

Our governance

Governance and organisational structure

Efficient, effective and ethical governance is fundamental to achieving and moving beyond compliance to focus on sustainable achievement of our objectives. The Sunshine Coast Hospital and Health Service (SCHHS) organisational structure attempts to define the complex network of relationships vital in delivering health services.



Our Board

The Sunshine Coast Hospital and Health Board (the Board) is comprised of eight members who were appointed by the Governor in Council on the recommendation from the Queensland Minister for Health in accordance with the provisions of the *Hospital and Health Boards Act 2011*. The Board reports to the Minister for Health.

All Board members, on commencement, are provided with a comprehensive interactive induction program to the SCHHS to ensure they have a clear understanding of their roles, responsibilities and duties as a member.

The Board is responsible for the governance of the SCHHS. It therefore provides strategic direction and oversight of the organisation to ensure objectives and goals meet the needs of the community and are in line with government health policies and directives.

The functions of the Board as articulated in the Board Charter include but are not limited to:

- overseeing the SCHHS, including its control and accountability systems
- providing input into and final approval of management's development of organisational strategy and performance objectives, including approving the Service Agreement with the Department of Health
- monitoring Health Service Chief Executive (HSCE) and senior executives' performance
- reviewing, approving and monitoring systems of risk management, internal control and legal compliance
- approving and monitoring the annual SCHHS budget and financial and performance reporting.

Key Board achievements for 2013-2014 include:

- provided ongoing governance and oversight of the contestability process for clinical support services at the SCPUH
- input into and approval of the inaugural SCHHS Annual Report 2012-2013
- approval of the 2013-2014 SCHHS operating budget
- approval of the annual SCHHS Service Delivery Statements
- approval of updated Board and Committee Charters
- approval of the hub and spoke model for the internal audit function
- approval of the Internal Audit Charter and internal audit strategic and annual plans
- approval of the SCHHS accounting policies and the annual financial statements

- approval of the updated SCHHS Enterprise Risk Management Framework
- approval of the 2013–2017 (updated 2014) Strategic Plan.

Board profiles



Emeritus Professor Paul Thomas AM

Chair

BSc(Hons), DipEd, MA, PhD, FACE, LRPS

Emeritus Professor Paul Thomas AM has been the inaugural Chair of the Board since his appointment by the Governor of Queensland in 2012.

Paul has substantial board experience, well established networks in the Sunshine Coast region and has served on a number of boards, governing councils and community associations spanning over 40 years. He occupied senior posts in the British higher education system before taking up a position in Australia in 1976, where he became Head of Education at Kelvin Grove and its Campus Principal at what is now QUT. He also became a Professor at that University.

Paul was successful in establishing the University of the Sunshine Coast (USC). In 1994 he was appointed Planning President and in 1996 he became the university's inaugural Vice Chancellor and President until he retired in 2010.

In 2002 Paul was one of 2000 Australians to receive a Commonwealth Centenary Medal for service to Australian society and higher education. In 2007 he was the recipient of an Order of Australia Medal for services to higher education and the establishment of the USC. In 2009 he became the first Australian Vice Chancellor to be awarded the Asia-Pacific Chief Executive Leadership Award by the Council for the Advancement and Support of Education, in Kuala Lumpur.

In addition, Paul is a Fellow of the Australian College of Educators, a recipient of two Rotary International Paul Harris Fellowships and is an advisory board member of the National Leadership Institute.

Appointed 1 July 2012 to 17 May 2016



Dr Lorraine Ferguson AM

Deputy chair

RN, BSocSc, MPH, PhD, FACN, Ass.FACHSM, ACCCN (life member), Dip Company Directors Course

Dr Lorraine Ferguson AM is a registered nurse, a respected educator, an experienced executive, board member and author of a number of published works on healthcare reform, clinical management and nursing. She was appointed a Member of the Order of Australia in 2002 for service to critical care nursing, particularly in clinical, management and education disciplines, and to professional nursing organisations.

Since 2008, Lorraine has worked as a casual academic and independent education consultant, and has been involved in research and development of online educational materials for a number of tertiary institutions. Previously she held a conjoint appointment as Associate Professor of Nursing (Clinical Leadership and Professional Development) with the University of Western Sydney and the Sydney West Area Health Service.

Lorraine has held senior nursing and management positions at The College of Nursing, Northern Sydney Area Health Service and Royal North Shore Hospital. She has also served as a member of nursing executive teams, and as a member and chair of local, state and national committees including quality, casemix, clinical costing, health care funding, research ethics and curriculum development.

She also held numerous board memberships and executive positions including President and Honorary Treasurer, New South Wales College of Nursing.

Appointed 1 July 2012 to 17 May 2016



Dr Edward Weaver

Board member

MBBS, FRANZCOG, FACM (Hon)

Dr Edward (Ted) Weaver is a Senior Medical Officer within the Department of Obstetrics and Gynaecology at Nambour hospital. He is also an Associate Professor in the Department of Obstetrics and Gynaecology and Deputy Head of the Sunshine Coast Clinical School, both within the University of Queensland (UQ).

From 1990-2011, he was a private specialist in obstetrics and gynaecology in Nambour and a visiting medical officer at Nambour and Selangor Private Hospitals. In 2001, he was awarded an Honorary Fellowship of the Australian College of Midwives in recognition of work developing collaborative systems of maternity care.

Ted was Vice President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) from 2006, and President from 2008, during a time of significant maternity care reform in Australia.

Ted is currently the Chair of the Queensland Training Accreditation Committee for RANZCOG, overseeing specialist Obstetrician and Gynaecologist training in Queensland hospitals. He was on the Board of Directors for the RANZCOG Research Foundation, responsible for the financial management, fundraising and overall financial viability of the foundation, and for overseeing the annual awarding of eight research scholarships. He is a member of the Recognition of Medical Specialists committee of the Australian Medical Council. In 2011, Ted was awarded the University of Queensland Medical Society and School of Medicine Distinction in Clinical Teaching Award for the Sunshine Coast Clinical School.

Appointed 6 September 2012 to 17 May 2016



Peter Sullivan

Board member

BBus(Acc), FCPA

Mr Peter Sullivan is a highly credentialed executive and has held a broad range of financial leadership and strategic planning positions in large and complex organisations.

In 2007 Peter was appointed Pro Vice-Chancellor (Corporate Services) and Chief Financial Officer of the University of the Sunshine Coast and was responsible for overseeing a range of business functions to facilitate the ongoing financial and planning viability of the university. Peter provided advice on budget and financial management issues as well as major strategy and policy functions.

His key achievements included the establishment of a planning and reporting framework that allowed the University to undertake strategic and operational planning. He also established an audit and assurance framework to assist the University in its stewardship responsibilities, as well as establishing an open and accountable system of governance and continuous improvement processes.

Prior to that appointment Peter was appointed Executive Director of Finance and Resource Planning at the Queensland University of Technology (QUT), where he was responsible and accountable for corporate planning and resourcing policies and practices of the University.

In 2007, Peter was appointed to the Board of the Southbank Institute of Technology where he was accountable to the Minister for the Institute's performance.

Appointed 6 September 2012 to 17 May 2016



Dr Mason Stevenson

Board member

MB ChB

Dr Mason Stevenson has 28 years' experience as a General Practitioner (GP), the majority on the Sunshine Coast. He has held senior roles within medical associations since 1996 and owned and managed medical practices since 1990.

Mason began his medical career in Melbourne after completing his studies at Monash University in 1983. He completed his internship and Junior Resident Medical Officer training at the Queen Victoria Medical Centre. Once completed, Mason worked as a doctor for the Melbourne Doctors After Hours Cooperative for a number of years before joining the Glen Waverley Medical Centre in Melbourne as a Principal General Practitioner (GP) Assistant in 1988.

In 1990, Mason moved to the Sunshine Coast to open and work in his own private practice as a GP. Mason received his Vocational Registration – General Practitioner in 1996. This same year he became an owner in a group GP practice with three other doctors and Treasurer of the Sunshine Coast Division of General Practice for two years.

Mason has held various executive positions within medical associations including Treasurer and President of the Sunshine Coast Local Medical Association (SCLMA), Treasurer and President of the Australian Medical Association (AMA) of Queensland, and Queensland representative for the AMA Federal Council. From 2010 to mid 2014, Mason worked as a GP subcontractor while continuing in executive positions within these organisations.

Appointed 1 July 2012 to 17 May 2017



Dr Karen Woolley

Board member

PhD(MedSc), BSc/BEd(HonsClass)

Dr Karen Woolley has more than 25 years experience in medical research and publications within tertiary hospital settings and the biotech and pharmaceutical industry in North America and the Asia Pacific.

In 2000, Karen co-founded ProScribe Medical Communications, an internationally recognised medical writing company that won the Queensland Premier's Regional Exporter of the Year in 2014. Karen recently sold ProScribe to the Envision Pharma group and now leads the Asia-Pacific division.

In 2012, Karen was appointed as Director of the International Society for Medical Publication Professionals (USA) and Chair of its Asia-Pacific Advisory Committee. In 2011, Karen accepted Professor (Adjunct) positions with USC, Faculty of Science Health and Education, and UQ, Faculty of Health Sciences.

Between 2007 and 2011, Karen was a member of The Innovation Centre Board at USC. From 1989 to 2000, Karen worked as a Scientific Officer and Clinical Research Manager, and was a member of the Queensland Government Small Business Advisory Council from 2007 to 2010.

Karen is the recipient of an Honorary Doctorate from USC, is a Fellow of the American Medical Writers Association, a Life Member of the Association of Regulatory and Clinical Scientists and has received several business awards (including the Telstra Business Woman of the Year Award). She is also a Certified Medical Publication Professional.

Appointed 18 May 2013 to 17 May 2017



Brian Anker

Board member

MAICD

Brian Anker has held senior executive roles within the Queensland Government. Until November 2010 he was the Deputy Director-General, Innovation of the former Queensland Department of Employment, Economic Development and Innovation, and worked in partnership with leaders in industry, science and technology.

In 2011, Brian established Anker Consulting Pty Ltd, to provide strategic advice and planning particularly to the research and industry sector. He has undertaken strategic reviews for the USC, assisted UQ and QUT on specific funding projects, and assisted the Sunshine Coast Regional Council on project assessments. In addition he provides employee mentoring to corporations.

Brian is currently Chair of the Education Investment Fund, Research Data Storage Infrastructure (RDSI) Project, and Chair of the Sunshine Coast Education and Research Taskforce. He has also acted as strategic advisor to a number of Queensland based universities.

Brian has an extensive background in the business and industry sectors. He is a current member of the Australian Institute of Company Directors, and has been a member on a number of boards and committees. Brian has also served as a government representative on review bodies for the Australian Institute of Bioengineering and Nanotechnology, Australian Tropical Forest Institute, Australian Tropical Science and Innovation Precinct, and the Institute for Molecular Bioscience.

Appointed 18 May 2013 to 17 May 2017



Cosmo Schuh

Board member

BBus, CA, CPA

Cosmo Schuh has worked as a Public Accountant in Gympie and South East Queensland for more than 35 years. After graduating from the University of Southern Queensland in 1976, he moved to Gympie and developed an accounting business, servicing the Gympie area and extending throughout rural Queensland.

Cosmo has been involved extensively in property development and syndication, financial management, estate planning and strategic management for small to medium businesses. He sits on a number of boards for private and public companies and is a Director of a family Charitable Foundation. He is also a Registered Company Auditor.

Appointed 18 May 2013 to 17 May 2017

Board Committees

The Board has legislatively prescribed committees which assist the Board to discharge its responsibilities. Each committee operates in accordance with a Charter that clearly articulates the specific purpose, role, functions and responsibilities.

The committees are:

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

Executive Committee

The role of the Executive Committee is to support the Board in its role of controlling our organisation by working with the HSCC to progress strategic priorities and ensure accountability in the delivery of services.

Committee members:

- Emeritus Professor Paul Thomas AM (Chair)
- Dr Lorraine Ferguson AM
- Dr Ted Weaver.

Audit and Risk Committee

The purpose of the Audit and Risk Committee is to provide independent assurance and assistance to the Board on:

- the organisations risk, control and compliance frameworks
- the Board's external accountability responsibilities as prescribed in the *Financial Accountability Act 2009*, the *Hospital and Health Boards Act 2011*, the *Hospital and Health Boards Regulation 2012* and the *Statutory Bodies Financial Arrangements Act 1982*.

The Audit and Risk Committee has observed the terms of its charter and had due regard to the Treasury's Audit Committee Guidelines.

The Audit and Risk Committee is responsible for overseeing, advising and making recommendations to the Board on the following matters, including but not limited to:

- appropriateness of the SCHHS financial statements ensuring compliance with relevant accounting policies and standards

- monitoring and advising the Board about the internal audit function
- consulting with Queensland Audit Office (QAO) – the external auditor in relation to proposed audit strategies and annual audit plans
- reviewing the findings and recommendations of external audit (including from performance audits) and the management response
- reviewing the risk management framework for identifying, monitoring and managing significant risks, including fraud
- assessing and contribute to the audit planning processes relating to the risks and threats to the SCHHS
- reviewing, through the internal and external audit functions, whether relevant policies and procedures are in place and complied with, including those for management and exercise of delegations.

Committee members:

- Mr Cos Schuh (Chair)
- Mr Brian Anker
- Mr Peter Sullivan.

Finance and Performance Committee

The Finance and Performance Committee oversees the financial position, performance and resource management strategies of the SCHHS in accordance with relevant legislation and regulations. It also provides advice and recommendations to the Board on the following matters including, but not limited to:

- assessing the budgets and ensuring they are consistent with the organisational objectives and appropriate having regard to the organisations funding to enable the approval of the annual budgets by the Board
- monitoring the financial and operating performance of the SCHHS
- monitoring activity performance against prescribed indicators and targets
- monitoring the SCHHS's performance against relevant Service Agreement KPIs specifically related to performance and funding
- monitoring human resource indicators and compliance with the SCHHS strategic workforce planning.

Committee members:

- Mr Peter Sullivan (Chair)
- Mr Brian Anker
- Mr Cos Schuh
- Dr Mason Stevenson.

- strategies to minimise preventable patient harm
- reducing unjustified variations in clinical care
- improving the experience of patients and carers of the SCHHS in receiving health services
- promoting improvements in the safety and quality of health services being provided.

Safety and Quality Committee

The role of the Safety and Quality Committee is to ensure a comprehensive approach to governance of matters relevant to safety and quality of health services is developed and monitored.

Committee membership:

- Dr Lorraine Ferguson AM (Chair)
- Dr Mason Stevenson
- Dr Ted Weaver
- Dr Karen Woolley.

The Committee is also responsible for advising the Board on matters relating to safety and quality of health services provided by the SCHHS including:

Board member meeting attendance 2013-2014

	SCHHB meetings	Executive Committee	Finance and Performance Committee	Audit and Risk Committee	Safety and Quality Committee
Total Number of Meetings	11	1	12	4	4
Emeritus Professor Paul Thomas AM	8	1			
Dr Lorraine Ferguson AM	10	1			3
Dr Edward Weaver	9				3
Peter Sullivan	10		10	3	
Dr Mason Stevenson	10		10		4
Dr Karen Woolley	9				4
Brian Anker	11		12	4	
Cosmo Schuh	10		12	4	

Table 3: Board member meeting attendance 2013-2014

Executive Leadership Team

Reporting to the Health Service Chief Executive (HSCE) are executives who are responsible for a portfolio within the organisation. Together they form the Executive Leadership Team (ELT).

Kevin Hegarty

Health Service Chief Executive

BBus(Acc), MAICD, MCHSM

The Health Service Chief Executive (HSCE) is accountable to the board for all aspects of our performance, including the overall management of human, material and financial resources and the maintenance of health service and professional performance standards. The HSCE, with the board, is also responsible for ensuring the development of our strategic direction.

Kevin has served in senior positions in Queensland Health since joining the organisation in 1995, including District Manager of the Rockhampton Health Service, District Manager of the Sunshine Coast Health Service, and District Chief Executive (CE) of the Sunshine Coast Wide Bay Health Service. As of 1 November 2010, the Sunshine Coast Health Service District became an entity in its own right with Kevin remaining as its District CE.

Kevin is committed to engaging with employees at all levels. He is passionate about improving the quality, safety and sustainability of health services, particularly in the areas of mental health and Aboriginal and Torres Strait Islander health. Kevin has specific interests in working with other key organisation within the health sector.

Kevin is also passionate about education and research and has developed strong links with the University of the Sunshine Coast and the Sunshine Coast Institute of TAFE.

Rodney Margetts

Chief Finance Officer

BCom (Acc), CA(NZICA), MAICD

The Chief Finance Officer (CFO) provides leadership and strategic advice on the financial performance and the financial management of our organisation to the board, CE, ELT and senior management. The CFO supports the CE in strategic negotiations with Health, and has an over-arching responsibility to enable the maximisation of our revenue streams.

Rod commenced employment as Chief Finance Officer in April 2009. Prior to this he worked in the Department of Education and Training as Director Business Analysis (TAFE) and as Chief Operating Officer for SkillsTech Australia. He has also previously worked in Queensland Health from 1997 to 2004, assisting with the implementation of accrual accounting, as Director of the Goods and Services Tax (GST) Implementation Project and Team Leader Financial Business Improvement. During this time, he also worked in the Townsville Health Service District as Executive Director, Corporate Services.

Rod is committed to providing the best possible health services through the most effective utilisation of the resources available.

Scott Lisle
Executive Director
Planning and Capacity Development

BPhy, MHA

The Executive Director, Planning and Capacity Development's (EDP&CD) responsibilities extend to all service planning within our organisation including Information and Communication Technology, and workforce planning. They also lead the strategic direction, governance and support for the planning and development of the Sunshine Coast Public University Hospital (SCPUH)

Scott commenced with Queensland Health in January 2010, after almost four years as Executive Director Service Planning and Development in South Metropolitan Area Health Service in Perth. He was a senior executive on the Fiona Stanley Hospital project, a position similar to his current role in the development of SCPUH.

Scott is committed to ensuring we continue to deliver on community expectations and work towards providing the majority of services on the Sunshine Coast. He is committed to delivering health services of a high quality and balancing available resources with growing demands.

Graham Wilkinson
Executive Director
Nursing and Midwifery Services

RN, BAppSc (Nursing), MHA, Wharton Fellow - University of Pennsylvania

The Executive Director of Nursing and Midwifery Services (EDN&MS) is the professional lead for nursing and midwifery services. They lead the strategic direction, clinical governance and professional support for all nursing and midwifery services. The role also focuses on research, innovation, education, the nursing and midwifery workforce, and the future development of these services.

Graham has worked as a nurse with Queensland Health for more than 35 years, commencing as an enrolled nurse. He has a diverse clinical background having held positions of Charge Nurse and Nurse Unit Manager in surgical, medical and oncology units. Over the past 20 years, Graham has worked in senior management positions, including District Director of Nursing at West Moreton prior to his current position. He currently holds an Adjunct Professorship with the University of the Sunshine Coast (USC) and has held similar appointments with the University of Queensland (UQ) and Griffith University.

Graham strives to bridge the gap between theory and practice, and provide nursing services to the community which are contemporary, sustainable and enriching for the nurses and midwives involved.

Executive Leadership Team

Dr Piotr Swierkowski

Executive Director, Medical Services

BSc (Biochem), MBBS(Hons), FRACGP, FRACMA, MHA, E-MBA, GAICD

The Executive Director of Medical Services (EDMS) is the professional lead for all medical practitioners. The EDMS leads the strategic direction, governance and professional support for the patient safety agenda, including the functions of patient safety management, patient complaints, maintenance of clinical standards and compliance with the National Standards for Safety and Quality in Health Care, medical administration including credentialing and recruitment, and medical education and research.

Piotr (pronounced Peter), commenced his role as EDMS in March 2009, after moving from the Central Coast of NSW where he worked as Director of Medical Services. His clinical background is in general practice, with continuing limited clinical practice and the Fellowship of the Royal Australian College of General Practitioners.

He has worked clinically in various settings, both in Australia and the United States of America. His particular interest is in data analysis and financial mathematics and he is pursuing a PhD in a related area.

Dr Jeremy Long

Chair, Clinical Leadership Group

MB BCh, FCP(SA), FRACP

The Clinical Leadership Group (CLG) is a forum for the strategic engagement of clinicians. This group enables the opportunity for clinicians to have formal input by providing advice and decisions that are considered part of our strategic and operational planning processes.

Jeremy was appointed as inaugural Chair of the CLG in July 2011. He is included in the CLG as a member of the ELT, to support the organisation's decision making processes.

Originally trained in South Africa, Jeremy moved to New Zealand to continue his work as a Medical Oncologist, becoming a Fellow of the Royal Australasian College of Physicians in 1998. Jeremy has directed the Cancer Unit at Waikato hospital in New Zealand, was a member of the cancer treatment working party of the Ministry of Health, and was the inaugural clinical Chair of the Midland Cancer Network.

Jeremy is a clinician with an interest in service development and is active in teaching and contributing to clinical trials.

Tracey Warhurst

Executive Director, Strategy and Performance

RN, BN, GCM

The Executive Director of Strategy and Performance (EDSP) is primarily responsible for overseeing and leading the effective program management and alignment of key strategic initiatives. The core accountabilities of the EDSP include strategic planning, risk management, audit and compliance, quality systems, administrative records management, procedural development, organisational performance, and communications and community engagement.

Tracey commenced in the role of EDSP in February 2011. Prior to this, she was the Director of Nursing at Gympie Health Services for six and a half years. During this time she played a key role in the amalgamation of the Gympie Health Service District with the Sunshine Coast Health Service District.

Originally trained as a Registered Nurse and later on a Clinical Nurse, Tracey has also held roles as the Manager Corporate Development and Administration, and the Manager Allied and Community Health Services, both within the Gympie Health Service District prior to the amalgamation.

Tracey is committed to working collaboratively to build and sustain a world-class health service that is person-centred, outcome focussed and responsive to the health needs of the community.

Vacant

Chief Operating Officer

As at 30 June 2014, the position of Chief Operating Officer (COO) was vacant.

A temporary appointment to the role will remain in place until a permanent appointment is made.

Strategic committees

We have established several strategic committees to assist in carrying out the HSCE's responsibilities. The Executive Leadership Team (ELT) is the overarching body within our committee structure.

To support the operation of the organisation, SCHHS has developed a strategic level committee system. Each strategic level committee has terms of reference clearly describing their respective purpose, functions and authority.

These committees are all chaired by an ELT member who has the appropriate sub-delegation relevant to the function and purpose of the committee. The committees are a vehicle for providing essential integration and uniformity of approach to health service planning, patient safety and quality, service development, workforce, resource management, information, communication and technology, performance management and reporting.

Our strategic committees:

- Clinical Leadership Group
- Patient Safety and Quality Committee
- Health Planning and Infrastructure Committee (HPIC)
- Workforce and Human Resource Committee (WHRC)
- Safe Practice and Environment Committee
- Resource Management Committee
- Information, Communication and Technology Committee
- Education Council.

	Number of meetings
Executive Leadership Team	43
Workforce and Human Resources Committee	5
Clinical Leadership Group	10
Patient Safety and Quality Committee	11
Health Planning and Infrastructure Committee	6
Safe Practice and Environment Committee	10 + 1 forum
Resource Management Committee	11
Information, Communication and Technology Committee	9
Education Council (commenced in Dec 2013)	6

Table 4: ELT and strategic committee meetings for 2013-2014

Establishing expectations

SCHHS is committed to ensuring the highest level of ethical behaviour through all aspects of our activities.

We uphold our responsibility to the community to conduct and report on our business transparently and honestly while maintaining processes that ensure our staff, at all levels, understand these responsibilities. The SCHHS is a prescribed public service agency under the *Public Sector Ethics Regulation 2010* and therefore the Code of Conduct for the Queensland Public Service is applicable to all employees of the SCHHS.

Employees at all levels within our organisation are required to follow the standards of behaviour and conduct set out in the Code of Conduct for the Queensland Public Service (available at www.premiers.qld.gov.au/publications/categories/policies-and-codes/code-of-conduct.aspx). The code contains the ethics principles and their associated set of values which are prescribed in the *Public Sector Ethics Act 1994 (PSEA)*. It also contains standards of conduct for each ethics principle.

The ethics principles are:

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

All employees are expected to uphold the code by committing to and demonstrating the intent and spirit of the ethics principles and values.

At the end of 2013–2014 88.7 per cent of our employees had completed the Code of Conduct training (see page 43) Employees are required to participate in the course every two years, or when the code is revised.

We strongly support and encourage the reporting of Public Interest Disclosures. All employees have a responsibility to disclose suspected wrongdoing and to ensure any disclosure is in accordance with our ethical culture. This responsibility is

again reinforced by the *Public Sector Ethics Act 1994*, as well as our Public Interest Disclosures Policy and Public Interest Disclosure Management Procedure.

Ethics awareness and fraud control

Ethics awareness and fraud control is a new mandatory training topic introduced in November 2013. Face to face training commenced February 2014. Online training is available however it must also include facilitation. It will soon be incorporated into the mandatory training suite.

Right to information

Access to documents and records we hold may be requested under the *Right to Information Act 2009* and the *Information Privacy Act 2009*. Community members wishing to access non personal documents should apply in writing to our Clinical Information Access Unit either by post or email (details available at www.health.qld.gov.au/sunshinecoast/html/disc_log.asp).

This year, 328 applications were received (2012–13: 377), with 50 withdrawn by the applicant and 277 finalised in the year. Total number of pages released including full and part access was 60,393, with 235 pages refused in full. Fees collected for these applications under the *Right to Information Act 2009* totalled \$6,591.60.

Audit and risk management

Risk management

Our Enterprise Risk Management Framework (ERMF) provides the foundations and outlines the organisational requirements for managing risk across the SCHHS.

The ERMF conveys the SCHHS approach and attitude to risk management and emphasises the Board's role in championing a risk management culture across the organisation.

Aligned to the Australian/New Zealand Standard for Risk Management - Principles and Guidelines (AS/NZ ISO 31000:2009), the ERMF is also consistent with Department of Health risk management policy and implementation standard.

The ERMF reinforces the SCHHB and ELT commitment to effectively managing its risks through the application of

best practice risk management principles and practices. This includes the designation of risk accountabilities and responsibilities at appropriate levels across the organisation.

The ERMF clearly states that risk management is a responsibility of all staff and includes defined risk accountabilities allocated to specific officers and management levels across the organisation. We have integrated risk management into our existing organisational systems and processes and it is a key consideration for our planning activities.

The SCHHS continues to use the Queensland Health Integrated Risk Management Information System (colloquially known as 'QHRisk') to record risks at senior management, executive and strategic levels.

The SCHHS remains engaged with the Department of Health and other HHSs through its participation in the Health System Risk Working Group. We have been an active contributor to the development of draft health system risks and the development of a community of practice across all HHSs.

Key achievements for 2013-2014:

- revision of the SCHHS Enterprise Risk Management Framework (approved by the Board June 2014) to enhance, strengthen and streamline our risk management approach
- introduction of an expanded suite of risk analysis tools, including implementation of a new, best practice risk matrix
- development of guidance material to assist with the identification, analysis, evaluation and treatment of SCHHS risks
- reassessment of all risks registered on QHRisk against our new, best practice risk matrix
- consultation with operational, senior and executive management levels regarding progression of contemporary risk management practices to evolve our risk maturity.

Internal audit

The internal audit function provides independent assurance and advice to the Board through the Board Audit and Risk Board Committee, the Health Service Chief Executive (HSCE) and senior management.

For the period July 2013 to February 2014, internal audits were commissioned as required through the Executive of the SCHHS. From 1 March 2014, the Sunshine Coast, Wide Bay and Central Queensland Hospital and Health Services established an internal audit unit under a hub and spoke, co-sourced model. This model ensures the effective, efficient and economical operation of the function.

The internal audit function enhances the SCHHS's corporate governance environment through an objective, systematic approach to evaluating the effectiveness and efficiency of corporate governance processes, internal controls and risk assessment. This is in keeping with the role and responsibilities detailed in *Part 2, Division 5 of the Financial and Performance Management Standard 2009*.

The role, the operating environment and reporting arrangements of the function are established in an internal audit charter that has due regard to the professional standards and the Audit Committee Guidelines: Improving Accountability and Performance issued by Queensland Treasury and Trade.

Since March 2014, the internal audit function has operated in accordance with a strategic and annual plan approved by the Board Audit and Risk Committee. The internal audit function is independent of management and the external auditors. The function has:

- discharged the responsibilities established in the charter by executing the annual audit plan prepared as a result of risk assessments, materiality and contractual and statutory obligations
- provided reports on the results of audits undertaken to the HSCE and the Board Audit and Risk Committee
- monitored and reported on the status of the implementation of audit recommendations to the Board Audit and Risk Committee. (Management is responsible for the implementation of audit recommendations)
- liaised with the Queensland Audit Office (QAO) to ensure there was no duplication of 'audit effort'
- supported management by providing advice on corporate governance and related issues including fraud and corruption prevention programs and risk management
- allocated audit resources to those areas considered to present the greatest risk and where the work of internal

audit can be valuable in providing positive assurance or identifying opportunities for positive change

- reviewed the SCHHSs annual financial statements prior to presenting them to the Audit and Risk Committee.

The audit team are members of professional bodies including the Institute of Internal Auditors and CPA Australia.

External scrutiny

SCHHS is subject to regular scrutiny from external oversight bodies.

These include:

- Queensland Audit Office (QAO)
- Office of the State Coroner
- Australian Council on Healthcare Standards (ACHS)
- Aged Care Standards and Accreditation Agency (ACSAA)
- Office of the Information Commissioner (OIC)
- National Quality Management Committee of BreastScreen Australia (NQMC)
- Health Quality and Complaints Commission
- Postgraduate Medical Education Council of Queensland
- Medical colleges
- National Association of Testing Authorities (NATA)
- Baby Friendly Health Initiative (BFHI)
- Institute for Healthy Communities Australia (IHCA)

Queensland Audit Office

In 2013-14, Queensland Audit Office (QAO) has performed two interim audits and an annual audit as agreed in their client strategy with the SCHHS.

The two interim audits focussed on the SCHHSs control environment with QAO conducting assessment of key internal controls and included two cross sector, matters of emphasis audits on risk management and financial delegations. Overall results of these audits are expected to be incorporated in the 2013-14 Auditor General's Report to Parliament (due to be tabled late October 2014).

The SCHHS was included in three Auditor-General's Report to Parliament in the period:

- July 2013 - Report 1: 2013-14 – Right of private practice in Queensland public hospitals.
- February 2014 - Report 13: 2013-14 - Right of private practice: Senior medical officer conduct.
- November 2013 – Report 8: 2013-14 - Results of audit: Hospital and Health Services entities 2012-13.

Office of the State Coroner

SCHHS had one coronial inquest in this financial year. There were no adverse findings and the coroner made no recommendations.

Australian Council on Healthcare Standards accreditation

SCHHS achieved full accreditation in all ten mandatory National Safety and Quality Health Standards (NSQHS) standards and five EQIP standards by the Australian Council of Healthcare Standards (ACHS) in August 2013. The accreditation survey covered the entire delivery of services, from clinical care to the support and corporate functions that assist high quality patient care to occur.

The accreditation, valid for a full four years until 9 December 2017, was granted after the ACHSs extensive organisation wide assessment.

The accreditation recognised our commitment to high quality patient centred care.

The ACHS recognised the SCHHS has proactively managed several organisational restructures and was impressed with the positive staff culture within the SCHHS.

Another area positively highlighted by the surveyors was the SCHHSs active engagement of consumers and community members.

Australian Aged Care Quality Agency

Our Glenbrook Residential Aged Care Facility (RACF) at Nambour received accreditation for a further three years by the Aged Care Standards and Accreditation Agency (ACSAA) in April 2014.

The accreditation process involved examining procedures and processes. Glenbrook met all the expected outcomes and the audit team made no recommendations for improvements.

Office of the Information Commissioner

The Office of the Information Commissioner conducted a desktop audit of SCHHS website compliance against legislative requirements under the *Right to Information Act 2009* and *Information Privacy Act 2009* in June 2014. The audit found the SCHHS webpage was generally user-friendly and made some recommendations for website updates to ensure compliance with the legislation. These recommendations have been implemented.

Board in General Surgery

Nambour Hospital underwent accreditation of our surgical education and training on 5 June 2014 by the Board in General Surgery from the Royal Australasian College of Surgeons. All standards were met and accreditation was achieved.

Postgraduate Medical Education Council of Queensland

The Postgraduate Medical Education Council of Queensland accreditation survey of SCHHS occurred in October 2013. Full accreditation was maintained.

Australasian College for Emergency Medicine

Nambour Hospital Department of Emergency Medicine (DEM) underwent Australasian College for Emergency Medicine (ACEM) five yearly reaccreditation in April 2014. Nambour DEM retained full accreditation with ACEM for training in emergency medicine until 14 June 2019.

BreastScreen Australia

The SCHHS BreastScreen Queensland Service underwent a data audit on 8 and 9 May 2014, and an accreditation site visit from 3 to 5 June 2014. Feedback from the onsite auditors was positive. We await formal notification of the results of the accreditation process.

Baby Friendly Health Initiative

Both Nambour and Gympie Hospitals have received re-accreditation with the internationally recognised Baby Friendly Health Initiative (BFHI) status for a further three years.

Institute for Healthy Communities Australia

In March 2014 the Institute for Healthy Communities Australia conducted an onsite audit of our Home and Community Care (HACC) services at both Gympie and Sunshine Coast and our Continence Advisory Service. All services conformed with all 15 Human Service Quality Standards that were audited.

Information systems and recordkeeping

Administrative and functional records management

The SCHHS aims to establish and maintain an effective and compliant program for the management of administrative records. An effective program enables records to be used as a valuable source of organisational knowledge, support the efficient conduct of business and support the facilitation of high quality, evidence based health care.

To further this aim, the SCHHS approved the creation of a full-time Information and Records Manager role. This position was filled in February 2014.

Priorities were set having regard to the *Public Records Act 2002* and Information Standards and Guidelines approved by Queensland State Archives.

A number of identified steps have been taken to continue improvements in recordkeeping governance and education. These include:

- administrative recordkeeping sessions at Nambour Hospital and Gympie Hospital
- re-drafting of recordkeeping policy and procedures including the assignment of roles and responsibilities for recordkeeping
- review and update of the administrative records management intranet site
- review and update of delegations by the HSCE for the destruction and transfer of public records
- review and update of online learning modules
- support and assistance to individual staff, including one-on-one meetings and advice.

In March 2014 SCHHS endorsed the continued implementation of the Business Classification Scheme (BCS) to manage administrative and functional records. The Business Classification Scheme (BCS) is a records management tool used to title and organise administrative and functional records in a consistent manner.

The BCS assists organisations to comply with their statutory, regulatory and business requirements. The BCS is a pre-requisite to the implementation of an electronic document management system (eDRMS).

Health information management

Health records are managed at the four hospitals and at all community-based sites within the SCHHS by Health Information Management Services under the direction of qualified health information managers and skilled specialist administrative officers. Training is provided to relevant staff on health record management. Procedures to support the management of health records and patient information are on the SCHHS intranet for staff reference. The health information managers are actively involved in state-wide initiatives relating to health information management.

Bi-annual auditing of health records against documentation standards is undertaken. Health record security is achieved by ensuring restricted access via physical barriers (locked medical record departments) and by ensuring that requests for access to patient information is managed in accordance with policy and the *Information Privacy Act 2009*. Education is regularly provided to administrative officers and clinicians in relation to information privacy.

The disposal of health records is undertaken in accordance with the *Public Records Act 2002*. Destruction of health records has been suspended due to the Royal Commission into Institutional responses to child sexual abuse in Australia.

Developments in relation to the management of health records and patient information include:

- the review of the process associated with the management of medical typing. We plan to implement an end-to-end software application for the management of the dictation, typing, verification and despatch of outpatient letters to improve efficiency
- the commissioning of a health record secondary storage facility on site in late 2014 to enable the return of 8,000 archive boxes of health records from off-site storage
- the commencement of a project to develop a business case for health record scanning at Nambour Hospital. Health record scanning at Nambour Hospital will facilitate the smooth transition to a paper-light environment at the SCPUH
- the involvement in the development of the requirements for an Electronic Medical Record at the SCPUH
- the development of a five year plan for the management of health record storage within the SCHHS.