.
- **Private patients in public hospitals** – private patients have always been treated in public hospitals, however State and Territory Governments have taken proactive steps to incentivise public hospitals to increase private patient revenue. This is a further factor impacting margin pressure and stagnant growth being experienced in the private hospital market, and an ongoing challenge under active discussion between the private hospital market and Governments, particularly in terms of the appropriate mix of private patients in public hospitals.

Despite these challenges, we value our primary role as a private health organisation and have developed our strategic responses and areas for growth in our Clinical Services to address these challenges which are reflected in our Clinical Services Plan (in the following sections).

3. Population health profile

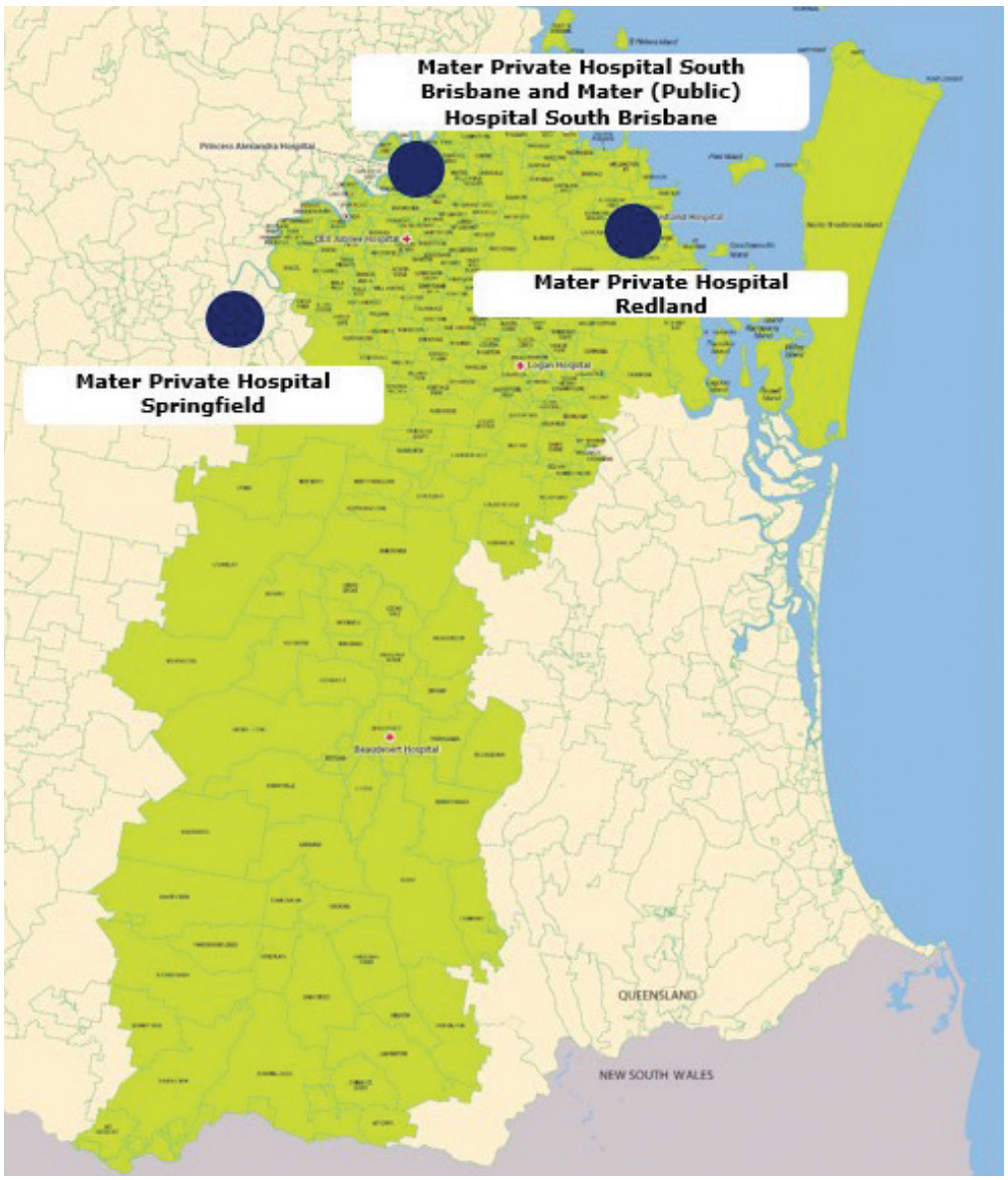
Our population and geography

As a private not-for-profit health services provider, and unlike Hospital and Health Services in Queensland, Mater Health does not have a prescribed geographic catchment. Notwithstanding this, Mater Health provides core public services to residents primarily within the northern sector of the Metro South Hospital and Health Service (HHS) region.

Individuals accessing Mater Health's private services are more dispersed, with residents from a broad range of locations travelling to our South Brisbane private facilities to access care. The source of public and private inpatients (in terms of their SA3 of residence) at each Mater Health campus is provided in Appendix 1.

The Metro South HHS catchment has been assessed as the primary catchment given approximately 73% of public patients, and approximately 61% of private patients are from this catchment.

Figure 4: Geographic map of the area serviced by MSHHS.



Of Mater Health's remaining 27% of public patients, approximately 25.5% are from 'Other' Queensland, 1.3% are from interstate and 0.1% are from overseas. Of Mater Health's remaining 39% of private patients, 37% are from 'Other' Queensland, 1.8% are from interstate and 0.1% are from overseas.

Mater Private Hospital Springfield and Mater Private Hospital Redland provide services to a much greater concentration of the population located in close proximity to each hospital.

The demographic and disease burden profile of a patient catchment is a key strategic health services planning input – used to guide the development of services and models of care that are tailored to meet the health and well-being needs of the local population. An understanding of the underlying characteristics of the patient population is particularly pertinent for Mater Health, given that serving community need in a sustainable and socially relevant way is central to the organisation's mission as a tertiary healthcare provider.

The locally defined geographic regions for each Mater Health facility are summarised in Table 1. As noted in Table 1, Mater Health's facilities fall across three campuses. They have varying levels of demographic growth, socio-economic status, and health need – this detail is provided in the following sections.

Table 1: Mater Health Catchment Overview

	Catchment		
	South Brisbane	Redland	Springfield
Campus			
Catchment Definition	Metro South HHS	Redland LGA	Springfield, Redbank, Forest Lake – Oxley, Centenary SA3s
2016/17 Estimated Resident Population	1,129,661	85,775	193,480

Source: Queensland Government population projections, 2015 edition. Projected population (medium series), by five–year age group and sex, by statistical area level 2 (SA2), SA3 and SA4, Queensland, 2011 to 2036. Note: The three catchment regions overlap in certain geographic areas.

Population growth projections

Over the ten years to 2026/27, the resident population within the Springfield catchment is forecast to grow at a considerably faster rate than the Queensland average, with a growth projection of 27.4% to 246,564 persons in 2026/27. This is a result of new housing developments in the South West 'growth corridor', namely at Springfield and Ripley Valley. While this represents the broader Springfield area, as noted in Table 1, we have identified a conservative, smaller catchment for the purposes of the Clinical Services Plan (CSP) and planning what activity we may provide in the future at Springfield.

Conversely, the number of individuals residing within South Brisbane and Redland catchment regions are projected to grow at slightly slower rates (15.4% and 16.3%) relative to Queensland as a whole (18.1%), with an estimate of 1.3m and 99,797 persons in 2026/27, respectively.

Table 2: Projected population growth for Mater Health's local catchment regions. 2016/17 – 2026/27.

	Population Projections			Growth (2016/17 - 2026/27)		
	2016/17	2021/22	2026/27	Absolute Growth	% Change	CAGR
Campus						
South Brisbane	1,129,661	1,192,301	1,303,139	173,478	15.40%	1.40%
Springfield	193,480	214,705	246,564	53,084	27.40%	2.50%
Redland	85,775	91,077	99,797	14,022	16.30%	1.50%
Catchment total	**1,408,916**	**1,498,083**	**1,649,500**	**240,584**	**17.10%**	**1.70%**
Total (Queensland)	**4,853,048**	**5,159,440**	**5,730,062**	**877,014**	**18.10%**	**1.70%**

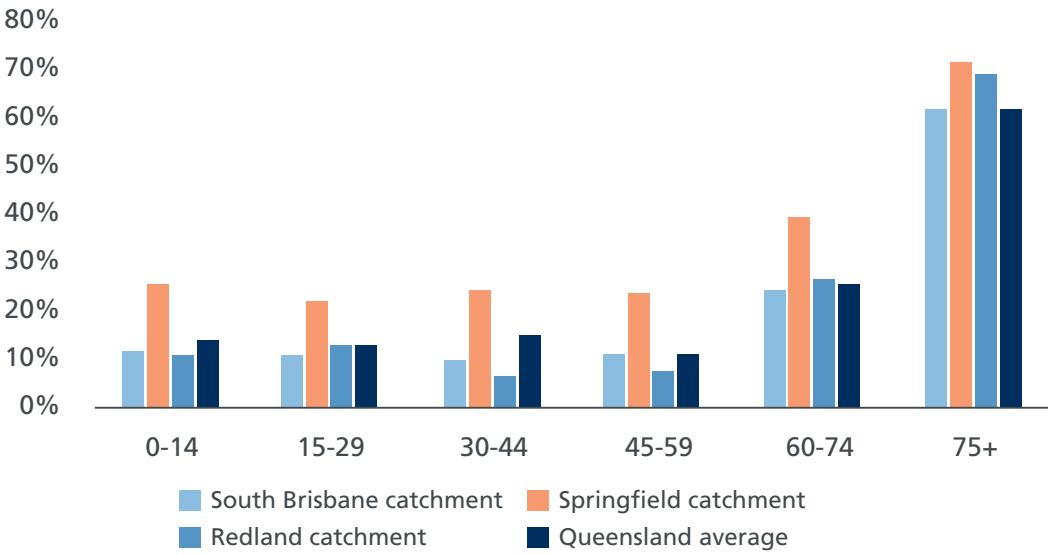
Source Queensland Government population projections, 2015 edition. Projected population (medium series), by five–year age group and sex, by statistical area level 2 (SA2), SA3 and SA4, Queensland, 2011 to 2036

Projections by age group

In the ten years to 2026/27, the number of individuals aged 60 years and over is forecast to grow considerably – a State-wide trend consistent across all three Mater Health catchments.

For the South Brisbane catchment alone, growth of 24.6% is expected among the 60-74 years age bracket, while rapid growth of 61.1% is estimated for residents aged 75 years and over. Analysis at a more granular level (Statistical Area Level 3) indicates that population growth is fastest in the oldest age bracket (75 years and over), in all regions across the South Brisbane catchment.

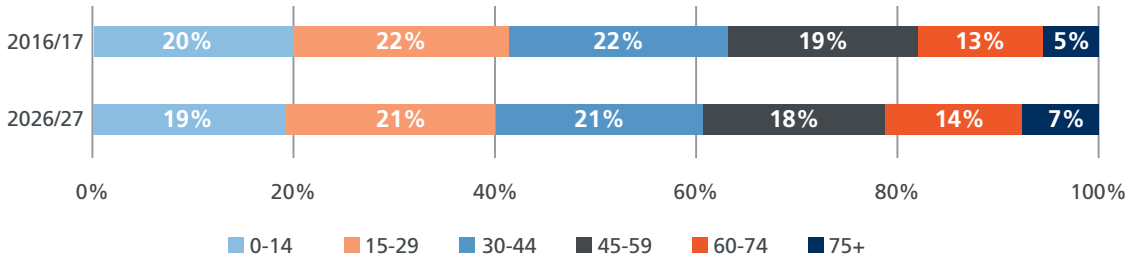
Figure 5: Mater Health Patient Catchment Population Growth by Age Bracket. 2016/17 – 2026/27.



Source: Queensland Government population projections, 2015 edition. Projected population (medium series), by five–year age group and sex, by statistical area level 2 (SA2), SA3 and SA4, Queensland, 2011 to 2036

As reflected in Figure 6, when compared with the current state, the expected age structure of the South Brisbane catchment in 2026/27 is slightly more skewed toward the elderly. People aged 60 years and over are projected to comprise 20.9% of the population in 2026/27, representing an increase of 3.1 percentage points from a base of 17.8% in 2016/17.

Figure 6: Age Distribution of the South Brisbane Catchment. 2016/17 vs. 2026/27.



Source: Queensland Government population projections, 2015 edition. Projected population (medium series), by five–year age group and sex, by statistical area level 2 (SA2), SA3 and SA4, Queensland, 2011 to 2036

Implications of an ageing population

The ageing population – a product of increased life expectancy and lower birth rates – presents many challenges for the South Brisbane, Redland and Springfield catchment regions. The mix of services required by residents, and the ways they are funded and delivered will need to adapt in response to changing health profiles, increased demand for health services, and rising health costs.

At a high level, these challenges and their implications for the health system should be viewed as two-fold:

- First, residents aged 75 years and over, are likely to drive an increase in the proportion of admissions related to age-related health conditions, such as arthritis, dementia, and cancer
- Second, among the younger cohort entering the 60 years and over age bracket, there is a larger burden of lifestyle-related chronic diseases (e.g. type 2 diabetes and Chronic Obstructive Pulmonary Disease) compared to previous generations – a trend that is likely to shift the demand case-mix to high-volume and low-complexity conditions.

Mater Health's strategic focus on the elderly is, therefore, well aligned with the clear and growing need for acute system providers to alleviate unsustainable pressures on hospitals by:

a) Enhancing existing capacity and capability with regard to the provision of ageing care, including joint surgery, ophthalmology and ENT; and

b) Working innovatively and collaboratively with partners in the community to deliver care in alternative settings.

Socio-economic disadvantage[3]

Socio-economic disadvantage is a well-documented predictor of health status and driver of increased need for health services. Indeed, overall health improves with each step up the socio-economic ladder, commonly referred to as the 'social gradient of health'.[4]

The Socio Economic Index For Areas (SEIFA) score of socio-economic disadvantage for the MSHHS region (1,015) is slightly higher than it is for the state as a whole (1,002), indicating less disadvantage on average among residents of the MSHHS catchment area. Metrics for Mater Health's three catchment regions indicates that they are all more advantaged relative to the broader population.

Table 3: SEIFA Index score of socio-economic disadvantage. 2011.[5]

	Metro South HHS	Queensland State		Brisbane LGA	Redland LGA	Springfield SA2
Region						
SEIFA index Score	1,015	1,002		1,035	1,029	1,032

Note: those areas with a score of equal to or greater than 1,000 are deemed as advantaged, whereas those with a score of less than 1,000 are classified as disadvantaged relative to the national weighted average. Source: ABS, Index of relative Socio-Economic Disadvantage, 2011 – disaggregated by Statistical Area Level2 and Local Government Area.

3 The following sections of this chapter compare health indicators for the MSHHS region (i.e. the South Brisbane catchment) to the Queensland state-average. In addition, proxy indicators for each of the three immediate catchment regions (e.g. Brisbane Central - LGA, Redland LGA and the Springfield – Redbank – North SA3) have been provided in some sections.

4 Australian institute of Health and Welfare, 2016, Australia's Health 2016, 'Determinants of Health'. Australia's health no. 15. Cat. no. AUS 199. Canberra: AIHW.

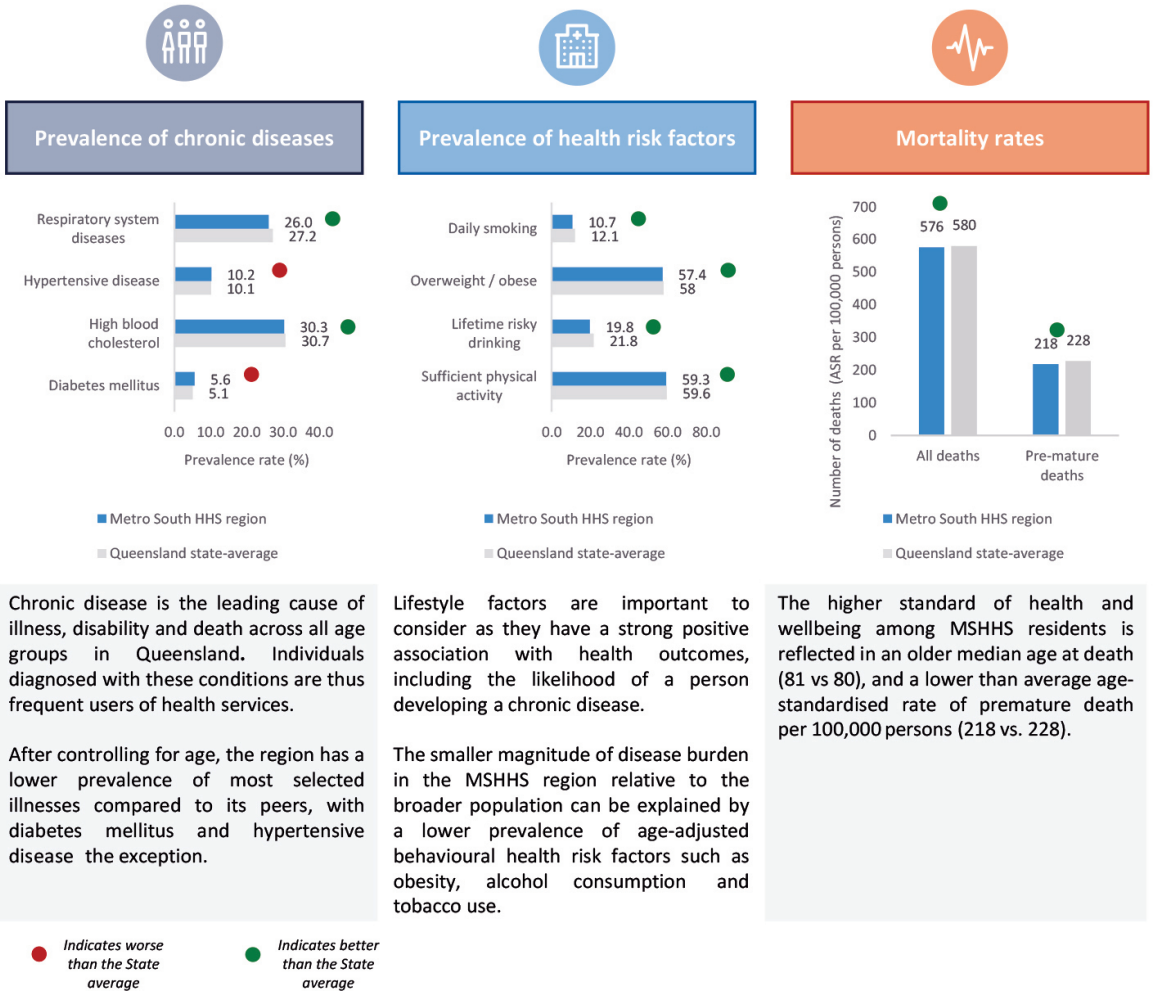
5 Australian institute of Health and Welfare, 2016, Australia's Health 2016, 'Determinants of Health'. Australia's health no. 15. Cat. no. AUS 199. Canberra: AIHW.

Population health profile

The following section provides a summary of the burden of disease and healthcare characteristics that drive the need for health services in the MSHHS region.

On the whole, the MSHHS catchment region performs slightly better than the Queensland state-average on a range of indicators that measure a community's health and wellbeing status.

Figure 7: Selected Health status statistics. MSHHS vs. Queensland State average.



Chronic disease is the leading cause of illness, disability and death across all age groups in Queensland. Individuals diagnosed with these conditions are thus frequent users of health services.

After controlling for age, the region has a lower prevalence of most selected illnesses compared to its peers, with diabetes mellitus and hypertensive disease the exception.

Lifestyle factors are important to consider as they have a strong positive association with health outcomes, including the likelihood of a person developing a chronic disease.

The smaller magnitude of disease burden in the MSHHS region relative to the broader population can be explained by a lower prevalence of age-adjusted behavioural health risk factors such as obesity, alcohol consumption and tobacco use.

The higher standard of health and wellbeing among MSHHS residents is reflected in an older median age at death (81 vs 80), and a lower than average age-standardised rate of premature death per 100,000 persons (218 vs. 228).

Indicates worse than the State average

Indicates better than the State average

Source: Prevalence of chronic disease - Social Atlas of Australia, based on the 2011–12 Australian Health Survey, conducted by the ABS. Mortality rates - Social Atlas of Australia, based on the 2010 to 2014 Cause of Death Unit Record Files and ABS Estimated Resident Population (ERP), 30 June 2010 to 30 June 2014. Deaths are defined as avoidable in the context of the present health system, based on the PI-16 Potentially avoidable deaths, 2015. Risk factors - The health of Queenslanders 2016. Report of the Chief Health Officer Queensland.

However, there is variation in health status across the MSHHS catchment. A number of regions such as Beaudesert and Beenleigh, as well as the Ipswich hinterland area (noting it is not within the MSHHS catchment), showed signs of higher than average chronic disease, alcohol consumption, tobacco use and premature death, suggesting a greater degree of unmet health need exists in these areas.

Detailed health status statistics

A more detailed regional analysis of the prevalence of chronic disease, using indicators for each of Mater Health's three catchment regions, is provided below.

Table 4: Health Status statistics. 2011/12.

Age standardised prevalence 100 persons	Metro South HHS	Queensland State		Brisbane	Redland	Springfield
Region						
Diabetes	5.6	5.1		5.0	4.8	7.4
High blood cholesterol	30.3	30.7		30.8	30.4	29.6
Circ. system disease	17.1	17.8		16.6	16.7	18.1
Respiratory disease	26.0	27.2		26.2	29.0	24.8

Source: Social Atlas of Australia, based on the 2011–12 Australian Health Survey, conducted by the ABS.

Diabetes

Diabetes is linked to a number of chronic and acute health conditions, with hospitalisation often required to treat complications arising from suboptimal diabetic management. In 2011/12, 5.6% of residents within the MSHHS catchment region were estimated to be living with diabetes, compared to the Queensland average of 5.1%. The Springfield - Redbank SA3 region was notably higher than the Queensland average, at 7.4%.

Diabetes is the leading cause of potentially preventable admissions in Queensland public hospitals. This suggests that shifts to treatment and management in alternative settings, however small, could translate into significant efficiency gains.[6]

High blood cholesterol

Consistently high blood cholesterol is linked to a number of acute cardiovascular and other heart conditions. Between 2011/12, 30.3% of adult residents in the MSHHS region were estimated to have high-blood cholesterol, a rate slightly below the Queensland state average of 30.7%.

Circulatory system diseases

Circulatory system diseases, such as high blood pressure, can lead to heart attack, kidney damage, and stroke. The prevalence of circulatory system diseases in the MSHHS region (17.1%), the Brisbane Central LGA (16.6%) and the Redland LGA (16.7%), was slightly below the Queensland average, at 17.8%. However, the rate within the MPHS immediate geographic region – Springfield – Redbank SA3 – was moderately higher than the State aggregate, at 18.1%.

Respiratory disease

Respiratory diseases range from acute infections, such as pneumonia and bronchitis, to chronic conditions such as asthma and chronic obstructive pulmonary disease (COPD). Similar to diabetes, rates of lung disease are important from an acute system perspective, as they typically comprise a large share of potentially preventable hospitalisations. Indicators for Mater Health's three catchment regions show that relative to the State average (27.2%), in 2011/12 the burden rate was slightly lower in the Springfield - Redbank SA3 (24.8%), while it was moderately higher in the Redland LGA (29.0%), and broadly consistent with the Brisbane Central LGA, at 26.2%.

6 National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013–14.

Implications of the burden of chronic disease

On all selected measures of health status, the MSHHS catchment engages in less risky behaviours, on average, compared to the Queensland state-average, resulting in relatively lower rates of disease.

Despite this, investment in programs that seek to prevent or manage key modifiable risk factors such as obesity (e.g. screening, ongoing risk assessment), and thereby further reduce the prevalence of chronic disease within the local community offers a number of benefits. It will reduce the personal, social and economic burden of ill health both now and in the future. Important for the current fiscally constrained policy environment - it will improve health system productivity, by optimising the allocation of scarce and expensive health workers and other public resources.

Vulnerable population groups

While the majority of the MSHHS catchment region is considered slightly advantaged relative to the broader population, there are certain population groups within the catchment that are at increased risk of poorer health outcomes on the basis of social and cultural characteristics, financial hardship or disability. To reduce inequity in health access and outcomes for these population groups, they often require healthcare provision that is tailored to their unique needs. Promoting equitable healthcare is core to Mater Health's mission - to provide compassionate care to the most socially marginalised members of the community.

Table 5: Vulnerable Population group statistics. 2011/12.

	Metro South HHS	Queensland State		Brisbane LGA	Redland LGA	Springfield SA2
Region						
ATSI population	2.40%	4.30%		1.90%	2.20%	5.30%
Born in a non-English speaking country	14.10%	9.50%		17.40%	6.50%	15.40%
Age standardised prevalence of mental health problems	13.80%	14.10%		12.80%	11.90%	15.40%

Source: Social Atlas of Australia based on the estimated resident population developed by Prometheus Information on behalf of the Australian Government Department of Health.

Aboriginal and Torres Strait Islander population

Aboriginal and Torres Strait Islander people are disadvantaged on many health measures, including life expectancy and utilisation of health services. Of all population groups in Australia, Aboriginal and Torres Strait Islander people have higher rates of chronic disease and are more likely to experience early onset of diseases. [7]

The MSHHS region has a lower Aboriginal and Torres Strait Islander population (2.4%) relative to the state-wide average (4.3%). However, there are defined pockets across the region with a high concentration of Aboriginal and Torres Strait Islander people. For example, the proportion of Aboriginal and Torres Strait Islander residents residing in Beaudesert, Forest Lake–Oxley, Springwood–Kingston, Ipswich Hinterland, Beenleigh and Browns Plains, all fall within the range of 3.5-6.0%. Of the three Mater Health catchment regions, the Springfield area comprises the highest proportion of Aboriginal and Torres Strait Islander peoples, at 5.3% of the Springfield – Redbank SA3.

7 Queensland Health, 2014, The Health of Queenslanders 2014: Fifth report of the Chief Health Officer Queensland. Brisbane: Queensland Government; 2014.

Culturally and Linguistically Diverse population

The MSHHS region is characterised by a culturally diverse population. When compared to Queensland as a whole, there is a marked difference in the share of residents born in a non-English speaking country (14.1% vs. 9.5%).

The relatively high number of individuals born overseas is primarily driven by a high proportion of migrant communities residing in the Sunnybank and Rocklea regions, where 40.6% and 28.9% of residents are from a culturally and linguistically diverse background, respectively. In terms of place of origin, this group is broadly represented by people of Chinese or Maori descent, and also includes a relatively high number of African refugees.[8]

Similar to Aboriginal and Torres Strait Islander communities, individuals from non-English speaking backgrounds may face a number of unique health access barriers such as poor levels of health literacy and difficulty communicating, impacting their ability to access adequate care, and consequently, their health and well-being. Specifically, people residing in Queensland from non-English speaking countries have, on average, higher rates of diabetes and higher vaccine preventable hospitalisations.[9]

Population living with a mental illness and / or behavioural problems[10]

Mental and behavioural disorders, such as depression, anxiety, and drug use are increasingly prevalent in the community and are a significant driver of burden of disease. In addition, there is an association between diagnosis of mental health disorders and a physical disorder. In 2011/12, the age-standardised prevalence of people living with a mental illness and / or behavioural disorder was lower in the MSHHS catchment (13.8%), relative to the broader population (14.1%). Similar to the trend for chronic disease, the prevalence rate was notably higher in the Springfield – Redbank SA3 area (15.4%), when compared to the Redland LGA (11.9%) and the Brisbane Central LGA (12.8%).

Access to health service providers

There are a number of major public and private hospitals located within (or in close proximity to) the MSHHS region, these are outlined in Table 6.

Table 6: Hospitals within the Metro South region.

Public hospitals	Private hospitals
Logan Hospital	Greenslopes Private Hospital
Mater Public Hospital	Mater Private Hospitals (Brisbane & Redland)
Princess Alexandra Hospital	St Vincent's Private Hospital
Lady Cilento Children's Hospital	Sunnybank Private Hospital
QEII Jubilee Hospital	Belmont Private Hospital (Specialist Mental Health)
Beaudesert Hospital	
Redland Hospital	
Marie Rose Centre (Dunwich)	

8 Brisbane South Primary Healthcare Network, 2016, Whole of Region Needs Assessment.
9 Ibid.
10 It is important to note here that the delivery of public mental health services falls within the remit of Queensland Health.

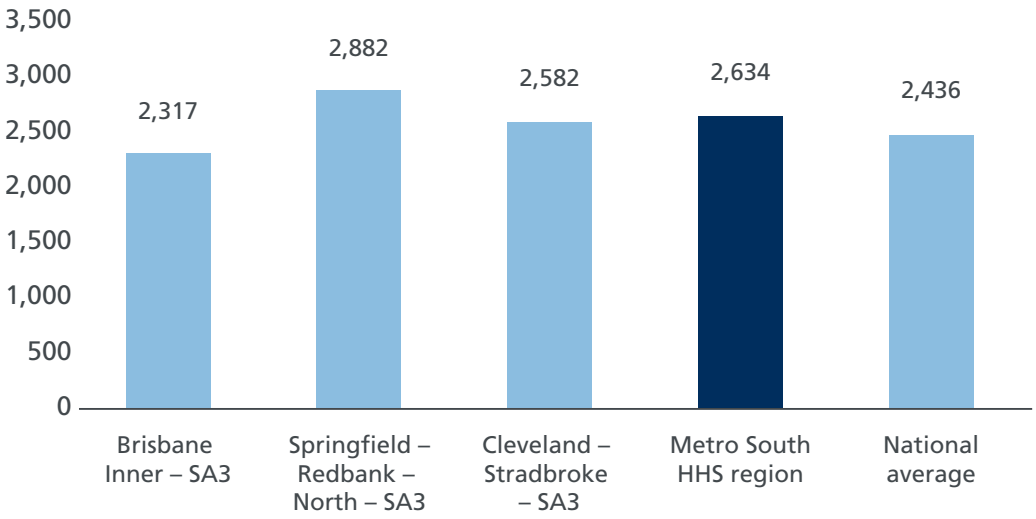
Potentially preventable hospitalisations

Many hospital admissions could be prevented if more effective non-hospital care were available, either at an earlier stage in disease progression or as an alternative to hospital care. The Productivity Commission thus considers the rate of potentially preventable hospitalisations to be an indirect measure of whether people are receiving adequate primary health care.[11]

As illustrated in Figure 8, after controlling for differences in age structure, the rate of potentially preventable hospitalisations per 100,000 people in 2013/14 was higher in the MSHHS region (2,634) relative to the national average (2,436). Statistics for each of the three Mater Health catchment regions indicate that over the same period, the Springfield area had the highest rate of avoidable admissions, at 2,882 per 100,000 persons – likely owing to the relatively higher rates of chronic disease.

With rapid growth of the ageing population, the rate of potentially preventable hospitalisation is likely to increase. This highlights the need for Mater Heath to improve access to appropriate healthcare for the elderly and other hard-to-reach populations by strengthening partnerships between the acute, sub-acute and primary care sectors.

Figure 8: Potentially preventable hospitalisation (ASR per 100,000 persons). 2013/14.



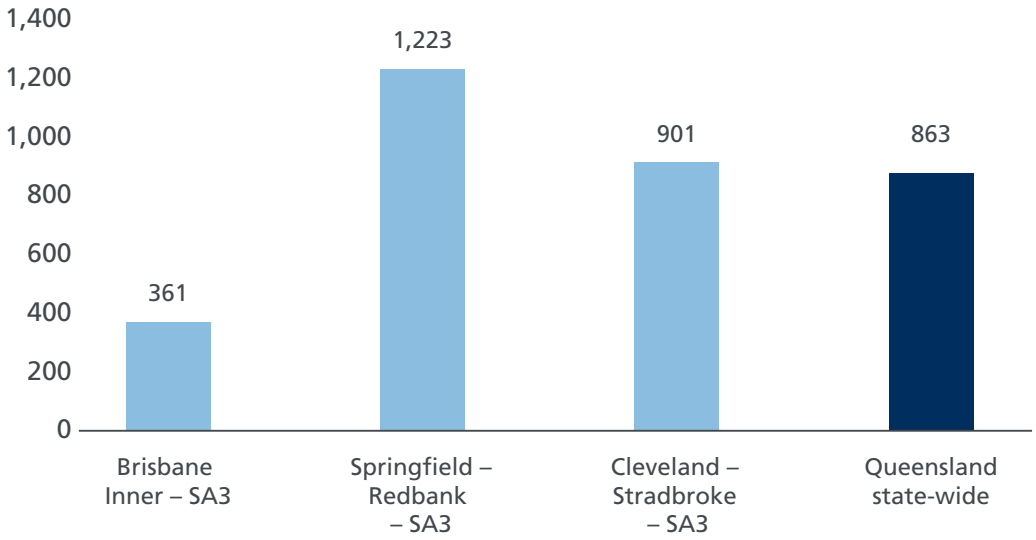
Source: National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013–14.

Access to General Practitioners

Access to primary health care services is essential to good health care and reducing demand for emergency department and hospital-based care. A common indicator of access to primary health care is the number of General Practitioners per head of population. In 2014, the SA3 regions where the South Brisbane and Redland campuses are located, both showed higher ratios of General Practitioners per head of population compared to the Queensland average, while the rate was significantly lower in the Springfield – Redbank area.

11 Productivity Commission, 2014, Report on Government Services, 'Healthy Lives', Canberra, 2014.

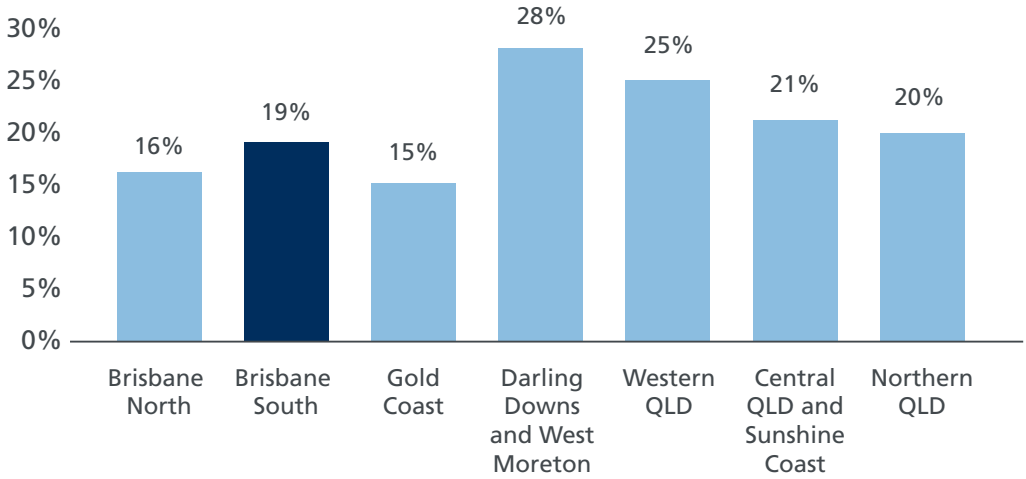
Figure 9: Ratio of residents to General Practitioners. 2014.



Source: Australian Institute of Health and Welfare. Health Workforce Dataset, 2014. ABS Estimated Resident Population, 2014.

In 2013/14, 19.0% of residents within the South Brisbane PHN catchment reported that they felt they waited longer than acceptable to get an appointment with a GP, a rate moderately higher than South Brisbane's urban Queensland PHN peers – Gold Coast, at 15.0%, and Brisbane North, at 16.0%.

Figure 10: Percentage of adults who felt they waited longer than acceptable to get an appointment with a General Practitioner, by Primary Health Network. 2013/14.



Source: National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013–14.

Access to Residential Aged Care Facilities

Currently, 15.7% of all aged care places in Queensland are located in the Brisbane South Aged Care Planning region (the scope of this region is broadly aligned with Brisbane South PHN). With the growing ageing population in the region, the provision of residential aged care facilities and the capability of the residential aged care workforce will continue to form a critical part of the service landscape.

Table 7: Aged Care Service List by Aged Care Planning region, Queensland, 30 July 2016.

Aged Care Planning Region	Residential Facilities	Transition Care Facilities	Total Facilities	Residential Places	Transition Care Places	Home Care Low Places	Home Care High Places	Total Places
Region								
Brisbane North	42	1	43	3,879	140	1,218	412	5,649
Brisbane South	**69**	**1**	**70**	**5,827**	**146**	**1,585**	**481**	**8,039**
Cabool	34		34	3,234	-	740	342	4,316
Central West	2		2	116	-	61	11	188
Darling Downs	40	1	41	2,366	52	659	257	3,334
Far North	24	1	25	1,816	38	554	270	2,678
Fitzroy	22	1	23	1,527	30	438	161	2,156
Logan River Valley	20		20	1,822	-	653	242	2,717
Mackay	10	1	11	911	25	263	123	1,322
North West	5		5	146	-	105	9	260
Northern	22	1	23	1,634	46	523	215	2,418
South Coast	53	1	54	4,966	96	1,227	767	7,056

Source: Department of Health, Ageing and Aged Care.

4. Current service profile (Mater Health)

Mater Health organisational structure

Mater Health recently configured its services into five Clinical Streams. These are outlined in Figure 11.

Figure 11: Mater Health organisational structure.

Mater Health					
	Cancer Care Services	Surgical/Acute Care Services	Medical / Chronic Disease Services (MCDS)	Neurosciences	Mothers, Babies and Women's Health Services (MBWHS)
South Brisbane	✔	✔	✔	✔	✔
Redland	✔	✔	✔	✔	✔
Springfield	✔	✔	✔	✔	✔

The clinical leadership has been reoriented to align with these Clinical Streams, with a dedicated Medical Director, Director of Nursing and Midwifery and Director of Business appointed to oversee the direction of the specialities comprising each stream. Activity within each of the five Clinical Streams is delivered across Mater Health's facilities.

Current activity

Activity by Clinical Stream

Table 8 provides a summary of the current (2015/16) and historical (2011/12) level of activity at Mater Health by Clinical Stream. Additional detail describing the specialties within each stream is provided in Chapter 6.

Over the four years to 2015/16, the total volume of separations has grown at a rate of 6.8% per annum, while the total volume of bed days has increased by a more moderate 2.6% per annum. Part of the growth in activity over this period can be attributed to:

a) The opening of Mater Private Hospital Springfield, which commenced operations in October 2015; and

b) The additional 12,000 QWAUs that Queensland Health agreed to be delivered at Mater Hospital Brisbane over four years starting from 2014/2015 to partially offset the loss of public activity from the closure of Mater Children's Hospital in 2014/15.

As reflected in Table 8, separations have outpaced bed days, largely due to a shift towards same day activity and better managed length of stay practices across the Surgical / Acute Care Services (SACS) and Medical / Chronic Disease Services (MCDS) Clinical Streams.

The majority of separations delivered at Mater Health in 2015/16 were delivered within the Surgical / Acute Care Services Stream, representing 45.2% of the total volume of separations.

However, over the past four years, activity delivered within the Surgical / Acute Care Services stream has declined as a proportion of total activity, falling by 2.5 percentage points from a base of 47.8% in 2011/12. Over this same period, Cancer Care Services share of total activity has grown by 7.0 percentage points to 11.6% in 2015/16. The activity contribution from all other Clinical Streams has remained relatively constant.

The rapid growth in Cancer Care Services activity (annualised growth of 34.4% between 2011/12 and 2015/16) is partially explained by a change in counting methods. Sameday Chemotherapy separations were historically coded as outpatients, while the current system counts Sameday Chemotherapy separations as inpatient activity.

Table 8: Mater Health Activity Overview by Clinical Stream.

	Separations			Bed days		
	2011/12	2015/16^	CAGR	2011/12	2015/16	CAGR
Inpatients						
Cancer Care Services	3,575	11,657	34%	24,792	31,034	6%
Medical Chronic Disease Services	15,049	18,222	5%	54,596	58,618	2%
Mothers, Babies & Women's Services	17,618	19,508	3%	75,881	79,847	1%
Neurosciences	3,934	5,509	9%	19,831	23,359	4%
Surgical Acute Care Services	36,728	45,252	5%	73,392	82,386	3%
Total	**76,904**	**100,148**	**6.80%**	**248,492**	**275,244**	**2.60%**
Of which ICU				4,708	4,490	-1.20%
Of which NICU				11,331	12,104	1.70%
Emergency Department	48,217	57,259	4.40%			
Outpatients*		364,043				

Note:
Mater Children's Hospital has been excluded from the analysis.
Some tables may not add due to rounding.
*Incomplete outpatient data available for 2011/12. The Pathology tier 2 clinic has been excluded from analysis.
^As MPHS commenced operations in October 2015/16, the total figure includes actual activity from MPHS for 2015/16. In other parts of the Plan where Springfield is shown separately, a full-year effect of activity has been incorporated, based on 16/17Q1 extrapolated out to a full year. The equivalent total separations for Mater Health is 105,503 (which will reconcile to other parts of this Plan).
Source: Mater Health admitted and non-admitted data, 2011/12, 2015/16.

Activity by Mater Health facility

Inpatients

The share of total activity delivered as public activity increased from 39.6% of the total volume of separations in 2011/12 to 48.4% in 2015/16. Over the same period, separations have outpaced bed days at all facilities, with Mater Private Hospital Redland the exception.

Of note is the relatively high volume of public separations delivered at Mater Private Hospital Springfield in 2015/16 (2,889 of 3,613 separations). This result is reflective of Mater Health's contract with West Moreton Hospital and Health Service (WMHHS) and Metro South Hospital and Health Service (MSHHS) to deliver additional public activity (primarily elective surgery and procedural activity) at Mater Private Hospital Springfield, over the period 2015/16 – 2025/26.

Emergency Department

In the four years to 2015/16, the volume of private Emergency Department presentations has grown at a faster rate than public Emergency Department presentations (10.3% to 17,457 presentations vs. 2.3% to 39,802 presentations, respectively).

Over this same period, there has been a marked increase in the volume of high acuity public Emergency Department presentations, with category 2 and category 3 presentations growing at 3.6% and 6.8% per annum, respectively. Conversely, the volume of category 4 presentations has remained relatively constant, while the volume of category 5 presentations has fallen at a relatively sharp rate of 9.2% per annum. In addition, the proportion of presentations resulting in an admission increased by 4.2 percentage points to 30.8% in 2015/16.

Outpatients

Historical data for outpatients was only available from 2014/15. Over the 12 months to 2015/16, outpatient activity grew by 19.8%, a result partially attributable to the additional activity delivered at Mater Private Hospital Springfield and additional outpatient activity funding at South Brisbane from Queensland Health.

Table 9: Mater Health Activity Overview by Hospital.

	Separations			Bed days		
	2011/12	2015/16	CAGR	2011/12	2015/16	CAGR
Inpatients						
MHB	20,641	31,910	11.50%	54,859	68,393	5.70%
MCPB	4,799	4,583	-1.10%	8,841	6,082	-8.90%
MMH	9,789	11,688	4.50%	38,324	44,001	3.50%
MMPB	5,810	5,559	-1.10%	34,850	32,410	-1.80%
MPHR	7,852	9,814	5.70%	15,686	20,441	6.80%
MPHS^		3,613			6,128	
MPHB	28,013	32,981	4.20%	95,932	97,789	0.50%
Total	**76,904**	**100,148**	**6.80%**	**248,492**	**275,244**	**2.60%**
Emergency Department						
Category 1	37	31	-4.30%			
Category 2	2,557	2,947	3.60%			
Category 3	12,908	16,770	6.80%			
Category 4	18,554	18,455	-0.10%			
Category 5	2,354	1,599	-9.20%			
Total MHB	**36,410**	**39,802**	**2.30%**			
Of which admitted	26.60%	30.80%				
Total MPHB	**11,807**	**17,457**	**10.30%**			
Outpatients (excluding Pathology)*						
MHB		239,306				
MMH		110,679				
MPHS		14,058				
Total		**364,043**				

Note: Some totals may not add due to rounding.
*Incomplete outpatient data available for 2011/12. The Pathology tier 2 clinic has been excluded from analysis.
^As MPHS commenced operations in October 2015/16, the total figure includes actual activity from MPHS for 2015/16. In other parts of the Plan where Springfield is shown separately, a full-year effect of activity has been incorporated, based on 16/17H1 extrapolated out to a full year. The equivalent total separations for Mater Health is 105,503 (which will reconcile to other parts of this Plan).

Table 10: Mater Health Licensed Beds by facility

Facility	Overnight beds	Day and recovery beds	NCCU	CCU	ICU	Chemo Chairs	Theatres	Proc. rooms	ED	Dialysis chairs
MPHB	756*	60	-	8	10	-	10	7	14	-
MMH and MMPB			82	-	-	-	-	-	-	-
MHB (incl. Duncombe and Salmon buildings)		55	-	6	16	42	16	6	18	12
MPHR	60	16	-	-	-	-	2	1	-	-
MPHS	64	16	-	-	-	15	4	-	-	8
Total	**880**	**147**	**82**	**14**	**26**	**57**	**32**	**14**	**32**	**20**

Source: Mater Health Bed Licensing Bound *Note inpatient beds includes overnight recovery beds
*Note: a bed audit at South Brisbane was undertaken in May 2017 which identified changes to licensed bed capacity. The total licensed inpatient bed capacity identified was 756 inpatient beds (excluding NCCU, ICU and recovery beds).

5. Practical implications of our plan and focus areas

Clinical service planning approach and phasing

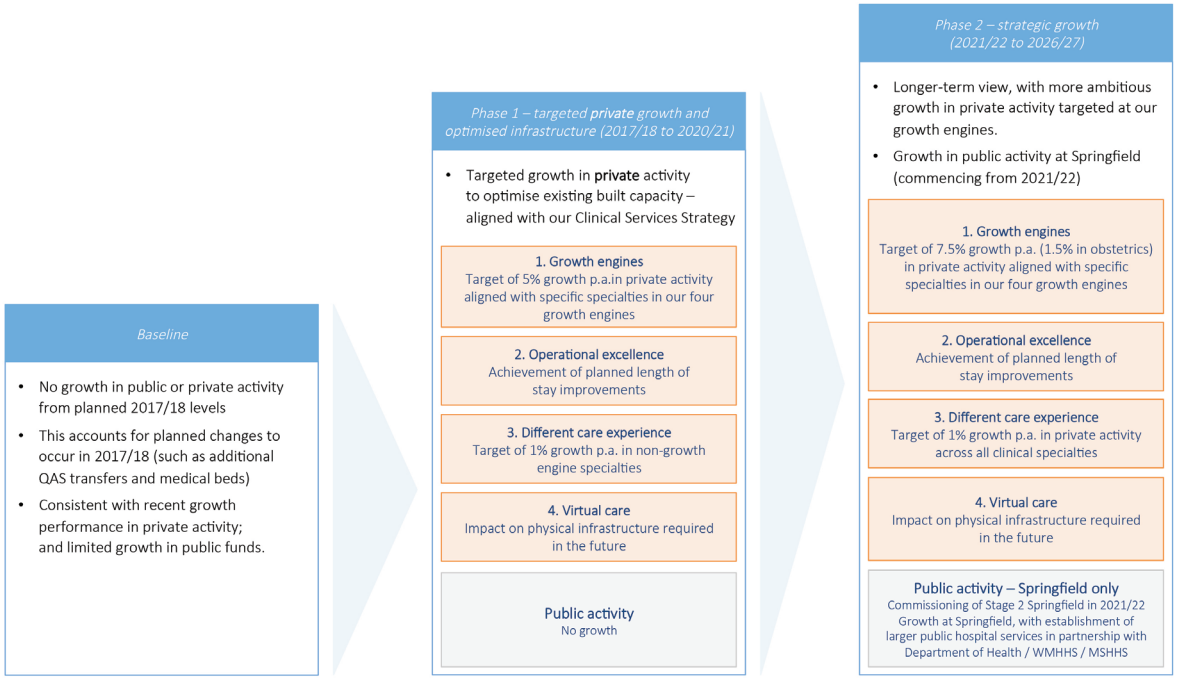
In developing our Clinical Services Plan, and identifying the impact of execution on activity and future growth in our services, we have identified a phasing of growth based on our assessment of the market, internal and external analysis, and an estimate of growth potential for the future. Rather than propose distinct scenarios, we have identified a phasing of growth over the time horizon to 2026/27.

In developing this phasing, we have:

- Considered market trends, internal and external analysis
- Considered consultation findings with our own stakeholders, and our partners (including the Department of Health)
- Discussed and confirmed the broad assumptions with our Clinical Services Plan Project Steering Committee.

The phasing is illustrated in Figure 12, with the components and timing described below.

Figure 12: Clinical Services Plan baseline and phases



Baseline

The baseline has been developed based on a 'no change' basis, with no growth in either public or private activity. As such, it is shown as current activity for 2017/18.

The basis for this as a base case for comparison is:

- flat or limited planned growth in private hospital activity within Mater Health during 2016/17, in comparison to the previous year;

- assessment of the private hospital market generally in Brisbane, with many providers experiencing no or limited growth;
- While we have had some increases in our public hospital activity – including one-off 'purchases' of particular types of activity – we cannot expect or rely on continued growth in our public hospital contract. This is also consistent with messages across the broader public health system, that funding is limited and will be capped from 2017/18 (particularly given the end to the Commonwealth Government's 'uncapped' 45% contribution to the efficient cost of activity growth from 2017/18).

There are some confirmed changes to our services in 2017/18, therefore we have set the baseline as at our 2017/18 budgeted activity (which accounts for additional recurrent funding for ambulance arrivals and general medical activity in our public hospital contract at South Brisbane, and budgeted activity growth in our private services at Springfield).

Phase One: targeted growth and optimising existing infrastructure (2017/18 to 2020/21)

Given the lead time in planning and developing new infrastructure, and the fact that we have existing underutilised infrastructure, Phase One (2017/18 to 2020/21) is based on targeting growth in our private services but within the constraints of existing built capacity.

This allows us to target growth in line with our strategic priorities, and optimise the use of the existing assets that we have.

The adjustments made to the baseline in Phase One align closely with our strategic priorities in the Clinical Services Plan:

- **Growth engines** – targeting 5% per annum growth in private activity for specific specialties aligned with our growth engines of women's health, age friendly care, neurosciences and healthy living. This is on the basis that we will develop specific, holistic and differentiated service offerings around these growth engines. This also captures specific services identified to grow to maximise private activity at Springfield and Redland. This growth target has been modelled to commence from FY18/19; allowing 12 months from FY17/18 to plan for and develop the identified growth engines. For the Obstetrics SRG, the 5% annualised growth target is significantly higher than the expected market growth rate (according to the Hardes status quo private hospital projections) for private hospitals in the Brisbane / Gold Coast region. As such, the expected market growth rate of 1.5% (as outlined in Table 11) has been used as a more realistic target for private obstetrics.
- **Operational excellence** – achievement of budgeted length of stay targets incorporated into occupied bed day requirements.
- **Different care experience** – targeting an additional 1% per annum growth in private activity across non-growth engine specialties, to highlight that everyone has a role to play in designing and implementing a different care experience for Mater Health patients; and ultimately this should flow through to all of our services.
- **Virtual care and digital health care delivery** – growth in activity is captured through the growth rates targeted above; however, this will eventuate through a potential reduction in physical infrastructure required on a hospital campus, on the basis patients and their families can access care remotely. We are targeting a 5% reduction in ambulatory care space required from 2021/22.

Public hospital activity remains constant at our 2017/18 contracted levels, on the basis that we cannot rely on continued growth in public hospital activity and funding. However, it should be noted that we do have the capacity to rapidly flex up our services to respond to emerging needs that arise from the public sector – particularly through our strong partnership with the Department of Health Queensland, MSHHS and WMHHS. In addition, we have planned on the basis of a new public contract being in place for Springfield (alongside considerable capacity growth) in 2021/22.

Planning Implication

We have identified a number of specialties (SRGs) where we are targeting significant growth in private activity across campuses. The specialties and their alignment with the growth engines are:

Table 11: Growth engines by SRG / ESRG

Specialty	Women's Health	Age-friendly care	Neurosciences	Healthy living	Market growth rate to 2021/22	Market growth rate to 2026/27
Chemotherapy	✔	✔			2.70%	3.30%
Diagnostic GI Endoscopy		✔		✔	4.20%	3.50%
Ear, Nose & Throat		✔		✔	2.40%	2.60%
Gastroenterology		✔		✔	5.80%	5.20%
Gynaecology	✔				0.40%	1.00%
Medical Oncology		✔			2.10%	1.90%
Neurology			✔		6.00%	5.40%
Neurosurgery			✔		3.90%	3.70%
Non Subspecialty Medicine		✔		✔	4.80%	4.50%
Non Subspecialty Surgery		✔		✔	2.90%	2.90%
Obstetrics*	✔			✔	1.50%	1.50%
Ophthalmology		✔		✔	7.00%	5.70%
Orthopaedics		✔	✔	✔	3.60%	3.30%
Qualified Neonate	✔				1.30%	1.10%
Urology	✔	✔			5.20%	4.40%
Vascular Surgery		✔		✔	3.20%	3.20%
Palliative Care		✔		✔	8.20%	5.30%

Source: Hardes Private 2015/16 – growth rates for Brisbane / Gold Coast private hospitals *Growth in obstetrics has been capped at 1.5% per annum in line with Hardes' forecasts of market growth.

In the period to 2020/21 we are targeting 5% annualised growth in each of these Specialties. In most cases this is slightly higher than the expected growth for Mater (according to the Hardes status quo private hospital projections) in the same period. Where this is the case, we will need to increase our market share.

In the period to 2026/27 we are targeting a more ambitious growth rate of 7.5% per annum in the growth engine specialties.

Phase Two: strategic growth (2021/22 to 2026/27)

Phase Two is the longer-term view of our planning and includes further growth in our private services, allowing us a longer lead time to grow and develop services – and plan for any additional infrastructure and support services we require to deliver on this.

A major component of the change in Phase Two compared to the baseline is Stage Two of our Springfield development. Mater Health has long-term plans to continue to develop and expand our presence at Springfield for both public and private patients.

The business case developed for our private services at Springfield forms the basis of these changes in Phase Two; along with an assessment of potential public activity that would flow to an expanded hospital at Springfield. This assumes that negotiations would continue and an agreement reached on a significant public contract at Springfield, between Mater Health and the Department of Health. In addition, the Department of Health and MSHHS and WMHHS will have independent views on the catchment and appropriate public mix of services to be provided at Springfield.

While the phasing does not specifically reference the Hardes public and/or private projections, they have been used to inform trends in activity, average length of stay and market share. While the projections themselves do not form the basis of the future activity profiles for Mater Health identified in the Plan, the profiles are within the 'need' identified by the Hardes projections. This is illustrated in Table 11.

For growth in private ambulatory infrastructure (VMO rooms), given the limited information available in terms of capacity and throughput, it is assumed in Phase one there would be sufficient capacity for any additional private ambulatory activity (however, at Springfield additional ambulatory capacity may be needed prior to stage 2 commissioning). In Phase two, master planning will be required (including market sounding with VMOs regarding their preferred location for private rooms) to determine future capacity requirements.

Future service profile for Mater Health

SUMMARY

Translating our Clinical Services Plan into a view of the next ten years for Mater Health:

Growth engines – by executing our plan successfully, it is estimated private activity in our nominated growth engines (excluding Obstetrics and Springfield) will grow by 5.0% per annum by 2020/21, and 7.5% per annum to 2026/27.

Total activity growth – overall, activity (separations) is projected to grow by 2.0% per annum to 2020/21; and 5.8% per annum to 2026/27. This comprises annualised growth of:

- **South Brisbane** – 1.4% per annum to 2020/21; and 2.4% per annum to 2026/27.
  - **Public growth** – 0%
  - **Private growth** – 3.2% per annum to 2020/21; and 4.9% per annum to 2026/27.
- **Redland** – 4.0% per annum to 2020/21; and 6.1% per annum to 2026/27.
- **Springfield** – 4.9% per annum to 2020/21; and 13.3% per annum to 2026/27.
  - **Public growth** – 0% to 2020/21, 23,434 additional separations in 2021/22 (Stage 2 commissioning), 4.8% to 2026/27
  - **Private growth** – 20.0% to 2020/21, 3,010 additional separations in 2021/22 (Stage 2 commissioning), 36.6% to 2026/27.

Private Infrastructure Utilisation (Phase one) – our aim in Phase one is to improve the utilisation of our existing built private capacity through targeted growth in private activity. Between now and 2020/21, if we achieve this we will change our occupied bed base by:

- **South Brisbane** – 31 additional private occupied beds (plus critical care), leaving 60 beds of spare capacity
- **Redland** – 7 additional private occupied beds.

Private Infrastructure growth (Phase two) – our aim in Phase two is to achieve more aggressive growth in our growth engine specialties. Between 2021/22 and 2026/27, if we achieve this we will change our occupied bed base by:

- **South Brisbane** – 88 further additional private occupied beds (plus critical care), some of which could potentially be occupied within the spare capacity remaining after Phase 1, but requiring some additional licenced private capacity
- **Redland** – 18 further additional private occupied beds, requiring additional licenced private capacity.

Springfield – Springfield is targeting 20% private growth across all specialties between now and Stage 2 commissioning. From 2021/22 our planned private growth is based on our business case. Our aim is also to continue to advance our market-led proposal to expand our partnership with the Department of Health to provide increased public hospital services at Springfield. Based on our assessment of potential public activity for the Springfield area, we estimate:

- **Phase 1 (up to 2020/21)** – 12 additional private occupied beds, leaving 14 beds spare capacity
- **Phase 2 (2021/22 to 2026/27)**
  - Initial commissioning of Stage 2 facility (2021/22) – 15 further occupied private beds, 166 additional occupied public beds
  - Longer term (to 2026/27) - 113 further additional occupied private beds, 57 further additional occupied public beds.

Based on our strategic growth priorities and the phasing of our targeted growth, the following sections provide a summary of the future activity profile for Mater Health – at both the Clinical Stream level and by campus. This is outlined in the tables below, with further detail for each Clinical Stream provided in Section 6.

A summary of the targeted growth rates for private activity at each Mater Health campus compared to the projected growth rates for private activity within the locally defined catchment region (as projected through Hardes Private status quo projections) is provided in Table 12. A detailed comparison at the SRG level is provided in Appendix 3.

Table 12: Comparison of summarised Clinical Services Plan growth rates (private activity) vs. projected growth rates for private activity within the local catchment region.[12]

	Phase 1		Phase 2	
Annualised growth	Market growth	CSP growth	Market growth	CSP growth
South Brisbane (Pvt.)	3.90%	3.20%	3.70%	4.90%
MPHR	3.50%	4.00%	3.20%	6.10%
MPHS	4.80%	20.00%	4.80%	36.90%

Note that the high private activity growth rates at Springfield are calculated from the relatively low current volume of private activity at the campus.

Future service profile

Table 13: Projected Inpatient Activity within All Mater Health Sites. 2017/18 to 2026/27.

	Seps	Phase 1		Phase 2			Bed days	Phase 1		Phase 2		
	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR
Inpatients												
Cancer Care Services	17,801	18,851	1.9%	20,916	31,882	8.8%	31,115	32,789	1.8%	35,774	48,741	6.4%
MCDS	23,705	24,469	1.1%	37,162	44,928	3.9%	68,719	73,749	2.4%	110,624	142,448	5.2%
MBWHS	18,345	19,002	1.2%	21,918	25,823	3.3%	65,244	67,651	1.2%	79,212	89,361	2.4%
Neuro-sciences	5,869	6,474	3.3%	7,910	11,694	8.1%	23,349	25,772	3.3%	33,659	47,407	7.1%
SACS	49,407	53,231	2.5%	62,547	85,323	6.4%	87,556	94,119	2.4%	109,401	147,526	6.2%
Total	**115,127**	**122,027**	**2.0%**	**150,453**	**199,650**	**5.8%**	**275,983**	**294,080**	**2.1%**	**368,669**	**475,482**	**5.2%**

Some totals may not add due to rounding.

12 Using the Hardes private modelling tool (2015/16), the catchment regions have been defined as: South Brisbane private hospitals – MSHHS region, Mater Private Hospital Redland -Cleveland-Stradbroke, Capalaba, Wynnum-Manly, Carindale and Logan-Carbrook SA3s, Mater Private Hospital Springfield - Springfield - Redbank, Forest Lake - Oxley, Centenary SA3s.

Table 14: Projected Inpatient Activity within Mater Health, Public & Private Split. 2017/18 to 2026/27.

	Public	Phase 1		Phase 2			Private	Phase 1		Phase 2		
	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR
Inpatients												
Cancer Care Services	11,882	11,882	0.0%	13,724	14,559	1.2%	5,919	6,969	5.6%	7,192	17,323	19.2%
MCDS	16,284	16,284	0.0%	28,604	32,605	2.7%	7,421	8,185	3.3%	8,558	12,323	7.6%
MBWHS	10,846	10,846	0.0%	13,099	13,549	0.7%	7,499	8,156	2.8%	8,819	12,275	6.8%
SACS	20,957	20,957	0.0%	27,284	29,862	1.8%	28,451	32,274	4.3%	35,263	55,461	9.5%
Neuro-sciences	1,439	1,439	0.0%	2,131	2,365	2.1%	4,430	5,035	4.4%	5,779	9,329	10.1%
Total	**61,408**	**61,408**	**0.0%**	**84,842**	**92,939**	**1.8%**	**53,719**	**60,619**	**4.1%**	**65,612**	**106,710**	**10.2%**

Some totals may not add due to rounding.

Table 15: Projected Emergency Activity within Mater Health, Public & Private Split. 2017/18 to 2026/27.

	Public	Phase 1		Phase 2			Private	Phase 1		Phase 2		
	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR
ED												
Triage 1	36	36	0.0%	56	61	1.8%						
Triage 2	4,070	4,070	0.0%	6,404	7,015	1.8%						
Triage 3	20,609	20,609	0.0%	32,428	35,517	1.8%						
Triage 4	19,394	19,394	0.0%	30,517	33,424	1.8%						
Triage 5	2,035	2,035	0.0%	3,202	3,507	1.8%						
Total	**46,144**	**46,144**	**0.0%**	**72,608**	**79,525**	**1.8%**	**16,604**	**18,276**	**3.3%**	**21,765**	**37,713**	**11.6%**

Note – includes projected activity for both South Brisbane and Springfield. Some totals may not add due to rounding.

Table 16: Projected Outpatient Activity within Mater Health, Public & Private Split. 2017/18 to 2026/27.

	Public	Phase 1		Phase 2			Private	Phase 1		Phase 2		
	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR
Out patients	385,663	385,693	0.0%	521,907	567,409	1.7%						

Future Infrastructure requirement

Table 17: Projected Infrastructure requirement. 2017/18 to 2026/27.

		Phase 1		Phase 2			
	2017/18	2020/21	Growth	2021/22	Growth	2026/27	Growth
Inpatients							
Overnight	601	640	39	806	166	1,014	208
Sameday*	112	120	8	145	25	196	51
Stage 1 Recovery*	32	35	3	39	4	57	17
Total	**745**	**795**	**50**	**990**	**195**	**1,267**	**276**
Critical Care							
ICU	17	18	1	26	8	35	9
CCU	14	14	0	19	5	24	5
NCCU / SCN	83	87	4	88	1	101	13
Procedural							
Operating Theatres**	26	28	2	32	4	43	11
Procedure Rooms	5	5	0	6	1	7	1
Cardiac Cath Labs	1	1	0	2	1	2	0
Renal Dialysis Chairs	16	16	0	16	0	16	0
Chemotherapy Chairs	20	21	1	23	2	40	17
Birthing Suites	18	18	0	20	2	22	2
Outpatients							
Outpatient rooms	92	94	2	127	33	138	11
Emergency							
Treatment Spaces (incl. resus bays)	45	47	2	66	19	86	20

*Same day and Stage 1 recovery beds are listed in the Mater Bed License as "Total Recovery Bays". It is likely same day patients utilise licensed overnight beds.
**Operating theatres in 2021/22 will not total to Appendix 6 (by site) due to rounding.

To account for the impact of virtual models of care on the need for outpatient consulting rooms, a 5% reduction in outpatient occasions of service (occurring in hospital) has been modelled under Phase 2. The required infrastructure capacity for private ambulatory care has not been estimated as these services are largely delivered by external providers. It is recognised that additional private outpatient consulting rooms may be required at Springfield prior to stage 2 commissioning.

It is noted that NCCU is already under pressure, with a 2017/18 infrastructure requirement which exceeds licenced capacity by 1 cot. In some cases, specific specialised infrastructure may be required in Phase 1 of the Clinical Services Plan.

Sensitivity analysis

The phases that have informed the growth assumptions for the Clinical Services Plan – particularly the baseline – consider the broader private hospital market and growth trends. To April 2017, Mater Health experienced little year-on-year growth in private hospital activity, and as such the baseline presented in the Plan assumes no growth in either public or private activity for Mater Health beyond what has been planned for 2017/18.

This however, is not the 'worst-case scenario'. Given the regulatory uncertainty associated with private health insurance (premium increases, membership, quality of health insurance policies, MBS and prostheses reviews), and increases in public hospital targets for private patients, it is prudent to consider a 'worst-case scenario' where private hospital activity indeed declines over the short- to medium-term.

As such, we have undertaken a high-level sensitivity analysis to estimate the potential impact of a reduction in private hospital activity for Mater Health:

- If private hospital activity (excluding Springfield) were to decrease by 1% per annum below planned 2017/18 levels, by 2026/27 this would equate to 4,472 fewer separations, 12,270 less occupied bed days, and 38 additional beds of unutilised capacity across the Mater Health network
- If private hospital activity (excluding Springfield) were to decrease by 3% per annum below planned 2017/18 levels, by 2026/27 this would equate to 12,399 fewer separations, 34,019 less occupied bed days, and 103 additional beds of unutilised capacity across the Mater Health network.

It is recognised this paints a pessimistic view of the future for the private hospital market, however it is important to demonstrate that other potential scenarios have been considered in developing this Plan – particularly the uncertainty and challenges present in the private hospital market.

Despite this, we have developed and are committed to a positive, future-focused plan that is ambitious but targeted towards areas we believe play to our strengths and will provide sustainable growth for us in the future. This is presented in the following sections of the Plan.

Implementation roadmap – priorities for Mater Health

Given our rapidly changing environment, and our commitment to executing on our Clinical Services Plan, we identified a number of high priorities to focus our attention in the immediate term. Priorities were identified for each Clinical Stream, and are provided in section 6. Through this process however, we identified a number of initiatives that require attention across Mater Health. These are outlined below, under each of the four focus areas in our plan.

Drive growth engines

- **Master planning** to inform future infrastructure requirements and investment decisions
- **Service contract negotiations** with Queensland Department of Health – this should emphasise the future role for Springfield, potential support for public activity at Redland, as well as Mater Health's ability to respond to emerging public sector needs (particularly from MSHHS). The Plan should be used as the starting point for negotiations
- Expand our relationships and negotiations with **private health insurers** to include funding arrangements for value-based care and expected patient outcomes
- Explore opportunities to leverage **personalised medicine and clinical trials** to build eminence within growth engines.

Improve operational excellence

In addition to our existing operational excellence programs under the *Exceptional Every Time* strategy:

- Place **education and research at the core of our services**, ensuring we build eminence through evidence-based care
- **Referral pathway optimisation** – to optimise referral between public and private services. This will be supported in the long-term by e-referral systems and other digital health improvements (aligned with the Mater Group Digital Strategy). The key actions needed include:
  - Project set-up
  - Map current patient referral pathways (public and private)
  - Map proposed standardised public referral pathways including direct access protocols (public and private)
  - Identify and address barriers to new pathways (public and private)
  - Implementation of enhanced referral pathways.
- **Develop standardised value-based care pathways that deliver consistent outcomes, are innovative and evidence-based** – develop standard approach to care pathways (specific specialties to focus on have been identified within the Clinical Stream sections). These should align with existing work underway with the *Exceptional Every Time* Strategy and be expanded and be consistent across all Streams. The key actions needed include:
  - Develop standard approach, objectives, tools and templates (including those to be used prior to, and after implementation of an electronic medical record)
  - Develop and roll-out education materials to relevant staff developing new care pathways
  - Develop appropriate governance arrangements for pathways to be endorsed.
- **Seek opportunities for partnerships**, where other organisations (aligned with our mission and values) may be better placed to provide services in partnership with Mater Health.

Design and deliver an industry leading healthcare experience

- **Mater private health care differentiation** – identify consistent framework across all Streams to improve the differentiation between our public and private services, to drive growth in our private services to increase value in the private offering.
- **Mater Membership Program** – investigate the feasibility of a 'Mater Membership' program that creates a link for patients to Mater and has member benefits relating to service access and a premium service experience. This would allow access to the full range of care and services (including support services) across Mater Health's three campuses. This may also include offering financial incentives for achieving care plan goals (e.g. weight management targets, wellness model key achievements). This will require options on subscription levels, detailed costing analysis for different care packages / levels of service, financial advice on accounting treatment.
- **Patient experience framework, including journey mapping and workshops** – facilitate patient experience workshops to develop common understanding and principles to inform development of different care experiences across Mater Health. Reorienting our services to become more patient and family-centred will require a significant cultural and organisational change process (see below). The key actions include:
  - Facilitate workshops with patients, their families and referrers to understand the desired patient experience
  - Journey map patient experience, identifying all key touchpoints and areas for change

  - Identify care 'navigation' processes or protocols to align to standard patient pathways and bundled care arrangements
  - Develop principles, common elements of the patient experience to inform all projects relating to this across each Stream.
- **Internal Change becoming a Customer Focused Organisation Aligned to EET** - to develop an internal whole-of-organisation response to strengthen our customer-focus and truly deliver on the Mater Health promise:
  - Develop a culture change program and a performance and accountability framework aligned to improving customer focus, whereby employees, partners, providers and suppliers in every role and at every level of the organisation are energised and proud to serve customers
  - Build capacity and capability of our workforce and provider partners to excel in customer service
  - Develop all future plans, models of care and services orientated around customer needs and convenience
  - Prioritise and modify systems, processes, structures, roles and infrastructure to align to customer needs and convenience
  - Strengthen organisational decision making and resource allocation, with more timely customer service feedback and complaints
  - Develop customer 'value based' key performance indicators across all areas of our business to support a 24-7 customer service expectation.

Utilise virtual care and digital healthcare delivery

- Implement digital enabling initiatives (e.g. telehealth services, navigation services, streamlined pre-admission and referral practices, digital communication and information tools, virtual consults).
- Linked with the development of the "Age Friendly Care" service model, map information and technology requirements, including consideration of a 'virtual health advisor' component to the service. This can then be expanded across Mater Health.
- Develop a digital pre-admission process to streamline the pre-admission process.
- Explore internal telehealth service models, to streamline care for patients who require support from other specialists, to reduce the need for internal referrals and patients to return for multiple appointments.
- Develop a continuous live link, that could be targeted (for example) at women and their families to enhance their experience with Mater and giving birth. This may include a live link to the nursery that parents and their wider network of family and friends can access. This initiative could also be applicable to our Age-Friendly Care service model.

6. Clinical stream – service profiles

Medical / Chronic Disease Services

The Medical / Chronic Disease Services (MCDS) stream provides health services for patients with the full range of medical conditions requiring inpatient and outpatient care, and services focused on those with chronic and complex health conditions.

The specialties we provide include:

- Cardiology
- Dermatology
- Emergency Medicine
- Endocrinology
- General Medicine
- Geriatric Medicine
- Infectious Diseases
- Nephrology
- Rheumatology
- Thoracic Medicine (including respiratory).

In addition, the MCDS has responsibility for all ambulatory care services and the Emergency Departments at the South Brisbane campus (public and private).

MCDS provides a number of well-recognised, unique lifespan metabolic services in Queensland including:

- A dedicated integrated diabetes service, largely focused on supporting patients with Type 1 diabetes with patients ranging from birth, through to adolescence, pregnancy, and into older age
- A Young Adult's service that supports adolescent patients with the transition from paediatric to adult care where they have complex, chronic conditions that require ongoing management. The service primarily cares for patients with diabetes, cystic fibrosis, inflammatory bowel disease, intellectual disability, urology, rheumatology, after-cancer care, and endocrinology, with mental health support embedded across the service. The service is unique in that it sits within an adult service and has also developed continuing professional development modules to support ongoing education of health professionals
- Adult congenital heart disease service, which provides support for patients transitioning from paediatric services as well as pregnancy-associated management, with the advantage of having paediatric, adult, maternity and neonatal services co-located on one campus
- Rapidly growing respiratory and sleep service focusing on chronically ill patients and providing a small sleep clinic in the public service with growing waitlists
- Leading lipidology service, with well-recognised clinical leaders and strong reputation in research and education
- Recent introduction of a renal dialysis service offered through a partnership arrangement at South Brisbane and Brookwater for public patients.

Current activity profile

Inpatients

Activity delivered within the MCDS Stream has grown 4.9% per annum (separations) over the four years to 2015/16.

Of the specialities that comprise the MCDS Stream, General Medicine delivered the highest volume of separations, at 37.6% of the total activity in 2011/12; with Emergency Medicine experiencing the highest growth in separations to 2015/16, accounting for 32.7% of MCDS total activity. The decrease in general medicine activity may be attributed to considerable investment in hospital avoidance programs.

Emergency Department

In the four years to 2015/16, the volume of private Emergency Department presentations has grown at a faster rate than public Emergency Department presentations (10.3% to 17,457 presentations vs. 2.3% to 39,802 presentations, respectively).

In addition, there is a trend toward an increasing amount of presentations resulting in an admission - with the share of admitted public presentations rising by 4.2 percentage points to 30.8% in 2015/16.

Ambulatory Care

While historical outpatient data was not available for 2011/12, activity has been trending upwards across all facilities over the past 12 months.

Table 18: Current Inpatient Activity within the Medical / Chronic Disease Services Clinical Stream. 2011/12 – 2015/16.

	Separations			Bed days			Elective %
	2011/12	2015/16	CAGR	2011/12	2015/16	CAGR	2015/16
Inpatient							
Cardiology	1,797	2,015	2.9%	5,658	6,264	2.6%	57.2%
Dermatology	520	686	7.2%	627	995	12.2%	94.5%
Emergency Medicine	3,455	5,951	14.6%	3,059	5,560	16.1%	0.6%
Endocrinology	263	315	4.6%	683	959	8.8%	54.9%
General Medicine	5,659	5,072	-2.7%	29,754	28,118	-1.4%	31.1%
General Practice	10	2	-33.1%	38	2	-52.1%	100.0%
Geriatric Medicine	620	461	-7.1%	7,016	4,880	-8.7%	48.2%
Infectious Diseases	108	274	26.2%	854	2,425	29.8%	33.9%
Nephrology	106	186	15.1%	470	1,104	23.8%	51.6%
Rheumatology	167	176	1.3%	215	208	-0.8%	64.2%
Thoracic Medicine	2,344	3,084	7.1%	6,220	8,104	6.8%	80.1%
Total	**15,049**	**18,222^**	**4.9%**	**54,596**	**58,618**	**1.8%**	**36.1%**

Source: Mater Health admitted activity data, 2011/12, 2015/16.
^As MPHS commenced operations in October 2015/16, the total figure includes actual activity from MPHS for 2015/16. In other parts of the Plan where Springfield is shown separately, a full-year effect of activity has been incorporated, based on 16/17H1 extrapolated out to a full year.
The equivalent total separations for MCDS is 18,952 (which will reconcile to other parts of this Plan, incl. Table 20).
Some totals may not add due to rounding.

Table 19: Current Non-Admitted Activity within the Medical / Chronic Disease Services Clinical Stream. 2011/12 – 2015/16.

Outpatients (OOS)	2015/16
MHB	
30.05 Pathology (microbiology, haematology, biochemistry)	131,737
30.01 General imaging	49,308
40.09 Physiotherapy	17,413
20.29 Orthopaedics	11,550
40.07 Pre-Admission and Pre-Anaesthesia	11,444
Other	149,591
Total MHB	**371,043**
MMH	
40.28 Midwifery	63,061
30.05 Pathology (microbiology, haematology, biochemistry)	49,558
20.40 Obstetrics	18,437
40.09 Physiotherapy	4,920
40.23 Nutrition / Dietetics	4,621
Other	19,640
Total MMH	**160,237**
MPHS	
20.17 Ophthalmology	1,231
20.29 Orthopaedics	1,058
20.07 General Surgery	691
20.10 Haematology	247
20.46 Plastic and Reconstructive Surgery	225
Other	599
Total MPHS	**4,051**
Grand Total	**535,331**
Total (excluding pathology)	**364,043**

ED	2011/12	2015/16	CAGR
MHB			
Category 1	37	31	-4.3%
Category 2	2,557	2,947	3.6%
Category 3	12,908	16,770	6.8%
Category 4	18,554	18,455	-0.1%
Category 5	2,354	1,599	-9.2%
Total MHB	**36,410**	**39,802**	**2.3%**
% admitted	*26.6%*	*30.8%*	
Total MPHB	**11,807**	**17,457**	**10.3%**

Source: Mater Health non-admitted activity data, 2011/12, 2015/16.

Table 20: Current Inpatient Activity within the Medical / Chronic Disease Services Clinical Stream, Public Private Split. 2011/12 – 2015/16.

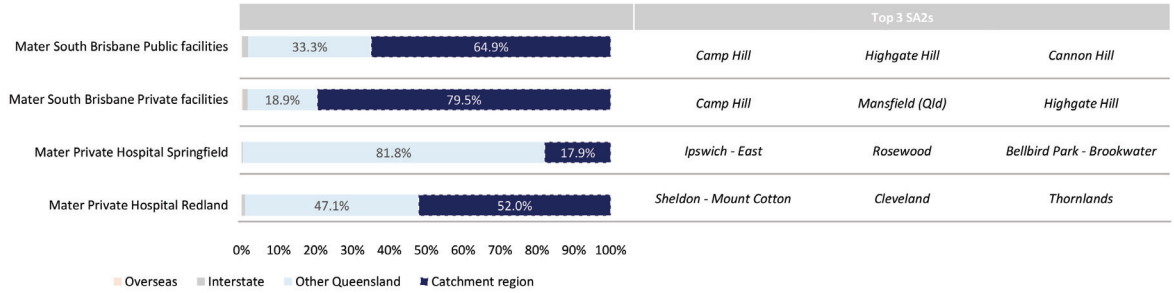
	Public			Private		
	2011/12	2015/16	CAGR	2011/12	2015/16	CAGR
Inpatient						
South Brisbane	7,871	11,138	9.1%	6,365	5,688	-2.8%
Redland				813	1,066	7.0%
Springfield		656			404	
Total*	**7,871**	**11,794**	**10.6%**	**7,178**	**7,158**	**-0.1%**

Source: Mater Health admitted activity data, 2011/12, 2015/16. Detail at the specialty level is provided in Appendix 2.

Source of patients

At the South Brisbane campus in 2015/16, 64.9% of MCDS patients treated at a public facility, and 79.5% of private patients, resided within the locally defined catchment region. Only 17.9% of MCDS patients treated at Mater Private Hospital Springfield came from within the local catchment. Analysis at a more granular geographic area (SA2) shows that the majority of these patients travelled from suburbs within the WMHHS region, such as Ipswich – East. This reflects the current public contract for Springfield, where WMHHS and MSHHS refer patients (medical and surgical) to Springfield.

Figure 13: Source of Inpatients for the Medical / Chronic Disease Services Clinical Stream. 2015/16.



Source: Mater Health admitted activity data, 2015/16. Note: The postcode of each patient identified in Mater Health's admitted activity data has been matched to an SA2 using a Postcode – SA2 Coding Index provided by the ABS.

Future service changes

- Increasing need to invest in models of care including care provided in different settings that support changing funding models that incentivise hospital avoidance, including the increased use of virtual health support and care delivery to the community and continue to drive research in this area
- Growing population and demand for Young Adult's service, including for additional specialties not currently offered by Mater
- Improving the adult congenital heart disease service pathway to assist with transition from young adult services to adult services
- Management of elderly people, given ageing population and increasing demand for services – including holistic, seamless services that also include a focus on wellness
- Expansion to our public contract at South Brisbane, to cater for increased Ambulance referrals from MSHHS and associated inpatient beds (medical and sub-acute).

Future service profile

SUMMARY

Total activity growth – overall, activity (separations) is projected to grow by 1.1% per annum to 2020/21; and 3.9% per annum to 2026/27. This comprises annualised growth of:

- **South Brisbane** – 0.4% per annum to 2020/21; and 0.5% per annum to 2026/27.
  - Public growth – 0%
  - Private growth – 1.6% per annum to 2020/21; and 1.9% per annum to 2026/27.
- **Redland** – 2.7% per annum to 2020/21; and 3.7% per annum to 2026/27.
- **Springfield** – 9.7% per annum to 2020/21; and 8.3% per annum to 2026/27.
  - Public growth – 0% to 2020/21, 12,320 separations in 2021/22 (Stage 2 commissioning), 5.5% to 2026/27
  - Private growth – 20.0% to 2020/21, 236 separations in 2021/22 (Stage 2 commissioning), 28.8% to 2026/27.

Private Infrastructure Utilisation (Phase 1) – our aim in Phase one is to improve the utilisation of our existing built private capacity through targeted growth in private activity. Between now and 2020/21 if we achieve this we will change our occupied bed base by:

- **South Brisbane** – 4 additional private occupied beds
- **Redland** – 2 additional private occupied beds

Private Infrastructure growth (Phase 2) – our aim in Phase two is to achieve more aggressive growth in our growth engine specialties. Between 2021/22 and 2026/27, if we achieve this we will change our occupied bed base by:

- **South Brisbane** – 10 further additional private occupied beds
- **Redland** – 5 further additional private occupied beds

Springfield – Springfield is targeting 20% private growth across all specialties between now and Stage 2 commissioning. From 2021/22 our planned private growth is based on our business case. Our aim is also to continue to advance our market-led proposal to expand our partnership with the Department of Health to provide increased public hospital services at Springfield. Based on our assessment of potential public activity for the Springfield area, we estimate:

- **Phase 1** (up to 2020/21) – 9 additional private occupied beds, 0 additional public occupied beds.
- **Phase 2**
  - Initial commissioning of Stage 2 facility– (2021/22) – 0 additional private occupied beds, 101 additional public occupied beds.
  - Longer term (to 2026/27) – 40 further additional occupied private beds, 36 additional public occupied beds.

Table 21: Projected Activity within the MCDS Stream. 2017/18 to 2026/27.

		Phase 1		Phase 2		
	2017/18	2020/21	Growth / CAGR	2021/22	2026/27	Growth / CAGR
Public						
Inpatient Separations	16,284	16,284	0.0%	28,604	32,605	2.7%
Bed days	35,996	35,996	0.0%	74,744	88,182	3.4%
Beds	103	103	0	204	240	36
OOS	385,663	385,693	0.0%	521,907	567,409	1.7%
Outpatient Rooms	92	94	2	127	138	11
ED Presentations	46,144	46,144	0.0%	72,608	79,525	1.8%
Treatment Spaces (including resus. bays)	29*	29	0	46	50	4
Private						
Inpatient Separations	7,421	8,185	3.3%	8,558	12,323	7.6%
Bed days	32,723	37,753	4.9%	35,880	54,266	8.6%
Beds	96	111	15	105	159	54
ED Presentations	16,604	18,276	3.3%	21,765	37,713	11.6%
Treatment Spaces (including resus. bays)	16*	18	2	20	36	16

*Note: The infrastructure throughput benchmarks used for ED treatment space projections are lower than current throughput and do not take into account additional short stay space that has been opened recently

It is noted bed days increase faster than separations – this is linked to the majority of activity occurring in general medicine, for which no substantial change in length of stay is projected. This may be influenced in the future however, by different models of care that seek to treat patients in alternative settings.

Our implementation priorities

The Clinical Services Plan identifies four strategic responses that will set Mater Health up for sustainable growth into the future.

Our response as the MCDS Stream to these strategic priorities has also been reflected in our future service profile outlined above.

To start the process of implementation, we identified a number of priority actions we will focus on in the first phase of our planning horizon. We will need to continue to undertake more detailed implementation planning, but our initial responses will focus on:

1. Driving a number of key growth engines that will ensure future sustainability
   - Lead development of a holistic "Age Friendly Care" service model, in conjunction with other clinical streams, including with a focus on wellness
   - Undertake a scoping study for the development of a "Healthy Living" including a weight management service, including linking in with Mater@Home, and the potential development of a Mater Membership Model (see Mater Health priorities)
   - Drive private activity growth, particularly in general medicine and respiratory, closely aligned with our Age Friendly Care and Healthy Living services
   - Develop and plan for potential restructuring opportunities in Cardiology services at South Brisbane (to improve coordination, and drive revenue and private patient growth for Mater Health;

this should also identify early opportunities for Mater Health to operate cardiology services at Springfield)

  - Identify opportunities to develop Mater Health-operated mental health services, initially focused at South Brisbane
  - Explore the feasibility of growing private renal dialysis services, particularly at Springfield / Brookwater

2. Delivering the best possible care through improving operational excellence
   - Improve length of stay in key specialties (initially focused on general medicine and respiratory)
   - Develop care pathways to standardise practice and minimise variation, particularly between our public and private services
   - Optimise duplicated functions across the South Brisbane campus with a view to improved efficiency and effectiveness – for our cardiac care units, identify options for consolidation; for emergency department services, focus on our private service model and operations to attract private market share and drive growth in our private business
3. Delivering a different care experience
   - Linked with the development of the "Age Friendly Care" and "Health Living" service models, develop a service 'navigation' component that provides a differentiated experience for patients to provide seamless, easier access to services. This will also be expanded to include our ambulatory care, emergency and Young Adults services
4. Virtual health care and digital health
   - Refer to Mater Health implementation priorities.

Revenue strategies

- Growth in private patient referrals:
  - Grow private patient activity and revenue by 5% per annum in Phase 1, and 7.5% per annum in Phase 2 in the following specialties– cardiology, general medicine, and geriatric medicine
  - Process improvements to convert public patients to private – particularly those presenting to the public emergency department, and in key growth specialties identified above
- Alternative service offerings:
  - Costing and revenue options analysis for bundled, all-inclusive care packages – focused on Age Friendly Care and Healthy Living services. This should include different 'levels' of service (inclusions and exclusions), costing and benchmarking to understand cost of delivery and market comparison
- Funder negotiations:
  - Engage with private health insurance funds in development of Age Friendly Care and Healthy Living service offerings.

Surgical / Acute Care Services

The Surgical / Acute Care Services (SACS) stream provides tertiary-level surgical and acute services for private and public patients. In addition to the surgical specialties outlined below, the SACS Stream is responsible for perioperative services, the Acute Pain Service, and has operational responsibility for Mater Children's Private Brisbane.

The specialties and services we provide include:

- Acute Pain Service
- Anaesthesia
- Breast and Endocrine surgery
- Colorectal surgery
- Dental surgery
- Ear, Nose and throat
- Gastrointestinal surgery
- Gastroenterology
- General surgery
- Gynaecology-Oncology
- Hepatobiliary surgery
- Intensive Care medicine
- Maxillofacial surgery
- Ophthalmology
- Orthopaedic surgery
- Otolaryngology – Head and Neck surgery
- Paediatrics (MCPB)
- Plastic and Reconstructive surgery
- Preadmission Clinic
- Radiology
- Theatres / Procedural Rooms / Endoscopy Suites
- Thoracic surgery
- Upper GI surgery
- Urology
- Vascular surgery.

The SACS Stream provides a number of services that are well-recognised for their achievements, and include a number of niche or "higher" specialised services, including:

- Statewide adult Cochlear Implant program
- National reputation for breast cancer surgery (including as part of our dedicated Breast Care Centre) and Upper GI surgery
- Use of our surgical robot for urology and gynaecology-oncology procedures, including being able to offer robotic prostatectomies to public patients
- Largest bladder cancer surgical service in Queensland
- One of three centres for gynaecological cancers in Queensland (alongside the Royal Brisbane and Women's and Gold Coast University Hospitals).

Surgical services are provided at our South Brisbane, Redland and Springfield campuses.

Current activity profile

Activity within the SACS stream accounted for more than 45% of the total volume of separations in 2015/16 for Mater Health; growing at an average rate of 5.4% per annum since 2011/12. This was driven by high-volume specialties including Orthopaedics (7.8%), Ophthalmology (15.1%) and Gastroenterology (7.5%).

While separations increased by an average of 5.4% per year, occupied bed days increased by an average rate of 2.9% per year, indicating improvements in length of stay over the period.

Table 22: Current Activity within the Surgical / Acute Care Services Clinical Stream. 2011/12 – 2015/16.

	Separations			Bed days			Elective %
	2011/12	2015/16	CAGR	2011/12	2015/16	CAGR	2015/16
Inpatient							
Anaesthetics	40	1	-60.2%	42	2	-52.5%	100.0%
Dental Surgery	107	87	-5.0%	108	86	-5.5%	100.0%
Ear, Nose and Throat	2,467	3,118	6.0%	2,880	3,414	4.3%	97.1%
Gastro - Surgical	609	748	5.3%	739	881	4.5%	98.0%
Gastroenterology	7,306	9,762	7.5%	9,963	12,700	6.3%	95.3%
General Surgery	8,199	8,590	1.2%	19,898	18,174	-2.2%	83.1%
Gynaecology - Oncology	749	805	1.8%	2,437	2,319	-1.2%	89.8%
Hepato-Biliary Surgery	20	5	-29.3%	247	37	-37.6%	80.0%
Intensive Care	224	289	6.6%	901	1,180	7.0%	68.2%
Maxillofacial / Oral Surgery	819	495	-11.8%	902	604	-9.5%	94.9%
Ophthalmology	1,777	3,122	15.1%	1,951	3,471	15.5%	99.1%
Orthopaedics	5,747	7,761	7.8%	15,203	19,371	6.2%	87.6%
Plastic / Reconstructive / Burns	2,898	3,789	6.9%	6,041	7,351	5.0%	94.0%
Radiology	340	288	-4.1%	475	476	0.1%	98.6%
Thoracic Surgery	10	47	47.2%	44	314	63.2%	93.6%
Urology	4,753	5,707	4.7%	9,011	9,649	1.7%	90.1%
Vascular Surgery	663	638	-1.0%	2,550	2,356	-2.0%	89.3%
Total	**36,728**	**45,252^**	**5.4%**	**73,392**	**82,386**	**2.9%**	**91.0%**

Source: Mater Health admitted activity data, 2011/12, 2015/16.
^As MPHS commenced operations in October 2015/16, the total figure includes actual activity from MPHS for 2015/16. In other parts of the Plan where Springfield is shown separately, a full-year effect of activity has been incorporated, based on 16/17H1 extrapolated out to a full year. The equivalent total separations for Mater Health is 48,914 (which will reconcile to other parts of this Plan, including Table 23).
Note: Some totals may not add due to rounding.

Table 23: Current Inpatient Activity within the Surgical / Acute Care Services Clinical Stream, Public Private Split. 2011/12 – 2015/16.

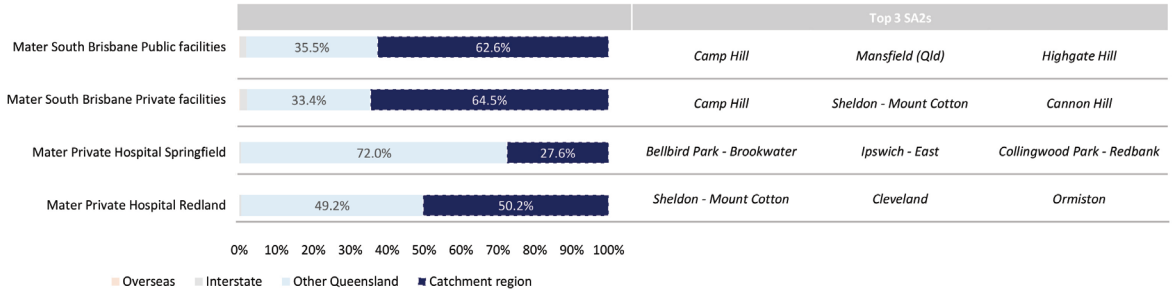
	Public			Private		
	2011/12	2015/16	CAGR	2011/12	2015/16	CAGR
Inpatient						
South Brisbane	11,306	14,667	6.7%	19,588	21,614	2.5%
Redland				5,834	5,959	0.5%
Springfield		5,954			720	
Total	**11,306**	**20,621**	**16.2%**	**25,422**	**28,293**	**2.7%**

Source: Mater Health admitted activity data, 2011/12, 2015/16. Detail at the specialty level is provided in the Appendix.

Source of patients

In 2015/16, referral patterns across the public and private facilities at the South Brisbane campus were relatively consistent, comprising just over 60% of the patient cohort at both types of hospitals. Less than a third of patients admitted to Mater Private Hospital Springfield resided within the locally defined catchment, with many travelling from regions within WMHHS, including Ipswich – East and Collingwood Park – Redbank. This reflects the current public contract for Springfield, where WMHHS and MSHHS refer patients (medical and surgical) to Springfield.

Figure 14: Source of Inpatients for the Surgical / Acute Care Services Clinical Stream. 2015/16.



Source: Mater Health admitted activity data, 2015/16. Note: The postcode of each patient identified in Mater Health's admitted activity data has been matched to an SA2 using a Postcode – SA2 Coding Index provided by the ABS.

Future service changes

- Technology advances improving care – including expanding use of robotic surgery, which could improve length of stay and patient outcomes
- Continued move towards day surgery (including 23 hour short stay) and ambulatory care models
- Streamlining and enhancing the pre-admission and post-discharge models to reduce length of stay and improve recovery
- Strengthen links with research.

Future service profile

SUMMARY

Total activity growth – overall, activity (separations) is projected to grow by 2.5% per annum to 2020/21; and 6.4% per annum to 2026/27. This comprises annualised growth of:

- **South Brisbane** – 2.1% per annum to 2020/21; and 3.5% per annum to 2026/27.
  - Public growth – 0%
  - Private growth – 3.5% per annum to 2020/21; and 5.4% per annum to 2026/27.
- **Redland** – 4.3% per annum to 2020/21; and 6.4% per annum to 2026/27.
- **Springfield** – 3.2% per annum to 2020/21; and 12.6% per annum to 2026/27.
  - Public growth – 0% to 2020/21, 6,327 separations in 2021/22 (Stage 2 commissioning), 3.9% to 2026/27
  - Private growth – 20.0% to 2020/21, 1,841 separations in 2021/22 (Stage 2 commissioning), 31.6% to 2026/27.

Private Infrastructure Utilisation (Phase 1) – our aim in Phase one is to improve the utilisation of our existing built private capacity through targeted growth in private activity. Between now and 2020/21, if we achieve this we will change our occupied bed base by:

- **South Brisbane** – 13 additional private occupied beds; utilisation of 1 additional operating theatre (available within existing built capacity)
- **Redland** – 2 additional private occupied beds; 1 additional operating theatre (above existing – 3 in total)

Private Infrastructure growth (Phase 2) – our aim in Phase two is to achieve more aggressive growth in our growth engine specialties. Between 2021/22 and 2026/27, if we achieve this we will change our occupied bed base by:

- **South Brisbane** – 40 further additional private occupied beds; utilisation of 4 additional operating theatres (available within existing built capacity)
- **Redland** – 8 further additional private occupied beds; 2 additional operating theatres (5 in total).

Springfield – Springfield is targeting 20% private growth across all specialties between now and Stage 2 commissioning. From 2021/22 our planned private growth is based on our original business case. Our aim is also to continue to advance our market-led proposal to expand our partnership with the Department of Health to provide increased public hospital services at Springfield. Based on our assessment of potential public activity for the Springfield area, we estimate:

- **Phase 1** (up to 2020/21) – 2 additional private occupied beds, 0 additional public occupied beds.
- **Phase 2**
  - Initial commissioning of Stage 2 facility – (2021/22) – 9 additional private occupied beds, 26 additional public occupied beds; 4 additional operating theatres (3 public, 1 private).
  - Longer term (to 2026/27) – 43 further additional occupied private beds, 10 additional public occupied beds; 6 additional operating theatres (1 public, 5 private).

Table 24: Projected Activity within the SACS Stream. 2017/18 to 2026/27.

		Phase 1		Phase 2		
	2017/18	2020/21	Growth / CAGR	2021/22	2026/27	Growth / CAGR
Public						
Separations	20,957	20,957	0.0%	27,284	29,862	1.8%
Bed days	36,148	36,148	0.0%	45,893	49,634	1.6%
Beds	103	103	0	129	139	10
Operating theatres*	11	11	0	14	15	1
Stage 1 Recovery beds	8	8	0	10	11	1
Private						
Separations	28,451	32,274	4.3%	35,263	55,461	9.5%
Bed days	51,407	57,971	4.1%	63,507	97,892	9.0%
Beds	139	156	17	171	262	91
Operating theatres**	15	17	2	18	28	10
Stage 1 Recovery beds	24	27	3	29	45	16

* Includes obstetrics theatres
**Operating theatres in 2021/22 will not total to Appendix 6 (by site) due to rounding.

Our implementation priorities

The Clinical Services Plan identifies four strategic responses that will set Mater Health up for sustainable growth into the future.

Our response as the SACS Stream to these strategic priorities has also been reflected in our future service profile outlined above.

To start the process of implementation, we identified a number of priority actions we will focus on in the first phase of our planning horizon. We will need to continue to undertake more detailed implementation planning, but our initial responses will focus on:

1. Driving a number of key growth engines that will ensure future sustainability
   - Grow private breast surgery at Springfield, aligned with our focus on women's health
   - Grow a range of private services aligned with our focus on Age Friendly Care, including ophthalmology (particularly at Springfield and Redland), urology, vascular, orthopaedics, gastroenterology and general surgery
2. Delivering the best possible care through improving operational excellence
   - Improve length of stay in key specialties (urology, orthopaedics, ophthalmology and general surgery); including through the design and implementation of home support models and after care programs
   - Optimise theatre lists and utilisation across our public and private theatre suites
   - Optimise perioperative processes to include a pre-operative assessment, shared decision making, pre-habilitation / fit for surgery school and disease specific therapies, all prior to operative procedure via Surgical, Critical Care, Anaesthesia, Perioperative / Procedural Services (sCAPP)
   - Optimise patient management by understanding that in respect to historical activity:

    - » the number of people in each 10 year grouping from 60 years old is increasing and
    - » the number of comorbidities each person has is also increasing and
    - » the number of procedures each of these individuals has per annum is also increasing
  - Substitute low or no margin activity toward higher margin sameday activity in Mater Children's Private Brisbane and in other areas where identified

3. Delivering a different care experience
  - Develop our patient experience pathway, to create a simple, intuitive and integrated patient experience that also links with and augments the development of the "Age Friendly Care" and "Healthy Living" service model being undertaken by the other clinical streams
  - Target support for patients requiring procedural interventions that are within the other clinical streams
  - Place education and research at the core of all our interventions and evaluations of outcomes that focuses on multidisciplinary team work and patient/consumer representation
  - Packaging care in such a way as to make it easy for the patient to navigate the care pathway from the GP back to the GP
4. Virtual health care and digital health
  - Refer to Mater Health implementation priorities.

Revenue strategies

- Growth in private patient referrals:
  - Grow **private patient activity and revenue** by 5% per annum in Phase 1, and 7.5% per annum in Phase 2 in the following specialties (aligned to our growth engines) – endoscopy, ENT, gastroenterology, general surgery, ophthalmology, orthopaedics, urology, vascular, breast (particularly at Springfield)
  - Process improvements to convert public patients to private – particularly focused in key growth specialties identified above
- Alternative service offerings:
  - Costing and revenue options analysis for bundled, all-inclusive care packages – focused on Age Friendly Care – particularly in relation to surgical services, and the suite of services to be provided pre-admission and post-discharge (in conjunction with Medical / Chronic Disease Services Stream)
- Funder negotiations:
  - Engage with private health insurance funds in development of Age Friendly Care and Healthy Living service offerings (in conjunction with Medical / Chronic Disease Services Stream).

Mothers, Babies and Women's Health Services

The Mothers, Babies and Women's Health Services (MBWHS) stream is the largest private and public single campus birthing and neonatology service in Australia, and is the leading provider of maternity and neonatal services in Queensland – with one in seven Queenslanders born at Mater. We have world-renowned clinicians delivering complex care within a high quality service that incorporates research and education.

The specialties we provide include:

- Gynaecology
- Maternal fetal medicine
- Midwifery care
- Neonatology
- Obstetrics
- Parenting support
- Perinatal mental health (developing)

As a leading maternity and neonatology service, the MBWHS Stream:

- Has the only private neonatal intensive care unit in Australia and New Zealand
- Is the neonatal surgical and cardiac referral centre for Queensland
- Is the largest birthing service in a single facility in Australia, with more than 10,000 babies born at Mater annually
- Opened Queensland's first Pregnancy Assessment Centre (PAC), a purpose-built 24/7 centre for women to access from the start of their pregnancy through to six weeks after their baby is born (the PAC acts as an alternative to presenting to an emergency department or GP, and arranges care in the same way as a hospital emergency department but staffed by Mater midwives and Specialists).
- Performed the first in-utero spinal surgery in Australia in collaboration with a team from Vanderbilt University Hospital in the USA, on a baby diagnosed with spina bifida.

Mothers, Babies and Women's health services are primarily provided at our South Brisbane campus, with some maternity and gynaecology services at Redland, and some public gynaecology activity delivered at Springfield. Over time, as Springfield grows it is intended our maternity services will expand to Springfield.

Current activity profile

Between 2011/12 and 2015/16, the MBWHS Stream experienced moderate growth of 2.6% per annum. This figure was driven by Gynaecology and Neonatology, which increased by 4.4% and 4.3% per annum respectively. This was offset by lower growth in Obstetrics.

Mothers, Babies and Women's health services steady growth relative to other Clinical Streams has resulted in a decline in its share of total activity across the Mater Health network – from 22.9% in 2011/12 to 19.5% 2015/16.

Table 25: Current Activity within the Mothers, Babies and Women's Health Services Clinical Stream. 2011/12 – 2015/16.

	Separations			Bed days			Elective %
	2011/12	2015/16	CAGR	2011/12	2015/16	CAGR	2015/16
Inpatient							
Gynaecology	3,819	4,535	4.4%	6,313	6,721	1.6%	91.9%
Neonatology	1,771	2,094	4.3%	27,207	28,640	1.3%	3.2%
Obstetrics	12,028	12,879	1.7%	42,362	44,487	1.2%	55.4%
Total	**17,618**	**19,508**	**2.1%**	**75,882**	**79,848**	**1.3%**	**58.3%**

Source: Mater Health admitted activity data, 2011/12, 2015/16.
As MPHS commenced operations in October 2015/16, the total figure includes actual activity from MPHS for 2015/16. In other parts of the Plan where Springfield is shown separately, a full-year effect of activity has been incorporated, based on 16/17H1 extrapolated out to a full year. The equivalent total separations for Mater Health is 19,623 (which will reconcile to other parts of this Plan, including Table 26).
Note: Some totals may not add due to rounding.

Table 26: Current Inpatient Activity within the Mothers, Babies and Women's Health Services Clinical Stream, Public Private Split. 2011/12 – 2015/16.

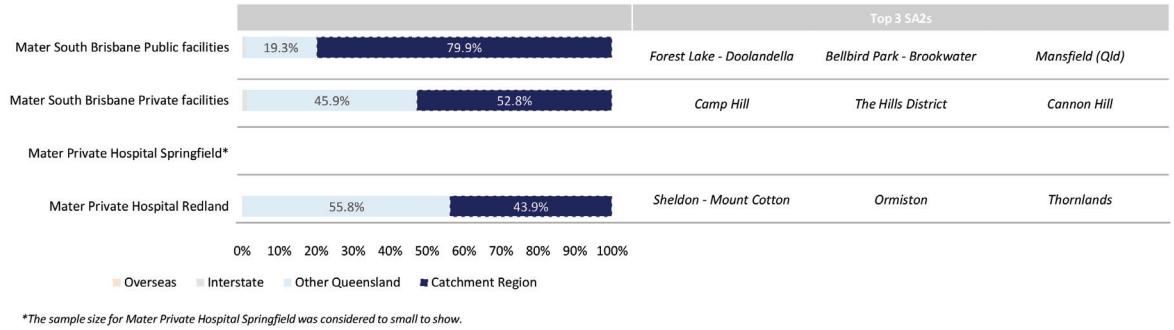
	Public			Private		
	2011/12	2015/16	CAGR	2011/12	2015/16	CAGR
Inpatient						
South Brisbane	9,263	11,170	4.8%	7,390	7,297	-2.0%
Redland				965	1,026	1.5%
Springfield		120			10	
Total	**9,263**	**11,290**	**5.1%**	**8,355**	**8,333**	**-1.6%**

Source: Mater Health admitted activity data, 2011/12, 2015/16. Detail at the specialty level is provided in the Appendix.

Source of patients

In 2015/16, 80% of public patients treated at South Brisbane for all MBWHS (including Gynaecology) the majority residing in the Forest Lake – Doolandella. Private activity had a slightly different pattern of referral, with only 52.8% of the patient cohort residing within the South Brisbane catchment (previously defined as the Metro South area).

Figure 15: Source of Inpatients for the Mothers, Babies and Women's Health Services Clinical Stream. 2015/16.



*The sample size for Mater Private Hospital Springfield was considered to small to show.

Source: Mater Health admitted activity data, 2015/16. Note: The postcode of each patient identified in Mater Health's admitted activity data has been matched to an SA2 using a Postcode – SA2 Coding Index provided by the ABS.

Future service changes

Over time, we expect to be able to capitalise on future trends and changes to service delivery. For the MBWHS Stream, these opportunities include:

- Consideration of an additional offering of a birthing centre model especially at Springfield (as a new, emerging service) and Redland
- Increasing the midwifery-led models of care available to increase choice for our patients, particularly at Springfield and Redland
- Expand our offering to include increased routine screening (e.g. universal preconception care, risk of pre-eclampsia, risk of preterm birth, universal baby follow-up) to improve timely diagnosis of potential issues during pregnancy, underpinned by research to demonstrate enhanced clinical outcomes
- Develop and offer holistic service offerings, particularly with a wellness focus. This would include an emphasis on preconception health. This includes bundled care packages that provide women and their families pre, during and post-pregnancy support, providing certainty regarding costs of care upfront
- Developing perinatal mental health as an essential part of a mothers and babies service
- Grow our private offering at Redland, and explore the feasibility of expanding our services to Springfield over time, especially important given the local demographic (young families).
- Parent support centre.

Future service profile

SUMMARY

Total activity growth – overall, activity (separations) is projected to grow by 1.2% per annum to 2020/21; and 3.3% per annum to 2026/27. This comprises annualised growth of:

- **South Brisbane** – 1.0% per annum to 2020/21; and 1.7% per annum to 2026/27.
  - Public growth **–** 0%
  - Private growth – 2.7% per annum to 2020/21; and 3.9% per annum to 2026/27.
- **Redland** – 3.6% per annum to 2020/21; and 5.5% per annum to 2026/27.
- **Springfield** – 2.3% per annum to 2020/21; and 11.5% per annum to 2026/27.
  - Public growth – 0% to 2020/21, 2,253 separations in 2021/22 (Stage 2 commissioning), 3.5% to 2026/27
  - Private growth – 20.0% to 2020/21, 431 separations in 2021/22 (Stage 2 commissioning), 35.2% to 2026/27.

Private Infrastructure Utilisation (Phase 1) – our aim in Phase one is to improve the utilisation of our existing built private capacity through targeted growth in private activity. Between now and 2020/21, if we achieve this we will change our occupied bed base by:

- **South Brisbane** – 4 additional private occupied beds; 4 additional NCCU/SCN cots
- **Redland** – 1 additional private occupied bed

Private Infrastructure growth (Phase 2) – our aim in Phase two is to achieve more aggressive growth in our growth engine specialties. Between 2021/22 and 2026/27, if we achieve this we will change our occupied bed base by:

- **South Brisbane** – 9 further additional private occupied beds; 13 additional NCCU/SCN cots
- **Redland** – 1 further additional private occupied bed

(continued next page)

SUMMARY (continued)

Springfield – Springfield is targeting 20% private growth across all specialties between now and Stage 2 commissioning. From 2021/22 our planned private growth is based on our business case. Our aim is also to continue to advance our market-led proposal to expand our partnership with the Department of Health to provide increased public hospital services at Springfield. Based on our assessment of potential public activity for the Springfield area, we estimate:

- **Phase 1 (up to 2020/21)** – 1 additional private occupied bed, 0 additional public occupied beds.
- **Phase 2**
  - Initial commissioning of Stage 2 facility (2021/22) 11 additional private occupied beds, 13 additional public occupied beds.
  - Longer term (to 2026/27) – 6 further additional occupied private beds, 3 additional public occupied beds.

Table 27: Projected Activity within the MBWHS Stream. 2017/18 to 2026/27.

		Phase 1		Phase 2		
	2017/18	2020/21	Growth / CAGR	2021/22	2026/27	Growth / CAGR
Public						
Separations	10,846	10,846	0	13,099	13,549	0.7%
Bed days	35,692	35,692	0	42,834	44,087	0.6%
Beds	70	70	0	84	86	2
Birthing suites	11	11	0	13	14	1
NCCU/SCN cots	58	58	0	58	58	0
Private						
Separations	7,499	8,156	2.84%	8,819	12,275	6.8%
Bed days	29,553	31,959	2.64%	36,378	45,274	4.5%
Beds	75	79	4	92	109	17
Birthing suites	7	7	1	7	8	1
NCCU/SCN cots	25	29	4	30	43	13

It is noted that NCCU is already under pressure, with a 2017/18 infrastructure requirement which exceeds licenced capacity. In some cases, specific specialised infrastructure may be required in Phase 1 of the Clinical Services Plan.

Our implementation priorities

The Clinical Services Plan identifies four strategic responses that will set Mater Health up for sustainable growth into the future.

Our response as the MBWHS Stream to these strategic priorities has also been reflected in our future service profile outlined above.

To start the process of implementation, we identified a number of priority actions we will focus on in the first phase of our planning horizon. We will need to continue to undertake more detailed implementation planning, but our initial responses will focus on:

1. Driving a number of key growth engines that will ensure future sustainability
    - Drive targeted growth in our Gynaecology services across all campuses
    - Pilot a virtual midwifery model of care for publicly-funded patients where a caseload of women receives antenatal and home postnatal care in a group model through telehealth
    - Explore how to commercialise a private homecare offering (including for private neonatal patients), in recognition of the finding that our private consumers value the need for support as a key element of their patient experience
    - Explore how Mater could commercialise their knowledge (i.e. patient education resources), commencing with women who are having a baby, who are a group most "hungry" for credible information
    - Introduce self-reported booking information for all public and private funded women. Explore applicability across gynaecology, and baby follow-up services
    - With new licensed cots in the postnatal ward, consider the appropriate model of care for sicker babies who are in a postnatal ward with their mum (e.g. transitional nursery model)
    - Develop our model of care and plan for commencing services at Springfield (longer term for birthing services)
    - Explore opportunities to provide mental health services, in conjunction with Medical / Chronic Disease Services
2. Delivering the best possible care through improving operational excellence
    - Pilot routine early and pregnancy ultrasound screening to identify and prevent serious and costly pregnancy complications, such as pre-term birth and severe preeclampsia
    - Explore the feasibility of an all-inclusive, bundled package of care that provides certainty for women and their families regarding the cost of treatment upfront
3. Delivering a different care experience
    - Plan for and develop boutique service offerings, such as:
        - » birthing centre model that has a home-like experience
        - » experienced midwives available to private obstetricians, to provide shared care and be the named midwife available to the woman antenatally, intrapartum and postnatally
    - Redesign private rooms, to enhance the accommodation for partners, including in the NCCU, which is the most common feedback reported by consumers about MMPB care
    - Provide support to private women and families at home, giving them the confidence to go home earlier through initiatives such as "free" private homecare, lactation support via telehealth, 24-7 sleeping/settling support via telehealth
    - Build upon a foundation of parent support (sleeping, settling, breast feeding) and explore overnight model for sleeping and settling, and consultation liaison services

4. Virtual health care and digital health
   - Refer to Mater Health implementation priorities.

Revenue strategies

- Growth in private patient referrals:
  - Grow private patient activity and revenue (excluding obstetrics) by 5% per annum in Phase 1, and 7.5% per annum in Phase 2 in the following specialties (aligned to our growth engines) – gynaecology and qualified neonatal care
  - Grow private patient activity and revenue in obstetrics by 1.5% per annum
  - Process improvements to convert public patients to private – particularly focused in key growth specialties identified above and women presenting to the Pregnancy Assessment Centre
- Alternative service offerings:
  - Costing and revenue options analysis for bundled, all-inclusive pregnancy care model, that provides upfront cost certainty to women and their families. This should consider how this can be self-funded, as well as through private health insurance funds
- Funder negotiations:
  - Engage with private health insurance funds in development of all-inclusive pregnancy care model

Cancer Care Services

Our Cancer Care Services stream provides oncology and haematology care for patients from diagnosis through to treatment and palliative care. We provide services for both public and private patients, through Mater Cancer Care Centre at South Brisbane relationship with third party provider ICON Cancer Care, as well as day oncology services at Springfield and Redland. We have also recently commenced home chemotherapy services, providing patients with expanded options to access treatment in a more comfortable setting.

The services we provide include:

- Haematology
- Oncology
- Palliative Medicine – patients are not admitted to the Palliative Care speciality in their own right, rather this is a consultative service
- Radiation Oncology – all Radiation Oncology activity is delivered by external providers

Current activity profile

Cancer Care Services shows significant growth in activity, most notably in Oncology, with 54.2% average growth per year between 2011/12 and 2015/16. While activity has genuinely increased, this increase is largely attributed to a change in activity counting, with chemotherapy now captured as an admitted inpatient service.

Table 28: Current Activity within the Cancer Care Services Clinical Stream. 2011/12 – 2015/16.

	Separations			Bed days		
	2011/12	2015/16	CAGR	2011/12	2015/16	CAGR
Inpatient						
Haematology	1,650	2,427	10.1%	11,606	9,879	-3.9%
Oncology	1,589	8,973	54.2%	10,781	19,640	16.2%
Oncology - Radiation	58	39	-9.4%	521	265	-15.6%
Palliative Medicine	278	218	-5.9%	1,883	1,250	-9.7%
Total Separations and Bed days	**3,575**	**11,657^**	**34.4%**	**24,792**	**31,034**	**5.8%**

Source: Mater Health admitted activity data, 2011/12, 2015/16.
^As MPHS commenced operations in October 2015/16, the total figure includes actual activity from MPHS for 2015/16. In other parts of the Plan where Springfield is shown separately, a full-year effect of activity has been incorporated, based on 16/17H1 extrapolated out to a full year. The equivalent total separations for Mater Health is 12,452 (which will reconcile to other parts of this Plan, including Table 29).
Note: Some totals may not add due to rounding.

Table 29: Current Inpatient Activity within the Cancer Care Services Clinical Stream, Public Private Split. 2011/12 – 2015/16.

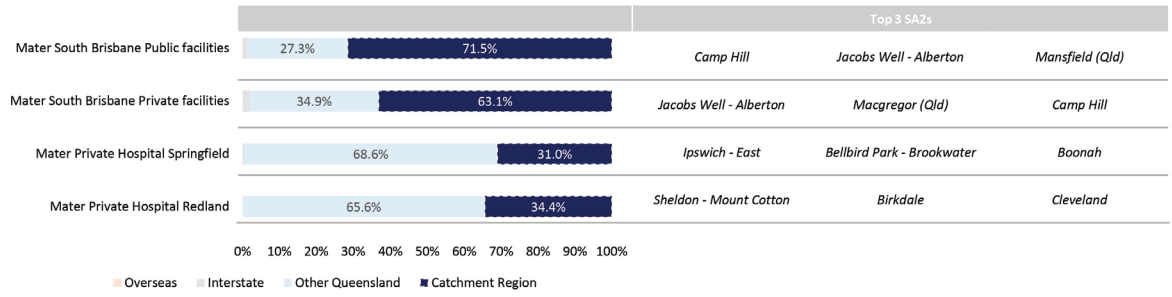
	Public			Private		
	2011/12	2015/16	CAGR	2011/12	2015/16	CAGR
Inpatient						
South Brisbane	1,761	5,360	32.1%	1,754	4,872	29.1%
Redland				60	1,170	110.1%
Springfield		662			388	
Total	**1,761**	**6,022**	**36.0%**	**1,814**	**6,430**	**37.2%**

Source: Mater Health admitted activity data, 2011/12, 2015/16. Detail at the specialty level is provided in the Appendix.

Source of patients

Over 70% of public patients receiving cancer care at South Brisbane reside within the local catchment, while the rate was slightly lower for private patients at 63%. For both Mater Private Hospital Redland and Mater Private Hospital Springfield, there were significant patient inflows from outside the locally defined catchments.

Figure 16: Source of Inpatients for the Cancer Care Services Clinical Stream. 2015/16.



Source: Mater Health admitted activity data, 2015/16. Note: The postcode of each patient identified in Mater Health's admitted activity data has been matched to an SA2 using a Postcode – SA2 Coding Index provided by the ABS.

Future service changes

Treatments and service delivery models for cancer services are constantly evolving, with rapid advancements in technology and new treatments emerging. Some of these future service trends that will impact us include:

- Personalised medicine – with the significant advancements in mapping medical practices and interventions to individual patients based on their predicted response or risk of disease, personalised medicine will increasingly be used to personalise treatment for many cancers. This is constantly evolving in medical oncology and we need to be able to adapt quickly, but also recognise the need for technology and equipment, and research
- Aligning research and clinical programs for common tumour types
- Making participation in clinical trials easier for our patients
- Developing holistic, seamless models of care that improve the patient journey (and include components such as survivorship and wellness services) will help us to grow our services and provide improved care for our patients
- Our facilities at Springfield and Redland provide an opportunity to grow our services in those areas, particularly in day oncology and haematology
- Extending operating hours and care settings (such as chemo at home) to provide greater choice to patients and optimisation of our existing assets

- Extend community support networks, to private services and provide seamless referrals to other services for patients
- Utilise shared care models involving GPs and primary care, building off the success of the Mothers, Babies and Women's Clinical Stream.

Future service profile

SUMMARY

Total activity growth – overall, activity (separations) is projected to grow by 1.9% per annum to 2020/21; and 8.8% per annum to 2026/27. This comprises annualised growth of:

- **South Brisbane** – 1.0% per annum to 2020/21; and 1.8% per annum to 2026/27.
  - Public growth – 0%
  - Private growth – 3.9% per annum to 2020/21; and 5.8% per annum to 2026/27.
- **Redland** – 4.4% per annum to 2020/21; and 6.7% per annum to 2026/27.
- **Springfield** – 9.5% per annum to 2020/21; and 29.4% per annum to 2026/27.
  - Public growth – 0% to 2020/21, 1,843 separations in 2021/22 (Stage 2 commissioning), 5.9% to 2026/27
  - Private growth – 20.0% to 2020/21, 59.8% to 2026/27.

Private Infrastructure Utilisation (Phase 1) – our aim in Phase one is to improve the utilisation of our existing built private capacity through targeted growth in private activity. Between now and 2020/21, if we achieve this we will change our occupied bed base by:

- **South Brisbane** – 2 additional private occupied beds
- **Redland** – 1 additional private occupied bed

Private Infrastructure growth (Phase 2) – our aim in Phase two is to achieve more aggressive growth in our growth engine specialties. Between 2021/22 and 2026/27, if we achieve this we will change our occupied bed base by:

- **South Brisbane** – 5 further additional private occupied beds; 2 additional chemotherapy chairs
- **Redland** – 1 further additional private occupied beds; 1 additional chemotherapy chair

Springfield – Springfield is targeting 20% private growth across all specialties between now and Stage 2 commissioning. From 2021/22 our planned private growth is based on our business case. Our aim is also to continue to advance our market-led proposal to expand our partnership with the Department of Health to provide increased public hospital services at Springfield. Based on our assessment of potential public activity for the Springfield area, we estimate:

- **Phase 1 (up to 2020/21)** – 1 additional private occupied bed, 0 additional public occupied beds.
- **Phase 2**
  - Initial commissioning of Stage 2 facility (2021/22) – 1 additional private occupied beds, 4 additional public occupied beds; 1 additional chemotherapy chair utilised (public).
  - Longer term (to 2026/27) – 4 further additional occupied private beds, 2 additional public occupied beds; additional 15 chemotherapy chairs (1 public, 14 private).

Table 30: Projected Activity within the Cancer Care Stream. 2017/18 to 2026/27.

		Phase 1		Phase 2		
	2017/18	2020/21	Growth / CAGR	2021/22	2026/27	Growth / CAGR
Public						
Separations	11,882	11,882	0.0%	13,724	14,559	1.2%
Bed days	15,536	15,536	0.0%	17,878	18,806	1.0%
Beds	24	24	0	27	29	2
Chemotherapy chairs	14	14	0	15	16	1
Private						
Separations	5,919	6,969	5.6%	7,192	17,323	19.2%
Bed days	15,579	17,253	3.5%	17,895	29,935	10.8%
Beds	36	39	3	41	51	10
Chemotherapy chairs	6	7	0	8	24	16

Our implementation priorities

The Clinical Services Plan identifies four strategic responses that will set Mater Health up for sustainable growth into the future.

Our response as the Cancer Care Services Stream to these strategic priorities has also been reflected in our future service profile outlined above.

To start the process of implementation, we identified a number of priority actions we will focus on in the first phase of our planning horizon. We will need to continue to undertake more detailed implementation planning, but our initial responses will focus on:

1. Driving a number of key growth engines that will ensure future sustainability
   - Grow day oncology and haematology services at Redland and Springfield
   - Grow private palliative care services, including through partnerships with community providers, linked to 'Healthy Living' offering – with a tailored private offering to 'die well' at home supported virtually and in person by Mater
   - Develop an education and wellness model
2. Delivering the best possible care by improving operational excellence
   - Redesign our workforce models in outpatient clinics, to increase nurse and allied health-led clinics
   - Implement new models of care (e.g. expansion of chemotherapy at home)
   - Optimise referrals between our public and private services
3. Delivering a different care experience
   - Develop a holistic service model that packages care into a seamless patient journey, and incorporates survivorship support and management, considers a wellness centre-type service, and shared care with primary care providers

4. Virtual health care and digital health
    - Aligned with developing a holistic service model, map and incorporate a navigation service to provide easy access to services across the continuum
    - Identify opportunities to implement / enhance virtual consults.

Revenue strategies

- Growth in private patient referrals:
    - Grow private patient activity and revenue by 5% per annum in Phase 1, and 7.5% per annum in Phase 2 in the following specialties (aligned to our growth engines) – chemotherapy, medical oncology, and investigate growth opportunities in palliative care.
    - Process improvements to convert public patients to private – particularly focused in key growth specialties identified above
- Alternative service offerings:
    - Costing and revenue options analysis for bundled cancer care model. This should consider how this can be self-funded, as well as through private health insurance funds
- Funder negotiations:
    - Engage with private health insurance funds in development of all-inclusive cancer care model.

Neurosciences

Our Neurosciences clinical stream is recognised for providing highly specialised neurology and neurosurgery services, including the treatment of advanced epilepsy. The Stream includes neurosurgery, neurology, stroke unit, advanced epilepsy service and rehabilitation services as well as the Mater@Home service.

The specialties we provide include:

- Neurology
- Neurosurgery
- Orthopaedic spine surgery
- Skull base surgery
- Rehabilitation.

Mater Centre for Neurosciences has been internationally recognised in multiple areas including epilepsy surgery, treatment programs for functional neurological disorders, integration of education and research, and well-established links with neurosciences services internationally. Mater Centre for Neurosciences is one of only three in Australia where patients with refractory epilepsy can undergo a Stereo EEG (stereo electroencephalography) to identify if they are a candidate for brain surgery to control seizures. We are also the only centre in Australia with a ROSA (Robotized Surgical Assistant) robotic system, used to accurately drill holes for electrode placement for the Stereo EEG procedure.

Current activity profile

Over the four years to 2015/16, Neurosciences has grown at an average rate of 8.8% per annum. This has been driven by Neurology, which experienced the largest growth in absolute terms, increasing by 645 separations to 1,106 separations in 2015/16. As a share of total activity within the Stream, Rehabilitation continues to deliver the highest volume of separations, representing 40.2% of all Neurosciences separations in 2015/16.

Table 31: Current Activity within the Neurosciences Clinical Stream. 2011/12 – 2015/16.

	Separations			Bed days			Elective %
	2011/12	2015/16	CAGR	2011/12	2015/16	CAGR	2015/16
Inpatient							
Neurology	461	1,106	24.5%	1,291	3,458	27.9%	58.6%
Neurosurgery	1,261	1,569	5.6%	5,564	5,685	0.5%	93.4%
Orthopaedic Spine	282	247	-3.3%	1,624	1,368	-4.2%	96.4%
Rehabilitation	1,835	2,214	4.8%	11,153	12,297	2.5%	69.0%
Skull Base Surgery	95	373	40.8%	199	551	29.1%	95.4%
Total	**3,934**	**5,509^**	**8.8%**	**19,831**	**23,359**	**4.2%**	**76.9%**

Source: Mater Health admitted activity data, 2011/12, 2015/16.
^As MPHS commenced operations in October 2015/16, the total figure includes actual activity from MPHS for 2015/16. In other parts of the Plan where Springfield is shown separately, a full-year effect of activity has been incorporated, based on 16/17H1 extrapolated out to a full year.
The equivalent total separations for Mater Health is 5,562 (which will reconcile to other parts of this Plan, including Table 32).
Note: Some totals may not add due to rounding.

Table 32: Current Inpatient Activity within the Neurosciences Clinical Stream, Public Private Split. 2011/12 – 2015/16.

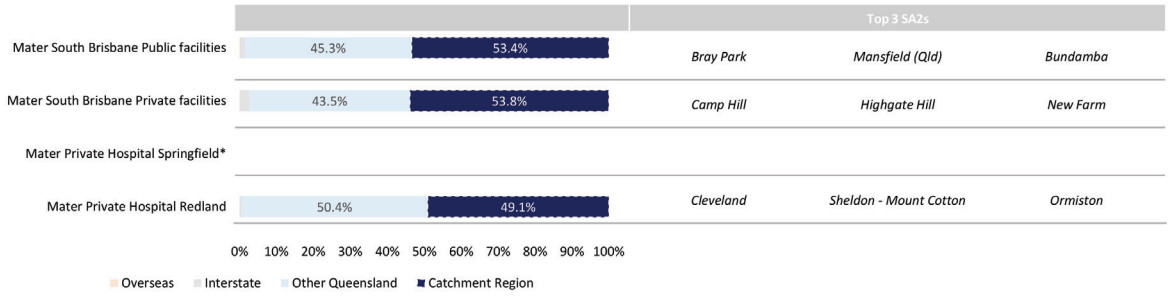
	Public			Private		
	2011/12	2015/16	CAGR	2011/12	2015/16	CAGR
Inpatient						
South Brisbane	229	1,263	53.2%	3,525	3,646	0.80%
Redland				180	593	34.70%
Springfield		40			20	
Total	**229**	**1,303**	**54.4%**	**3,705**	**4,259**	**4.10%**

Source: Mater Health admitted activity data, 2011/12, 2015/16. Detail at the specialty level is provided in the Appendix.

Source of patients

Relative to other Clinical Streams, Neurosciences at South Brisbane attracts a high proportion of patients from outside the local catchment – at approximately half of the patient cohort across both public and private facilities. This is consistent with the specialised nature of services provided by the Neurosciences Centre.

Figure 17: Source of Inpatients for the Neurosciences Clinical Stream. 2015/16.



Source: Mater Health admitted activity data, 2015/16. Note: The postcode of each patient identified in Mater Health's admitted activity data has been matched to an SA2 using a Postcode – SA2 Coding Index provided by the ABS.

Future service changes

The field of neurosciences is rapidly evolving, with our understanding of the discipline and treatments completely changing even in the last five years. Future changes that we could expect for our service include:

- The integration of neurology, rehabilitation and chronic pain more effectively into a holistic service
- Developments in cognitive impairment and dementia, with a focus on early onset and wellness
- Growing our services in neurology
- Expanding our rehabilitation services at Redland and Springfield; while expanding our offering in day therapy, and more proactive support to our inpatient wards
- Review Mater@Home services to drive private activity and to support growth in other Clinical Streams.

Future service profile

SUMMARY

Total activity growth – overall, activity (separations) is projected to grow by 3.3% per annum to 2020/21; and 8.1% per annum to 2026/27. This comprises annualised growth of:

- **South Brisbane** – 3.2% per annum to 2020/21; and 5.2% per annum to 2026/27.
  - Public growth – 0%
  - Private growth – 4.3% per annum to 2020/21; and 6.5% per annum to 2026/27.
- **Redland** – 3.8% per annum to 2020/21; and 5.6% per annum to 2026/27.
- **Springfield** – 8.7% per annum to 2020/21; and 19.5% per annum to 2026/27.
  - Public growth – 0% to 2020/21, 691 separations in 2021/22 (Stage 2 commissioning), 5.7% per annum to 2026/27
  - Private growth – 20.0% per annum to 2020/21, 530 separations in 2021/22 (Stage 2 commissioning), 31.1% per annum to 2026/27.

Private Infrastructure utilisation (Phase 1) – our aim in Phase one is to improve the utilisation of our existing built private capacity through targeted growth in private activity. Between now and 2020/21, if we achieve this we will change our occupied bed base by:

- **South Brisbane** – 6 additional private occupied beds
- **Redland** – 1 additional private occupied bed

Private Infrastructure growth (Phase 2) – our aim in Phase two is to achieve more aggressive growth in our growth engine specialties. Between 2021/22 and 2026/27, if we achieve this we will change our occupied bed base by:

- **South Brisbane** – 18 further additional private occupied beds
- **Redland** – 2 further additional private occupied beds

Springfield – Springfield is targeting 20% private growth across all specialties between now and Stage 2 commissioning. From 2021/22 our planned private growth is based on our business case. Our aim is also to continue to advance our market-led proposal to expand our partnership with the Department of Health to provide increased public hospital services at Springfield. Based on our assessment of potential public activity for the Springfield area, we estimate:

- **Phase 1 (up to 2020/21)** – 1 additional private occupied bed, 0 additional public occupied beds.
- **Phase 2**
  - Initial commissioning of Stage 2 facility (2021/22) - 3 additional private occupied beds, 17 additional public occupied beds.
  - Longer term (2026/27) – 15 further additional occupied private beds, 5 additional public occupied beds.

Table 33: Projected Activity within the Neurosciences Clinical Stream. 2017/18 to 2026/27.

		Phase 1		Phase 2		
	2017/18	2020/21	Growth / CAGR	2021/22	2026/27	Growth / CAGR
Public						
Separations	1,439	1,439	0	2,131	2,365	2.10%
Bed days	4,578	4,578	0	10,464	12,168	3.1%
Beds	14	14	0	31	36	5
Private						
Separations	4,430	5,035	4.4%	5,779	9,329	10.05%
Bed days	18,771	21,194	4.1%	23,195	35,240	8.72%
Beds	54	61	7	67	101	34

Our implementation priorities

The Clinical Services Plan identifies four strategic responses that will set Mater Health up for sustainable growth into the future.

Our response as the Neurosciences Stream to these strategic priorities has also been reflected in our future service profile outlined above.

To start the process of implementation, we identified a number of priority actions we will focus on in the first phase of our planning horizon. We will need to continue to undertake more detailed implementation planning, but our initial responses will focus on:

1. Driving a number of key growth engines that will ensure future sustainability
   - Expand our general neurology and neurosurgery services
   - Expand our private sub-specialty services (e.g. functional disorders)
   - Develop a Cognitive Health and Wellness model
   - Targeted growth in private activity in rehabilitation, and in the Mater@Home service (particularly in Hospital in the Home services, post-acute care and pre-admission)
   - Undertake a review of the Mater@Home service, with the view to focus services on those aspects that align with need, our growth engines, and are financially viable (and divest from those components of the service that are not financially viable). This review should also consider the implications of the NDIS.
2. Delivering the best possible care by improving operational excellence
   - Develop care pathways, initially focused on stroke, spinal surgery and day rehabilitation
   - Review and streamline Mater@Home, including to focus and expand in the areas of hospital in the home, post-acute care, and pre-admission services
3. Delivering a different care experience
   - Develop a new model of care for spinal surgery, considering options to expand day rehabilitation, home care and self-reporting of outcomes (linked with virtual health care)
   - Incorporate a different care experience in developing our Cognitive Health and Wellness model (such as a 'dementia café')

4. Virtual health care and digital health
   - Consider how we can better utilise virtual health care and digital health as part of our Mater@Home.

Revenue strategies

- Growth in private patient referrals:
  - Grow private patient activity and revenue by 5% per annum in Phase 1, and 7.5% per annum in Phase 2 in the following specialties (aligned to our growth engines) – neurology, neurosurgery, rehabilitation, and Mater@Home
  - Process improvements to convert public patients to private – particularly focused in key growth specialties identified above
- Alternative service offerings:
  - Costing and revenue options analysis for bundled Neurosciences model. This should consider how this can be self-funded, as well as through private health insurance funds
- Funder negotiations:
  - Include the new Cognitive Health and Wellness service in negotiations with private health insurance funds.

Mater Private Hospital Springfield – service profile

Mater Private Hospital Springfield opened in 2015 as an 80 bed private hospital, providing overnight and same day medical and surgical inpatient services, and a dedicated day oncology service. Mater Private Hospital Springfield also provides some public inpatient and outpatient services, through an agreement with the Metro South and West Moreton Hospital and Health Services.

The Mater Health Plan for the period between 2017/18 and 2021/22 is to use existing infrastructure more effectively. At Springfield this requires private inpatient activity growth of 20% per annum across all specialties. This is an ambitious target which will require focus on the growth strategies outlined in the body of this document.

In 2021/22 this plan assumes a significant change in activity based on:

- Public – the negotiation and agreement of a new public contract to serve emergency and elective activity across the defined catchment in Table 1.
- Private – activity in line with the Mater Private Hospital Springfield Bed Demand Analysis Business Case.

These assumptions result in a requirement for 183 additional beds at Springfield in 2021/22, this will require significant expansion of Mater Private Hospital Springfield. Detailed methodology is included in Appendix 1.

Future service profile

SUMMARY

Total activity growth – Springfield – 4.9% per annum to 2020/21; and 13.3% per annum to 2026/27.

- Public growth – 0% to 2020/21, 23,434 separations in 2021/22 (Stage 2 commissioning), 4.8% to 2026/27
- Private growth – 20.0% to 2020/21, 3,010 separations in 2021/22 (Stage 2 commissioning), 36.6% to 2026/27.

Occupied beds – Springfield is targeting 20% private growth across all specialties between now and Stage 2 commissioning. From 2021/22 our planned private growth is based on our original business case. Our aim is also to continue to advance our market-led proposal to expand our partnership with the Department of Health to provide increased public hospital services at Springfield. Based on our assessment of potential public activity for the Springfield area, we estimate:

- **Phase 1 (up to 2020/21)** – 12 additional private occupied beds, leaving 14 beds spare capacity
- **Phase 2**
  - Initial commissioning of Stage 2 facility (2021/22) – 9 further occupied private beds, 172 additional occupied public beds
  - Longer term (2026/27) – 129 further additional occupied private beds, 58 further additional occupied public beds.

Table 34: Projected Inpatient Activity within the Springfield Campus. 2017/18 to 2026/27.

	Seps	Phase 1		Phase 2			Bed days	Phase 1		Phase 2		
Springfield	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR
Inpatients												
Cancer Care Services	1,177	1,545	9.5%	3,361	12,173	29.4%	1,177	1,545	9.5%	4,057	13,488	27.2%
MCDS	1,192	1,575	9.7%	14,131	21,038	8.3%	8,465	11,520	10.8%	47,684	74,661	9.4%
MBWHS	135	144	2.3%	2,827	4,868	11.5%	148	157	2.1%	10,858	14,271	5.6%
Neuro-sciences	67	86	8.7%	1,307	3,191	19.5%	659	842	8.5%	7,911	14,644	13.1%
SACS	6,985	7,667	3.2%	15,835	28,599	12.6%	8,018	8,880	3.5%	22,079	42,329	13.9%
Total	**9,556**	**11,017**	**4.9%**	**37,461**	**69,869**	**13.3%**	**18,468**	**22,944**	**7.5%**	**92,589**	**159,393**	**11.5%**

Note: Some totals may not add due to rounding. Specialty level detail is attached at Appendix 5

Table 35: Projected Inpatient Separations within the Springfield Campus, Public & Private Split. 2017/18 to 2026/27.

	Public	Phase 1		Phase 2			**Private**	Phase 1		Phase 2		
Springfield	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR
Inpatients												
Cancer Care Services	672	672	0.0%	2,515	3,349	5.9%	505	873	20.0%	847	8,824	59.8%
MCDS	666	666	0.0%	12,986	16,987	5.5%	526	909	20.0%	1,145	4,051	28.8%
MBWHS	122	122	0.0%	2,375	2,824	3.5%	13	22	20.0%	453	2,043	35.2%
Neuro-sciences	41	41	0.0%	732	966	5.7%	26	45	20.0%	575	2,224	31.1%
SACS	6,048	6,048	0.0%	12,375	14,954	3.9%	937	1,619	20.0%	3,460	13,646	31.6%
Total	**7,549**	**7,549**	**0.0%**	**30,983**	**39,080**	**4.8%**	**2,007**	**3,468**	**20.0%**	**6,478**	**30,788**	**36.6%**

Note: Some totals may not add due to rounding.

Table 36: Projected Emergency activity within the Springfield Campus, Public & Private Split. 2017/18 to 2026/27.

	Public	Phase 1		Phase 2			**Private**	Phase 1		Phase 2		
Springfield	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR
ED												
Triage 1	0	0	0.0%	20	26	4.8%						
Triage 2	0	0	0.0%	2,334	2,944	4.8%						
Triage 3	0	0	0.0%	11,819	14,909	4.8%						
Triage 4	0	0	0.0%	11,123	14,030	4.8%						
Triage 5	0	0	0.0%	1,167	1,472	4.8%						
Total	**0**	**0**	**0.0%**	**26,464**	**33,381**	**4.8%**	**0**	**0**	**0.0%**	**2,861**	**13,760**	**36.9%**

Note: Some totals may not add due to rounding.

Table 37: Projected Outpatient activity within the Springfield Campus, Public & Private Split. 2017/18 to 2026/27.

	Public	Phase 1		Phase 2			**Private**	Phase 1		Phase 2		
Springfield	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR
Outpatient Occasions	21,793	21,811	0.0%	177,463	223,294	4.8%						

Note: public activity for Springfield in Stage 2 is based on the Hardes projections, and is not in addition to the current public contract.

Future Infrastructure requirement

Table 38: Projected Infrastructure requirement at the Springfield Campus. 2017/18 to 2026/27.

Springfield	Licenced Capacity	2017/18	Phase 1		Phase 2			
			2021/22	Growth	2021/22	Growth	2026/27	Growth
Inpatients								
Overnight	64	35	45	10	201	156	330	129
Sameday*	10	13	15	2	37	22	69	32
Stage 1 Recovery Beds*	6	3	3	1	7	3	16	9
Total	**80**	**51**	**63**	**13**	**245**	**181**	**415**	**170**
Critical Care								
ICU					8	8	15	7
CCU					5	5	8	3
Procedural								
Operating Theatres	4	3	3	0	7	4	13	6
Procedure Rooms	0	1	1	0	2	1	3	1
CCLs					1	1	1	0
Dialysis Chairs	8	8	8	0	8	0	8	0
Chemotherapy Chairs	15	2	2	0	3	1	18	15
Birthing suites		0	0	0	2	2	3	1
Outpatients								
Outpatient rooms		3	5	2	43	38	54	11
Emergency								
Treatment spaces (including resus. bays)					19	19	34	15

*Same day and Stage 1 recovery beds are listed in the Mater Bed License as "Total Recovery Bays". It is likely same day patients utilise licensed overnight beds.

Our implementation priorities

The Clinical Services Plan identifies four strategic responses that will set Mater Health up for sustainable growth into the future. Each clinical stream has identified a number of priority actions to deliver the first phase of our planning horizon. These require continued detailed implementation planning.

Springfield is targeting more ambitious inpatient growth than the other campuses, as such the priority actions below will need to be implemented rapidly and effectively. In all of these priorities, consideration should be given to Springfield's role as a 'feeder' site, referring more complex patients to South Brisbane to keep patients within the Mater Health network.

Mater Health

- Service contract negotiations with Queensland Department of Health – this should emphasise future role for Springfield, as well as Mater Health's ability to respond to emerging public sector needs (particularly from MSHHS and WMHHS)
- Ensure strong partnerships with other adjacent services within the Springfield area to drive growth and strengthen referrals (e.g. Aveo, University of Queensland Primary Care, Royal Australia Air Force – Amberley Air Base)

Medical / Chronic Disease Services

- Explore the feasibility of growing private renal dialysis services, particularly at Springfield / Brookwater
- Analyse options to commence an 'urgent care centre' in the lead-up to opening of an emergency department as part of Stage 2 of the development

Surgical / Acute Care Services

- Grow breast surgery at Springfield, aligned with our focus on women's health
- Grow a range of services aligned with our focus on Age Friendly Care, including ophthalmology, orthopaedics, urology, gastroenterology and general surgery

Mothers, Babies and Women's Health Services

- Develop our model of care and plan for expanding services (longer term for birthing services)
- Grow private gynaecology services, leading into development of maternity services in Stage 2 of the development

Cancer Care Services

- Grow day oncology and haematology services.

Mater Private Hospital Redland – service profile

Mater Private Hospital Redland is a 60 bed private hospital in Brisbane's bayside area, with two operating theatres and access to inpatient medical and surgical services, low to medium risk maternity services, day oncology and rehabilitation. Currently, over 40,000 private patient separations flow outside of the Redland catchment each year, indicating potential for significant growth in local provision.

The Mater Health Plan for the period between 2017/18 and 2021/22 is to use existing infrastructure more effectively. At both Mater South Brisbane and Mater Springfield inpatient activity growth of 5% per annum in the growth engine specialties is being targeted. For Redland this would result in a capacity constraint being reached prior to 2021/22.

The focus of growth for Mater Private Hospital Redland will be:

- Older Persons (in particular Orthopaedics)
- Day oncology
- Ophthalmology
- Obstetrics & Gynaecology
- Rehabilitation.

Future service profile

SUMMARY

Total activity growth – Redland – 4.0% per annum to 2020/21; and 6.1% per annum to 2026/27.

Private Infrastructure utilisation (Phase 1) – our aim in Phase one is to improve the utilisation of our existing built private capacity through targeted growth in private activity. Between now and 2021/22, if we achieve this we will change our occupied bed base by:

- **Redland** – 6 additional private occupied beds and 1 additional operating theatre above current built capacity.

Private Infrastructure growth (Phase 2) – our aim in Phase two is to achieve more aggressive growth in our growth engine specialties. Between 2021/22 and 2026/27, if we achieve this we will change our occupied bed base by:

- **Redland** – 18 further additional private occupied beds and a further 2 additional operating theatres, requiring additional licenced private capacity.

Table 39: Projected Inpatient Activity within the Redland Campus. 2017/18 to 2026/27.

	Seps	Phase 1		Phase 2			Bed days	Phase 1		Phase 2		
Redland	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR
Inpatients												
Cancer Care Services	1,454	1,656	4.4%	1,730	2,388	6.7%	1,737	1,977	4.4%	2,065	2,843	6.6%
MCDS	1,202	1,303	2.7%	1,339	1,607	3.7%	6,029	6,583	3.0%	6,784	8,328	4.2%
MBWHS	854	951	3.6%	986	1,290	5.5%	1,724	1,869	2.7%	1,921	2,333	4.0%
Neurosciences	518	579	3.8%	601	787	5.6%	2,788	3,059	3.1%	3,157	3,933	4.5%
SACS	5,982	6,787	4.3%	7,082	9,678	6.4%	7,146	8,109	4.3%	8,461	11,566	6.4%
Total	**10,010**	**11,276**	**4.0%**	**11,739**	**15,750**	**6.1%**	**19,425**	**21,597**	**3.6%**	**22,389**	**29,003**	**5.3%**

Note: Some totals may not add due to rounding. Specialty level detail is attached at Appendix 5

Future Infrastructure requirement

Table 40: Projected Infrastructure requirement at the Redland Campus. 2017/18 to 2026/27.

Redland	Licenced Capacity	2017/18	Phase 1		Phase 2			
			2021/22	Growth	2021/22	Growth	2026/27	Growth
Inpatients								
Overnight	60	37	41	4	42	1	53	11
Sameday*	10	13	15	2	16	1	21	5
Stage 1 Recovery Beds*	6	5	5	0	5	0	7	2
Total	**76**	**55**	**61**	**6**	**63**	**2**	**81**	**18**
Procedural								
Operating Theatres	2	3	3		3	0	5	2
Procedure Rooms	1	1	1	0	1	0	1	0
Chemotherapy Chairs	0	2	2		2	0	3	1
Birthing Suites		0.4	0	0	0	0	1	1

*Same day and Stage 1 recovery beds are listed in the Mater Bed License as "Total Recovery Bays". It is likely same day patients utilise licensed overnight beds.

Our implementation priorities

The Clinical Services Plan identifies four strategic responses that will set Mater Health up for sustainable growth into the future. Each clinical Stream has identified a number of priority actions to deliver the first phase of our planning horizon. These require continued detailed implementation planning. A number of the actions have specific implications for Redland.

In all of these priorities, consideration should be given to Redland's role as a 'feeder' site, referring more complex patients to South Brisbane to keep patients within the Mater Health network.

Mater Health

- Joint planning with Metro South HHS, with the view to the potential for public activity to be provided at Mater Private Hospital Redland in the future
- Strengthen partnerships with surrounding services, in particular Redland Public Hospital emergency department, to improve private patient flow out of the public ED

Surgical / Acute Care Services

- Grow a range of services aligned with our focus on Age Friendly Care, including ophthalmology, orthopaedics and rehabilitation

Mothers, Babies and Women's Services

- Grow obstetrics and gynaecology services

Cancer Care Services

- Grow day oncology and haematology services

7. Revenue Strategy

The revenue strategy is a central component of the Clinical Services Plan. Service sustainability is dependent on Mater Health generating revenue more effectively from health service delivery. Indeed, with the end to the current activity-based funding agreement between the Australian Government and the States and Territories for public hospital activity; and the Queensland Department of Health signalling the need for capped public hospital growth in the future, there is strong and growing need for Mater Health to consider how it can optimise sources of revenue, focused on private activity.

Through a series of consultations with clinicians, staff and local service providers, the following strategies for improving and diversifying revenue streams were identified.

Grow private patient referrals (volume):

- Implement initiatives to maximise the number of private patients treated by Mater by optimising the referrals received for public services to provide options for patients to be treated privately where there is a public waiting list and private capacity exists. This would involve implementing a review function at the point of referral for public services and **converting referrals from the public service to the private service to improve access. A central intake referral process could be investigated as a way to standardise the receipt and processing of referrals including conversion**. The assessment of the opportunity to convert the referral to a private service would include the following elements that would determine whether a referral could be directed privately:
  - the presence of private health insurance
  - the presence of a co-payment (out-of-pocket)
  - the location of the patient / referring GP falling outside Mater's public referral catchment
  - requirements for treatment
  - communication with the patient.
- **Increase general practitioner referrals to specialists practicing privately at Mater** through increased awareness of all services and specialists available at Mater campuses (directory of services / specialists), other marketing activities, and streamlining the referral and scheduling practices through digital tools that make it easier, faster and cheaper to refer patients and request tests / procedures (over time). This strategy will involve:
  - strengthening links with existing general practitioners and developing relationships with new general practitioners prioritising the specialty growth engines and Springfield catchment
  - communicating to primary care the differentiated care experience offered by Mater privately
  - working with consultants to develop stronger referral pathways with primary care and support consultant staff establish and grow their practices
  - develop a stronger consumer facing digital presence that provides information on how to access Mater private services including digital referral channels and information on specialists and why the patient should request Mater.
- Opportunity to pursue other **Asia-Pacific markets**. From a patient perspective, this may include promoting medical tourism related to Mater Health's unique and renowned specialist service offerings (e.g. Epilepsy, Maternity). Key activities to deliver this include:
  - identify and confirm the services that will be positioned for overseas markets
  - develop specific service offerings (packages) for overseas markets that include consideration of language differences, patient election processes for overseas patients, fees, non-clinical aspects to the service offering and travel and accommodation arrangements for the patient and family
  - from a clinician perspective, this may include forging key teaching partnerships with overseas

hospitals and universities to promote Mater

- provide information to overseas referral hospitals on highly specialised services offered by Mater Private
- establish a fee structure for self-insured overseas patients
- establish a digital presence (web or app) which articulates the offerings targeted at overseas residents in target Asian languages.

Alternative service offerings (services / products):

- Develop bundled all-inclusive care packages (including health care services and out of pocket expenses such as pathology tests), that provide patients upfront certainty regarding the costs of care. Specific bundled care arrangements have been identified within the Clinical Stream implementation priorities.
- For bundled all-inclusive care packages, develop dual marketing / revenue strategies directed at private health insurance funds, self-funded patients and the Queensland Government.
- Consider opportunities for growing self-funded private services. Initial opportunities include:
  - offering a boutique birth experience; and
  - navigation services that assist patients and their families choose and access the most appropriate service providers (both health and non-health) pre, during and post contact with the acute system.
- Investigate the feasibility of a 'Mater Membership' program that creates a link for patients to Mater and has member benefits relating to service access and a premium service experience. This would allow access to the full range of care and services (including ancillary services) across Mater Health's three campuses. This may also include offering financial incentives for achieving care plan goals (e.g. weight management targets, wellness model key achievements). This will require options on subscription levels, detailed costing analysis for different care packages / levels of service, financial advice on accounting treatment.

Funder negotiations (sources):

- Reflect strategic **growth priorities** and targeted activity in negotiations with Private Health Insurers.
- Engage with **private health insurance funds** as part of the development of bundled, all-inclusive care packages; and include as part of negotiating strategy with private health insurance funds.
- Develop and execute on strategy service contract with the **Queensland Department of Health** (and relevant Hospital and Health Services) – particularly focused on Springfield, and where Mater Private Hospital Redland could support public expansion at Redland. Specific actions relate to:
  - complete a costing study to review the allocation of direct and indirect costs to inform the assessment of efficiency and inform strategic pricing for contracted services
  - develop a pricing strategy to deliver short-medium term capacity relief for public services via Surgery Connect, arrangements with MSHHS and WMHHS
  - work with MSHHS and WMHHS to develop joint service strategies and service plans for improving access to services
  - develop patient referral strategies for private patients to access Mater on referral from public hospitals. This includes for Redland hospital which already has strategies in place for private referrals.

8. Appendices

Appendix 1 – Source of public and private inpatients at each Mater Health campus

Table 41: Source of public and private inpatients – Top 10 SA3s in terms of place of residence.

South Brisbane - Public hospitals	
SA3	*% of inpatients (Top 10)*
Mt Gravatt	10.1%
Carindale	8.4%
Holland Park - Yeronga	8.3%
Forest Lake - Oxley	7.3%
Wynnum - Manly	6.0%
Rocklea - Acacia Ridge	5.6%
Browns Plains	4.1%
Brisbane Inner	4.0%
Springfield - Redbank	4.0%
Brisbane Inner - East	3.3%

South Brisbane - Private hospitals	
SA3	*% of inpatients (Top 10)*
Carindale	8.2%
Holland Park - Yeronga	7.9%
Mt Gravatt	6.8%
Cleveland - Stradbroke	5.7%
Wynnum - Manly	5.6%
Capalaba	5.6%
Brisbane Inner	4.8%
Brisbane Inner - North	4.7%
Brisbane Inner - East	4.1%
Hills District	3.4%

Mater Private Hospital Redland	
SA3	*% of inpatients (Top 10)*
Cleveland - Stradbroke	58.3%
Capalaba	23.7%
Wynnum - Manly	7.9%
Carindale	1.6%
Mt Gravatt	1.3%
Loganlea - Carbrook	1.2%
Ormeau - Oxenford	1.0%
Springwood - Kingston	0.7%
Browns Plains	0.6%
Holland Park - Yeronga	0.4%

Source: Mater Health inpatient activity data, 2016/17.

Mater Private Hospital Springfield - Public patients	
SA3	*% of inpatients (Top 10)*
Springfield - Redbank	14.5%
Ipswich Inner	12.9%
Browns Plains	10.7%
Ipswich Hinterland	9.1%
Forest Lake - Oxley	7.4%
Ormeau - Oxenford	5.4%
Springwood - Kingston	4.7%
Mt Gravatt	4.4%
Loganlea - Carbrook	3.3%
Rocklea - Acacia Ridge	3.3%

Mater Private Hospital Springfield - Private patients	
SA3	*% of inpatients (Top 10)*
Springfield - Redbank	32.8%
Ipswich Inner	22.5%
Ipswich Hinterland	16.9%
Browns Plains	6.2%
Forest Lake - Oxley	3.3%
Loganlea - Carbrook	2.0%
Centenary	1.9%
Beaudesert	1.9%
Jimboomba	1.0%
Ormeau - Oxenford	0.8%

Source: Mater Health inpatient activity data, 2016/17.

Appendix 2 – Current state, by stream

Medical / Chronic Disease Services

Table 42: Current Inpatient Activity within the Medical / Chronic Disease Services Clinical Stream at Mater Health's South Brisbane facilities. 2011/12 – 2015/16.

	South Brisbane Public facilities			South Brisbane Private facilities		
	2011/12	2015/16	% Growth (CAGR)	2011/12	2015/16	% Growth (CAGR)
Inpatient separations						
Specialty						
Cardiology	537	627	3.9%	1,260	1,388	2.4%
Dermatology	499	628	5.9%	2	3	10.7%
Emergency Medicine	3,447	5,949	14.6%	8	1	-40.5%
Endocrinology	109	160	10.1%	154	155	0.2%
General Medicine	2,385	2,508	1.3%	2,718	1,472	-14.2%
General Practice	-	-	-	-	-	4
Geriatric Medicine	-	-	-	516	358	-8.7%
Infectious Diseases	98	99	0.3%	10	175	104.5%
Nephrology	19	101	51.8%	87	85	-0.6%
Rheumatology	110	143	6.8%	57	33	-12.8%
Thoracic Medicine	667	923	8.5%	1,553	2,018	6.8%
Total separations	**7,871**	**11,138**	**9.1%**	**6,365**	**5,688**	**-2.8%**

Note: Some totals may not add due to rounding.

Table 43: Current Inpatient Activity within the Medical / Chronic Disease Services Clinical Stream at Mater Private Hospital Redland 2011/12 – 2015/16.

	MPHR - All patients		
	2011/12	2015/16	% Growth (CAGR)
Inpatient separations			
Specialty			
Cardiology	-	-	-
Dermatology	19	2	-43.0%
Emergency Medicine	-	-	1
Endocrinology	-	-	-
General Medicine	556	816	10.1%
General Practice	10	2	-33.1%
Geriatric Medicine	104	103	-0.2%
Infectious Diseases	-	-	-
Nephrology	-	-	-
Rheumatology	-	-	-
Thoracic Medicine	124	143	3.6%
Total separations	**813**	**1,066**	**7.0%**

Note: Some totals may not add due to rounding.

Table 44: Current Inpatient Activity within the Medical / Chronic Disease Services Clinical Stream at Mater Private Hospital Springfield 2011/12 – 2015/16.

	MPHS - Public patients			MPHS - Private patients		
	2011/12^	2016/17*	% Growth (CAGR)	2011/12^	2016/17*	% Growth (CAGR)
Inpatient separations						
Specialty						
Cardiology		-			-	
Dermatology		-			58	
Emergency Medicine		-			-	
Endocrinology		-			-	
General Medicine		656			330	
General Practice		-			-	
Geriatric Medicine		-			-	
Infectious Diseases		-			-	
Nephrology		-			-	
Rheumatology		-			-	
Thoracic Medicine		-			16	
Total separations		**656**			**404**	

^ Not data available, as MPHS commenced operations in 2015/16.
* The figure reflects 16/17 H1 activity extrapolated out to a full year.

Surgical / Acute Care Services

Table 45: Current Activity within the Surgical / Acute Care Services Clinical Stream at Mater Health's South Brisbane facilities. 2011/12 – 2015/16.

	South Brisbane Public facilities			South Brisbane Private facilities		
	2011/12	2015/16	% Growth (CAGR)	2011/12	2015/16	% Growth (CAGR)
Inpatient separations						
Specialty						
Anaesthetics	-	1	-	40	-	-100.0%
Dental Surgery	1	3	31.6%	47	73	11.6%
Ear, Nose and Throat	1,382	1,831	7.3%	1,085	1,086	0.0%
Gastro - Surgical	12	14	3.9%	597	688	3.6%
Gastroenterology	785	1,421	16.0%	4,465	5,888	7.2%
General Surgery	2,633	2,965	3.0%	4,606	4,240	-2.0%
Gynaecology - Oncology	559	661	4.3%	189	144	-6.6%
Hepato-Biliary Surgery	-	-	-	20	5	-29.3%
Intensive Care	202	237	4.1%	22	52	24.0%
Maxillofacial / Oral Surgery	207	169	-4.9%	268	88	-24.3%
Ophthalmology	1,013	1,139	3.0%	50	52	1.0%
Orthopaedics	1,301	2,179	13.8%	3,597	4,265	4.4%
Plastic / Reconstructive / Burns	878	1,253	9.3%	1,767	2,040	3.7%
Radiology	3	2	-9.6%	337	286	-4.0%
Thoracic Surgery	-	4	-	10	43	44.0%
Urology	2,160	2,616	4.9%	1,995	2,198	2.5%
Vascular Surgery	170	172	0.3%	493	466	-1.4%
Total Separations	**11,306**	**14,667**	**6.7%**	**19,588**	**21,614**	**2.5%**

Table 46: Current Activity within the Surgical / Acute Care Services Clinical Stream at Mater Private Hospital Redland. 2011/12 – 2015/16.

	MPHR - All patients		
	2011/12	2015/16	% Growth (CAGR)
Inpatient separations			
Specialty			
Anaesthetics	-	-	-
Dental Surgery	59	11	-34.3%
Ear, Nose and Throat	-	-	201
Gastro - Surgical	-	-	46
Gastroenterology	2,056	1,987	-0.8%
General Surgery	960	1,005	1.2%
Gynaecology - Oncology	1	-	-100.0%
Hepato-Biliary Surgery	-	-	-
Intensive Care	-	-	-
Maxillofacial / Oral Surgery	344	165	-16.8%
Ophthalmology	714	858	4.7%
Orthopaedics	849	750	-3.1%
Plastic / Reconstructive / Burns	253	371	10.0%
Radiology	-	-	-
Thoracic Surgery	-	-	-
Urology	598	812	7.9%
Vascular Surgery	-	-	-
Total Separations	**5,834**	**5,959**	**0.5%**

Table 47: Current Activity within the Surgical / Acute Care Services Clinical Stream at Mater Private Hospital Springfield. 2011/12 – 2015/16.

	MPHS - Public patients			MPHS - private Patients		
	2011/12^	2016/17*	% Growth (CAGR)	2011/12^	2016/17*	% Growth (CAGR)
Inpatient separations						
Specialty						
Anaesthetics		-			-	
Dental Surgery		-			-	
Ear, Nose and Throat		276			28	
Gastro - Surgical		18			2	
Gastroenterology		1,060			322	
General Surgery		350			58	
Gynaecology - Oncology		-			-	
Hepato-Biliary Surgery		-			-	
Intensive Care		-			-	
Maxillofacial / Oral Surgery		150			42	
Ophthalmology		2,526			10	
Orthopaedics		978			212	
Plastic / Reconstructive / Burns		312			4	
Radiology		-			-	
Thoracic Surgery		-			-	
Urology		284			40	
Vascular Surgery		-			2	
Total Separations		**5,954**			**720**	

^ Not data available, as MPHS commenced operations in 2015/16.
*The figure reflects 16/17 H1 activity extrapolated out to a full year.

Mothers, Babies and Women's Health Services

Table 48: Current Activity within the Mothers, Babies and Women's Health Services Clinical Stream at Mater's South Brisbane facilities. 2011/12 – 2015/16.

	South Brisbane Public facilities			South Brisbane Private facilities		
	2011/12	2015/16	% Growth (CAGR)	2011/12	2015/16	% Growth (CAGR)
Inpatient separations						
Specialty						
Gynaecology	1,700	2,164	6.2%	1,601	1,772	2.6%
Neonatology	1,129	1,477	6.9%	642	610	-1.3%
Obstetrics	6,434	7,529	4.0%	5,147	4,915	-1.1%
Total Separations	**9,263**	**11,170**	**4.8%**	**7,390**	**7,297**	**-0.3%**

Table 49: Current Activity within the Mothers, Babies and Women's Health Services Clinical Stream at Mater Private Hospital Redland. 2011/12 – 2015/16.

	MPHR - All patients		
	2011/12	2015/16	% Growth (CAGR)
Inpatient separations			
Specialty			
Gynaecology	518	584	3.0%
Neonatology	-	7	1,771
Obstetrics	447	435	-0.7%
Total Separations	**965**	**1,026**	**1.5%**

Table 50: Current Activity within the Mothers, Babies and Women's Health Services Clinical Stream at Mater Private Hospital Springfield. 2011/12 – 2016/17.

	MPHS - Public patients			MPHS - Private patients		
	2011/12^	2016/17*	% Growth (CAGR)	2011/12^	2016/17*	% Growth (CAGR)
Inpatient separations						
Specialty						
Gynaecology	118			10		
Neonatology	-			-		
Obstetrics	2			-		
Total Separations	**120**			**10**		

^ Not data available, as MPHS commenced operations in 2015/16.
*The figure reflects 16/17 H1 activity extrapolated out to a full year.

Cancer Care Services

Table 51: Current Activity within the Cancer Care Services Clinical Stream at Mater's South Brisbane facilities. 2011/12 – 2015/16.

	South Brisbane Public facilities			South Brisbane Private facilities		
	2011/12	2015/16	% Growth (CAGR)	2011/12	2015/16	% Growth (CAGR)
Inpatient separations						
Specialty						
Haematology	748	1,239	13.4%	843	962	3.4%
Oncology	682	3,870	54.3%	906	3,904	44.1%
Oncology - Radiation	58	39	-9.4%	-	-	39
Palliative Medicine	273	212	-6.1%	5	6	4.7%
Total Separations	**1,761**	**5,360**	**32.1%**	**1,754**	**4,872**	**29.1%**

Table 52: Current Activity within the Cancer Care Services Clinical Stream at Mater Private Hospital Redland. 2011/12 – 2015/16.

	MPHR - All patients		
	2011/12	2015/16	% Growth (CAGR)
Inpatient separations			
Specialty			
Haematology	59	207	36.9%
Oncology	1	963	457.1%
Oncology - Radiation	-	-	0.0%
Palliative Medicine	-	-	0.0%
Total Separations	**60**	**1,170**	**110.1%**

Table 53: Current Activity within the Cancer Care Services Clinical Stream at Mater Private Hospital Springfield. 2011/12 – 2016/17.

	MPHS - Public patients			MPHS - Private patients		
	2011/12^	2016/17*	% Growth (CAGR)	2011/12^	2016/17*	% Growth (CAGR)
Inpatient separations						
Specialty						
Haematology		202			42	
Oncology		460			346	
Oncology - Radiation		-			-	
Palliative Medicine		-			-	
Total Separations		**662**			**388**	

^ Not data available, as MPHS commenced operations in 2015/16.
*The figure reflects 16/17 H1 activity extrapolated out to a full year.

Neurosciences

Table 54: Current Activity within the Neurosciences Clinical Stream at Mater's South Brisbane facilities. 2011/12 – 2015/16.

	South Brisbane Public facilities			South Brisbane Private facilities		
	2011/12	2015/16	% Growth (CAGR)	2011/12	2015/16	% Growth (CAGR)
Inpatient separations						
Specialty						
Neurology	209	668	33.7%	226	408	15.9%
Neurosurgery	-	355	54	1,261	1,214	-0.9%
Orthopaedic Spine	4	-	-100.0%	278	247	-2.9%
Rehabilitation	-	26	-	1,681	1,618	-1.0%
Skull Base Surgery	16	214	91.2%	79	159	19.1%
Total Separations	**229**	**1,263**	**53.2%**	**3,525**	**3,646**	**0.8%**

Table 55: Current Activity within the Neurosciences Clinical Stream at Mater Private Hospital Redland. 2011/12 – 2015/16.

	MPHR - All patients		
	2011/12	2015/16	% Growth (CAGR)
Inpatient separations			
Specialty			
Neurology	26	30	3.6%
Neurosurgery	-	-	-
Orthopaedic Spine	-	-	-
Rehabilitation	154	563	38.3%
Skull Base Surgery	-	-	-
Total Separations	**180**	**593**	**34.7%**

Table 56: Current Activity within the Neurosciences Clinical Stream at Mater Private Hospital Springfield. 2011/12 – 2016/17.

	MPHS - Public patients			MPHS - Private patients		
	2011/12^	2016/17*	% Growth (CAGR)	2011/12^	2016/17*	% Growth (CAGR)
Inpatient separations						
Specialty						
Neurology		-			-	
Neurosurgery		-			-	
Orthopaedic Spine		-			-	
Rehabilitation		40			20	
Skull Base Surgery		-			-	
Total Separations		**40**			**20**	

^ Not data available, as MPHS commenced operations in 2015/16.
*The figure reflects 16/17 H1 activity extrapolated out to a full year.

Appendix 3 – Summarised Clinical Services Plan growth rates vs. market growth rates – by SRG

Table 57: Summarised Clinical Services Plan growth rates at South Brisbane private hospitals vs. projected growth rates for private activity within the locally defined catchment region.

	Phase 1 - % Growth (CAGR)		Phase 2 - % Growth (CAGR)	
SRG	Market growth	Projected growth (CSP)	Market growth	Projected growth (CSP)
Breast Surgery	3.9%	1.0%	4.0%	0.0%
Cardiology	5.0%	1.0%	4.4%	0.0%
Chemotherapy	2.4%	5.0%	3.0%	7.5%
Colorectal Surgery	1.8%	0.9%	1.6%	0.0%
Dental Surgery	0.3%	0.8%	0.4%	0.0%
Dentistry		0.4%		0.0%
Dermatology	4.3%	0.7%	3.3%	0.0%
Diagnostic GI Endoscopy	4.1%	4.6%	3.4%	7.0%
Drug & Alcohol	4.7%	0.7%	3.9%	0.0%
Ear, Nose & Throat	2.4%	1.4%	2.5%	2.5%
Endocrinology	3.7%	0.9%	4.0%	0.0%
Extensive Burns	3.1%	1.0%	3.0%	0.0%
Gastroenterology	6.3%	4.7%	5.4%	7.1%
Gynaecology	0.0%	5.0%	0.6%	7.5%
Haematological Surgery		0.9%		0.0%
Haematology	4.0%	1.0%	4.3%	0.0%
Head & Neck Surgery	3.5%	0.9%	2.8%	0.0%
Immunology & Infections	5.7%	0.9%	5.4%	0.0%
Interventional Cardiology	6.2%	1.0%	4.6%	0.0%
Medical Oncology	2.1%	5.0%	1.9%	7.5%
Neurology	6.0%	4.9%	5.3%	7.3%
Neurosurgery	3.6%	4.8%	3.5%	7.3%
Non Subspecialty Medicine	4.7%	4.4%	4.3%	6.8%
Non Subspecialty Surgery	3.1%	4.1%	3.0%	6.4%
Obstetrics	0.8%	1.4%	1.2%	1.4%
Ophthalmology	8.3%	2.7%	6.3%	4.5%
Orthopaedics	3.9%	4.4%	3.5%	6.8%
Plastic & Reconstructive Surgery	2.8%	0.9%	2.6%	0.0%
Psychiatry - Acute	3.2%	0.8%	3.4%	0.0%
Qualified Neonate	1.3%	4.5%	0.9%	7.0%
Renal Medicine	3.5%	0.9%	3.4%	0.0%
Respiratory Medicine	4.5%	0.8%	4.2%	0.0%
Rheumatology	4.7%	1.0%	4.4%	0.0%
Thoracic Surgery		0.2%		0.0%
Tracheostomy	2.4%	1.0%	1.8%	0.0%
Upper GIT Surgery	4.0%	1.0%	4.0%	0.0%
Urology	5.7%	4.2%	4.7%	6.5%
Vascular Surgery	3.2%	5.0%	3.2%	7.5%
Total	**3.9%**	**3.2%**	**3.7%**	**4.9%**

Source: Hardes Private (2015/16).

Table 58: Summarised Clinical Services Plan growth rates at Mater Private Hospital Redland vs. projected growth rates for private activity within the locally defined catchment region.

	Phase 1 - % Growth (CAGR)		Phase 2 - % Growth (CAGR)	
SRG	Market growth	Projected growth (CSP)	Market growth	Projected growth (CSP)
Breast Surgery	3.6%	1.0%	2.9%	0.0%
Cardiology	4.8%	1.0%	4.1%	0.0%
Chemotherapy & Radiotherapy	2.0%	5.0%	2.6%	7.5%
Colorectal Surgery	1.6%	1.0%	1.2%	0.0%
Dental Surgery		1.0%		0.0%
Dentistry	-0.3%	1.0%	-0.2%	0.0%
Dermatology	3.2%	1.0%	2.5%	0.0%
Diagnostic GI Endoscopy	3.6%	5.0%	2.8%	7.5%
Ear, Nose & Throat	1.7%	5.0%	1.7%	7.5%
Endocrinology	3.1%	1.0%	3.2%	0.0%
Gastroenterology	5.6%	5.0%	4.8%	7.5%
Gynaecology	-0.4%	5.0%	0.1%	7.5%
Haematological Surgery		1.0%		0.0%
Haematology	3.2%	1.0%	3.5%	0.0%
Head & Neck Surgery	2.9%	1.0%	2.2%	0.0%
Immunology & Infections	5.2%	1.0%	4.9%	0.0%
Medical Oncology	1.6%	5.0%	1.4%	7.5%
Neurology	5.7%	5.0%	5.0%	7.5%
Neurosurgery	2.4%	5.0%	2.4%	7.5%
Non Subspecialty Medicine	4.0%	5.0%	3.6%	7.5%
Non Subspecialty Surgery	2.6%	5.0%	2.5%	7.5%
Obstetrics	0.3%	1.4%	0.6%	1.4%
Ophthalmology	8.1%	5.0%	5.9%	7.5%
Orthopaedics	3.3%	5.0%	2.8%	7.5%
Plastic & Reconstructive Surgery	2.1%	1.0%	1.9%	0.0%
Renal Medicine	3.2%	1.0%	2.8%	0.0%
Respiratory Medicine	4.2%	1.0%	3.9%	0.0%
Rheumatology	4.5%	1.0%	4.1%	0.0%
Upper GIT Surgery	3.2%	1.0%	3.1%	0.0%
Urology	5.0%	5.0%	4.0%	7.5%
Vascular Surgery	2.8%	5.0%	2.8%	7.5%
Total	**3.5%**	**4.2%**	**3.2%**	**6.2%**

Table 59: Summarised Clinical Services Plan growth rates at Mater Private Hospital Springfield vs. projected growth rates for private activity within the locally defined catchment region.

	Phase 1 - % Growth (CAGR)		Phase 2 - % Growth (CAGR)	
SRG	Market growth	Projected growth (CSP)	Market growth	Projected growth (CSP)
Breast Surgery	5.6%	166.5%	6.1%	29.8%
Cardiology	5.7%	29.4%	5.1%	29.8%
Chemotherapy & Radiotherapy	3.2%	6.8%	4.1%	70.7%
Colorectal Surgery	2.1%		2.2%	29.8%
Dental Surgery				29.8%
Dentistry	0.9%	-33.7%	1.5%	29.7%
Dermatology	6.6%	82.9%	5.5%	29.7%
Diagnostic GI Endoscopy	5.0%	37.7%	4.5%	29.7%
Drug & Alcohol	7.6%		6.5%	29.9%
Ear, Nose & Throat	2.9%	1.6%	3.9%	35.0%
Endocrinology	5.8%	65.1%	5.8%	29.8%
Extensive Burns	3.7%		4.0%	29.7%
Gastroenterology	7.4%	33.1%	6.9%	29.7%
Gynaecology	0.9%	129.7%	2.0%	34.9%
Haematological Surgery				29.8%
Haematology	5.1%	25.9%	5.4%	29.7%
Head & Neck Surgery	3.8%	41.4%	3.7%	29.9%
Immunology & Infections	7.7%	19.3%	7.2%	29.9%
Interventional Cardiology	8.0%		6.2%	29.8%
Medical Oncology	3.2%	39.9%	2.9%	34.9%
Neurology	7.0%	69.1%	6.4%	29.7%
Neurosurgery	4.6%	120.6%	4.7%	35.0%
Non Subspecialty Medicine	6.4%	24.7%	6.0%	34.8%
Non Subspecialty Surgery	3.7%	25.4%	4.0%	29.8%
Obstetrics	1.3%		2.5%	35.0%
Ophthalmology	8.4%	14.7%	7.0%	22.0%
Orthopaedics	4.8%	29.7%	4.6%	34.9%
Plastic & Reconstructive Surgery	3.9%	30.9%	3.9%	29.7%
Psychiatry - Acute	5.0%		5.4%	29.9%
Renal Medicine	3.4%	44.9%	3.3%	29.7%
Respiratory Medicine	4.9%	11.1%	5.0%	29.9%
Rheumatology	5.2%	31.8%	5.1%	29.9%
Thoracic Surgery				29.9%
Tracheostomy	2.9%		2.2%	29.9%
Upper GIT Surgery	4.4%	85.1%	4.9%	29.8%
Urology	6.4%	72.5%	5.7%	34.9%
Vascular Surgery	4.4%	66.6%	4.5%	29.8%
Total	**4.8%**	**33.6%**	**4.8%**	**36.9%**

Appendix 4 – Assumptions used in forecasting activity and infrastructure requirements

An overview of the methodology used to produce the activity projections is outlined in Section 5: Clinical service planning approach and phasing. A high-level outline of the methodology used to convert the activity projections to infrastructure requirements is presented in Table 60.

A 5% reduction in average length of stay for all overnight activity in the 2017/18 base year has been modelled. Subsequent years ALOS improvement will need to be determined through clinical consultation and peer benchmarking – as such, the ALOS modelled in Hardes for both public and private has been applied in the years from 2018/19 to 2026/27.

The infrastructure requirements have been determined using a range of service planning methodologies (including those endorsed by the Queensland Department of Health (QH) for Public services). In some cases alternative benchmarks and methodologies have been used where the standard methods were not considered appropriate by Mater Health. To test for uncertainty in these assumptions, a sensitivity analysis has been conducted on each activity item, using an alternative methodology as agreed with Mater Health.

Table 60: Assumptions used to convert projected activity to infrastructure requirements.

Activity Type	Methodology Overview	
Admitted Patient	Public	Private
Inpatients Acute	Determine bed requirements by applying projected bed days to QH endorsed service planning benchmarks for inpatient activity.	Determine bed requirements by applying projected bed days, to adjusted QH endorsed service planning benchmarks (slightly more efficient benchmarks) for inpatient activity.
Non-admitted Patients		
Emergency Department	Determine infrastructure requirements (resuscitation bays, treatment spaces, isolation rooms and short stay beds) by applying the projected volume of presentations to the QH endorsed service planning benchmarks for Emergency Department activity.	Determine infrastructure requirements (resuscitation bays, treatment spaces, isolation rooms and short stay beds) by applying the projected volume of presentations to throughput in 2015/16.
Outpatient Clinics – Ambulatory Care	Determine projected outpatient activity by applying 2016/17 ratios of selected ESRGs to outpatient clinics and apply to projected inpatient activity. Determine room requirements by applying the QH endorsed service planning benchmarks for outpatient activity.	Determine projected outpatient activity by applying 2016/17 ratios of selected ESRGs to outpatient clinics and apply to projected inpatient activity. Determine room requirements by applying the QH endorsed service planning benchmarks for outpatient activity.
Procedural Activity		
Same day Chemotherapy	Determine chair requirements by applying projected sameday chemotherapy activity to current sessions per day and current operating hours and days.	Determine chair requirements by applying projected sameday chemotherapy activity to current sessions per day and current operating hours and days.
Renal Dialysis	Determine the required number of dialyses using the assumptions and calculations outlined in the Mater Health Renal Service Business Case (submitted December 2016).	Determine the required number of dialyses using the assumptions and calculation outlined in the Mater Health Renal Service Business Case (submitted December 2016).
Endoscopy	Determine the required number of endoscopy suites by applying projected endoscopy activity (within the following categories: Gastroscopy, Colonoscopy, ERCP, EUS) to the current scheduling time weights for each endoscopy type.	Determine the required number of endoscopy suites by applying projected endoscopy activity to current throughput.

Activity Type	Methodology Overview	
Interventional Cardiology	Determine infrastructure requirements (number of Cath Labs and recovery beds) by applying projected interventional cardiology activity to the QH endorsed service planning benchmarks for interventional cardiology activity.	Determine infrastructure requirements (number of Cath Labs and recovery beds) by applying projected interventional cardiology activity to the QH endorsed service planning benchmarks for interventional cardiology activity.
Operating Theatres	Determine infrastructure requirements (number of OTs and recovery beds) based on actual theatres minutes and utilisation, applied to future activity projections (base year of 2015/16).	Determine infrastructure requirements (number of OTs and recovery beds) based on actual theatres minutes and utilisation, applied to future activity projections (base year of 2015/16).
Maternity	Determine the number of birthing suites by applying projected maternity activity (using QH endorsed service planning methodology weightings) to throughput as advised by Mater clinicians.	Determine the number of birthing suites by applying projected maternity activity (using QH endorsed service planning methodology weightings) to throughput as advised by Mater clinicians.
Critical Care	Determine ICU bed days by applying current ratio of ICU mins per ERSG to projected activity. Covert to ICU beds using the QH endorsed service planning benchmarks.	Determine ICU bed days by applying current ICU ALOS to projected ICU activity. To determine infrastructure requirements, external private throughput benchmarks will be used, where available. Alternatively, infrastructure requirements will be determined by applying: ICU bed days, at 365 days per year, at prior year ICU bed occupancy.
NICU / SCN	Determine NICU bed days by applying current ratio of ICU mins per ERSG to projected activity. Covert to ICU beds using the QH endorsed service planning benchmarks.	
Medical Imaging	Apply projected imaging activity to QH endorsed service planning benchmarks (time per procedure, hours and days of operation)	Not projected, as medical imaging at Mater Health's private hospitals are largely delivered under outsourcing arrangements.

Closure of Children's Hospital

It is acknowledged that in recent years Mater Health has undergone significant change, particularly with the closure of Mater Children's Hospital. To enable accurate comparison with current activity, all activity at Mater Children's Hospital has been excluded from any historical activity analysis.

Springfield growth rates

To determine the growth in activity for the Springfield campus over the projected period, the following assumptions have been applied to 16/17 inpatient activity:

Public activity –

Phase 1: No growth.

Phase 2: 70% of all public activity in the defined catchment region, as per Table 1.

Private activity –

Phase 1: 20% growth on 16/17 case-mix.

Phase 2: Growth assumptions as per the Mater Private Hospital Springfield Bed Demand Analysis Business Case.

Appendix 5 – Activity projections, by campus

South Brisbane – Public

Table 61: Projected Public Inpatient Activity within the South Brisbane Campus. 2017/18 to 2026/27.

	Seps	Phase 1		Phase 2		
South Brisbane - Public	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR
Cancer Care Services	**11,210**	**11,210**	**0.0%**	**11,210**	**11,210**	**0.0%**
Haematology	2,352	2,352	0.0%	2,352	2,352	0.0%
Oncology	8,655	8,655	0.0%	8,655	8,655	0.0%
Oncology - Radiation	41	41	0.0%	41	41	0.0%
Palliative Medicine	162	162	0.0%	162	162	0.0%
Medical/Chronic Disease Services	**15,618**	**15,618**	**0.0%**	**15,618**	**15,618**	**0.0%**
Cardiology	639	639	0.0%	639	639	0.0%
Dermatology	558	558	0.0%	558	558	0.0%
Emergency Medicine	8,345	8,345	0.0%	8,345	8,345	0.0%
Endocrinology	240	240	0.0%	240	240	0.0%
General Medicine	2,977	2,977	0.0%	2,977	2,977	0.0%
General Practice	341	341	0.0%	341	341	0.0%
Geriatric Medicine	-	-	0.0%	-	-	0.0%
Infectious Diseases	137	137	0.0%	137	137	0.0%
Nephrology	938	938	0.0%	938	938	0.0%
Rheumatology	168	168	0.0%	168	168	0.0%
Thoracic Medicine	1,275	1,275	0.0%	1,275	1,275	0.0%
Mothers, Babies and Women's Health Service	**10,724**	**10,724**	**0.0%**	**10,724**	**10,724**	**0.0%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gynaecology	2,214	2,214	0.0%	2,214	2,214	0.0%
Neonatology	1,442	1,442	0.0%	1,442	1,442	0.0%
Obstetrics	7,068	7,068	0.0%	7,068	7,068	0.0%
Uro-Gynaecology	0	0	0.0%	0	0	0.0%
Neurosciences	**1,399**	**1,399**	**0.0%**	**1,399**	**1,399**	**0.0%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
General Medicine	0	0	0.0%	0	0	0.0%
Neurology	750	750	0.0%	750	750	0.0%
Neurosurgery	405	405	0.0%	405	405	0.0%
Orthopaedic Spine	76	76	0.0%	76	76	0.0%
Rehabilitation	18	18	0.0%	18	18	0.0%
Skull base Surgery	150	150	0.0%	150	150	0.0%
Surgical/Acute Care Services	**14,909**	**14,909**	**0.0%**	**14,909**	**14,909**	**0.0%**
Dental Surgery	2	2	0.0%	2	2	0.0%
Ear, Nose and Throat	1,556	1,556	0.0%	1,556	1,556	0.0%
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gastro - Surgical	6	6	0.0%	6	6	0.0%
Gastroenterology	1,286	1,286	0.0%	1,286	1,286	0.0%
General Medicine	0	0	0.0%	0	0	0.0%
General Surgery	2,716	2,716	0.0%	2,716	2,716	0.0%
Gynae - Oncology	634	634	0.0%	634	634	0.0%
Hepato-Biliary Surgery	0	0	0.0%	0	0	0.0%
Intensive Care	213	213	0.0%	213	213	0.0%
Maxfac / Oral Surgery	136	136	0.0%	136	136	0.0%
Ophthalmology	1,406	1,406	0.0%	1,406	1,406	0.0%
Orthopaedics	2,299	2,299	0.0%	2,299	2,299	0.0%
Paediatrics	0	0	0.0%	0	0	0.0%
Plastic / Recon / Burns	1,508	1,508	0.0%	1,508	1,508	0.0%
Radiology	20	20	0.0%	20	20	0.0%
Thoracic Surgery	2	2	0.0%	2	2	0.0%
Urology	2,975	2,975	0.0%	2,975	2,975	0.0%
Vascular Surgery	151	151	0.0%	151	151	0.0%
Total	**53,859**	**53,859**	**0%**	**53,859**	**53,859**	**0%**

Note: Some totals may not add due to rounding.

South Brisbane - Public	Bed days 2017/18	Phase 1 2020/21	Phase 1 CAGR	Phase 2 2021/22	Phase 2 2026/27	Phase 2 CAGR
Cancer Care Services	**14,863**	**14,863**	**0.0%**	**14,863**	**14,863**	**0.0%**
Haematology	3,280	3,280	0.0%	3,280	3,280	0.0%
Oncology	10,808	10,808	0.0%	10,808	10,808	0.0%
Oncology - Radiation	164	164	0.0%	164	164	0.0%
Palliative Medicine	612	612	0.0%	612	612	0.0%
Medical/Chronic Disease Services	**31,727**	**31,727**	**0.0%**	**31,727**	**31,727**	**0.0%**
Cardiology	1,614	1,614	0.0%	1,614	1,614	0.0%
Dermatology	772	772	0.0%	772	772	0.0%
Emergency Medicine	11,438	11,438	0.0%	11,438	11,438	0.0%
Endocrinology	674	674	0.0%	674	674	0.0%
General Medicine	10,525	10,525	0.0%	10,525	10,525	0.0%
General Practice	345	345	0.0%	345	345	0.0%
Geriatric Medicine	-	-	0.0%	-	-	0.0%
Infectious Diseases	643	643	0.0%	643	643	0.0%
Nephrology	1,179	1,179	0.0%	1,179	1,179	0.0%
Rheumatology	191	191	0.0%	191	191	0.0%
Thoracic Medicine	4,345	4,345	0.0%	4,345	4,345	0.0%
Mothers, Babies and Women's Health Service	**35,557**	**35,557**	**0.0%**	**35,557**	**35,557**	**0.0%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gynaecology	3,248	3,248	0.0%	3,248	3,248	0.0%
Neonatology	15,084	15,084	0.0%	15,084	15,084	0.0%
Obstetrics	17,225	17,225	0.0%	17,225	17,225	0.0%
Uro-Gynaecology	0	0	0.0%	0	0	0.0%
Neurosciences	**4,170**	**4,170**	**0.0%**	**4,170**	**4,170**	**0.0%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
General Medicine	0	0	0.0%	0	0	0.0%
Neurology	2,082	2,082	0.0%	2,082	2,082	0.0%
Neurosurgery	1,504	1,504	0.0%	1,504	1,504	0.0%
Orthopaedic Spine	255	255	0.0%	255	255	0.0%
Rehabilitation	157	157	0.0%	157	157	0.0%
Skull base Surgery	172	172	0.0%	172	172	0.0%
Surgical/Acute Care Services	**29,314**	**29,314**	**0.0%**	**29,314**	**29,314**	**0.0%**
Dental Surgery	2	2	0.0%	2	2	0.0%
Ear, Nose and Throat	1,811	1,811	0.0%	1,811	1,811	0.0%
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gastro - Surgical	12	12	0.0%	12	12	0.0%
Gastroenterology	2,377	2,377	0.0%	2,377	2,377	0.0%
General Medicine	0	0	0.0%	0	0	0.0%
General Surgery	6,489	6,489	0.0%	6,489	6,489	0.0%
Gynae - Oncology	1,442	1,442	0.0%	1,442	1,442	0.0%
Hepato-Biliary Surgery	0	0	0.0%	0	0	0.0%
Intensive Care	792	792	0.0%	792	792	0.0%
Maxfac / Oral Surgery	154	154	0.0%	154	154	0.0%
Ophthalmology	1,507	1,507	0.0%	1,507	1,507	0.0%
Orthopaedics	5,824	5,824	0.0%	5,824	5,824	0.0%
Paediatrics	0	0	0.0%	0	0	0.0%
Plastic / Recon / Burns	2,702	2,702	0.0%	2,702	2,702	0.0%
Radiology	34	34	0.0%	34	34	0.0%
Thoracic Surgery	12	12	0.0%	12	12	0.0%
Urology	5,555	5,555	0.0%	5,555	5,555	0.0%
Vascular Surgery	603	603	0.0%	603	603	0.0%
Total	**115,632**	**115,632**	**0.0%**	**115,632**	**115,632**	**0.0%**

Note: Some totals may not add due to rounding.

South Brisbane – Private

Table 62: Projected Private Inpatient Activity within the South Brisbane Campus. 2017/18 to 2026/27.

	Seps	Phase 1		Phase 2		
South Brisbane – Private	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR
Cancer Care Services	**3,960**	**4,440**	**3.9%**	**4,615**	**6,111**	**5.8%**
Haematology	854	919	2.5%	942	1,103	3.2%
Oncology	3,106	3,521	4.3%	3,673	5,009	6.4%
Oncology - Radiation	0	0	0.0%	0	0	0.0%
Palliative Medicine	0	0	0.0%	0	0	0.0%
Medical/Chronic Disease Services	**5,693**	**5,974**	**1.6%**	**6,074**	**6,665**	**1.9%**
Cardiology	1,360	1,420	1.4%	1,440	1,517	1.0%
Dermatology	0	0	0.0%	0	0	0.0%
Emergency Medicine	6	6	2.4%	7	8	3.0%
Endocrinology	206	220	2.2%	224	261	3.0%
General Medicine	1,497	1,594	2.1%	1,630	1,903	3.1%
General Practice	0	0	0.0%	0	0	0.0%
Geriatric Medicine	364	391	2.4%	401	469	3.2%
Infectious Diseases	138	148	2.3%	151	173	2.8%
Nephrology	114	123	2.7%	127	151	3.6%
Rheumatology	30	34	4.7%	36	51	7.1%
Thoracic Medicine	1,978	2,037	1.0%	2,058	2,132	0.7%
Mothers, Babies and Women's Health Service	**6,632**	**7,183**	**2.7%**	**7,380**	**8,942**	**3.9%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gynaecology	1,754	2,026	4.9%	2,126	3,037	7.4%
Neonatology	458	530	5.0%	556	798	7.5%
Obstetrics	4,416	4,622	1.5%	4,694	5,102	1.7%
Uro-Gynaecology	4	4	3.0%	5	6	4.3%
Neurosciences	**3,886**	**4,411**	**4.3%**	**4,604**	**6,317**	**6.5%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
General Medicine	0	0	0.0%	0	0	0.0%
Neurology	510	587	4.8%	615	872	7.2%
Neurosurgery	1,120	1,283	4.6%	1,343	1,888	7.1%
Orthopaedic Spine	336	384	4.6%	402	564	7.0%
Rehabilitation	1,790	2,018	4.1%	2,102	2,825	6.1%
Skull base Surgery	130	138	2.1%	142	168	3.5%
Surgical/Acute Care Services	**21,532**	**23,867**	**3.5%**	**24,722**	**32,138**	**5.4%**
Dental Surgery	66	66	0.0%	66	66	0.0%
Ear, Nose and Throat	1,074	1,088	0.4%	1,094	1,141	0.9%
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gastro - Surgical	680	690	0.5%	694	729	1.0%
Gastroenterology	5,916	6,788	4.7%	7,108	9,992	7.1%
General Medicine	0	0	0.0%	0	0	0.0%
General Surgery	4,265	4,598	2.5%	4,718	5,656	3.7%
Gynae - Oncology	104	119	4.7%	125	176	7.1%
Hepato-Biliary Surgery	2	2	5.0%	2	3	7.5%
Intensive Care	36	40	3.5%	41	53	5.2%
Maxfac / Oral Surgery	60	63	1.4%	63	67	1.0%
Ophthalmology	46	47	0.9%	48	52	1.7%
Orthopaedics	4,096	4,630	4.2%	4,825	6,608	6.5%
Paediatrics	2	2	5.0%	2	3	7.5%
Plastic / Recon / Burns	2,122	2,246	1.9%	2,290	2,553	2.2%
Radiology	322	358	3.6%	371	479	5.2%
Thoracic Surgery	32	33	1.3%	34	35	0.6%
Urology	2,178	2,485	4.5%	2,598	3,612	6.8%
Vascular Surgery	530	611	4.9%	641	912	7.3%
Total	**41,702**	**45,875**	**3.2%**	**47,395**	**60,173**	**4.9%**

Note: Some totals may not add due to rounding.

South Brisbane – Private	Bed days 2017/18	Phase 1 2020/21	Phase 1 CAGR	Phase 2 2021/22	Phase 2 2026/27	Phase 2 CAGR
Cancer Care Services	**13,336**	**14,404**	**2.6%**	**14,789**	**17,546**	**3.5%**
Haematology	4,818	5,060	1.6%	5,145	5,540	1.5%
Oncology	8,518	9,344	3.1%	9,644	12,005	4.5%
Oncology - Radiation	0	0	0.0%	0	0	0.0%
Palliative Medicine	0	0	0.0%	0	0	0.0%
Medical/Chronic Disease Services	**22,497**	**23,919**	**2.1%**	**24,429**	**27,731**	**2.6%**
Cardiology	4,763	4,991	1.6%	5,071	5,420	1.3%
Dermatology	0	0	0.0%	0	0	0.0%
Emergency Medicine	26	27	1.8%	28	31	1.8%
Endocrinology	336	361	2.5%	371	441	3.5%
General Medicine	7,758	8,384	2.6%	8,612	10,364	3.8%
General Practice	0	0	0.0%	0	0	0.0%
Geriatric Medicine	3,042	3,283	2.6%	3,370	3,989	3.4%
Infectious Diseases	873	927	2.0%	946	1,060	2.3%
Nephrology	695	748	2.5%	767	901	3.3%
Rheumatology	83	94	4.4%	98	136	6.6%
Thoracic Medicine	4,922	5,103	1.2%	5,166	5,389	0.8%
Mothers, Babies and Women's Health Service	**27,816**	**30,068**	**2.6%**	**30,876**	**37,200**	**3.8%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gynaecology	3,060	3,530	4.9%	3,702	5,270	7.3%
Neonatology	6,123	7,088	5.0%	7,442	10,681	7.5%
Obstetrics	18,623	19,441	1.4%	19,722	21,234	1.5%
Uro-Gynaecology	9	10	4.1%	11	14	6.2%
Neurosciences	**15,732**	**17,700**	**4.0%**	**18,420**	**24,660**	**6.0%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
General Medicine	0	0	0.0%	0	0	0.0%
Neurology	2,023	2,327	4.8%	2,439	3,447	7.2%
Neurosurgery	5,105	5,859	4.7%	6,135	8,645	7.1%
Orthopaedic Spine	1,246	1,422	4.5%	1,487	2,069	6.8%
Rehabilitation	7,082	7,794	3.2%	8,052	10,118	4.7%
Skull base Surgery	275	299	2.8%	308	381	4.3%
Surgical/Acute Care Services	**43,077**	**47,816**	**3.5%**	**49,546**	**64,317**	**5.4%**
Dental Surgery	68	68	0.0%	68	68	0.0%
Ear, Nose and Throat	1,205	1,230	0.7%	1,238	1,315	1.2%
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gastro - Surgical	929	964	1.2%	976	1,090	2.2%
Gastroenterology	7,602	8,697	4.6%	9,098	12,703	6.9%
General Medicine	0	0	0.0%	0	0	0.0%
General Surgery	10,391	11,167	2.4%	11,447	13,483	3.3%
Gynae - Oncology	259	294	4.3%	307	418	6.4%
Hepato-Biliary Surgery	8	9	5.0%	10	14	7.5%
Intensive Care	225	248	3.3%	256	323	4.8%
Maxfac / Oral Surgery	80	85	2.0%	87	97	2.3%
Ophthalmology	46	47	0.9%	48	52	1.7%
Orthopaedics	10,969	12,502	4.5%	13,065	18,170	6.8%
Paediatrics	2	2	5.0%	2	3	7.5%
Plastic / Recon / Burns	4,094	4,334	1.9%	4,420	4,924	2.2%
Radiology	951	1,045	3.2%	1,080	1,352	4.6%
Thoracic Surgery	193	200	1.2%	203	209	0.6%
Urology	4,343	4,955	4.5%	5,179	7,184	6.8%
Vascular Surgery	1,712	1,969	4.8%	2,063	2,913	7.1%
Total	**122,459**	**133,907**	**3.0%**	**138,060**	**171,454**	**4.4%**

Note: Some totals may not add due to rounding.

Redland – Private

Table 63: Projected Private Inpatient Activity within the Redland Campus. 2017/18 to 2026/27.

	Seps	Phase 1		Phase 2		
Redland – Private	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR
Cancer Care Services	**1,454**	**1,656**	**4.4%**	**1,730**	**2,388**	**6.7%**
Haematology	204	212	1.3%	215	222	0.7%
Oncology	1,208	1,397	5.0%	1,466	2,100	7.4%
Oncology - Radiation	0	0	0.0%	0	0	0.0%
Palliative Medicine	42	47	4.1%	49	66	6.1%
Medical/Chronic Disease Services	**1,202**	**1,303**	**2.7%**	**1,339**	**1,607**	**3.7%**
Cardiology	0	0	0.0%	0	0	0.0%
Dermatology	0	0	0.0%	0	0	0.0%
Emergency Medicine	0	0	0.0%	0	0	0.0%
Endocrinology	16	17	1.5%	17	18	1.2%
General Medicine	974	1,066	3.1%	1,099	1,359	4.3%
General Practice	0	0	0.0%	0	0	0.0%
Geriatric Medicine	2	2	5.0%	2	3	7.5%
Infectious Diseases	0	0	0.0%	0	0	0.0%
Nephrology	0	0	0.0%	0	0	0.0%
Rheumatology	0	0	0.0%	0	0	0.0%
Thoracic Medicine	210	218	1.2%	221	227	0.6%
Mothers, Babies and Women's Health Service	**854**	**951**	**3.6%**	**986**	**1,290**	**5.5%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gynaecology	538	621	4.9%	651	927	7.3%
Neonatology	0	0	0.0%	0	0	0.0%
Obstetrics	316	330	1.5%	335	363	1.6%
Uro-Gynaecology	0	0	0.0%	0	0	0.0%
Neurosciences	**518**	**579**	**3.8%**	**601**	**787**	**5.6%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
General Medicine	0	0	0.0%	0	0	0.0%
Neurology	32	37	5.0%	39	56	7.5%
Neurosurgery	0	0	0.0%	0	0	0.0%
Orthopaedic Spine	0	0	0.0%	0	0	0.0%
Rehabilitation	486	541	3.7%	562	731	5.4%
Skull base Surgery	0	0	0.0%	0	0	0.0%
Surgical/Acute Care Services	**5,982**	**6,787**	**4.3%**	**7,082**	**9,678**	**6.4%**
Dental Surgery	4	4	1.0%	4	4	0.0%
Ear, Nose and Throat	0	0	0.0%	0	0	0.0%
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gastro - Surgical	0	0	0.0%	0	0	0.0%
Gastroenterology	1,840	2,124	4.9%	2,228	3,177	7.4%
General Medicine	0	0	0.0%	0	0	0.0%
General Surgery	1,148	1,276	3.6%	1,323	1,712	5.3%
Gynae - Oncology	0	0	0.0%	0	0	0.0%
Hepato-Biliary Surgery	0	0	0.0%	0	0	0.0%
Intensive Care	0	0	0.0%	0	0	0.0%
Maxfac / Oral Surgery	182	189	1.2%	191	195	0.4%
Ophthalmology	828	957	5.0%	1,005	1,438	7.4%
Orthopaedics	762	877	4.8%	919	1,300	7.2%
Paediatrics	0	0	0.0%	0	0	0.0%
Plastic / Recon / Burns	410	430	1.6%	436	466	1.3%
Radiology	0	0	0.0%	0	0	0.0%
Thoracic Surgery	0	0	0.0%	0	0	0.0%
Urology	808	931	4.8%	976	1,386	7.3%
Vascular Surgery	0	0	0.0%	0	0	0.0%
Total	**10,010**	**11,276**	**4.0%**	**11,739**	**15,750**	**6.1%**

Note: Some totals may not add due to rounding.

Redland – Private	Bed days 2017/18	Phase 1 2020/21	Phase 1 CAGR	Phase 2 2021/22	Phase 2 2026/27	Phase 2 CAGR
Cancer Care Services	**1,737**	**1,977**	**4.4%**	**2,065**	**2,843**	**6.6%**
Haematology	204	212	1.3%	215	222	0.7%
Oncology	1,208	1,397	5.0%	1,466	2,100	7.4%
Oncology - Radiation	0	0	0.0%	0	0	0.0%
Palliative Medicine	325	368	4.2%	384	522	6.3%
Medical/Chronic Disease Services	**6,029**	**6,583**	**3.0%**	**6,784**	**8,328**	**4.2%**
Cardiology	0	0	0.0%	0	0	0.0%
Dermatology	0	0	0.0%	0	0	0.0%
Emergency Medicine	0	0	0.0%	0	0	0.0%
Endocrinology	99	104	1.5%	106	113	1.3%
General Medicine	5,653	6,188	3.1%	6,381	7,890	4.3%
General Practice	0	0	0.0%	0	0	0.0%
Geriatric Medicine	11	12	5.0%	13	19	7.5%
Infectious Diseases	0	0	0.0%	0	0	0.0%
Nephrology	0	0	0.0%	0	0	0.0%
Rheumatology	0	0	0.0%	0	0	0.0%
Thoracic Medicine	266	279	1.7%	284	306	1.5%
Mothers, Babies and Women's Health Service	**1,724**	**1,869**	**2.7%**	**1,921**	**2,333**	**4.0%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gynaecology	645	743	4.8%	779	1,105	7.2%
Neonatology	0	0	0.0%	0	0	0.0%
Obstetrics	1,079	1,126	1.4%	1,142	1,228	1.5%
Uro-Gynaecology	0	0	0.0%	0	0	0.0%
Neurosciences	**2,788**	**3,059**		**3,157**	**3,933**	**4.5%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
General Medicine	0	0	0.0%	0	0	0.0%
Neurology	32	37	5.0%	39	56	7.5%
Neurosurgery	0	0	0.0%	0	0	0.0%
Orthopaedic Spine	0	0	0.0%	0	0	0.0%
Rehabilitation	2,756	3,022	3.1%	3,118	3,877	4.5%
Skull base Surgery	0	0	0.0%	0	0	0.0%
Surgical/Acute Care Services	**7,146**	**8,109**	**4.3%**	**8,461**	**11,566**	**6.4%**
Dental Surgery	4	4	1.0%	4	4	0.0%
Ear, Nose and Throat	0	0	0.0%	0	0	0.0%
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gastro - Surgical	0	0	0.0%	0	0	0.0%
Gastroenterology	1,926	2,222	4.9%	2,330	3,315	7.3%
General Medicine	0	0	0.0%	0	0	0.0%
General Surgery	1,568	1,749	3.7%	1,814	2,369	5.5%
Gynae - Oncology	0	0	0.0%	0	0	0.0%
Hepato-Biliary Surgery	0	0	0.0%	0	0	0.0%
Intensive Care	0	0	0.0%	0	0	0.0%
Maxfac / Oral Surgery	182	189	1.2%	191	195	0.4%
Ophthalmology	830	959	4.9%	1,007	1,439	7.4%
Orthopaedics	1,331	1,529	4.7%	1,602	2,259	7.1%
Paediatrics	0	0	0.0%	0	0	0.0%
Plastic / Recon / Burns	433	453	1.5%	460	490	1.3%
Radiology	0	0	0.0%	0	0	0.0%
Thoracic Surgery	0	0	0.0%	0	0	0.0%
Urology	871	1,004	4.8%	1,053	1,495	7.3%
Vascular Surgery	0	0	0.0%	0	0	0.0%
Total	**19,425**	**21,597**	**3.6%**	**22,389**	**29,003**	**5.3%**

Note: Some totals may not add due to rounding.

Springfield – Public

Table 64: Projected Public Inpatient Activity within the Springfield Campus. 2017/18 to 2026/27.

	Seps	Phase 1		Phase 2		
Springfield – Public	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR
Cancer Care Services	**672**	**672**	**0.0%**	**2,515**	**3,349**	**5.9%**
Haematology	205	205	0.0%	825	1,123	6.4%
Oncology	467	467	0.0%	1,690	2,226	5.7%
Oncology - Radiation	0	0	0.0%	0	0	0.0%
Palliative Medicine	0	0	0.0%	0	0	0.0%
Medical/Chronic Disease Services	**666**	**666**	**0.0%**	**12,986**	**16,987**	**5.5%**
Cardiology	0	0	0.0%	483	599	4.4%
Dermatology	0	0	0.0%	51	66	5.4%
Emergency Medicine	0	0	0.0%	1,064	1,444	6.3%
Endocrinology	0	0	0.0%	35	47	6.2%
General Medicine	666	666	0.0%	6,344	8,507	6.0%
General Practice	0	0	0.0%	0	0	0.0%
Geriatric Medicine	0	0	0.0%	0	0	0.0%
Infectious Diseases	0	0	0.0%	0	0	0.0%
Nephrology	0	0	0.0%	4,318	5,361	4.4%
Rheumatology	0	0	0.0%	0	0	0.0%
Thoracic Medicine	0	0	0.0%	691	964	6.9%
Mothers, Babies and Women's Health Service	**122**	**122**	**0.0%**	**2,375**	**2,824**	**3.5%**
Emergency Medicine	0	0	0.0%	70	94	6.0%
Gynaecology	120	120	0.0%	591	719	4.0%
Neonatology	0	0	0.0%	260	299	2.9%
Obstetrics	2	2	0.0%	1,454	1,712	3.3%
Uro-Gynaecology	0	0	0.0%	0	0	0.0%
Neurosciences	**41**	**41**	**0.0%**	**732**	**966**	**5.7%**
Emergency Medicine	0	0	0.0%	149	210	7.1%
General Medicine	0	0	0.0%	1	1	1.3%
Neurology	0	0	0.0%	246	324	5.6%
Neurosurgery	0	0	0.0%	37	44	3.5%
Orthopaedic Spine	0	0	0.0%	0	0	0.0%
Rehabilitation	41	41	0.0%	299	387	5.3%
Skull base Surgery	0	0	0.0%	0	0	0.0%
Surgical/Acute Care Services	**6,048**	**6,048**	**0.0%**	**12,375**	**14,954**	**3.9%**
Dental Surgery	0	0	0.0%	0	0	0.0%
Ear, Nose and Throat	280	280	0.0%	499	565	2.5%
Emergency Medicine	0	0	0.0%	629	888	7.1%
Gastro - Surgical	18	18	0.0%	18	18	0.0%
Gastroenterology	1,077	1,077	0.0%	2,330	2,931	4.7%
General Medicine	0	0	0.0%	35	45	5.1%
General Surgery	356	356	0.0%	1,549	1,928	4.5%
Gynae - Oncology	0	0	0.0%	0	0	0.0%
Hepato-Biliary Surgery	0	0	0.0%	0	0	0.0%
Intensive Care	0	0	0.0%	0	0	0.0%
Maxfac / Oral Surgery	152	152	0.0%	256	287	2.3%
Ophthalmology	2,566	2,566	0.0%	3,022	3,269	1.6%
Orthopaedics	993	993	0.0%	1,963	2,307	3.3%
Paediatrics	0	0	0.0%	0	0	0.0%
Plastic / Recon / Burns	317	317	0.0%	614	761	4.4%
Radiology	0	0	0.0%	0	0	0.0%
Thoracic Surgery	0	0	0.0%	0	0	0.0%
Urology	288	288	0.0%	1,359	1,826	6.1%
Vascular Surgery	0	0	0.0%	101	128	4.9%
Total	**7,549**	**7,549**	**0.0%**	**30,983**	**39,080**	**4.8%**

Note: Some totals may not add due to rounding.

Springfield – Public	Bed days 2017/18	Phase 1 2020/21	Phase 1 CAGR	Phase 2 2021/22	Phase 2 2026/27	Phase 2 CAGR
Cancer Care Services	**672**	**672**	**0.0%**	**3,015**	**3,942**	**5.5%**
Haematology	205	205	0.0%	1,325	1,716	5.3%
Oncology	467	467	0.0%	1,690	2,226	5.7%
Oncology - Radiation	0	0	0.0%	0	0	0.0%
Palliative Medicine	0	0	0.0%	0	0	0.0%
Medical/Chronic Disease Services	**4,269**	**4,269**	**0.0%**	**43,017**	**56,455**	**5.6%**
Cardiology	0	0	0.0%	1,348	1,670	4.4%
Dermatology	0	0	0.0%	305	396	5.4%
Emergency Medicine	0	0	0.0%	1,664	2,186	5.6%
Endocrinology	0	0	0.0%	35	47	6.2%
General Medicine	4,269	4,269	0.0%	32,101	42,339	5.7%
General Practice	0	0	0.0%	0	0	0.0%
Geriatric Medicine	0	0	0.0%	0	0	0.0%
Infectious Diseases	0	0	0.0%	0	0	0.0%
Nephrology	0	0	0.0%	4,320	5,363	4.4%
Rheumatology	0	0	0.0%	0	0	0.0%
Thoracic Medicine	0	0	0.0%	3,245	4,455	6.5%
Mothers, Babies and Women's Health Service	**135**	**135**	**0.0%**	**7,277**	**8,530**	**3.2%**
Emergency Medicine	0	0	0.0%	114	153	6.0%
Gynaecology	133	133	0.0%	652	791	3.9%
Neonatology	0	0	0.0%	2,852	3,291	2.9%
Obstetrics	2	2	0.0%	3,659	4,295	3.3%
Uro-Gynaecology	0	0	0.0%	0	0	0.0%
Neurosciences	**408**	**408**	**0.0%**	**6,294**	**7,998**	**4.9%**
Emergency Medicine	0	0	0.0%	149	210	7.1%
General Medicine	0	0	0.0%	1	1	1.3%
Neurology	0	0	0.0%	246	324	5.6%
Neurosurgery	0	0	0.0%	336	399	3.5%
Orthopaedic Spine	0	0	0.0%	0	0	0.0%
Rehabilitation	408	408	0.0%	5,562	7,064	4.9%
Skull base Surgery	0	0	0.0%	0	0	0.0%
Surgical/Acute Care Services	**6,834**	**6,834**	**0.0%**	**16,579**	**20,319**	**4.2%**
Dental Surgery	0	0	0.0%	0	0	0.0%
Ear, Nose and Throat	268	268	0.0%	669	781	3.2%
Emergency Medicine	0	0	0.0%	629	888	7.1%
Gastro - Surgical	30	30	0.0%	30	30	0.0%
Gastroenterology	1,128	1,128	0.0%	2,518	3,175	4.7%
General Medicine	0	0	0.0%	35	45	5.1%
General Surgery	401	401	0.0%	2,736	3,438	4.7%
Gynae - Oncology	0	0	0.0%	0	0	0.0%
Hepato-Biliary Surgery	0	0	0.0%	0	0	0.0%
Intensive Care	0	0	0.0%	0	0	0.0%
Maxfac / Oral Surgery	152	152	0.0%	273	306	2.3%
Ophthalmology	2,600	2,600	0.0%	3,105	3,369	1.6%
Orthopaedics	1,535	1,535	0.0%	2,854	3,422	3.7%
Paediatrics	0	0	0.0%	0	0	0.0%
Plastic / Recon / Burns	330	330	0.0%	905	1,136	4.7%
Radiology	0	0	0.0%	0	0	0.0%
Thoracic Surgery	0	0	0.0%	0	0	0.0%
Urology	388	388	0.0%	2,231	2,984	6.0%
Vascular Surgery	0	0	0.0%	595	745	4.6%
Total	**12,318**	**12,318**	**0.0%**	**76,182**	**97,244**	**5.0%**

Note: Some totals may not add due to rounding.

Springfield – Private

Table 65: Projected Private Inpatient Activity within the Springfield Campus. 2017/18 to 2026/27.

	Seps	Phase 1		Phase 2		
Springfield – Private	2017/18	2020/21	CAGR	2021/22	2026/27	CAGR
Cancer Care Services	**505**	**873**	**20.0%**	**847**	**8,824**	**59.8%**
Haematology	55	94	20.0%	133	1,038	50.8%
Oncology	450	778	20.0%	714	7,786	61.3%
Oncology - Radiation	0	0	0.0%	0	0	0.0%
Palliative Medicine	0	0	0.0%	0	0	0.0%
Medical/Chronic Disease Services	**526**	**909**	**20.0%**	**1,145**	**4,051**	**28.8%**
Cardiology	0	0	0.0%	106	355	27.4%
Dermatology	75	130	20.0%	189	711	30.3%
Emergency Medicine	0	0	0.0%	37	151	32.8%
Endocrinology	0	0	0.0%	9	34	29.7%
General Medicine	429	742	20.0%	692	2,437	28.6%
General Practice	0	0	0.0%	0	0	0.0%
Geriatric Medicine	0	0	0.0%	0	0	0.0%
Infectious Diseases	0	0	0.0%	0	0	0.0%
Nephrology	0	0	0.0%	0	0	0.0%
Rheumatology	0	0	0.0%	0	0	0.0%
Thoracic Medicine	21	36	20.0%	111	363	26.7%
Mothers, Babies and Women's Health Service	**13**	**22**	**20.0%**	**453**	**2,043**	**35.2%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gynaecology	13	22	20.0%	344	1,538	34.9%
Neonatology	0	0	0.0%	0	0	0.0%
Obstetrics	0	0	0.0%	108	506	36.1%
Uro-Gynaecology	0	0	0.0%	0	0	0.0%
Neurosciences	**26**	**45**	**20.0%**	**575**	**2,224**	**31.1%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
General Medicine	0	0	0.0%	0	0	0.0%
Neurology	0	0	0.0%	208	762	29.7%
Neurosurgery	0	0	0.0%	144	647	35.0%
Orthopaedic Spine	0	0	0.0%	0	0	0.0%
Rehabilitation	26	45	20.0%	223	815	29.6%
Skull base Surgery	0	0	0.0%	0	0	0.0%
Surgical/Acute Care Services	**937**	**1,619**	**20.0%**	**3,460**	**13,646**	**31.6%**
Dental Surgery	0	0	0.0%	0	0	0.0%
Ear, Nose and Throat	36	63	20.0%	122	536	34.4%
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gastro - Surgical	3	4	20.0%	9	32	29.7%
Gastroenterology	419	724	20.0%	1,513	5,586	29.8%
General Medicine	0	0	0.0%	0	0	0.0%
General Surgery	75	130	20.0%	416	1,542	29.9%
Gynae - Oncology	0	0	0.0%	0	0	0.0%
Hepato-Biliary Surgery	0	0	0.0%	0	0	0.0%
Intensive Care	0	0	0.0%	0	0	0.0%
Maxfac / Oral Surgery	55	94	20.0%	12	43	29.7%
Ophthalmology	13	22	20.0%	22	56	20.0%
Orthopaedics	276	477	20.0%	866	3,768	34.2%
Paediatrics	0	0	0.0%	0	0	0.0%
Plastic / Recon / Burns	5	9	20.0%	77	293	30.5%
Radiology	0	0	0.0%	0	0	0.0%
Thoracic Surgery	0	0	0.0%	0	0	0.0%
Urology	52	90	20.0%	373	1,612	34.0%
Vascular Surgery	3	4	20.0%	48	177	29.7%
Total	**2,007**	**3,468**	**20.0%**	**6,478**	**30,788**	**36.6%**

Note: Some totals may not add due to rounding.

Springfield – Private	Bed days 2017/18	Phase 1 2020/21	Phase 1 CAGR	Phase 2 2021/22	Phase 2 2026/27	Phase 2 CAGR
Cancer Care Services	**505**	**873**	**20.0%**	**1,042**	**9,546**	**55.7%**
Haematology	55	94	20.0%	328	1,760	39.9%
Oncology	450	778	20.0%	714	7,786	61.3%
Oncology - Radiation	0	0	0.0%	0	0	0.0%
Palliative Medicine	0	0	0.0%	0	0	0.0%
Medical/Chronic Disease Services	**4,196**	**7,251**	**20.0%**	**4,666**	**18,207**	**31.3%**
Cardiology	0	0	0.0%	129	704	40.4%
Dermatology	77	134	20.0%	225	843	30.3%
Emergency Medicine	0	0	0.0%	37	175	36.6%
Endocrinology	0	0	0.0%	9	34	29.7%
General Medicine	4,099	7,083	20.0%	4,163	15,790	30.6%
General Practice	0	0	0.0%	0	0	0.0%
Geriatric Medicine	0	0	0.0%	0	0	0.0%
Infectious Diseases	0	0	0.0%	0	0	0.0%
Nephrology	0	0	0.0%	0	0	0.0%
Rheumatology	0	0	0.0%	0	0	0.0%
Thoracic Medicine	20	34	20.0%	103	661	44.9%
Mothers, Babies and Women's Health Service	**13**	**22**	**20.0%**	**3,581**	**5,741**	**9.9%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gynaecology	13	22	20.0%	508	2,270	34.9%
Neonatology	0	0	0.0%	0	0	0.0%
Obstetrics	0	0	0.0%	3,073	3,471	2.5%
Uro-Gynaecology	0	0	0.0%	0	0	0.0%
Neurosciences	**252**	**435**	**20.0%**	**1,618**	**6,647**	**32.7%**
Emergency Medicine	0	0	0.0%	0	0	0.0%
General Medicine	0	0	0.0%	0	0	0.0%
Neurology	0	0	0.0%	208	762	29.7%
Neurosurgery	0	0	0.0%	683	3,069	35.0%
Orthopaedic Spine	0	0	0.0%	0	0	0.0%
Rehabilitation	252	435	20.0%	726	2,815	31.1%
Skull base Surgery	0	0	0.0%	0	0	0.0%
Surgical/Acute Care Services	**1,184**	**2,046**	**20.0%**	**5,500**	**22,010**	**32.0%**
Dental Surgery	0	0	0.0%	0	0	0.0%
Ear, Nose and Throat	36	61	20.0%	153	654	33.7%
Emergency Medicine	0	0	0.0%	0	0	0.0%
Gastro - Surgical	3	4	20.0%	9	32	29.7%
Gastroenterology	482	832	20.0%	1,626	6,002	29.9%
General Medicine	0	0	0.0%	0	0	0.0%
General Surgery	86	149	20.0%	927	3,429	29.9%
Gynae - Oncology	0	0	0.0%	0	0	0.0%
Hepato-Biliary Surgery	0	0	0.0%	0	0	0.0%
Intensive Care	0	0	0.0%	0	0	0.0%
Maxfac / Oral Surgery	55	94	20.0%	13	47	29.7%
Ophthalmology	13	22	20.0%	14	63	34.8%
Orthopaedics	449	776	20.0%	1,862	8,055	34.0%
Paediatrics	0	0	0.0%	0	0	0.0%
Plastic / Recon / Burns	5	9	20.0%	220	821	30.1%
Radiology	0	0	0.0%	0	0	0.0%
Thoracic Surgery	0	0	0.0%	0	0	0.0%
Urology	53	92	20.0%	627	2,727	34.2%
Vascular Surgery	3	4	20.0%	49	182	29.8%
Total	**6,149**	**10,626**	**20.0%**	**16,406**	**62,150**	**30.5%**

Note: Some totals may not add due to rounding.

Appendix 6 – Infrastructure projections, by campus

South Brisbane

Table 66: Projected Infrastructure requirement at the South Brisbane Campus. 2017/18 to 2026/27.

South Brisbane	Licenced Capacity	2017/18	Phase 1		Phase 2			
			2020/21	Growth	2021/22	Growth	2026/27	Growth
Inpatients								
Overnight	**756**	**529**	**554**	**25**	**563**	**9**	**631**	**68**
Sameday*	54	86	90	4	92	2	106	14
Stage 1 Recovery Beds*	61	24	26	2	27	1	33	6
Total	**871**	**639**	**670**	**31**	**682**	**12**	**770**	**88**
Critical Care								
ICU	26	17	18	1	18	0	20	2
CCU	14	14	14	0	14	0	16	2
NICU / SCN	82	83	87	4	88	1	101	13
Procedural								
Operating Theatres	26	20	21	1	21	0	25	4
Procedure Rooms	11	3	3	0	3	0	3	0
CCLs	2	1	1	0	1	0	1	0
Dialysis Chairs		8	8	0	8	0	8	0
Chemotherapy Chairs	42	17	17	0	18	1	19	1
Birthing suites		18	18	0	18	0	18	0
Outpatients								
Outpatient rooms		89	89	0	84	-5	84	0
Emergency								
Treatment Spaces	27	**45	47	2	47	0	52	5
Short Stay Beds		13	14	1	14	0	16	2

*Same day and Stage 1 recovery beds are listed in the Mater Bed License as "Total Recovery Bays". It is likely same day patients utilise licensed overnight beds.
**Note: The infrastructure throughput benchmarks used for ED treatment space projections are lower than current throughput and do not take into account additional short stay space that has been opened recently

South Brisbane

Table 67: Projected Public Infrastructure requirement at the South Brisbane Campus. 2017/18 to 2026/27.

South Brisbane	Licenced Capacity	2017/18	Phase 1		Phase 2			
			2020/21	Growth	2021/22	Growth	2026/27	Growth
Inpatients								
Overnight		**234**	**234**	**0**	**234**	**0**	**234**	**0**
Sameday		48	48	0	48	0	48	0
Stage 1 Recovery Beds		4	4	0	4	0	4	0
Total		**286**	**286**	**-**	**286**	**-**	**286**	**-**
Critical Care								
ICU		7	7	0	7	0	7	0
CCU		6	6	0	6	0	6	0
NICU / SCN		58	58	0	58	0	58	0
Procedural								
Operating Theatres		8	8	0	8	0	8	0
Procedure Rooms		0	0	0	0	0	0	0
CCLs		1	1	0	1	0	1	0
Dialysis Chairs		8	8	0	8	0	8	0
Chemotherapy Chairs		13	13	0	13	0	13	0
Birthing suites		15	15	0	15	0	15	0
Outpatients								
Outpatient rooms		89	89	0	84	-5	84	0
Emergency								
Treatment Spaces		29	29	0	29	0	29	0
Short Stay Beds		9	9	0	9	0	9	0

South Brisbane

Table 68: Projected Private Infrastructure requirement at the South Brisbane Campus. 2017/18 to 2026/27.

South Brisbane	Licenced Capacity	2017/18	Phase 1		Phase 2			
			2020/21	Growth	2021/22	Growth	2026/27	Growth
Inpatients								
Overnight		**295**	**320**	**25**	**329**	**9**	**397**	**68**
Sameday		38	42	4	44	2	58	14
Stage 1 Recovery Beds		20	22	2	23	1	29	6
Total		**353**	**384**	**31**	**396**	**12**	**484**	**88**
Critical Care								
ICU		10	11	1	11	0	13	2
CCU		8	8	0	8	0	10	2
NICU / SCN		25	29	4	30	1	43	13
Procedural								
Operating Theatres		12	13	1	13	0	17	4
Procedure Rooms		3	3	0	3	0	3	0
CCLs		0	0	0	0	0	0	0
Dialysis Chairs								
Chemotherapy Chairs		4	4	0	5	1	6	1
Birthing suites		3	3	0	3	0	3	0
Emergency								
Treatment Spaces		16	18	2	18	0	23	5
Short Stay Beds		4	5	1	5	0	7	2

Redland

Table 69: Projected Infrastructure requirement at the Redland Campus. 2017/18 to 2026/27.

Redland	Licenced Capacity	2017/18	Phase 1		Phase 2			
			2020/21	Growth	2021/22	Growth	2026/27	Growth
Inpatients								
Overnight	**60**	**37**	**41**	**4**	**42**	**1**	**53**	**11**
Sameday*	10	13	15	2	16	1	21	5
Stage 1 Recovery Beds*	6	5	5	0	5	0	7	2
Total	**76**	**55**	**61**	**6**	**63**	**2**	**81**	**18**
Procedural								
Operating Theatres	2	3	3	0	3	0	5	2
Procedure Rooms	1	1	1	0	1	0	1	0
CCLs								
Dialysis Chairs	0	2	2	0	2	0	3	1
Chemotherapy Chairs		0	0	0	0	0	1	1
Birthing suites		3	3	0	3	0	3	0

*Same day and Stage 1 recovery beds are listed in the Mater Bed License as "Total Recovery Bays". It is likely same day patients utilise licensed overnight beds.

Springfield

Table 70: Projected Infrastructure requirement at the Springfield Campus. 2017/18 to 2026/27.

Springfield	Licenced Capacity	2017/18	Phase 1		Phase 2			
			2020/21	Growth	2021/22	Growth	2026/27	Growth
Inpatients								
Overnight	**64**	**35**	**45**	**10**	**201**	**156**	**330**	**129**
Sameday*	10	13	15	2	37	22	69	32
Stage 1 Recovery Beds*	6	3	3	1	7	3	16	9
Total	**80**	**51**	**63**	**13**	**245**	**181**	**415**	**170**
Critical Care								
ICU					8	8	15	7
CCU					5	5	8	3
NICU / SCN								
Procedural								
Operating Theatres	4	3	3	0	7	4	13	6
Procedure Rooms	0	1	1	0	2	1	3	1
CCLs					1	1	1	0
Dialysis Chairs	8	8	8	0	8	0	8	0
Chemotherapy Chairs	15	2	2	0	3	1	18	15
Birthing suites		0	0	0	2	2	3	1
Outpatients								
Outpatient rooms		3	5	2	43	38	54	11
Emergency								
Treatment Spaces					19	19	34	15
Short Stay Beds					6	6	10	4

*Same day and Stage 1 recovery beds are listed in the Mater Bed License as "Total Recovery Bays". It is likely same day patients utilise licensed overnight beds.

Springfield

Table 71: Projected Public Infrastructure requirement at the Springfield Campus. 2017/18 to 2026/27.

Springfield	Licenced Capacity	2017/18	Phase 1		Phase 2			
			2020/21	Growth	2021/22	Growth	2026/27	Growth
Inpatients								
Overnight		**20**	**20**	**0**	**158**	**138**	**204**	**46**
Sameday		11	11	0	28	17	35	7
Stage 1 Recovery Beds		1	1	0	2	1	3	1
Total		**32**	**32**	**0**	**188**	**156**	**242**	**54**
Critical Care								
ICU					6	6	8	2
CCU					4	4	5	1
NICU / SCN								
Procedural								
Operating Theatres		2	2	0	5	3	6	1
Procedure Rooms		0	0	0	0	0	0	0
CCLs					1	1	1	0
Dialysis Chairs		8	8	0	8	0	8	0
Chemotherapy Chairs		1	1	0	2	1	3	1
Birthing suites*		0	0	0	2	2	3	1
Outpatients								
Outpatient rooms		3	5	2	43	38	54	11
Emergency								
Treatment Spaces					17	17	21	4
Short Stay Beds					5	5	6	1

*Note birthing suites will be shared public / private (as there is insufficient volume to have a dedicated private birthing suite).

Springfield

Table 72. Projected Private Infrastructure requirement at the Springfield Campus. 2017/18 to 2026/27.

Springfield	Licenced Capacity	2017/18	Phase 1		Phase 2			
			2020/21	Growth	2021/22	Growth	2026/27	Growth
Inpatients								
Overnight		**15**	**25**	**10**	**43**	**18**	**126**	**83**
Sameday		2	4	2	9	5	34	25
Stage 1 Recovery Beds		2	2	1	5	2	13	8
Total		**19**	**31**	**13**	**57**	**25**	**173**	**116**
Critical Care								
ICU					2	2	7	5
CCU					1	1	3	2
NICU / SCN								
Procedural								
Operating Theatres		1	1	0	2	1	7	5
Procedure Rooms		1	1	0	2	1	3	1
CCLs					0		0	0
Dialysis Chairs		0	0	0	0	0	0	0
Chemotherapy Chairs		1	1	0	1	0	15	14
Birthing suites*		0	0	0	0	0	0	0
Emergency								
Treatment Spaces					2	2	13	11
Short Stay Beds					1	1	4	3

*Note birthing suites will be shared public / private (as there is insufficient volume to have a dedicated private birthing suite).

Appendix 7 – Schedule of figures and tables

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Appendix 8 – Glossary of terms

Term	Definition
Local Government Area (LGA)	A spatial unit which represents the whole geographical area of responsibility of an incorporated Local Government Council, an Aboriginal or Island Council in Queensland, or a Community Government Council (CGC) in the Northern Territory. (Reference - http://meteor.aihw.gov.au/content/index.phtml/itemId/354357)
Statistical Area (SA2, SA3)	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. • **Statistical Areas Level 2 (SA2s)** are designed to reflect functional areas that represent a community that interacts together socially and economically. They consider Suburb and Locality boundaries to improve the geographic coding of data to these areas and in major urban areas SA2s often reflect one or more related suburbs. The SA2 is the smallest area for the release of many ABS statistics, including the Estimated Resident Population (ERP), Health & Vitals and Building Approvals data. SA2s generally have a population range of 3,000 to 25,000 persons, and have an average population of about 10,000 persons. SA2s are aggregations of whole SA1s. • **Statistical Areas Level 3 (SA3s)** are designed for the output of regional data. SA3s create a standard framework for the analysis of ABS data at the regional level through clustering groups of SA2s that have similar regional characteristics, administrative boundaries or labour markets. SA3s generally have populations between 30,000 and 130,000 persons. They are often the functional areas of regional towns and cities with a population in excess of 20,000, or clusters of related suburbs around urban commercial and transport hubs within the major urban areas. SA3s are aggregations of whole SA2s. (Reference - http://www.abs.gov.au/websitedbs/d3310114.nsf/home/australian+statistical+geography+standard+%28asgs%29) Depending on the data source, some information is only available at an SA2 or SA3 level (not both) – as such, data presented in this CSP may be presented at both levels, depending on the source.
Socio Economic Index for Areas (SEIFA)	SEIFA is a suite of four indexes that have been created from social and economic Census information. Each index ranks geographic areas across Australia in terms of their relative socio-economic advantage and disadvantage. The four indexes each summarise a slightly different aspect of the socio-economic conditions in an area. The indexes can be used for a number of different purposes, including targeting areas for business and services, strategic planning and social and economic research. For each index, every geographic area in Australia is given a SEIFA score which measures how relatively 'advantaged' or 'disadvantaged' that area is compared with other areas in Australia. (Reference – www.abs.gov.au)
WAU (Weighted Activity Unit) / QWAU (Queensland Weighted Activity Unit)	A WAU is a measure of health service activity expressed as a common unit, against which the national efficient price (NEP) is paid. It provides a way of comparing and valuing each public hospital service (whether it is an admission, emergency department presentations or outpatient episode), by weighting it for its clinical complexity. The average hospital service is worth one WAU – the most intensive and expensive activities are worth multiple NWAUs, the simplest and least expensive are worth fractions of an WAU. (Reference - http://www.publichospitalfunding.gov.au/glossary)
CAGR	Compound Annual Growth Rate – is a measure of growth over multiple time periods.
Specialty	These refer to Mater Health defined specialties, on which activity (and other data) is reported. It is based on mapping of doctors to specialties, with activity being grouped according to their doctor of discharge and their respective specialty. They do not align one-to-one with standard diagnosis related groups (DRGs).

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