





Risk management and accountability

Gold Coast Health's risk management framework is based upon the Australian/New Zealand ISO Standard 31000:2009 for risk management. The framework outlines intent, roles, responsibilities and implementation requirements.

The management of each operational division is responsible for managing risk in their respective area. Safety and quality coordinators assist management in identifying, recording and mitigating risk. Strategic, enterprise-wide and the highest rated risks are escalated to senior executives, with oversight from the Board's Audit and Risk Committee.

Relocating critically ill infants to Gold Coast University Hospital required an integrated approach to risk management and planning.

Risk management and accountability

Risk management

Gold Coast Health's Risk Management Framework includes:

- Risk management plans identify how Gold Coast Health will manage, record and monitor risk, including procedures for escalating risk reports to the Chief Executive.
- Planning as part of the strategic, operational and annual business planning activity of Gold Coast Health, its facilities and/or networks.
- A risk register that is used to record, rate, monitor and report risk.
- A process for monitoring and reviewing risk control and governance systems.

An identified priority for 2014-15 is to continue to embed and strengthen risk management.

External scrutiny

Queensland Audit Office

In 2013-14, the Queensland Audit Office (QAO) conducted a number of cross-sector and cross-service audits which included coverage of Gold Coast Health.

Report to Parliament 1: 2013-14 – Right of private practice in Queensland public hospitals

This interim report, prepared under section 62 of the *Auditor General Act 2009* (Qld), is the first of two reports dealing with the performance audit of the right of private practice arrangements in the public health system.

The report considered whether the arrangements are achieving their intended public health outcomes and are financially sustainable.

In response to this audit, Gold Coast Health reviewed its rostering practices and reinforced the need for accurate clinical notes to support claims for payments.

Report to Parliament 8: 2013-14 – Hospitals and Health Services Entities 2012-13

This report covered the results of the 2012-13 financial audits of the 17 Hospital and Health Services (HHSs) established on 1 July 2012 to provide public health services in Queensland.

This report summarises the results of the financial audits, the timeliness and quality of financial reporting and the systemic issues with internal controls identified during our audits. The QAO also analysed indicators of financial performance and sustainability with which each HHS can be assessed.

In response to this audit, Gold Coast Health implemented procedures to assist in the development of financial statements in future years.

Report to Parliament 13: 2013-14 – Right of private practice in Queensland public hospitals

This performance audit of the right of private practice arrangements examined whether the intended health and financial benefits of the scheme are being realised and whether the arrangements are being administered efficiently.

Specifically the report examined whether senior medical officers in Queensland Health are participating in the scheme with probity and propriety and in full compliance with their contractual conditions.

In response to this audit, Gold Coast Health will be required to undertake supplementary internal audit activity to provide assurance.

ACHS Accreditation

In March 2014, Gold Coast Health underwent an independent, external accreditation survey by a team from the Australian Council on Healthcare Standards. This external review was against the mandatory and non-mandatory requirements outlined in the National Safety and Quality Health Service Standards.

All Gold Coast Health facilities met or exceeded the mandatory requirements of the Standards and

received accreditation for four years. Such a significant achievement provides the community with confidence in the services delivered by Gold Coast Health. It underlines the high standards against which all staff measure their success.

Internal audit

The Service has established an internal audit function in accordance with section 29 of the *Financial and Performance Management Standard 2009*. Gold Coast Health co-sourced its internal audit function with Protiviti, an external consulting firm specialising in internal audit services.

The internal audit function provides an independent and objective assurance on the adequacy and effectiveness of systems of risk management, internal control and governance by undertaking the following activities:

- Reviewing and appraising the soundness, adequacy and application of financial and other operating controls.
- Ascertaining compliance with established policies, procedures and statutory requirements.
- Ascertaining that assets are accounted for and safeguarded from loss.
- Identifying opportunities to improve the operations and processes and recommending improvements to existing systems of internal controls.

- Carrying out investigations and special reviews requested by management and/or the Audit and Risk Committee.

The Audit and Risk Committee oversees the financial and performance management, internal auditing, risk management and statutory and other compliance requirements. The Internal Audit function has direct access to the Chair of the Audit and Risk Committee. The function operates independently of management under a mandate approved by the Audit and Risk Committee and has full access to all functions, records, property and personnel of the Service. The Audit and Risk Committee met six times during the year.

The internal audit activities are executed based on a risk-based three year internal audit plan which is presented to the Audit and Risk Committee annually for approval. The audit plan is developed in consultation with key stakeholders and takes into account key risks identified by management. Progress against the implementation of audit recommendations and management responses is reported to the Executive Management Team and Audit and Risk Committee bi-monthly.

During the year four internal audits activity included reviews of financial controls assurance, credentialing of professional staff, own source revenue and payroll.

Machinery of government

Creation of the Gold Coast Hospital and Health Service as a statutory authority in 2012-13 saw significant machinery-of-Government changes with a range of corporate functions and assets transferred to the Service from Queensland Health.

Effective 1 July 2014, Gold Coast Health became a Prescribed Employer as defined under the *Hospital and Health Boards Act 2011* (Qld).

We met or exceeded
all 10 National Safety and Quality Health Service Standards and 5 EquipNational Standards.

Occupational health and safety

Gold Coast Health maintains an Occupational Health, Safety and Injury Management Performance Measures Scorecard to assist members of the Board and Executive monitor performance against the Queensland Health Safety and Assurance Assessment Model and EQULPNational Accreditation Criteria.

The scorecard uses key performance indicators (KPIs) to measure the performance of Gold Coast Health. Data is divided into three tiers:

- Tier one KPIs are aligned to the Queensland Health's strategic priorities and provide the framework for performance management and reporting.
- Tier two system support services division KPIs are designed to assist management assess legislative and service agreement compliance.
- Tier three service improvement KPIs enable monitoring of legislative compliance and foster continual improvement.

The scorecard enables the Board and Executive to monitor the effectiveness of the Service's safety and wellbeing systems, practices and outcomes. The scorecard is reported to the Board and Executive each month.

Information systems and record keeping

During 2013-14 the Service continued to transition from its existing Electronic Medical Record (EMR) system to the State's new Integrated Electronic Medical Record (iEMR).

Recordkeeping role and responsibilities

During 2013-14 the Service continued development of its capacity and capability in relation to statutory recordkeeping requirement including the *Public Records Act 2002* (Qld) and State Government Information Standards. This included the development of an independent Corporate Records Management Framework.

Within the Service roles and responsibilities for recordkeeping are articulated to ensure:

- Full and accurate records are made, managed and retained for as long as they are required for business, legislative, accountability and cultural purposes.
- The records management practices are regularly monitored, audited and evaluated for accountability, compliance and continuous improvement.
- Security provisions are implemented to maintain record integrity and authenticity by preventing unauthorised access, damage, alteration or misuse.
- Recordkeeping systems are managed to enable reliable, timely and accurate retrieval of records.
- Recordkeeping is systematic and comprehensive across all business units.

Clinical records are handled in accordance with the Health Sector (Clinical Records) Retention and Disposal Schedule 2012.

Privacy and confidentiality

The Service has an appointed Privacy Officer who is responsible for receiving and managing issues related to privacy of information.

Open data

The Queensland Government's Open Data Initiative aims to make as much public service data available for members of the public to access through: www.qld.gov.au/data

The open data website publishes data on:

- expenditure on consultancies
- expenditure on staff overseas travel and the reasons for travel.