Governance and accountability

Executive committees

Executive Management Team

The purpose of EMT is to:

- support the Director-General in meeting responsibilities outlined in the *Public Service Act 2008*, the *Hospital and Health Boards Act 2011*, and other relevant legislation
- provide recommendations regarding the strategic direction, priorities and objectives of the organisation and endorsing plans and actions to achieve the objectives
- set an example for the corporate culture throughout the organisation.

EMT's function is to:

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

Key achievements for 2012–13 included:

- supporting the establishment and implementation of contestability within the department
- endorsing the department's revised framework for the management of grant funding
- providing leadership for the progressive autonomy of the HHSs.

The team met 46 times in 2012–13.

Closing the Gap Executive Working Group

The Closing the Gap Executive Working Group oversaw the development, approval and publication of the statewide *Indigenous Health Policy* and associated plans, including initiatives funded under the Council of Australian Governments' Indigenous Health Outcomes and Indigenous Early Childhood National Partnership Agreements. The terms of reference, membership and functions of the working group are currently under review.

Health Service Directive Executive Committee

The purpose of the Health Service Directives Executive Committee is to:

- support EMT in meeting responsibilities related to the application of health service directives as defined within the *Hospital and Health Boards Act 2011*
- provide advice to the Director-General regarding the development, consultation and reviewing or rescinding of health service directives
- oversee HHS compliance with health service directives

- ensure health service directives leverage and support benefits for the improvement of the public healthcare system.

The function of the committee is to provide advice and recommendations to EMT on matters, including:

- compliance by directive custodians with Section 47 of the *Hospital and Health Boards Act 2011* when developing a directive
- suitability and applicability of proposed directives and mandated documents
- oversee quality control of draft directives
- readiness to proceed to consultation
- feedback received during consultation
- issues associated with HHS compliance with directives
- rescinding directives
- situations where it may be necessary to deviate from the Health Service Directives Policy and implementation standards
- issues associated with regulatory reform.

In 2012–13, the committee met nine times and provided advice on:

- development of 19 proposed health service directives
- rescinding of one health service directive
- proposed amendments to several existing health service directives.

The committee also reviewed the status of 104 policies and protocols applying to HHSs from 1 July 2012 to 30 June 2013.

The membership of the committee includes:

- Deputy Director-General, SPP (Chair)
- Deputy Director-General, HSCI
- Deputy Director-General, SSS
- Executive Director, ODG.

Performance Management Executive Committee

The Performance Management Executive Committee was established in September 2012 to support the Director-General to:

- fulfil the performance monitoring and management responsibilities for HHSs contained in the *Hospital and Health Boards Act 2011*
- fulfil the performance monitoring and management responsibilities for Mater Health Services, contained in the *Mater Public Health Services Act 2011*
- deliver health service priorities
- oversee performance management activities of HHSs and Mater Health Services.

The committee's functions are to:

- ensure that the available resources for the delivery of public sector health services are used effectively and efficiently
- oversee the development of the service agreement and related frameworks between the department and HHSs, including the *Performance Management Framework*
- receive and review advice and regular reports regarding the performance of HHSs and authorise changes to a HHS's performance level.
- endorse the key performance indicators for HHSs
- authorise remedial action when HHS performance does not meet the standard outlined in the service agreement.

The membership of the committee includes:

- Deputy Director-General, SPP (Chair)
- Deputy Director-General, HSCI
- Deputy Director-General, SSS
- Chief Finance Officer
- Executive Director, Clinical Access and Redesign Unit
- Executive Director, Healthcare Purchasing, Funding and Performance Management Branch.

Queensland Clinical Senate

The Queensland Clinical Senate was established by Queensland Health in 2009 as a structured forum for engaging with clinicians. Its purpose is to represent clinicians in providing strategic advice and leadership on system-wide issues affecting patient care. It plays a key role, particularly through clinician engagement, in safeguarding high standards of patient care and ensuring continuous clinical practice improvement.

Guiding principles for the senate include:

- valuing consumer perspectives and focusing on quality patient outcomes and experiences
- connecting clinicians across the Queensland healthcare system
- representing clinicians from all disciplines
- providing leadership to achieve health reform
- encouraging and supporting stakeholders to empower clinicians to be actively involved in decision making
- providing constructive advice that is timely, inclusive, evidence-based and aligned with the health reform agenda.

The membership of the senate includes:

- Queensland Clinical Senate Chair
- Queensland Clinical Senate Executive Committee (10 people)

- 75 medical practitioners, nurses, allied health professionals, healthcare administrators, consumers and statewide clinical network chairs from metropolitan, regional, rural and remote areas of Queensland.

Table 6: Queensland Clinical Senate Executive Committee members 2012–13

Name	Membership	Dates
Dr David Rosengren	Chair	December 2012 – current
Dr Bill Glasson	Inaugural Chair	2009 – November 2012
Ms Kerrie Frakes	General member	March 2013 – current
Dr Liz Kenny	Ex-officio member	2009 – current
Mr Simon Mitchell	General member	March 2013 – current
Dr Col Owen	General member	March 2013 – current
Dr Tony Russell	Ex-officio member	December 2012 – current
Mr Mark Tucker-Evans	General member	2009 – current
Ms Christine Went	General member	March 2013 – current
Dr Elizabeth Whiting	General member	2009 – current
Dr Glen Wood	General member	March 2013 – current
Ms Jacqueline Nix	General member	2009 – May 2013
Mr Kevin Clark	General member	2009 – May 2013
Dr Paul Cullen	General member	2009 – May 2013
Dr Bruce Chater	General member	2009 – May 2013
Dr Michael Cleary	Queensland Clinical Senate sponsor	2012 – current

In 2012–13, the executive committee met on 25 occasions to provide advice to stakeholders on state and national issues, including:

- Department of Health organisational structure
- Palliative Care Services and Home and Community Care Services Inquiry
- Department of Health Purchasing Intentions 2013–14 to 2015–16
- Department of Health's Position Statement on Primary Health Care
- Bilateral Plan for Primary Health Care Services in Queensland background paper
- Medical Aids Subsidy Scheme trial; 'Public Sector Podiatrists' prescribing of Medical Grade Footwear.

In 2012–13, the executive committee actively participated in the following committees:

- Activity Based Funding Project Board
- Clinical Workforce Board
- Innovation Board
- National Clinicians Network Organising Committee (a subgroup of the National Lead Clinicians Group)
- EMT
- Outreach Purchasing Steering Committee
- Strategic Advisory Committee Meeting
- Ministerial Taskforce on the Health Practitioner Expanded Scope of Practice.

The senate met three times in 2012–13 to deliberate challenges under the themes of:

- health reform
- PPP
- clinician leadership and clinician engagement
- System Manager Purchasing Intentions: 2013–14 to 2015–16. Proposal for consultation
- advance care planning
- disinvestment in health services.

Key achievements and major activities for the period include:

- transition of leadership and membership
  - the inaugural chair, Dr Bill Glasson, stood down from the role, with Dr David Rosengren subsequently appointed in December 2012
  - the membership changed to comprise clinicians from each HHS and Queensland Medicare Local
- new terms of reference for the senate that reflects the organisational changes within the Queensland public healthcare sector
- provision of advice to stakeholders relating to the meeting themes listed above
- development of a *Queensland Clinical Senate Strategic Plan 2013–2015*
- development of a position statement on effective clinician engagement.

Audit and Risk Committee

During 2012–13, the former Audit Committee was replaced by a new Audit and Risk Committee, reflecting departmental structural changes. The committee is responsible for directly providing independent assurance and assistance to the Director-General on the:

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

During 2012–13, the committee met on a total of eight occasions, including two meetings to address the financial statements. The first meeting of the new Audit and Risk Committee, comprising the new members, took place in October 2012.

Table 7: Audit Committee and Audit and Risk Committee members 2012–13

Name	Membership	Dates
Dr Tony O'Connell	Chair, departmental member	July 2012 – June 2013
Len Scanlan	Deputy Chair, external member	July 2012 – June 2013
Ken Brown	External member	July 2012 – June 2013
Dr Judy Graves	External member	July 2012 – June2013
Julie Hartley-Jones	External member	July 2012 – September 2012
Terry Mehan	Departmental member	July 2012 – September 2012
Susan Middleditch	Departmental member	October 2012 – June 2013
Lisa Dalton	External member	October 2012 – June 2013
Chris Johnson	External member	October 2012 – June 2013

External members on the committee are remunerated for their time. The amount paid during 2012–13 was $23,200.

The committee's charter provides the guidance and direction for the operation of the committee, with specific responsibilities across nine key business functions:

1. Financial statements

The committee:

- reviews the appropriateness of accounting policies
- reviews the appropriateness of significant management assumptions in preparing financial statements
- reviews financial statements for compliance with prescribed accounting and other requirements
- reviews, with management and the internal and external auditors, results of the external audit and any significant issues identified
- ensures proper explanations exist for any unusual transactions, trends or material variations from budget
- ensures management provide appropriate assurances on the accuracy and completeness of the financial statements.

2. Fraud, misconduct and corruption oversight

The committee:

- ensures arrangements are in place for the proportionate and independent investigation of fraud and corruption referrals, including follow-up action
- considers the major findings of relevant internal investigations regarding control weaknesses, fraud or misconduct, and management's responses
- oversees and reviews processes for staff to confidentially raise concern over possible fraud or corruption
- considers policies for preventing or detecting fraud and ensures compliance with relevant standards
- ensures the department complies with relevant integrity legislation and whole-of-government principles, policies and guidelines
- provides advice and recommendations as required on relevant integrity issues to the Director-General and EMT.

3. Risk management

The committee:

- reviews whether management has an appropriate *Enterprise Risk Management Framework* for the effective identification and management of the department's risks
- reviews the adequacy and effectiveness of the department's enterprise risk management strategy, policy and procedures, including management's implementation of internal risk controls and risk recommendations
- assesses sufficiency of insurance arrangements with regard to the framework where appropriate
- assesses and contributes to the audit planning process relating to relevant risks and threats to the department.

4. Internal control

The committee:

- reviews, through the internal and external audit functions, the adequacy of the internal control structure and systems, including information technology security and control
- reviews, through the internal and external audit functions, whether relevant policies and procedures are in place and up-to-date, including those for the management and exercise of delegations and if they are being complied with in all material matters
- reviews, through the Chief Financial Officer, whether the financial internal controls are operating efficiently, effectively and economically.

5. Performance management

The committee:

- reviews whether management has implemented a current and comprehensive framework to meet the department's compliance with the performance management and reporting requirements of relevant legislation and the annual report requirements for Queensland Government agencies
- reviews whether management has an appropriate reporting function in place for adequate reporting on performance.

6. Internal audit

The committee:

- reviews the Internal Audit Charter
- reviews adequacy of the budget, staffing, skills and training of the internal audit function, having regard for the department's risk profile
- reviews and recommends the Internal Audit strategic and annual plans, its scope and progress and any significant changes, including difficulties or restrictions on scope of activities or significant disagreements with management
- reviews and considers the findings and recommendations of Internal Audit reports and implemented actions
- reviews and assesses performance of the Internal Audit activities against annual and strategic audit plans
- monitors developments in the audit field and standards issued by professional bodies or other regulatory authorities to encourage use of best practice by Internal Audit.

7. External audit

The committee:

- consults the external auditors, the Queensland Audit Office, on their proposed audit strategy and audit plan for the year
- reviews findings, recommendations and reports issued by External Audit and corresponding responses from management, including alignment to the department's *Enterprise Risk Management Framework*
- reviews implementation of recommendations accepted by management
- assesses whether any material overlap exists between the external and internal audit plans
- assesses the extent of the external auditor's reliance on internal audit work.

8. Compliance

The committee:

- determines whether management has considered legal and compliance risks as part of the department's risk assessment and management arrangements

- reviews the effectiveness of systems implemented for monitoring compliance with relevant laws, regulations and government policies
- reviews findings of any examinations by regulatory agencies and any audit observations.

9. Reporting

The committee:

- submits reports outlining relevant matters it considers need to be brought to the attention of the Director-General,
- submits a summary report of each committee meeting to EMT.

Information and Communications Technology Portfolio Board

The department's Information and Communications Technology Portfolio Board is the body accountable for the governance of ICT central services and other non-core ICT services as identified by the minister, HHSs and the board. The board will enable business-driven participatory governance that supports a strong customer focus across the following key functions:

- strategic alignment
- investment optimisation
- risk governance
- performance and resource governance
- stakeholder transparency
- standards and compliance.

The board provides advice to the Director-General, who, as chair, is responsible for governing the:

- establishment and ongoing delivery of an ICT strategy for the Queensland public healthcare sector and defining supporting service delivery and operating principles to enable strategic alignment
- establishment of an enterprise architecture that categorises clinical systems and defines which corporate applications and infrastructure components are commodities
- establishment of an investment categorisation framework and criteria to enable investments to be aligned with services
- assessment of investment priorities across the Queensland public healthcare sector to ensure alignment with overall strategic goals and consideration of urgent HHS business needs
- oversight of system replacement business cases to ensure benefits are monitored and achieved in line with the *Benefits Management Framework*
- defining the risk appetite, tolerances and reporting requirements across the Queensland public healthcare sector
- review and monitoring of the department's ICT portfolio risks

- establishment of portfolio milestones and service level agreements, reporting frameworks and escalation processes and thresholds with clearly defined roles and responsibilities
- assessment of portfolio and service level performance against enterprise-level performance objectives that are linked to strategic priorities and escalation thresholds
- championing of communication and awareness strategies to implement the refined ICT central governance arrangements
- establishment of a structured and measured approach to the delivery of ICT services to ensure the required business outcomes are achieved
- implementation of the Deloitte's HSIA strategic review outcomes.

The board replaced the ICT Investment Board and had its inaugural meeting in May 2013.

Health Services Support Agency Advisory Board

The purpose of the Health Services Support Agency Advisory Board is to provide authoritative stakeholder advice to assist the chief executive in managing the HSSA to meet its objective of providing HHSs with client-focused statewide services that deliver a quality product at an affordable price.

The board's functions include:

- providing direction to HSSA on strategy, planning and service delivery
- acting as a sounding board for new ideas and developments
- providing appropriate and constructive challenges to the assumptions and operating routines of the Queensland public healthcare sector
- providing a source of credible and authoritative stakeholder advice
- identifying issues, risks and opportunities
- recommending relevant agenda items for its own deliberations.

The board's membership comprises:

- Independent Chair
- Chief Executive, HSSA
- four HHB members
- four HHS executives, including a Chief Executive, Executive Director of Medical Services, Chief Operations Officer or Corporate Services, Chief Financial Officer
- at least one independent expert or other senior customer representative.

The board meets on a quarterly basis and had its inaugural meeting in April 2013. In 2012–13, the board's related expenses were $5000.

Resource Executive Committee

The Resource Executive Committee functions under the authority of the chair, EMT, and is designed to:

- support EMT by providing strategic and executive level guidance and policy direction on management of the department's resources, including finances, HR and infrastructure
- consider matters which extend beyond individual accountabilities of the department's divisions and commercialised business units and which have significant implications for the department's resources.

The committee's functions are to:

- provide strategic context and direction for the development of financial, capital, investment, HR and infrastructure resource plans
- consider matters, such as high-risk strategies with a financial impact, new financial management strategies and oversee the annual budget cycle.

The committee's membership comprises:

- Deputy Director-General, HSCI (Chair)
- Deputy Director-General, SSS
- Chief Human Resources Officer
- Chief Finance Officer
- Chief Health Infrastructure Officer
- Executive Director, Healthcare Purchasing, Funding and Performance Branch
- Chief Executive, HSSA
- Chief Information Officer, HSIA.

Other committees and boards

Mount Isa Lead Health Management Committee

In May 2013, the Mount Isa Lead Health Management Committee developed the *Mount Isa Lead Health Management Strategic Plan 2013–2016* to focus lead health management activities in Mount Isa.

The committee was established in 2012 to address concerns raised over a number of years regarding childhood exposure to lead in Mount Isa and is chaired by the Chief Health Officer. The main objective of the committee is to strengthen health management strategies to ensure young children in Mount Isa are protected from the harmful effects of lead in the environment.

Members of the committee do not receive any remuneration.

Mechanisms to strengthen governance

Risk and Governance Unit

The Risk and Governance Unit provides an effective risk framework for the department and an approach for statewide risk management in partnership with the 17 HHSs. The current framework is consistent with legislation, Queensland Government guidelines and the Australian Standard AS/NZS ISO 31000:2009. Key risks requiring EMT oversight are included in an executive risk profile on a monthly basis. This executive risk profile is also a key means for communicating risks to the Audit and Risk Committee.

In 2012–13, the unit was given responsibility for establishing an effective compliance framework for general legislation and a governance framework to respectively document the department's post-health reform compliance and corporate governance arrangements. These projects are scheduled for completion in 2013–14.

Key 2012–13 activities included the progress and development of the *Roadmap for Health System Risk Management,* commencement of review projects for both the risk and compliance frameworks, and completion of the Fraud Risk and Control Improvement Project. The risk framework review is aimed at refocusing the current risk framework to meet the department's needs without impeding the HHSs in the establishment of their own risk management arrangements as separate statutory bodies.

Roadmap for Health System Risk Management

A *Roadmap for Health System Risk Management* was endorsed by EMT in April 2013. The roadmap is a key document that establishes a model, intended outcomes and activities for Queensland Health-wide risk management for risks that could impact the health system as opposed to a single organisation.

The roadmap will support cooperation on key risk management initiatives between the department, HHSs and private industry partners for an effective health system and delivery of the *Blueprint for better healthcare in Queensland.*

Risk Framework Review Project

The Risk Framework Review project will update the department's Risk Management Policy, standards and other supporting documents. The project will be completed in 2013–14.

Project timing aligns with, supports and recognises each HHS establishing their own separate risk frameworks as statutory bodies with accountabilities under the *Hospital and Health Boards Act 2011.*

Compliance Framework Review Project

The Compliance Framework Review project seeks to ensure the department is compliant with general legislation and acts as an effective mechanism to identify and proactively address non-compliance. The framework will include a revised Legislation Compliance Policy–General Legislation, standard and new procedure and schedule of legislation.

Fraud Risk and Control Improvement Project

The Fraud Risk and Control Improvement project commenced in August 2012 and provided an integrated approach to countering potential fraud within the department. The approach was based on the Australian Standard for Fraud and Corruption Control AS8001-2008 and Crime and Misconduct Commission guidelines.

The project delivered a:

- Queensland Health Fraud Control Policy
- Implementation Standard for Fraud Control Governance, Prevention, Detection and Response
- Guide to Fraud and Corruption Control
- centralised fraud risk register
- comprehensive fraud risk assessment
- fraud awareness training program
- integrated fraud control education program
- increased employee fraud awareness during February–March 2013 with the fraud awareness month activities.

Continuous improvement will continue in 2013–14 through a Fraud and Corruption Control Working Group.

Fluoridation of Queensland water supplies

At the end of 2012, the Queensland Government amended the *Water Fluoridation Act 2008*, removing the mandatory requirement to fluoridate water supplies serving more than 1000 people. All local governments are now able to decide whether the implementation or continuation of fluoridation is in the best interests of their communities.

Since they have been empowered to make fluoridation decisions, 15 local governments have invited Queensland Health to brief their councillors and provide information on the oral health benefits of fluoridation. This opportunity has been offered to all local governments in Queensland. As of 30 June 2013, approximately 80 per cent of the Queensland population was able to access optimally fluoridated water.

Following the amendment of the fluoridation legislation, a number of local governments yet to commence fluoridation of their water supplies have indicated that it is their intention to start prior to the expiry of the Queensland Fluoridation Capital Assistance Program funding on 30 June 2014.

Grants Program review

In 2012–13, the department completed a review of Queensland Health's $1 billion Grants Program to ensure:

- funding is streamlined
- priority health areas are properly targeted

- the risk of waste and fraud is minimised.

The review consisted of two elements—assessment of each grant and service procurement arrangement for alignment with departmental priorities, and review of the framework for their administration. As a result, several funding programs have been reviewed and are being renewed to:

- improve value-for-money
- ensure there is consistent application of robust procurement and contract management processes
- ensure procurement of grants and services closely follows state procurement practices
- ensure a monthly reconciliation of payments to budgets and formal approval processes.

Review to streamline contracts with non-government organisations

As a result of the assessment of each grant and service procurement arrangement, 71 projects with non-government organisations were discontinued in 2012–13 due to being fixed-term, not aligning with departmental priorities or not demonstrating value-for-money. To further enhance alignment of funding programs across government, another four projects which did not align to Queensland Health priorities have been identified for transfer to the Department of Communities, Child Safety and Disability Services.

Commence streamlining quality standards for non-government organisations

An improved, quality reporting framework was implemented during 2012–13 as part of the review of the department's performance framework for the non-government sector. This provides streamlined reporting and assessment of the performance of non-government organisations against the requisite quality standards for funding. Additionally, the performance framework has been mapped against 13 other quality systems in place in Australia, and a system for exemption from the department's quality reporting has been developed for those organisations already meeting equivalent standards.

Mechanisms to strengthen accountability

Ethical standards

The Ethical Standards Unit (ESU) is the department's central point for receiving, reporting and investigating allegations of suspected official misconduct under the *Crime and Misconduct Act 2001,* and public interest disclosures under the *Public Interest Disclosures Act 2010*. ESU is no longer routinely responsible for receiving or dealing with complaints about the conduct of HHS staff, but may undertake investigations in HHSs at the direction of the Director-General. Complaints about HHS staff which were on hand on 1 July 2013 were reviewed and, wherever possible, transitioned to the relevant HHS for ongoing management.

The key role undertaken by ESU enables the Director-General to fulfil the statutory obligation to report public interest disclosures to the Queensland Ombudsman and allegations of suspected official misconduct to the Crime and Misconduct Commission.

Allegations referred back to the department by the Crime and Misconduct Commission are managed or overseen by ESU.

In 2012–13, ESU focussed on fraud and misconduct prevention by raising ethical awareness and promoting integrity in the workplace. ESU advises the Director-General and senior executives about misconduct prevention, managing new allegations of suspected official misconduct or public interest disclosures, and other ethical behaviour issues.

Assessment and investigations

A multi-disciplinary Matters Assessed Committee assesses new allegations of suspected official misconduct.

The committee comprises:

- ESU Director, Assessment Manager and officers
- a senior Workplace Services Unit representative
- Queensland Police Service Inspector attached to the Queensland Health Police Liaison Unit
- other specialist stakeholders relevant to the allegations, as required.

The Queensland Health Police Liaison Unit's seconded Queensland Police Service Acting Inspector gives specialist advice on criminal matters and acts as a liaison point between the department and local police, and HHSs and the police. The unit assists in raising awareness among Queensland Police Service and Queensland Health staff about the memorandum of understanding between the Queensland Police Service and Queensland Health. The memorandum of understanding aims to facilitate the reporting of suspected criminal offences associated with provision of health services, and information sharing between the agencies.

During 2012–13, ESU reviewed 695 open complaints of suspected official misconduct and 215 public interest disclosures and transitioned them to HHSs for ongoing management. ESU also managed 80 complaints about suspected official misconduct comprising 173 allegations, and assessed and advised the department's work units and executives on a further 203 ethical issues. A further 60 complaints were received and assessed, and found to relate to HHS staff. These were referred to the Crime and Misconduct Commission for consideration and necessary action.

The ratio of complaints received per 100 staff has increased from 1.09 in 2011–12 to 1.85 in 2012–13. This may be attributed to increased staff awareness about fraud and misconduct, reporting obligations and how to report concerns.

Checks were undertaken on 5071 employees prior to a final voluntary redundancy payment being made to ensure employees receiving payments were not subject to allegations of suspected official misconduct.

ESU continued to be involved in assisting the Crime and Misconduct Commission to undertake a number of complex and significant investigations, and a proceeds of crime civil confiscation case. Most notable is the significant fraud perpetrated on Queensland Health, discovered in December 2011.

Prevention

In November 2012, the Director-General mandated fraud and ethical awareness training for all departmental staff. During 2012–13, ESU officers delivered 72 ethical awareness sessions to 3525 staff—this compared with 55 ethical awareness sessions to 1102 staff across the state in 2011–12. These sessions were delivered to a range of staff across all levels of seniority and professional streams and were customised according to the audience.

Other notable activities

In 2012–13, ESU also:

- developed and recorded an online training resource for department and HHS managers to deliver fraud and ethical awareness training to their teams
- reviewed the memorandum of understanding between Queensland Health and the Queensland Police Service
- reviewed policies relating to reporting allegations of suspected official misconduct and making a public interest disclosure
- assumed responsibility for liaison between the department and the Queensland Ombudsman regarding complaints about Queensland Health services or staff
- is a key stakeholder in the department's newly formed Fraud and Corruption Working Group.

Internal audit

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

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

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

The unit's strategic and annual audit plans provide the direction for work activities. The *Annual Internal Audit Plan* is developed in consultation with the department's senior

management and approved by the Director-General. It is based on assessments of risk and previously identified issues by both the unit and external auditors (the Queensland Audit Office).

As a result of the restructure of Queensland Health, staffing levels of the unit decreased during 2012–13, with a decision being made to co-source internal audit activities. From 1 October 2012, the permanent Internal Audit team decreased to five team members. A tender process was progressed for the co-sourcing of internal audit activities, with the tender being awarded to PricewaterhouseCoopers. Works commenced in December 2012.

During 2012–13, all 10 audits from the originally approved and subsequently revised *Annual Internal Audit Plan* were delivered and reports issued to the Director-General. These reports covered operational/efficiency, information systems, and financial and compliance audits. During 2012–13, the unit continued its Data Analytics Program, in the move towards continuous auditing, with a particular emphasis on payroll and financial activities. The Internal Audit team also contributed to improved governance of the department through independent assurance activities on major projects, including the SAP Assets, Procurement and Financial Information Resource Project.

Information systems and record keeping

The department has a strong commitment to improving record keeping practices and complying with the *Public Records Act 2002*—Information Standard 40: Record keeping and Information Standard 31: Retention and Disposal of Public Records.

Records management training has been provided through two online training modules—Introduction to Record keeping and Records Management Basics. In 2012–13, more than 1100 staff completed online training. Training in the Department of Health's Business Classification Scheme has also been provided to staff from HHSs. The scheme is a records management tool used to categorise information resources in a consistent and organised manner.

The Machinery of Government Network group has continued to assist in the transfer of records from the department to HHSs. A review of the draft Health Sector Functional Retention and Disposal Schedule commenced and is due for submission to Queensland State Archives by September 2013.

Service delivery statements

Table 8: 2012–13 Department of Health performance statement

	Notes	2012–13 target/est.	2012–13 actual
Service area: Performance and governance			
Service standards			
Percentage of HHSs demonstrating an improvement from the starting performance category	1	100%	35%
Service area: Corporate support services			
Service standards			
Proportion of the organisation receiving an outcome rated as 'conforming' in the annual audit for Safer Healthier Workplaces Standard with no major non-conformances recorded	2	100%	100%
Percentage of capital infrastructure projects delivered on scope, time, cost and quality with a variance to budget less than +/- 5%	3	95%	61.1%
Service area: Safety, quality and clinical support			
Service standards			
Percentage of HHSs participating in Statewide Clinical Networks		100%	100%
Percentage of Clinical Service Redesign projects delivered on time and with a variance to budget less than +/- 2%		100%	100%
Percentage of formal reviews undertaken on HHS responses to significant negative variance in Variable Life Adjusted Displays and other National Safety and Quality Indicators.	4	100%	100%
Service area: Human resources			
Service standards			
Percentage of off cycle pays	5	1.4%	1.4%

	Notes	2012–13 target/est.	2012–13 actual
Service area: Health Services Support Agency—safety, quality and clinical support			
Service standards			
Percentage of calls to 13 HEALTH (13 43 25 84) answered within 20 seconds	6	80%	84.3%
Service area: Health Services Information Agency—health information technology			
Service standards			
Percentage of ICT availability for major enterprise applications: • metropolitan • regional • remote.	7	99.8% 95.7% 92%	99.9% 99.8% 99.6%
Percentage of all high-level ICT incidents resolved within targets defined in the service catalogue	8	80%	81.6%
Percentage of initiatives with a status reported as critical (red)	9, 10	<20%	45%

Notes:

1. Under the 2012–13 *HHS Performance Framework*, each HHS was assigned a performance category. The performance category is a measure of the HHS's performance against the escalation Key performance indicators in the service agreement. The framework established the criteria assigned to each performance category and the performance-related triggers that prompt movement to another performance category.
2. The safety audit was completed over a two-year period with eight HHSs audited within 2012–13. A new audit approach was applied in 2012–13 (in line with AS/NZS 4801) which does not include a criterion of 'major non-conformance'. Areas of continual improvement were identified in each of the audits.
3. Percentage of delivery is measured on projects completed and projects forecast to be delivered prior to 30 June 2013 within scope, time, cost and quality. Performance against all domains relates to a number of factors. For example, time is measured on forecast delivery date and/or approved variation where unforseen circumstances (including inclement weather, natural disasters, latent conditions and industrial action) impacts the forecast delivery schedule. The cost element is not included within the overall calculations as final costs cannot be determined until the expiry of a 12 month 'defect period' for each project. This service standard is subject to review during 2013–14.
4. All eligible HHS facilities participate in clinical monitoring including Variable Life Adjusted Displays and other National Patient Safety and Quality Indicators. All mandatory investigations by HHSs into significant negative variation are required to be formally reviewed by the Queensland Health Variable Life Adjusted Displays Committee to ensure clinical appropriateness.
5. Off cycle payments are payments made outside of the normal fortnightly pay run to facilitate employee payments in specific circumstances including separation payments and to address late receipt and

processing of payroll forms in the previous roster period. Figures represent the number of off cycle payments in a year as a percentage of the total number of payments made during the year. In October 2012, the employee pay date was moved by one week to allow additional time to submit, approve and process payroll forms each roster period. Targets/estimates for off cycle payments are based on the estimated impact of the pay date change (part year impact in 2012–13) on the volume of off cycle payments required because of late receipt and processing of payroll forms.

6. The 2012–13 target/estimate was set at 80 per cent as this is internationally recognised as a suitable target/grade of service for health call centres.
7. This service standard measures continuity and availability of ICT services, specifically network availability.
8. This service standard measures ICT incidents resolved within recommended timeframes.
9. This measure relates to all new initiatives and initiatives that are not yet fully operational.
10. The 2012–13 actual exceeded the critical 20 per cent target due in part to the restructure of HSIA over the reporting period. It is noteworthy that the trend for initiatives with a critical status has progressively fallen from 62 per cent (October to December 2012) to 43 per cent (January to March 2013) and to 31 per cent (April to June 2013).

Table 9: 2012–13 Queensland Health performance statement

	Notes	2012–13 target/est.	2012–13 actual
Service area: Prevention, promotion and protection			
Service standards			
Percentage of the Queensland population who consume recommended amounts of:	1		
• fruits		55.6%	55.7%
• vegetables		9.7%	8.8%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit:			
• persons		61.0%	58.9%
• male		65.8%	63.7%
• female		56.3%	54.1%
Percentage of the Queensland population who are overweight or obese:			
• persons		58.3%	58.9%
• male		65.6%	66.4%
• female		51.0%	51.0%
•			
Percentage of the Queensland population who consume alcohol at risky and high-risk levels:			
• persons		11.0%	11.4%
• male		12.3%	13.2%
• female		9.6%	9.6%

	Notes	2012–13 target/est.	2012–13 actual
Percentage of the Queensland population who smoke daily:			
• persons		13.3%	15.8%
• male		14.6%	17.1%
• female		12.1%	14.4%
Percentage of the Queensland population who were sunburnt in the last 12 months:	2	New measure	
• persons			52.3%
• male			55.5%
• female			49.2%
Annual notification rate of HIV infection per 100,000 population	3	5.0%	4.2
Number of rapid HIV tests performed	4	New measure	28
Vaccination rates at designated milestones for:			
• all children 12–15 months		92%	92%
• all children 24–27 months		92%	92.6%
• all children 60–63 months		92%	91.5%
Percentage of target population screened for:	5		
• breast cancer		57.6%	57.6%
• cervical cancer		55.3%	55.3%
• bowel cancer		38.0%	35.5%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter	6	63.9%	57.1%
Rate of healthcare associated *Staphylococcus aureus* (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days	7	New measure	1.0
State contribution ($000)		**$303,075**	**$325,492**
Other revenue ($000)		**$260,940**	**$764,030**
Total cost ($000)		**$564,015**	**$1,089,522**

	Notes	2012–13 target/est.	2012–13 actual
Service area: Primary healthcare			
Service standards			
Ratio of potentially preventable hospitalisations—rate of Aboriginal and Torres Strait Islander hospitalisations to the rate of non-Aboriginal and Torres Strait Islander hospitalisations	8	New measure	1.9
Percentage of women who, during their pregnancy, were smoking after 20 weeks: • non-Aboriginal and Torres Strait Islander women • Aboriginal and Torres Strait Islander women		10.5% 41.2%	10% 42%
Number of in-home visits, families with newborns (in accordance with the Mums and Bubs commitment)	9	New measure	57,264
Number of adult oral health weighted occasions of service (ages 16+)	10	1,800,000	1,917,684
Number of children and adolescent oral health weighted occasions of service (0–15 years)		1,300,000	1,298,375
Percentage of oral health weighted occasions of service which are preventive	11	New measure	13.2%
Percentage of oral health weighted occasions of service provided by private dental partners		New measure	5.8%
State contribution ($000)		**$549,536**	**$577,696**
Other revenue ($000)		**$98,333**	**$564,275**
Total cost ($000)		**$647,869**	**$1,141,971**

	Notes	2012–13 target/est.	2012–13 actual
Service area: Ambulatory care			
Service standards			
Percentage of patients transferred off-stretcher within 30 minutes	12	New measure	84%
Percentage of emergency department attendances who depart within four hours of their arrival in the department		74%	72%
Median wait time for treatment in emergency departments (minutes)		20	18
Percentage of emergency department patients seen within recommended timeframes:	13, 14		
• category 1 (within 2 minutes)		100%	100%
• category 2 (within 10 minutes)		80%	84%
• category 3 (within 30 minutes)		75%	67%
• category 4 (within 60 minutes)		70%	72%
• category 5 (within 120 minutes)		70%	90%
• all categories		..	73%
Percentage of specialist outpatients waiting within clinically recommended times:		New measure	
• category 1 (30 days)			45%
• category 2 (90 days)			31%
• category 3 (365 days)			54%
Percentage of babies born of low birth weight to:	15		
• non-Aboriginal and Torres Strait Islander mothers		5.8%	5.1%
• Aboriginal and Torres Strait Islander mothers		9.1%	9.8%
Total weighted activity units:	16, 17		
• emergency department		192,717	191,636
• outpatients		190,249	182,596
• interventions and procedures		131,922	133,207
State contribution ($000)		**$1,549,181**	**$1,607,335**
Other revenue ($000)		**$817,892**	**$1,723,433**
Total cost ($000)		**$2,367,073**	**$3,330,768**

	Notes	2012–13 target/est.	2012–13 actual

Service area: Acute care

Service standards			
Median wait time for elective surgery (days):	18		
• category 1 (30 days)		..	13
• category 2 (90 days)		..	55
• category 3 (365 days)		..	132
• all categories		25	29
Percentage of elective surgery patients treated within clinically recommended times:			
• category 1 (30 days)		95%	100%
• category 2 (90 days)		84%	91%
• category 3 (365 days)		93%	96%
Percentage of admitted patients discharged against medical advice:			
• non-Aboriginal and Torres Strait Islander patients		0.8%	1.0%
• Aboriginal and Torres Strait Islander patients		1.9%	3.4%
Average cost per weighted activity unit for ABF facilities	19	$4536	$4449
Total WAUs, acute inpatient	17, 20	840,654	847,357
State contribution ($000)		**$3,825,488**	**$3,781,536**
Other revenue ($000)		**$2,376,094**	**$5,575,263**
Total cost ($000)		**$6,201,582**	**$9,356,799**

Service area: Rehabilitation and extended care

Service standards			
Total WAUs, subacute	17	96,212	96,500
State contribution ($000)		**$522,682**	**$558,014**
Other revenue ($000)		**$486,815**	**$1,081,145**
Total cost ($000)		**$1,009,497**	**$1,639,160**

	Notes	2012–13 target/est.	2012–13 actual

Service area: Integrated mental health services

Service standards			
Proportion of re-admissions to acute psychiatric care within 28 days of discharge	21	10%–14%	14%
Rate of community follow-up within 1–7 days following discharge from an acute mental health inpatient unit		55%–60%	62.9%
Percentage of the population receiving clinical mental healthcare	22	New measure	1.8%
Ambulatory mental health service contact duration	23	New measure	729,642
Total WAUs, mental health	17	115,292	110,889
State contribution ($000)		**$691,166**	**$644,908**
Other revenue ($000)		**$380,930**	**$1,510,028**
Total cost ($000)		**$1,072,096**	**$2,154,936**

Notes:

1. The previous measure 'Percentage of the Queensland population who consume recommended amounts of fruits and vegetables' has been amended to show fruits and vegetables as discrete indicators as the sensitivity to detect change is reduced when fruit and vegetables are reported as a combined indicator. Separating the indicators improves understanding of healthy nutrition behaviours as fruit consumption is good and generally improving while vegetable consumption remains low and static.
2. The previous measure 'Percentage of the Queensland population who were sunburnt on the previous weekend' has been discontinued as the previous measure was not sensitive enough to gauge a true reflection of behaviour across the population. The new measure 'Percentage of the Queensland population who were sunburnt in the last 12 months' better captures behaviour over a 12 month period. The limitation of the previous measure is that it reflects weather and seasonal patterns rather than sustained changed behaviour.
3. The annual notification rate of HIV infection is a reflection of the number of notifications per 100,000 population. The 2012–13 estimated actual figure is an estimate based on the number of first diagnoses of HIV in Queensland for the 2012 calendar year. From 2012, measures to address HIV notifications have been under the direction of the new MAC.
4. Rapid HIV testing was implemented from 3 June 2013 in 11 sexual health services across the state. A HIV rapid test is a point of care test which enables clinicians to test the patient for HIV on-site. It takes 20 minutes to perform and their use is primarily for people at higher risk of HIV than the general population. The rapid tests are not a replacement for existing testing, but are an additional measure designed to increase testing among high-risk populations.

5. The 2012–13 estimated actual data for participation rates for BreastScreen Queensland and the Queensland Cervical Screening Program relate to the latest period for which data is available (2010–11 biennial period). Bowel Cancer Screening participation rates are for the 2011 calendar year. Actual participation rates for Bowel Cancer Screening were lower than expected due to the introduction of 50 year olds to the program. This age group had lower participation rates than the 55 and 65 year olds already being screened and this brought down the overall participation rate.

6. The actual results may fluctuate from year-to-year based on the demographics of the women screened.

7. *Staphylococcus aureus* is bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly infections in the bloodstream. The data reported for this service standard are for bloodstream infections with *Staphylococcus aureus* (including MRSA) and are reported as a rate of infection per 10,000 patient days.

8. The previous measure (number and age standardised rate of potentially preventable admitted patient episodes of care) has been discontinued as published time-series data are not comparable due to coding changes over time. The new indicator provides the ratio of total potentially preventable hospitalisations for Aboriginal and Torres Strait Islander hospitalisations as a percentage of total admissions relative to the total number of non-Aboriginal and Torres Strait Islander potentially preventable hospitalisations as a percentage of total admissions.

9. The 2012–13 actual figure is based on an extrapolation of data relating to the final quarter of 2012–13 which takes account of the increase in home visiting numbers with the implementation of the Mums and Bubs commitment.

10. For adult oral health weighted occasions of service, the 2012–13 estimated actual figure includes additional oral health service activity funded under the National Partnership Agreement for Treating More Public Dental Patients which commenced in Queensland on 27 February 2013.

11. Preventive treatment is reported according to item numbers recorded in each patient's clinical record and includes procedures, such as removal of plaque and calculus from teeth, application of fluoride to teeth, dietary advice, oral hygiene instruction, quit smoking advice, mouthguards and fissure sealants. All of these items are important to improve and maintain the health of teeth, gums and soft tissues within the mouth, and also have general health benefits.

12. Off-stretcher time is defined as: the time interval between the ambulance arriving at the emergency department and the patient transferred off the QAS stretcher. (QAS Code 1 and 2 Patients only).

13. A target is not included for 'all categories' as there is no national benchmark, however the service standard is included (without a target) as it is a nationally recognised standard measure of emergency department performance.

14. While performance for triage Category 3 was under target, results have improved from the 2011–12 actual (62 per cent) to the 2012–13 actual (67 per cent). Category 3 patients represent the largest cohort of patients among the categories (42 per cent).

15. Low birth weight is defined as less than 2500 grams and excludes multiple births, stillbirths and births of unknown birth weight.

16. The existing 'total WAUs' measure has been amended to reflect the continued refinement of the ABF Model and implementation of the National ABF Model. WAUs relating to interventions and procedures have been added—these include services which may be delivered in inpatient or outpatient settings, for example chemotherapy, dialysis and endoscopies.

17. Calculations of the number of WAUs are affected by the parameters of the ABF Model and are specific to the ABF Model under which they are calculated. The 2012–13 actuals have been recalculated based on Phase 16 of the ABF Model.

18. A target is not included for categories 1–3 as there is no national benchmark at the 50th percentile. A target has been included for 'all categories' to align with the HHS service agreements. The 2012–13 actuals are preliminary figures and subject to change.

19. Calculation of the average cost per WAU is affected by the parameters of the ABF Model and is specific to the ABF Model under which it is calculated. The 2012–13 target/estimate and the 2012–13 actual have been recalculated based on Phase 16 of the ABF Model. The decrease in the 2012–13 actual figure compared to the 2012–13 target/estimate reflects lower expenditure on public hospital services funded through ABF than projected at the time of the 2012–13 budget.

20. The previous measure 'total WAUs – inpatients (including critical care)' has been amended to 'total WAUs – acute inpatient' as this reflects the continued refinement of the ABF Model and implementation of the National ABF Model.

21. Based on preliminary data for the period 1 July 2012 to 31 May 2013.

22. This indicator provides a mechanism for monitoring population treatment rates and assesses these against what is known about the distribution of mental disorder in the community. This measure is also reported through the National Healthcare Agreement.

23. The previous measure 'number of ambulatory service contacts (mental health)' has been amended to 'ambulatory mental health service contact duration', which is considered a more robust measure of services delivered. This is a measure of community mental health services provided by HHSs, which represent more than 50 per cent of the total expenditure on clinical mental health services in Queensland.

Major audits and reviews

Queensland Government Chief Information Office—Information and Communications Technology Audit

The Queensland Government Chief Information Office undertook a whole-of-government ICT audit, with a focus on identifying savings and waste, risks and issues, and performance and accountability. The audit covered several ICT areas of Queensland Government, comprising:

- strategy and governance
- structure
- service delivery
- procurement
- assets and services
- ICT initiatives.

Auditor-General of Queensland's Report to Parliament No. 4 for 2012–13

The Queensland Audit Office eHealth Program performance report was tabled in Queensland Parliament on November 2012. The objective of this audit was to determine whether the program was implemented as intended, achieving its planned outcomes and realising expected benefits.

The report made six recommendations and concluded that the program should strengthen program governance, monitoring and oversight and, in particular, greater attention be given to benefits management, measurement and realisation at all stages of ICT projects. Three recommendations have been implemented and activities to implement the remaining three recommendations are underway.

The implementation of these recommendations will result in better management of ICT projects as more controls will be implemented across the life cycle of a project.

Review of Health Services Information Agency

Following the release of the *Blueprint for better healthcare in Queensland,* a review of HSIA was carried out by Delloitte to:

- identify the scope of services to be provided by HSIA (or on behalf of HSIA)
- specify the organisational and commercial arrangements by which these services can best be provided to acceptable quality standards and at minimum cost
- specify the most suitable arrangements for governance of ICT in Queensland Health
- develop a realistic high-level plan for implementing the review's recommendations.

The review was completed in April 2013 and HSIA is working to implement the six recommendations. The HSIA ICT Reform Program, established in November 2012 to drive sourcing of the early contestability candidates, will be the mechanism to deliver the outcomes of the review. A high-level program structure and implementation approach has been developed and an implementation plan containing cost, activities resourcing and performance measures will be presented to the department's ICT Portfolio Board.

Right of Private Practice

The Auditor-General carried out a performance audit of Right of Private Practice arrangements in the Queensland public healthcare sector and a report was presented to Parliament on 11 July 2013.

The department established a Right of Private Practice Reform Taskforce on 19 December 2012, to oversee complete reform and redesign of all private medical practice within public health facilities, and to establish a new policy to govern all forms of private practice within public health facilities. The taskforce completed a concept design for all private practice in public sector health services in May 2013.

A new Private Practice Governance Board will be established with responsibility for the existing scheme, the Queensland Audit Office's recommendations for the existing scheme and oversight of a very large system change in implementing a redesigned private practice arrangement.

Health complaints

The Minister for Health commissioned two expert reviews following the tabling on 23 July 2012 of a report by Mr Richard Chesterman QC, who was engaged by the Crime and Misconduct Commission to undertake an independent assessment of a public interest disclosure from Ms Jo-Anna Barber about alleged failures of health complaints and regulatory systems:

- *Hunter Report*—Mr Jeffrey Hunter SC examined previous medical board disciplinary cases and recommended police consider six medical practitioners for possible criminal charges.
- *Forrester Report*—an expert panel headed by former Assistant Commissioner of the Health Quality and Complaints Commission (HQCC), Dr Kim Forrester, examined medical board files and found that about 60 per cent were not handled in a manner that was timely and/or appropriate and/or in compliance with legislative objectives.

Following the tabling of the Hunter and Forrester reports in the Queensland Parliament in April 2013, the Minister for Health introduced legislation in June 2013 to create a Health Ombudsman to head a new and accountable health complaints system.

Queensland Audit Office Fraud Risk Management Report 9: 2012–13

All of the recommendations of *Queensland Audit Office Fraud Risk Management Report 9* have been implemented. The department established a Fraud Risk and Control Improvement Project in August 2012. The project provided an integrated approach to countering fraud through the five key areas of fraud prevention, detection, monitoring, reporting and response strategies. The approach was based on the Australian Standard for Fraud and Corruption Control AS8001-2008 and Crime and Misconduct Commission guidelines.

The project delivered:

- Queensland Health Fraud Control Policy
- Implementation Standard for Fraud Control Governance, Prevention, Detection and Response
- Guide to Fraud and Corruption Control
- centralised fraud risk register
- comprehensive fraud risk assessment
- fraud awareness training program
- integrated fraud control education program
- increased employee fraud awareness during February–March 2013 with the fraud awareness month activities.

To continue a focus on fraud control, a Fraud and Corruption Working Group chaired by the Chief Governance Officer, was established with membership from across the department. The focus of the group is to share recent fraud-related incidents (including fraud trends), risk registers and best practice to ensure all parts of the organisation have adequate fraud control coverage. To ensure ownership and the embedding of an improved fraud awareness and prevention culture across the department, continuous reviews and follow-ups of the responsibilities identified in the implementation standard will be carried out on a regular basis.

Review of the Queensland Health Payroll System

The Department of Health has continued to progress initiatives to address the recommendations of the KPMG report into the Queensland Health Payroll System tabled in the Queensland Parliament on 6 June 2012, through:

- implementation of an overpayments recovery strategy including the automated recovery of overpayments
- moving the pay date by one week in October 2012, allowing a greater percentage of roster changes to be captured and reflected in fortnightly pays
- improving support to HHSs to increase client focus and accountability of payroll services via fortnightly reporting against key performance indicators.

Safety management systems audits

During 2012–13, Queensland Health underwent third party external safety management systems audits for nine representative sites, including the Department of Health and eight HHSs. The process provided assistance in the preparation for transition of HHSs to prescribed services. Identified issues feed into the transition plans and are monitored by the executive management teams within HHSs. The audits were in accordance with *Australian Standard/New Zealand Standard 4801: 2001 Occupational Health and Safety Management Systems*.

Commission of Inquiry into the implementation of the Queensland Health Payroll System

The Commission of Inquiry into the implementation of the Queensland Health Payroll System commenced on 1 February 2013. The Department of Justice and Attorney-General is the administering agency for the commission and the representation on behalf of the state is being coordinated by the Department of the Premier and Cabinet. The Department of Health has responded to requests for information from the commission and other parties since the commencement of the inquiry. Current and former Queensland Health staff have assisted the commission by providing evidence.

Queensland Ombudsman's report into the regulation of asbestos

The *Asbestos report: An investigation into the regulation of asbestos in Queensland* was released by the Queensland Ombudsman on 21 March 2013. The investigation found that the framework for regulating asbestos in Queensland is complex and contains a number of gaps and areas of confusion. The department has accepted the 12 recommendations directed to it by the Queensland Ombudsman. A whole-of-government *Strategic Plan for the Management of Asbestos in Queensland 2013–2018* is being finalised by the Department of Justice and Attorney-General to address the Queensland Ombudsman's recommendations and for ensuring that there is a coordinated approach to the management of asbestos in Queensland.

Related entities

Ministerial Advisory Committee HIV/AIDS

The Ministerial Advisory Committee HIV/AIDS was established in July 2012 to provide independent advice to the Minister for Health on HIV prevention and awareness in Queensland, including the most effective allocation of funds to minimise future HIV transmission.

The scope of the committee includes:

- prevention and awareness campaigns to reduce HIV transmission
- strategies to meet the United Nations targets for reductions in HIV transmission
- advice on the priority actions identified in the *Sixth National HIV Strategy 2010–2013* and any subsequent strategies
- advice to HHBs on targeted HIV/AIDS prevention and care as relevant
- broader aspects relating to HIV, including emerging and topical issues as deemed appropriate by the committee
- input into development of future Department of Health strategies to address HIV/AIDS.

The committee's functions include:

- providing independent strategic advice to the Minister for Health regarding implementation of HIV/AIDS awareness and prevention strategies
- reviewing forums and annual progress reports relating to HIV strategies to progress coordinated responses on priority issues
- monitoring the outcomes of the independent evaluation of strategy investments
- reporting to the Minister for Health on issues and concerns in the implementation of HIV strategies.

The committee's key achievements for 2012–13 include:

- the launch of free rapid testing in Queensland sexual health clinics
- completion of an independent analysis of HIV prevention programs/projects in Queensland
- development of a targeted HIV marketing campaign
- development of a draft *Queensland HIV Strategy 2013–2015*
- appointment of a HIV communications media officer
- development of a HIV and Sexually Transmissible Infections Professorial Chair position to be shared between the department and a Queensland university
- development of a pre-exposure prophylaxis (PrEP) demonstration trial
- advocating with the Australian Government and Pharmaceutical Benefits Advisory Committee regarding restrictions for HIV antiretroviral treatment to enable a greater level of community access for both patients and prescribers.

In 2012–13, the committee met five times. Members are not remunerated. However, the total on-costs per meeting, including flights, accommodation, food and incidentals, is approximately $2900 per meeting. Therefore, total on-costs for the year were approximately $14,500.

Council of the Queensland Institute of Medical Research

The Council of the Queensland Institute of Medical Research was established under the *Queensland Institute of Medical Research Act 1945* as a statutory body. Its function is to ensure the proper control and management of the institute, which was established for the purposes of conducting research into any branch or branches of medical science.

Health Consumers Queensland—Ministerial Advisory Committee

The Health Consumers Queensland—Ministerial Advisory Committee was established under the Hospital and Health Boards Act 2011. The committee contributes to the development and reform of health systems and services in Queensland by giving the Minister for Health information and advice from a consumer perspective, and supporting and promoting consumer engagement and advocacy. From August 2012, Health Consumers Queensland came under the auspice of the Council on the Ageing Queensland to transition to an independent non-government organisation.

Health practitioner registration boards

Two remaining health practitioner registration boards continued to be supported by the Office of Health Practitioner Registration Boards.

The two boards were:

- Dental Technicians Board of Queensland
- Speech Pathologists Board of Queensland.

Each board was established under separate legislation as a statutory body with the primary function of registering their professional group and ensuring healthcare was delivered by registrants in a professional, safe and competent way. The office was also established as a statutory body to provide quality administrative and operational services to the boards.

The legislation for the boards and the office was repealed under the *Health Practitioner Registration and Other Legislation Amendment Act 2013*. The two boards ceased on 20 May 2013 and the office on 30 June 2013.

Health Quality and Complaints Commission

The commission was established under the *Health Quality and Complaints Commission Act 2006* and is responsible for independent review and management of complaints from anyone in relation to health service delivery and for monitoring quality and safety in all public and private health services.

Clinical Advisory Committee

The Clinical Advisory Committee was established under the *Health Quality and Complaints Commission Act 2006* to advise the Health Quality and Complaints Commission about clinical matters relevant to the commission's functions.

Consumer Advisory Committee

The Consumer Advisory Committee was established under the *Health Quality and Complaints Commission Act 2006* to advise the Health Quality and Complaints Commission on consumer concerns about health services and other matters relevant to the commission's functions.

Hospital foundations

Hospital foundations are constituted as statutory bodies under *the Hospitals Foundations Act 1982*. Hospital foundations aim to acquire, manage and apply property and any associated income to continuing projects within or associated with their respective hospitals. The following hospital foundations report directly to the Minister for Health:

- Bundaberg Health Services Foundation
- Children's Health Foundation Queensland
- Far North Queensland Hospital Foundation
- Gold Coast Hospital Foundation
- Ipswich Hospital Foundation
- Mackay Hospital Foundation
- PA Research Foundation
- Redcliffe Hospital Foundation
- Royal Brisbane and Women's Hospital Foundation
- Sunshine Coast Health Foundation
- The Prince Charles Hospital Foundation
- Toowoomba Hospital Foundation
- Townsville Hospital Foundation.

Mental Health Court

The Mental Health Court is a superior court of Queensland established under the *Mental Health Act 2000*. Its primary function is to determine issues such as criminal responsibility and fitness for trial. The court is the appeal body to the Mental Health Review Tribunal—another statutory agency established under the Act—with special powers of inquiry into the lawfulness of detention of people in authorised mental health services.

Mental Health Review Tribunal

The Mental Health Review Tribunal is an independent statutory body established under the *Mental Health Act 2000* and is comprised by a president and other members, including lawyers, psychiatrists and other people with relevant qualifications and/or experience. The tribunal's primary purpose is to protect the rights of people receiving involuntary treatment for mental illness. It provides an independent review, and makes decisions about whether involuntary treatment is required, and whether treatment will be given in hospital or in the community. In making these decisions, the tribunal must balance the rights of the patient with the rights of others and the protection of the community.

Panels of assessors

Panels of assessors were established under the *Health Practitioners (Disciplinary Proceedings) Act 1999* to assist the Queensland Civil and Administrative Tribunal with disciplinary matters about a registrant, other than disciplinary matters that may, if proved, provide grounds for suspending or cancelling the registrant's registration. With the repeal of Queensland's health practitioner registration legislation, the panels operate under transitional provisions of the Health Practitioner Regulation National Law to deal with any matters opened, but not concluded prior to health professions' transition to the national registration scheme.

Queensland Fluoridation Committee

The Queensland Fluoridation Committee was established under the *Water Fluoridation Act 2008* and provided for promotion of good oral health in Queensland by the safe fluoridation of public potable water supplies. The committee ceased in December 2012 following amendments to the Act.

Radiation Advisory Council

The Radiation Advisory Council was established under the *Radiation Safety Act 1999*.

The council's functions are:

- to examine and make recommendations to the Minister for Health about the operation and application of the Act, proposed amendments, radiation safety standards and issues on radiation

- conduct research into radiation practices and transport of radioactive materials in Queensland.

Table 10: Annual reporting arrangements for statutory agencies

Body	Constituting Act	Reporting arrangements
Council of the Queensland Institute of Medical Research	*Queensland Institute of Medical Research Act 1945*	Annual report to Queensland Parliament
Dental Technicians Board*	*Dental Technicians Registration Act 2001*	Annual report to Queensland Parliament
Health Quality and Complaints Commission: • Clinical Advisory Committee • Consumer Advisory Committee	*Health Quality and Complaints Commission Act 2006*	Annual report to Queensland Parliament
HHSs (17)	*Hospital and Health Boards Act 2011*	Annual report to Queensland Parliament
Hospital foundations (13)	*Hospitals Foundations Act 1982*	Annual report to Queensland Parliament
Director of Mental Health (1) Mental Health Court (1) Mental Health Review Tribunal (1)	*Mental Health Act 2000*	Annual report to Queensland Parliament
Office of the Health Practitioner Registration Boards*	*Health Practitioners Registration Boards (Administration) Act 1999*	Annual report to Queensland Parliament
Panels of Assessors (17)	*Health Practitioners (Professional Standards) Act 1999*	Annual report to the Minister for Health
Radiation Advisory Council	*Radiation Safety Act 1999*	Annual report to the Minister for Health
Speech Pathologists Board*	*Speech Pathologists Registration Act 2001*	Annual report to Queensland Parliament

*Note: 2012–13 will be final reports as the legislation for these agencies has been repealed.

Cost of statutory agencies

Table 11 outlines costs associated with those entities in the health portfolio that are not required to prepare separate financial statements.

Table 11: Cost of statutory agencies 2012–13

Authority	Cost
Health Consumers Queensland—Ministerial Advisory Committee	$3023.00
Ministerial Advisory Committee HIV/AIDS	$1,319,326.00
Mental Health Court	$310,842.00
Mental Health Review Tribunal	$3,460,764.00
Panels of Assessors	$5,132.00
Queensland Civil and Administrative Tribunal	$0.00
Queensland Fluoridation Committee	$0.00
Radiation Advisory Council	$7479.90

Establishment of Hospital and Health Boards

On 1 July 2012, 17 HHSs were established as statutory bodies under the *Hospital and Health Boards Act 2011*. HHSs are now responsible for the delivery of public hospital and health services and are governed by independent HHBs. Each HHS is accountable, through the board chair, to the Minister for Health for local performance, delivering local priorities and meeting national standards.

The Act requires boards to consist of five or more members with the knowledge, skills and expertise required for the HHS to function efficiently, effectively and economically. The inaugural appointments for all boards expired on 17 May 2013. Renewal of board appointments occurred on 18 May 2013, with 101 inaugural board members being retained and 127 appointees in total.

As required by the Act and the Hospital and Health Boards Regulation 2012, boards must establish the following committees:

- an executive committee
- a safety and quality committee
- a finance committee
- audit committee (under Section 35 of the Financial and Performance Management Standard 2009).

Under Section 35 of the Financial and Performance Management Standard 2009, boards may also establish an audit committee.

The function of the executive committee is to support the board by working with the HSCE to progress strategic issues identified by the board.

The safety and quality committee's purpose is to advise the board on the safety and quality of health services provided by the HHS. For example on:

- minimising preventable patient harm
- reducing unjustified variation in clinical care
- improving the experience of patients and carers
- ensuring compliance with national and state strategies, policies, agreements and standards, such as the National Safety and Quality Health Service Standards.

The finance committee's function is to advise the board on budget, cash flow, financial operating performance, and to assess and monitor financial risks.

The audit committee plays a key role in assessing the HHS's financial statements and its compliance with systems of risk management and internal control.

In 2012–13, total HHS governance costs were approximately $6.7 million. This included operational expenses, such as board member remuneration, secretariat costs, board expenses, corporate counsel and audit costs.

Board and executive recruitment

Table 12: Cost of board and executive recruitment

Name of consultant	Purpose of consultancy	Outcome
Chandler Macleod—$157,494.22	Provision of consultancy services to assist in the recruitment of board members for the HHBs.	Sixteen HHBs established with at least the minimum number of members by 1 July 2012. Note: the work for this consultancy was undertaken in 2011–12, but the invoice was paid in 2012–13.
Talent 1—$195,500.00	Executive search and recruitment services for HSCEs.	HSCEs recruited.

Acts and subordinate legislation

Chief Health Officer Branch

The Chief Health Officer is responsible for administration of the following Acts:

- *Food Act 2006*
- *Health Act 1937*
- *Pest Management Act 2001*
- *Pharmacy Ownership Act 2001*
- *Research Involving Human Embryos and Prohibition of Human Cloning For Reproduction Act 2003*
- *Private Health Facilities Act 1999*
- *Public Health Act 2005*
- *Public Health (Infection Control for Personal Appearance Services) Act 2003*
- *Radiation Safety Act 1999*
- *Tobacco and Other Smoking Products Act 1998*
- *Transplantation and Anatomy Act 1979*
- *Water Fluoridation Act 2008.*

This legislation is designed to safeguard the community from potential harm or illness caused by exposure to hazards, diseases and harmful practices.

Licensing activities related to public health legislation

In 2012–13:

- A total of 13,108 *Radiation Act 1999* instruments were issued—comprising 1627 (12.35 per cent) possession licences, 9165 (69.60 per cent) use licences, 125 (0.95 per cent) transport licences, 723 (5.49 per cent) radiation safety officer certificates, and 113 (0.86 per cent) accreditation certificates and 1533 (11.64 per cent) approvals.
- A total of 2228 pest management technician licences were issued under the *Pest Management Act 2001*.
- A total of 1869 instruments were issued under the Health (Drugs and Poisons) Regulation 1996—comprising 1285 (68.75 per cent) poisons licences, 294 (14.87 per cent) approvals, 222 (13.42 per cent) permits—68 for 1080, 40 for cyanide and 114 for strychnine and 15 (0.91 per cent) immunisation program certifications.

Other activities related to public health legislation for food and environmental hazards

In 2012–13:

- of the 53 national food recalls, 25 involved the recall of food in Queensland. These were actively monitored by public health units
- there were 379 prescribed contaminant in food notifications
- there were 228 Australian Competition and Consumer Commission mandatory reports related to food
- a total of 1410 food complaints were received and investigated by public health units, and 1964 samples were taken by public health units
- a total of 30 environmental impact statements were considered by the department to ensure health risks and monitoring and compliance requirements are considered prior to the development commencing
- during the period 1 July 2012 to 31 March 2013, 125 complaints relating to asbestos containing material were received and investigated.

In 2012–13, there were 52 private hospitals providing 6629 beds and 51 day hospitals providing 239 primary recovery trolleys and 160 treatment bays. During 2012–13, 116 on-site audits and standards reviews were conducted, 57 licences were issued or amended, 10 complaints were investigated, and 135 sentinel events, 39 root cause analysis reports and 456 adverse outcome reports were submitted.

Regulatory actions related to public health legislation

The department works in partnership with public health units based in HHSs and local governments to undertake compliance activities. These activities range from information provision and awareness-raising, to fines and prosecutions for serious breaches of the law that can cause harm to individuals in the community.

In 2012–13, the department successfully prosecuted an event operator who contributed to 34 cases of food-borne illness. Of the 34 people who were made ill, 11 suffered salmonellosis and 6 people were hospitalised. The matter was fully investigated, resulting in the defendant being convicted in court and fined $5000.

There were four successful prosecution matters relating to the unlawful sale of tobacco to children and young people. Prosecutions for tobacco offences netted $3750 in fines. Other matters successfully prosecuted included offences under the Pest Management Regulations 2003 ($1000 fine) and the Health (Drugs and Poisons) Regulation 1996 ($4000 fine).

In some instances, breaches of public health legislation do not proceed to court, but may be dealt with by a prescribed infringement notice. In 2012–13, $27,770 was collected in fines through prescribed infringement notices.

In 2012–13, eight medical practitioners had their controlled drug and/or restricted drug endorsements cancelled.

Summary of Acts and subordinate legislation

Food Act 2006

Food Regulation 2006

Guardianship and Administration Act 2002

Guardianship and Administration Regulation 2012

Health Act 1937

Health Practitioner Regulation National Law Act 2009

Health Practitioner Regulation National Law Regulation

Health Practitioner Regulation National Law Amendment (Midwife Insurance Exemption) Regulation 2011

Health Practitioner Regulation National Law (Transitional) Regulation 2010

Health Quality And Complaints Commission Act 2006

Health Regulation 1996

Health (Drugs And Poisons) Regulation 1996

Hospitals Foundations Regulation 2005

Hospital and Health Boards Act 2011

Hospital and Health Boards Regulation 2012

Mater Public Health Services Act 2008

Mental Health Act 2000

Mental Health Regulation 2002

Mental Health Review Tribunal Rule 2009

Pest Management Act 2001

Pest Management Regulation 2003

Pharmacy Business Ownership Act 2001

Private Health Facilities Act 1999

Private Health Facilities Regulation 2000

Private Health Facilities (Standards) Notice 2000

Public Health Act 2005

Public Health Regulation 2005

Public Health (Infection Control for Personal Appearance Services) Act 2003

Public Health (Infection Control for Personal Appearance Services) Regulation 2003

Public Health (Infection Control for Personal Appearance Services) (Infection Control Guidelines) Notice 2004

Queensland Institute of Medical Research Act 1945

Radiation Safety Act 1999

Radiation Safety Regulation 2010

Radiation Safety (Radiation Safety Standards) Notice 2010

Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Act 2003

Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Regulation 2003

Tobacco and Other Smoking Products Act 1998

Tobacco and Other Smoking Products Regulation 2010

Transplantation and Anatomy Act 1979

Transplantation and Anatomy Regulation 2004

Water Fluoridation Act 2008

Water Fluoridation Regulation 2008