



Table 11: Progressive growth in the provision of patient services through those projects

Activity data	2009	2010	2011
Number of validated electronic discharge summaries	42,695	222,049	518,975
Women breast screened using digital mammography	—	280,000 <i>(at June 2010)</i> 398,000 <i>(at December 2010)</i>	469,000 <i>(at 30 June 2011)</i>
Number of technical patient recalls avoided by using digital mammography	2,200 <i>(at October 2009)</i>	5,800 <i>(at December 2010)</i>	7,000 <i>(at 30 June 2011)</i>
Number of episodes of care captured via the Automated Anaesthesia Record Keeping solution	60,121 <i>(pre-2009)</i> 87,308 <i>(at end of 2009)</i>	173,464 <i>(at end of 2010)</i>	239,480 <i>(at 30 June 2011)</i>
Number of reports (anaesthetic and recovery) generated via the Automated Anaesthesia Record Keeping solution	90,182 <i>(pre-2009)</i> 152,789 <i>(at end of 2009)</i>	417,965 <i>(at end of 2010)</i>	592,192 <i>(at 30 June 2011)</i>
Number of procedures captured via the Endoscopy Services Information Systems Solution	2,111	14,968	33,372 procedures <i>(at 30 June 2011)</i>

## Service planning and asset management

Preliminary Evaluations have been completed for Hervey Bay and Maryborough, Logan and Beaudesert, Caboolture, and Ipswich hospitals. The Preliminary Evaluations have a planning horizon to 2026–2027 and include service activity data reports, options papers, health service plans, and preliminary infrastructure plans for each site.

Long-term service plans are currently being developed for future health services at Ipswich, Logan and Beaudesert, Caboolture, Maryborough and Hervey Bay hospitals and the Royal Children’s Hospital (post transition to the Queensland Children’s Hospital).

An Asset Maintenance Policy was developed to promote efficient, effective management of Queensland Health assets.

Health Service Districts have completed 98 per cent of building condition assessments in the current three-year program. The results will inform the condition-based building maintenance program over the next three years.

## Priority Capital Program

In 2010–2011, \$121.2 million was allocated under the Priority Capital Program for capital projects, including:

- ICT projects
- minor renewal activities on existing buildings and engineering services
- enhancing or refurbishing existing infrastructure, sufficient to sustain and/or improve service delivery and service continuity.

## Waste management

For waste avoidance, reduction and management, Queensland Health performs a range of actions, including training and induction programs, onsite assessments for regulatory compliance, and facility-initiated self-audits. The measures are undertaken in accordance with legislative obligations under the *Environmental Protection Act 1994*, the *Radiation Safety Act 1999*, the *Water Supply (Safety and Reliability) Act 2008*, the targets and strategic priorities of Toward Q2: Tomorrow's Queensland (Green—Protecting our lifestyle and environment) and Queensland's Waste Reduction and Recycling Strategy 2010–2020. Whether it is re-using shredded paper as garden mulch, using worm farms to recycle food wastes or partnering with community organisations for glass and metal recycling, Queensland Health facilities continue to trial and implement different ways to manage waste safely, responsibly and sustainably.

## Carbon emissions

### Vehicle usage

The emissions data has been aggregated using the National Greenhouse Emissions Reporting (NGER) guidelines and represents emissions for four primary fuel types—unleaded petrol, diesel, LPG and E10. Emissions shown are estimates based on actual kilometres travelled and available fuel consumption records. The emission offsets figure relates to purchased national Greenhouse Friendly™ certified carbon offsets demonstrating Queensland Government's commitment to reducing greenhouse emission from its motor vehicle fleet.

### Airline travel

Air travel includes all flights recorded by the Queensland Government Chief Procurement Office (QGCPPO) from 1 April 2010 to 31 March 2011, specifically:

- international air travel on commercial airlines
- domestic air travel on commercial airlines.

QGCPPO calculates the kilometres flown from data provided by agencies. The kilometre figure is divided by 100 and multiplied by an industry average number of litres of fuel burnt per passenger per 100 km. A factor of five has been used for all air travel (sourced from the International Civil Aviation Organisation). That gives the average litres of fuel burnt for a flight, per passenger. The figure is converted from litres into kilograms and from kilograms into tonnes, before being multiplied by 3.157. That number, sourced from the International Civil Aviation Organisation, represents the amount of CO<sub>2</sub> tonnes produced by burning one tonne of aviation fuel. The emission offsets figure for air travel relates to purchased national Greenhouse Friendly™ certified carbon offsets.

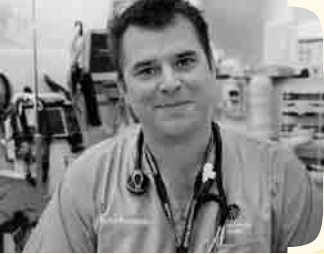
### Electricity usage

The electricity consumption information has been converted to carbon emissions using the combined Scope 2 conversion factor of 0.89 kg CO<sub>2</sub>-e/kWh, as published in the Australian Government's National Greenhouse Accounts Factors Workbook (June 2009). For these records, the emissions reported are limited to those linked to electricity purchased directly from an energy retailer for the department's own buildings and any space it leases. Where electricity accounts have not been received for the full year, data has been apportioned/extrapolated to provide an estimate of usage for the full period.

Table 12: Carbon emissions summary for reporting year 2010–2011

Emission source	Tonnes of CO <sub>2</sub> emissions		
	Gross tonnes emissions	Less tonnes offsets	Net tonnes emissions
Vehicles (QFleet)	15,263	3,784	11,479
Hired vehicles	442	442	—
Airline travel			
Domestic	11,447	11,447	—
International	473	473	—
Electricity			
Directly purchased by Queensland Health	416,022	nil	416,022





## Engagement with consumers, health service providers and the community

### Funding of consumers, health service providers and the community

In 2010–2011 Queensland Health provided approximately \$907 million to a range of individuals, government partners, non-government and private sector organisations to achieve better healthcare and to improve the health of Queenslanders. Appendix 9.7 provides a list of grant recipients.

### Community councils

On 9 July 2007, 36 health community councils were appointed as advisory bodies under the *Health Services Act 1991* to work in partnership with Queensland Health. The councils give a community perspective for feedback and advice about public sector district health services.

Councils do that through community engagement, enhancing community education and monitoring the quality, safety and effectiveness of public sector district health services.

Councils' activities include:

- community engagement—such as seeking formal/informal community feedback on health issues, alternatives, opportunities and solutions and networking with other community and health-related groups in the district
- community education—such as sharing information on local health services to enhance the community's understanding of new or existing health services
- feedback and recommendations to the district chief executive officer about the quality, safety and effectiveness of health service delivery in the district.

Each year, the councils present individual annual reports to the Minister for Health for tabling in the Legislative Assembly in accordance with the *Health Services Act 1991*.

### Consumer representatives

A consumer representative was appointed to the Informed Consent Reference Group. A second consumer representative was appointed to the Open Disclosure Strategic Advisory panel and a consumer representative was appointed to the development group for the statewide Intrapartum Record.

### Clinical networks

Eleven statewide clinical networks provided input into clinical practice and service improvement, policy development and service planning. General Practice Queensland agreed to provide representation on the statewide clinical networks. Consumer input is provided to each network, with assistance from Health Consumers Queensland.

The 11 networks are:

- Statewide Child and Youth Clinical Network
- Statewide Dementia Clinical Network
- Statewide Diabetes Clinical Network
- Statewide General Medicine Clinical Network
- Statewide Respiratory Clinical Network
- Statewide Stroke Clinical Network
- Statewide Maternity and Neonatal Clinical Network
- Statewide Intensive Care Unit Clinical Network
- Statewide Emergency Departments Clinical Network
- Statewide Renal Clinical Network
- Statewide Anaesthetics and Perioperative Clinical Network.

### Clinical Senate

The Queensland Clinical Senate is a forum of clinicians who draw on their collective knowledge of clinical issues to formulate recommendations for Queensland Health on how to deliver the best healthcare to Queenslanders.

The Queensland Clinical Senate meets two to three times a year to debate pressing clinical issues and develop recommendations for the Director-General.

Clinical Senate members are practising clinicians from medical, nursing, allied health and academic backgrounds. They are drawn from metropolitan, regional and rural areas.

Queensland Health has committed to consider and respond formally and transparently to all Clinical Senate recommendations. The Queensland Clinical Senate represents a clear commitment to engage clinicians in developing innovative solutions to challenges the health system faces.

## Active Healthy Communities

The Active Healthy Communities initiative has been implemented with several local governments across Queensland. The approach aims to build local government skills and processes in community engagement to involve a range of stakeholders to identify and address key opportunities to enhance healthy lifestyles in local communities. That is achieved through conducting capacity-building workshops. The initiative has resulted in designing and planning of numerous walking and cycle paths, end-of-trip facilities, fitness trails, community gardens and active parks that support active communities.

## GP Connect

GP Connect is a secure electronic report delivery service offered by Queensland Health Clinical and Statewide Services. The service aims to improve continuity of care for patients returning to their general practitioners (GPs) after treatment with Queensland Health, by improving GP access to copies of pathology reports. GP Connect improves service delivery to regional and remote Queensland by reducing report delivery times to remote GP clinics and clients, such as the Royal Flying Doctor Service and the Mobile Women's Health Service.

In 2010–2011, GP Connect sent more than 100,000 reports a month to more than 7,300 recipients around Queensland and the South Pacific region.

## Community Reference Groups for infrastructure projects

A Community Reference Group has been formed to support planning for the Sunshine Coast University Hospital project. The group comprises a cross section of community and special interest group representatives. A series of community planning forums were held in July 2010 to gain community feedback on proposals for the Sunshine Coast University Hospital and to develop ideas from the community on key design aspects. Ongoing community and employee consultation will be a feature of the Sunshine Coast University Hospital project in the months ahead.

Community engagement has been a high priority in planning the Gold Coast University Hospital and Robina Hospital expansion projects. At the projects' inception a Community Stakeholder Advisory Group was established to review and comment on facility plans and service inclusion. Each project has held open days at the facility sites every six months to demonstrate construction progress and facility inclusion. Regular presentations are provided to service clubs and business interest groups. Feedback from the community engagement has been positive with suggestions, where appropriate, incorporated into the projects.

The Queensland Children's Hospital project has a wide range of stakeholders, including staff from the Royal Children's and Mater Children's hospitals consulted through various targeted forums, panels and workshops. Focused and ongoing community engagement meetings have been held, made up of representatives of local community residents and past and present patients and their families.

Queensland Health is currently progressing four multi-purpose health service redevelopments in the Rural Enhancement Program at Biggenden, Baralaba, Mount Morgan and Winton. Each project has an active Community Advisory Network, made up of members of the local community who meet regularly to discuss issues.





## Community Food Assessments

Queensland Health completed a two-year project in conjunction with community nutritionists from Zillmere, Cooloola and Bundaberg to investigate access to healthy food and identify potential strategies to improve food access and supply. That involved conducting a Community Food Assessment (CFA) in each location. CFA reports were produced with specific intervention recommendations for each location. They are uploaded on the Queensland Health internet at [www.health.qld.gov.au/health\\_professionals/food/default.asp](http://www.health.qld.gov.au/health_professionals/food/default.asp)

Findings from the assessments will be incorporated into a new two-year project to develop a consistent toolkit to conduct CFAs across the state. The CFA methodology has been included as a case study on the Active Healthy Communities website at [www.activehealthycommunities.com.au/content/case-study-community-food-assessments](http://www.activehealthycommunities.com.au/content/case-study-community-food-assessments)

## Bike Bus Program

Queensland Health in Far North Queensland supported the pilot and evaluation of an innovative active school travel program that provides a supportive environment for children to cycle to and from school each day. Bike Bus—a program that sees adults accompany children to and from school along a set route with designated pick-up and drop-off points—has expanded to include five schools in Cairns and one on Cape York. Evaluation data captured through quantitative and qualitative methods from sources that included teachers, parents, children, and community and partner agency stakeholders have shown positive results. Schools involved saw an average eight per cent increase in cycle rates at their schools and some Bike Buses have up to 90 students riding each day. A survey completed by parents examined their attitudes to and perceptions of active travel and will inform further program improvements.

Queensland Health collaborated with the Department of Transport and Main Roads, Education Queensland, James Cook University and Cairns Regional Council to implement a multi-strategic approach to encourage a safe and increased cycling culture among schools and

communities it serves. The strategies have included infrastructure audits and improvements, training teachers in bicycle education, and advocating for school road grids to get greater priority in developing infrastructure that supports active commuting to school.

## Healthier Queensland campaign

In the last quarter of 2010–2011 Queensland Health delivered the statewide Healthier Queensland mass media campaign. The campaign promotes healthy living messages and access to important services, including 13 HEALTH, 13 QUIT and BreastScreen Queensland. The campaign achieved a high level of awareness, with 77 per cent recall among Queensland adults. Evaluation found four in ten people who saw the advertisements reported eating more fruit or vegetables and undertaking physical activity or exercise in response to the campaign. One in three Queenslanders saw the 13 HEALTH advertisements and over 80 per cent of these people reported they would use the service if the need arose.

The campaign is supported by a comprehensive user-friendly website with information on healthy living, local health services and a range of conditions and treatments. The website had over 89,000 unique visitors between launching in March 2011 and the end of June 2011.



## Swap It, Don't Stop It

In 2010–2011 various organisations and community groups partnered with Queensland Health in north Queensland to plan and run community activities to promote the key messages of Measure Up and Swap It, Don't Stop It. They included:

- Kalkadoon women walking a proposed cultural trail identifying stories of cultural significance along its path
- Clermont Heart Foundation walking groups
- Mount Isa Rodeo and Flinders Shire Council Measure Up pit stops
- Burdekin's Come and Try Active Parks program
- 10,000 Steps Sugar Mill Challenge
- the Ayr Strong and Deadly Families Expo
- Mareeba's Great Wheelbarrow Race
- The Innisfail area's tai chi training, healthy breakfast and community walk
- Charters Towers Walk around the World 10,000 Steps Challenge and Towers Tuckerbox program
- Mackay Regional Council's smorgasbord of Swap It events (including barefoot bowls, walkathon and picnics, working bees and healthy BBQs)
- Townsville Roadrunners' Swap It, Live It, Walk It, Run It eight-week challenge
- Abergowrie's Measure Up Family Challenge
- Warraber Island's zumba, tai chi and walking program.

## Thursday Island Edible Public Spaces

Tagai TAFE, Queensland Health and the Torres Strait Regional Council – Land and Sea Unit have worked with community members to ensure fruit trees and vegetable gardens are included in public places on Thursday Island. The project's inspiration came from TAFE students and their horticulture teacher. With support funding they purchased materials, such as plants, fertilisers and seeds. Years 11 and 12 horticulture students—as part of their curriculum work—potted and supervised planting of seedlings, assisted with the preparing planting sites and kept recorded journals of seedlings and plants. Eventually the gardens will provide vegetables and the fully grown trees will produce fruit and provide shade throughout Thursday Island. Edible public places will strengthen partnerships between various agencies and help promote healthy eating and physical activity in the community.

## Be Healthy Maranoa

Be Healthy Maranoa—a project with the Maranoa Regional Council—is one of two Queensland trial sites funded under the COAG Healthy Communities Initiative. The project aims to establish and implement an overarching community action plan for reducing chronic disease in the Maranoa region with a focus on people at higher risk of chronic disease. The project contributes to the Toward Q2 objective of reducing obesity by one third and the objectives of the National Partnership Agreement on Preventative Health. Be Healthy Maranoa takes a whole-of-community approach to create supportive environments for health and provide targeted responses for at-risk groups, such as those not in paid employment. Key activities include:

- marketing, branding and providing information to the communities
- implementing evidence-based health promotion programs and approaches, including environmental and policy approaches to increasing opportunities for physical activity and healthy eating
- assisting, strengthening and promoting existing prevention activities in the region





- strengthening and working with local partnerships, including organisations and groups such as the Maranoa Health Enhancement Program and Active Roma, state and Commonwealth government organisations at a local level (for example, Queensland Health and Centrelink), Aboriginal and Torres Strait Islander Health Services and other private and non-government agencies with a health focus.

The project will continue until June 2013.

### Injury prevention and safety promotion in the Aboriginal community of Cherbourg

The injury prevention and safety promotion project aims to build collaborative stakeholder relationships, engage community to identify and promote safety and prevent injury, increase knowledge and skills towards safety promotion and injury prevention, provide resources to build and enhance workforce capacity, and improve surveillance systems and other data sources.

Engagement of community and other key stakeholders is the guiding principle.

Programs already implemented include Youth Week, NAIDOC Week and Closing the Gap. Activities to reduce injury and promote safety have addressed injury surveillance, animal management, substance misuse, litter, road safety, sun safety and recreational activity. Assessment of outcomes and impact will inform future activities and dissemination of strategies to other communities.

The project is a partnership between the Southern Regional Services (Darling Downs Public Health Unit), Health Promotion Queensland, the Queensland Injury Prevention Council, the Cherbourg Aboriginal Shire Council, and the Centre for Rural and Remote Area Health.

## Corporate governance

Health services are delivered through a network of 16 Health Service Districts with a selection of support services—such as radiology and pathology—managed at a statewide level in the Division of Clinical and Statewide Services. Chief Executive Officers of Health Service Districts are the accountable officers for service delivery and their responsibilities are outlined in the *Health Services Act 1991*. District Chief Executive Officers are held to account for the delivery of health services through structured performance management processes including performance agreements.

The Queensland Health Governance Framework is based on the elements of effective governance detailed in the *Financial and Performance Management Standard 2009* and other prescribed requirements contained in our risk management framework, internal and external audit results, and policies.

Our executive level committee structure is designed to improve the transparency of decision making and management of risk. Each executive level committee has terms of reference clearly describing its purpose, functions and authority. The performance of and outcomes delivered through executive committees is measured against an annual work plan aligned to Queensland Health's strategic objectives and each committee's functions. Each committee undertakes an annual self-evaluation process to inform a review of its work plan and terms of reference.

## Executive committees

### Executive Management Team

The Executive Management Team's (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
- Chief Health Officer
- Chief Information Officer
- Chief Executive Officer, Clinical and Statewide Services
- Chief Executive Officer, Centre for Healthcare Improvement
- Deputy Director-General, Performance and Accountability
- Deputy Director-General, Finance, Procurement and Legal Services
- Deputy Director-General, Human Resource Services

- Deputy Director-General, Policy, Strategy and Resourcing
- Deputy Director-General, Health Planning and Infrastructure
- Chair, Chief Executive Officer and Deputy Director-General Forum

Key achievements for 2010–2011 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 Activity-Based Funding Model
- guiding development of the policy framework for the transition to community control in identified rural and remote Aboriginal communities.

EMT met 36 times in 2010–2011.

### Chief Executive Officer and Deputy Director-General Forum

The Chief Executive Officer and Deputy Director-General Forum is an opportunity for District Chief Executive Officers and EMT members to collaboratively work in partnership with other areas of Queensland Health and influence policy direction by:

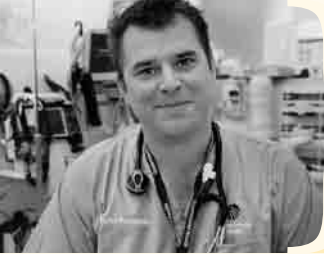
- engaging in high-level strategic discussion
- having input into strategic decision making
- strategically overseeing service performance
- ensuring alignment of strategic objectives and the supporting and enabling functions required to ensure organisational achievement of goals
- providing a point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

Chief Executive Officer-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
- Chief Health Officer
- Chief Information Officer

The Chief Executive Officer and Deputy Director-General Forum was held 11 times in 2010–2011.

## 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 National Partnership Agreements
- 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 NPAs
- 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 four times in 2010–2011. 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
- monitor HIPEC's performance.

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

- 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
- engages with departmental planning units (including other enabling planning units), Health Service Districts and external stakeholders on infrastructure planning, capital works and assets
- obtains approval for the Capital Acquisition Plan
- oversees development and implementation of Queensland Health's Capital and Asset Planning

Framework and recommends approval

- obtains approval of the annual Asset Strategic Plan
- 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
- has executive overview of asset management strategy and policy, and recommends policy approvals
- reviews and monitors asset performance and infrastructure risks.

HIPEC met 10 times in 2010–2011. There are no external members.

## Human Resources Executive Committee

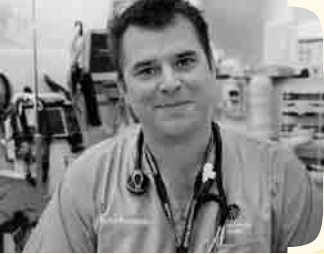
The Human Resources Executive Committee aims to:

- 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 management and delivery of health services, the Human Resources Executive Committee:

- 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 met 10 times in 2010–2011. 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 information and communication technology (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 management and delivery of health services and achieve Queensland Health's strategic objectives, the Information and Communication Technology Executive Committee:

- 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
- endorses the ICT base capital funding framework
- prioritises a program of work to address key ICT asset replacement priorities detailed in the

annual asset strategic plans for each division and district

- evaluates and prioritises new ICT investment proposals and supports submissions to fund those priorities
- 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
- endorses and monitors the ICT asset management strategy and its implementation
- 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 10 times during 2010–2011. There is one external member from the Department of Public Works on the committee.

## Integrated Policy and Planning Executive Committee

The Integrated Policy and Planning Executive Committee 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 management and delivery of statewide and district health services, the Integrated Policy and Planning Executive Committee:

- 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).

IPPEC met 12 times in 2010–2011. It has no external members.

An Integrated Policy and Planning Standing Sub-committee was established in November 2010. Membership comprises representatives of Queensland Health divisions. The Standing Sub-committee's purpose is to assist IPPEC maintain its focus on strategic policy and planning through:

- considering and reviewing agenda items before their submission to IPPEC
- providing ongoing oversight, monitoring and progressing follow-up action on matters already endorsed/approved by IPPEC
- providing ongoing oversight of the policy and planning registers' operation and their regular review.

The Strategic Planning Steering Group met for the first time in September 2010. The group coordinates development, review and revision of the Queensland Health Strategic Plan, in line with legislative requirements set out in Section 9 of the *Financial and Performance Management Standard 2009* and Section 7 of the *Health Services Act 1991*. The group functions under the authority of the Director-General and reports to the IPPEC. Its membership is representatives from other executive Committees, Health Service Districts, clinical networks, Clinical Senate and a patient/consumer representative (external member).

The group's external member is remunerated for their time. The amount paid in 2010–2011 was \$1,124.





## National Health Reform Executive Committee

To contribute to the management and delivery of health services, the National Health Reform Executive Committee is 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 functions under the authority of the Director-General Queensland Health and provides advice to:

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

The National Health Reform Executive Committee met 10 times in 2010–2011.

**Table 13: National Health Reform Executive Committee membership in 2010–2011**

Name	Membership	Dates
Michael Reid	Director-General	July 2010–May 2011
Dr Tony O’Connell	Acting Director-General Chief Executive Officer Centre for Healthcare Improvement	June 2011 July 2010–May 2011
Dr Elizabeth Whiting	Queensland Clinical Senate	August 2010–June 2011
Dr John Glaister	Deputy Director-General Health Planning and Projects	January 2011–June 2011
Failen James	Acting Deputy Director-General Health Planning and Projects	July 2010–December 2011
Dr Jeannette Young	Chief Health Officer	July 2010–June 2011
Kathy Byrne	Chief Executive Officer, Clinical and Statewide Services	July 2010–June 2011
Dr Michael Cleary	Deputy Director-General Policy, Strategy and Resourcing	July 2010–June 2011
John Cairns	Deputy Director-General Human Resource Services	January 2011–June 2011
Michael Walsh	Acting Deputy Director-General, Corporate Services	July 2010–December 2010
Jacqueline Ball	Executive Director, Strategic Policy, Funding and Intergovernmental Branch	March 2011– June 2011
Paul McGuire	Acting Executive Director Strategic Policy, Funding and Intergovernmental Branch	July 2010–February 2011
Ray Brown	Chief Information Officer	July 2010–June 2011
Susanne Le Boutillier	Senior Director, Queensland Health Reform Transition Office	July 2010–June 2011
Terry Mehan	Deputy Director-General, Performance and Accountability	July 2010–June 2011
Tina Davey	Executive Director, Intergovernmental Relations, Department of the Premier and Cabinet	July 2010–June 2011
Neil Castles	Deputy Director-General Finance Procurement and Legal Services Division	January 2011–June 2011
Robert Dubery	Acting Deputy Director-General Finance Procurement and Legal Services Division	October 2010–December 2010
Dr Peter Steer	Chief Executive Officer, Children’s Health Service District	July 2010–June 2011
Dr Keith McNeil	Chief Executive Officer, Metro North Health Service District	July 2010–June 2011
Paul Stephenson	Chief Executive Officer, Mount Isa Health Service District	March 2011–June 2011
Mary Bonner	Chief Executive Officer, Townsville Health Service District	July 2010–February 2011
Julie Hartley-Jones	Chief Executive Officer, Cairns Health Service District	March 2011–June 2011
Dr Coralee Barker	Chief Executive Officer, Central Queensland Health Service District	July 2010–February 2011
Walter Ivessa	Assistant Under Treasurer	June 2011
Catherine O’Malley	Acting Executive Director Social Policy, Department of the Premier and Cabinet	June 2011
Annette Whitehead	Executive Director Social Policy, Department of the Premier and Cabinet	July 2010–May 2011
Brigid Bourke	Chief Financial Officer	July 2010–June 2011

*Note: No members are remunerated for their participation.*

## Patient Safety and Quality Executive Committee

The Patient Safety and Quality Executive Committee 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 2007–2012*.

To contribute to managing and delivering Queensland Health services and achieving Queensland Health's strategic objectives, the Patient Safety and Quality Executive Committee (PSQEC):

- oversees the Queensland Health Clinical Governance Framework
- reviews for noting, endorsing or approving statewide clinical documentation—including clinical guidelines, policies, implementation standards, alerts and advisories and other documents—relating to patient safety and quality, in accordance with the PSQEC Business Rules
- advises the EMT on all matters relating to patient safety and quality
- scans the system, reviewing and monitoring patient safety and quality risks and performance indicators and reports
- directs action to promote improvements in patient safety and quality of healthcare and considers relevant information
- considers the cost effectiveness of patient safety and quality initiatives
- assesses Queensland Health responses to safety and quality issues
- develops and monitors implementation of a Patient Safety and Quality Plan for Queensland Health
- considers and assesses the financial, patient safety and quality, people, information, and infrastructure impacts of its decision making and collaborates with other executive committees and functional areas where relevant
- develops and maintains working relationships with district chief executive officers (CEOs), district clinical governance units and clinical networks.

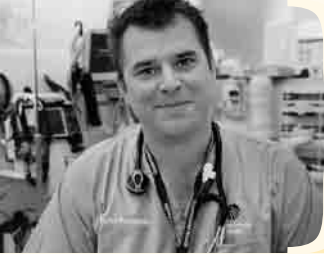
PSQEC met 10 times in 2010–2011.

**Table 14: PSQEC membership in 2010–2011**

Name	Membership	Dates
Dr Tony O'Connell	Chair	July 2010–June 2011
Terry Mehan	Ex-officio member	July 2010–June 2011
Dr Jeannette Young/ Dr Alun Richards	Ex-officio member Delegated for CHO	July 2010–June 2011
Pauline Ross/ Cheryl Burns	Ex-officio member Ex-officio member	July 2010–February 2011 March 2011–June 2011
Kathy Byrne Dr Grant Howard	Ex-officio member Delegate for CEO CaSS	July 2010–June 2011 May 2011–June 2011
Dr Peter Steer	Ex-officio member	July 2010–June 2011
Dr Coralee Barker	Ex-officio member	July 2010–December 2010
Maree Geraghty	Ex-officio member	February 2011–June 2011
Jill Magee	Ex-officio member	July 2010–June 2011
Dr John Wakefield	Ex-officio member	July 2010–June 2011
Dr Don Martin	Ex-officio member	July 2010–June 2011
Dr Jill Newland	Ex-officio member	July 2010–June 2011
Barbara Kent	D-G appointed member (consumer representative)	July 2010–June 2011
Gary Rebgetz	D-G appointed member (consumer representative)	July 2010–June 2011
Marie Pietsch	D-G appointed member (consumer representative)	July 2010–June 2011
Dr Judy Graves	D-G appointed member	July 2010–June 2011
Ian Scott	D-G appointed member	July 2010–June 2011
Prof Glenn Gardiner	D-G appointed member (external)	July 2010–June 2011

*Note: The committee's external members are remunerated for their time and related expenses. The amount paid in 2010–2011 was \$9,513.*





## Risk Management Advisory Committee

The Risk Management Advisory Committee (RMAC) is directing 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:

- CEO, Centre for Healthcare Improvement
- Deputy Director-General, Performance and Accountability (Chair)
- Deputy Director-General, Policy, Strategy and Resourcing
- Deputy Director-General, Finance, Procurement and Legal Services
- Deputy Director-General, Human Resource Services
- Deputy Director-General, Health Planning and Infrastructure
- Chief Information Officer, Information Division
- Three District Chief Executive Officers
- External Risk Management Professional/Adviser

RMAC met seven times in 2010–2011. External RMAC members are remunerated for their time. The amount paid in 2010–2011 was \$5,400.

## 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 focused 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.

REC met 12 times in 2010–2011. There are no external members on this committee.

## Other committees and boards

### Activity Based Funding Project Board

Established in March 2011, the Activity-Based Funding (ABF) Project Board's role 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 managing and delivering 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.

Activity-Based Funding Project Board membership:

- Deputy Director-General, Performance and Accountability
- Deputy Director-General, Finance, Procurement and Legal Services
- Deputy Director-General, Policy, Strategy and Resourcing
- Chief Executive Officer, Centre for Healthcare Improvement
- Chief Executive Officer, Gold Coast Health Service District
- Chief Executive Officer, Cairns and Hinterland Health Service District

- Chief Financial Officer, Metro North Health Service District
- Clinical Senate Executive
- Clinical Senate Member

The ABF Project Board met four times in 2010–2011.

### Audit Committee

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

- 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 brought to his attention
- 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 2010–2011.

**Table 15: Audit Committee membership**

Name	Membership	Dates
Len Scanlan	Chair (external member)	July 2010–June 2011
Dr Jeannette Young	Member	July 2010–June 2011
Terry Mehan	Member	July 2010–June 2011
Julie Hartley-Jones	Member	July 2010–June 2011
Ken Brown	Health Community Councils representative (external member)	July 2010–June 2011

*Note: External members on the Audit Committee are remunerated for their time. The amount paid during 2010–2011 was \$16,000.*

## Mechanisms to strengthen governance

### Ethics and Code of Conduct

Queensland Health is obligated to uphold the values and standards of conduct outlined in the new single Code of Conduct for the Queensland Public Service, which came into effect on 1 January 2011. The Code of Conduct applies to all Queensland Health employees. The whole-of-government Code of Conduct replaced the previous Queensland Health Code of Conduct.

The new Code of Conduct for the Queensland Public Service has been 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 to re-familiarise themselves with the Code of Conduct annually. Queensland Health is also developing 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 new Code of Conduct was implemented and included resources, training and face-to-face awareness activities.

### Legislative Compliance

The Legislative Compliance Policy provides a mechanism for monitoring Queensland Health's legislative responsibilities. The Queensland Health Legislative Compliance Register was established to support the policy and began on 1 July 2010. Legislative compliance statements are requested from legislative custodians annually and entered

into the register. The first round of legislative compliance statements were entered into the register in 2010–2011.

### Policy Management Policy

The Policy Management Policy establishes a consistent, cohesive comprehensive approach to management of Queensland Health Policy.

In 2010–2011, key milestones achieved in implementing the Policy Management Policy included:

- developing common templates for all policy documents
- establishing a Queensland Health Policy Register and registering all current Queensland Health policy documents
- developing policy sites on QHEPS (Queensland Health intranet site) and the Queensland Health internet.

The Policy Management Contact Network met five times. It includes representatives of all Health Service Districts and at least one representative from each division.

### Queensland Health Performance Management Framework

The Queensland Health Performance Management Framework articulates how Queensland Health implements and contributes to achieving the aims of the Queensland Government Performance Management Framework.

The framework demonstrates the process for assigning accountability for achieving organisational strategic objectives, through developing performance agreements and performance indicators, ongoing performance measurement, reporting and management. It includes a process for escalating underperformance against pre-determined targets through defined layers of governance and implementing the Performance Escalation Protocol. It provides practical instructions and advice on how districts and divisions within Queensland Health can embed principles and tools contained in the framework in their internal performance management processes.





Executive Performance Agreements in Queensland Health are between the Director-General and District Chief Executive Officers, Division Chief Executive Officers and Deputy Directors-General. The agreements primarily focus on achieving whole-of-government objectives, departmental priorities, and department governance and management. A strategy to enhance executive leadership capabilities is contained in executives' performance and development plans. Executive Performance Agreements cascade down to employee performance agreements.

## Risk management

Queensland Health's risk management framework is consistent with the Australian and New Zealand Standard AS/NZS ISO 31000:2009 Risk Management.

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 Queensland Health's 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.

The unit's services are designed to assist Health Service Districts and corporate divisions achieve their objectives, meet their statutory risk management obligations and comply with government policies and better practice principles for risk management.

The unit supports the department's risk management systems in compliance with Section 28 of the *Financial and Performance Management Standard 2009*.

Table 16: Risk management training achievements during 2010–2011

Activity	Numbers of sessions	Training hours	Numbers 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	188	375
Risk-in-focus session: Advanced risk management training, focusing on key aspects of advanced risk management and its application to management decision making	8	32	57
QHRisk training: System training in use of the QHRisk risk information system	11	44	55

## Mechanisms to strengthen accountability

### Ethical Standards Unit

During 2010–2011, the Ethical Standards Unit managed 929 complaints about suspected official misconduct and advised Queensland Health work units on another 295 ethical issues that did not involve suspected official misconduct. That compared with 577 cases of suspected official misconduct in 2009–2010 and 411 cases in 2008–2009.

The increase in reporting of suspected official misconduct is due largely to increased ethical awareness, because of a successful statewide awareness program conducted by the unit, in partnership with the Crime and Misconduct Commission (CMC).

The Ethical Standards Unit performs a key role in ensuring compliance with the Director-General's statutory obligation to report allegations of suspected official misconduct to the CMC and deal with allegations the CMC refers back to Queensland Health.

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*.

The unit assesses new allegations of suspected official misconduct through a collaborative assessment committee, including:

- Ethical Standards Unit managers and investigators
- corporate office human resource managers
- Queensland Police liaison officer
- other specialist stakeholders relevant to the allegations, such as the Environmental Health Unit or Drugs of Dependency Unit.

The department's internal investigations team includes a seconded Queensland Police Service acting Inspector, who gives specialist advice on criminal matters, acts as a liaison point with police and investigates allegations of criminal activity.

In January 2009, approval was given to partner with the CMC to develop a framework for improved management of complaints of suspected official misconduct in Queensland Health.

Major outcomes include:

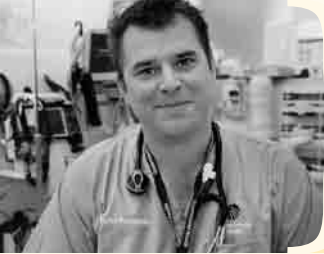
- empowering Health Service Districts to manage and resolve less serious official misconduct complaints with improved timeframes
- a monitoring and support function to increase districts' capacity to deal with such complaints
- concentration of investigative resources in dealing with the most serious cases of suspected official misconduct, subject to monitoring by the CMC
- implementing the CMC COMPASS database and case-management system to improve management of complaints
- developing and implementing a Memorandum of Understanding between Queensland Health and the Queensland Police Service to improve reporting of suspected criminal offences and information sharing between the agencies.

### 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 2010–2011, in addition to issuing 31 audit reports to the Director-General, the unit introduced data analytics as a first step in a move towards continuous auditing.





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.

Various members of the unit contribute to the accounting and internal audit professions by sharing knowledge and experiences through committee memberships and formal presentations at workshops and national and international conferences.

## Public interest disclosures

Queensland Health aspires to an organisational climate in which all employees feel confident and comfortable about reporting wrongdoing.

On 1 January 2011 the *Public Interest Disclosure Act 2010* took effect and the *Whistleblowers Protection Act 1994* (the Act) was repealed.

The Internal Witness Support Unit is responsible for an internal reporting system for the disclosure of wrongdoing, under the provisions of the former *Whistleblowers Protection Act 1994* and the *Public Interest Disclosure Act 2010*. The system is outlined in the Queensland Health Human Resource Policy (15).

The Act encourages and assists disclosure of improper conduct, known as public interest disclosures (PIDs) and promotes a system for disclosures to be investigated and reviewed.

The Internal Witness Support Unit facilitates a support network for people who make disclosures

about unlawful, negligent and improper public sector conduct or disclosures about danger to public health or safety, danger to a person with a disability or danger to the environment, while acknowledging a balancing of interest for people subject of disclosures.

With the introduction of the *Public Interest Disclosure Act 2010* the Public Service Commission has responsibility for overseeing PIDs, including preparing annual report statements on the operations of the *Public Interest Disclosure Act 2010* across the public sector. Under Section 61 of the *Public Interest Disclosure Act 2010* and the Public Interest Disclosure Standard No 1, public sector agencies are required to report information on PIDs received from 1 January 2011 to 30 June 2011.

Public sector agencies must include a statement in their annual report in accordance with section 30 of *Whistleblowers Protection Act 1994*: 352 individual disclosures were made to Queensland Health. Of those, 176 were assessed as amounting to a PID, of which 115 were substantiated and 61 not substantiated. The remaining 176 are awaiting further information to inform or complete the assessment.

## Right to Information

The *Right to Information Act 2009* (RTI Act) and *Information Privacy Act 2009* (IP Act) began on 1 July 2009 and are designed to give the community greater access to information held by Queensland Government departments, local authorities, and most semi-government agencies and statutory authorities.

The RTI Act governs access applications for documents considered 'non-personal' in nature as they relate to the applicant.

The IP Act generally governs access and amendment applications for documents considered 'personal' in nature as they relate to the applicant. Personal information is defined as "an opinion, including information or an opinion forming part of a database, whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent or can reasonably be ascertained from the information or opinion".

**Table 17: The following table gives a breakdown of the work performed by the unit from 1 July 2010 to 31 December 2010.**

Section of the <i>Whistleblowers Protection Act</i>	Assessed as a PID (July 2010 – Dec 2010)	PIDs substantiated (July 2010 – Dec 2010)	PIDs not substantiated (July 2010 – Dec 2010)
s15 Disclosures of official misconduct	120	77	43
s16 Disclosures of maladministration	21	11	10
s17 Disclosures of negligent or improper management affecting public funds	13	8	5
s18 Disclosures of danger to public health or safety to the environment	15	12	3
s19 Disclosures of danger to person with a disability or to the environment	5	5	0
s20 Disclosures about reprisal	2	2	0
<b>Totals</b>	<b>176</b>	<b>115</b>	<b>61</b>

*Note: Of disclosures determined to be PIDs, one or more sections of the Act may apply to a disclosure. An outcome from disclosures received during previous years may be determined as substantiated or unsubstantiated from 1 July 2010 to 31 December 2010 and is therefore included in the above. Outcomes of PIDs assessed from 1 July 2010 to 31 December 2010 may be determined as substantiated or unsubstantiated in this reporting period's figure.*

The IP Act provides a set of rules that govern handling of personal information by Queensland Government agencies.

Queensland Health is the only agency that administers the access and amendment provisions of the RTI and IP Acts through a network of decision-makers throughout the state (the RTI/IP Decision-maker Network).

Most RTI/IP applications within Health Service Districts concern personal information (health records or staff-related information). RTI/IP applications processed centrally commonly relate to departmental decision-making and corporate issues.

The RTI/IP Decision-maker Network is supported by the Administrative Law Team (Performance and Accountability Division) through the provision of advice, training and professional development sessions. Queensland Health ensures the quality of RTI/IP decision-making in the department by mandating that all decision-makers must have

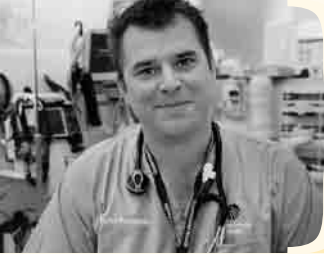
completed an RTI/IP training program before they start RTI/IP decision-making.

In 2010–2011, two training courses were held for Queensland Health staff, in November 2010 and March 2011.

Professional development sessions for the RTI/IP Network were held in November 2010 and March 2011. The sessions focus on complex and emerging issues of relevance to officers making decisions under the RTI/IP legislation.

For more information on access and amendment to documents held by Queensland Health, visit the RTI and IP pages on the Queensland Health website at [www.health.qld.gov.au/foi/rti.asp](http://www.health.qld.gov.au/foi/rti.asp)





## Information integrity

### Information Management Governance Framework

In 2010–2011, Queensland Health progressively implemented its Information Management Governance Framework. The framework aligns to Queensland Government strategic directions, including the information principles promoting transparency, trust, equity of access, privacy, value and effective management of information. Queensland Health intends to further consider and address each of the policy domains of information governance, knowledge management, records management, information asset custodianship, information asset access and use management, data management and information security, over the next 12 months.

### Information privacy

Queensland Health is committed to protecting the privacy of its patients, clients, business partners and staff.

In accordance with the *Information Privacy Act 2009* (IP Act), Queensland Health is subject to a modified version of the National Privacy Principles (NPPs). In addition to the NPPs, the department must comply with confidentiality provisions within health portfolio legislation—for example, the *Health Services Act 1991* and the *Public Health Act 2005*.

A key contributor to the administration of the IP Act in Queensland Health has been the establishment of the Privacy and Confidentiality Contact Officers (PCCO) network. The PCCO network is comprised of officers located throughout the department, specially trained to manage the requirements of the IP Act within their respective service areas.

PCCOs are supported in their roles through the provision of advice, training and workshops facilitated by the Administrative Law Team. PCCO training was held twice in 2010–2011 (November 2010 and June 2011) and a PCCO workshop was held in June 2011. PCCO workshops focus on topical and emerging issues in the privacy

field and are an opportunity for professional development for PCCOs.

The Administrative Law Team is a key contributor to privacy considerations for eHealth initiatives for Queensland Health, through its role on the National Health Information Regulatory Framework (NHIRF) Working Group.

The NHIRF Working Group is a joint Commonwealth, state and territory committee tasked with providing advice on national policy and legislative frameworks to support the implementation of eHealth initiatives. The NHIRF Working Group has been specifically established to provide advice to the National eHealth and Information Principal Committee (NEHIPC) on those issues. The support assists NEHIPC in its role as an advisory body to the Australian Health Ministers Advisory Council on eHealth and information strategies, and facilitates collaboration between the Commonwealth, states and territories to implement the strategies.

Detailed information on Queensland Health's information privacy scheme is available at [www.health.qld.gov.au/privacy/default.asp](http://www.health.qld.gov.au/privacy/default.asp). Complaints about breaches of privacy are dealt with in accordance with the department's complaints management system and can be raised directly with the complaints coordinator at point of service in the first instance. A list of complaints coordinators is on the Queensland Health website at [www.health.qld.gov.au/quality/consumer\\_complaints/complaints.asp](http://www.health.qld.gov.au/quality/consumer_complaints/complaints.asp)

General enquiries about privacy can be made to the PCCO for the relevant service area of Queensland Health. A list of PCCOs is at [www.health.qld.gov.au/privacy/contact.asp](http://www.health.qld.gov.au/privacy/contact.asp)

### Strategic records management

Queensland Health has a strong commitment to improving recordkeeping practices and complying with the *Public Records Act 2002*, *Information Standard 40: Recordkeeping* and *Information Standard 31: Retention and Disposal of Public Records*. In 2010–2011 recordkeeping reviews were conducted by the Strategic Records Management Team in Cairns, Townsville, Weipa, Cooktown, and the Gold Coast Public Health Unit. The

reviews assessed recordkeeping processes and provided recommendations for improvement. The Records Management Practitioners' Network, which facilitates improvements in recordkeeping capability in Queensland Health, continued to meet and attracted a significant number of new members. More than 300 records management training courses were conducted, and two online training modules were developed—Introduction to Recordkeeping and Records Management Basics.

## National Partnership Agreement on eHealth

The NPA on eHealth was agreed at COAG in December 2009. The NPA was necessary to coordinate efforts on eHealth and facilitate shared funding of NEHTA and establishing the Health Identifier Service (HI Service).

The HI Service and national eHealth standards, infrastructure and legislation are essential foundations to enable development of a national electronic health record system for Australia. On 11 May 2010, the Commonwealth Government announced its commitment to provide funding of \$466.7 million over two years to develop a Personally Controlled Electronic Health Record (PCEHR) System.

On 24 June 2010, the Healthcare Identifier Bills were passed by Federal Parliament to enable use of the HI Service. The Bills received Royal Assent on 28 June 2010. The *Healthcare Identifiers Regulations 2010* to support operation of the HI Service were approved by the Federal Executive Council on 29 June 2010. The HI Service began operations as planned on 1 July 2010.

Queensland Health is conducting a HI Service Strategy and Implementation Project that will identify the mechanisms required to link Queensland Health patient identifiers to Individual Healthcare Identifiers (IHI) and the next steps for Healthcare Provider Identifier (HPI) implementation. The aim is to ensure Queensland Health will have the ability to support current processes, while supporting future linkage to the national HI Service.

In May 2011, a seed Healthcare Provider Identifier—Organisation was established by Queensland Health to enable the start of the HI Service implementation. A contract was finalised with the National eHealth Transition Authority (NEHTA) for funding to assist with implementing the GPpartners network's Wave 1 eHealth implementation project. As part of the project, it is anticipated Queensland Health will incorporate national eHealth standards to enable improved interoperability and content display for Queensland Health eReferrals and eDischarge Summaries and start integration activities with the HI Service.

Consultation has been initiated with the Department of Justice and Attorney-General as amendments may be needed to the *Information Privacy Act 2009* and other state legislation. That will enable Queensland to meet privacy compliance and enforcement obligations on healthcare identifiers as set out in the NPA on eHealth.

