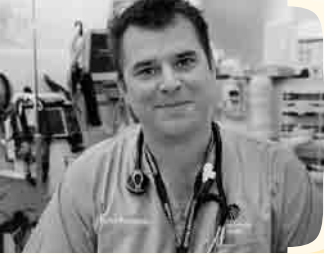




{ Developing our staff and enhancing organisational performance



Strategic Plan 2010–2011

4. Developing our staff and enhancing organisational performance

Objectives and expected outcomes

- 4.1 Develop and value the workforce evident by:
 - reducing the reliance on external labour markets
 - reducing the incidence of workplace injury.
- 4.2 Manage infrastructure and assets to ensure safe, efficient and effective services, evident by delivering major infrastructure developments on time and within budget.
- 4.3 Distribute healthcare resources efficiently and effectively, evident by delivering outcomes within the allocated resources.
- 4.4 Invest in information and communication technology which will provide for electronic medical records available over the internet via a third party health portal.
- 4.5 Work in partnership to effectively influence health and wellbeing outcomes, evident by improving involvement of internal and external partners in the planning and provision of health services.
- 4.6 Invest in research that promotes evidence-based practice and innovation, evident by increasing the number of clinical trials and active research projects approved and commenced.
- 4.7 Strengthen performance management, governance and accountability to ensure openness and transparency, evident by developing and implementing the Governance and Performance Reporting Frameworks.
- 4.8 Implement the national health reform agenda evident by the establishment of local governance arrangements.

Key strategies

- 4.1.1 Enable the smooth transition of payroll to the new model through:
 - designing and facilitating implementation of organisational change strategies
 - providing ongoing guidance to the payroll function.
- 4.1.2 Review the performance management system and improve Queensland Health's capabilities to manage workforce performance.
- 4.1.3 Continue to advise and support Health Service Districts in implementing a Fatigue Risk Management System.
- 4.1.4 Recruit additional medical, nursing and allied health staff, including delivering additional nurse practitioner and rural generalist positions.
- 4.1.5 Train emergency nurse practitioners.
- 4.1.6 New staff accommodation being built to comply with Queensland Health Accommodation Standards.
- 4.2.1 Maintain infrastructure and assets through developing and implementing effective maintenance and lifecycle replacement strategic planning, management and funding models.
- 4.2.2 Deliver long-term health service and capital planning for future health services—including for Ipswich Hospital, Logan/Beaudesert Health Services, Caboolture Hospital, the Maryborough and Hervey Bay hospitals and the Royal Children's Hospital infrastructure.
- 4.3.1 Contribute to a nationally consistent approach to activity based funding.
- 4.3.2 Manage allocated resources to deliver effective and efficient health services.

- 4.4.1 Progress implementation of the eHealth strategy and continue the rollout and expansion of the Telehealth network.
- 4.4.2 Develop and implement a Queensland Health Information Management Framework.
- 4.5.1 Engage clinicians in development and management activities.
- 4.5.2 Building collaboration through networks, communities of practice and consumer engagement.
- 4.6.1 Implement the Health and Medical Research and Development Strategy and promote successes.
- 4.7.1 Implement a strong performance monitoring system and drive delivery of government commitments.
- 4.7.2 Continue to implement the recommendations of the Auditor-General's Reports into Health Service Planning and Patient Flow.
- 4.7.3 More effectively integrate risk management into the work of Queensland Health executive committees and the department's strategic planning.
- 4.7.4 Continue to standardise and consolidate business process reforms.
- 4.8.1 Develop a Queensland implementation plan and appropriate governance arrangements.
- 4.8.2 Determine the size, location, final number and boundaries of local governance arrangements by the end of 2010.
- 4.8.3 Develop and introduce legislation to enable the establishment of local governance arrangements and new funding mechanisms.
- 4.8.4 Identify resourcing requirements for the new local governance arrangements and establish change management processes to enable appropriate staffing and resourcing.

Key performance indicators

- medical fatigue risk management
- Indigenous workforce
- condition assessments undertaken
- achieving a balanced operating position
- own source revenue per occupied bed day
- numbers of weighted activity units
- cost per weighted activity unit
- increase Telehealth capacity in the emergency departments of 31 facilities to expand the existing Telehealth network.

Our people

Health is a growing sector—between 2001 and 2006, the 23 per cent growth in the number of workers employed in health occupations across Australia was almost double that for all occupations. To meet recruitment needs in remote, rural and regional facilities, the Work For Us program promotes recruitment of clinical staff and operates alongside innovative programs such as the Allied Health Relief Pool and Queensland Country Practice.

Queensland Health employed 998 more medical staff from March 2009 to June 2011. The department recruited to 556 intern positions in 2010 and 644 in 2011. Queensland Health plans to recruit up to 727 interns by 2015. Queensland also needs to deliver pre-vocational training to the growing numbers of domestic medical school graduates.

From March 2009 to June 2011, Queensland Health employed 3,343 more nursing staff. Nurse practitioners were a major initiative of the 2008-2009 budget with \$34.4 million allocated over four years. Additional nurse practitioner position priority areas include rural and remote, aged care, mental health, chronic disease and emergency care.

From March 2009 to June 2011 Queensland Health employed 1,091 more health practitioner staff.





Executive management team profiles



Michael Reid

Former Director-General

Michael Reid was appointed Director-General in June 2008 and successfully completed his tenure on 22 June 2011. He played a pivotal role in positioning Queensland to take advantage of national health reforms and improve the delivery of services to Queenslanders.

During his time as Director-General, he managed the largest hospital building program in Australia and the employment of an additional 4,700 clinical staff. Under his leadership, there has been increased involvement of doctors, nurses, allied health professionals and other staff in decision making.

Mr Reid was highly regarded by staff and colleagues for his outstanding commitment to the delivery and improvement of public health services in Queensland.



Dr Tony O'Connell

Chief Executive Officer, Centre for Healthcare Improvement and Acting Director-General

Tony O'Connell entered the Australian health system as a medical student 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 NSW Department of Health. He directed the NSW Government's major redesign program for Health.

Dr O'Connell 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 NSW 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. In June 2011 he took over as Director-General for Queensland Health.



Dr Grant Howard

Acting Chief Executive Officer, Centre for Healthcare Improvement

Grant Howard trained as a physician and then an intensivist and is a Fellow of both colleges. He previously was Chief Medical Officer for a major New Zealand District Health Board. He also served as manager of a District Health Board Service Development Unit, General Manager of Operational Performance and Support, and General Manager of Waikato Hospital (a 600-bed major hospital and referral centre). He worked with several organisations, including the Health Roundtable to progress clinical engagement and financial management.

He is currently Senior Director, Medication Services Queensland, and a member of the Queensland Patient Safety and Quality Executive Committee.



Dr Jeannette Young

Chief Health Officer

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 Princess Alexandra Hospital, Executive Director of Medical Services at Rockhampton Hospital, and held a range of positions in Sydney. Dr Young'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.

Dr Young 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 NHMRC, the Australian Health Protection Committee, the Clinical Technical Ethical Principal Committee of AHMAC, and the Australian Population Health Development Principal Committee.



Kathy Byrne

Chief Executive Officer, Clinical and Statewide Services

Kathy Byrne's career in the public and private health sectors spans more than 25 years. She was previously a health service chief executive and has a significant track record in strategic and operational leadership and achievement in five Australian states and territories. Ms Byrne has been Chief Executive Officer of Clinical and Statewide Services since May 2009.



Dr John Glaister

Deputy Director-General, Health Planning and Infrastructure Division

John Glaister has Chief Executive Officer experience, has held board memberships, and has senior government management experience in New Zealand and Australia (New South Wales, Queensland and the Northern Territory), and in the university and private sectors.

He has worked in applied research and senior administrative roles in transport, science, energy, sport and recreation, and innovation. He held chief executive positions in New South Wales and New Zealand and was Chief Scientist at Laing O'Rourke, before his appointment to Queensland Health on 24 January 2011.



Dr Michael Cleary

Deputy Director-General, Policy, Strategy and Resourcing

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.

Dr Cleary was previously Executive Director and Director of Medical Services for Logan and Beaudesert Hospitals, the Metro South Health Service District and The Prince Charles Hospital Health Service District. He was appointed to lead the Policy, Strategy and Resourcing Division of Queensland Health in April 2010.



John Cairns

Deputy Director-General, Human Resource Services

John Cairns, Deputy Director-General, Human Resource Services, began with Queensland Health in February 2011.

Mr Cairns has more than 20 years experience in the human resources environment and previously worked with the Department of the Prime Minister and Cabinet as First Assistant Secretary, Ministerial Support Unit, establishing and leading the unit to function as the interface between the Department and the Prime Minister.

He was previously Acting Deputy Public Service Commissioner with the Australian Public Service Commission and Executive Director, Workforce Planning and Development, State Services Authority of Victoria. Mr Cairns has a long history of leadership in strategic human resource management and change management and has worked in a variety of industries, including rail, steel, aluminium, defence, and agriculture.





Neil Castles

Deputy Director-General, Finance, Procurement and Legal Services

Neil Castles was appointed on 24 January 2011, bringing to Queensland Health more than 30 years' experience in government, public sector financing, public sector accounting and auditing, capital markets and financial risk management.

Mr Castles was previously with Queensland Treasury Corporation (QTC). He had a long career with QTC and Queensland Treasury from 1987, including a variety of roles on the executive management group over the last 20 years.

Mr Castles played a key role in the amalgamation of local governments in 2007.

His experience includes membership on numerous boards and corporations, including IBIS (responsible for retail services throughout the Torres Strait) and the City of Brisbane Investment Corporation (a Brisbane City Council investment vehicle). Before joining Queensland Health, Mr Castles was a director and, in many cases, company secretary of many Queensland Government special purpose companies.



Ray Brown

Chief Information Officer

Ray Brown has worked in information communication and technology for 35 years. After a brief time in the private sector, he joined the Department of Corrective Services as Information Management Director in 2001. He became the Queensland Police Service Information Systems Branch Manager in 2003 and the Information Management Division Acting Director in 2006.

Mr Brown was involved in the successful implementation of the Queensland Police records and information management exchange project. In June 2008, he started as Queensland Health's Executive Director, Information Division. Mr Brown relieved as Chief Information Officer from January 2009 and was appointed in August 2009.



Terry Mehan

Deputy Director-General, Performance and Accountability

Terry Mehan is the Deputy-Director General, Performance and Accountability. 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 focuses on strengthening governance and accountability across Queensland Health. Mr Mehan 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.



Julie Hartley-Jones CBE

Chair, CEO and DDG Forum

Julie Hartley-Jones is the District Chief Executive Officer for Cairns and Hinterland Health Service District. She was appointed Chair of the Chief Executive Officer and Deputy Director-General Forum following her nomination by her colleagues on the forum.

Health Service District Chief Executive Officer profiles

Julie Hartley-Jones, CBE **Chief Executive Officer, Cairns and Hinterland Health Service District**

Julie Hartley-Jones came to Queensland in January 2009 as Chief Executive Officer of the Cairns and Hinterland Health Service District and has a background in renal nursing. She 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 5,500 nurses and midwives. Ms Hartley-Jones was then a Director of Nursing and moved to Australia in 2006 as Area Director of Nursing for Northern Sydney Central Coast Area Health Service in NSW, where she was responsible for more than 6,000 nurses and midwives. She moved to Director of Clinical Operations in 2007.

Ms Hartley-Jones 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 **Chief Executive Officer,** **Cape York Health Service District**

Susan Turner has been Chief Executive Officer 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. Ms Turner 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 Chief Executive Officer,** **Central Queensland Health Service District**

Maree Geraghty has been Acting Chief Executive Officer of the Central Queensland Health Service District since January 2011. She was previously Chief Executive Officer of the South West Health Service District from November 2008, after being District Manager from 25 March 2008. Ms Geraghty 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. Ms Geraghty 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 **Chief Executive Officer,** **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. Ms Magee'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. Ms Magee has a particular interest in quality and safety.





Dr Peter Steer
Chief Executive Officer,
Children's Health Services

Peter Steer was appointed Chief Executive Officer 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. Dr Steer 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. Dr Steer 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.

Pam Lane
Chief Executive Officer, Darling
Downs-West Moreton Health
Service District

Pam Lane has more than 20 years experience in leading and managing a diverse range of health services focusing on improving patient services and developing staff. Ms Lane 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 Director of Nursing 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 Ms Lane become District Manager of the new district in February 2007. In November 2008, she was successful in gaining the position of Chief Executive Officer for the newly formed Darling Downs-West Moreton Health Service District. Ms Lane is a member of many community organisations, including the Ipswich Hospital Foundation, the Ipswich Hospice, Zonta and the University of Queensland Advisory Board.

Dr Adrian Nowitzke
Chief Executive Officer, Gold Coast Health
Service District; Associate Professor of
Neurosurgery

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. Dr Nowitzke 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 Australia's only named university hospital, the Gold Coast University Hospital, which is due to open in 2012.

Kerry McGovern
Chief Executive Officer,
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. Mr McGovern has served in senior executive roles in Cairns, Townsville, the Torres Strait, Innisfail, the Tablelands and Mount Isa. He has been Mackay Chief Executive Officer since 2006. He was also appointed a Hospital Inspector and was Assistant Northern Zone Manager for three years. Mr McGovern holds a tertiary qualification in financial accounting and is a board member of the Mackay Regional Development Corporation.

Professor Keith McNeil
Chief Executive Officer,
Metro North Health Service District

Keith McNeil became Chief Executive Officer 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 post-graduate training in

respiratory medicine in Queensland and underwent sub-specialty training in cardio-pulmonary transplantation and pulmonary hypertension 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 UK Department of Health on pulmonary hypertension, and established in the UK National Centre for Pulmonary Endarterectomy at Papworth Hospital. Returning to Australia in 2001, Professor McNeil became Head of Transplant Services at The Prince Charles Hospital in Brisbane, and Associate Professor of Medicine at the University of Queensland. Professor McNeil was appointed Professor of Medicine at the University of Queensland in 2007 and maintains his clinical and research interests.

**Dr David Theile senior
Chief Executive Officer,
Metro South Health Service District**

David Theile graduated MBBS with honours from the University of Queensland in 1962. Post-graduate training as a Resident and Surgical Registrar at Royal Brisbane Hospital resulted in him gaining FRACS 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 Princess Alexandra Hospital as a General Surgeon—a position he held until 2006. In 2000, Dr Theile was appointed Chairman of the Division of Surgery at Princess Alexandra Hospital and he occupied that post until he was appointed Clinical Chief Executive Officer of Princess Alexandra Hospital on 8 May 2006. In October 2008, he was appointed District Chief Executive Officer of Metro South.

Dr Theile 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, Dr Theile was made an Officer of the Order of Australia (AO) for services to surgery.

His previous roles include Clinical Professor of Surgery; VMO Surgeon, Princess Alexandra Hospital; VMO Surgeon, Redcliffe Hospital; Senior Surgical Registrar, the Whittington Hospital,

London; Lecturer in Surgery, the London Hospital; and RMO then Surgical Registrar, Brisbane General Hospital.

**Suzanne Sandral
Chief Executive Officer,
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, Ms Sandral 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.

Ms Sandral left Sydney and the Wollongong area in 1997—where she had been the Director of Nursing 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 Director of Nursing of a hospital under construction in Kolkata, in West Bengal, India.

**Meryl Brumpton
Acting Chief Executive Officer,
South West Health Service District**

Meryl Brumpton has been Acting Chief Executive Officer since 1 April 2011. She recommenced at South West Health Service District as Chief Operations Officer in November 2008 after three years as Area Manager, Department of Child Safety. From 1997 to 2004, Ms Brumpton was the Senior Policy Officer and Manager, Office of Rural Health, and, in 2004–2005, District Business Manager of the former Roma Health Service District. While at the Office of Rural Health, Ms Brumpton:

- managed the rural health scholarship scheme
- was Queensland Health's representative on the National Rural Health Policy Forum





- undertook Secretariat functions for the Ministerial Rural Health Advisory Council
- managed the initial policy and implementation work in Queensland Health for multipurpose health services
- managed the 1997 review of Flying Specialist Services and the implementation of the Pre-Hospital Trauma Life Support program into Queensland Health
- developed the former rural credentialing and clinical privileges document.

Kevin Hegarty
Chief Executive Officer,
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 a District Manager in 2001 at the then Rockhampton Health Service District. Mr Hegarty began as District Manager of the Sunshine Coast in December 2003 and was appointed District Chief Executive Officer 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 Mr Hegarty remaining District Chief Executive Officer. He has interests in mental health, Indigenous health, developing partnerships with universities, Divisions of General Practice, and other significant community organisations.

Dr Andrew Johnson
Acting Chief Executive Officer,
Townsville Health Service District

Andrew Johnson was appointed District Executive Director Medical Services on 4 July 2000 and has been Acting Chief Executive Officer since March 2011. He has been an Eminent Staff Specialist since January 2006. Dr Johnson'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. Dr Johnson worked for three years in NSW 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.

Paul Stephenson
Chief Executive Officer,
Torres Strait-Northern Peninsula Health
Service District

Paul Stephenson has been a District Manager/Chief Executive Officer 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. Mr Stephenson joined Queensland Health in 1990 as a Clinical Nurse Consultant/Program Manager in specialised health and was then a Director of Nursing/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.

Ken Whelan
Chief Executive Officer,
Wide Bay Health Service District

Ken Whelan became Chief Executive Officer for the newly formed Wide Bay Health Service District on 1 November 2010. Before entering management, he was a registered nurse. Mr Whelan has been in health management for almost 23 years and in Chief Executive Officer 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.

Staff profile

Queensland Health employed more than 67,000 full-time equivalent (FTE) staff during 2010–2011. The figure below shows the number of full-time equivalent employees by employment stream. Nearly two-thirds of staff are health practitioners, professionals and technicians, medical (including visiting medical officers) or nursing employees.

Queensland Health's retention rate for permanent employees was 94.6 per cent in 2010–2011. The retention rate is the number of permanent staff employed 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 2010–2011 was 5.2 per cent and describes the number of permanent employees who separated during the year as a percentage of permanent employees.

Clinical Workforce Strategy

The Queensland Health Clinical Workforce Strategy 2011–2026 establishes a statewide vision for the future clinical workforce to support the delivery of required public health services. 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 health care, recognising the specific requirements of target and priority groups.

While specifically a Queensland Health strategic document, the interconnectedness of private, public and community not-for-profit health providers means Queensland Health will consider where collaborative action can and should be taken across the department and the wider health system, government and industry.

WorkMAPP

Workforce Mapping Analysis and Planning Projections (WorkMAPP)—an online workforce planning system—has been rolled out statewide to provide a comprehensive, unified, effective and efficient workforce planning tool to model clinical workforces across Queensland Health Health Service Districts and corporate divisions. It will overcome previous barriers associated with predicting Queensland Health's large and complex workforce needs into the future.

Work For Us

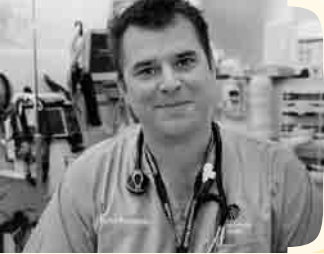
Work For Us provides a centralised screening and assessment service to ensure candidates meet standardised criteria for practice and are suitable for employment with Queensland Health. It case manages and refers clinical candidates to suitable vacancies, and builds talent pools to service Queensland Health's ongoing capital expansions and other workforce growth. The service is supported by research and development of collaborative approaches to clinical attraction with national and state stakeholders.

In 2010–2011, Work For Us refined its targeted attraction activities to promote opportunities for experienced clinicians seeking permanent or temporary employment in rural, remote and regional healthcare facilities. Work For Us also targeted sourcing, screening and case management of experienced Australian and international midwives, emergency medical physicians, rural doctors and nurses, mental health clinicians, allied health practitioners, and nurse practitioners.

The Queensland Health Allied Health Relief Pool was established in July 2009 to provide a centralised service for sourcing short-term relief for allied health staff, particularly in rural and remote areas. So far the relief pool has provided more than 800 weeks of relief to Queensland Health facilities statewide. Work For Us promoted the pool as an additional and alternative recruitment pathway into Queensland Health.

A strategy has been trialed at the Princess Alexandra Hospital to retain allied health staff on long-term temporary contracts—greater than three months—to permanent positions. The framework will be rolled out for use in districts with appropriate risk management and governance.





Registration Assessment Placement Training and Support

The Registration Assessment Placement Training and Support (RAPTS) program provides an additional significant mechanism to support and retain international medical graduates employed in Queensland Health by providing assistance with registration, orientation, training and assessment processes. RAPTS ensures minimum standards of knowledge, skill, communication and cultural safety for international medical graduates are implemented organisationally, enabling doctors to transition safely into the workforce.

Clinical Education and Training Queensland

Clinical Education and Training Queensland (ClinEdQ) has continued to contribute to building a skilled and competent workforce through providing clinical education and training capacity; supporting clinical supervisors and strengthening supervision capability; identifying and promoting effective, evidence-based best practices in clinical education; and strengthening partnerships across education to address current and emerging health workforce and healthcare priorities.

In 2010–2011, ClinEdQ provided scholarships for Queensland Health allied health support workers to undertake formal qualifications and allied health professionals to undertake Certificate IV in Training and Assessment, and recruitment and coordination of 21 statewide research fellows. The importance of continuing education and professional development for allied health professionals is recognised through the Queensland Health Allied Health Postgraduate Scholarship scheme. In 2010–2011, 96 scholarships were awarded to assist staff in undertaking further study to meet current and emerging service needs.

In Oral Health, ClinEdQ:

- provided dental technician education programs and dental assistant traineeships to encourage school-leavers to enter the occupation
- provided disaster victim identification training
- established a Cancer of the Head and Mouth Special Interest Group.

A Queensland Basic Physician Training Pathway was implemented to provide a structured approach to recruitment, selection and allocation of basic physician trainees. Centralised recruitment, selection and allocation of 2011 ICU vocational trainees to accredited training units in Queensland was established.

ClinEdQ established a nursing and midwifery education portal. Base work was conducted for a range of online continuing education courses. The courses will link education providers, professional associations, and pre-entry and post registration to clinical learning opportunities.

Overseas travel

Overseas travel supports research, training, aid programs, recruitment, and conference attendance. The knowledge gained and the international links established ensures that Queensland Health can sustain a world class health system. For example, the participation of Queensland children with cancer in international clinical trials has transformed a uniformly fatal disease into a group of malignancies that are curable for the majority of children.

Travel funding was \$386,200 from operational budgets and \$165,984 from trust fund monies. Additional funding of \$16,777 was provided from external sources and is not included in the figures.

Table 3: Summary of destinations

Destinations	Number of trips	Percentage of trips
Asia	22	13.3
Europe	55	33.1
New Zealand	55	19.3
North America	32	26.3
Oceania (South Pacific)	42	9.0
Total	166	100.0

A detailed list of overseas travel taken at the department's expense is in Appendix 5.

Nurse practitioners in emergency departments

In 2009, the Queensland Government announced \$7.8 million to train and recruit 30 new specialist nurses over three years to work in the busiest Queensland Health emergency departments, starting with 10 over the first 12 months.

By May 2011, 23 of the 30 nurse practitioner positions were appointed.

The Office of the Chief Nursing Officer's Nurse Practitioner Scholarship Scheme awarded 13 scholarships to experienced emergency nurses to study toward nurse practitioner qualifications.

In anticipation of the 2011–2012 funding allocation, offers have been made for a further

seven nurse practitioner positions and four temporary nurse practitioner candidate positions.

The new models of care have initially focused on managing semi-urgent and non-urgent presentations to emergency departments.

The Office of the Chief Nursing Officer supported establishing the nurse practitioner role—including emergency nurse practitioners—with the following projects:

- clinical governance
- clinical leadership workshops
- developing a framework for continuing professional development
- investigating options for internship and mentoring programs to support nurse practitioner candidates.

Table 4: Appointed nurse practitioner positions 2009–2010

District	Facility	Number of positions
Metro South HSD	Logan Hospital	3
Metro South HSD	Redland Hospital	3
Metro North HSD	Redcliffe Hospital	2
Darling Downs–West Moreton HSD	Ipswich Hospital	3*
Cairns and Hinterland HSD	Cairns Base Hospital	2
Total number of positions		13

* One position currently being recruited

Table 5: Appointed nurse practitioner positions 2010–2011

District	Facility	Number of positions
Metro South HSD	QELI Jubilee Hospital	2
Gold Coast HSD	Gold Coast and Robina Hospitals	3
Sunshine Coast – Wide Bay HSD	Nambour Hospital	3
Darling Downs – West Moreton HSD	Toowoomba Hospital	1*
Townsville HSD	Townsville Hospital	1
Total number of positions		10

* One position currently being recruited

Table 6: Number of scholarships awarded to experienced emergency nurses

2009–2010	8
2010–2011	5





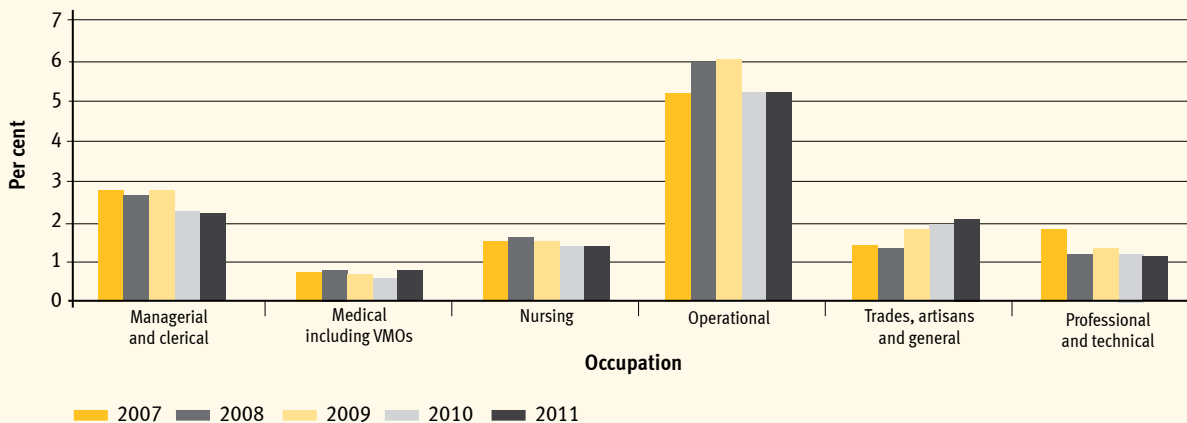
Aboriginal and Torres Strait Islander Workforce Strategy

Queensland Health continues to attract Aboriginal and Torres Strait Islander people to the health workforce. The Aboriginal and Torres Strait Islander Workforce Strategy, launched in 2009, has been implemented during 2010–2011 with all Health Service Districts now having action plans to achieve their individual targets. The strategy seeks to increase the number of Aboriginal and Torres Strait Islander people working across all occupational streams to at least reflect the population profile of Aboriginal and Torres Strait Islander people living in Queensland. The strategy links in key incentive programs—such as National Indigenous Cadetship Support Program—to promote recruitment pathways for the professional workforces. Initiatives in 2010–2011 to attract and retain Aboriginal and Torres Strait Islander people to the health workforce included:

- rollout of the Indigenous Health Worker-Isolated Practice Authorisation course, with nine health workers enrolled
- launching and implementing the Queensland Aboriginal and Torres Strait Islander Nursing and Midwifery Strategy 2010–2012:
 - 57 nursing and midwifery cadetship positions
 - employment of one Indigenous nurse practitioner, with another two being

- supported through a Masters of Nursing program
- support of a University of Southern Queensland research fellowship for Indigenous nursing
- support of a nurse/midwife academic and an Indigenous nurse support position at James Cook University’s Mount Isa campus
- investment in research into Aboriginal and Torres Strait Islander nursing student attrition at the Queensland University of Technology
- active involvement and promotion of nursing and midwifery at school, cultural and community events throughout Queensland
- the You Pla, Me Pla Mentoring Program, which aims to create a pool of mentors available to link with Aboriginal and Torres Strait Islander mentees to provide support and guidance for mentees to obtain their personal goals
- 13 Aboriginal and Torres Strait Islander education to employment (E2E) scholarships
- 11 Indigenous allied health cadetships
- commitment to recruit a significant number of Aboriginal and Torres Strait Islander employees under Project 2800, which is the Queensland Government’s commitment to enhancing employment outcomes for Aboriginal and Torres Strait Islander people across the Queensland public sector.

Graph 15: Percentage of Aboriginal and Torres Strait Islanders in the workforce



Equity and diversity

Queensland Health has a workforce whose attributes include varied backgrounds, education, training, and work and life experiences. That enriches workplace diversity and creates an organisation that is more capable of providing responsive health care services to a diverse Queensland community. The department's commitment to equity and diversity is demonstrated through initiatives to attract and retain a representative Indigenous workforce and to encourage and support women in leadership and mentoring roles.

The Queensland Health Equity and Diversity Awareness Week was celebrated on 23-27 May 2011. The inaugural Equity and Diversity Awards were an opportunity to reflect on our commitment to equity and diversity and to recognise best practice within Queensland Health in the way we provide services to a diverse Queensland community.

Initiatives for women

Women represent 73 per cent of the full-time equivalent workforce. The figure below is a breakdown by stream and gender of Queensland Health employees.

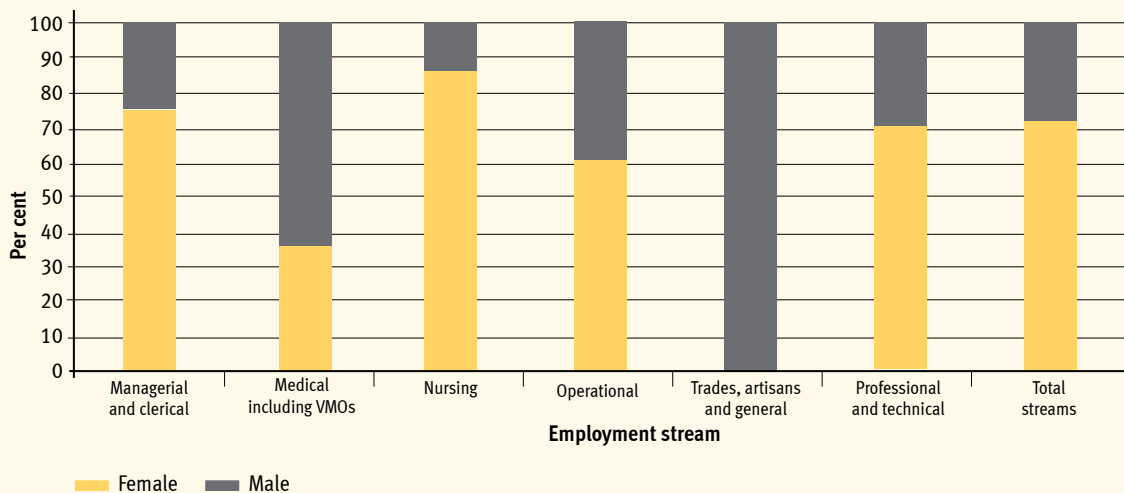
In 2010-2011, employees' average fortnightly earnings were \$2,919 for females and \$4,307 for males.

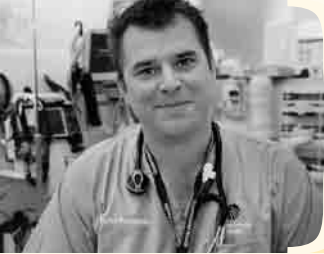
Queensland Health provides a range of professional development support for female employees. During 2010-2011 more than 33,500 female employees received a professional development allowance. Of those, 75 per cent were nurses.

Queensland Health workplace policies have led by example by forming the basis of whole-of-government public sector initiatives, one of which was the Queensland Health Work and Breastfeeding Policy released by the Public Service Commission and effective from 5 August 2010.

The percentage of women on boards in the health portfolio is 52 per cent. Of 430 new and renewed appointees for 2010-2011, 48 per cent were women. Of all new appointees for the same period, 49 per cent were women.

Graph 16: Percentage of FTE by stream and gender





Healthier workplaces

Work life balance

Queensland Health recognises employees' needs to balance their work and family life and is committed to supporting employees in achieving a work life balance.

Policies promoting work-life balance include flexible work arrangements, job sharing, telecommuting, breastfeeding at work and purchased leave.

Queensland Health continues to partner with relevant industrial organisations to achieve enterprise bargaining outcomes related to equity and flexibility in the workplace and the ongoing promotion of work-life balance strategies. For example, the Nurses and Midwives (Queensland Health) Certified Agreement (EB7) 2009 commits to further enhance nursing and midwifery workforce planning by building on work already completed in the nursing priority area of work-life balance.

Carers (Recognition) Act 2008

Many Queensland Health staff have carer responsibilities. Flexible work arrangement policies provide employees who are carers with options to continue to work and provide care to their family members. Queensland Health encourages and supports managers and work units in providing employees with flexibility in rostering and access to paid and unpaid leave when they are required to undertake carer's duties. Information and resources for carers and access to relevant policies is promoted on the Queensland Health website.

Over 33,000 Queensland Health employees accessed carer's leave during 2010–2011.

Medical Fatigue Risk Management Policy

In 2010–2011 the Medical Fatigue Risk Management Policy was updated. It includes a requirement that all Health Service Districts identify risks and implement fatigue risk management systems.

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 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 several sources of information and advice, including:

- workplace equity and harassment officers
- a workplace harassment hotline
- the Staff Complaints Liaison Office
- People and Culture (Human Resources) 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 subjects, including:

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

Queensland Health has conducted extensive training which has seen the number of WEHOs grow from about 250 to more than 390 in 2010–2011.

Occupational health and safety

Queensland Health continued its commitment to the Queensland Government's Safer and Healthier Workplaces framework through ongoing implementation of the *Occupational Health and Safety Strategic Plan 2007–12* and the Occupational Health and Safety Management System.

Early identification and management of workplace injuries—including supportive approaches to return to work—contributed to a 10 per cent reduction in average days lost and a 8.6 per cent reduction in average costs since 2008–2009.

Staff accommodation

In 2010–2011, two houses were purchased, at Charleville and Thursday Island. Queensland Health is currently purchasing two further houses, at Roma and on Thursday Island. A process is in progress to purchase vacant land on Horn Island to allow for construction of housing. All newly purchased housing complies with Queensland Health accommodation standards.

Planning is in progress to identify future requirements for staff accommodation. More detailed planning is occurring in areas with the greatest need—including Cape York, the Torres Strait and Mount Isa—to identify strategies to address the demand for and opportunities to provide housing.

Table 7: Workplace incidents and injuries

	2008–2009	2009–2010	2010–2011
Number of incidents/near-miss reported	20,274	21,530	22,057
Number of injury workers' compensation claims*	2,982	3,000	3,260
Total days lost	45,784	42,065	45,250
Average days lost	15.4	14.0	13.9
Total statutory payments (\$)	\$11,493,006	\$10,602,164	\$11,507,578
Average cost of statutory payments per claim (\$)	\$3,854	\$3,534	\$3,530

*All workers' compensation claims lodged regardless of acceptance by WorkCover Queensland
Source: Incident Management System, Queensland Health and WorkCover Queensland





Performance development

A review of the employee performance management system began and an updated Human Resources Performance and Development Policy was issued. Several models of employee performance management are used in different parts of Queensland Health on the basis of differing business needs. A contemporary Performance and Development Guide for Managers and Guide for Employees is being developed to align with the Employee Performance Management Directive 21/10 issued by the Public Service Commission Chief Executive.

Induction

A review of current statewide processes began, which is designed to shape the culture and employment experience in Queensland Health. The review's purpose is to:

- develop a contemporary orientation and induction program designed to create an environment that reinforces a new employee's decision to work with Queensland Health
- ensure new employees feel welcomed, prepared and supported, thereby reducing the time to contribute and improve employee engagement
- create an environment where expectations are clearly defined and new employees' contribution to health service delivery is valued
- create an environment where new employees can grow professionally through training, education and research
- ensure new employees demonstrates alignment with Queensland Health's values and expected behaviours.

Leadership development

During 2010–2011, many Queensland Health clinicians engaged in leadership development programs and activities delivered by the Healthcare Culture and Leadership Service. Programs attended by clinicians included:

- the Emerging Clinical Leaders' Program—which helps clinicians gain the leadership skills and knowledge to go beyond their clinical duties and transition into leadership role
- the Medical Leadership in Action Program—where doctors learn skills and techniques to assist them to deliver safe, quality patient care, lead and manage high-performance clinical teams and communicate more effectively with colleagues, staff and patients.

Management Capability Development Program

The Management Capability Development Program aims to provide specific assessment and development options for new, middle and senior managers. Consisting of a range of capability assessment tools, learning resources and learning activities, programs have been delivered across Queensland Health.

Developing Business Excellence

In 2010–2011, 88 participants were enrolled in Developing Business Excellence programs. Comprised of two programs—Talent Development and Future Leaders—Developing Business Excellence is designed to meet the specific professional development needs of current and future corporate service and clinical support leaders.

Table 8: Management development programs delivered in 2010–2011

Program	Number delivered	Attendees
Sailing into Supervision Train the Trainer	1	17
Managing Your Business	15	221
Managing Your People	1 pilot	20
Managing Organisational Change	7	105
Harvard ManageMentor	—	1,796 licences in use

Talent management

In 2010–2011 a project was initiated to strengthen existing talent management and succession planning capacity. The project will establish a talent management system and succession planning process across Queensland Health. It will identify critical organisational roles and build a talent pool of capable leaders ready to fill those critical roles. The system will aim for sufficient leadership capability to meet current and future business requirements.

Recognition — recognising excellence and achievements

The inaugural Queensland Health Week was 8–12 November 2010. Length of Service Recognition Award ceremonies were held to recognise and celebrate the contributions of staff and the exceptional services they provide.

Twenty employees from across the state were recognised by their colleagues as outstanding leaders in promoting Queensland Health's values and their role modelling of the principles and behaviours in the *Queensland Health People and Culture Plan 2009–2012*.



Working with unions

Queensland Health has an industrial and employee relations framework that outlines commitments to collective industrial relations and consultation requirements in all certified agreements. Several consultative forums are in place to enable discussion with health unions on matters affecting employees and their employment. Forums include peak consultative groups consisting of all unions and occupational specific groups primarily concerned with implementing certified agreements. The industrial and employee relations framework includes district and local consultative forums to enable consultation on matters affecting services and districts.

Voluntary early retirement.

There were no voluntary early retirement packages paid to Queensland Health employees during 2010–2011.

Informing the community

Communication of government services is essential to keep the community informed on matters such as swine flu; provide a 24/7 service to ensure information on health-related emergent issues is conveyed to the public in a timely and efficient manner; and produce communications about important issues on health awareness and preventative health behaviour.

At 30 June 2011, the department employed 61.5 full-time equivalent staff whose functions related to media and public relations.





Healthier organisation

Payroll Improvement Program

The Payroll Improvement Program began on 16 July 2010 to implement payroll system improvement activities and continue the focus on stabilising and improving payroll accuracy. The program has three key streams, including:

- eliminating a backlog of unprocessed payroll forms—which was achieved by early October 2010 with processing delays being largely restricted to the relevant pay period
- developing more than 250 system fixes and enhancements applied to the payroll and rostering systems
- implementing a new localised payroll operating model in all 12 payroll hubs across the state—including two new hubs at Mackay and the Gold Coast.

In March 2011, Queensland Health initiated the Payroll Foundation Program to deliver incremental improvements by re-designing the rostering and payroll solution to improve business processes, systems performance and the underlying technology platform.

Payroll Operating Model Implementation

The new localised payroll operating model provides:

- improved services for employees by re-establishing closer relationships between Queensland Health districts/divisions and their respective payroll hubs and spokes
- increased personal contact between payroll employees and Queensland Health staff and line managers, better tracking of payroll forms, and improved payroll officer knowledge of local work environments and pay-related contract terms and conditions

- a simpler, more responsive payroll service for Queensland Health districts/divisions that caters for all payroll needs, from when someone is first employed to when they retire or resign.

Shared Services Partner

The Shared Service Initiative is a whole-of-government approach to corporate services delivery intended to provide high-quality, cost-effective corporate support services across the Queensland Government. Shared Services are underpinned by standardising business processes, consolidating technology, pooling resources and expertise.

The Queensland Health Shared Service Partner delivers the following services:

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

Achievements in 2010–2011 include implementing the localised payroll model to better support Queensland Health's delivery of health services. The Supply Chain Management Integration Strategy is designed to deliver a model of service delivery that supports a lean, high-performance supply chain.

Organisational Change Centre of Excellence

The Organisational Change Centre of Excellence has worked in partnership with business units across Queensland Health to deliver tailored solutions that assist staff in delivering effective and efficient health services. The centre has delivered the service using an internal consultancy process involving:

- evidence-based diagnostic tools that identify specific areas where resources can be allocated for optimal outcomes
- individual and group coaching in change and transition

- tailored interventions to build change capability and upskill change agents and managers within Queensland Health.

The centre has supported a wide range of initiatives in the consultancy process, including:

- statewide initiatives—for example, the Allied Health Clinical Education Program, the Mental Health Clinical Reform Agenda
- Council of Australian Governments-funded initiatives—for example, the Indigenous Nursing Cadetship Program
- changing clinical models of care and service delivery initiatives—for example, Transforming Care, Transforming Care At Bedside, mental health recovery-oriented models of care, clinical service integration
- opening new services within existing services—Eventide and Brighton sub-acute services
- Organisational restructure processes—for example, primary and community health services, Mental Health Services.

People and Culture Practitioners' Network

During 2010–2011, there was a focus on strengthening the department's human resource practitioners through the People and Culture Practitioners' Network. The network is a department-wide virtual community for people working in, or interested in, human resources.

It aims to improve the quality and consistency of human resources services to Queensland Health by giving practitioners across the state information, support and opportunities to learn and develop skills and build relationships with professional colleagues.

The network coordinates a range of regular professional development activities developed in line with the Queensland Health Human Resources Competency Development Framework. Based on international research and modelling best-practice organisations, the framework has been accredited

by the Australian Human Resources Institute as meeting standards of human resources excellence. It is a tool to inform training, recruitment and selection; succession planning; and performance feedback and development.

Human resources professional development

The network continued to provide monthly HR Series sessions to improve human resources practitioners' knowledge and understanding of emerging human resources issues and industry developments. Sessions included:

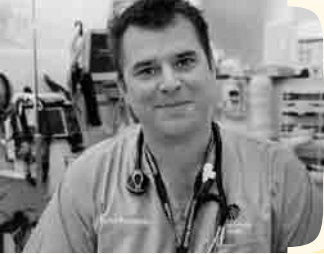
- release of the Queensland Public Service Code of Conduct and Ethics Reform
- cyber bullying
- intergenerational engagement.

The network provided two human resources training programs to develop practitioners' skills and knowledge through targeted training:

- 28 practitioners attended a one-day training program, Planning, Coordinating and Supporting Workplace Rehabilitation, in Brisbane and Townsville
- 15 practitioners attended a three-day training program in Brisbane to gain a Certificate in Corporate Investigations and a Certificate in Investigations Report Writing. The participants may elect to complete a further component as a pathway to attaining a Certificate IV in Government (Investigation) and a Certificate IV in Government (Statutory Compliance).

The network continued to manage delivery of a Certificate IV in Human Resources to provide Queensland Health's human resources practitioners with the opportunity to gain a nationally accredited human resources qualification. Working with the Metropolitan Institute of TAFE to contextualise the program, the network offers a qualification that meets the requirements of the Australian Qualification Framework, the Queensland Health Human Resource Competency Development Framework and the health sector. Two programs are being delivered in 2011 to 36 human resource practitioners statewide. The successful pilot program in 2009 resulted in 21 participants receiving the qualification.





Human Resources Graduate Program

Continuing in 2010–2011, the Human Resources Graduate Program had four graduates complete the 2010 program and six graduates are completing the 2011 program.

The 12-month program is aimed at attracting and retaining recent tertiary graduates. It encompasses a range of formal training and development activities, networking opportunities and hands-on experience in a large government agency. Graduates undertake three four-month placements during the program, experiencing a range of diverse and complex human resources work environments within Queensland Health, both corporately and statewide.

Program benefits include meeting current and anticipated future skills gaps, assisting with succession and workforce planning, and providing a framework for graduates to build careers as human resources professionals. The program has been running in its current capacity since 2007 and has recruited 30 graduates. Queensland Health has retained 27 graduates who work in a diverse range of areas and facilities statewide.

Learning Special Interest Group

The Learning Special Interest Group (SIG) has more than 550 members who share knowledge and information about learning and development in Queensland Health. During 2010–2011, two Learning SIG forums were held in Toowoomba and Brisbane with 65 participants. The forums provide a professional development opportunity for learning and development practitioners to grow and develop their skills and network and share relevant district and corporate learning and development initiatives and experiences.

Change Special Interest Group

The Change SIG has more than 800 members who share knowledge and information with a change management focus. During 2010–2011, two Change SIG forums were held in Brisbane and Mackay with 50 participants. The forums provide a professional development opportunity for change leaders to grow and develop their skills and network and share relevant district and corporate change initiatives and experiences.

Recruitment Special Interest Group

The Recruitment SIG has 400 members and provides a forum for discussion on principles and practices on to recruitment and selection. The Recruitment SIG assists professional development and promotion of best practice.

Visa and Immigration Special Interest Group

The Visa and Immigration SIG has 200 members and encourages knowledge sharing on visa and immigration legislation and practices. The Visa and Immigration SIG assists in professional development and promotion of best practice.

Whole-of-Government Change Management Community of Practice

In 2010–2011 Queensland Health continued to host monthly meetings of the Whole-of-Government Change Management Community of Practice. Through guest speaker presentations and workshop-style discussions, the community of practice brings together experiences and lessons learned from change agents across the Queensland Government. It provides an avenue for information sharing and networking. Attendees convened for monthly topics that ranged from *Deliberate Conflict for Deliberate Change* to *Positive Returns from the 2011 Floods*.

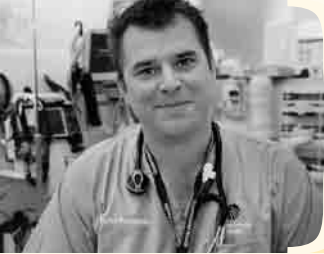
Consultancy expenditure

Table 9: External consultancies during 2010–2011

Consultancy category	Category description	Expenditure (\$)
Professional and technical*	<p>Professional and technical consultants provided a range of services, including:</p> <ul style="list-style-type: none"> preliminary evaluation of the Queensland Plan for Mental Health 2007–2017 developing health service delivery strategies, models, service plans, service redesign and business improvement methodologies designing and developing a survey tool to identify opportunities to improve bed utilisation developing a business planning framework for intensive care units developing Information Division's service catalogue developing a consultation plan to deliver Information Division's business intelligence strategy and roadmap conducting, developing and implementing Information Division's risk management framework developing a corporate business solutions business case. 	10,012,502
Financial and accounting	<p>Financial and accounting consultants provided a range of services, including:</p> <ul style="list-style-type: none"> professional expertise in developing a new costing model assistance in meeting legislative requirements assisting Royal Brisbane and Women's Hospital with the radiology review revenue realisation program assessing revenue retention capability and developing modelling tools. 	5,175,081
Administration	<p>Administrative consultants provided a range of services, including:</p> <ul style="list-style-type: none"> establishing committees and working groups to develop, implement and complete business assessments for the payroll improvement program leadership and capability development training operational efficiency reviews examining the processes impacting data quality for emergency departments, elective surgery and specialists outpatients. 	3,731,223
Human resource management	<p>Human resource consultants provided a range of services, including:</p> <ul style="list-style-type: none"> developing change management strategies for HSDs reviewing medical services management functions functional realignment activities to support a new management structure implementation and a new Information Division service delivery model. 	753,850
Communication	<p>Communication consultants provided a range of services, including:</p> <ul style="list-style-type: none"> forming a Community Liaison Group involving the project team and a selected representative community members' forum on construction of the Queensland Children's Hospital (QCH) brand development for the new QCH 	167,771
Total		19,840,427

*Some consultancy expenditure was incurred to support major hospital redevelopments and was therefore capitalised. The above figures do not include capitalised consultancy expenditure which was \$5,134,383 in 2010–2011.





National health reform

On 22 December 2010, the Premier announced boundaries for 17 Local Health and Hospital Networks (LHHNs) in Queensland. The boundaries generally align with existing boundaries for Health Service Districts—except the Darling Downs–West Moreton Health Service District, which will be split into two LHHNs.

A Queensland Health Reform Transition Office was established to support transition to the new governance arrangements. The office has led development of an implementation plan to assist with the change process. Transition leads have been appointed to each Health Service District and division to identify resourcing to support the reforms. Development of a change management strategy is in progress and should be finalised by early 2011–2012.

The Health and Hospitals Network Bill 2011 was drafted to support implementation of the reforms. The Bill was introduced into the Queensland Parliament on 16 June 2011, meeting the 1 July 2012 deadline agreed by the Council of Australian Governments (COAG).

Health and medical research

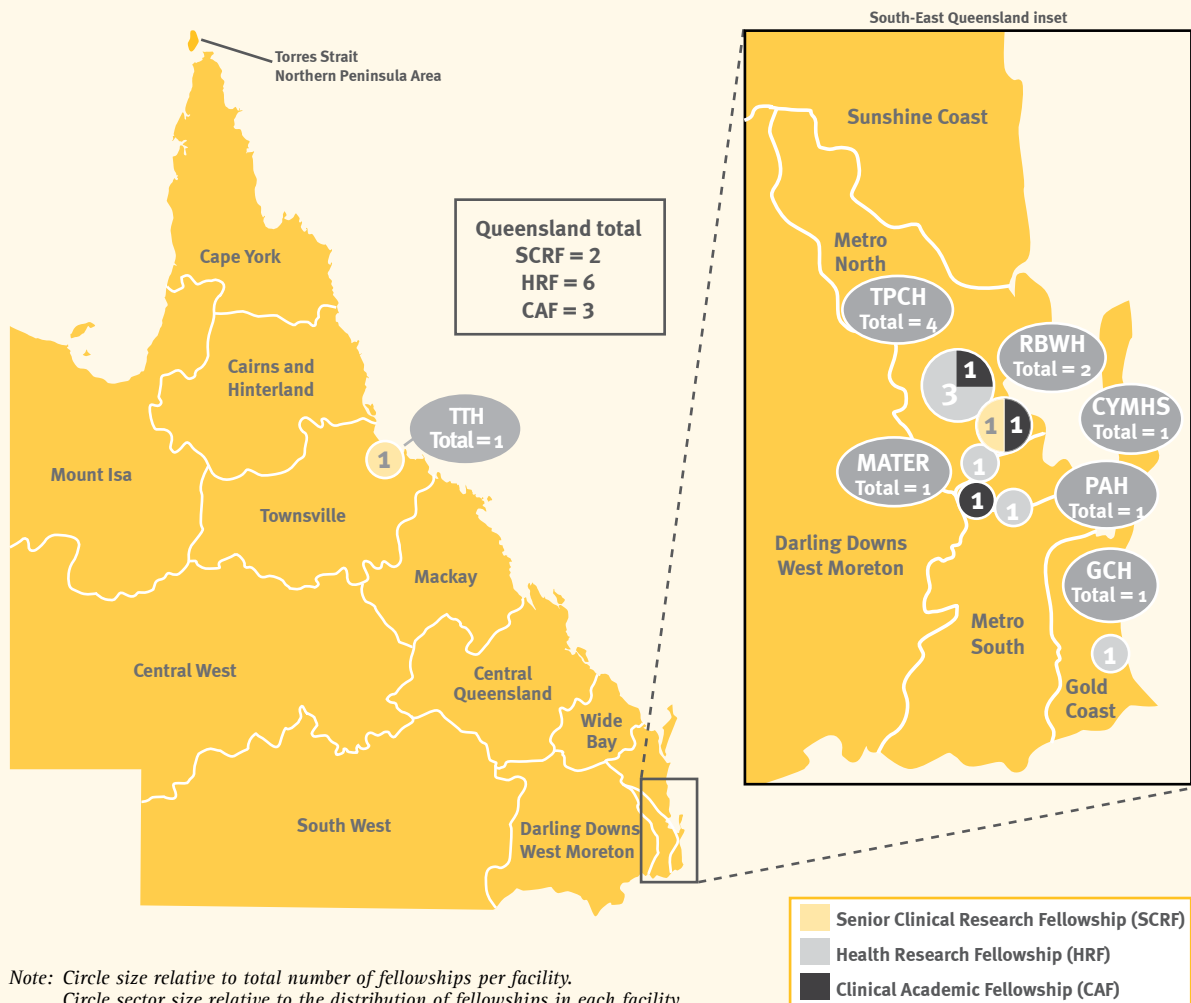
The Office of Health and Medical Research (OHMR) was established in 2008 to lead the rollout of the Queensland Government's Research for a healthier future 2020: Health and Medical Research and Development Strategy. Since then, OHMR has delivered on several initiatives outlined in the strategy, including Initiative One: Support our people—recruit, develop and retain a skilled health and medical research workforce in Queensland through the Health Research Fellowship Program:

- \$13.265 million was awarded in the Health Research Fellowship Program in 2010–2011 (\$2.653 million a year over five years) to increase the amount of research in Queensland, particularly in Queensland health care facilities. The hospital location of fellowship recipients, where the research efforts are concentrated, is

detailed in the figure below. The fellowships were:

- six Health Research Fellowships (one allied health, three medical and two nursing), totalling \$728,000 a year over five years (\$3.64 million)
- three Clinical Academic Fellowships (one medical, one allied, one nursing), totalling \$225,000 a year over five years (\$1.125 million)
- two Senior Clinical Research Fellowships to Professor Geoff Hill, stem cell transplant physician, Royal Brisbane and Women's Hospital, Division Head in the Department of Immunology, Queensland Institute of Medical Research, Adjunct Professor, Griffith University; and Professor Jonathan Golledge, Director of Vascular Surgery, Townsville Hospital, Professor of Vascular Surgery, James Cook University, totalling \$1.7 million a year over five years (\$8.5 million).
- \$14,392,215 towards support for research institutes and other research funding programs:
 - \$13.696 million to the Queensland Institute of Medical Research (QIMR) and \$250,000 to the Wesley Research Institute to provide support for the institutes to continue to grow and produce world-class research
 - \$446,215 towards research funding programs previously managed by the Department of Employment, Economic Development and Innovation to increase the amount of research in Queensland.
- Promoting research excellence and providing guidance to the Queensland-wide health and medical research sector through:
 - distributing nine newsletters focusing on health and medical research news, research ethics and governance and intellectual property in Queensland
 - The OHMR website with 11,303 unique visitors from 115 countries and territories.

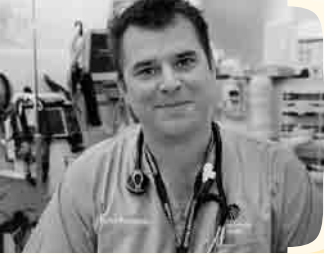
Chart 3: Round two—Health Research Fellowship Program recipients



- Hosting seven events for Bridging the Gap—a forum that has linked more than 230 researchers, clinicians, industry partners and various government stakeholders to improve research collaboration across Queensland.
- A knowledge transfer initiative agreement signed with UniQuest Pty Ltd to provide commercialisation expertise to Metro North and Metro South districts.
- A continuation of knowledge transfer program with the Australian Institute of Commercialisation and the Gold Coast Health Service District.
- Establishing a mentor program that will assist researchers in Queensland Health to develop their careers in health and medical

research. The program aims to provide a supportive environment in which an early career researcher has access to a mentor who may assist with, or provide advice on, a range of health and medical research issues. To date, OHMR has registered 48 mentors and 17 mentees for the program. OHMR has worked collaboratively with internal and external stakeholders to develop systems and processes to streamline administrative and regulatory processes impacting on health and medical research. The initiatives are aimed at decreasing time to research start up and therefore hasten access to new drugs, devices and therapies and make Queensland Health a more attractive site to undertake clinical trials.





- The projects have been specifically aimed at streamlining research ethics review and research governance:
 - Queensland Health started a single ethical review process, incorporating a central coordinating service, for all the department's multi-centre research projects on 1 July 2010
 - standardised statements of purpose have been updated and reissued to all Queensland Health human research ethics committee administrators and research governance officers
 - guidance documents have been developed for coordinating principal investigators for industry-sponsored and investigator-initiated multi-centre research studies
 - a consumer information awareness and engagement strategy package about clinical research is being prepared—in consultation with an advisory group—with the primary aims of informing the community of the purpose and value of participating in clinical research and encouraging consumer engagement in the early development stage of clinical research.

A Memorandum of Understanding has been signed between the NSW Department of Health and the Victorian Department of Health and Queensland Health to streamline ethical review of multi-centre clinical trials between jurisdictions and is expected to start in August 2011.

Queensland Health single ethical review process and Central Coordinating Service

From 1 July 2010, a single ethical review process for multi-centre research studies, incorporating a Central Coordinating Service, has been developed to:

- support districts in the transition to a single ethical review system for multi-centre research through central allocation of studies for review by Queensland Health Human Research Ethics Committees
- give industry sponsors a central point of contact for early alert of new trials.

The Central Coordinating Service provides a telephone booking service that identifies and allocates applications to a National Health and Medical Research Council (NHMRC) certified Human Research Ethics Committee.

Major achievements/activities and outcomes included:

- 141 studies booked and allocated from July 2010 to March 2011
- under the previous system, that would have resulted in 510 reviews by Human Research Ethics Committees
- not conducting 369 reviews was a potential cost savings to Queensland Health of \$177,000
- potential savings to researchers on consumables and staff costs were up to \$209,000, based on a five-site multi-centre study
- improved time frames for trial participants to be able to enter a study and take advantage of new therapies
- meeting the objectives of the 2020 Health and Medical Research and Development Strategy.

Progress in 2010–2011 will facilitate a smooth transition for Queensland Health Human Research Ethics Committees and researchers into the national system of single ethics reviews for multi-centre research studies, anticipated to start in 2012.

Database of research activity—linking Queenslanders with health researchers

On 20 May 2011, Queensland Health launched a publicly accessible, searchable website covering all Queensland Health human research. The database allows researchers, clinicians—including general practitioners (GPs)—and other interested public stakeholders to search for and view summary level information about research being conducted across Queensland Health facilities. It has been developed to:

- facilitate greater collaboration and communication between researchers
- improve patients' access to research information

- raise awareness about the benefits of health and medical research.

Further enhancements of the database will involve developing a portal that will include publication information on the research studies.

Clinical drug trials

Queensland Health participates in a wide range of clinical trials sponsored by the pharmaceutical industry. The sponsored trials are integral in contributing to and facilitating continual progression of medical development and treatment in Queensland.

In 2010–2011 Health Service Districts received \$8.5 million in funding for clinical drug trials in sponsorship from pharmaceutical companies.

The National Health and Medical Research Council's National Statement on the Ethical Conduct in Human Research 2007 requires all research—including clinical drug trials conducted in Queensland Health facilities—to be conducted in accordance with ethical and scientific examinations approved and endorsed by the Human Research Ethics Committee.

In accordance to these endorsed protocols, researchers are required to demonstrate that informed consent is obtained from all participants before recruitment for approved trials. All approved research protocols must be monitored diligently to ensure patient safety. All serious

adverse incidents are reported to the approving Human Research Ethics Committee.

All funds received from pharmaceutical companies for research are managed and used according to the Queensland Government's Financial Management Practice Standards.

eHealth strategy

An integrated electronic medical record—comprising clinical and business information systems for clinicians' desktops—is central to the eHealth strategy. The integrated electronic medical record will be delivered via supporting infrastructure—both hard (connectivity, data centres, security) and soft (standards, information architectures, information policy).

The integrated electronic medical record will:

- support key requirements identified by clinicians
- support patients through each episode of hospital care and transition back to the community and primary health care
- supply consistent quality information to multiple clinicians who provide care for a patient
- support a longitudinal view of patient health records, regardless of where the episodes of care were delivered in Queensland Health
- be designed so it may be extended in the future.

Procurement of the integrated electronic medical record progressed in 2010–2011 and a formalised contract is anticipated in the first quarter of 2011–2012.

Queensland Health has invested in several statewide information and communication technology (ICT) projects that are now nearing completion and will contribute to the integrated electronic medical record as it is implemented in 2011–2012.

Table 10: Clinical drug trial funding 2010–2011

Health Service District	Amount received \$
Cairns and Hinterland	1,465,444
Central Queensland	6,126
Children's Health Service	881,787
Darling Downs–West Moreton	62,485
Gold Coast	653,530
Mackay	11,167
Metro North	2,199,882
Metro South	2,022,358
Sunshine Coast–Wide Bay	779,982
Townsville	367,384
Clinical and Statewide Services	11,943
Wide Bay	18,340
Total	8,480,428

