

# Right to Information Application (RTI 2005/21)

## Scope of application

***COVID-19 risks held in the Riskman system, including fields outlining actions to control COVID-19, based on the hierarchy of control, to control actual, speculative and/or perceived risks.***

## Important information

The Department of Health (DoH) has a risk management system, Riskman, which allows for the recording of organisational risks. Whilst not all programs/projects are entered into Riskman, and it doesn't capture Hospital and Health Service (HHS) risks (the HHSs are separate legal entities), Riskman does have a number of COVID-19 risks recorded in the system that have been raised by DoH.

## Data source

- Data was retrieved from the RiskMan database.
- RiskMan is designed to capture DoH business risk information
- All data presented for the current RTI application 2005/21 was extracted from RiskMan and has been entered by DoH staff.
- The data for RTI 2005/21 is current in RiskMan as of 27 July 2021.

## Search Criteria and Methodology

RiskMan data was extracted based on the following search criteria:

- Search terms: "COVID" and "CORONAVIRUS"
- Search parameters: All risks recorded in RiskMan between 1 January 2020 and 1 May 2021 as at 27 July 2021.

## Search Results

- 28 records were identified using the above search criteria
  - 13 open risks currently being actively managed.
  - 4 provisional risks that are progressing through the risk approval process.
  - 11 closed risks.

Risk ID	Date opened	Risk Description	Control Description	Current Risk Rating	Treatment description	Projected Risk Rating	Status
805	30/01/2020	The Coronavirus outbreak impacts adversely on our financial position, resulting in financial loss to HSQ and reputational damage.	HSQ has representation on the Department of Health Costing Working Group to ensure that HSQ impacts are considered as part the overall Queensland Health impacts. HSQ is reporting costs into IONs created by the department, to capture costs into discrete cost buckets, to support claims on both the Commonwealth (NPA) and the State (CBRC). The department's Chief Financial Officer has provided clear communication regarding how entities are to manage the costs for COVID-19. Fortnightly reporting to the department on the current costs of COVID-19 in line with the ION is ongoing. Finance has established a cost centre to monitor the financial impact of HSQ's response to the Coronavirus. Regular updates are provided by Finance Directorate to the IMT as required for financial accountability and to the HLT. Finance reviews its procedures to ensure effective monitoring of the impact of HSQ's response on its financial position. Regular review of Pathology Queensland and FSS revenue expectations HSQ works with the department and in the application of the NPA Agreement, to ensure that capital funding is available.	Medium	Finance Directorate to review it's existing BIA and develop and implement a dedicated Finance Business Continuity Plan. Development of a plan, in consultation with PQ and FSS, to articulate the scaling back of pandemic responses to Business As Usual.	Low	Open
806	30/01/2020	The risk of Novel Coronavirus spread IN the workplace directly effecting HSQ employees, which may compromise service delivery.	Implementation of social distancing by introduction of remote working from home arrangements. Hand sanitiser has been made available at HSQ sites for use by staff and visitors The provision of ongoing communication to staff regarding hygiene and safe work practices during COVID-19 Ongoing communication is provide to HSQ staff regarding the types of leave available during the pandemic, the conditrons attaching to the various leave types and how to apply. A leave tracker has been implemented to track the types of leave being taken by HSQ staff and when. Implementation of COVID Safe Implementation Plans within business areas.	Medium	Provision of face masks – if necessary (Not Started) The promotion and support of vaccination uptake amongst HSQ staff, once available.	Low	Open
809	11/02/2020	A prolonged response by HSQ staff to the Coronavirus outbreak leads to competing workloads with business as usual duties, resulting in staff burnout, heightened fatigue levels and compromised operational effectiveness.	Existing flexible work practices - working from home, working off site, staggered working hours etc. Work scheduling and job rotation arrangements are implemented by HSQ businesses, as required, to manage staff fatigue. HR as development and introduced, in collaboration with CES, additional leave categories including Pandemic Leave. Line Managers are required to engage & connect with employees on a regular basis to monitor work load, fatigue and general well being – including those employees working from home. GM-HR is engage with Communications team to produce guidance/ facts sheets for Managers to conduct this activity, as a part of a broader HSQ COVID-19 Communication Plan. Development and implementation of a fatigue management programme for all HSQ employees. The dissemination of targeted communications to employees around types of leave available and eligibility criteria.	Medium		Medium	Open
825	8/04/2020	Temporary suspension of screening and assessment at an individual BSQ Service in response to a local COVID-19 outbreak could undermine program objectives to reduce illness and death from breast cancer through early detection. Screening and assessment suspension will create a screening backlog. These factors may lead to adverse client outcomes, loss of public confidence in the program, and poorer public health outcomes.	BSQ governance includes the BSQ Quality Management Committee (QMC), BSQ State Monitoring Committee, BSQ Reader QA Panel, and National QMC to provide oversight, input and advice into the program BSQ is a stakeholder of the BreastScreen Australia program with advice and direction (as required) from the Commonwealth Government. BSQ is also part of a national committee of Program Managers committee for respective breast screening programs in states and territories. These partnerships will provide program and operational support and guidance for BSQ during suspension and scaling up of the program The BSQ Quality Standards, Protocols and Procedures manual provides specific information about standards, protocols and procedures relating to key administrative and clinical aspects of the Program. These standards, protocols and procedures are evidence based and align with the aims and policies of BreastScreen Australia and Queensland Health BSQ Registry, Systems, and Performance and Reporting teams will provide specialised advice and direction throughout suspension and scaling up periods to ensure statewide program objectives are supported as much as possible (e.g. statewide website updates, required data and registry changes). Service Support Agreement between CSU and BTS relates to a range of science, technology and engineering services and solutions for the day-to-day operations of the BSQ program statewide. BTS is also assisting to ensure the viability of equipment after a period of shutdown. The purpose of the BSQ Business Continuity Plan (BCP) is to provide a procedure for BreastScreen Queensland (BSQ) Screening and Assessment Services, Satellite and Mobile Sites which enables continuity of key business processes related to Screening, Assessment and Reading in the event of planned downtime and apparent unplanned system failure of BSQR3 and/or Picture and Archiving Communication Systems (PACS) systems or related components.	High	A COVID-19 outbreak might lead to an individual BSQ Service suspending or limiting the delivery of its services. Some regional services relying on clinical support from south-east Queensland can be impacted by travel factors (e.g. flight cancellations) and restrictions in providing additional clinical support. An expanded service delivery model proposed by Metro North and Metro South HHSs, alongside planning and preparing state-wide remote radiology model in line with national guidelines and with relevant approvals, aim to address these challenges. Increased screening activity (followed by recent slowing down) has not seen a corresponding increase in cancer diagnosis when examined against comparable periods and there may be instances of delayed cancer diagnosis. This situation is being monitored using a screening variance dashboard developed by the Cancer Screening Unit and this data is being shared with BSQ services. Health System COVID-19 Response Plan – BreastScreen Queensland (BSQ) Explanatory/Guidance Notes guides Queensland Health's support of BSQ Services in response to any COVID-19 outbreaks. It provides direction on when to escalate a response and the recommended plans and actions to be taken for both Prevention Division and HHS staff working in the state-wide BSQ program.	Medium	Open
831	9/04/2020	Lack of clarity regarding what is in-scope for COVID-19 reimbursements may lead to lower than expected reimbursements for COVID-19 related expenditure, which may result in a deficit position for eHQ and subsequent impacts to eHQ's reputation.	Budget v actuals monitoring continuing as normal Forecasts of additional costs pressures as a result of COVID-19 response have been completed in conjunction with technical teams, and have been submitted to DoH. eHQ is tracking costs, updating forecasts and providing reporting on COVID-19 related costs on a weekly basis. All operational costs are being coded or subsequently journaled to the COVID ION. All capital costs are being coded to the set of WBS elements set-up to track COVID-19 capital initiatives and direct asset purchases.	Low	FMU is working through the reimbursement guidelines provided by the Department, and how they may be applied in eHQ and the implications. This will give greater clarity on the affect on eHQ's final position.	Low	Closed
833	9/04/2020	Unable to deliver services and/perform BAU activities due to response to COVID-19	Existing performance frameworks and reporting remain in place Timely identification of any program/project deliverables challenges by relevant Program Director and escalation to EMC Ad hoc use of non-critical DSDB staff for TSB roles and functions as needs arise	High	TSB Management continues to monitor delivery of BAU tasks	High	Open
838	9/04/2020	Additional licenses or ICT systems purchased as a response to manage the Covid-19 impacts may no longer be required on an ongoing basis resulting in higher operating costs (excluding COVID vaccine solution - separate risk to be logged)	TSB is providing estimates of all opex associated with capital expenditure required as part of response to COVID-19 as part of approval briefs. This is to outline to management that there will be ongoing operational funding impacts as a result of infrastructure and system scale-ups. Forecasts of additional costs pressures as a result of COVID-19 response have been completed in conjunction with technical teams, and have been submitted to DoH.	Medium	eHQ continues to claim reimbursements for COVID19-related expenditure from the DoH in line with agreed approach. All additional indirect cost pressures will need to be found from within existing budgets, e.g by re-prioritising expenditure as part of normal budget balancing processes.	Medium	Open
840	9/04/2020	DoH decisions to stop/pause projects and redirect staff Availability of HHS's to support projects or absorb implementation Key Project Resources not available to support projects due to COVID-19 redirection	Project governance structures remain in place, including for individual projects and consolidated reporting, e.g. at eHEC and EMC Keep a watching brief as COVID-19 situation changes and link in with EMT discussions A resource management plan developed for impacted COVID19 projects Monitor project by project and determine impact on time & cost to aid decision making	Medium		Medium	Closed
846	14/04/2020	Staff are committed to support the COVID-19 response and are working long hours	Customer Services Branch: assessment of OT on a case by case. Shift workers aren't allowed to work any more than an hour over their shift, plus weekend OT is being assessed based on their roster for that fortnight. Daily workloads - keep reminding staff to take their breaks and manage one call at a time FAQs page on People and Culture Intranet,	Medium	A wellness framework is being developed which outlines holistically tools and links to assist staff and management in managing their physical, emotional, financial and social welling P&C continues to update FAQs as themes arise from queries to P&C and staff forms etc People and Culture will continue to distribute communications to staff members as needs arise throughout the COVID-19 crisis.	Medium	Closed
848	14/04/2020	Staff being deployed to HHSs with high level of COVID-19 patients results in the potential for legal liability to eHQ if they later contract COVID-19 (or stress-related illness).	Access to HHS sites, including hospitals, by DPT staff is subject to the conditions set by the respective HHS. These conditions sometimes vary from HHS to HHS and hospital to hospital, and may require the completion of certain training requirements or simply following direction, including the use of PPE, from clinical staff responsible for those areas. DPT staff access areas such as operating theatres or infection controlled areas to perform their usual BAU activities. DPT staff have been advised by their management that while COVID-19 may have increased the frequency of use of PPE, standard procedures apply and if any team member has concerns regarding these procedures, they should (and have been advised to) raise them with their line manager. HHS have contractor sign-in processes that are to be followed for all non-HHS staff entering the facility, including eHQ staff. This allows HHs to remain aware of all external staff on location within clinical areas. A risk questionnaire has been distributed to CSB line managers to assist in determining if staff members are at Risk of COVID1- infection. FAQ page has been created / made available to provide criteria for at risk / vulnerable staff members. Staff members who are returning from international / state travel are required to self isolate for 14 days before returning to work. Names of staff members are reported to P&C and a central register is kept of current staff members who are in isolation. Increased awareness of PPE requirements being released from a number of sources, including: - eHQ has published using various methods including posters and Intranet - DoH has dedicated Intranet page available to all staff including PPE advice - WoG advice - HHS dedicated infection control teams and clinicians to provide advice to staff on case by case basis  The DoH Safety Team, CHRO and DG have been working with Workplace Health and Safety Queensland. Instructions and protocols have been shared with eHQ and eHQ have implemented all requirements and will continue to do so. The new state wide Business Rules have been developed and communicated.	Low		Low	Closed

849	14/04/2020	Frontline staff (e.g. DPTs) required to work in locations with risk of acquiring COVID-19 infection, resulting in staff members being infected with COVID-19 and/or suffering from stress-related illness.	<p>Access to HHS sites, including hospitals, by DPT staff is subject to the conditions set by the respective HHS. These conditions sometimes vary from HHS to HHS and hospital to hospital, and may require the completion of certain training requirements or simply following direction, including the use of PPE, from clinical staff responsible for those areas.</p> <p>DPT staff access areas such as operating theatres or infection controlled areas to perform their usual BAU activities. DPT staff have been advised by their management that while COVID-19 may have increased the frequency of use of PPE, standard procedures apply and if any team member has concerns regarding these procedures, they should (and have been advised to) raise them with their line manager.</p> <p>HHS have contractor sign-in processes that are to be followed for all non-HHS staff entering the facility, including eHQ staff. This allows HHS to remain aware of all external staff on location within clinical areas.</p> <p>A risk questionnaire has been distributed to CSB line managers to assist in determining if staff members are at Risk of COVID1- infection.</p> <p>FAQ page has been created / made available to provide criteria for at risk / vulnerable staff members.</p> <p>Staff members who are returning from international / state travel are required to self isolate for 14 days before returning to work. Names of staff members are reported to P&amp;C and a central register is kept of current staff members who are in isolation.</p> <p>The DoH Safety Team, CHRO and DG have been working with Workplace Health and Safety Queensland. Instructions and protocols have been shared with eHQ and ehQ have implemented all requirements and will continue to do so.</p> <p>P&amp;C update FAQs as themes arise from staff forums, and provide staff with up to date information and communication.</p> <p>Document controls developed to assist teams with response should there be a COVID-19 related exposure within their site / area.</p>	Medium		Medium	Closed
855	21/04/2020	The Health Contact Centre (HCC) is an essential service and is providing a very significant role in the Queensland Health response to COVID-19. There are genuine concerns amongst employees with regard to the potential spread of COVID-19 in any one of our workplaces.	<p>Triage service and rostering split across Side A and Side B of the HCC.</p> <p>The HCC has a COVID safe plan in place which further reduces the risk of COVID-19 transmission</p>	Medium		Low	Open
856	30/04/2020	There currently isn't a BCP in the event of a member of the HCC communicable diseases team responsible for contract tracing, being a suspected or confirmed case of COVID-19. This was raised at the April 2020 QRMRC	<p>An additional 10 Allied Health staff have recently been trained as contact tracers, bringing the total of allied health contact tracers to 30. It is likely that some of the Triage staff currently based at Zillmere may also be trained contact tracers.</p> <p>Workstations are currently fully enabled for contact tracing activities on both Side A and B of Garden Square should they be required.</p> <p>Explore and support new ways of working, in consultation with staff, to expand flexibility and improve service continuity following learnings from COVID-19</p>	Medium	Establish full system access at Zillmere with at least two workstations enabled for contact tracing activities.	Medium	Closed
857	30/04/2020	As identified at the April 2020 QRMRC, the 2019-20 Budget may be exceeded due to COVID-19		Undefined		Undefined	Closed
863	13/05/2020	Increased security threats and vulnerabilities arising from the rapid response required for digital health, due to the COVID-19 pandemic.		Undefined		Undefined	Closed
867	20/05/2020	Planned easing of coronavirus restrictions is expected to result in transition from alternative working arrangements to office-based working, which may result in difficulty maintaining agreed protocols (e.g. social distancing), resulting in exposure of vulnerable staff and/or legal implications.	<p>BCPs remain in place, any change decision will be coordinated in accordance with the BCP communication hierarchy.</p> <p>Line Managers will continue to enforce social distancing within their teams</p> <p>Additional cleaning is in place at eHQ offices, with all high touch points being cleaned with anti-viral cleaning solution throughout the day.</p> <p>Cleaning scope includes boardrooms, meeting room tables, tables in break out spaces which have a nightly clean and disinfect. All activity based working spaces like T C Bierne, Level 11 100 Wickham street and Level 1 108 Wickham street have a nightly disinfectant clean. Level 9 100 Wickham will also have this scope included once the fit-out is finished. Touchpoints in all boardrooms and meeting room tables in all out leased sites state wide are also cleaned.</p> <p>Facilities has also put bottles of hospital grade disinfectant cleaner for staff to use on their desk at the end of the day.</p> <p>At this stage the maximum 50% of staff to be in the office guidelines remains in place, and managers/teams will be expected adhere to this until advised otherwise. Coms from CHRO sent to all staff to this effect on 21/05/2020</p> <p>Continual all staff communications are being released as we transition back to office-based working.</p>	Medium	In the event that there is a hotspot declared in locations where there are eHQ offices, eHQ Facilities Management will work with the CHO and DHPW to follow directions to close down offices if required. In this instance BCPs, including communication cascades, will be followed on Branch by Branch basis	Low	Open
892	17/07/2020	Due to increasing COVID-19 case numbers in parts of Australia, there is a risk of a resurgence in COVID-19 Australia-wide including Queensland. This may lead to further need to increase capacity of ICT systems, availability of resources (including people resources), impacts to the safety of the eHQ workforce, supply chain issues and impacts to project and program delivery. This may result in service delivery, financial, WHS and project/program performance impacts.	<p>The eHQ Emergency Management Committee has been activated with regular meetings scheduled. The EMC discusses ongoing need for action by eHQ.</p> <p>Increased capacity of systems was implemented in response to initial wave of pandemic, e.g. telehealth capacity was increased to accommodate higher usage as well as ED and ICU system capacity.</p> <p>Workplace arrangements already in place for initial wave of COVID-19, e.g. alternative arrangements, additional cleaning etc</p>	Medium	Situation is being monitored and if 2nd wave rates rise, Risk and Audit will contact potential risk owners of watchlist risks	Medium	Open
915	4/08/2020	GCUH WAN connectivity is increasing to the point where an upgrade is required. Covid-19 response could exacerbate this problem.		High	Replace old GCUH router with a newer model to allow 10Gb connectivity. This would mean upgrading downstream infrastructure such as Firewalls and switches as well.	Medium	Closed
917	5/08/2020	As a result of all staff being repointed to support Covid-19 response and support BAU procurement activities have not occurred and have and will continue to impact on existing SOA's and Hospital and Health Services		Very high		Undefined	Provisional
933	27/07/2020	Transmission of COVID-19 in a Department of Health workplace	<p>COVID-safe workplace transition plan</p> <p>Supporting employees to be able to present to the workplace, in line with physical distancing requirements by:</p> <ul style="list-style-type: none"><li>• Providing advice to employees around flexible and remote working options;</li><li>• Providing advice to line managers to support employees including vulnerable employees;</li><li>• Line managers supported to transition employees to the workplace through rostering, staggered start and finish times and hybrid model of short shifts in the workplace, complemented by working remotely (e.g. from home);</li></ul> <p>Identify appropriate mechanisms for employees to raise any related concerns or seek advice</p> <p>First aid kits in department buildings stocked with additional personal protective equipment (PPE) i.e. face masks for use in a suspected or actual COVID-19 case and guides for how and when to use PPE</p> <p>Returning to workplace checklist from QGAO completed for each DOH facility</p> <p>Floor layout assessed to ensure workstation layouts/seating plans comply with QGAO guidelines and place signage on workstations that should not be used</p> <p>Assess corridors and mark as 'one-way' as appropriate with circulation signage</p> <p>Alcohol-based hand sanitisers installed at major entry points of all department occupied buildings and additional hand sanitisers and cleaning products installed on each floor and in high traffic areas (i.e. kitchens)</p> <p>Signage to reinforce room occupancy, lift usage, distancing, hygiene practices</p> <p>Increased cleaning regimes, particularly in high traffic areas and touch points</p> <p>Managing the maximum number of people able to present to the workplace, in line with physical distancing requirements by:</p> <ul style="list-style-type: none"><li>• Daily monitoring and audits of floor occupancy and physical distancing practices are being carried out;</li><li>• Providing reporting from audits of floor occupancy (for DoH occupied buildings).</li><li>- Alert managers and executives to exceedances of floor occupancy thresholds and physical distancing infringements (from the 15 June 2020).</li></ul> <p>Develop employee rostering system to help plan and monitor the number of employees in the workplace</p> <p>Line manager protocol: Responding to suspected or confirmed COVID-19 in the workplace developed and published on QHEPS.</p> <p>This protocol has been developed to support line managers to respond to suspected or confirmed COVID-19 cases in Department of Health workplaces.</p> <p>Security procedures in place to ensure compliance with CHO Public Health Directions regarding the wearing of face masks where social distancing cannot be maintained.</p>	Medium		Medium	Open



998	26/11/2020	<p>Since March this year the COVID-19 pandemic has seen a state-wide activation of eHealth Queensland's Business Continuity Plans (BCP), which have resulted in the division's resources being redirected from business as usual activity (BAU) and programs towards COVID-19 planning and response.</p> <p>The delivery of the Workstation Replacement (WSR) Program hasn't been exempted from impacts with numerous resources being redirected to assist with ongoing COVID-19 related activities including establishment of fever clinics and rollout of additional devices to support COVID activities including contact tracing operations. The DPT resources have been utilised to manage the ongoing emergent demand that the pandemic has created and the 2019-20 WSR program was still able to achieve the targeted replacements regardless of the additional workload and hours.</p> <p>Even though COVID-19 activities have slowed down as a whole in comparison to the start of the year, we anticipate continued impact on BAU functions and programs for the remainder of 2020. In addition, the current Whole of Government contract for end user devices have come to an end and eHealth Queensland has obtained an extension until January 2021 (to allow for Additions to Fleet). Although the contract is currently in the process of being reviewed, it is expected that once in place there will be potential benefits in the way of new services and costs saving achieved. A decision on Queensland Health computer / tablet / laptop supplier is expected by end of October 2020 although the contract finalisation is only expected to be in place by the end of 2020.</p> <p>Governance risks surrounding the WorkStation Replacement Program include historical pricing calculations, pricing fluctuations, resourcing calculations, eHealth Queensland Levy structure, non-linear growth patterns and funding variations.</p> <p>Not only does the WSR program hold risks associated with always current activities, it also impacts the service to customers resulting in inefficient replacement of devices, having devices out of warranty being utilised throughout Queensland Health and increases costs of support.</p>	<p>Computer monitors have always been part of the standard workstation management service bundle, however over the past 3 years they have not been included in the financial considerations for the workstation replacement program. Within the current ICT Catalogue, the Workstation Management Service does not include the replacement of "a single monitor" as part of workstation replacement program.</p> <p>Expiry of SOA ICTS5.13.12 hardware supply and services contract - The head contract under Education Queensland has expired, and Queensland Health is operating for a defined period under a child agreement to this contract until evaluation of the replacement contract is undertaken and provisioned which is planned to be post 1909 uplift and Work Station Replacement (WRS) completion in the first half of FY20/21.</p> <p>Variations present in annual replacement numbers span between 12-40%.</p> <p>Aside from the typical 5-7% annual additions to fleet, the 4-5-year replacement cycles have been skewed by non-linear growth patterns and funding variations over a number of years. This growth has been characterised by a mix of funding shortfalls, not reaching replacement targets within an agreed financial year, major projects (Win 7/Win 10), capital programs (Gold Coast University Hospital, Queensland Childrens Hospital, Sunshine Coast University Hospital) and significant clinical program implementations such as iEMR.</p> <p>There is a program in place to reduce the fluctuations to align an averaged 4.5-year cycle (22-25% per annum) but because the growth was not linear and the funding was not accrued, the annual budget allocations for workstation replacements, based on end of life, do not align directly with the number of devices to be replaced within a financial year.</p> <p>Due to the uncertainty associated with COVID-19 related demand and migration of the current Whole of Government contract for end user device a decision was made to suspend the Program for the remainder of the FY20/21.</p> <p>eHealth Queensland is committed to ensuring COVID-19 activity and frontline critical services continue to receive our full and dedicated support. The suspension of the WSR Program will not affect addition to fleet requests, COVID requests or replacements of broken or unusable devices not covered under manufacturer warranty, as eHealth has procured stock to manage this demand. Therefore, I can assure you that eHealth Queensland will continue to guarantee operational service management of your existing end user computing fleet.</p>	High	<p>With the previous Education Queensland (WoG) contract closed, eHQ is working towards migration to the new agreement. eHQ has a separate agreement with current suppliers (Dell &amp; Data#3 until end of January 2021).</p> <p>The annual levies charged to customers are insufficient to cover the purchase price of new devices as they fall due. Levies are set annually, generally 6 months prior to the start of the next financial year, and buyer price lists are updated quarterly through the Whole of Government contract.</p> <p>This means that eHealth ends up either subsidising the customer, or funds become exhausted prematurely resulting in unintended extended lifecycles of devices (i.e. are older than 5 years).</p> <p>The existing levies start from a zero base at the beginning of each financial year. Levies are charged to customers proportionately based on a 4.5-year replacement cycle which means the maximum amount of levy collected within the financial year would equate to 22% of the fleet (excluding normal growth).</p> <p>Funding not expended because fleet was not required to be replaced was lost at the EOFY and next year would see insufficient funding as more than 22% fleet became due for replacement.</p> <p>The levy charged to customers may vary year on year and is calculated using the vendor price list, current at the time, generally 6 months prior to the following Financial Year with no consideration of the variations in buy price within a financial reporting period.</p> <p>Last year a proposal was put to the Service Portfolio Committee to increase the levy cost by \$4.50 per month to provide a consistent funding source to ensure 100% delivery of the Workstation Replacement Program.</p> <p>There is no formalised repeatable framework to determine how workstation replacement resources are funded across financial years, nor is any formula in place to drive efficiency based on a per unit price point. This approach is not sustainable nor understood by the customer when they are exposed to variations in a service, they expect is fully funded.</p> <p>The historical calculation for funding workstation replacements has been based on an average cost of devices across both vendors per category i.e. Desktop, Laptop, Tablet etc. This methodology does not cater for variations within categories by model and by vendor, with cost differentials up to \$636 per device not uncommon. Improvements to the device categories have been established for FY20/21 ensuring more granularity and improved alignment to price point.</p> <p>In addition pricing fluctuations within the approved models (i.e. AUD exchange rate changes) compounds the risk. There has never been the ability to adjust levies (even within a budget cycle) to accommodate variations in the buy price of devices within a FY (considering the quarterly price book changes). For example, 13% price rise for DELL and expected 10% to 15% increase for Data#3 and HP are expected to be absorbed by eHQ FY20/21 as no model allowing for variations exists.</p>	Medium	Provisional
1010	23/12/2020	<p>Compressed timeframes and a number of strategic decisions required for delivery of COVID-19 vaccination data and digital solution may lead to quality issues and functionality gaps with the implemented solution, resulting in damage to reputation of QH and potential impacts to clinical effectiveness of vaccine rollout</p>	<p>Working groups have been established with specialist subject matter experts across the organisation to identify mandatory (legislative and patient safety related) requirements for delivery of the minimum viable product by end January 2020. Optimisations beyond January are planned and will be delivered in an agile manner to ensure responsiveness to emerging and urgent requirements. Approval through established Program governance groups will be sought.</p>	Medium		Medium	Open
Sch. 3(2)(1)(b)							
1069	3/03/2021	<p>eHealth Queensland cannot assure that all system components and data reporting workflows required for the Queensland COVID19 Vaccine Management System will meet identified business risk tolerance expectations (business recovery time objective), resulting in potential for system disruptions to exceed tolerable downtime arrangements leading to health service operations and reputational risk</p>	<p>Program: QCVMS Project governance including Gold/Silver/Bronze level oversight Tactical: QCVMS Support model, eHQ and Microsoft systems monitoring and alerting, Major Incident Management Process Operational: eHQ ICT Service Continuity Plan Strategic: eHQ Emergency Management Plan</p>	High	<p>Prepare QCVMS Service Recovery Plan to align ICT component provider response and recovery actions (Project BCP Lead - end March) Implement monitoring on critical components Undertake a system recovery exercise to ensure QH ICT and Vendor awareness and preparedness Broader information and reporting flows incorporated into all business continuity guides (BCG) for vaccine clinic, Health Contact Centre and Vaccine Command Centre downtime including data capture templates</p>	High	Open
Sch. 3(2)(1)(b)							
1082	17/03/2021	<p>The iLearn Learning Management System is reaching end of contract and at this point in time there is a potential risk that neither an extension to the existing product contract or a new product can be established within the deadline of the 5th Jan 2022. This would leave QH without a suitable Learning Management System and this would affect not only eHealth staff for mandatory training but also external training such as COVID related courses.</p>	<p>All we can do is to ensure we keep across any changes in the situation</p>	High	<p>There would be value to our eHealth executive team confirming the roadmap for iLearn with their counterparts in HR please. Terese Hodges may be able to offer more insight into the future of iLearn.</p>	High	Closed
1153	23/07/2021	<p>There is a risk that exposure to the COVID 19 virus in the workplace and/or mental health stressors related to the response to COVID 19 may result in staff illness, which may lead to lost time injury/illness, impacts to business operations or action by the work health and safety regulator.</p>	<p>Wellness framework in place, providing access to resources, tools and tips aligned to four domains of wellness – physical, emotional, social and financial. Within the framework, are some useful resources, including a guide to leading remote teams.</p> <p>Approved and released in COVID-19 staff update from DDG on 01/05/2020.</p> <p>People and Culture is monitoring for any trends in staff incidents. To date, incident trend is downwards since alternative arrangement sin place.</p> <p>FAQs page on People and Culture Intranet</p> <p>Customer Services Branch: assessment of OT on a case by case. Shift workers aren't allowed to work any more than an hour over their shift, plus weekend OT is being assessed based on their roster for that fortnight.</p> <p>There is a comprehensive all QH staff coronavirus page with detailed information on all aspects of dealing with COVID-19 including a page dedicated to working from home, which includes:</p> <ul style="list-style-type: none"><li>-Supporting resources for managers<ul style="list-style-type: none"><li>•Managers talking points for conversations with employees (PDF 208 kB)</li><li>•Checklist of key considerations for managers (DOCX 547 kB)</li><li>•Employee contact register (XLSX 64 kB)</li></ul></li><li>- Technology options</li></ul> <p>Employee Assistance programmes implemented and contact information communicated on QHEPS and other communication platforms.</p> <p>Contract remains in place with service KPIs regarding responsiveness of Benestar. This will be monitored by DOH. No indications of capacity issues at this stage. A comprehensive forgov page has been created for all government staff outlining flexible working arrangements, vulnerable employees, taking care of yourself.</p> <p>Staff have been directed to this page in communications released by the P&amp;C team</p> <p>Access to HHS sites, including hospitals, by DPT staff is subject to the conditions set by the respective HHS. These conditions sometimes vary from HHS to HHS and hospital to hospital, and may require the completion of certain training requirements or simply following direction, including the use of PPE, from clinical staff responsible for those areas.</p> <p>Staff members who are returning from international / state travel are required to self isolate for 14 days before returning to work. Names of staff members are reported to P&amp;C and a central register is kept of current staff members who are in isolation.</p> <p>Increased awareness of PPE requirements being released from a number of sources, including:</p> <ul style="list-style-type: none"><li>- eHQ has published using various methods including posters and intranet</li><li>- DOH has dedicated Intranet page available to all staff including PPE advice</li><li>- WoG advice</li><li>- HHS dedicated infection control teams and clinicians to provide advice to staff on case by case basis</li></ul> <p>Any occupational violence incident will be reported in RiskMan and will be notified to employee's Line Manager and also WHS team. Professional cases managers will be assigned as required.</p>	Medium	<p>People and Culture are continually monitoring for staff incidents and wellbeing concerns with action plans to be developed as needed</p> <p>eHQ is prepared for significant outbreaks in Queensland that may require transition back to alternative working arrangements if required or directed by CHRO. Business Continuity plans can be activated and communication from eHQ Leadership as required.</p>	Low	Provisional
1154	23/07/2021	<p>Restrictive recruitment policies and conflicting BAU priorities may impact eHealth Queensland's ability to provide timely and effective response to any increased demands on services as a result of the COVID19 pandemic, which could result in customer dissatisfaction, and damage to the reputation of Queensland Health.</p>	<p>eHQ Teams are generally cross-skilled, and should vacancies be required to be carried for short/medium lengths of time, existing resources are will make best-effort to be able to continue delivering services to required levels. Teams generally carry some vacancies at any given time.</p> <ul style="list-style-type: none"><li>• Critical functions / activities have been identified and business continuity arrangements have been put in place for staff members who are performing critical functions.</li><li>• In extreme cases if required some of the service delivery levels can be relaxed to take into workforce shortages.</li><li>• Workload can be distributed between team members or between units until such time that recruitment activities can take place again.</li><li>• Resource sharing across teams and units can be established to ensure that services are delivered.</li></ul> <p>Director People and Culture is maintaining ongoing communication with the Office of the Chief HR Officer as well as the EDs of Workforce forum to obtain updates and insights into responsible workforce practices as they evolve</p> <p>ITIL framework currently guides prioritisation for incoming requests and BCP strategy of move work to people can be applied state-wide in relation to resourcing.</p> <p>Development of a customer demand / request view which allows for planning and provision of consolidated feedback to customers. Requests are submitted via ServiceNow and tagged with COVID-19. In addition Customer liaison officer in communication with key customer stakeholders on a daily basis.</p> <p>eHQ is working with the State Health Emergency Coordination Centre to maintain communication regarding any decisions that may affect eHQ, e.g. decisions to expend ICT services or scale-up.</p> <p>Communiqué has been sent to SHECC outlining that SHECC must keep Exec Director Customer Services Branch informed of any decision making that may have implications regarding ICT.</p> <p>Talent Pool advertisements and actively seeking pre-employment criteria for rapid onboarding of skilled staff.</p> <p>On an ad hoc basis, TSB is working with DSDB to identify potential staff members within project teams who may have ability and capacity to work with TSB on critical functions.</p> <p>Critical / non-critical staff members based on critical functions have been identified by Customer Service Branch and Technology Services Branch.</p> <p>Alternative working arrangements have been implemented eHQ-wide. e.g. Customer Services Branch implemented a whole of Branch arrangements in March</p> <p>Testing of BCP plan to determine of working from home / alternative location is efficient</p> <p>TSB continues to recruit to positions using current recruitment policies, however is finding some difficulty filling vancies with current restrictions in place</p>	High	<p>Monitoring of workforce requirements and escalation as required</p>	Medium	Provisional