5 Developing our staff

A sustainable and high-quality workforce to meet future health needs

Objectives

5.1 Identify and develop leadership at all levels with the personal qualities and professional capabilities to deliver high-quality and safe services, and to inform the long-term direction for the delivery of those services.

5.2 Build and maintain a positive and safe workplace culture where staff can perform at their best, are acknowledged and is supportive of professional development.

5.3 Increase the workforce participation of Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds across all occupational streams and across all areas within Queensland Health.

5.4 Grow a competent and culturally-capable workforce.

5.5 Build positive and productive relationships with stakeholders and partners, such as unions and education and training providers, to develop a flexible workforce that ensures a productive and sustainable workplace.

5.6 Recruit, develop and retain a skilled research workforce through improved institutional support for research in Queensland's health service settings.

5.7 Grow and develop the future clinical workforce in line with our 15-year strategic goals.

5.8 Support 'fair' initiatives for safe and caring communities.

Key strategies

5.1.1. Provide a comprehensive suite of development options for Queensland Health leaders, as outlined in the Healthcare Culture and Leadership Service Framework.

5.2.1 Promote a 'safety for all' culture by promoting both physical and psychological wellbeing, assessing and managing safety issues quickly and effectively, and actively supporting preventative and safe return to work programs.

5.2.2 Continue to advise and support the implementation of a Fatigue Risk Management System (FRMS) as per HR Policy—Medical Fatigue Risk Management.

5.2.3 Foster a culture of growing performance through:

- a review of the performance management system to make it easier and useful
- building the capability and capacity of Queensland Health staff to reward high performance and address poor performance.

5.2.4 Continued implementation of the Payroll Improvement and Payroll Foundations Programs.

5.3.1 Continue to implement the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework.

5.3.2 Develop an employer brand and employee value proposition that positions Queensland Health as an employer of choice, which attracts and retains staff from diverse backgrounds to more closely reflect and serve our diverse community.

5.4.1 Continue to implement the Aboriginal and Torres Strait Islander Cultural Capability Framework to improve access to and delivery of mainstream health services and programs to Indigenous people.

5.4.2 Implement strategies to develop staff cultural capabilities in order for them to interact more effectively with people from culturally diverse backgrounds.

5.5.1 Recruit additional medical, nursing and allied health staff consistent with workforce planning processes.

5.5.2 Continue to increase access to evidence-based training for clinical staff to improve efficacy, efficiency and quality of patient care.

5.5.3 Promote cross-professional education and training to increase the ability of the workforce to deliver multi-professional care.

5.5.4 Work with partners to build capacity to provide clinical supervision and training positions to meet future workforce need and health service priorities.

5.5.5 Support and empower all staff to undertake professional development to increase the ability of the workforce to provide the highest level of care and services.

5.5.6 Manage change effectively by engaging stakeholders early, communicating the reasons for change and ensuring the benefits of change are realised.

5.6.1 Continue to support health researchers through the Health Research Fellowship Program and the Near Miss Funding Program.

5.7.1 Publish and commence implementation of a *Queensland Health Clinical Workforce Plan 2011–2026*.

5.7.2 Develop and implement a Queensland Health Statewide Clinical Workforce Policy.

5.8.1 Continue and enhance the volunteer programs in Queensland hospitals.

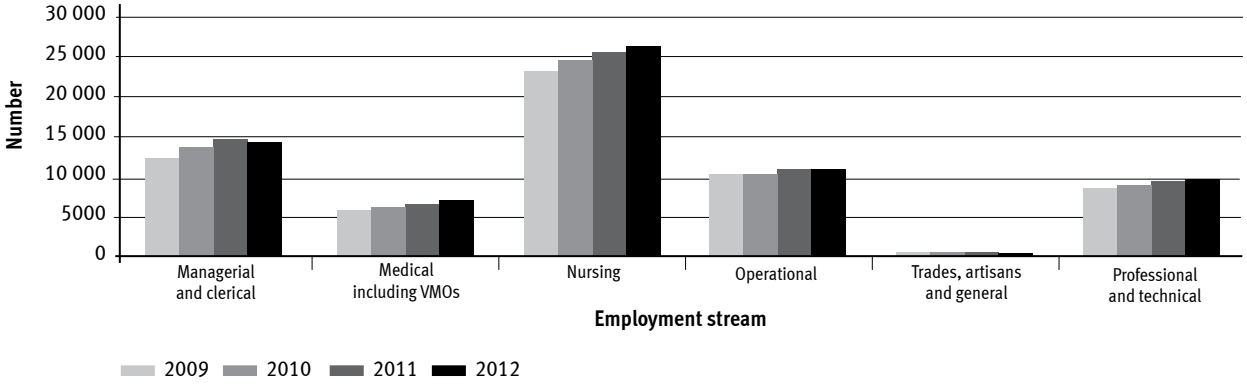
Key performance indicators

- Sick Leave (paid and unpaid) hours vs Occupied FTE.
- Workcover hours lost (Workcover) vs Occupied FTE.
- Aboriginal and Torres Strait Islander workforce.
- Staff/Union relationship.
- Increase in number of people wishing to be volunteers in hospitals.

Our people

Queensland Health employed more than 68 864 FTE staff during 2011–2012. Graph 5 shows the number of Queensland Health FTE employees by employment stream. Approximately 63 per cent of Queensland Health staff are health practitioners, professionals and technicians, medical (including visiting medical officers [VMOs]) or nursing employees.

Graph 5: MOHRI occupied FTE by employment stream



In 2011–2012, average fortnightly earnings for Queensland Health employees were $2853 for females and $4291 for males.

Queensland Health's retention rate for permanent employees was 92.4 per cent in 2011–2012. The retention rate is the number of permanent staff employed by Queensland Health at the start of the financial year and who remain employed at the end of the financial year, expressed as a percentage of total staff employed.

Queensland Health's separation rate for 2011–2012 was 7.4 per cent and describes the number of permanent employees who separated during the year as a percentage of permanent employees in Queensland Health.

Early retirement, redundancy and retrenchment

There were four voluntary early retirements from Queensland Health during 2011–2012 at a value of $447 737.99 including incentive payments, accrued recreation leave and long service leave entitlements.

Voluntary Separation Program

A Voluntary Separation Program was introduced as part of the Mid-Year Fiscal and Economic Review in January 2011. This program was one of a number of measures designed to deliver additional savings and reprioritise spending. The program was targeted primarily at non-frontline areas, as a service reprioritisation strategy to ensure continued growth in frontline areas. Queensland Health sought expressions of interest from certain surplus/unattached employees and certain non-frontline officers. Offers were made to eligible employees based on the criteria as outlined in the Public Service Commission guidelines. In 2011–2012, 852 employees accepted offers of voluntary separation packages at a cost of $97.8 million.

Safety for all

In accordance with the Safer and Healthier Workplaces Framework, the department continued to implement the *Occupational Health and Safety Strategic Plan 2007–2012* and the Occupational Health and Safety Management System. There was increased attention on preventative strategies, including risk assessment, safe work procedures and targeted training.

Whilst the system audit achieved positive results, the cost and duration of injuries increased compared to the previous financial year. Queensland Health continues to review the performance and implement preventative strategies and management of workplace injuries and return to work programs.

Table 4: Workplace incidents and injuries

	2009–2010	2010–2011	2011–2012
Number of incidents/near-misses reported	21 530	23 174	23 459
Number of injury workers' compensation claims *	3000	3260	3644
Total days lost	42 065	45 250	58 381
Average days lost	14.0	13.9	16.0
Total claims cost	$10 602 164	$11 507 578	$15 331 864
Average claims cost	$3534	$3530	$4207

** All workers' compensation claims lodged regardless of acceptance by WorkCover Queensland.*

Source: Incident Management System and WorkCover Queensland.

Health service district data on fatigue was collected and analysed. Occupational health and safety steering and advisory committees routinely consider fatigue risks and strategies on how best to support the implementation of a fatigue risk management system. The Medical Fatigue Risk Management Training Modules were refined into a single interactive online training package, facilitating ease of access to training resources. Similarly the Medical Fatigue Risk Management Resource Pack was revised and will be delivered to hospital and health services in late 2012.

Payroll Portfolio Program Office

During 2011–2012, Queensland Health transitioned all payroll-related programs and activities into a single portfolio consistent with recommendations from the Queensland Audit Office in June 2011 (QAO Report No. 7 of 2011). This brings together all payroll initiatives under a single governance committee known as the Payroll Portfolio Steering Committee. This committee provided oversight for payroll priority initiatives under the payroll reform strategy.

Leadership development, talent management and succession planning

In 2011–2012:

- Over 2500 Queensland Health staff participated in more than 109 leadership development programs and workshops, including the highly successful Medical Leadership in Action Program and the Emerging Clinical Leaders Program. 360 degree feedback summary reports for Queensland Health clinical and non-clinical executives continue to show improvement in key leadership qualities.
- Queensland Health launched the *Step Up* Medical Registrars Leadership Program. The program focusses on developing and strengthening the skills Medical Registrars need to supervise and motivate other medical staff and provide effective leadership in a healthcare team.
- *Teaching on the Run* is a multi-professional program aimed at practising clinicians responsible for teaching, supporting and supervising learners in a clinical setting. The program has four modules, each of three hours duration—Clinical Skills Teaching; Feedback and Assessment; Supporting the Learner; and Planning Learning.
- The *Multidisciplinary Introduction to Clinical Education* (MICE) program is a generic, entry level introduction to clinical education/supervision which emphasises a focus on teaching consistent with inter-professional clinical practice. *Clinical Educator Preparation and Support* (CEPS) online modules were developed specifically for the MICE program by the Department and the University of Queensland School of Medicine, Health and Rehabilitative Sciences.
- A Centre of Excellence for Leadership was established in February 2012. In establishing the centre, principles and mechanisms were established to align leadership development initiatives and ensure a focus on talent management and succession planning. An implementation plan outlining tasks and milestones for establishment of the centre is being developed and aims to ensure:
  - a strategy for leadership development that incorporates Queensland Health leaders' views on the roles and responsibilities of leaders
  - governance and funding mechanisms for a collectively owned centre of excellence in leadership development that aligns with business needs
  - specifically targeted programs for those with potential to succeed in identified critical roles.
- A workshop was developed for clinical educators and student supervisors to support students from CALD backgrounds. The aim of the workshop is to recognise the influence of culture in the context of student supervision and to establish clear placement expectations to maximise cultural understanding. The proposed new Queensland Health Multicultural Health Policy and Implementation Standards refer to the need to "build the cultural competence of the future workforce" and the increasing cultural diversity of students completing placements within Queensland Health, necessitates that training is provided to staff working with students from CALD backgrounds.
- Resources to support staff included:
  - the Health Care Providers' Guide to Engaging Multicultural Communities and Consumers
  - a series of health data reports profiling the health status of the Indian-born, Italian-born and Vietnamese-born communities of Queensland
  - the results of the Pacific Islander and Maori Health Needs Assessment
  - an analysis of hospital separation data on the health of Australian South Sea Islander people in Queensland
  - a report on strategies to increase the engagement of Queenslanders from culturally and linguistically diverse backgrounds in physical activity.
- Orientation sessions to 8364 new staff included presentations on the importance of provision of culturally competent care. In addition, more than 4088 staff attended training sessions to build their cross-cultural knowledge and skills.
- Developing Business Excellence (DBE) Program is designed to foster leadership capability of current and future corporate services and clinical support leaders, focussing mainly on district staff. There are two streams:
  - Future Leaders: targeting leaders AO8 and above
  - Talent Development: targeting talent at AO4-AO7 levels.

  In 2011–2012, the program had a total of 35 participants, 17 in Future Leaders and four in Talent Development.

- Nine Public Sector Management Program (PSMP) scholarships were offered to Queensland Health employees in the 18-month leadership and management education program targeting senior-to-middle managers and emerging leaders (AO5-AO8)—seven in Brisbane, and two in Townsville. A joint venture between Federal, State, Territory and Local Governments, the program combines tertiary study with experiential learning and focusses on the strategic direction of the contemporary public sector. On successful completion, students are awarded a Graduate Certificate in Public Sector Management by Flinders University.
- Two Queensland Health employees were offered a scholarship in Australia and New Zealand School of Government (ANZSOG) programs, one in each of the Executive Fellow (EFP), and Executive Master of Public Administration (EMPA) programs. ANZSOG is a world-leading educational institution that teaches strategic management and high-level public policy to public sector leaders. The Queensland Government offers scholarships each year for both the EFP (up to eight places) and the EMPA (up to ten places) for Queensland public sector leaders. Nominations for these scholarships are endorsed by the agency's chief executive officer and coordinated by the Public Service Commission (PSC).

Aboriginal and Torres Strait Islander cultural capability framework

The availability of health services and programs that are culturally and clinically equipped to provide healthcare for and with Aboriginal and Torres Strait Islander people is one of the key factors that will contribute to closing the life expectancy gap within a generation (by 2033).

In 2011–2012, a new mandatory full day program to strengthen the cultural capability of Queensland Health staff, was completed and implemented. One hundred and thirty trained facilitators are now delivering training across the state in every district.

Health service districts developed local cultural and health service information to ensure local relevance of the Aboriginal and Torres Strait Islander Cultural Practice Program. This information included demographic and burden of disease data, and cultural information relevant to Aboriginal and Torres Strait Islander people within the district's catchment area.

Districts progressively increased the display of Aboriginal and Torres Strait Islander artwork, artefacts and flags to increase the cultural safety of facilities.

Resources to assist clinical staff with the delivery of culturally capable healthcare were developed and published on the Queensland Health intranet. Additional resources, including posters and brochures, were developed to improve the identification of Aboriginal and Torres Strait Islander people in health services.

An example of the framework in action was demonstrated in the Torres Strait and Northern Peninsula Area Health Service District where for cultural reasons two Aboriginal and Torres Strait Islander Cultural Practice Program coordinators/facilitators (male and female; from Eastern and Western islands) were appointed. The coordinators act as cultural advisors as well as training facilitators and also work in partnership with Commonwealth and other Queensland Government departments to achieve a unified cultural education program. With strong support from community leaders they contributed to improved relationships between the health service, local communities and their elected bodies.

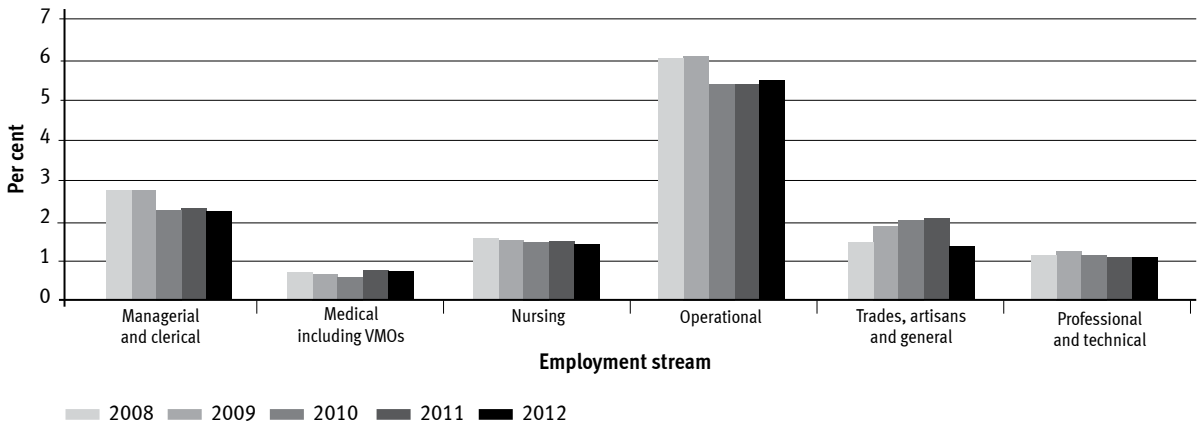
Aboriginal and Torres Strait Islander staff network

Queensland Health established an Aboriginal and Torres Strait Islander Staff Network as a positive and effective way to retain its current staff and to position Queensland Health as a responsive future employer of Aboriginal and Torres Strait Islander people.

Queensland Health has an obligation to meet employment targets and to deliver better health service outcomes for Aboriginal and Torres Strait Islander people. Queensland Health's stated priority outcome is to close the life expectancy gap between Indigenous and non-Indigenous Australians within a generation.

As of 30 June 2012, the staff network's membership stood at 239 out of an overall total of 1726 staff who identified as Aboriginal or Torres Strait Islander currently employed within Queensland Health, which is an overall increase of 64 per cent from the same time last year. This means that 13.85 per cent of currently employed Aboriginal and Torres Strait Islander staff are members of the staff network. Currently, Aboriginal and Torres Strait Islander staff make up 2.10 per cent of the total staff employed within Queensland Health.

Graph 6: Percentage Aboriginal and Islander workforce



Recruitment

The *Queensland Health Clinical Workforce Strategy 2011–2026* establishes a clear vision for the future clinical workforce to support the delivery of required public health services in Queensland. The strategy provides the overarching framework for developing and reviewing profession, service and/or specialty-specific workforce plans. Future action will focus on:

- growing a knowledgeable, skilled, competent, and culturally-capable clinical workforce
- building a sustainable clinical workforce that meets service needs and financial constraints
- optimising distribution of the clinical workforce to achieve equitable access to healthcare, recognising the specific requirements of target and priority groups.

Clinical workforce planning has been undertaken for the new major hospitals under construction as well as the refurbishment of other facilities around the state. Over 750 additional clinical staff were recruited in 2011–2012 to critical and hard-to-fill vacancies in health service districts across Queensland. Experienced health professionals are sourced through targeted sourcing initiatives in domestic and relevant international markets to supplement local supply in disciplines and specialties of identified shortage.

In 2011–2012, Queensland Health:

- advertised through a wide range of print and online recruitment portals both nationally and internationally
- advertised through a range of clinical and non-clinical journals and associations
- engaged the services of an executive recruitment firm for key positions (for example, 17 chief executive positions for the new HHSs).

Forty-two leading international and national clinician-researchers were attracted to work for Queensland Health from 2008 to 2011. This includes six well recognised, high achieving clinician-researchers awarded a Senior Clinical Research Fellowship (SCRF). These Fellows come from Queensland, Western Australia, South Australia and Ireland. A further 23 Health Research Fellowships (HRF), and 13 Clinical Academic Fellowships (CAF) were awarded. These Fellowships are aimed at early, mid and late career researchers wishing to base themselves in Queensland.

The Fellowship recipients have:

- generated evidence to inform health policy, practice and service delivery, research best models-of-care and develop cost saving methods for treatment
- secured $49 million of additional competitive research funding leveraged from interstate and international funding sources
- generated 340 publications including press, peer-reviewed journals and book chapters
- created 44 new positions in research teams of successful Fellows
- 94 additional Masters and PhD students.

The key benefits of this recruitment strategy include improved capacity in Queensland to undertake clinical duties in allied health, nursing and medicine professions; strengthened collaborative partnerships between hospitals, medical research institutes, health service organisations and universities; and it enabled Queensland to retain the best and brightest to generate evidence to inform health policy, practice and service delivery, research best models of care and develop cost saving methods for treatment improved patient care, outcomes, safety, experience and treatments as well as delivering health more effectively and efficiently and informing the redesign of health services.

In 2011–2012, a new statewide approach to basic physician training was developed and commenced. *Queensland Basic Physician Training Pathway* comprises a centralised approach to recruitment and selection of basic physician trainees, with a local networked approach to trainee placement. The first cohort of Pathway Medical Registrars commenced in February 2012. The pathway aims to increase the overall number of physician trainees; provide equal access to tertiary hospital time to all physician trainees; and ensure a constant and reliable cohort of trainees each year to regional and outer-metropolitan facilities. From an educational perspective, the pathway will improve access to educational resources for all trainees statewide by distributing existing educational resources/activities and developing and disseminating additional educational initiatives. Physician trainees preparing to sit the clinical exam were able to attend the inaugural Clinical Examination Preparation Program (individual evening sessions and a weekend course) that provided broad exposure to all sub-specialties and practical advice from topic experts.

HHS chief executives

In December 2011, a global executive search commenced for the 17 HHS chief executive roles targeting senior health and government professionals nationally and internationally. In accordance with the *Hospital and Health Boards Act 2011*, selection and appointment of each HHS chief executive is made by the relevant Hospital and Health Board.

Queensland Health also recently introduced a new governance and reward framework in relation to the new positions of HHS chief executives. This contemporary and competitive framework has been developed after reviewing remuneration and reward arrangements in public sector health services in other jurisdictions and the private sector, and is in line with the new direction of the PSC. The establishment of an executive remuneration committee will provide governance of the framework and responsiveness to market and industry trends.

Volunteers

During 2011–2012, three meetings of the Queensland Health Volunteer Managers Network were held—on 28 July 2011, 17 October 2011 and 15 February 2012. An annual survey was conducted in July 2011 to determine the number of Queensland Health volunteers, their location, and gender breakdown. Of the 2882 Queenslanders who volunteer their time in hospitals, 76 per cent are women. The Darling Downs Health Service District (31 per cent—891); the Cairns and Hinterland Health Service District (13 per cent—366); and the Sunshine Coast Health Service District (10 per cent—302) have the largest number of volunteers. Queensland Health is also represented on the whole-of-government Volunteering Governance Group and the Volunteering Senior Managers Group.

Workplace harassment

Queensland Health remains committed to a culture free from all forms of harassment and continues to support and develop strategies to address workplace harassment when it occurs and to educate staff about appropriate workplace conduct. Strategies include the Workplace Equity and Harassment Officer network and awareness campaigns.

When instances of workplace harassment occur, employees have access to a number of sources of information and advice, including:

- Workplace Equity and Harassment Officers
- a workplace harassment hotline
- the Staff Complaints Liaison Office
- people and culture (human resource) units
- the Employee Assistance Service.

Workplace Equity and Harassment Officer Network

Workplace Equity and Harassment Officers (WEHOs) play an important role in Queensland Health's response to resolving equity and harassment issues in the workplace.

WEHOs are Queensland Health employees who have been trained to provide confidential advice and support to other Queensland Health employees on a number of subjects, including:

- bullying/workplace harassment
- sexual harassment
- discrimination
- other equity issues.

Queensland Health has conducted extensive WEHO training over 2011–2012. There was a reduction in the number of WEHOs from 381 to 351 (approximately eight per cent).

Professional development for HR practitioners

- HR Practitioner Network—a department-wide virtual community with over 1300 members designed for staff currently working or interested in human resources. The network facilitates the sharing of best-practice research, as well as

promoting professional development including internal job opportunities. The network also administers the Learning Special Interest Group, a self-perpetuating online group with approximately 600 members focussed on building and sharing education, training and development information across the organisation.

- **HR Graduate Program**—six graduates completed the 2011 program, graduating in February 2012. The 12-month program, designed to attract and retain recent university graduates, includes a range of formal training and development activities, networking, and hands-on experience gained through three four-month placements. This year graduates were placed in districts and facilities across the state including Cairns, Townsville, Mackay, Darling Downs, West Moreton, Gold Coast, Logan and Brisbane. Since 2007 the program has recruited over 30 HR graduates into Queensland Health and involved over 150 HR managers, supervisors and mentors.
- **Certificate IV in Human Resources**—36 HR practitioners across Queensland Health participated in the 2011–2012 cohort, all completing and receiving the nationally accredited qualification in partnership with the Metropolitan South Institute of TAFE. The certificate provided participants with foundation HR knowledge in the Queensland Health context, and built on current relevant work experience—strengthening the qualified HR talent pool within the organisation.
- **HR Forum**—in August 2011, 200 HR executives and leaders attended the annual HR Forum. This year's forum focussed on the role of HR in the National Health Reform environment. The forum provided an opportunity for HR practitioners across the state to come together for the purposes of information sharing, participating in learning opportunities, building professional networks, strengthening the skills of HR practitioners and improving HR service delivery across Queensland Health. As a collaborative cross-government initiative (holding the forum at the Metropolitan South Institute of TAFE in Brisbane), Queensland Health supported students in achieving their qualifications by participating in the forum.

Shared services

The Shared Service Initiative is a whole-of-government approach to the delivery of corporate services. The aim is to provide high-quality, cost-effective corporate support services across the Queensland Government. Shared Services are underpinned by standardising business processes, consolidating technology, and pooling resources and expertise. The Queensland Health Shared Service Partner (QHSSP) aims to provide efficient, high-quality and innovative corporate transactional services that support the delivery of health services and promote organisational effectiveness for Queensland Health.

The QHSSP delivers the following services:

- finance transaction processing
- supply and distribution
- payroll and establishment
- recruitment administration
- group linen services.

Achievements include:

- implementation of new payroll hubs at Mackay and the Gold Coast
- ongoing implementation of the Supply Chain Management Integration Strategy to design, develop and implement a model of service delivery that supports a lean, high-performance supply chain capable of achieving best practice
- completion of a business continuity management plan for each QHSSP service area and completion of business continuity plans for each QHSSP facility.

In consultation with health service districts, QHSSP has developed a range of key performance indicators for each service area.

Executive Management Team (EMT) and Chief Executive Officer (CEO) profiles

Dr Tony O'Connell
Director-General

Dr Tony O'Connell entered the Australian health system as a medical student more than 40 years ago. He has specialist qualifications in intensive care and anaesthesia, and has been an examiner for the National Intensive Care College. Before coming to Queensland he acted as Deputy Director-General—Health System Performance in the New South Wales Department of Health. He directed the New South Wales Government's major redesign program for the department.

Tony has been involved in statewide system change for two decades and his major achievements have been facilitating significantly improved access performance for emergency and elective patients in New South Wales in the face of rising demand for services, and best-ever elective surgery performance in Queensland. He has led teams receiving premier's awards for public service excellence in both states.

Jan Phillips
Acting CEO, CHI

Jan Phillips has led system-wide improvements in clinical safety and quality, access, and patient experience. Since 2006, she has led the Healthcare Culture and Leadership Service.

Jan has performed executive director roles in HR management, strategic planning, information management, innovation and organisational development. She also has national and international experience as an invited speaker and facilitator, and has published articles on leadership, organisational improvement and workplace culture reform. Her qualifications are in social work, leadership and company directorship. She is a Fellow of the Australian Institute of Company Directors.

Dr Jeannette Young
Chief Health Officer

Dr Jeannette Young is the Chief Health Officer for Queensland, a role she has filled since August 2005. Before that, she was Executive Director of Medical Services at the PAH, Executive Director of Medical Services at Rockhampton Hospital, and held a range of positions in Sydney. Jeanette's original clinical background is in emergency medicine. She has specialist qualifications as a Fellow of the Royal Australasian College of Medical Administrators and a Fellow by Distinction of the Faculty of Public Health of the Royal College of Physicians of the United Kingdom. She is an Adjunct Professor at Queensland University of Technology and Griffith University.

Jeannette sits on the Queensland Board of the Medical Board of Australia and is a member of numerous Queensland and national committees and boards, including the Queensland Institute of Medical Research Council, the National Health and Medical Research Council (NHMRC), the Australian Health Protection Committee, and the Australian National Preventive Health Agency.

Ray Brown
Chief Information Officer

Ray Brown has worked in the ICT industry for over 30 years, mostly within the public sector. He has held senior ICT management and Chief Information Officer (CIO) roles that have supported frontline service delivery organisations for over 20 years including the former Departments of Family Services, Corrective Services and the Queensland Police Service.

Ray joined Queensland Health in June 2008 as an executive director and was appointed to the role of CIO in August 2009. During this period the Information Division has successfully deployed several new enterprise-wide clinical systems and initiatives to improve ICT governance, planning, architecture and service delivery.

Kathy Byrne
Chief Executive, CaSS

Kathy Byrne has a significant track record in strategic and operational leadership and achievement in five states and territories in Australia.

After many years as a health service chief executive, Kathy joined the leadership team of Queensland Health in 2009 as the Chief Executive of CaSS and took on responsibility for a wide range of clinical support services with a statewide scope throughout Queensland that directly support frontline patient care.

Her executive role in Queensland Health includes membership of the Queensland Health EMT and executive lead for the development of the statewide services response in the National Health Reform. Kathy is also a board member of the Australian Healthcare and Hospitals Association.

Susan Middleditch
Deputy Director-General, FPL

Susan Middleditch was appointed to Queensland Health on 14 May 2012.

Susan is a motivated leader with a proven track record in delivering results in high performing organisations. As a Certified Practicing Accountant, Susan brings with her extensive financial and business experience and joined Queensland Health from the former Department of Employment, Economic Development and Innovation, where she was Group Executive, Business Operations and CFO.

Susan also possesses high-level experience in strategic planning, risk management, human resource policy development and commercial finance, stemming from previous executive-level roles she has held with the South East Queensland Water Grid Manager, Commerce Queensland and the Australian National Training Authority.

Glenn Rashleigh
Acting Deputy Director-General, HPID

Glenn Rashleigh joined Queensland Health on 6 June 2011. Prior to this, Glenn held a range of general management positions with Laing O'Rourke Construction Ltd (formerly Barclay Mowlem Construction and Barclay Bros) in Queensland and the Northern Territory for over 30 years. He was also a member of the Board for the Queensland Master Builders Association for 12 years and represented the construction and development industry on numerous boards and committees over the past 20 years.

Lyn Rowland
Acting Deputy Director-General, HRS

Lyn Rowland's career, spanning over 30 years, has been in both the public and private sectors with a major focus on reform of human resources practices and change management.

Lyn commenced her career in HR in Local Government in 1981 working with three Melbourne city councils where she held roles as HR Manager and HR/Industrial Relations (IR) Manager. Post Victorian Local Government she held executive HR positions with Melbourne Water, City of Adelaide, Normandy Mining and the Australian Magnesium Corporation.

In 2003, Lyn joined Queensland Rail as the Executive General Manager HR/IR and worked with the board, CEO and senior executive to transform the corporation from a state-based monopoly to a commercially competitive transport solutions business.

In 2009, Lyn accepted a position with Limitless Holdings (the international development division of the Dubai Government) as the Head HR Far East, based in Singapore.

Lyn joined Queensland Health in February 2012 and provides strategic leadership and advice for all human resources matters across Queensland Health. This includes the Payroll Portfolio Program, shared services, workplace relations, occupational health, safety and wellbeing, and strategic remuneration, organisational development and leadership advice.

Terry Mehan
Deputy Director-General, PandA

Terry Mehan is the Deputy-Director General, PandA. He was previously General Manager of Central Area Health Service and Southern Area Health Service, and Zonal Manager (Northern Zone) in Queensland Health. He has more than 30 years experience in senior executive positions in health and aged care with a strong focus on service integration and promoting population health. His current role focusses on strengthening governance and accountability across Queensland Health. Terry has specialist expertise in health service management, delivery and planning. He is an experienced chief executive of small rural hospitals, major regional hospitals and large metropolitan teaching hospitals.

Dr Michael Cleary
Deputy Director-General, PSR

Dr Michael Cleary is an emergency physician who has been with Queensland Health for 27 years. He has held a range of executive roles in Queensland Health and is a Queensland Health pre-eminent staff specialist. He is also Professor at the School of Public Health at the Queensland University of Technology.

Michael was previously Executive Director and Director of Medical Services for Logan and Beaudesert Hospitals, the Metro South Health Service District and the TPCH. He was appointed to lead PSR in April 2010.

Julie Hartley-Jones, CBE
CEO
Cairns and Hinterland Health Service District

Julie Hartley-Jones came to Queensland in January 2009 as CEO of the Cairns and Hinterland Health Service District and has a background in renal nursing. She has held senior nursing and management positions in England, including Chief Nurse of the Oxford Radcliffe Hospitals National Health Service Trust where she was responsible for more than 5500 nurses and midwives. Julie was then a Director of Nursing and moved to Australia in 2006 as Area Director of Nursing (DON) for Northern Sydney Central Coast Area Health Service in New South Wales, where she was responsible for more than 6000 nurses and midwives. She moved to Director of Clinical Operations in 2007.

Julie has been a guest speaker at many national and international conferences on renal care. She was President of the European Dialysis and Transplant Nurses Association in 1997–1998 and is an International Adviser to the National Kidney Federation of Singapore. She was made a Commander of the Most Excellent Order of the British Empire (CBE) for services to renal nursing in the 2000 British New Year Honours List. She has a Bachelor of Science in biology from the University of London, and a Master of Business Administration from Oxford Brookes University at Oxford.

Susan Turner
CEO
Cape York Health Service District

Susan Turner has been CEO since January 2010. Before joining Queensland Health she worked in chief executive officer roles in primary care in New Zealand and was extensively involved in significant healthcare reforms. She has worked in the health system for more than 20 years, including Capital Coast Health, the Waitemata District Health Board, acute mental health services, non-government health service provision, and primary healthcare organisations. Susan has a wide range of experience with communities and across sectors with a particular emphasis on Indigenous development. Her interests include transformational change in health systems, and innovation in Indigenous services, high needs and remote design and delivery.

Maree Geraghty
Acting CEO
Central Queensland Health Service District

Maree Geraghty has been Acting CEO of the Central Queensland Health Service District since January 2011. She was previously CEO of the South West Health Service District from November 2008, after being District Manager from 25 March 2008. Maree began work with Queensland Health in 1993 and has held a range of positions in corporate and health service delivery environments, including Principal Policy Officer to the Deputy Director-General; Manager, Child and Youth Health Policy; and Executive Director,

Community, Allied Health and Aged Care, Redcliffe-Caboolture Health Service District. She has a Bachelor of Arts degree, a Graduate Diploma in Education, and a Masters in Business Administration. Maree has a keen interest in developing evidence-based integrated models of care, clinical and corporate governance, communication, forming strategic partnerships, and building a culture of innovation and organisational improvement.

Jill Magee
CEO
Central West Health Service District

Jill Magee was raised in Charleville and completed her secondary school education there before moving to Brisbane to complete her nursing studies, including general, midwifery and child health. In 1996 she completed a Post Graduate Degree in Nursing and a Graduate Certificate in Management. Jill's 30-plus years experience in health include work in the government, non-government and private sectors. She has worked in Brisbane South, Logan-Beaudesert, West Moreton, South Burnett and Fraser Coast health service districts before taking the opportunity, in the 2006 Queensland Health restructure, to return to the bush. Jill has a particular interest in quality and safety.

Dr Peter Steer
CEO
Children's Health Services

Dr Peter Steer was appointed CEO of the Children's Health Service District in January 2009. His appointment followed a long and distinguished career as a neonatologist, senior medical administrator and academic in Australia and overseas. Peter was previously President of the McMaster Children's Hospital in Canada and Chief of Paediatrics at McMaster and St Joseph's Healthcare at Hamilton. He was also a Professor and Chair of the Department of Paediatrics at McMaster University. Peter has previously held senior leadership roles at the Mater Children's Hospital, the University of Queensland's School of Public Health and the Centre of Clinical Studies for Women's and Children's Health. He is a University of Queensland graduate.

Dr Peter Bristow
CEO
Darling Downs Health Service District

Dr Peter Bristow was appointed as Acting CEO of the Darling Downs Health Service District in June 2011. Peter came to Toowoomba in the year 2000 to take up the role of Toowoomba Hospital Intensive Care Services Director after spending four years as a Staff Specialist (Intensive Care) at the Alfred Hospital in Melbourne.

Peter is a member of the Australia and New Zealand Intensive Care Society and in 2000 was elected their Data Management Committee Chairman. His work resulted in the creation of a national benchmarking scheme which compares the performance of intensive care units around the nation.

Peter was appointed as the Executive Director of Medical Services in November 2004. He has a strong background in hospital medicine and is an intensive care specialist, previously working as the Intensive Care Unit (ICU) Director in Toowoomba. He has been a doctor for 25 years and worked in New South Wales and Victoria prior to coming to Toowoomba in 2000.

Peter has presented and published in ICU literature with his main research interests being severity of illness scoring systems and predictive algorithms.

Dr Adrian Nowitzke
CEO
Gold Coast Health Service District

Dr Adrian Nowitzke was born in Rockhampton and raised in Bundaberg before moving to Brisbane to undertake medical training and study for a Bachelor of Medical Science through the University of Newcastle. He then undertook specialist training in neurosurgery. Adrian is currently enrolled in the Brisbane Graduate School of Business executive MBA program. He has a strong vision for an integrated health service for the people of the Gold Coast that builds on the strengths of its staff and community relationships. He is the responsible officer for the district's operations and the project owner for the expansion of Robina Hospital and the building of the GCUH.

Kerry McGovern
CEO
Mackay Health Service District

Kerry McGovern joined the Queensland Government in 1968 and is now in his 43rd year of service. Initially completing studies in environmental health, he chose a career in health administration and was appointed a Hospital Board Manager in 1983. Kerry has served in senior executive roles in Cairns, Townsville, the Torres Strait, Innisfail, the Tablelands and Mount Isa. He has been CEO of the Mackay Health Service District since 2006. He was also appointed a Hospital Inspector and was Assistant Northern Zone Manager for three years. Kerry holds a tertiary qualification in financial accounting and is a board member of the Mackay Regional Development Corporation.

Professor Keith McNeil
District CEO
Metro North Health Service District

Prof Keith McNeil became CEO of the Metro North Health Service District in 2008. He is internationally recognised as an expert in lung transplantation and pulmonary vascular disease. He received postgraduate training in respiratory medicine in Queensland and underwent sub-specialty training in cardio-pulmonary transplantation and pulmonary hypertension in the United Kingdom.

In 1996, he was recruited to Cambridge as a transplant physician and Director of Pulmonary Vascular Diseases. During that time, he was an adviser to the United Kingdom's Department of Health on pulmonary hypertension, and established the United Kingdom National Centre for Pulmonary Endarterectomy at Papworth Hospital. Returning to Australia in 2001, Keith became Head of Transplant Services at TPCH in Brisbane, and Associate Professor of Medicine at the University of Queensland. Keith was appointed Professor of Medicine at the University of Queensland in 2007 and maintains his clinical and research interests.

Dr David Theile senior
CEO
Metro South Health Service District

Dr David Theile graduated Bachelor of Medicine/ Bachelor of Surgery with honours from the University of Queensland in 1962. Postgraduate training as a Resident and Surgical Registrar at Royal Brisbane Hospital resulted in him becoming a Fellow of the Royal Australasian College of Surgeons in 1967. After three years in the United Kingdom, he returned to Brisbane, gained the degree Master of Surgery and in 1974 was appointed to the Visiting Staff of PAH as a General Surgeon, a position he held until 2006.

In 2000, David was appointed Chairman of the Division of Surgery at PAH and he occupied that post until he was appointed Clinical CEO of PAH in May 2006. In October 2008, he was appointed District CEO of Metro South.

David has served as National President of the Royal Australasian College of Surgeons and was awarded the college's highest award (the Sir Hugh Devine Medal). In 1997, David was made an Officer of the Order of Australia for services to surgery. His previous roles include Clinical Professor of Surgery; VMO Surgeon, PAH; VMO Surgeon, Redcliffe Hospital; Senior Surgical Registrar, the Whittington Hospital, London; Lecturer in Surgery, the Royal London Hospital; and Resident Medical Officer then Surgical Registrar, Brisbane General Hospital.

Suzanne Sandral
CEO
Mount Isa Health Service District

Suzanne Sandral is a registered nurse and midwife. She has had a varied professional career covering medical, surgical and oncology/haematology nursing; and has worked in operating theatres and radiotherapy. She has been a remote area nurse and an occupational health and safety nurse at the Granites Goldmine in the Tanami Desert, Northern Territory.

In her years as a health administrator, Suzanne has worked in Sydney, London, the Northern Territory, India, Vietnam and now Queensland. In India and Vietnam she was an executive member of the project and commissioning teams that built hospitals in Kolkata (Calcutta), India, and Ho Chi Minh City, Vietnam.

Suzanne left Sydney and the Wollongong area in 1997, where she had been the DON of several private hospitals, and headed to the Alice Springs Hospital. She later gained experience as the occupational health and safety nurse in a gold mine and then an Indigenous owned and run community. In 2000, she became the DON of a hospital under construction in Kolkata, in West Bengal, India.

Chris Small

Acting CEO
South West Health Service District

Chris Small holds the substantive position of the South West Health Service District DON, and has been in this role since August 2009. Prior to this, he was the DON/Facility Manager of Mitchell Hospital.

Chris completed his training at the PAH in 1992. Since this time he has completed a number of tertiary studies in clinical and management. Chris has a passion for delivering innovative rural healthcare that focusses on advanced clinical skill development to ensure evidenced-based acute and emergency care is given, but also on creative health promotion and chronic disease programs to address the broadening burden of disease in rural communities.

Chris also has a strong interest in quality, patient safety and clinical governance. Chris has worked in a range of positions both in the public and private sectors, including roles as Quality Manager across a group of hospitals, Clinical Nurse in Anaesthetics and Recovery and Nurse Unit Manager of a Medical/High Dependency Unit ward.

Kevin Hegarty

CEO
Sunshine Coast Health Service District

Kevin Hegarty has served in senior positions in Queensland Health since joining the department in 1995. He was first appointed as a District Manager in 2001 at the then Rockhampton Health Service District. Kevin began as District Manager of the Sunshine Coast in December 2003 and was appointed District CEO of the Sunshine Coast-Wide Bay Health Service District in late 2008. From 1 November 2010, the Sunshine Coast Health Service District became an entity in its own right with Kevin remaining District CEO. He has interests in mental health, Indigenous health, developing partnerships with universities, divisions of General Practice, and other significant community organisations.

Paul Stephenson

CEO
Torres Strait-Northern Peninsula Health Service District

Paul Stephenson has been a District Manager/CEO since July 2005, initially in the Cape York Health Service District. He then moved to Mount Isa in November 2009 and to the Torres Strait in 2011. He was previously Acting District Manager of the Torres Strait and Northern Peninsula Area Health Service and Cape York. Paul joined Queensland Health in 1990 as a Clinical Nurse Consultant/Program Manager in specialised health and was then a DON/Service Manager for the Cooktown and Mossman health services in north Queensland. His interests include integrated rural health service development; Indigenous health; and community development.

Dr Andrew Johnson

CEO
Townsville Health Service District

Dr Andrew Johnson was appointed District Executive Director Medical Services in July 2000 and has been Acting CEO since March 2011. He has been an Eminent Staff Specialist since January 2006. Andrew's qualifications include MBBS UNSW 1989; MHA UNSW 1995; and Fellow Royal Australasian College of Medical Administrators 1996. He has a background as an Adjunct Associate Professor of Medicine, James Cook University, and served in the Royal Australian Air Force. Andrew worked for three years in New South Wales public hospital management and for three years in the private sector in Cairns. His main interests are patient safety, medical workforce, emergency preparedness and disaster management, and medical education.

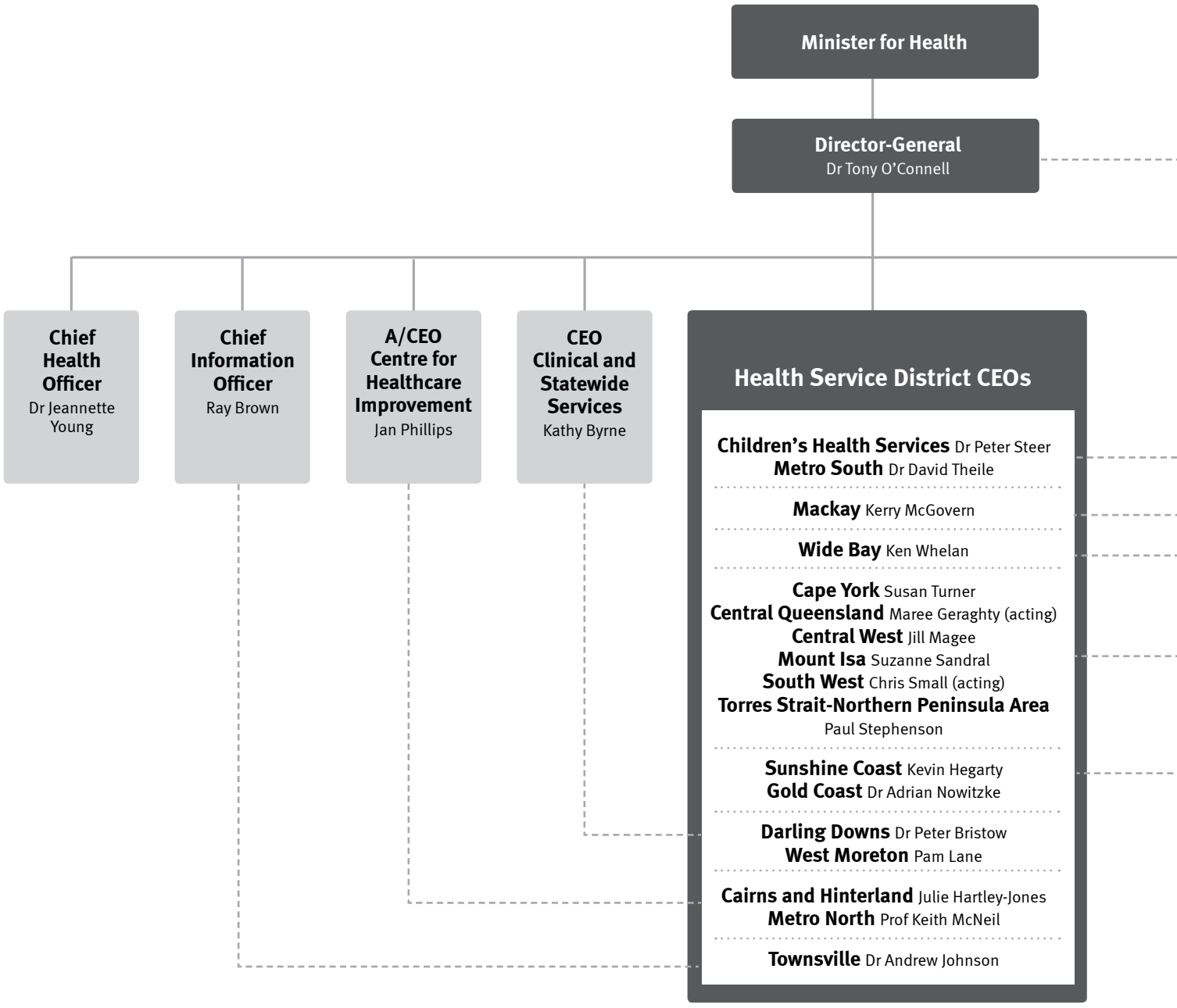
Pam Lane
District CEO
West Moreton Health Service District

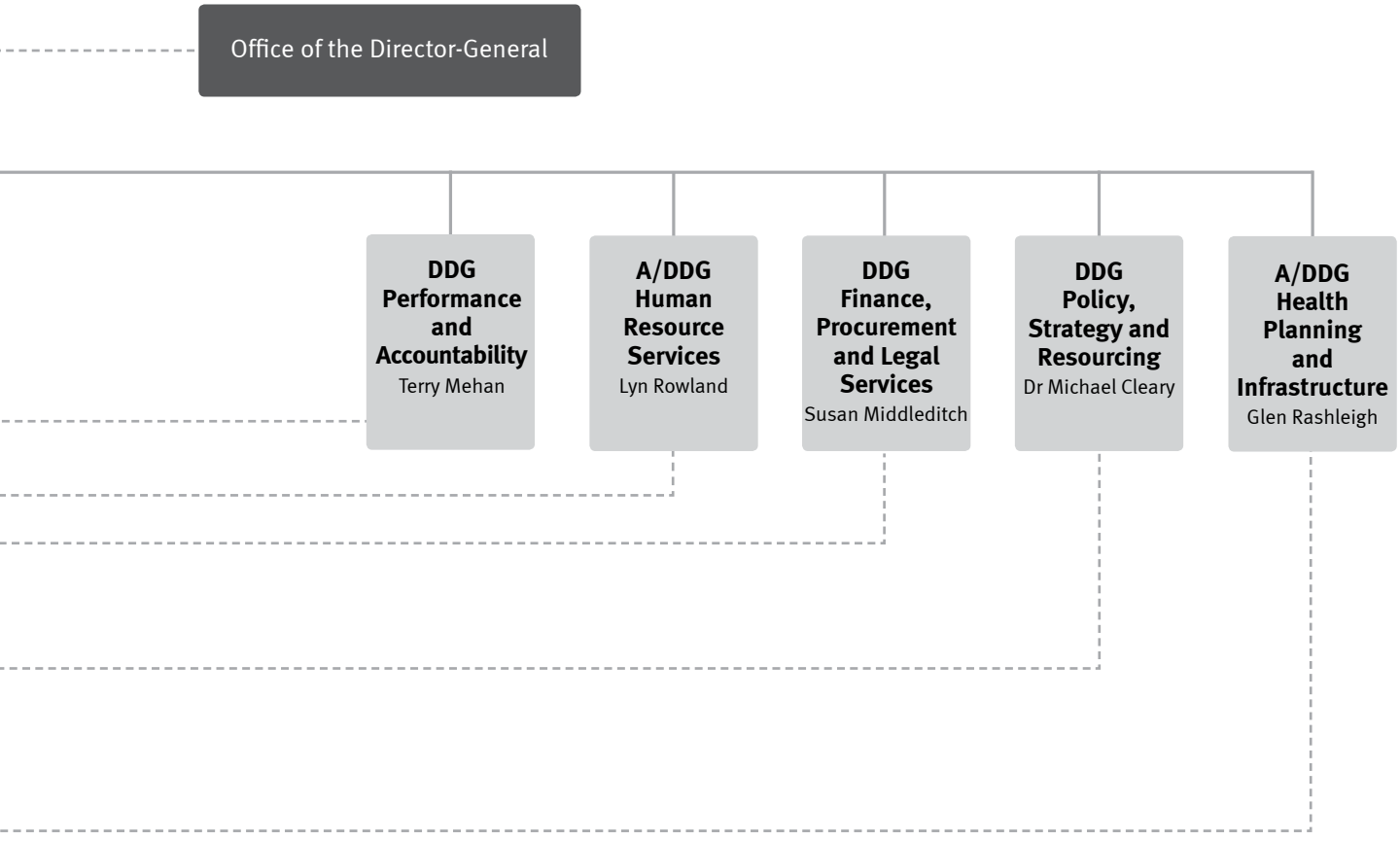
Pam Lane has more than 20 years experience in leading and managing a diverse range of health services focussing on improving patient services and developing staff. Pam began her nursing training in 1966 at Toowoomba Base Hospital and worked as a midwife for 20 years. In 1993, she started at Ipswich Hospital as DON and after six years became District Manager of the West Moreton Health Service District. The amalgamation of the West Moreton and South Burnett Health Service Districts saw Pam become District Manager of the new district in February 2007. In November 2008, she was successful in gaining the position of CEO for the newly formed Darling Downs-West Moreton Health Service District. Following the de-amalgamation of these districts on 30 June 2011, Pam continues in the role of District CEO for the West Moreton Health Service District. Pam is a member of many community organisations, including the Ipswich Hospital Foundation, Ipswich Hospice, Zonta and the University of Queensland Advisory Board.

Ken Whelan
CEO
Wide Bay Health Service District

Ken Whelan became CEO for the newly formed Wide Bay Health Service District in November 2010. Before entering management, he was a registered nurse. Ken has been in health management for almost 23 years and in CEO roles for the last 13 years. He has led two district health boards in New Zealand and was District Manager at Townsville Health Service District for nearly six years.

Queensland Health organisational chart





Direct report

Portfolio relationship

DDG Deputy Director-General

CEO Chief Executive Officer

Governance and accountability

Executive committees

Executive Management Team

The EMT purpose is to:

- support the Director-General to meet responsibilities outlined in the *Health Services Act 1991* and other relevant legislation
- make recommendations on the department's strategic direction, priorities and objectives and endorse plans and actions to achieve the objectives
- set an example for the corporate culture throughout the organisation.

The EMT's functions are to:

- set the department's strategic direction and priorities
- ensure available resources for delivering public sector health services are used effectively and efficiently
- monitor the organisation's performance against its strategic objectives and key performance indicators
- set a culture of risk-based decision-making throughout the organisation
- ensure effective governance systems are in place.

EMT membership:

- Director-General
- CHO
- CHI
- Chief Executive, CaSS
- CEO, CHI
- Deputy Director-General, PandA
- Deputy Director-General, FPL
- Deputy Director-General, HRS
- Deputy Director-General, PSR
- Deputy Director-General, HPID
- Chair, CEO and Deputy Director-General Forum.

Key achievements for 2011–2012 included:

- recommendations to the Director-General on approving the annual budget that aligned to the strategic plan
- providing leadership for the introduction of National Health Reform
- endorsing Queensland Health's ABF model.

EMT met 40 times in 2011–2012.

CEO and Deputy Director-General Forum

The CEO and Deputy Director-General Forum is an opportunity for district chief executive officers and EMT members to work in partnership with other areas of Queensland Health and influence policy direction by:

- engaging in high-level strategic discussion
- having input into strategic decision-making
- strategically overseeing service performance
- ensuring alignment of strategic objectives and the supporting and enabling functions required to ensure organisational achievement of goals
- providing a point of coordination for system-wide performance improvement strategy development and monitoring.

CEO-Deputy Director-General Forum membership:

- Director-General
- All district chief executive officers
- All deputy directors-general of corporate divisions
- All chief executive officers of corporate divisions
- CHO
- CIO.

The CEO and Deputy Director-General Forum was held 11 times in 2011–2012.

Close the Gap Executive Committee

The Close the Gap Executive Committee was established in August 2009. Its purpose is to:

- provide strategic advice and recommendations to EMT on Queensland Health's contribution towards Closing the Gap in Indigenous health outcomes by 2033

- monitor the development and implementation of the Making Tracks and Close the Gap policies and associated implementation plans—including Queensland Health's commitments under the COAG Indigenous Health Outcomes and Indigenous Early Childhood NPA
- monitor progress in the performance accountabilities of district chief executive officers, deputy directors-general and other corporate heads in contributing to the Close the Gap agenda and provide advice to the performance and accountability directorate on successes and underperformance, as appropriate.

The Close the Gap Executive Committee contributes to managing and delivering health services by:

- overseeing development, approval and publication of the Making Tracks Indigenous health policy and associated plans, including initiatives funded under the COAG Indigenous Health Outcomes and Indigenous early childhood NPA
- overseeing development, approval and publication of the COAG Indigenous Health Outcomes NPA implementation plan and securing funding to support its implementation
- monitoring progress in implementing Close the Gap initiatives and achieving Close the Gap accountabilities articulated in Making Tracks
- implementing initiatives developed under the COAG Indigenous Health Outcomes and Indigenous Early Childhood NPAs and the performance agreements of district chief executive officers, deputy directors-general and other corporate heads
- considering and assessing financial, patient safety and quality, people, information and infrastructure impacts of its decision-making and collaborating with other executive committees and functional areas, where relevant
- identifying risks and mitigation strategies associated with all decisions made
- implementing processes to enable the Close the Gap Executive Committee to identify, monitor and manage critical risks as they relate to the committee's functions.

The committee met six times in 2011–2012. There are no external members.

Health Infrastructure and Projects Executive Committee

The Health Infrastructure and Projects Executive Committee (HIPEC) aims to:

- ensure capital works and infrastructure align with Queensland Health's strategic and endorsed service planning directions
- provide strategic advice and recommendations to ensure investments in physical infrastructure and assets are optimised for achieving Queensland Health's health service delivery outcomes and that the asset base is sustainable in the long-term
- ensure all strategies and planning (including enabling planning) are coordinated, integrated and aligned, and lead to the achievement of Queensland Health's strategic objectives
- oversee and support development of appropriate policies and procedures to support the effective delivery of infrastructure projects, planning activities and physical infrastructure and assets, including non-hospital accommodation (owned and leased)
- consider and assess the financial, patient safety and quality, people, information and infrastructure impacts of its decision-making and collaborate with other executive committees and functional areas, where relevant.

To contribute to the management and delivery of health services, HIPEC:

- obtains approval for the Capital Acquisition Plan
- reviews, monitors, prioritises and manages Capital Acquisition Plan performance, including reviewing specific project delivery methodologies, reviewing project and program risk assessments and related mitigation strategies, and financial performance
- oversees development and implementation of Queensland Health's Capital and Asset Planning Framework and recommends approval
- obtains approval for the annual Asset Strategic Plan
- has executive overview of asset management strategy and policy, and recommends policy approvals
- reviews and monitors asset performance and infrastructure risks
- engages with departmental planning units (including other enabling planning units), health service districts and external stakeholders on infrastructure planning, capital works and assets

- oversees development of the department's Capital Investment Plan and recommends which proposed capital projects proceed to further planning and/or future budget submissions
- oversees outcomes of infrastructure planning activities and recommends further activities
- oversees development of design guidelines and recommends approval.

HIPEC met 10 times in 2011–2012. There are no external members.

Health Reform Program Executive

The Health Reform Program Executive was established in January 2011 and replaced the National Health Reform Program Executive as the formal Health Reform Program Board from 2 March 2012. It is a time-limited committee that meets fortnightly.

The purpose of the Health Reform Program Executive is to:

- function as the health reform portfolio/program board
- oversee work priorities and performance of the Queensland Health Reform Transition Office and the Senior Director, Queensland Health Reform Transition Office
- support the timely escalation of program risks and issues for consideration by the Senior Responsible Owner (Director-General Queensland Health)
- manage the relationship between the Queensland Health Reform Program and the Health and Disability Reform CEOs Committee as the program's sponsoring group to ensure that, as far as possible, Queensland Health's priorities are addressed in the committee's deliberations.

The Health Reform Program Executive met 11 times in 2011–2012.

Table 5: Health Reform Program Executive membership in 2011–2012

Name	Membership	Dates
Dr Tony O'Connell	Director-General	January 2012–June 2012
Dr Michael Cleary	Deputy Director-General, PSR	January 2012–June 2012
Dr Peter Steer	Chair, District CEO and Deputy Director-General Forum	January 2012–June 2012
Susanne LeBoutillier	Senior Director, Queensland Health Reform Transition Office	January 2012–June 2012
Kathy Byrne	Chief Executive, CaSS	February 2012–June 2012
John Cairns	Deputy Director-General, HRS	February 2012–March 2012
Helen Gluer	Acting Director-General, Health Corporate Services Authority	February 2012–March 2012
Neil Castles	Deputy Director-General, FPL	February 2012–April 2012
Susan Middleditch	Deputy Director-General, FPL	May 2012–June 2012
Dan Harradine	Executive Director, Office of Director-General	January 2012–June 2012

Human Resources Executive Committee (HREC)

The HREC aims to:

- give strategic context and direction for developing the Queensland Health People and Culture Plan and related plans, including:
  - workforce planning
  - workplace culture and leadership
  - human resources, including organisational design
  - occupational health and safety
- ensure all associated strategies are coordinated, integrated and aligned to broader Queensland Health strategic objectives
- create a forum for advice on strategic policy and critical issues.

To contribute to the management and delivery of health services, the HREC:

- facilitates development of the Queensland Health People and Culture Plan and its periodic review, in collaboration with relevant stakeholders, including health service districts
- ensures clear linkages between the Queensland Health People and Culture Plan and the Queensland Health Strategic Plan and related plans
- monitors implementation of the People and Culture Plan and related plans, and considers identified issues, risks and opportunities
- ensures matters referred for strategic advice are well researched and allow delegates to make well-informed decisions.

HREC considered and established a risk register for high level human resources risks for the organisation. HREC met five times in 2011–2012. There are no external members.

Information and Communication Technology Executive Committee

The Information and Communication Technology Executive Committee (ICTEC) aims to:

- ensure the effective use of ICT to assist Queensland Health to achieve its strategic objectives
- set the direction for ICT to ensure alignment between ICT investment and Queensland Health strategies
- determine ICT investment priorities
- endorse ICT strategies and plans developed to deliver on Queensland Health objectives and priorities
- assess and recommend funding for ICT investments
- review the progress of ICT programs and projects to ensure value is delivered
- realign investments, as appropriate.

To contribute to the management and delivery of health services and achieve Queensland Health's strategic objectives, the ICTEC:

- endorses the departmental ICT strategy as specified by the Financial and Performance Management Standard 2009 and portfolio plans for each ICT portfolio within Queensland Health
- monitors and reviews the ICT Capital Acquisition Plan
- prioritises a program of work to address key ICT asset replacement priorities detailed in the annual asset strategic plans for each division and district
- endorses and oversees the information management program of work across Queensland Health
- monitors the performance of the portfolio of ICT programs and projects across Queensland Health
- realigns investments where performance expectations are not being met
- monitors the realisation of benefits from the suite of investments
- reviews and monitors ICT portfolio risks
- reviews and monitors ICT service performance across Queensland Health
- monitors implementation of audit recommendations for ICT
- ensures whole-of-government issues are considered and reporting requirements satisfied
- considers and assesses the financial, patient safety and quality, people, information, and infrastructure impacts of its decision-making and collaborates with other executive committees/functional areas where appropriate/relevant.

ICTEC met nine times during 2011–2012.

Integrated Policy and Planning Executive Committee

The IPPEC aims to integrate, coordinate and endorse statewide policy development and implementation, and health service planning within Queensland Health to:

- improve access to safe and sustainable health services
- better meet people's needs across the health continuum
- enhance organisational work processes and systems to support service delivery and business effectiveness
- help Queensland Health achieve its strategic objectives.

To contribute to the management and delivery of statewide and district health services, IPPEC:

- gives executive overview of strategic and statewide policy and health service planning
- develops, coordinates and integrates within Queensland Health, in collaboration with relevant stakeholders, including health service districts
- gives direction on developing and establishing planning systems to improve integration of policy development, health service planning and other key planning activities across health service districts, the department and government
- considers contributions of policy development and planning activities to achieving Queensland Health's strategic objectives
- considers identified issues, risks and opportunities from strategic policy development, health service planning and other planning processes, including budget and performance management processes
- considers strategic and statewide policy and planning implications at statewide and district levels in Queensland Health
- gives direction on priority Queensland Health planning and policy projects and how they will be progressed
- engages effectively with internal and external Queensland Health policy and planning stakeholders to seek input for policy and planning decisions, including relevant consultation with health service districts and other key stakeholders before discussion of agenda items and/or finalisation of decisions
- where appropriate promotes organisation-wide integration when undertaking policy and planning activities, including:
  - communicating and advocating for integration of processes and systems
  - leading integration practices within their areas of responsibility
- endorses statewide policy development and planning activities at key project stages ensuring they:
  - are consistent with Queensland Health endorsed processes
  - promote effective implementation planning as a key element
- monitors consistency between statewide and health service district (where there may be statewide or cross-district implications) policy development and planning
- endorses development of systems that support integrated policy and planning development
- leads development, implementation and review of the Statewide Health Services Plan, a legislative requirement (*Health Services Act 1991*, s3, s7)
- is supported by the IPPEC Standing Sub-Committee.

IPPEC met eight times in 2011–2012. IPPEC membership includes a representative from the Queensland Clinical Senate. In the first half of the financial year a clinical senate member external to Queensland Health filled the role, whilst in the second half of the financial year the position was filled by an internal Queensland Health member of the clinical senate.

National Health Reform Executive Committee

To contribute to the management and delivery of health services, the National Health Reform Executive Committee (NHREC) was a time-limited committee established to oversight and make recommendations to the Chair on critical policy and strategic decisions for implementing the COAG health reform agenda in Queensland.

The committee functioned under the authority of the Director-General for Queensland Health and provided advice to:

- the Minister for Health
- the National Health Reform Inter-Departmental Chief Executive Officer Committee.

The NHREC met eight times in 2011–2012. It was disbanded in February 2012 and replaced by the Health Reform Program Executive.

Table 6: National Health Reform Executive Committee membership in 2011–2012

Name	Title	Dates
Dr Tony O'Connell	Director-General	October 2011–February 2012
	Acting Director-General	July 2011–September 2011
Jacqueline Ball	Executive Director, Strategic Policy, Funding and Intergovernmental Relations Branch	July 2011– February 2012
Brigid Bourke	CFO	July 2011–November 2011
Ray Brown	CIO	July 2011–February 2012
Kathy Byrne	Chief Executive, CaSS	July 2011–February 2012
John Cairns	Deputy Director-General, HRS	July 2011–February 2012
Neil Castles	Deputy Director-General, FPL	July 2011–February 2012
Tina Davey	Executive Director, Intergovernmental Relations, Department of the Premier and Cabinet	July 2011–February 2012
Dr Michael Cleary	Deputy Director-General, PSR	July 2011–February 2012
Dr John Glaister	Deputy Director-General, HPID	July 2011–February 2012
Julie Hartley-Jones	CEO, Cairns and Hinterland Health Service District	July 2011–February 2012
Walter Ivessa	Assistant Under Treasurer, Queensland Treasury	July 2011–February 2012
Susanne Le Boutillier	Senior Director, Queensland Health Reform Transition Office	July 2011–February 2012
Terry Mehan	Deputy Director-General, PandA	July 2011–February 2012
Dr Keith McNeil	CEO, Metro North Health Service District	June 2011–February 2012
Catherine O'Malley	Acting Executive Director, Social Policy, Department of the Premier and Cabinet	July 2011–July 2011
Dr Peter Steer	CEO, Children's Health Service District	July 2011–February 2012
Paul Stephenson	CEO, Mount Isa Health Service District	July 2011–August 2011
	CEO, Torres Strait – Northern Peninsula Health Service District	September 2011–February 2012
Dr Jeannette Young	CHO	July 2011–February 2012
Dr Elizabeth Whiting	Queensland Clinical Senate	July 2011–February 2012

Note: No members are remunerated for their participation

Patient Safety and Quality Executive Committee

The Patient Safety and Quality Executive Committee (PSQEC) sets policy direction in patient safety and quality of service delivery, in accordance with the *Health Services Act 1991* and the *Queensland Health Strategic Plan 2011–2015*.

To contribute to managing and delivering Queensland Health services and achieving Queensland Health's strategic objectives, the PSQEC:

- oversees the Queensland Health Clinical Governance Framework
- endorses clinical guidelines, policies, implementation standards, alerts and advisories and other documents relating to patient safety and quality
- advises the EMT on all matters relating to patient safety and quality
- scans the system, reviewing and monitoring patient safety and quality risks, performance indicators and reports
- directs action to promote improvements in patient safety and quality of healthcare and considers relevant information
- advises on the cost effectiveness of patient safety and quality initiatives
- monitors Queensland Health responses to safety and quality issues
- develops and monitors implementation of the Patient Safety and Quality Plan for Queensland Health.

During the reporting period, the PSQEC endorsed the:

- Queensland Health Guide for Echo-cardiography
- Queensland Maternity and Neonatal Operational Framework: Maternity Shared Care
- Implementation Standard for the professional relationship between dentists and dental therapists
- Rural and Remote Emergency Services Standardisation Project
- Queensland Maternity and Neonatal Clinical Guidelines, Supplements and Operational Framework
- Amendments to Attachment D Standard Process for Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners and Dentists in Queensland Health—Implementation Standard
- Final Draft Schedule of Interim Changes for the better management of Credentialing risk in the 'Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners and Dentists in Queensland Health Policy 2011'
- Queensland Maternity and Neonatal Clinical Guidelines and Supplements
- Variable Life Adjusted Display Information Standard 6.2
- Nutrition screening, assessment and support Policy, Standard and Procedure
- Informed Decision-making in Healthcare Policy, Implementation Standard and Guide
- VLAD Annual Report
- Queensland Health Safe Infant Sleeping Policy
- Management of the Deceased Patient Practice Manual 2012
- Nurse Practitioner Credentialing and Defining the Scope of Clinical Practice
- Queensland Maternity and Neonatal Clinical Guideline and Supplement: Normal Birth and Supplement and Perineal Care and Supplement.

PSQEC met 10 times in 2011–2012.

Table 7: Patient Safety and Quality Executive Committee

Name	Membership	Dates
Jason Curry	Chair	July 2011
Dr Michael Daly	Chair	August 2011–October 2011
Dr John Wakefield	Chair	December 2011–June 2012
Terry Mehan	Ex-officio member	July 2011– June 2012
Dr Jeannette Young	Ex-officio member	July 2011– June 2012
Dr Alun Richards	Delegated for CHO	July 2011–March 2012
Prof Jagmohan Gilhotra	Delegated for CHO	April 2012–June 2012
Cheryl Burns/ Frances Hughes	Ex-officio member	July 2011–January 2012 February 2012–June 2012
Dr Grant Howard/ Ruth Hay	Ex-officio member	July 2011–December 2011 January 2012–June 2012
Kathy Byrne	Ex-officio member	July 2011–June 2012
Prof David Thiele	Ex-officio member	July 2011–June 2012
Ken Whelan	Ex-officio member	July 2011–June 2012
Jill Magee	Ex-officio member	July 2011–June 2012
Dr John Wakefield/ Dr Jillann Farmer	Ex-officio member	July 2011–June 2012 February 2012–June 2012
Dr Don Martin	Ex-officio member	July 2011–June 2012
Dr Jill Newland	Ex-officio member	July 2011–June 2012
Barbara Kent	DG appointed member (consumer representative)	July 2011–June 2012
Gary Rebgetz	DG appointed member (consumer representative)	July 2011–June 2012
Marie Pietsch	DG appointed member (consumer representative)	July 2011–June 2012
Dr Judy Graves/ Dr Stephen Ayre	DG appointed member	July 2011–September 2011 February 2012–June 2012
Ian Scott	DG appointed member	July 2011–June 2012
Lynn Jamieson	DG appointed member (external)	July 2011–June 2012
Tony Hall	DG appointed member (external)	July 2011–June 2012

Note: The committee's external members are remunerated for their time and related expenses. The amount paid in 2011–2012 was $13 238.96.

Risk Management Advisory Committee

The Risk Management Advisory Committee (RMAC) continues to direct the development and integration of a strategic approach to managing risks and embedding the process into routine governance and management practice. RMAC functions in accordance with the requirements of the *Financial Accountability Act 2009* and the Financial and Performance Management Standard 2009.

RMAC membership comprises:

- CEO, CHI
- CIO, Information Division
- Deputy Director-General, PandA (Chair)
- Deputy Director-General, PSR
- Deputy Director-General, FPL
- Deputy Director-General, HRS
- Deputy Director-General, HPID
- Three district CEOs
- External risk management professional/adviser.

RMAC met six times in 2011–2012. External RMAC members are remunerated for their time. The amount paid in 2011–2012 was $5600. At this point risk management will have been embedded into core governance and management practices; the committee will dissolve and the monitoring/oversight functions will be transferred to an appropriate committee.

Resource Executive Committee

The Resource Executive Committee (REC) aims to:

- review the financial position and performance of Queensland Health in the current and future years
- give strategic advice and recommendations to the EMT on developing, implementing and managing Queensland Health's financial management strategy
- ensure all financial and organisational performance improvement processes are coordinated and effective, and lead to the achievement of Queensland Health's strategic objectives
- oversee progress against critical objectives and ensure appropriate action to support improvements, where necessary
- promote development of effective teamwork across Queensland Health, and the most effective division of responsibilities for financial strategy and organisational performance improvement
- monitor development of the procurement policy and procedures for Queensland Health as determined by the EMT
- actively manage implementation of the Budget Management Action Plan and monitor and report on outcomes under the plan.

To contribute to managing and delivering health services, REC:

- develops Queensland Health's financial strategy, in accordance with the strategic direction as determined by the executive
- oversees implementation of the approved financial strategy, including annual development of the Queensland Health budget for executive approval
- promotes development of an effective organisational performance monitoring and improvement framework
- oversees and gives focussed direction in developing coordinated performance and financial information and decision-support systems to underpin performance monitoring, analysis and reporting
- monitors variances to outcomes of the financial strategy implementation, including reviewing significant variances to approved annual budgets, and making decisions to rectify variances to the financial strategy
- analyses any material request for alterations to the approved budget and decides on their financial viability.

Members of the REC

Chair: Deputy Director-General, FPL

Members:

- Director-General
- Deputy Director-General, PSR
- Deputy Director-General, PandA
- Deputy Director-General, HPID
- Deputy Director-General, HRS
- CEO, CaSS
- CEO, CHI
- CHO
- CIO
- General Manager Finance, Queensland Health
- Senior Director, Strategic Policy, Funding and Intergovernmental Relations
- One (1) District CEO from a metropolitan Health Service District
- One (1) District CEO from a regional Health Service District

- One (1) District CEO from a rural Health Service District.

REC met 12 times in 2011–2012. There are no external members on this committee.

Other committees and boards

Activity Based Funding Project Board

The ABF Project Board's purpose is to:

- support the project sponsor in meeting their responsibilities
- provide strategic advice and recommendations to the EMT on developing, implementing and managing activity based funding in Queensland Health
- oversee completion of the development and implementation of an activity based funding model for Queensland Health.

To contribute to management and delivery of health services and achieve Queensland Health's strategic objectives, the ABF Project Board:

- provides business assurance of the ABF project and project products
- monitors and manages the ABF project's progress against the approved business case
- implements robust risk management processes
- ensures stakeholders are appropriately engaged
- ensures the organisational change required is appropriately managed
- approves the transition plan for transferring responsibility of ABF to the business
- oversees the transition of ABF from a project to business as usual
- ensures available resources for the delivery of healthcare purchasing and activity based funding.

ABF Project Board membership comprises:

- Deputy Director-General, PandA
- Deputy Director-General, FPL
- Deputy Director-General, PSR
- CEO, CHI
- CEO, Gold Coast Health Service District
- CEO, Cairns and Hinterland Health Service District
- Chief Financial Officer, Metro North Health Service District
- Clinical Senate Executive
- Clinical Senate Member.

Key achievements for 2011–2012 included:

- completion of 2011–2012 ABF Funding Model
- development and completion of pilot for 2012–2013 Healthcare Purchasing Framework.

The ABF Project Board met 12 times in 2011–2012. No members were remunerated for their participation.

Audit Committee

The Audit Committee provides independent assurance and assistance to Queensland Health's Director-General on:

- risk, control and compliance frameworks
- external accountability responsibilities, as prescribed in the *Financial Accountability Act 2009*, the *Auditor-General Act 2009*, the Financial Accountability Regulation 2009 and the Financial and Performance Management Standard 2009.

To contribute to managing and delivering health services, the Audit Committee's responsibilities cover:

- financial statements
- internal control
- internal audit
- external audit
- compliance
- reporting.

Financial statements—the committee:

- reviews the appropriateness of accounting policies
- reviews the appropriateness of significant management assumptions in preparing financial statements
- reviews financial statements for compliance with prescribed accounting and other requirements
- reviews with management and the internal and external auditors results of the external audit and any significant issues identified
- ensures a proper explanation for any unusual transactions or trends or material variations from budget
- ensures assurance is given by management on the accuracy and completeness of the financial statements.

Internal control—the committee:

- reviews, through audit planning and reporting of internal and external audit, the adequacy of the internal control structure and systems, including information technology security and control

- reviews, through audit planning and reporting of internal and external audit functions, if relevant policies and procedures are in place and up-to-date, including those for the management and exercise of delegations, and if they are being complied with in all material matters.

Internal audit—the committee:

- reviews the Internal Audit Charter as required
- reviews adequacy of the budget, staffing, skills and training of the internal audit function, having regard for the department's risk profile
- reviews and approves the internal audit strategic and annual plan, scope and progress, and any significant changes, including difficulties or restrictions on scope of activities or significant disagreements with management
- reviews the proposed internal audit plan for the coming year to ensure it covers key risks and that there is appropriate coordination with the external auditor
- reviews and monitors internal audit reports and action taken
- reviews and assesses performance of internal audit operations against annual and strategic audit plans
- monitors developments in the audit field and standards issued by professional bodies and other regulatory authorities to encourage use of best practice by internal audit.

External audit—the committee:

- consults external audit on the function's proposed audit strategy, audit plan and audit fees for the year
- reviews findings and recommendations of external audit and management's response to them
- assesses if there is a material overlap between the internal and external audit plans
- assesses the extent of the external auditor's reliance on internal audit work and monitoring external audit reports and the department's response to those reports.

Compliance—the committee:

- determines if management has considered legal and compliance risks as part of the department's risk assessment and management arrangements
- reviews the system's effectiveness for monitoring compliance with relevant laws, regulations and government policies
- reviews findings of any examinations by regulatory agencies, and any audit observations.

Reporting—the committee:

- submits reports as required to the Director-General, outlining relevant matters it considers need to be highlighted
- prepares an annual report to the Director-General summarising the performance for the previous year. An interim program of the planned activities for the coming year is also provided.

The Audit Committee met six times in 2011–2012.

Table 8: Audit Committee membership

Name	Membership	Dates
Len Scanlan	Chair (external member)	July 2011–June 2012
Dr Jeannette Young	Member	July 2011–August 2011
Dr Judy Graves	Member	April 2012–June 2012
Terry Mehan	Member	July 2011–June 2012
Julie Hartley-Jones	Member	July 2011–June 2012
Ken Brown	External Member	July 2011–June 2012

Note: External members on the Audit Committee are remunerated for their time. The amount paid during 2011–2012 was $19 715.

Mechanisms to strengthen governance

Ethics and code of conduct

Queensland Health is committed to upholding the values and standards of conduct outlined in the *Code of Conduct for the Queensland Public Service* which came into effect on 1 January 2011. The *Code of Conduct for the Queensland Public Service* applies to all Queensland Health employees and replaced the previous Queensland Health Code of Conduct.

The new Code of Conduct for the Queensland Public Service was developed under the *Public Sector Ethics Act 1994* and consists of four core principles:

- integrity and impartiality
- promoting the public good
- commitment to the system of government
- accountability and transparency.

Each principle is strengthened by a set of values and standards of conduct describing the behaviour that will demonstrate that principle.

All Queensland Health employees are required to undertake training in the *Code of Conduct for the Queensland Public Service* during their induction and thereafter re-familiarise themselves with the code of conduct annually. Queensland Health continues to develop a standard of practice, in consultation with employee unions, to underpin the *Code of Conduct for the Queensland Public Service*. A campaign to ensure employees are aware of the code of conduct was implemented and included in resources, training and face-to-face awareness activities.

Performance management

The Queensland Health Performance Management Framework (QHPMF) 2011–2012 provided a process for cascading the key performance metrics of the department throughout the organisation and formally embedding accountability mechanisms, performance measurement and performance management. The QHPMF provided a transparent, rules-based approach to defining expectations and managing performance. It is also a guide when developing local performance monitoring and management processes.

Monthly performance reviews were undertaken throughout 2011–2012 in accordance with the escalation and de-escalation protocols defined within the QHPMF. Where performance issues were identified, intervention responses were applied and progress monitored monthly until resolved.

In accordance with the requirements of the health reform program in Queensland, a Hospital and Health Services Performance Framework (HHSPF) was developed for 2012–2013 to identify the means by which the System Manager (Queensland Health) will monitor and assess the performance of HHSs. The HHSPF was developed in accordance with the requirements of both the Queensland Government Performance Management Framework and the National Performance and Accountability Framework as defined by the National Health Performance Authority. Its scope is limited to HHSs and public health services provided by Mater Health Services.

The HHSPF is not designed to measure all aspects of HHS performance. Rather, it sets out how a cross section of performance across key priority areas is measured, including the strategic objectives for the public health system and standards and targets set by the Commonwealth and State Governments.

The HHSPF recognises the changing relationship between HHSs and Queensland Health and the devolution of accountability for service delivery. Under these new governance arrangements the service agreement between Queensland Health and each HHS will become the primary means through which the overall health system is managed and through which individual HHSs are held accountable for the delivery of services. With the removal of direct line management responsibility for service delivery, Queensland Health will become focussed on the management of the health system.

Queensland Health will produce a monthly performance dashboard for each HHS; allocate a performance category to each HHS based on their performance against the key performance Indicators defined in their service agreement; identify performance issues and determine appropriate responses; monitor progress against any interventions applied; and recognise high sustained performance across HHSs, where attained.

Performance agreements

Performance agreements between the Director-General and the Deputy Director-General/CEO of each of the Queensland Health corporate divisions or commercialised business units are executed annually. The agreements are primarily focussed on the achievement of the first three elements of the Chief Executive Officer Performance and Development Framework, namely whole-of-government objectives; department priorities; and department governance and management. Monitoring and performance management of the Queensland Health corporate division senior executives against their respective performance agreement is undertaken in accordance with the 2011–2012 QHPMF, which at a minimum requires participation in a mid-year and end-of-year performance review process, and contribution to quarterly reporting requirements against the key accountabilities contained within the performance agreements.

Risk management

The Queensland Health Integrated Risk Management Policy Framework (IRMPF) is based upon the Australian/New Zealand ISO Standard 31000:2009 (formally known as AS/NZS 4360:2004) for risk management. The IRMPF outlines Queensland Health intent, roles and responsibilities and implementation requirements. All accountability areas are responsible for implementing the Integrated Risk Management Policy and developing a risk register. The IRMPF was last updated in January 2012.

Risk management is an integral part of the department's corporate governance framework. Risks are controlled within the financial and management accountabilities of each position. The Director-General, as accountable officer, is supported by the executive management of each corporate division and health service district. The Director-General, and individual executives, manage risks with support from management structures within their areas of responsibility and from local and departmental executive/governance committees.

The Risk Management Unit is responsible for:

- maintaining the department's Integrated Risk Management Policy Framework
- specific risk management training and education
- coordinating the panel arrangement for risk advisory services
- administration of the department's risk management information system (QHRisk)
- supporting the Risk Management Advisory Committee.

Mechanisms to strengthen accountability

Assurance and Risk Advisory Services

The RMAC work plan for 2011–2012 includes a number of strategies which are intended to strengthen risk management at the strategic level of the organisation, and in particular to integrate effective risk management into the work of Queensland Health executive committees. These strategies included:

- integrating risk management into executive committee business and processes
- development of a departmental risk profile/register

Table 9: Risk management training achievements during 2011–2012

Activity	Number of sessions	Training hours	Number of staff completed
Risk management online learning module: Introduction and overview of the Queensland Health Integrated Risk Management Policy Framework for managers and staff	Online	455	910
Risk-in-focus session: Advanced risk management training, focussing on key aspects of advanced risk management and its application to management decision-making	3	9	29
QHRisk training: System training in use of the QHRisk risk information system	5	15	20

- rolling out a three stage process across executive committees with the support of the Risk Management Unit. The process was designed to enable executive committees to identify and document key risks, and to map an organisational risk profile for the department.

The process was designed to support the following principles:

- The process should be simple and easy to apply.
- The process should be adaptable to the needs and circumstances of individual executive committees.
- The process should support effective decision-making and resource allocation.
- The process should support the sharing of information across committees and the organisation, and maximise understanding and consistency in risk assessment at the strategic level.
- The process should be consistent with the Queensland Health Integrated Risk Management Framework and recognise good practice in risk management.

The project will deliver the following primary outcomes:

- Each executive committee will identify its high level (strategic) risks. Each risk will be assessed, an owner will be identified and mitigating/control strategies will be agreed and documented. The resulting risk registers will be recorded in a standardised risk register template based on a template which has been developed by the Resource Executive Committee and will be submitted to the RMAC.
- The executive committee risk registers will then be centrally analysed and consolidated. Those risks which require organisation-wide oversight will be identified and translated into an organisational strategic risk register for EMT oversight. The resulting strategic risk register will be submitted to the EMT.

Ethical Standards Unit

The Ethical Standards Unit is the department's central point for receiving, reporting and investigating allegations of suspected official misconduct under the *Crime and Misconduct Act 2001*.

This key role enables the Director-General to fulfil his statutory obligation to report allegations of suspected official misconduct to the Crime and Misconduct Commission, and to deal with allegations referred back to the department by the commission.

In 2011–2012, the Ethical Standards Unit function expanded with a dedicated misconduct prevention function to raise ethical awareness and promote integrity in the workplace.

The Ethical Standards Unit advises the Director-General, senior management and health service districts about misconduct prevention, managing new allegations of suspected official misconduct and other ethical behaviour issues.

Assessment and investigations

A multi-disciplinary committee assesses new allegations of suspected official misconduct. The committee comprises:

- Ethical Standards Unit Director, Assessment Manager and officers
- a senior Corporate Office Workplace Services Unit representative
- Queensland Health Police Liaison Unit Queensland Police Service (QPS) Inspector
- other specialist stakeholders relevant to the allegations, as required.

The Queensland Health Police Liaison Unit includes a seconded Queensland Police Service Acting Inspector. He gives specialist advice on criminal matters and acts as a liaison point between the department and local police. The Queensland Health Police Liaison Unit also assists in raising awareness amongst Queensland Police Service and Queensland Health staff about the Memorandum of Understanding (MOU) between the Queensland Police Service and Queensland Health. The MOU aims to facilitate reporting of suspected criminal offences by Queensland Health staff and information sharing between the agencies.

During 2011–2012, the Ethical Standards Unit managed 898 complaints involving over 2000 allegations about suspected official misconduct, and assessed and advised Queensland Health work units on another 368 ethical issues that did not involve suspected official misconduct. This compared with 929 complaints involving 1813 allegations about suspected official misconduct in 2010–2011, 577 complaints in 2009–2010 and 411 cases in 2008–2009.

While the number of 'complaints' received has slightly decreased, there has been an increase in the number of allegations received and assessed by the Ethical Standards Unit. The increase is in part due to a change

in how some matters have been reported, received and recorded, but is largely attributed to increased ethical awareness, as a result of a series of state-wide ethical awareness sessions conducted by the unit.

An increase in reporting suspected official misconduct is a positive trend in terms of public confidence in the department's transparency and accountability. It also indicates increased staff awareness of the need to report suspected official misconduct, and how reports can be made.

Prevention

During 2011–2012, Ethical Standards Unit officers delivered 55 ethical awareness sessions to 1102 staff across the state. These sessions were delivered to all levels and professional streams and were customised according to the audience.

Other notable activities include:

- participation in the Appropriate Use Committee for *The Viewer* information system. The Ethical Standards Unit provides input on the appropriate use of confidential patient records accessed through *The Viewer* system
- assessment of 281 employee emails for inappropriate content or conduct to ensure appropriate reporting and management
- review of the Guidelines for Reporting Suspected Stolen Drugs in order to bring them in line with organisational changes from 1 July 2012. Adoption of the Guidelines by Directors of Pharmacy across the state has resulted in greater awareness of reporting obligations, and consistent processes for receiving and investigating reports of lost or alleged stolen medication.

Internal audit

The Audit and Operational Review Unit performs the functions of internal audit as required under Section 29 of the Financial and Performance Management Standard 2009.

The unit provides an independent, objective assurance and consulting activity designed to add value and enhance Queensland Health's operations. In line with the overriding requirement of independence and objectivity, the head of internal audit reports directly to the Director-General and the Audit Committee. The head of internal audit attends all audit committee meetings where he reports on the unit's activities and significant audit findings.

In 2011–2012, the unit continued data analytics in the move towards continuous auditing and issued 28 audit reports to the Director-General.

The unit's purpose, authority and responsibility are formally defined in its charter which is reviewed by the Audit Committee and approved by the Director-General. The charter is consistent with the International Professional Practices Framework of the Institute of Internal Auditors. All members of the unit are bound by the principles of integrity, objectivity, confidentiality and competency under the institute's code of ethics.

The strategic and annual audit plans direct the unit's activities and provide a framework for it to operate effectively. The annual audit plan—approved by the Director-General—is developed in consultation with key stakeholders and takes into account the strategic risks identified by management. The implementation of audit recommendations that address risk mitigation are followed up regularly and progress reported to the audit committee.

Public interest disclosure of confidential information

In accordance with section 62F of the *Health Services Act 1991*, Queensland Health is required to include a statement in the annual report detailing the disclosure of confidential information in the public interest. During 2011–2012, five requests for public interest disclosure were approved by the Director-General:

- The CHO of New South Wales requested the disclosure of information about a person being managed under the *Protocol for the Management of People with HIV who Place Others at Risk*. The information was required to assist efforts in locating the person and addressing any public health risks.
- The Queensland Police Service requested disclosure of the identity of a patient and a copy of a staff statement. Disclosure was requested to determine whether the information was relevant to an ongoing criminal investigation.
- The CHO of the Northern Territory requested the disclosure of information about a person being managed under the *Protocol for the Management of People with HIV who Place Others at Risk*. The information was requested to assist efforts in locating the person and addressing any public health risks.

- The Department of Community Safety requested access to Townsville Hospital closed circuit television (CCTV) footage. Disclosure of the footage was requested to assist in relation to possible disciplinary action against a Queensland Ambulance Service staff member.
- The disclosure of patient demographic information to a contracted service provider engaged to complete data profiling activities linked to the development of the Healthcare Identifier System.