

# Our governance

The inaugural Metro South Hospital and Health Board commenced operation on 1 July 2012, bringing local control and accountability for health services closer to the community.

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## An accountable structure

### Hospital and Health Board

The Metro South Hospital and Health Board is responsible for setting the overall strategic direction, establishing goals and objectives for the health service, and monitoring the organisation in line with government health policies and directives. The Metro South Hospital and Health Board reports to the Queensland Minister for Health.

### Metro South Health Executive

The Health Service Chief Executive is responsible for overall management, performance and activity outcomes for Metro South Health. The Chief Executive reports directly to the Board.

Reporting to the Chief Executive is a group of Executive Directors, each responsible for a service, portfolio or professional stream within the organisation.

## Clinical streams

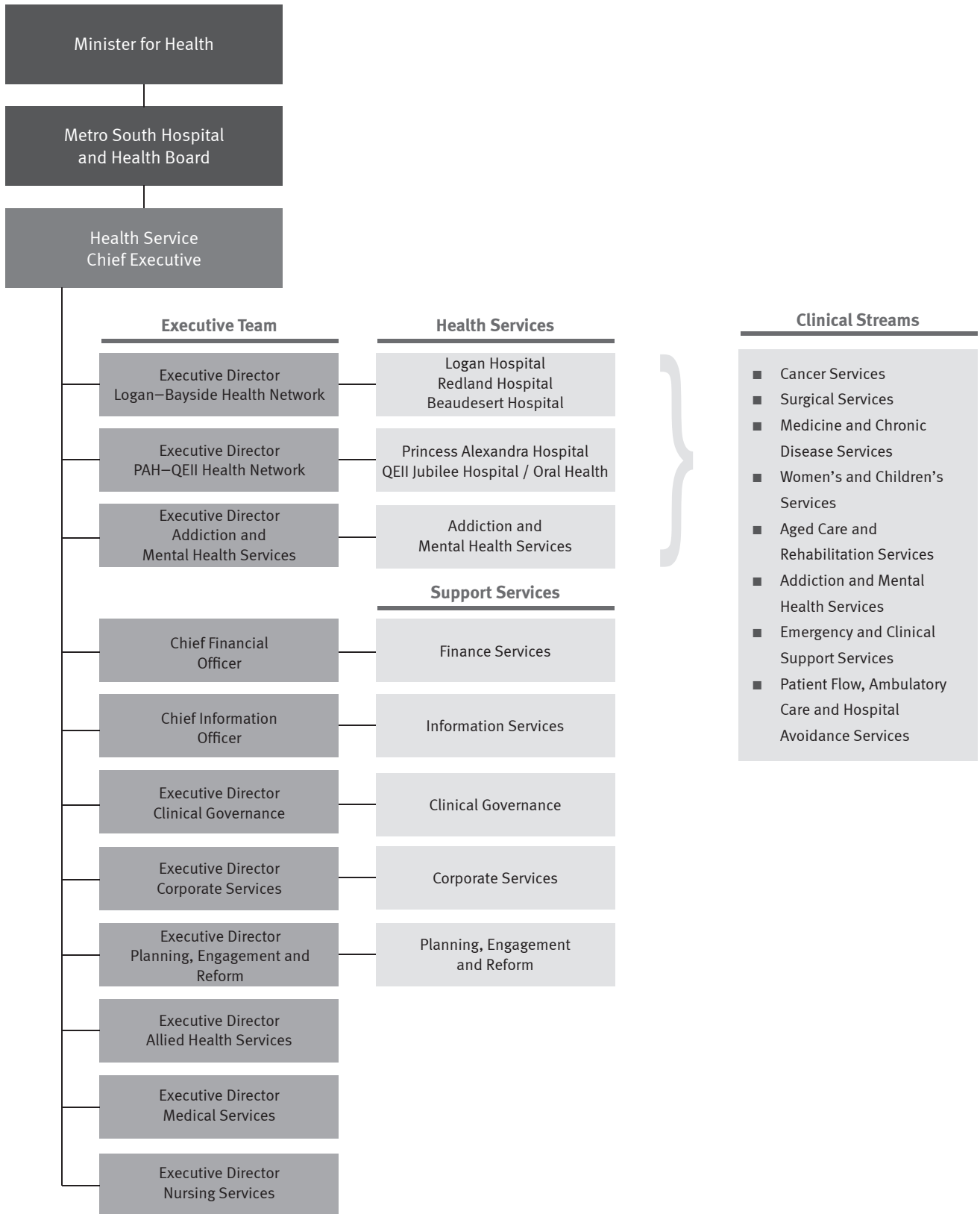
In October 2012, Metro South Health announced the creation of new clinical streams, led by senior clinicians, to improve the integration of services across the organisation through innovation and clinical redesign.

Each clinical stream focuses on a core health specialty area and is led by a single Clinical Stream Leader, supported by one or more Sub Stream Leaders.

The Stream Leader reports directly to the Health Service Chief Executive and is expected to:

- lead the direction of clinical services
- undertake service planning and stakeholder engagement
- redesign clinical services
- innovate for the future.

## Organisation structure



## Our Board

The Metro South Hospital and Health Board (MSHHB) comprises five or more members appointed by the Governor in Council on the recommendation of the Queensland Minister for Health pursuant to the *Hospital and Health Boards Act 2011*.

The MSHHB is responsible for the governance activities of the organisation and derives its authority to act from the *Hospital and Health Boards Act 2011* (herein referred to as the Act). Each member brings a broad range of skills, expertise and experience to the Board.

The Board is responsible for setting strategic direction, establishing goals and objectives for executive management and monitoring the organisation in line with current government health policies and directives and ensuring that adequate and appropriate community consultation is undertaken. The Board reports to the Honourable Lawrence Springborg, Minister for Health.

### Key responsibilities

The key responsibilities of the Board include:

- Review and approve strategies, goals, annual budgets, and financial plans as designed by the hospital and health service in response to community and stakeholder input.
- Monitor financial performance on a regular basis.
- Monitor operational performance on a regular basis including compliance with clinical regulations and standards.
- Ensure that risk management systems are in place to cover all of the organisation's key risk areas including operational, financial, environmental and asset related risks.
- Ensure that Metro South Health has policies and procedures to satisfy its legal and ethical responsibilities.
- Monitor committee reporting on operational, financial and clinical performance.
- Determine the desired culture for the hospital and health service to enhance its reputation with the community and stakeholders
- Report to and communicate with Government, the community and other stakeholders on the financial and operational performance of the organisation.

## Functions

The functions of the MSHHB are:

1. To oversee and manage Metro South Health (the HHS), and
2. To ensure that the services provided by the HHS comply with the requirements of the Act and the objectives of the HHS.

### Major achievements

The Board's activities and major achievements in 2012–2013 included developing, monitoring and advising on the:

- *2012–2016 Strategic Plan*
- *2012–2013 Operational Plan*
- *2013–2017 Clinical Governance Strategic Plan*
- *Community and Consumer Engagement Strategy*
- *Clinician Engagement Strategy*
- *Internal Audit Strategy*
- *Working Together Agreement* between Greater Brisbane Metro South Medicare Local and Metro South Health
- *Partnership Protocol* between West Moreton-Oxley Medicare Local and Metro South Health
- *South West Corridor Health Service Plan*
- Risk management framework
- Service agreement with Department of Health
- Workforce engagement and culture
- Lobbyist policy and register
- Delegations (finance, procurement, contract, Right to Information, and human resources)
- Clinical governance scorecards
- Risk summary report.

## Board members

### Mr Terry White AO

**Chairman, Metro South Hospital and Health Board**

**Appointed 18 May 2012 to 17 May 2016**



Mr Terry White, a pharmacist, has extensive board and business experience. Mr White's experience includes roles as Member of Parliament, Minister of the Crown, President of the Pharmacy Guild and consultant to healthcare companies such as Faulding, Mayne and Symbion.

Terry established the Terry White Chemists franchise group in 1994 which has grown into a billion dollar business employing over 4500 staff and is currently Chair of Terry White Chemists Group Investments.

He served as a member of the Workcover Board since 1997 following the Kennedy Inquiry into the Workers Compensation Scheme. He was appointed to set up the legislative framework of Workcover and served on the Workcover Board as Deputy Chair, retiring this year to take up his appointment at Metro South Health.

As former State President of the Pharmacy Guild, Terry has been heavily involved in developing systems and services to up-skill pharmacists as small business people. He played a significant role in the development of the Pharmacy Guild of Australia—a leading advocate for community pharmacy and a contributor to improving health outcomes for all Australians.

In January 2006 he was appointed as an Officer of the Order of Australia for his services to the retail industry, the community and the Parliament. In 2011 he was inducted into the Queensland Business Leaders Hall of Fame in recognition of exceptional entrepreneurship and innovation in national retailing and significant contributions to public leadership and the community. In June 2012 Terry was recognised as a Queensland Great by Premier Campbell Newman for his contributions to the state as a business and community leader.

### Mr Peter Dowling AM

**Deputy Chair and Board Director**

**Appointed 29 June 2012 to 17 May 2016**



Peter Dowling is an accountant and company director. He is a Fellow of CPA Australia and The Institute of Chartered Accountants in Australia and a Fellow of The Australian Institute of Company Directors. He was formerly a Partner with international accounting firm Ernst & Young. He is a Centenary of Federation Medal recipient and was made a Member of the Order of Australia in 2007 for services to accountancy and the community.

Peter has a number of other board and audit and risk committee appointments.

He is a Director of CUA and CUA Health, CPA Australia, Q-COMP, Lexon Insurance, the Cooperative Research Centre for Infrastructure and Engineering Asset Management among others. He is the Chair of the Sunshine Coast Regional Council's Audit and Risk Committee, the Queensland Department of Transport and Main Road's Audit and Risk Committee and the Queensland Crime and Misconduct Commission's Audit Committee. He is a member of the Moreton and Redlands Councils and the Department of Energy and Water Supply (DEWS) Audit and Risk Committees. Peter is also the Queensland Honorary Consul for Botswana.

## Dr John Kastrissios

**Board Director**

**Appointed 29 June 2012 to 17 May 2014**



Dr John Kastrissios is a general practitioner who has a special interest in the management of cardiovascular disease, asthma, diabetes and mental health. He is the current chair of the Greater Metro South Brisbane Medicare Local and a former chair of General Practice Queensland and the Southeast Primary Health Care Network.

John is a principal in general practice where he also acts as a supervisor for graduate GP registrars in training with Central and Southern Queensland Training Consortium. John also teaches medical students from Griffith University in GP education and training programs.

John is a member of the National eHealth Transition Authority clinical leads, a member of the Queensland Department of Health General Practice and Outpatient Advisory Committee, a member of the Clinical Redesign and Innovation Board, and a member of the Queensland Clinical Senate.

John is a director of the Australian Medicare Local Alliance Board. In 2008 he received the John Aloizos Medal for outstanding individual contribution to the Australian General Practice Network. He is a graduate of the Australian Institute of Company Directors.

## Professor Johannes (John) Prins

**Board Director**

**Appointed 29 June 2012 to 17 May 2016**



Professor John Prins is an active clinician-scientist, a key opinion leader in diabetes and endocrinology in Australia and sits on numerous national and international scientific, clinical and educational committees and boards for the National Health and Medical Research Council (NHMRC), non-government organisations and industry.

John undertook his clinical training in endocrinology in Brisbane and then completed a PhD in adipose tissue biology at the University of Queensland (UQ). His first post-doctoral research appointment was at the University of Cambridge, UK, based at Addenbrooke's Hospital. He returned to Brisbane in 1998 after being awarded a Wellcome International Senior Research Fellowship.

In 2004 he was founder and director of the UQ Centre for Diabetes and Endocrine Research, one of the most prominent and successful groups on the Princess Alexandra Hospital campus, which merged with the UQ Centre for Immunology and Cancer Research (CICR) in 2007 to form the Diamantina Institute.

As Chair of the Centre of Health Research on the Princess Alexandra Hospital campus from 2005 to 2009, he coordinated campus-wide research strategy, fostering research, facilitating the recruitment of researchers to the campus and integration of research and clinical activities.

In 2009 John was appointed chief executive and director of the Mater Medical Research Institute. John has substantial commercialisation experience, holds two international patents and was founder and scientific director of a biotech company—Adipogen Pty Ltd. John is actively involved in undergraduate and post-graduate teaching and training and has ongoing research interests in obesity and diabetes.

### Dr Marion Tower

**Board Director**

**Appointed 29 June 2012 to 17 May 2016**



Dr Marion Tower is the Deputy Head of School, Program Director of the Bachelor of Nursing Program, and Senior Lecturer at Griffith University's School of Nursing and Midwifery.

Prior to becoming a lecturer in nursing and midwifery in 2002, Marion was a registered nurse working in various public and private organisations in emergency, critical care and community health areas.

Marion was a member of the QEII Health Community Council from 2003–2011 and was a member of the QEII Health Service District Safety and Quality Committee.

Marion has a PhD from Griffith University for research on the health and healthcare for women affected by domestic violence. She has a Bachelor of Nursing (Hons) and a Master of Nursing.

### Ms Lorraine Martin AO

**Board Director**

**Appointed 7 September 2012 to 17 May 2014**



Ms Lorraine Martin is a highly successful corporate business woman, experienced board member and outstanding community leader. She was recognised in the 1994 Australia Day Honours List when she was awarded an Order of Australia (AO) for service to business and commerce, particularly in the field of education and training. She is also the former National President of Women Chiefs of Enterprises-International and Queensland President of the Australia Brunei Business Council.

Lorraine established Lorraine Martin College in 1976, which comprised vocational training and personnel agency services. In 1987, she established Queensland's first private English language centre. The group merged with Education and Training Australia in 1996 and grew to include campuses in Brisbane, Cairns, Gold Coast and Sydney. The organisation is now known as Martin College.

Lorraine is a highly experienced board member, having served on numerous public and private sector boards in areas including health, education and community services, including: Mater Hospital Trust; Prince Charles Hospital Foundation; Mindcare (Mental Health Foundation); State Training Council (Queensland); Austrade; Employment Services Regulatory Authority; Bond University School of Business; Queensland State Chamber of Commerce and Industry; Office of Economic Development for the City of Brisbane; Australian Institute of Company Directors; Australian President of Women Chiefs of Enterprises International.

## Professor Donald (Andrew) Wilson

**Board Director**

**Appointed 29 June 2012 to 18 May 2013**



Professor Wilson is Director of the Menzies Centre of Health Policy at the University of Sydney and Director Designate of the National Health and Medical Research Council's Partnership Centre on systems perspectives on prevention of lifestyle-related chronic disease. Authoring over 100 papers and reports, Andrew has specialist qualifications in clinical medicine and public health.

Andrew's previous roles include: Executive Dean of the Faculty of Health at Queensland University of Technology; Deputy Director-General Policy, Strategy and Resourcing, Queensland Health; Professor of Public Health, School of Population Health and Deputy Dean and Director of Research Faculty of Health Sciences University of Queensland; Chief Health Officer and Deputy Director-General Public Health, NSW Health.

He is a member of the Repatriation Medical Authority and the Board of Health Workforce Australia. He is also Chair of Protocol Advisory Sub-Committee of the Medical Services Advisory Committee and the Specialist Education Accreditation Sub-Committee of the Australian Medical Council. Andrew has a Bachelor of Medical Science and a Bachelor of Medicine, Bachelor of Surgery (Hons). He is a Fellow of the Royal Australasian College of Physicians and a Fellow of Australasian Faculty of Public Health Medicine. Andrew has a PhD in Epidemiology.

## Ms Margo MacGillivray

**Board Director**

**Appointed 14 June 2013 to 17 May 2014**



Margo MacGillivray is a highly experienced solicitor with a number of years experience in executive and government roles.

She has been a partner at a major Australian law firm in addition to ten years experience as a General Counsel for large, multinational companies.

From July 2011 to September 2012, Margo was Deputy President of the Queensland Parole Board, a senior government position requiring high level decision making and risk management.

Margo holds a Bachelor of Laws and Bachelor of Arts from the University of Queensland.

## Board member attendance

Board member	MSHHB meetings	Executive Committee meetings	Finance Committee meetings	Audit and Risk Committee meetings	Safety and Quality Committee meetings
Total meetings	12	9	5	6	7
Terry White AO	12	9	–	–	–
Peter Dowling AM	10	6	5	6	–
Dr John Kastrissios	11	8	–	–	4
Professor John Prins	12	8	5	6	7
Dr Marion Tower	12	8	–	–	7
Lorraine Martin AO <sup>1</sup>	8	8	1	2	5
Professor Donald (Andrew) Wilson <sup>2</sup>	11	7	2	4	–
Margo MacGillivray <sup>3</sup>	1	1	–	–	–

1. Ms Lorraine Martin was appointed to the Metro South Hospital and Health Board on 7 September 2012.
2. Professor Andrew Wilson did not renew his appointment as a Board member and completed his term on 18 May 2013.
3. Ms Margo MacGillivray was appointed to the Metro South Hospital and Health Board on 14 June 2013.

## Remuneration of Board members

Board member	Base and post employment benefits (\$'000)	Non-monetary benefits* (\$'000)	Total remuneration (\$'000)
Terry White AO	83	–	83
Peter Dowling AM	36	–	36
Dr John Kastrissios	36	–	36
Professor John Prins	36	–	36
Dr Marion Tower	35	–	35
Lorraine Martin AO	28	–	28
Professor Donald (Andrew) Wilson	34	–	34
Margo MacGillivray	–	–	–
Total	288	–	288

\* e.g. travel arrangements



## Board roles

### Board Chair

The Chair of the Board is elected on the recommendation of the Queensland Minister for Health following an advertised recruitment process.

The Chair of the Board's responsibilities are:

- Preside over all meetings of the Board. In the event of the Chair being absent, the Deputy Chair shall preside for the course of that meeting.
- Maintain a regular dialogue and mentoring relationship with the Health Service Chief Executive (HSCE).
- Monitor the performance of the Board and individual members and promote the ongoing effectiveness and development of the Board.
- Manage the evaluation and performance of the HSCE and the Board.
- Inform the Minister about significant issues and events.

### Health Service Chief Executive

The Board appoints the HSCE and delegates the administrative function of Metro South Health to the HSCE and those officers to whom management is delegated.

The HSCE responsibilities are:

- Managing the performance and activity outcomes of Metro South Health.
- Providing strategic leadership and direction for the delivery of public sector health services in the HHS.
- Promoting the effective and efficient use of available resources in the delivery of public sector health services in the HHS.
- Developing service plans, workforce plans and capital works plans.
- Managing the reporting processes for performance review by the Board.
- Liaising with the executive team and receiving committee reports as they apply to established development objectives.
- The HSCE may delegate the chief executive's functions under the *Hospital and Health Boards Act 2011* to an appropriately qualified health executive or employee.

## Corporate Secretary

The Corporate Secretary provides administrative support to the Board.

The Corporate Secretary is responsible for:

- Preparing agendas and minutes.
- Organising Board meetings.
- Organising Directors' attendances.
- Preparing the Board induction packages.
- Providing a point of reference for communication between the Board and Metro South Health Executive.
- Attending to all statutory filings and regulatory requirements.

### Our Executive team

#### Health Service Chief Executive

##### **Dr Richard Ashby AM**

Dr Richard Ashby is one of the state's most experienced clinicians and clinical administrators. In 2010, Dr Ashby was awarded a Member of the General Division of the Order of Australia for service to emergency medicine, to medical administration, and to a range of professional associations. He is active across a broad range of medical areas, including teaching, research and consultancy.

Dr Ashby previously held the post of Executive Director and Director Medical Services at the Princess Alexandra Hospital. Dr Ashby is a University of Queensland graduate who undertook his internship at the Princess Alexandra Hospital and subsequently worked in provincial and rural centres and at the QEII Hospital. He was appointed Director of Emergency Medicine at the Royal Brisbane Hospital in 1989, a post he held until his appointment as Executive Director Medical Services at the Royal Brisbane and Women's Hospital in 2000.

During this period, Dr Ashby spent a year as the Assistant Regional Director – Policy and Planning for the Brisbane North Regional Health Authority. Dr Ashby is a past President of the Australasian College for Emergency Medicine and was Chairman of the International Federation for Emergency Medicine from 1994 to 1996. In the period 2000–2006, Dr Ashby also acted as District Manager at both the Royal Brisbane and Women's Hospital and Princess Alexandra Hospitals for lengthy periods. Dr Ashby was appointed Executive Director of Medical Services at PAH in September 2006 and, in 2008, was additionally appointed as Executive Director of the hospital.

#### Executive team

##### **Mr Robert Mackway-Jones** **Chief Finance Officer**

Robert has 18 years of health sector experience and over 12 years of senior leadership experience within the New Zealand environment. He joined Metro South Health in June 2013. Robert's New Zealand health experience included various financial roles and sector leadership roles. From 2010 to 2013 he led the health needs assessment, strategic planning, funding and contracting for health services activities for the Southern District Health Board while concurrently fulfilling its Chief Financial Officer role.

##### **Ms Kay Toshach**

##### **Executive Director, Planning Engagement and Reform**

Kay has a background in physiotherapy and worked as a senior clinician within Queensland Health and the United Kingdom's National Health Service before pursuing an interest in workforce, organisational development and change management. Both within the Princess Alexandra Hospital and more recently, across Metro South Health, she has been responsible for leading a range of broad change initiatives including workforce and performance models, critical service partnerships, planning frameworks and corporate governance models. Kay acted as the Metro South Health executive lead for the transition to an independent statutory body in line with national and state health reform in 2012.

##### **Mr Michael Draheim** **Chief Information Officer**

Michael is a registered nurse with postgraduate qualifications in intensive care, health administration and information systems. He has a background in clinical services, education, informatics and leadership positions across both the public and private sectors and has worked in health delivery roles in Queensland, NSW and Tasmania. Michael has experience in the implementation, management and delivery of ICT and its benefits in hospital and health care environments. He is passionate about working with clinicians in expanding the understanding and value informatics can bring to health care.

##### **Mr Peter Frew** **Executive Director, Corporate Services**

Peter has extensive experience in industrial relations, human resource management and organisational improvement. Under his leadership, Metro South Health's Corporate Services division recently won the Queensland Health Business Improvement Award for Corporate Services.

##### **Dr Michael Daly** **Executive Director, Clinical Governance**

Michael graduated from University College Dublin. After his internship, he moved to Queensland and in 2000 he became Deputy Director Medical Services at Toowoomba Hospital. He was appointed Executive Director, Medical Services in West Moreton in 2002 and with the health reforms of 2005–2006, he founded the Southern Area Clinical Governance Unit. He was appointed to his current position in 2008.

**Mr Brett Bricknell**  
**Executive Director, Logan-Bayside Health Network**

Brett began his career in health as a physiotherapist in 1989, working first in NSW and then the United Kingdom. On returning to Australia in 1994, Brett was appointed as the first Director of Physiotherapy Services at Logan Hospital, where his interest in a career in health service management began. Brett has held a number of senior management posts, including in health service planning, allied health services, community and primary health services, and acute hospital services. His most recent prior position was as Executive Director of Redland and Wynnum Hospitals.

**Dr Jennifer King**  
**Executive Director, PAH-QEII Health Network**

Jennifer has 30 years experience in health care and is a credentialed and well respected health care executive, having served in senior operational roles in the public and private sectors. In addition, she has held a senior executive role as Director, Programs Branch, Department of Human Services, Victoria, and was a health care consultant and Director National Health Practice, KPMG, for two and a half years prior to her joining Metro South Health as Executive Director and Director Medical Services, Logan and Beaudesert Hospitals, in 2011. Jennifer commenced in her role as Executive Director, PAH-QEII Hospital Network on 5 November 2012.

**Dr Susan O'Dwyer**  
**Executive Director, Medical Services**

Dr Susan O'Dwyer was an intern and house officer at the Royal Brisbane and Women's Hospital prior to commencing her training in obstetrics and gynaecology. Concurrent with training in obstetrics and gynaecology, Susan undertook a Master of Public Health in health services management and policy science, which saw her change career path to medical administration. Susan has spent the past seven years in the Department of Health, most recently as the Principal Medical Officer responsible for the areas of medical workforce, education and training.

**Ms Veronica Casey**  
**Executive Director, Nursing and Midwifery Services**

Veronica has held nursing executive leadership positions in Queensland Health since 1998. She worked in nursing director roles at the Prince Charles Hospital, the Royal Brisbane Hospital and the Royal Women's Hospital prior to her appointment as Executive Director, Nursing Services at Princess Alexandra Hospital. During her time at PAH, she has been instrumental in helping the hospital achieve re-designation under the Magnet® credentialing program, and the introduction of the Nurse Sensitive Indicator performance monitoring system. In 2010, she was appointed as one of three inaugural international commissioners for the American Nurses Credentialing Centre.

**Ms Gail Gordon**  
**Executive Director, Allied Health Services**

Gail is an occupational therapist with postgraduate qualifications in business administration. She has held a range of senior occupational therapy roles in the public and private sectors. She was Director of Allied Health at QEII Jubilee Hospital until her appointment as Director of Allied Health at Logan and Beaudesert Hospitals. Gail acted as the Executive Director, Logan and Beaudesert Hospitals between 2010 and 2011. Since taking the role of Executive Director, Allied Health Services, Gail has established a health service wide allied health professional structure to support effective governance of services across Metro South Health.

**Associate Professor David Crompton OAM**  
**Executive Director, Addition and Mental Health Services**

David worked in private practice as a rural general practitioner prior to commencing psychiatry training and spending 12 years in private psychiatry practice. David has held leadership roles in Queensland Health and New South Wales Health and holds an Associate Professor of Psychiatry at the University of Queensland. He was awarded a Medal of the Order of Australia for development of community based mental health services for veterans, development of community post-traumatic stress disorder and anxiety and substance abuse treatment services.

### Board committees

The Metro South Hospital and Health Board (MSHHB) has established four committees to assist in carrying out its functions and responsibilities. The four committees are:

- Executive Committee
- Finance Committee
- Audit and Risk Committee
- Safety and Quality Committee

The Board has authorised the committees, within the scope of their responsibilities, to examine any matter in relation to its objectives as it sees fit or as requested by the Board.

The committees are led by Board members with the Chair of each committee being a member of the Board and supported by the Health Service Chief Executive (HSCE) or other senior executives in Metro South Health.

#### Executive Committee

The Executive Committee is an advisory committee to the Board. The Executive Committee functions under the authority of the MSHHB in accordance with section 32B of the *Hospital and Health Boards Act 2011*.

The Executive Committee is established to support the Board by:

- Working with the HSCE to progress strategic issues identified by the Board.
- Strengthening the relationship between the Board and the HSCE to ensure accountability in the delivery of services by the HHS.
- Developing strategic service plans for the HHS and monitoring their implementation.
- Developing key engagement strategies and protocols, and monitoring their implementation.
- Performing any other functions required by the Board or prescribed by the Regulation.

The Executive Committee meets monthly, or as determined by the Board.

**Committee members:** Terry White AO – Chair; Peter Dowling AM; Dr John Kastrissios; Professor John Prins; Margo MacGillivray; Dr Marion Tower; Lorraine Martin AO; Professor Andrew Wilson (to 18 May 2013).

#### Finance Committee

The committee was established under part 7, section 31, of the *Hospital and Health Boards Regulation 2012*.

The committee functions under the authority of the MSHHB in accordance with Schedule 2, s8, of the *Hospital and Health Board Act 2011*.

The Finance Committee has the following functions:

- Assessing the HHS budget and ensuring the budgets are:
  - consistent with the organisational objectives of the HHS, and
  - appropriate having regard to the HHS funding.
- Monitoring the HHS cash flow, having regard to the revenue and expenditure of the HHS.
- Monitoring the financial and operating performance of the HHS.
- Monitoring the adequacy of the HHS financial systems, having regard to its operational requirements and obligations under the *Financial Accountability Act 2009*.
- Assessing financial risks or concerns that impact, or may impact, on the financial performance and reporting obligations of the HHS, and how the HHS is managing the risks or concerns.
- Assessing the service's complex or unusual financial transactions.
- Any other function given to the committee by the MSHHB (if the function is not inconsistent with a function mentioned in the dot points above).
- Identify risks and mitigating strategies associated with all decisions made.
- Implement processes to enable the committee to identify, monitor and manage critical risks as they relate to the functions of the committee.

The Finance Committee is required to meet at least four times per year or as required by the Chair.

**Committee members:** Peter Dowling AM – Chair; Professor John Prins; Margo MacGillivray; Lorraine Martin AO; Professor Andrew Wilson (to 18 May 2013); Dr Richard Ashby, Health Service Chief Executive; Robert Mackway-Jones, Chief Finance Officer.

## Audit and Risk Committee

The committee was established under part 7, section 31, of the *Hospital and Health Boards Regulation 2012*.

The purpose of the Audit and Risk Committee is to provide advice and assistance to the MSHHB on:

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

The Audit and Risk Committee advises the Board on the following matters:

- Assessing the adequacy of the HHS financial statements, having regard to the following:
  - the appropriateness of the accounting practices used
  - compliance with prescribed accounting standards under the *Financial Accountability Act 2009*
  - external audits of the HHS financial statements
  - information provided by the HHS about the accuracy and completeness of the financial statements.
- Monitoring the HHS compliance with its obligation to establish and maintain an internal control structure and systems of risk management under the *Financial Accountability Act 2009*, including:
  - whether the HHS has appropriate policies and procedures in place, and
  - whether the HHS is complying with the policies and procedures.
- monitoring and advising the HHS Board about its internal audit function.
- Overseeing and HHS liaison with the Queensland Audit Office in relation to the HHS proposed audit strategies and plans.
- Assessing external audit reports for the HHS and assessing the adequacy of action taken by management.
- Monitoring the adequacy of the HHS's management of legal and compliance risks and internal compliance systems, including the effectiveness of the systems in monitoring compliance by the HHS with relevant laws and government policies.

- Assessing the HHS complex or unusual transactions or series of transactions, or any material deviation from the HHS budget.
- Any other function given to the committee by the HHS Board (if the function is not inconsistent with a function mentioned in dot points above).
- Reviewing the risk management framework for identifying, monitoring and managing significant business risks, including fraud.
- Liaising with management to ensure there is a common understanding of the key risks to the HHS. These risks will be clearly documented in the risk register which will be regularly reviewed to ensure it remains up-to-date.
- Assessing and contributing to the audit planning process relating to risks and threats to the HHS.
- Reviewing effectiveness of the HHS's processes for identifying and escalating risks, particularly strategic risks.

The Audit and Risk Committee meetings are held at least quarterly with a schedule of meetings agreed in advance.

**Committee members:** Peter Dowling AM – Chair; Professor John Prins; Lorraine Martin AO (from 7 September 2013); Margo MacGillivray (from 14 June 2013); Professor Andrew Wilson (to 18 May 2013).

### Safety and Quality Committee

The committee was established under part 7, section 32 of the *Hospital and Health Boards Regulation 2012*. The committee functions under the authority of the MSHHB in accordance with schedule 1, section 8 of the *Hospital and Health Boards Act 2011*.

The committee advises the Board on matters relating to the safety and quality of health services provided by the HHS, including strategies for the following:

- Minimising preventable patient harm
- Reducing unjustified variation in clinical care
- Improving the experience of patients and carers of the HHS in receiving health services
- Complying with national and state strategies, policies agreements and standards relevant to promoting consultation with health consumers and members of the community about the provision of health services by the HHS
- Monitoring the HHS governance arrangements relating to the safety and quality of health services, including monitoring compliance with the HHS policies and plans about safety and quality
- Promoting improvements in the safety and quality of health services provided by the HHS
- Monitoring the safety and quality of health services being provided by the HHS using appropriate indicators developed by the HHS
- Collaborating with other safety and quality committees, the department and state-wide quality of health services
- Any other function given to the committee by the HHS Board (if the function is not inconsistent with a function mentioned in dot points above)
- Identify risks and mitigating strategies associated with all decisions made
- Implement processes to enable the committee to identify, monitor and manage critical risks as they relate to the functions of the committee.

The Safety and Quality Committee meets monthly or as required by the Chair.

**Committee members:** Professor John Prins – Chair; Dr Marion Tower; Dr John Kastrissios; Lorraine Martin AO; Dr Richard Ashby, Health Service Chief Executive; Dr Michael Daly, Executive Director Clinical Governance.

### Health service committees

#### Metro South Health Service Executive Committee

The Health Service Chief Executive (HSCE) has single point accountability for the total performance of the health service but relies on the advice of the Metro South Health Service Executive Committee and the transmitted accountability of the members through that Executive.

The responsibility of the Metro South Health Service Executive Committee is to oversee the delivery and performance of services and give advice to the HSCE by monitoring and making decisions regarding:

- quality and safety
- employment and human resources
- activity
- capital works
- budget assignment
- equipment purchases
- expenditure.

Membership of the Metro South Health Service Executive Committee consists of:

- Health Service Chief Executive – Chair
- Chief Finance Officer
- Executive Director, PAH-QEII Health Network
- Executive Director, Logan-Bayside Health Network
- Chief Information Officer
- Executive Director, Addiction and Mental Health Services
- Executive Director, Clinical Governance
- Executive Director, Planning, Engagement and Reform
- Executive Director, Nursing and Midwifery Services
- Executive Director, Corporate Services
- Executive Director, Allied Health Services
- Executive Director, Medical Services.

Meetings are held once a month.

## Finance Network

The Metro South Health Finance Network oversees the financial management of the health service which includes activity, staffing and budget. This is achieved by:

- Ensuring sound financial management of Metro South Health facilities.
- Undertaking financial planning processes including implementing changes to the funding model, activity based funding and setting up the Hospital and Health Service.
- Ensuring own source revenue strategies are in place in each facility to assist in meeting targets.
- Ensuring reporting requirements are met for Metro South Health's finance function.
- Informing finance directors of changes and requirements to ensure compliance and budget objectives are met.
- Undertaking client engagement with the Department of Health's Shared Service Provider.

Membership of the Metro South Health Finance Network consists of:

- Chief Finance Officer – Chair
- Financial Controller, Metro South Finance
- Director, Metro South Health Finance
- Manager, Metro South Health Finance
- Finance Director, Princess Alexandra Hospital
- Finance Director, QEII Hospital
- Finance Director, Logan and Beaudesert hospitals
- Finance Director, Redland Hospital and Wynnum Health Service
- Finance Director, Addiction and Mental Health Services
- Finance Director, Oral Health Services
- Finance Director, Community and Primary Health Services.

The Manager, Department of Health Shared Service Provider, has a standing invitation to the meeting.

Meetings are held once a month.

## Credentialing and Scope of Clinical Practice Committee

The Metro South Health Credentialing and Scope of Clinical Practice Committee's purposes is to:

- ensure that all medical practitioners utilising Metro South Health facilities practise high quality care, by granting Scope of Clinical Practice only to those practitioners who are appropriately qualified, trained and experienced to undertake clinical care within the facility, and
- ensure that the Scope of Clinical Practice granted is appropriate to the Service Capability Framework of each facility within Metro South Health.

The committee comprises representatives from the following:

- surgical specialties
- medical specialties
- addiction and mental health services
- obstetrics and gynaecology
- other specialties (e.g. radiology, cancer services) as required
- Director of Nursing and Midwifery (or nominee)
- Director of Oral Health Services (or nominee, when assessing a dental applicant).

In 2012–2013, membership of the Metro South Health Credentialing and Clinical Scope of Practice Committee consisted of:

- Executive Director, Clinical Governance – Chair
- Executive Director, Medical Services
- Executive Director, Nursing and Midwifery Services
- Executive Director, Oral Health Services
- Director, Medical Services, QEII
- Director, Medical Services, Logan-Beaudesert
- Director, Medical Services, Redland-Wynnum
- Deputy Director Medical Services, PAH
- Staff Specialist, Rheumatology, PAH
- Staff Specialist, General Medicine, PAH
- Staff Specialist, Obstetrics and Gynaecology, Logan-Beaudesert
- Staff Specialist, General Surgery.

Meetings are held once a month.

### Corporate Services Directors Meeting

The Metro South Health Corporate Services Directors Meeting oversees Corporate Services' performance (including financial), key risks and priorities, policies, and reform processes. Objectives include:

- Review and approve strategies, goals and directions in response to Metro South Health Service Executive requirements.
- Monitor financial performance for facility Corporate Services on a regular basis.
- Monitor operational performance of facility Corporate Services on a regular basis.
- Oversee and address key risk matters for Corporate Services.
- Introduce a quality improvement process for Corporate Services matters.

Membership of the Metro South Health Corporate Services Directors Meeting consists of:

- Executive Director, Corporate Services – Chair
- Director, Corporate Services, Logan-Bayside
- Manager, Corporate Services, Redland-Wynnum
- Director, Corporate Services, Addiction and Mental Health
- Senior Director, PA Support Services, PAH
- Director, Corporate Business and Performance
- Director, Capital Delivery, Asset and Infrastructure
- Director, Building Engineering and Maintenance Services
- Director, Workforce Services.

Meetings are held once a month.

### Workforce Services Managers Network

The Metro South Health Workforce Services Network determines the strategic direction and implementation protocols for the delivery of workforce planning and workforce culture improvement activities. Objectives include:

- Provide a platform for the ongoing development of members' planning and culture management capacity, knowledge and skills.
- Provide advice to the Corporate Services directors relating to occupational health and safety management.
- Facilitate the implementation of occupational health and safety plans and initiatives within each facility and across Metro South Health.

Membership of the Metro South Health Workforce Services Managers Network consists of:

- Director, Workforce Services – Chair
- Director, Industrial Relations
- Director, Corporate Services, Logan-Bayside
- Manager, Staff Complaints
- Manager, Workforce Services, PAH
- Manager, Workforce Services, QEII
- Manager, Workforce Services, Logan-Beaudesert
- Manager, Workforce Services, Redland-Wynnum
- Manager, Workforce Services, Addiction and Mental Health Services
- Occupational Health and Safety Manager, Addiction and Mental Health Services
- Occupational Health and Safety Manager, Community and Primary Health Services
- Occupational Health and Safety Manager, Redland-Wynnum
- Occupational Health and Safety Manager, QEII
- Occupational Health and Safety Manager, Logan-Beaudesert
- Workforce Planning representative.

Meetings are held once a month.



## Building, Engineering and Maintenance Management Group

The Metro South Health Building, Engineering and Maintenance Management Group oversees building and maintenance performance (including financial), key risks and priorities, policies, and reform processes.

Membership of the Metro South Health Building, Engineering and Maintenance Management Group consists of:

- Director, Building, Engineering and Maintenance Services – Chair
- Senior Director, PA Support Services, PAH
- Director, Corporate Services, Logan-Bayside
- Director, Corporate Services QEII
- Manager, Corporate Services, Redland
- Client Manager, PAH-QEII
- Client Manager, Logan-Bayside
- Client Manager, Community and oral health services
- Client Supervisor, QEII
- Client Supervisor, Redland.

Meetings are held once a month.

## Nursing and Midwifery Executive Council

The Metro South Health Nursing and Midwifery Executive Council provides leadership and strategic direction for nursing and midwifery services. It advises and makes recommendations to the Metro South Health Service Executive regarding the planning and management of health services; it also responds to issues relevant to nursing as they arise.

Membership of the Metro South Health Nursing and Midwifery Executive Council consists of:

- Executive Director, Nursing and Midwifery Services – Chair
- Director of Nursing, PAH-QEII
- Director of Nursing and Midwifery, Logan-Bayside
- Director of Nursing, Community Based Services
- Director of Nursing, Aged Care and Residential Services
- Director of Nursing, Addiction and Mental Health Services
- Nursing Director (Communities), Addiction and Mental Health Services
- Director of Nursing, Division of Medicine, PAH-QEII
- Director of Nursing, Division of Surgery, PAH-QEII
- Nursing Director, Division of Cancer Services, PAH-QEII
- Nursing Director, Division of Rehabilitation, PAH-QEII
- Nursing Director, Education, PAH-QEII
- Nursing Director, Research, PAH-QEII
- Nursing Director, Centre of Excellence in Nursing, Nursing Standards and Clinical Performance
- Nursing Director, Metro South Health Patient Flow Program.

Meetings are held once a month.

### Metro South Health Consultative Forum

The Metro South Health Consultative Forum (MSHCF) is a joint consultative forum established in accordance with the *Terms of Reference for District Consultative Forums, Queensland Health (2009)*.

The forum enables consultation and communication between Metro South Health management and union representatives.

A number of Local Consultative Forums have been established which report to the MSHCF, including those at:

- Princess Alexandra Hospital
- Logan Hospital
- QEII Jubilee Hospital
- Redland Hospital
- Addiction and Mental Health Services.

The MSHCF has joint chairpersons (one union and one management). For the purposes of meetings, this role alternates between management and union representatives. Membership of the MSHCF consists of:

- Union representation (officials and delegates):
  - Together Queensland Union
  - Queensland Nurses Union
  - United Voice Union
  - Australian Workers Union
  - Automotive, Metals, Engineering, Printing and Kindred Industries Union
  - Electrical Trades Union
  - Construction, Forestry, Mining, Energy Union
  - Plumbers Union Queensland
- Management representation (or delegates)
- Health Service Chief Executive
- Executive Director, PAH-QEII
- Executive Director, Logan-Bayside
- Executive Director, Addiction and Mental Health Services
- Facility Manager, Redland-Wynnum
- Facility Manager, QEII
- Director, Oral Health Services
- Executive Director, Allied Health
- Executive Director, Corporate Services
- Executive Director, Nursing and Midwifery Services
- Director, Industrial Relations.

Meetings are held once a month.

### Human Research Ethics Committee

The Metro South Health Human Research Ethics Committee (HREC) acts in a consultative and advisory capacity with researchers to ensure that all clinical, research and management practices are conducted in an ethical and scientifically robust manner. The purposes of the committee, in accordance with the *National Statement on Ethical Conduct in Human Research (2007)*, are to ensure that all human research is conducted in an ethical manner and to promote and foster ethical and good clinical/health research practice that is of benefit to the community. Key objectives of the committee include:

- Protect the mental and physical welfare, rights, dignity and safety of research participants.
- Facilitate and promote high calibre ethical research through efficient and effective review processes.
- Ensure that all clinical and ethical research is conducted responsibly.

The National Statement requires the composition of a HREC to comprise of members with specific experience, knowledge and skill. As per section 5.1.30, the membership of the Metro South Health HREC includes:

- A chairperson, with suitable experience, whose other responsibilities will not impair the HREC's capacity to carry out its obligations under this National Statement.
- At least two lay people, one man and one woman, who have no affiliation with the institution and do not currently engage in medical, scientific, legal or academic work.
- At least one person with knowledge of, and current experience in, the professional care, counselling or treatment of people; for example, a nurse or allied health professional.
- At least one person who performs a pastoral care role in a community, for example, an Aboriginal elder, a minister of religion.
- At least one lawyer, where possible one who is not engaged to advise the institution.
- At least two people with current research experience that is relevant to research proposals to be considered at the meetings they attend. These two members may be selected, according to need, from an established pool of inducted members with relevant expertise.

Meetings are held once a month.

## Allied Health Directorate Meeting

The Metro South Health Allied Health Directorate Meeting provides leadership and strategic direction for allied health professionals across Metro South Health to improve the quality and effectiveness of patient care. Its objectives include:

- Provide leadership to Metro South Health allied health and individual allied health professions in matters relating to allied health professional practice.
- Provide timely advice regarding strategic directions for Allied Health Services consistent with the Metro South Health *Allied Health Professional Plan* and the *Allied Health Practitioners Office Queensland Plan*.
- Contribute to planning of Metro South Health Allied Health Services.
- Provide professional support and consultation to the Executive Director, Allied Health in their role as Allied Health representative on the Metro South Health Executive Committee.
- Facilitate the development of consistent Metro South Health allied health policies, procedures and guidelines where deemed strategically beneficial.
- Lead the implementation of innovative models of care, methods of service delivery and allied health management tools.

Membership of the Metro South Health Allied Health Directorate Meeting consists of:

- Executive Director, Allied Health – Chair
- Executive Director, Clinical Support Services, PAH
- Director, Allied Health, QEII
- Director, Allied Health, Logan-Bayside
- Director, Therapies and Allied Health, Addiction and Mental Health Services
- Allied Health Workforce Development Officers.

Meetings are held once a month.

## ICT Executive Committee

The Metro South Health ICT Executive Committee is the governance body responsible for the overarching strategy and high-level direction for information, communications and technology (ICT) across Metro South Health.

The ICT Executive Committee takes an interest in enterprise-level ICT projects that impact Metro South Health, to ensure that the health service's specific requirements are taken into account, resourcing is appropriate and that any specific change management issues are addressed. However, the primary focus is on initiatives that are related specifically to the Metro South Health and are within the health service's control. Such initiatives include:

- current operational systems
- new clinical systems
- new business support systems
- communication systems
- supporting infrastructure.

Membership of the Metro South Health ICT Executive Committee consists of:

- Health Service Chief Executive – Chair
- Chief Finance Officer
- Chief Information Officer
- Executive Director, Medical Services
- Executive Director, Nursing and Midwifery Services
- Executive Director, Allied Health Services
- Executive Director, Corporate Services
- Executive Director, Logan-Bayside
- Executive Director, PAH-QEII
- Executive Director, Addiction and Mental Health Services
- Facility Manager, QEII
- Facility Manager, Bayside
- Health Information Management Services representative
- Chief Information Officer/Executive Director, Health Service Information Agency
- Chief Executive, Greater Metro South Brisbane Medicare Local
- Clinical Lead, ieMR Project
- Clinical Lead, Patient Flow
- Relevant staff invited as required.

Meetings are held once a month.

### Addiction and Mental Health Clinical Council

Metro South Health's Addiction and Mental Health Clinical Council provides oversight of clinical initiatives and ensures best practice across the health service.

Membership of the Metro South Addiction and Mental Health Clinical Council consists of:

- Director, Medical Services, Metro South Addiction and Mental Health Services – Chair
- Director, Therapies and Allied Health
- Director, Clinical Governance
- Director of Nursing, Metro South Addiction and Mental Health Services
- Clinical Director, Psychosis Academic Clinical Unit (ACU)
- Clinical Director, of Rehabilitation ACU
- Clinical Director, Mood ACU
- Clinical Director, Older Adult ACU
- Clinical Director, Child and Youth ACU
- Clinical Director, Recovery and Access Services ACU
- Clinical Director, Consultation Liaison Psychiatry ACU
- Director, Addictions
- Service Program Manager, Transcultural Mental Health
- Consumer / carer representative.

Meetings are held once a month.

### Addiction and Mental Health Clinical Governance Meeting

Metro South Health's Addiction and Mental Health Clinical Governance Meeting provides oversight and monitoring of national standards, patient safety and quality within Addiction and Mental Health Services.

Membership of the Metro South Addiction and Mental Health Clinical Governance Meeting consists of:

- Director, Clinical Governance Director, Clinical Governance – Chair
- Director, Medical Services, Metro South Addiction and Mental Health Services
- Director, Therapies and Allied Health
- Director of Nursing, Metro South Addiction and Mental Health Services
- Clinical Director, Psychosis Academic Clinical Unit (ACU)
- Clinical Director, of Rehabilitation ACU
- Clinical Director, Mood ACU

- Clinical Director, Older Adult ACU
- Clinical Director, Child and Youth ACU
- Clinical Director, Recovery and Access Services ACU
- Clinical Director, Consultation Liaison Psychiatry ACU
- Director, Addictions
- Team Leader, Patient Safety
- Quality Manager, Patient Safety
- Mental Health Information Manager
- Service Program Manager, Transcultural Mental Health
- Consumer / carer representative.

Meetings are held once a month.

### Addiction and Mental Health Executive Meeting

Metro South Health's Addiction and Mental Health Executive Meeting provides oversight of clinical initiatives and ensures best practice across the health service.

Membership of the Metro South Addiction and Mental Health Executive Meeting consists of:

- Executive Director, Metro South Addiction and Mental Health Services – Chair
- Director, Therapies and Allied Health
- Director, Clinical Governance
- Director, Medical Services, Metro South Addiction and Mental Health Services
- Director of Nursing, Metro South Addiction and Mental Health Services
- Director, Operations
- Director, Addictions
- Consumer / carer representative.

Meetings are held once a month.

## Ethics and code of conduct

The *Public Sector Ethics Regulation 2010* defines Metro South Health as a public service agency, therefore the *Code of Conduct for the Queensland Public Service* is applicable to employees of the health service.

Metro South Health is committed to upholding the values and standards of conduct outlined in the *Code of Conduct for the Queensland Public Service*, which came into effect on 1 January 2011. The code of conduct applies to all employees of Metro South Health and was developed under the *Public Sector Ethics Act 1994* consisting of four core aspirational principles:

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

All Metro South Health employees are required to undertake training in the *Code of Conduct for the Queensland Public Service* during their induction and thereafter undertake re-familiarisation training following any change to the document. Employees are able to readily access the following training throughout the year on the code of conduct:

- intranet based modules
- CD containing training.

## Manager, Staff Complaints

With the enactment of the *Hospital and Health Boards Act 2011* from 1 July 2012, the obligation to report allegations of suspected official misconduct to the Crime and Misconduct Commission under the *Crime and Misconduct Act 2001* rested with the Chief Executive of Metro South Health. The Ethical Standards Unit, Department of Health no longer acted as the central point for receiving, reporting and investigating allegations of suspected official misconduct under the *Crime and Misconduct Act 2001*.

From 1 July 2012, the Manager, Staff Complaints became the central point within Metro South Health to receive, assess and refer allegations of suspected official misconduct to the Crime and Misconduct Commission. This role enabled the Chief Executive, Metro South Health to fulfil the obligation to report allegations of suspected official under the *Crime and Misconduct Act 2001*.

## Prevention

During 2012-2013 the Manager, Staff Complaints delivered ethical awareness and official misconduct information sessions to approximately 160 staff. These sessions were delivered to a variety of positions and levels within Metro South Health. In addition to the sessions delivered by the Manager, Staff Complaints, Learning and Development staff delivered training on ethical decision making, code of conduct and official misconduct processes to all new staff members through induction and orientation.

## Assessment and investigation

The assessment of suspected official misconduct matters is undertaken by the Manager, Staff Complaints with advice and assistance sought from specialist stakeholders relevant to the allegations such as:

- Director, Industrial Relations
- Executive Director, Clinical Governance
- Chief Financial Officer
- Director, Audit and Risk Management
- Department of Health Police Liaison Unit – Queensland Police Service Inspector
- a senior Department of Health workplace services unit representative.

The Department of Health Police Liaison Unit includes a seconded Queensland Police Service (QPS) Inspector who provides specialist advice on criminal matters and acts as a liaison point between Metro South Health and the QPS. Ongoing liaison between members of the QPS and employees of Metro South Health is also governed by a Memorandum of Understanding.

During 2012–2013 the Manager, Staff Complaints had oversight of 154 matters within Metro South Health. A total of 208 matters were received from sources within Metro South Health for assessment resulting in 115 new official misconduct matters and 93 other ethical issues that did not involve official misconduct, but were addressed through the complaints process.

# Audit and risk management

## External scrutiny

Metro South Health's operations are subject to regular scrutiny from external oversight bodies. These include Queensland Audit Office (QAO), Australian Council on Healthcare Standards, Health Quality and Complaints Commission, Postgraduate Medical Education Council of Queensland, medical colleges, National Association of Testing Authorities and others.

On 1 July 2012, Metro South Health was established as a new statutory body pursuant to the *Hospital and Health Boards Act 2011*. As a public sector entity, Queensland Health was subject to annual audit by the QAO.

The QAO Final Management Report provided to Queensland Health for the 2011–2012 financial year contained several recommendations, of which, eight potentially had relevance to the new hospital and health services, including Metro South Health. The eight recommendations were reviewed to ensure the issue was either adequately addressed by existing internal controls or corrective action was implemented where necessary. These issues included:

- lack of supporting documentation in relation to research projects and asset acquisition process
- research projects with negative balances
- non-compliance with entertainment and travel expenses policies and procedures
- potential misstatement of the impairment provision for receivables
- backlog maintenance data not provided to building valuer to consider when valuing buildings
- supervisor authorisation was not found on Employee Commencement Form or form was signed after the employee commenced
- lack of robustness in the verification of external labour invoices to contracts or agreements and to approved timesheets
- absence of documentation relating to grant expenditure.

Metro South Health also reviewed the QAO Interim Management Report for 2011–2012 provided to Queensland Health and identified seven recommendations that potentially had relevance to the organisation. Again, these recommendations were reviewed to ensure the issues were either adequately addressed by existing internal

controls or corrective action was implemented where necessary. These issues included:

- duplicate reporting of cash floats on the Annual Financial Statements pack and inadequate segregation of trust monies from the general account
- delegated approval in relation to employee movement to higher position not being in accordance with the health service's human resources delegations manual
- stock write-on and write-off memoranda not approved by the Health Service Chief Executive
- supporting documentation not available for inventory balances included in a year end stocktake
- termination checklists not evidenced as checked by an independent officer
- material journals not appropriately certified by a preparing officer and approved by a reviewing officer
- stock-take sheets not certified by two officers.

The audit committee also considered all audit recommendations by the QAO including performance audit recommendations during 2012–2013.

QAO raised three issues in its interim audit letter dated 30 April 2013. One moderate issue, relating to the certification of goods and services received, and two low-risk issues relating to patient revenue were raised and recommendations agreed to by management. QAO indicated it is satisfied that the recommendations were adequately implemented by Metro South Health.

Overall, the interim audit identified that Metro South Health's internal controls were operating effectively.

In addition to the QAO management letters provided directly to Metro South Health, QAO also issued several Auditor-General Reports to Parliament that contained recommendations of relevance to Metro South Health.

### **Report 4: 2012–13 Queensland Health—eHealth Program**

The recommendations contained in this report were primarily directed to the Department of Health. Metro South Health will monitor progress with this project and assess for any impact on its activities.

**Report 5: 2012–13 Results of audit: State public sector entities for 2011–12**

This report related to the timeliness and quality of financial statements prepared for the 2011–2012 financial year. A better practice for financial statement preparation guide was included in Appendix C to the report.

Metro South Health have used the guide to assist in planning the 2012–2013 financial statement process. The health service's financial statements were certified by the legislative deadline of 31 August 2013 without qualification to the audit opinion.

**Report 9: 2012–13 Fraud risk management**

The following recommendations were contained in the report and had relevance to Metro South Health:

1. *All public sector agencies should assess their fraud control program against the better practice principles in this report and, as required, implement a plan to address deficiencies identified by this self-assessment.*

Where the following are not in place, agencies should:

2. *conduct and regularly update their fraud risk assessments*
3. *implement routine data analytics over areas identified as inherently susceptible to fraud*
4. *use their fraud data to inform ongoing development of fraud control programs.*

Metro South Health recognises the need to have a strong fraud control program. The health service is currently developing a fraud policy and fraud control program that will address these recommendations.

**Report 12: 2012–13 Community Benefit Funds: Grant management**

While this report contained no specific recommendations for Metro South Health, the health service will ensure any grant activities undertaken will have due regard to the recommendations contained in this report.

**Report 1: 2013–14 Right of private practice in Queensland public hospitals**

This report was prepared from a performance audit of the Right of Private Practice (RoPP) arrangements in the public health system. The audit considered whether the

arrangements were achieving their intended public health outcomes and were financial sustainable. The report made eight recommendations in relation to the RoPP arrangements:

1. *Redesign private practice arrangements to incentivise practitioners so the scheme is financially sustainable.*

The redesign of the RoPP system is currently being developed by the Department of Health. Metro South Health will participate in this project to develop a new financially sustainable private practice scheme.

2. *Establish clear targets for the optimal medical workforce in the context of desired clinical, patient access and financial outcomes.*

This is largely a Metro South Health activity, linked to the health service's workforce planning and employment strategies.

3. *Develop an appropriate governance framework for private practice arrangements which includes:*
  - *an oversight body comprising members with sufficient skill, authority and responsibility state-wide*
  - *Board oversight with appropriate delegation responsibilities at the facility level to monitor and enforce contractual obligations.*

The Department of Health will establish an oversight body, while Metro South Health will implement an operational governance structure to ensure adequate Board oversight to assure achievement of business objectives, appropriate delegation of responsibility to manage private practice within the new framework, and to ensure required reporting to the state governance body.

4. *Develop for all administrative, clinical and billing systems supporting private practice:*
  - *standards to ensure the quality of data captured is meaningful and relevant*
  - *a single common doctor identifier.*

As the supplier of the key private practice software, this is predominantly in the Department of Health's responsibility to implement. However, Metro South Health will provide input when required to the design and specification phase.

5. *Make immediate attempts to recover forgone revenue, if cost effective and investigate further revenue uplift opportunities.*

Metro South Health has reprioritised efforts in relation to the review of patient charts to address this issue. The health service will continue its efforts to improve revenue processes to ensure any lost revenue is minimised.

6. *Develop a strategy and engage with private practice participants, medical administrators and support staff to communicate a consistent message aligned with the objectives of the redesigned scheme, including contractual obligations.*

Metro South Health will actively participate in the educational framework that has been developed by the Department of Health to ensure all stakeholders are engaged in the objectives of the redesigned scheme.

7. *Redesign end to end business processes and systems to support enhanced revenue and expenditure management including rostering and overtime.*

Metro South Health will actively participate through the Practice Management Advisory Group to leverage identified revenue opportunities and to consider any identified best practice models. Metro South Health will use this information to feed into the redesign of its operating models.

8. *Review the objectives and the principles governing the use of study and research funds (SERTA/SERTF) to ensure maximum benefits are derived for the State.*

Metro South Health will review current processes around the current operation of the SERTA/SERTF funds to ensure it maximises effective use of existing funds.

In addition, Metro South Health will consider the impacts of the new trust fund arrangements to be developed by the Department of Health by 1 July 2014.

### Risk management

Metro South Health is committed to managing risk in a proactive, integrated and accountable manner. The health service's risk management practices recognise and manage risks and opportunities in a balanced manner. Risk is an inherent part of the health service's operating environment.

Risk management activities are incorporated into strategic planning, governance reporting and operational processes.

Metro South Health has a draft risk management policy and integrated risk management framework based on the *Australian/New Zealand ISO Standard 31000:2009* for risk management. The draft policy and framework outline the health service's intent, roles, responsibilities and implementation requirements. All accountability areas are responsible for implementing the policy and framework and developing and maintaining risk registers.

The risk management framework defines the processes for risk identification, recording, rating, key controls identification, determination of risk treatment required and regular monitoring and reporting of risks. Key accountability bodies within our risk framework include:

- The Board retains ultimate responsibility for monitoring key risks and ensuring there are systems and processes in place to identify, manage and monitor these risks. The Board has delegated responsibility for overseeing risk management activities to the Audit and Risk Committee.
- The Audit and Risk Committee oversees the assurance of the health service's risk management framework, internal control structure and systems' effectiveness for monitoring compliance with relevant laws, regulations and government policies.
- The executive management team, known as Metro South Health Service Executive, has active risk management responsibilities both collectively and individually as executive directors in charge of separate service delivery streams.

Risks are controlled within the financial and management accountabilities of each position. The Health Service Chief Executive is supported by the executive director of each stream. The Health Service Chief Executive and executive directors manage risks with support from management structures within their areas of responsibility. Significant risks are reported to the Board and the Audit and Risk Committee on a regular basis.

The Audit and Risk Committee aims to oversee Metro South Health's risk management activities and procedures by mitigating risks to tolerable levels, managing the risks that may affect the ability to continue to service provision, the development and integration of a strategic approach to managing risks (strategic, operational and financial), and embedding the process into routine governance and management practice.



## Internal Audit Unit

Internal Audit is an integrated component of corporate governance, promoting efficient management and assisting in risk management. The function operates under the approved Internal Audit Charter consistent with the internal auditors' standards. In line with the overriding requirement of independence from management, and to maintain individual objectivity, the head of Internal Audit reports functionally to the Audit and Risk Committee on the effective, efficient and economical operation of the function. The Internal Audit function operates with due regard to Queensland Treasury and Trade's Audit Committee Guidelines.

Internal Audit unit has a central role in improving operational processes and financial practices by:

- assessing the effectiveness and efficiency of Metro South Health's financial and operating systems, reporting processes and activities
- identifying operational deficiencies and non-compliance with legislation or prescribed requirements
- assisting in risk management and identifying deficiencies in risk management
- bringing a broad range of issues to management's attention, including performance, efficiency and economy
- monitoring whether agreed remedial actions have been undertaken.

The strategic and annual audit plan, endorsed by the Audit and Risk Committee and approved by the Board, directs the unit's activities and provides a framework for its effective operation. A risk-based planning approach is used to develop audit plans, including considering risk registers and consulting with internal stakeholders and the QAO. Audit reports include recommendations to address deficiencies in risk treatment and all audit reports are reviewed by the Audit and Risk Committee.

Achievements for 2012–2013 included:

- establishment of the unit
- introduction of co-sourced arrangement with Ernst & Young
- facilitating enhancement of existing control self-assessment within Metro South Health
- monitoring implementation of agreed audit recommendations
- delivering the risk-based annual plan of audits approved by the Board, covering compliance/financial, governance and operational effectiveness
- completing seven audit reports focused on providing assurance about, and improving the effectiveness of, systems, processes and risk management.

## Information systems and recordkeeping

### Changes to recordkeeping practices and systems in 2012–2013

Metro South Health undertook the following changes to recordkeeping practices and systems:

- The transfer of paper and electronic records from the Department of Health to the Chief Executive, Metro South Health. This resulted in the moving of ownership of clinical and non-clinical records to Metro South Health.
- Development of a local disaster management plan for health records due to the number of natural disasters occurring. This included creating disaster management kits for each facility with clinical records. It is intended that these items could also be used to assist in the event of administrative records disaster events, e.g. floods, etc.
- Currently assisting in the management of integrating Queensland Tuberculosis Control Centre records into the health service's main medical records system, as this service following the service's transition to Metro South Health.

### Recordkeeping roles and responsibilities

All new Metro South Health employees are made aware of their responsibilities regarding security, confidentiality and management of medical records at a variety of forums including staff orientation and department inductions. In addition, procedures have been implemented to ensure all aspects of medical record management is undertaken appropriately.

Training is provided to all relevant administrative officers and competency assessments are undertaken to ensure staff are able to meet record management requirements. Relevant information packs and electronic resources are made available to assist in records management. Health Information Management Services staff routinely attend administrative forums and meetings to ensure important updates, issues and process changes are communicated and understood. Audits and reviews are undertaken and results fed back to relevant areas to ensure compliance to record management processes.

Medical records department staff undergo training and orientation processes to ensure they are competent in

the requirements of record management. Staff undertake training and competency assessment for each position they perform within the department.

Written and electronic resources are available at all times to assist in maintaining a high level of service.

Audits are routinely undertaken within and external to the medical records department to ensure that the record management system is operating appropriately.

### Management of records

Across Metro South Health, each facility has a medical records department responsible for the lifecycle management of the clinical records in accordance with the relevant statutory requirements. Non-clinical records are managed through each service's administration department.

### Transition to digital records

Work is ongoing to move Princess Alexandra Hospital's medical records to a digital format as part of the Integrated Electronic Medical Record (ieMR) program. The first component of this program is to commence scanning of paper based records. The second phase will involve a move towards direct data input into an electronic system.

Logan Hospital has had a system that supports the scanning of completed paper records in place since 2008. In addition, there are a number of clinical areas such as intensive care units that currently use full electronic medical record systems for clinical care, however these are not in place across all Metro South Health facilities.

### Reliability and security

Metro South Health is compliant with the Queensland Government's *Information Standard 40: Recordkeeping*. Metro South Health-wide procedures have been implemented to ensure security of clinical records are maintained.

Back-up systems are in place and maintained to ensure records can be located and delivered during down times of the patient master index (HBCIS).

The Privacy and Confidentiality Officer conducts investigations on any privacy complaints, outcomes of

which are reported to the Metro South Health Service Executive Committee. This officer also provides privacy training to staff.

All facilities have physical security measures in place such as swipe card access to secure departments, information windows, visitor registers and medical record tracking systems.

### Retention and disposal

Metro South Health facilities adhere to the Queensland State Archives *Health Sector (Clinical Records) Retention and Disposal Schedule 2012*. There is an ongoing culling and destruction process. The State Archives is still completing a Schedule for the management of functional records. Until a schedule is provided all functional records within Metro South Health are being permanently retained.

Metro South Health is compliant with Queensland Government *Information Standard 31: Retention and Disposal*. Medical record destruction is undertaken regularly at facilities, in line with current retention schedule requirements. Destruction is undertaken in line with best practice and audits are completed to ensure accuracy. Work is underway to standardise disaster management plans across all Metro South Health facilities.

### Open data

The Queensland Government has committed to releasing as much public service data as possible through its Open Data Initiative. Under the initiative, a large volume of government data, where suitable for release, is published on the following website:

**[www.qld.gov.au/data](http://www.qld.gov.au/data)**

Metro South Health has published the following data on the government's Open Data website:

- health service expenditure on consultancies
- information relating to staff overseas travel including employee name, costs, purpose and destination.