Wide Bay Health Collective

2025 - 2028

Delivering care, together:
Wide Bay Hospital and Health Service and Country to Coast, QLD

Wide Bay Hospital and Health Service

CCQ Country to Coast, QLD
Healthy, connected communities

Australian Government

Queensland Government

Contents

1. Background

The demand for health and wellbeing services in the Wide Bay region is rising, driven by three significant factors: high population growth rates, an ageing population, and an increasing burden of chronic disease. This surge is partly due to the higher prevalence of chronic conditions, but also due to longer life expectancies and improved survivorship rates. Despite notable advancements in both acute and primary care sectors, meeting the growing consumer demand remains a challenge.

In response to these challenges, the healthcare environment must continually evolve. The dynamic nature of healthcare delivery necessitates the adaption and implementation of care models that meet the communities' changing needs effectively and sustainably. Optimising communication, innovation and collaboration between the acute and primary care sectors is essential to delivering services that safeguard the health and wellbeing of our communities, now and into the future.

Wide Bay Hospital and Health Service's (WBHHS) service area covers approximately 37,000 square kilometres, extending along the coast from the southern point of K'Gari up to the Discovery Coast and inland to the regional towns of Monto, Eidsvold, Mundubbera and Gayndah. Serving a population of more than 224,793 people, WBHHS is committed to enhancing the health and wellbeing of our communities. WBHHS takes pride in living and working within our diverse region, ensuring that residents receive comprehensive and compassionate medical services.

Country to Coast, QLD (CCQ), an independent not-for-profit organisation, plays a pivotal role in improving health outcomes in the region through the Commonwealth Department of Health and Aged Care's Primary Health Network (PHN) program. CCQ serves a vast and diverse region encompassing 158,000 square kilometres, 12 local government areas, 3 hospital and health services, and a population of more than 950,000. CCQ identifies and addresses areas of healthcare need, and commissions services tailored to primary and preventative healthcare, ensuring our communities have access to essential health services.

Together, WBHHS and CCQ work in close collaboration with general practitioners, allied healthcare providers, hospitals and the wider community. This joint effort ensures that people living in the Wide Bay region receives the right care, in the right place, at the right time, fostering a robust and responsive healthcare system.

Other key service providers and commissioners also collaborate with WBHHS and CCQ. These include Aboriginal Community Controlled Health Organisations (ACCHOs), community health services, aged care providers, disability support services, mental health services, social services organisations, and other government departments and agencies. These entities will be engaged or integrated into joint efforts as needed to ensure that service delivery is cohesive, addresses social determinants of health, and guarantees equitable access to services.

2. Introduction, purpose and objectives

Introduction

WBHHS and CCQ recognise they have a shared responsibility and commitment to improve the health and wellbeing of the Wide Bay region and communities. They also have a joint desire to collaborate in the planning and delivery of healthcare services that are accountable and responsive to local needs. This Protocol has been developed with the intention to extend the ongoing commitment between WBHHS, CCQ, and other organisations who join the collective (hereafter referred to as 'The Parties' or 'The Collective') to prioritise positive health outcomes collaboratively and innovatively for the people of their region. This protocol details the governance and processes to support joint efforts between the two organisations, as well as facilitate collaboration with other parties who may join the collective.

The National Health Reform Agreement (NHRA) reforms highlight the need to remove barriers, establish joint governance, conduct joint needs assessments, and align evaluation and funding to improve the planning, coordination, and delivery of integrated health services. The Collective is an initiative to formalise health needs assessment, planning, and coordination across services using shared data and agreed metrics to achieve a clear view of our region's health needs and drive collaborative solutions to address these needs. The establishment of this collective also aligns with the NHRA's recommendations on collaboration between health services to enhance joint planning, coordination, and integration of healthcare delivery at all levels. By fostering a more unified and system-focused approach, this collective will streamline service delivery, improve resource allocation, and enhance patient care pathways for the region. This collaboration will benefit all parties while driving better population health outcomes and long-term system sustainability.

This document is not a legal instrument, however, is established in alignment with the health service requirements of the *Hospital and Health Boards Act (2011)* and *Health Boards Regulation (2023)*. It articulates a set of shared goals, values and principles to guide working relationships in 'how we work together.' This document provides a general framework and is a mechanism to enhance the relationship between the two organisations and their respective healthcare sectors. Nothing in this Protocol confers a partnership, agency, employment or relationship between the Parties and the *Partnership Act (1981)* has no application.

This Protocol is not exhaustive. It is meant to underpin and support future local and regional agreements and initiatives between the Parties.

Purpose

The purpose of this collective is to support the people of Wide Bay Region, spanning Bundaberg, Hervey Bay, Biggenden, Maryborough, and Gayndah to live their best and healthiest lives through the adoption of a collaborative approach to enable joint strategic planning and to provide a collective view of community needs and demands and help coordinate resources and access to the right ones at the right time.

The purpose of the Protocol is to:

- Promote cooperation between the Parties in the planning and delivery of health services.
- Provide context and guidance to a range of initiatives that continue to be developed between the Parties.

- Improve the health outcomes of the communities of the Wide Bay region, which includes the geographical areas of the North Burnett, Bundaberg, Fraser Coast local government areas and part of Gladstone Regional Council (Miriam Vale and Agnes Water).
- Promote a joint approach to leverage our strengths and improve healthcare access and overall wellbeing of the Wide Bay population.

Objectives

The Parties recognise that improved service delivery and health outcomes will be achieved by strengthening the relationships and integration of health services across government providers, non-government providers, private providers, and the community. Key issues for collaboration include:

- Identifying and prioritising local health needs.
- Drive innovation, develop data insights and build a connected health system.
- Measuring and evaluating against outcomes and joint priorities.
- Workforce planning, development, and capacity building
- Informing joint planning and policy imperatives.
- Aligning outcomes with all relevant strategy documents, including but not limited to the Parties' strategic plans, and the Queensland Government's objectives for the community.
- Enhancing service access, coordination, and integration across the health continuum.
- Respectfully and productively engaging with consumers and the community in the design, delivery, investment, and evaluation of health services.
- Influencing and reforming those areas of the health system for which they have a responsibility.

Membership

The Parties recognise that a flexible and inclusive membership structure is essential for the collective's effectiveness and long-term sustainability. To strengthen sector-wide collaboration, the collective will establish a process for additional organisations from the regional health and community sector to join, provided there is alignment with the collective's goals and shared outcomes.

This approach ensures a broader, more integrated response to regional health priorities, fostering collaboration and improving service coordination across the sector.

Key considerations for structuring membership include:

- At its inception, WBHHS and CCQ will serve as the foundation of the collective, with equal representation to drive joint governance, planning, and decision-making.
- A clear process will be established for identifying and onboarding additional organisations in alignment with the collective's objectives and priorities.
- Additional members are expected to contribute to shared health outcomes, provide complementary expertise, and support integrated service delivery.
- All members will adhere to the collective's protocol, contribute to joint groups and initiatives, and share responsibility for outcomes.
- Membership composition of the collective will be periodically reviewed by the Board and Executive of both parties in response to any emerging needs, opportunities, and sector developments.

Processes and roles that members will be expected to contribute to are identified in sections below.

3. Guiding principles

Collaboration principles

In carrying out their roles and responsibilities under the Protocol and in seeking to achieve the activities documented within, the Parties shall:

- Engage in an equitable intergovernmental partnership, ensuring mutual respect, shared decision-making, and joint contributions to planning, implementation, and governance.
- Act and work together in good faith and provide full information where possible to each other in relation to all relevant matters.
- Collaborate on joint priorities.
- Act independently but cooperate closely and work together with the other Party with unity of purpose, mutual respect, and support.
- Work together to reduce the delays to any action, approval, direction, determination, or decision indicated under this protocol.
- Seek to avoid duplication and overlap of their responsibilities and functions.

Business principles

In their dealings with each other, the Parties shall:

- Engage in effective and regular communication.
- Implement effective external communication strategies with members, consumers, and other key stakeholders.
- Jointly prioritise and develop some joint regional activities, agreeing on the roles, responsibilities, and accountabilities of each organisation, including reporting and information tools.
- Jointly identify recommendations for innovation, sustainability, continuous improvements, and key learnings from investments.
- Respect Parties' respective strengths and limitations.
- Mutually commit to the Protocol.

Service delivery principles

In designing, delivering, and managing health services, the Parties shall commit to care that is:

- Holistic, system-focused reform that is integrated, person/patient centred, cross the entire care continuum.
- Relentlessly focused on safety and quality.
- Inclusive and accessible, ensuring that gender, ethnicity, sexual orientation, economic status, geographical location and disability does not inhibit access to and engagement with health and wellbeing services.
- Underpinned by innovation, continuous improvement, evidence-based, best practice principles.
- Sustainable and efficiently uses resources.
- Delivered by the right team, in the right place, at the right time, to the right clients.

4. Structure and governance

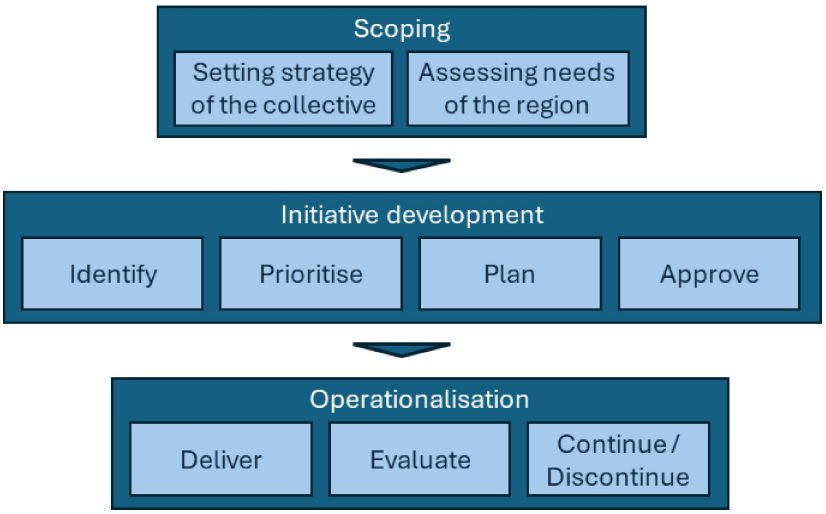
The collective will be set up with the key intended output being a set of operationalised initiatives. This output will be achieved through an agreed set of *Processes*, and *Roles* to execute the processes. These are detailed in the below sections, with callouts of the required commitment from collective members.

Process overview

To deliver on the objectives of the collective, there are three major processes: Scoping, Initiative Development, and Operationalisation.

Required commitment from collective organisations:

- Collective organisations will need to ensure internal operational, administrative, and budgeting processes can be aligned to support delivery of the collective processes in a timely manner.
- A flexible approach to the process and governing structure will be applied, depending on the priority of the initiative, and within available resourcing.



- **Scoping** is the process by which the collective will set its strategy and assess the needs of the region.
- **Initiative development** is the process by which the collective will – drawing on the strategy and assessed needs – identify, prioritise, plan, and approve initiatives.
- **Operationalisation** is the process by which the collective will – depending on the approved initiatives – deliver, evaluate, and then continue or discontinue an initiative.

Additionally, the governance processes will include defined key decision points, required inputs, and conditions at an initiative level. This is intended to facilitate the progression of initiatives, as well as the proper closure of those initiatives scheduled for discontinuation. These decision points will help determine what must be governed, what inputs are necessary before moving forward with an initiative, how accountability is shared and what forum is used for decision making.

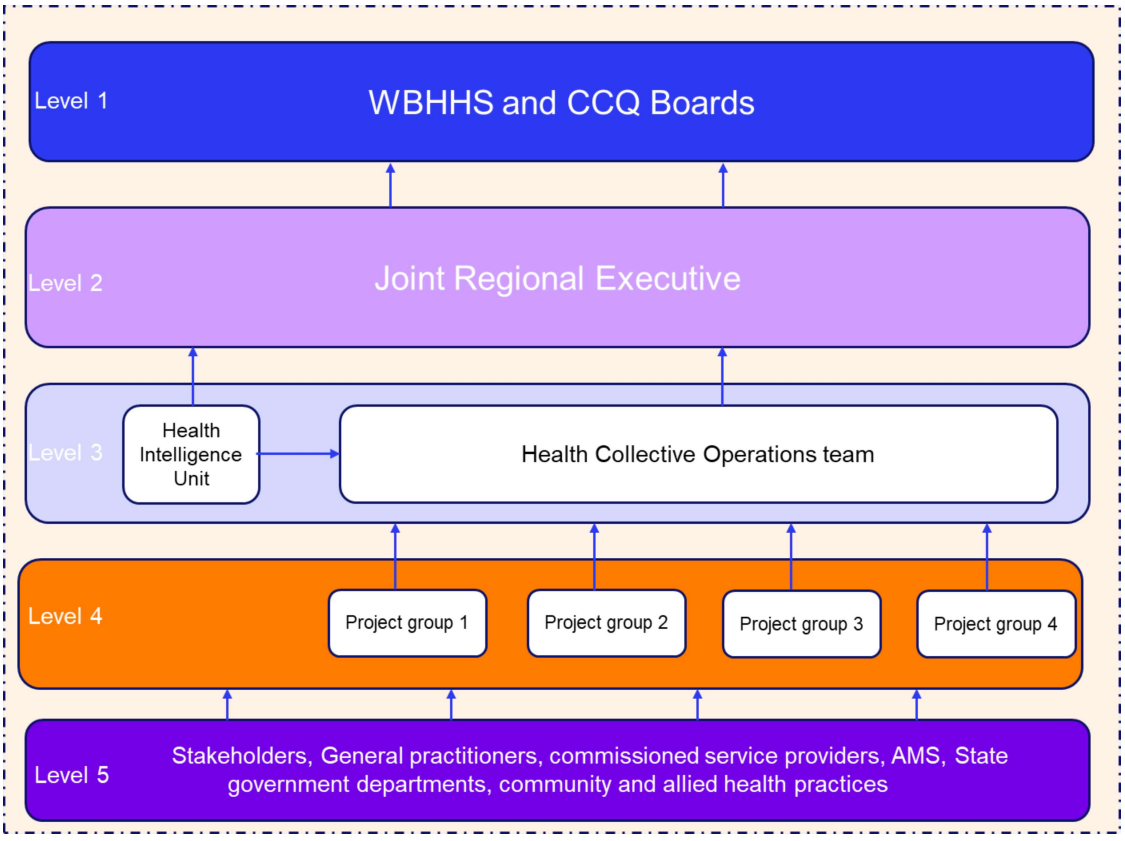
The following section describes the roles involved in the collective, and how they will work independently or together to execute each of these processes.

Roles overview

The roles for the collective are organised into distinct levels, each of which is assigned specific functions and responsibilities within the governance of the collective.

Required commitment from collective organisations:

- Collective organisations will need to establish sufficient delegated authorities – or processes to secure approvals in a timely manner – for the decisions identified in the processes to be made by assigned personnel.
- Collective organisations will need to assign (partially or fully) planning and operational personnel, including at the executive level, to contribute to all processes.
- Depending on the prioritised initiatives, collective organisations will need to assign planning, operational, and other personnel to contribute to their execution. In some instances, this may require additional expertise that will be hired in.
- A flexible approach to the process and governing structure will be applied, depending on the priority of the initiative, and within available resourcing.



The principal levels of the collective, and their high-level responsibilities are listed below:

Collective Role	Overview
Joint Board Group	The Joint Board Group will consist of a subset of board members from collective organisations. A small number of executives (i.e. CEOs) will also join this group. The Joint Board Group will take responsibility for: • Setting the strategy of the collective • Assessing needs of the region • Prioritising initiatives, and approving when required by budget, risk, or other elements • Removal of barriers and ensuring adherence to legislation of the collective The key activities that the Joint Board Group will deliver are: • Joint Board meetings (yearly) to contribute to needs assessment and set the strategy of the collective • Management of internal processes to secure delegated authority required for the collective to operate, including any reporting requirements
Joint Regional Executive	The Joint Regional Executive will consist of a subset of Executives from collective organisations. Each party will also nominate a key contact person for the collective that is part of this group. Within the authority approved by the Joint Board Group, the Joint Regional Executive will take responsibility for: • Setting the direction and strategy of the collective • Assessing the needs of the region • Identifying, prioritising, and approving initiatives • Operationalising initiatives • Developing and approving operational budgets for the collective • Removal of barriers and ensuring adherence to commitment of the collective To meet these responsibilities, the key activities that the Joint Regional Executive will deliver are: • Directing the Health Collective OperationalTeams and Health Intelligence Unit to deliver elements of the above responsibilities • Through the key contact persons, organise other personnel and teams in organisations to deliver elements of the above responsibilities • Joint meetings to consider outputs from other teams, including needs assessments, proposed initiatives, initiative plans, operational budgets, membership composition and activity reports
Health Collective Operations Team	The Health Collective Operational teams will consist of personnel from collective organisations allocated (fully or partially) to deliver agreed actions, as directed by the Joint Regional Executive. Membership of this team may evolve to include different functions depending on the contemporary priorities and needs of the collective. When directed by the Joint Regional Executive, the Health Collective Operational teams will take responsibility for: • Identifying and planning initiatives • Operationalising initiatives • Developing operational budgets for the collective To meet these responsibilities, the key activities that the Health Collective Operational teams will deliver – under the direction of the Joint Regional Executive – are:

Collective Role	Overview
	• Developing operational budgets and reporting as needed, for consideration by the Joint Regional Executive • Identifying and developing initiative plans, under the guidance of the Joint Regional Executive • Operationalising initiative plans, once approved, including establishment and oversight of Project Control Groups and/or Health Intelligence Unit
Health Intelligence Unit (HIU)	The Health Intelligence Unit will consist of personnel from collective organisations allocated (fully or partially) to conduct data analysis, collection, and reporting tasks. Membership of this team may evolve to include different functions depending on the contemporary priorities and needs of the collective, however it is likely to prioritise knowledge and access to existing data systems and skills. The Health Intelligence Unit will take responsibility, under the direction of the Joint Regional Executive and/or Health Collective Operations Team, for: • Assessing the needs of the region • Identifying and prioritising initiatives • Planning and delivering initiatives when capabilities are required • Evaluating initiatives • Developing and maintaining data resources The Health Intelligence Unit will complete the following activities, under the direction of the Joint Regional Executive and/or Health Collective Operational Teams: • Conducting data analysis, including conducting a Joint Needs Assessment, and reporting to the Joint Regional Executive • Improving data collection and sharing between collective organisations, as part of prioritised initiatives • Executing evaluation plans as part of Project Control Groups for operationalised initiatives
Project Control Groups (PCG)	Project Control Groups will consist of personnel from collective organisations allocated (fully or partially) to specific projects. These groups may draw significantly from the Health Collective Operational Teams, the Health Intelligence Unit, and/or elsewhere. These groups' roles and responsibilities will vary based on the relevant initiative, however, are likely to include: • All tasks required to deliver the initiative as planned • Development of any reporting • Completion of prescribed evaluation activities
Advisory Group	Notwithstanding that organisations involved in the collective may be engaged at other levels, the Advisory Group will include a broad range of stakeholders who will be engaged to inform and contribute to all collective processes. This group may include: • Personnel and leaders from each organisation in the collective • Organisations not in the collective, commissioned and non-commissioned service providers (including GPs, Aboriginal Medical Services, allied health services etc), and peak bodies • Community groups • State and Federal Government departments • Local government

Process details

This section outlines the key processes that will guide the collective in initiative development and operationalisation. The collective will execute these processes at all levels, with governance processes in place to support decision-making, resource allocation, and performance monitoring.

Details are provided for three key processes:

- Initiative planning requirements
- Evaluation of initiatives
- Health collective meetings

Required commitment from collective organisations:

- Collective organisations will need to assign (partially or fully) planning and operational personnel, including at the executive level, to contribute to all processes.
- Collective organisations will need to ensure these processes are compatible with internal processes and timelines, considering adjustments where necessary.
- Collective organisations will need to ensure a robust understanding of decision points and scopes (once agreed), and potential impacts on internal processes and activities.
- A flexible approach to the process and governing structure will be applied, depending on the priority of the initiative, and within available resourcing.

Initiative planning requirements – key considerations

A variety of initiatives are envisioned to be considered and progressed under the Protocol. This will also include funded contract arrangements to collaborative endeavours based on the requirements of the collective organisation's annual and multi-year service plans. The key considerations for the scoping and development of initiatives will include:

1. *Joint Needs Assessments:* All parties will rely on joint needs assessments to identify the most pressing health needs in the region. These assessments will also consider the NHRA recommendations. Following the identification of regional health needs and service needs, the Executive group along with the support from the HC Operations teams will collectively develop a list of prioritised needs for the region. This list will be developed utilising the data and insights provided by the Health Intelligence Unit (HIU) of the Collective. The HIU will be the source of truth and critical to ensuring seamless sharing of data across the parties. The HC operations teams and project control groups will provide subject matter expertise while the Executive group provides governance and decision-making over the assessment and prioritisation of needs.
2. *Criteria-Based Scoring:* The prioritisation process will involve a criteria-based scoring system. For instance, initiatives that address critical health issues identified in the joint needs assessments will be scored higher. The criteria might include factors such as the potential impact on health outcomes, alignment with NHRA recommendations, feasibility, and resource availability. To ensure fairness and credibility, the collective will use the prioritisation process based on transparent criteria, grounded in evidence, informed by strategic priorities (e.g., health equity), comprehensible, and available for everyone to see. There should be a consensus among the Executive group and across all parties when prioritising an issue or initiative, noting it is essential

to be aware of any potential biases that might influence the decision-making process and mitigate these where possible.

3. *Stakeholder Consultations:* Consultations may be undertaken to obtain feedback from diverse stakeholders, clinicians, healthcare professionals, community representatives, and policy makers. This input will be incorporated into the prioritisation process to ensure that the initiatives align with the needs and preferences of the community.
4. *Funding and Operationalisation:* The Executive will allocate funding through two distinct processes: joint funding, which is pre-allocated to the collective by the parties for an identified need with the region, and individual funding, which requires internal approval from all parties before allocation to the collective. Once funding is allocated, the HC Operations team will resource initiatives through Project Control Groups, oversee implementation, and provide ongoing support.

Initiative planning requirements – components of initiative plans

Planning for initiatives is expected to include several required components. Some expected requirements have been included below, noting that the joint executive will prescribe the necessary detail (i.e. what requirements need to be met and to what degree) based on the initiative's stage of planning, scale of the initiative/investment required, and overall risk to the parties. The joint executive will also determine the forum for decisions.

Planning requirement	Key decisions	Key considerations for the planning stages	Likely forum for decision
1. Initiative scoping	Identify initiatives or issues for the collective to collaborate on. Initiatives will be prioritised through a criteria-based scoring process.	Considerations at this stage could include: • Joint needs assessment findings and population health data. • Alignment with National Health Reform Agreement (NHRA) priorities. • Stakeholder consultation outcomes (e.g., clinicians, community, policy leaders). The detail to be agreed upon could include: • Agreement on measurable KPIs. • Alignment with system-wide goals. • Development of a structured evaluation plan.	Board meeting and Executive meeting
2. Funding & Resource commitment	Agree on financial contributions, resource sharing, and funding sustainability.	Considerations at this stage could include: • Equitable resource-sharing and funding agreements between the parties. The detail to be agreed upon could include:	Executive meeting and HC Operations meetings

Planning requirement	Key decisions	Key considerations for the planning stages	Likely forum for decision
		• Establishment of a clear funding model with a balanced commitment from both parties including mitigation strategies for any financial risks.	
3. Governance & Decision-making	Clarify decision-making authority, accountability structures, and reporting mechanisms.	Considerations at this stage could include: • Clarification of which decisions require Executive/Board approval. The detail to be agreed upon could include: • Governance structure is mutually agreed upon, with clear decision-making pathways and accountability mechanisms.	Executive meeting and HC Operations meetings
4. Intellectual Property (IP)	Clarify how data will be shared, analysed, and protected while addressing IP ownership for the initiative.	Considerations at this stage could include: • Data-sharing agreements and privacy compliance checks • Definition of who owns the outputs (e.g., reports, frameworks, models) • Cybersecurity and legal considerations The detail to be agreed upon could include: • Developed data-sharing protocols that are secure, compliant, and mutually beneficial, with agreed-upon IP ownership and usage rights. • Alignment to this protocol and its terms.	Executive meeting and HC Operations meetings
5. Implementation readiness	Assess whether the collective and both parties have the operational capacity to launch effectively.	Considerations at this stage could include: • Implementation plan with defined roles and responsibilities The detail to be agreed upon could include: • The parties have sufficient capacity within their workforce to be allocated to an initiative.	HC Operations meetings
6. Deliver and evaluate performance	Establish KPIs, evaluation frameworks for the initiative to measure against the outcomes this initiative is intended to achieve.	Considerations at this stage could include: • Defined success metrics (e.g., health outcomes, system efficiencies) • Baseline data and comparison benchmarks	HC Operations meeting

Planning requirement	Key decisions	Key considerations for the planning stages	Likely forum for decision
		• Monitoring and evaluation framework The detail to be agreed upon could include: • Agreed upon KPIs that are measurable, and aligned with system-wide goals, with a structured evaluation plan in place.	
7. Continue, scale, or discontinue	Determine whether the initiative should continue, scale, or be discontinued based on performance	Considerations at this stage could include: • Outcome evaluation reports • Cost-effectiveness analysis • Stakeholder feedback and community impact assessment • Scalability and sustainability considerations The detail to be agreed upon could include: • Initiative has demonstrated measurable impact, financial viability, and alignment with long-term system goals.	Joint HC Operations and PCG meeting

Evaluation of initiatives

Measuring healthcare outcomes is an essential part of health service provision. No single outcome measure is sufficient to comprehensively capture any aspect of healthcare. This Protocol aims to effect systemic changes and evidence that this Protocol has achieved its purpose, and objectives will be demonstrated through annual reporting to the respective Boards on the outcomes achieved.

Each joint initiative or project plan will specify the reporting requirements and outcome measures, which will be documented according to the established parameters.

All joint initiatives undertaken by the collective are to take place within the context and scope of this Protocol with the approval and oversight from the joint executive. The initiatives and their progress will be evaluated by the HC Operations team and any issues escalated to the joint executive. Frequency and methods of evaluation for specific initiatives and projects will be agreed upon mutually as part of the planning process.

Human research ethics committee advice and/or approval for evaluation activity will be sought when required in line with the WBHHS procedure *Research 14 – Research, Audit, Service Evaluation and Quality Improvement Application and Approval Processes*. Results will inform improvements in service delivery, collaborative working arrangements and research outcomes, as appropriate.

Health Collective meetings

To achieve the objectives and purpose of this Health Collective, collaborative working sessions and meetings will take place across all levels for identifying and progressing initiatives. The following

governance arrangements and meetings will be implemented through a flexible approach (depending on priority of the initiative) and within available resourcing:

Meeting Name	Cadence	Facilitator(s)	Key activities and decisions
Combined Board meetings	Yearly	Chief Executives	• Review outcomes achieved through joint initiatives. • Endorse the shared strategic vision of the collective.
Joint Regional Executive meetings	Quarterly	Chief Executives	• Assess the needs of the region, prioritise and endorse initiatives. • Set the direction and strategy of the collective. • Discuss joint initiatives and any escalations. • Removal of barriers and ensuring adherence to legislation of the collective.
Health Collective (HC) Operations meetings	Monthly	HC Coordinator/Lead	• Operationalise projects. • Allocate resources. • Track progress on ongoing initiatives. • Evaluate against outcomes.
Project control group (PCG) meetings	As needed for agreed projects	Project control group leads	• Plan, design, deliver and evaluate on agreed to initiatives.
Joint HC Operations and PCG meeting	Quarterly or as needed	HC Coordinator/Lead	• Review implementation readiness for initiatives. • Review performance and outcomes measurement. • Continue, scale or discontinue decisions for initiatives based on performance and outcomes achieved.

Other particulars

Integrating additional stakeholders

Effective collaboration requires a clear understanding of key stakeholders, their roles, contributions, and priorities. This stakeholder analysis table outlines the governance and leadership groups within both parties, detailing their role, expected contributions to the collective, and interest. This analysis also provides a foundation for transparent communication and collaboration ensuring that the joint initiatives undertaken by this collective are sustainable, responsive to local health needs, and positioned to enhance population health outcomes.

This analysis currently covers the foundational members (i.e., WBHHS and CCQ) and should be periodically updated to include additional stakeholders and ensure their contributions and interests are understood. This process will be utilised to ensure they are engaged appropriately as part of the collective, including through mapping their contributions and interest to key collective roles and processes.

Stakeholder	Role	Expected contributions	Interest
WBHHS Board	Governance and strategic oversight of hospital services	• Accept and approve this protocol and any changes. • Agree to and provide input into intent, objectives, strategy of the collective. • Budget allocation and approval for proposed initiatives.	System sustainability, efficiency, and reduced hospital demand through better primary care pathways
CCQ Board	Governance and strategic oversight of primary healthcare		Alignment with primary care priorities and better integration with hospital services
WBHHS CE	Executive leadership	• Developing and maintaining the protocol for the collective to ensure its ongoing relevance and effectiveness. • Setting the direction and strategy of the collective. • Approval of funding to joint initiatives.	Improved care coordination and patient flow resulting in better population outcomes
CCQ CEO	Executive leadership		Holistic system changes through service integration and collaboration
WBHHS Executive Team	Overseeing hospital operations, workforce, and patient care models	• Approval for resourcing to joint initiatives. • Input into the prioritisation of initiatives and performance reviews of initiatives.	More effective pathways to transition patients into primary/community care
CCQ Executive Team	Overseeing service planning, commissioning, and partnerships		A system that supports GPs and primary care providers to manage patient care effectively
WBHHS Clinical leads	Provide clinical expertise on hospital and specialist care	• Supporting the joint needs assessments and providing input into the prioritisation of initiatives as members of the Executive group.	Better integration with primary care to prevent avoidable admissions
CCQ Clinical leads	Provide clinical expertise on primary care initiatives		A system that supports GPs and primary care providers to manage patient care effectively
Community, Consumers and Clients	To provide patient perspectives and feedback	• Participate in stakeholder consultations, including surveys and focus groups, to provide valuable input for data collection. This input will aid in the prioritisation and performance reviews of these initiatives.	A healthcare system that is more responsive to local community needs with minimal wait times and effective transitioning between hospitals and primary healthcare

Dispute resolution

The Parties agree to resolve any dispute/s on this Protocol in the spirit of good will and compromise. In the event a resolution or agreement cannot be reached by the members of the collective, a mediator can be used for the purpose of reaching an agreed outcome or position between the Parties.

Protocol implementation, variation and review

Application of this Protocol will include building appropriate mechanisms to support:

- Open communication
- Participation
- Collaboration
- Shared learning
- Data sharing within project needs and governance framework.

The term of this Protocol commences on the date of execution and will be subject to review within three years, or prior to this date with written agreement from both Parties. All parties may vary the terms with the written approval of the other Parties. Such variations will become effective on the date of the agreed change of terms between the Parties.

This protocol is exercised with regard to National and State strategies, arrangements and standards. As outlined in the *Hospital and Health Boards Act (2011)*, the protocol will be published in a way that allows access to members of the public.

Performance outcomes

Measuring healthcare outcomes is an essential part of health service provision. No single outcome measure is sufficient to comprehensively capture any aspect of healthcare. This Protocol aims to effect systemic changes.

Evidence that this Protocol has achieved its purpose and objectives will be demonstrated through annual reporting to the respective Boards on the outcomes achieved.

Individual joint initiatives/project plans will detail reporting requirements and outcome measures and will be reported in line with agreed parameters.

General considerations

Publication

The Parties are encouraged to publish information and/or evidence in relation to this Protocol, acknowledging the contribution of all relevant partners, stakeholders and funding contributors.

The Parties shall only use the name of the other Party in connection with any public announcement, advertising publication or promotion, with the prior written permission of the other Party, and in accordance with the relevant Party's corporate publication protocols.

Subject to any requirements of confidentiality and no adverse effect on the registration of any intellectual property rights of either of the Parties, the Parties may publish papers describing any part of the research carried out as part of this Protocol, or outcomes of that research, provided that the prior written approval of the other Party is obtained. Such prior written approval must not be unreasonably withheld.

Acknowledgement and co-branding

Unless otherwise agreed, the Parties must acknowledge, in accordance with the relevant Parties' publication protocols, the contribution of both Parties in any form of publications, presentations, promotional material, activities, advertisements or media releases concerning matters arising under this Protocol and the joint activities contained within. This includes the use of any intellectual property developed or the use of the Government logo and the branding of both Parties.

Public reporting

This Protocol and any revision/s will be published on the website of each party for public access.

If one of the Parties wished to issue media statements about a particular initiative, project or service which is the subject of this Protocol (or an appendix thereof), they are to first consult the other Party.

Performance outcomes associated with this Protocol will be mutually agreed upon and publicly reported annually.

Media

Media statements relating to joint initiatives under this Protocol will be agreed to by both Parties prior to issue.

Separate agreement

Initiatives, activities or programs referred to in this Protocol are indicative only. Any initiative, activity or program which is intended to create legally binding obligations or financial commitments for either Party will be separately negotiated, documented and executed by the Parties.

Data management

The Parties agree that their conduct under this Protocol will not automatically facilitate data sharing, data exchange or data management and confirm the intention, as stated in paragraph 4.7, to negotiate and document any such initiative, activity or program separately. For the avoidance of doubt, the Parties

warrant that they will comply with all applicable legislation or regulation relating to the protection of personal information, confidential information, and/or health data at all times.

Conflict of interest

A conflict of interest involves a conflict between official duties and private interests which could improperly influence the performance of official duties and responsibilities.

A reasonable perception of a conflict of interest is where a fair-minded person, properly informed as to the nature of the interests held by the decision maker, might reasonably perceive that the decision maker might be influenced in the performance of his or her official duties and responsibilities.

A conflict of interest may be actual, perceived or potential. It can be pecuniary (involving financial gain or loss), or non-pecuniary (based on enmity or amity) and can arise from having personal losses as well as gaining personal advantage, financial or otherwise.

Conflict of interest includes conflict of commitment (where an individual has multiple and incompatible public duties).

Both Parties are responsible for:

- Assessing their own private and personal interests and whether they conflict or have the potential to conflict.
- Disclosing and managing any actual. Perceived or potential conflicts of interest, including reviewing disclosed conflicts on at least an annual basis to ensure that the information remains correct and that the management responses continue to be appropriate and effective.
- Not making decisions or seeking to influence the decisions of others in matters relating to an individual's private interest.

Confidentiality

Both Parties shall respect the confidentiality of the Wide Bay Hospital and Health Service and the Country to Coast QLD business.

More specifically, shared information marked as confidential or regarded as commercial in confidence, clinically confidential, or has privacy implications will be treated accordingly by either Party.

Appendix 1

Joint priority areas

WBHHS and CCQ have established the below joint priority areas, derived from their *Local Area Needs Analysis* and Strategic Plan documents, highlighting the most critical community health needs. These priorities will focus and guide their joint efforts to enhance health outcomes in the Wide Bay region for the duration of this Protocol.

First Nations health	Quality of life	Continuum of care	Service and access
• Embedding cultural safety through training, community engagement, and consistent review of practices and environments. • Enhancing prevention, early intervention, and management initiatives tailored to the specific health challenges faced by First Nations communities • Collaborating with Elders, community leaders, and Aboriginal and Torres Strait Islander Community-Controlled Health Organisations (ATSICCHOs) to co-design and evaluate services. • Expanding partnerships with ATSICCHOs and other health providers to streamline care coordination, improve service accessibility, and ensure culturally responsive care delivery. • Developing healthcare environments that are culturally safe and welcoming. • Collaborating to advocate for and implement health equity measures that address systemic barriers to care.	• Supporting healthy pregnancies, antenatal care, postnatal support, and newborn wellness. • Delivering immunisation programs and child development checks for lifelong health. • Enhancing diagnosis, early intervention, and ongoing support for child development needs. • Expanding cancer screening, early detection, and integrated care pathways. • Empowering individuals with chronic illnesses through education and multidisciplinary care. • Strengthening caregiver resources and support to manage complex health and disability needs. • Improving rehabilitation services to support recovery and daily functionality. • Addressing barriers to healthcare that impact quality of life and community engagement.	• Providing coordinated care pathways for older adults with complex health needs. • Expanding community-based services to reduce potentially preventable hospitalisations. • Supporting seamless care transitions between hospital, primary care, and community services. • Enhancing access to mental health services, including early intervention and community support programs. • Reducing hospital readmissions through effective discharge planning and follow-up care. • Expanding partnerships to address gaps in care for chronic and complex conditions. • Improving access to specialist care for underserved and remote populations. • Streamlining support for high-risk patients to prevent health deterioration and emergency visits.	• Leveraging telehealth and digital solutions to provide access to healthcare services in rural and remote areas to reduce geographic barriers. • Enhancing trauma and emergency care pathways to improve timely responses and outcomes. • Strengthening transport and accommodation support for patients needing out-of-region care. • Improving access to preventative health services, including screenings and immunisations. • Optimising patient flow through emergency departments and outpatient clinics to reduce wait times. • Supporting infrastructure development to meet growing service demand and population needs. • Ensuring equitable distribution of resources across all facilities and communities. • Collaborating with external organisations to enhance access to social and health services.

Executed by the Parties

For an on behalf of Country to Coast Queensland by:

Ms Julie Sturgess

Chief Executive

J. Sturg

Signature

5/8/25

Date

Witnessed by:

Megan Delaforce - Executive Assistant

Name

Signature

For an on behalf of Wide Bay Hospital and Health Service by:

Ben Ross-Edwards

WBHHS A/Chief Executive

Signature

Digitally signed by Ben Ross-Edwards - WBHHS A/Chief Executive
Date: 2025.08.05 11:11:37 +10'00'

Date

Witnessed by:

Zoey Kratzmann

Name

Signature

Digitally signed by Zoey Kratzmann, A/Executive Secretary to the WBHHS Chief Executive
Date: 2025.08.05 11:12:21 +10'00'