

## Our people

### Staffing

Queensland Health comprises a Department of Health and 17 independent HHSs. Queensland Health employed 64,192 full-time equivalent (FTE) staff during 2012–13. Of these, 6788 FTE staff were employed by, and worked in, the department. The remaining 57,335 FTE staff were employed by the department and contracted to HHSs under service agreements between the director-general and each HHS. The remaining 69 FTE staff were employed directly by HHSs\*.

*\*Staffing figures for individual HHSs are reported in annual reports for those entities.*

### Department of Health profile

Table 4 shows the number of FTE staff working for the Department of Health in 2012–13 by gender and appointment type.

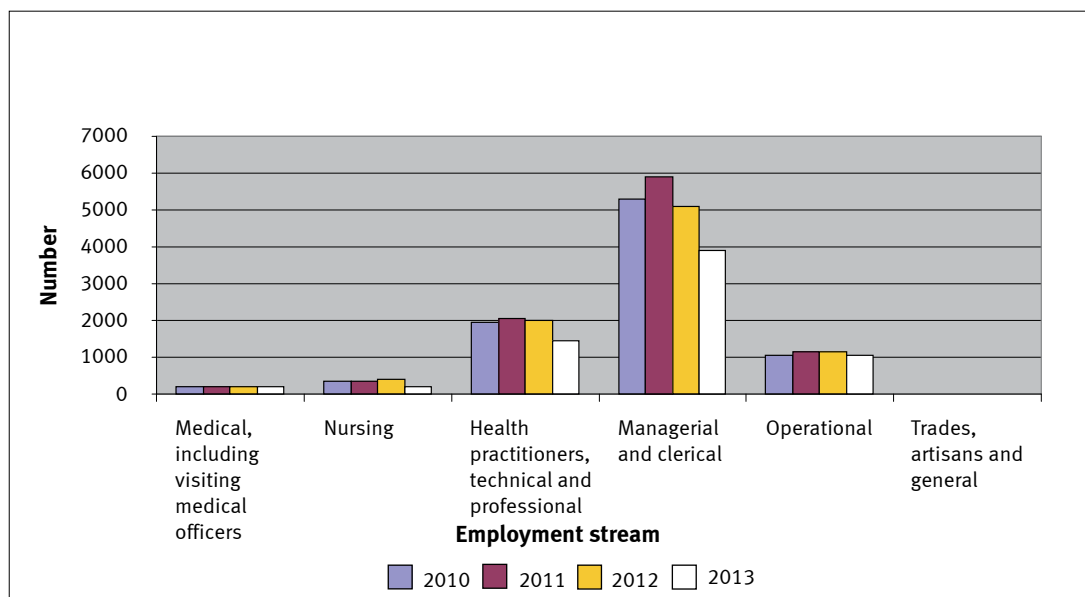
**Table 4: 2012–13 FTE staff working in the Department of Health, by gender and appointment type**

FTE staff	Permanent	Temporary	Casual	Contract	Total
Female	3310	688	18	33	4049
Male	2205	470	15	49	2739
<b>Total</b>	<b>5515</b>	<b>1158</b>	<b>33</b>	<b>82</b>	<b>6788</b>

In 2012–13, the average fortnightly earnings for staff working in the department was \$3081 for females and \$3850 for males.

Of the 6788 FTE staff working in the department, 4054 staff work in the two commercialised business units, HSSA and HSIA.

Figure 5 shows the number of staff working in the department by employment stream. Approximately 58 per cent of staff working in the department are managerial or clerical employees.



**Figure 5: Department of Health minimum obligatory human resource information occupied full-time equivalent by employment stream.**

In 2012–13, the department’s retention rate for permanent employees was 75.3 per cent. The retention rate is the number (headcount) of permanent staff employed by and working in the department 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.

The department’s separation rate for 2012–13 was 16.4 per cent and describes the number (headcount) of permanent employees who separated from the department during the year as a percentage of permanent employees.

## Queensland Health profile

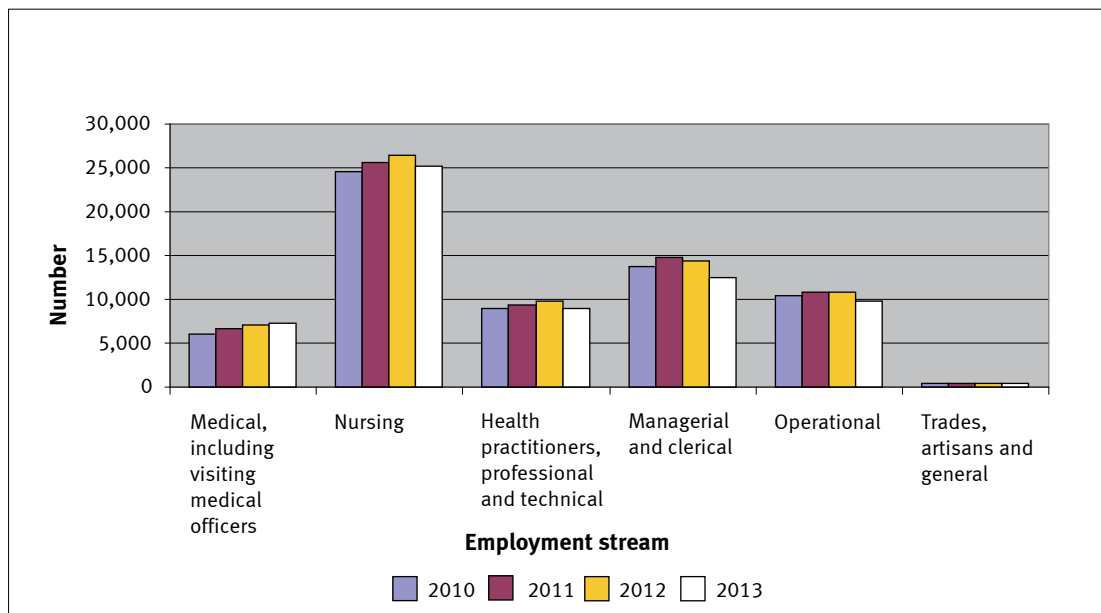
Table 5 shows the number of FTE Queensland Health staff (Department of Health and HHSs), by gender and appointment type.

**Table 5: 2012–13 Full-time equivalent Queensland Health staff, by gender and appointment type**

FTE staff	Permanent	Temporary	Casual	Contract	Total
Female	38,191	7,175	1,395	73	46,834
Male	12,554	4,218	488	98	17,358
<b>Total</b>	<b>50,745</b>	<b>11,393</b>	<b>1,883</b>	<b>171</b>	<b>64,192</b>

In 2012–13, the average fortnightly earnings for Queensland Health staff was \$2978 for females and \$4419 for males.

Figure 6 shows the number of Queensland Health FTE staff by employment stream. Approximately 65 per cent of Queensland Health staff are health practitioners, professionals and technicians, medical, including visiting medical officers, or nursing employees.



**Figure 6: Queensland Health minimum obligatory human resource information occupied full-time equivalent by employment stream.**

In 2012–13, Queensland Health’s retention rate for permanent employees was 86.8 per cent. The retention rate is the number (headcount) of permanent staff employed by Queensland Health at the start of the financial year and who remain employed at the end of the financial year, expressed as a percentage of total staff employed.

Queensland Health’s separation rate for 2012–13 was 11.8 per cent and describes the number (headcount) of permanent employees who separated from the organisation during the year as a percentage of permanent employees.

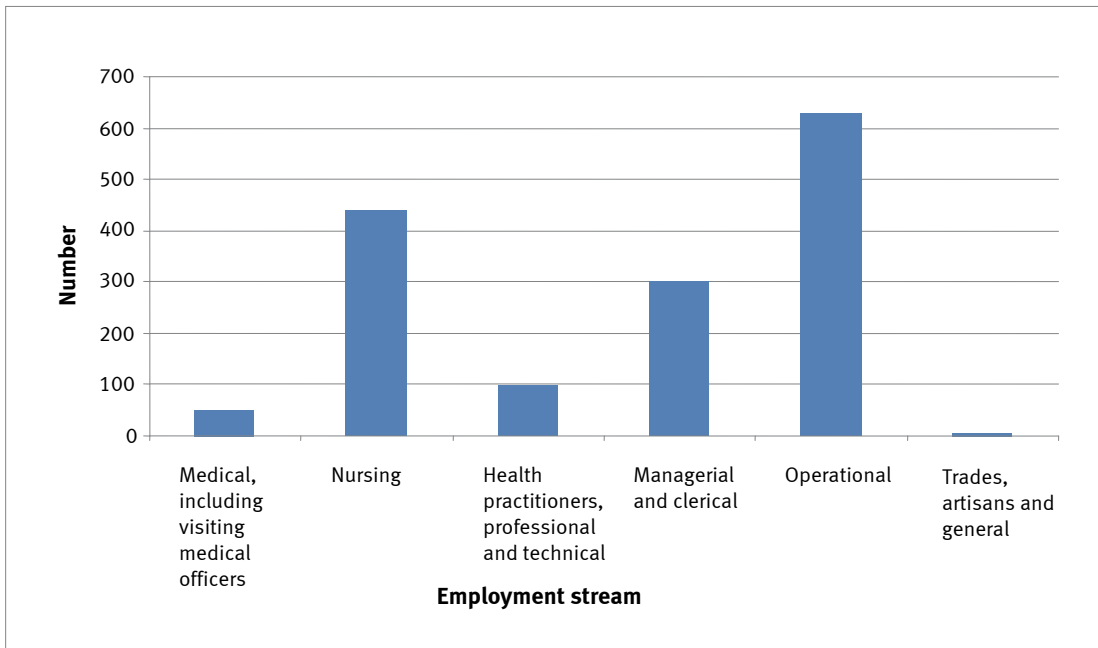
Retention and separation rates for permanent employees in 2012–13 were significantly different from 2011–2012 due to the implementation of a program of redundancies across Queensland Health in 2012–13.

### **Aboriginal and Torres Strait Islander workforce**

*An Aboriginal and Torres Strait Islander Workforce Strategy* has been implemented as a positive and effective way to position Queensland Health as a responsive employer of Aboriginal and Torres Strait Islander people. Queensland Health has an obligation to meet employment targets and to deliver better health service outcomes for Aboriginal and Torres Strait Islander people. Queensland Health’s stated policy outcome is to close the life expectancy gap between Indigenous and non-Indigenous Australians within a generation.

At 30 June 2013, staff who identify as Aboriginal or Torres Strait Islander made up two per cent (based on headcount) of total staff employed in Queensland Health. Approximately 61 per cent of Aboriginal and Torres Strait Islander staff in Queensland Health are employed in non-clinical streams (trades, artisans, operational, managerial and clerical staff) with the remaining 39 per cent employed in clinical streams (nursing, health practitioners, medical, technical and professional staff).

Figure 7 shows the number of Aboriginal and Torres Strait Islander staff in Queensland Health by employment stream.



**Figure 7: Number of Aboriginal and Torres Strait Islander staff by stream for Queensland Health, June 2013**

### **Early retirement, redundancy and retrenchment**

A program of redundancies was implemented during 2012–13. During the period, 3181 Queensland Health staff received redundancy packages at a cost of \$297.18 million. Staff who did not accept an offer of a redundancy were offered case management for a set period of time, where reasonable attempts were made to find alternative employment placements. At the conclusion of this period, and where it was deemed that continued attempts of ongoing placement were no longer appropriate, staff yet to be placed were terminated and paid a retrenchment package.

At 30 June 2013, 135 employees had been considered for alternative roles. Of these, 72 were placed in permanent roles and a further nine staff were placed in temporary roles of 12 months or more. During the period, five Queensland Health employees received retrenchment packages at a cost of \$0.705 million. In 2012–13, more than 70 Career Management Workshops were conducted to assist Queensland Health staff affected by organisational change. These workshops were designed to help employees gain confidence in their own career management and remain resilient when faced with an organisation-wide program of redundancies.

### **Voluntary Separation Program**

A Voluntary Separation Program was implemented during 2011–12. The program ceased during 2011–12, however 27 Queensland Health staff received their voluntary separation packages during 2012–13 at a cost of \$4.91 million.

## **Flexible working arrangements and work-life balance**

The department values the contribution of workers with family responsibilities to the delivery of quality services. The department recognises employees' needs to balance their work and family life and is committed to supporting employees in achieving a work-life balance.

Policies or arrangements in place to support this commitment include:

- work-life balance (incorporating policy for breastfeeding at work and options for child care)
- telecommuting
- purchased leave
- carers leave
- parental leave
- flexible working hours
- permanent part-time work arrangements
- job sharing.

## **Ethics and code of conduct**

The department 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 Queensland Health staff. It was developed under the *Public Sector Ethics Act 1994* and consists of four core principles:

1. Integrity and impartiality.
2. Promoting the public good.
3. Commitment to the system of government.
4. Accountability and transparency.

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

All Queensland Health staff are required to undertake training in the code of conduct during their induction and re-familiarise themselves annually. A campaign to ensure staff are aware of the code of conduct was implemented and included resources, training and face-to-face awareness activities.

## **Workplace harassment**

The department remains committed to a culture free from all forms of harassment. It continues to support and develop strategies for the department and HHSs to address workplace harassment when it occurs and to educate staff about appropriate workplace conduct. Strategies include the Workplace Equity and Harassment Officer Network and

awareness campaigns. When instances of workplace harassment occur, employees can access a number of sources of information and advice, including:

- workplace equity and harassment officers
- a workplace harassment hotline
- the Staff Complaints Liaison Office
- local HR units
- the Employee Assistance Service.

### **Workplace Equity and Harassment Officer Network**

Workplace equity and harassment officers play an important role in Queensland Health's response to resolving equity and harassment issues in the workplace. Workplace equity and harassment officers are Queensland Health staff who have been trained to provide confidential advice and support to other Queensland Health staff on a number of subjects, including:

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

In 2012–13, the department conducted extensive workplace equity and harassment officer training. During 2012–13, there was a reduction in the number of workplace equity and harassment officers across Queensland Health from 340 to 330—approximately three per cent.

### **Employee performance management**

Queensland Health uses a suite of online and face-to-face induction and orientation tools that comprise mandatory compliance training, ethical decision making, workplace health and safety, public sector values, cultural awareness and fraud prevention.

The Queensland Health Performance and Development Policy is designed to enhance work performance and career development of staff by:

- clarifying performance expectations for staff
- ensuring feedback and guidance on performance
- collaboratively identifying learning and development needs and activities.

Under the policy, staff and managers are required to develop a performance and development plan, conduct performance meetings to assess previous performance and participate in ongoing management of workplace performance. In November 2012, a review of the existing performance and development planning and review resources commenced and a new planning template and associated process was designed and piloted.

## **The Public Sector Renewal Program**

The program was delivered by the Public Service Commission and was designed to:

- refocus the public service on government priorities, and support the delivery of frontline services in a constrained fiscal environment
- confirm the Queensland Government's commitment to returning the budget to surplus and restoring Queensland's AAA credit rating, and finding savings to fund election commitments
- transform the Queensland Government into a better organisation for staff and enable the provision of better services for Queenslanders and includes a review of the roles and functions of agencies, including government owned corporations, to ensure expenditure is focused on delivering better services.

The department was actively involved in the program through encouraging staff to participate in program activities.

## **Executive Management Team (as at 30 June 2013)**



### **Dr Tony O'Connell MBBS (Hons), FANZCA, FCICM, GAICD, FCHSM (Hon) Director-General**

Dr Tony O'Connell was appointed the department's Director-General in June 2011. He is an experienced clinician with specialist qualifications in intensive care and anaesthesia. He previously held the roles of Deputy Director-General in the New South Wales Department of Health and Queensland Health.

Tony has led major statewide redesign programs, strategic resource allocation and performance management systems which have delivered record-breaking elective surgery and emergency department performances in Queensland and New South Wales. He is focussed on improving both patient experiences and the culture of large complex systems.

Tony delivered on the Queensland Government's renewal agenda and drove the exploration of value-for-money opportunities in Queensland Health through the Contestability Branch. Queensland Health delivered budget surpluses in the first two years Tony was Director-General.



### **Philip Davies**

#### **Deputy Director-General, System Policy and Performance**

Prior to joining the department, in May 2013, Philip was a Professor of Health Systems and Policy in the School of Population Health at the University of Queensland for four years.

Philip has significant experience as a health policy professional and has held diverse public and private sector roles in Australia, New Zealand and the United Kingdom. These have included positions, such as Deputy Secretary, Commonwealth Department of Health and Ageing, Senior Health Economist, World Health Organization, and Deputy Director-General Policy, Ministry of Health New Zealand. Philip also has a long history of involvement at board level in a range of Queensland and national public sector and not-for-profit organisations.



### **Kathy Byrne**

#### **Chief Executive, Health Services Support Agency**

Kathy Byrne's career in the public and private health sectors spans more than 25 years.

Kathy was previously a HSCE and has a significant track record in strategic and operational leadership and achievement in five Australian states and territories. She has been the Chief Executive of HSSA (formerly Clinical and Statewide Services) since May 2009.



### **Ray Brown**

#### **Chief Information Officer, Health Services Information Agency**

Ray's ICT career spans more than 35 years, predominantly in the public sector. Ray has previously undertaken senior roles in the Commonwealth Department of Families and Community Services, the Queensland Department of Corrective Services and the Queensland Police Service. He also spent two years working in the not-for-profit sector.

In August 2009, Ray was appointed Chief Information Officer for Queensland Health. In this role, he is responsible for providing executive-level leadership, governance, planning, architecture and strategic direction in the provision of ICT services.



### **Dr Michael Cleary**

#### **Deputy Director-General, Health Service and Clinical Innovation**

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

Michael was previously Executive Director and Director of Medical Services for Logan and Beaudesert Hospitals, the former Metro South Health Service District and the former The Prince Charles Hospital Health Service District. In April 2010, he was appointed to lead the Policy, Strategy and Resourcing division of the department. In July 2012, he was appointed to the role of Deputy Director-General of HSCI.





**Dr Jeannette Young**  
**Chief Health Officer**

Jeannette has been Queensland's Chief Health Officer since August 2005. Previously, Jeannette 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.

Jeannette's clinical background is in emergency medicine and she has specialist qualifications as a Fellow of the Royal Australasian College of Medical Administrators and a Fellow by Distinction of the Faculty of Public Health of the Royal College of Physicians of the United Kingdom. She is an Adjunct Professor at Queensland University of Technology and Griffith University.

Jeannette is a member of numerous Queensland and national committees and boards, including the Queensland Institute of Medical Research Council, the National Health and Medical Research Council, the Australian Health Protection Committee, and the Australian National Preventive Health Agency.



**Susan Middleditch**  
**Deputy Director-General, System Support Services**

Susan has a proven track record in delivering results in high performing organisations. As a certified practicing accountant, she has extensive financial and business experience. High-level experience in strategic planning, risk management, HR policy development and commercial finance has allowed Susan to successfully drive change and transformation within corporate services teams.

Susan has a mix of both private and public sector experience. She was appointed to her first chief finance officer role at the age of 25 for the Commonwealth Department of Employment Education and Training. She has worked with New Zealand Treasury where she was responsible for assisting organisations, such as Air New Zealand, New Zealand Post, Transpower and New Zealand Rail Corporation to strategically change and grow their business.

## Queensland Health organisational chart

