Queensland Health

Good Practice Guide for Hospital and Health Boards

Volume 1

Queensland Government

Good Practice Guide for Boards: Volume 1
Published by the State of Queensland (Queensland Health) May 2020

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An electronic version of this document is available at
www.health.qld.gov.au/system-governance/health-system/managing/statutory-agencies/foundations-resources

Contents

Summary

Volume 1 of the Good Practice Guide for Boards is a resource outlining the operating context and governance arrangements for Queensland's Hospital and Health Services (HHSs) and governing Hospital and Health Boards (HHBs). This volume is one of two, focusing on "hard" governance (what boards must have in place to fulfil their legislative or policy obligations). Volume 2 focuses on "soft" governance (ways in which boards can enhance performance and health service outcomes through good governance practice such as driving positive cultures, embedding good leadership practices, and developing constructive relationships).

Volume 1 of the Good Practice Guide for Boards supports system induction of new HHB members and includes information relating to:

- The Queensland public health system
- Roles and responsibilities of various bodies and entities within the Queensland public health System, including Hospital and Health Boards
- Formal relationships between HHBs, Queensland Health statutory agencies, divisions and related entities.

Service specific and other local information regarding HHSs and HHBs will be provided to members by respective HHS.

Volume 1 of the Good Practice Guide for Boards is reviewed every two years or as required to ensure currency of content. It is available online at:

www.health.qld.gov.au/system-governance/health-system/managing/statutory-agencies

Feedback, including recommendations regarding additional topics are welcome and can be sent to the Office of Health Statutory Agencies (OHSA), Office of the Director-General, Queensland Health at statutoryagencies@health.qld.gov.au

1.0 Overview of the Queensland Health System

Queensland Health consists of the Department of Health, the Queensland Ambulance Service (QAS) and 16 independent Hospital and Health Services (HHSs) situated across the state. *The Hospital and Health Boards Act 2011* (HHB Act) provides the overarching framework for the delivery of publicly funded health services in Queensland. The Department of Health is responsible for the overall management of Queensland's public health system at a statewide level.

HHSs were established as independent statutory bodies under the HHB Act from 1 July 2012. They assumed responsibility for the delivery of public hospital and health services previously provided by Health Service Districts.

HHSs are responsible for the delivery of public health services as independent statutory bodies, each governed by their own professional Hospital and Health Board (HHB) and managed by a Health Service Chief Executive (HSCE).

The establishment, organisational structure and functions of the Queensland Ambulance Service is subject to the *Ambulance Service Act 1991*.

The work of Queensland Health is guided by the promotion of the following strategic objectives, drawn from the Department of Health Strategic Plan 2019-2023:

- promote and protect the health of Queenslanders where they live, work and play
- drive the safest and highest quality services possible
- Improve access to health services for disadvantaged Queenslanders
- Pursue partnerships with consumers, communities, health and other organisations to help achieve our goals
- Empower consumers and health professionals through the availability and use of data and digital innovations
- Set the agenda through integrated policy, planning, funding and implementation efforts
- Lead a workforce which is excellent and has a vibrant culture and workplace environment.

The Queensland Government has outlined its objectives for the community through '*Unite & Recover – Queensland's Economic Recovery Plan*' (https://www.ourfuture.qld.gov.au/gov-objectives.aspx). There are nine objectives:

- **Safeguarding our health:** Safeguard people's health and jobs by keeping Queensland pandemic-ready.
- **Supporting jobs:** Support increased jobs in more industries to diversify the Queensland economy and build on existing strengths in agriculture, resources and tourism.
- **Backing small business:** Help small business, the backbone of the state's economy, thrive in a changing environment.
- **Making it for Queensland:** Grow manufacturing across traditional and new industries, making new products in new ways and creating new jobs.
- **Building Queensland:** Drive investment in the infrastructure that supports our recovery, resilience and future prosperity.

- **Growing our regions:** Help Queensland's regions grow by attracting people, talent and investment, and driving sustainable economic prosperity.
- **Investing in skills:** Ensure Queenslanders have the skills they need to find meaningful jobs and set up pathways for the future.
- **Backing our frontline services:** Deliver world-class frontline services in key areas such as health, education and community safety.
- **Protecting the environment:** Protect and enhance our natural environment and heritage for future generations and achieve a 50 per cent renewable energy target by 2030.

In addition, there are a range of plans and strategies that guide the priorities of the broader Queensland health system which board members should become familiar. These are available at the Queensland Health Strategic Plan webpage.

2.0 Ministerial Responsibilities Overview

The Premier of Queensland has responsibility for determining ministerial portfolios and the associated responsibilities to be assumed by each Minister.

Following an election, it has been the custom of the Premier to issue a 'charter letter' to each Minister detailing the Government's commitments and priorities each Minister is responsible for delivering through the agencies within their Ministerial Portfolio.

These letters are publicly available through the Queensland Government's website.

The responsibilities of Ministers and their portfolios are set out in Administrative Arrangements Orders issued under *the Constitution of Queensland Act 2001* and approved by the Governor in Council.

These Orders detail the principal responsibilities of each Minister, the Acts they administer as well as the departments or administrative units within their portfolios.

Administrative Arrangements Orders are re-issued or amended as required following an election or when a change in the structure of government takes place — known colloquially as a 'machinery of government' change.

Currently, under the *Administrative Arrangements* Order (No.2) 2020, the Deputy Premier and Minister for Health and Ambulance Services (the Minister) has the following areas of responsibility:

- Aboriginal and Torres Strait Islander Health
- Alcohol and Drug Services
- Community Health Services
- Disease Surveillance
- Health Care for Special Needs Groups
- Health Promotion
- Health Rights
- Hospitals
- Mental Health
- Nursing Homes and Hostels
- Offender Health Services of Prisoners
- Oral Health
- Public Health
- Registration of Health Professionals

The Minister is responsible for the administration of Queensland Health, which comprises the Department of Health, 16 Hospital and Health Services and the Queensland Ambulance Service.

The Minister is also responsible for statutory entities, including the following bodies established under enabling legislation administered within the health portfolio:

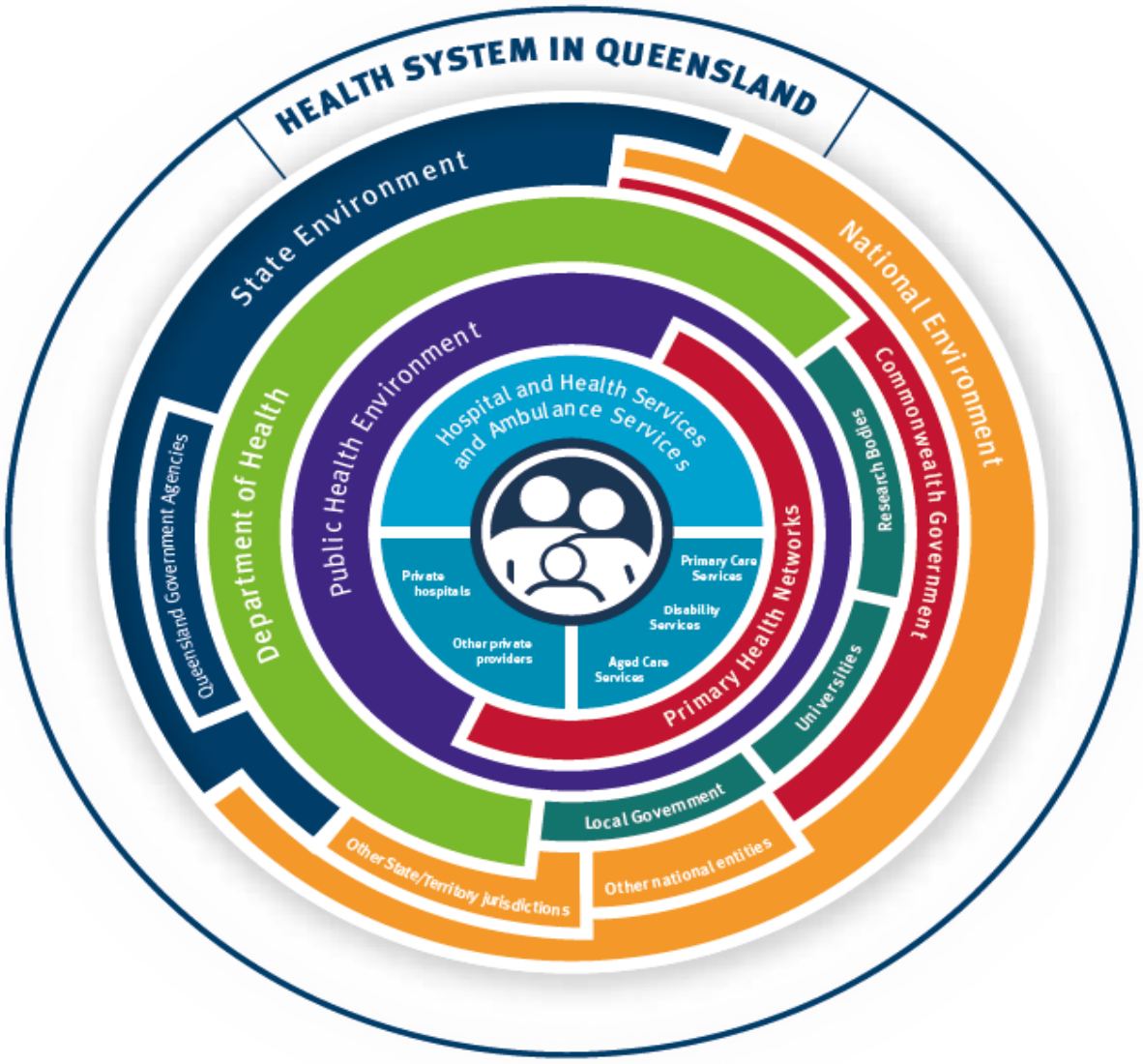
- The **Office of the Health Ombudsman** is responsible for assessing, investigating, resolving and prosecuting complaints related to the provision of healthcare in Queensland.
- The **Queensland Mental Health Commission** is established to improve the mental health and wellbeing of all Queenslanders and minimise the impact of substance misuse in Queensland communities.
- The **Queensland Institute of Medical Research** (known as the QIMR Berghofer Medical Research Institute) is a leading medical research institute in the prevention, detection and treatment of disease.
- **Thirteen hospital foundations** which help their associated hospitals provide improved facilities, education opportunities for staff, research funding and opportunities and support the health and wellbeing of communities.
- The **Mental Health Review Tribunal** whose primary purpose is to review involuntary detention and/or treatment of persons with mental illnesses.
- The **Mental Health Court**, comprised of a Supreme Court Judge and two assisting clinicians, which determines unsoundness of mind and fitness for trial of people facing criminal changes, and is the appeal body for decisions made by the Mental Health Review Tribunal. The Court is supported by a registry within the Department of Health.
- **Health and Wellbeing Queensland** was established in July 2019 to improve the health and wellbeing of all Queenslanders and reduce health inequities.
- The **Office of the Chief Psychiatrist** aims to improve the outcomes and recovery for consumers of mental health services and clients of alcohol and other drug services through leadership, advice and direction.

In addition, the Minister has responsibility for the administration of the *Health Practitioner Regulation National Law Act 2009* (Qld). This legislation established a national registration and accreditation scheme to ensure the health and safety of the public. Additional Information about the registration of health professionals is provided in Section 8 of this document.

A list of the legislation administered within the health portfolio is provided in Section 9 of this document.

3.0 Overview of the health system

3.1 Health System in Queensland



The delivery of health services in Queensland is provided through a range of healthcare professionals and organisations in the public and private sectors.

The delivery of publicly funded health services in Queensland is governed by the *Hospital and Health Boards Act 2011* (HHB Act), which has regard to the principles and objectives of the national health system.

The HHB Act sets out the key responsibilities and functions for the Department of Health and HHSs established across the State – collectively referred to as Queensland Health.

The Department of Health is responsible for the overall management of Queensland's public health system. HHSs are responsible for the delivery of public sector health services to their designated geographic area.

Key principles governing the provision of public sector health services, as detailed in the HHB Act, are that Queensland Health work with providers of private sector health services to achieve coordinated, integrated health service delivery across both sectors and that engagement with clinicians, consumers, community members and local primary healthcare organisations in planning, developing and delivering public sector health services is paramount.

3.2 Levels of government and responsibilities

Responsibility for public sector health services is shared across the three levels of government in Australia:

- Federal (more commonly referred to as Commonwealth) Government has a leadership role in policy making and with national issues such as public health, health reform, research and national information management.
- States and territories are primarily responsible for the delivery and management of public sector health services and for maintaining direct relationships with most healthcare providers.
- Local government is responsible for making decisions on local, town or city matters which may include participation in health-related issues (for example, public health surveillance and action).

The Commonwealth and state governments have specific responsibilities for certain policy direction, funding and provision issues related to health care. These are administered through individual departments and respective Ministers for Health.

Chapter 2 of the *Public Health Act 2005* clearly delineates the roles of the State and Local government in the administration and enforcement of matters that may constitute a public health risk.

The National Health Reform Agreement (NHRA) sets out roles and responsibilities for the Commonwealth and State levels of government in relation to the funding and provision of health services.

More information on Australia's health system and health expenditure is available on the Australian Government website at http://www.australia.gov.au/information-and-services/health.

3.3 Private Sector Organisations

The private health sector (including both the for-profit and not-for-profit sectors) also play a significant role in delivering health services in Australia.

The guiding principles listed in the HHB Act include that providers of public sector health services should work with providers of private sector health services to achieve coordinated, integrated health service delivery across both sectors.

In addition to services provided by a range of private health facilities:

- many medical and allied health practitioners are in private practice (self- employed, in small practices or large corporate practices)
- prescribed pharmaceuticals are dispensed by private sector pharmacies who charge a fee for service
- most high-level residential aged care beds are provided in private aged-care facilities.

The Department of Health oversees the day-to-day administration of the *Private Health Facilities Act 1999,* which provides the regulatory framework for the operation of private health facilities, including private hospitals and day hospitals. This Act provides for the licensing of private health facilities and the imposition of standards to protect the health and wellbeing of patients receiving services at private health facilities.

A list of private health facilities licensed under the *Private Health Facilities Act 1999* is publicly available at:

https://www.health.qld.gov.au/data/assets/pdf_file/0033/443994/private-facilities-addresses.pdf

The public health system is also supported by optional private health insurance and injury compensation insurance for hospital treatment as a private patient and for ancillary health services (such as physiotherapy and dental services) provided outside the hospital. Injury compensation insurers providing workers' compensation and third-party motor vehicle insurance also fund some healthcare.

4.0 Department of Health

The Queensland Health organisational structure outlines the key bodies responsible for the management of Queensland Health.

- The Minister for Health and Ambulance Services has overall responsibility for Queensland's health system through the Department of Health as well as Queensland's 16 Hospital and Health Boards.
- The Director-General manages the Department of Health's activities.
- Public health services in Queensland are delivered through 16 Hospital and Health Services (HHS). These are statutory bodies, each governed by a Hospital and Health Board. Some public health services are also provided by private providers.
- The Department of Health is responsible for the overall management of the public health system in Queensland, including monitoring the performance of HHSs.

4.1 Office of the Director-General and System Strategy Division

The Office of the Director-General and System Strategy Division provides oversight of the department's five divisions and three service agencies (Queensland Ambulance Service, Health Support Queensland and eHealth Queensland). The Office ensures the safe provision of quality public health services across Queensland and across the diversity of needs within the annual budget. The Office has a strong commitment and focus on performance, accountability, openness and transparency.

The office comprises:

- **Office of the Director-General and Executive Director**
- **Intergovernmental and Funding Strategy**
- **Strategic Communications and Engagement**
- **Health Innovation, Investment and Research Office**
- **Divisional COVID-19 Coordination Office**
- **State Health Emergency Coordination Centre**
- **Program and Legislation Policy**
- **System and Governance Strategy**

This structure is temporary and has been implemented in order to ensure an appropriate response to the COVID-19 pandemic for which Queensland Health has lead agency status.

4.2 Corporate Services Division

Corporate Services Division (CSD) provides contemporary expert advice and specialist corporate services to the Department of Health and to Hospital and Health Services. CSD has the agility to work across the health system to deliver these services through each of the branches, which are all underpinned by culturally inclusive values.

The Division comprises:

- **Business Partnerships and Improvement Branch** – aims to improve departmental culture, productivity and efficiency by enhancing business practices, embracing innovation, and using technology to modernise how the department delivers services.
- **Capital and Asset Services (CAS) Branch** - provides client focused support to achieve quality-built environments solutions for the individual needs of the branch's clients. Through partnering with Hospital and Health Services, CAS delivers the Queensland Health Capital program, provides expert advice to effectively manage assets and property, as well as monitor and report on the performance of the statewide capital and asset management programs.
- **Finance Branch** – is responsible for providing Queensland Health with a range of system-level products and services with a partnering approach, to deliver financial excellence in healthcare.
- **Human Resources Branch** - provides specialist advice, strategies and support to fully realise the potential of the Queensland public sector health system workforce in the delivery of high-quality healthcare to all Queenslanders.
- **Legal Branch** - provides strategic legal and administrative legal services to the Minister for Health and Ambulance Services and to Queensland Health.
- **Risk, Assurance and Information Management Branch** - supports the department's role as system leader and delivery of its strategic plan, through governance, compliance and information management functions including, governance, risk, internal audit, privacy, right to information and records management.
- **Strategic Communications Branch (SCB) -** provides expertise in communicating and engaging with key stakeholders, and the broader Queensland public. SCB promotes awareness of health issues, achievements, and advances, and public health messages and general health advice.

4.3 Clinical Excellence Queensland

Clinical Excellence Queensland (CEQ) works in partnership with Hospital and Health Services, clinicians and consumers to help drive continuous improvement in patient care, promote and spread innovation, and create a culture of service excellence across the Queensland health system.

CEQ comprises:

- **Office of the Chief Clinical Information Officer**
- **Allied Health Professions' Office Queensland**
- **Centre for Leadership Excellence**
- **Healthcare Improvement Unit**

- **Mental Health, Alcohol and Other Drugs Branch**
- **Office of the Chief Dental Officer**
- **Office of the Chief Nursing and Midwifery Officer**
- **Patient Safety and Quality Improvement Service**
- **Office for Prisoner Health and Wellbeing**

CEQ functions include:

- Providing expert advice and support services to health services, the department and national bodies to maximise patient safety outcomes and the patient's experience of the Queensland public health system.
- Setting and supporting the direction for mental health, alcohol and other drug services in Queensland, as well as monitoring and reporting on performance.
- Providing professional leadership and principal advice for dental, allied health, nursing and midwifery workforce and clinical informatics.
- Working collaboratively with health services to address access to hospital services.
- Investing in innovation and improvement programs and supporting uptake, scale and spread through knowledge management.
- Investing in and supporting the development of clinician leaders.
- Working to create greater transparency of performance and knowledge.

4.4 Healthcare Purchasing and System Performance Division

The Healthcare Purchasing and System Performance Division is responsible for purchasing public health and social services and managing the performance associated with those purchasing decisions to optimize health gains, reduce inequalities and maximise the efficiency and effectiveness of the health system.

The Division comprises:

- **Office of the Deputy Director-General**
- **Community Services Funding Branch** – collaborates with program areas within the Department, utilising an end-to-end commissioning framework, to contract non-government, private and academic organisations to deliver community, health or human services on behalf of government and to deliver a variety of community-based health services.
- **Contract and Performance Management Branch** – leads the development and negotiation of service agreements with the 16 HHSs and the Mater Health Services ensuring the service agreements foster and support continuous quality improvement, effective health outcomes and equitable allocation of the state's multi-billion-dollar health service budget. Using a transparent performance framework, the branch is also responsible for ensuring performance against these service agreements. The *Surgery Connect program* is also managed within this branch.

- **Healthcare Purchasing and Funding Branch** – leads the development and application of purchasing and funding methodologies to support delivery of the greatest possible health benefit for the Queensland population for the resources available. From a healthcare purchasing perspective, this means focusing on the patient health outcomes achieved per dollar spent to ensure resources are focused on high value activities and improved health outcomes while funding models incentivise the uptake of good practice.
- **System Performance Branch** – leads the monitoring and reporting on performance of Queensland's health system, producing a range of insights and reports to the Minister, Director-General, Board Chairs, System Manager, central agencies, executives and operational staff across the department and HHSs. The Branch manages the department's System Performance Reporting (SPR) platform that provides performance insights to health workforce to understand the performance of individual local HHSs relative to their peers and to support evidence-based decisions on performance improvement and 'purchasing for performance' strategies.

4.5 Prevention Division

The Prevention Division consists of five branches and an office, which deliver policies, programs, services and regulatory functions that aim to improve the health of all Queenslanders, through the promotion and protection of health and wellbeing, detection and prevention of diseases and injury, and supporting high quality healthcare service delivery. The Office manages credentialing and clinical scope of practice for departmental medical administration staff and statewide BreastScreen and retrieval services medical staff.
The Office also has ministerial delegation for declaring Area of Need for Queensland.

The five branches comprise:

- **Chief Medical Officer and Healthcare Regulation Branch —** responsible for providing strategic advice and regulation activities related to medical workforce and medical recruitment campaigns, credentialing, private facilities, medication management services, Schools of Anatomy, drugs and drug approvals, blood, human tissues and related products, review of healthcare legislation and policy, and medicinal cannabis.
- **Aeromedical Retrieval and Disaster Management Branch —** provides clinical coordination of all aeromedical retrievals and transfers across Queensland, disaster preparedness and resilience building, emergency incident management and training for disaster and emergency incidents including Major Incident Medical Management and Support (MIMMS) and mass casualty response courses, major events planning, coordination of Queensland participation in Australian Medical Assistance Teams (AUSMAT) deployments, telehealth support to rural and remote clinicians, aeromedical contract management and patient transport data analysis.
- **Preventive Health Branch —** uses integrated, multi-strategy approaches to create environments which support improved health and empower individuals to adopt healthy behaviours (including not smoking and being sun safe), and drives increased participation in the three national cancer screening programs of bowel, breast and cervical for the early detection of cancer.
- **Health Protection Branch —** seeks to safeguard the community from potential harm or illness caused by exposure to environmental hazards, diseases and harmful practices.

The Branch has both a regulatory and health risk assessment focus and works across a range of program areas, including environmental hazards (e.g. asbestos, lead), water quality, fluoridation, food safety and standards, radiation health and chemical safety. It is responsible for processing licences, approvals, permits and other instruments as per regulatory requirements for food safety auditing, radiation safety, pest management and poisons.

4.6 Queensland Ambulance Service

Through the delivery of timely, quality and appropriate patient-focused ambulance services, the Queensland Ambulance Service (QAS) is an integral part of the primary healthcare sector in Queensland.

Operating as a statewide service within Queensland Health, the QAS is accountable for the delivery of:

- pre-hospital ambulance response services
- emergency and non-emergency pre-hospital patient care and transport services
- inter-facility ambulance transport
- casualty room services
- planning and coordination of multi-casualty incidents and disasters.

The QAS delivers ambulance services from 298 response locations through 15 Local Ambulance Service Networks (LASNs) which are geographically aligned with Queensland Health's HHS boundaries. The QAS has an additional statewide LASN which comprises of eight operations centres distributed throughout Queensland that manage emergency call taking, operational deployment and dispatch, and coordination of non-urgent Patient Transport Services.

In addition, the QAS works in partnership with 143 Local Ambulance Committees (LACs) across the state, whose members volunteer their time supporting their local ambulance service.

4.7 Health Support Queensland

Health Support Queensland (HSQ) delivers a broad range of highly specialised, predominantly whole of state, diagnostic, scientific, clinical support and payroll support services.

HSQ has a key role in health research and innovation and delivers research solutions and outcomes that improve public safety and wellbeing. Supported by cutting-edge technology and diverse multidisciplinary teams, HSQ conducts analytical, clinical and forensic research in collaboration with Hospital and Health Services, other government agencies, universities, industry groups and specialist research organisations.

HSQ provides a diverse range of customer-centered services to the Queensland public health system via:

- **Pathology Queensland —** diagnostic pathology services to all HHSs across metropolitan, regional and remote Queensland.
- **Forensic and Scientific Services —** expert forensic analysis and advice and scientific testing for public and environmental health.

- **Biomedical Technology Services —** comprehensive health technology management services to ensure HHS health technology fleets are safe, effective and appropriate.
- **Health Contact Centre —** confidential health assessment and information services to Queenslanders 24 hours a day, seven days a week.
- **Group Linen Services —** specialist healthcare linen hire, sourcing, distribution and laundry services.
- **Strategic Procurement —** procurement planning and contracting for a range of goods and services provided to Queensland Health.
- **Supply Chain Services —** purchasing, inventory management, contracts management, warehousing and distribution services for a range of clinical and non-clinical goods and services.
- **Central Pharmacy —** purchasing, warehousing and distribution services for pharmacy products required by the Queensland public health sector.
- **Corporate Enterprise Solutions —** supports the largest and most complex workforce management, payroll, business, finance and logistics systems in the Queensland public sector.
- **Clinical Information System Support —** service strategy, development, transition support and operational services for clinical ICT systems.
- **Radiology Informatics Support —** direct application support and training, a point of contact for frontline users, and coordination of system enhancements to improve business functionality.

Find out more at www.health.qld.gov.au/healthsupport

4.8 eHealth Queensland

eHealth Queensland is a support agency of the Department of Health and enables the delivery of health services to the community supporting the information and communications technology (ICT) needs of the state's 16 Hospital and Health Services and the Department of Health.

The key functions of eHealth Queensland are to:

- Develop and provide advice on statewide eHealth innovation, strategy, planning, standards, architecture and governance.
- Deliver clinical, corporate and infrastructure ICT programs in line with the eHealth Queensland vision and investment priorities.

Provide modern ICT infrastructure and customer support for desktop, mobile, smart devices, telehealth, data centres, network and security. eHealth Queensland is committed to advancing healthcare through digital innovation.

5.0 Hospital and Health Services

Hospital and Health Services (HHSs) are independent statutory bodies established to provide public hospital and health services in accordance with the *Hospital and Health Boards Act 2011* (the HHB Act), the principles and objectives of the national health system and the Queensland Government's priorities for the public health system.

Each HHS is independently and locally controlled by a Hospital and Health Board (HHB). The appointment of board chairs, deputy chairs and members to each HHB is made by the Governor in Council on the recommendation of the Minister. A map of Hospital and Health Services is attached in Appendix 2.

Recruitment activities for these positions are conducted in an open and transparent manner facilitated by the Office of the Director-General and System Strategy Division. The appointment process occurs annually and on an ad hoc basis as required. Members are appointed by the Governor in Council for a term of not more than four years, upon recommendation by Minister An appointed member holds office for not more than four years.

The HHB Act requires HHBs to consist of a minimum of five board members, including the Chair. The HHB Act provides guidance as to the skills mix considered necessary for boards, including persons with expertise in the provision of clinical services, health management, business management, financial management and human resource management as well as knowledge of health consumer, community issues, research and higher education relevant to the operations of the HHS. HHBs must also include persons with skills, knowledge and experience in Aboriginal and Torres Strait Islander health and community issues relevant to the operation of the Service and one or more of the members of a board must be Aboriginal persons or Torres Strait Islander persons.

The HHB controls the HHS for which it is established, including financial management of the HHS, its land and buildings. In order to safeguard assets in the longer term, the Minister and the Treasurer must approve any request for a HHS to buy or sell land or buildings and, in certain circumstances, approve the lease of land and buildings from another person, or the lease of land and buildings owned by the HHS.

Each HHB is required to appoint a Health Service Chief Executive (HSCE), whose appointment is subject to approval by the Minister for Health and Ambulance Services. The HSCE is responsible for the management of the operations of the HHS and implementation of the strategic framework for the HHS set by the HHB.

Each HHS has a service agreement in place with the Department of Health for the provision of public health services, which accord with requirements of the National Health Reform Agreement and the requirements of the HHB Act.

The National Health Reform Agreement requires the State of Queensland to establish service agreements with each HHS for purchasing of health services and to implement a performance and accountability framework, including processes for remediation of poor performance. The HHB Act requires that a service agreement be executed between the Director-General of the Department of Health and the HHB Chair.

The service agreement defines the health services, teaching, research and other services that are to be provided by the HHS and the funding to be provided to the HHS for the delivery of these services. It also defines the outcomes that are to be met by the HHS and how its performance will be measured.

Current service agreements are publicly available at https://www.health.qld.gov.au/system-governance/health-system/managing/agreements-deeds.

As set out in section 19 of the HHB Act, the main functions of HHSs are to deliver hospital and other health services, the Act also requires that HHSs:

- contribute to and implement statewide service plans that apply to the HHS, including the implementation of national clinical standards
- cooperate with other providers of health services, including other HHSs and primary healthcare organisations in planning for and delivering health services
- consult with health professionals working in the HHS, health consumers and members of the community about the provision of health services.

On 13 August 2020, sections 19 and 22 the Act were amended, to provide for further considerations for HHSs, such as:

- to collaborate with the Queensland Ambulance Service to manage the interaction between the services provided by the Queensland Ambulance Service and health services provided by the Hospital and Health Service
- In performing its functions, a Service must have regard to—

  (a) the need to ensure resources of the public sector health system are used effectively and efficiently

  (b) the best interests of patients and other users of public sector health services throughout the State.

6.0 Leadership Teams and Executive Committees

6.1 Peak Body Governance and Executive Committee Structures

Under the oversight of the Director-General, health system leadership is supported by peak governance structures (committees and forums) and clarity of responsibility between the department and Hospital and Health Services.

The peak bodies and executive committees of Queensland Health undertake a range of activities to ensure that functions including disaster management, eHealth, healthcare investment, patient safety and quality and legislative planning are conducted in a planned, organised and collaborative manner that includes all relevant entities within the health system. The governance structure is classified as Tiers 1 through 3

Tier 1 bodies are the:

- Queensland Health Leadership Advisory Board (chaired by the Director-General)
- Queensland Health Executive Leadership Team (chaired by the Director-General)
- Queensland Health Audit and Risk Committee

A list of peak body governance and executive committees within the Queensland Health system can be found at:

https://qheps.health.qld.gov.au/__data/assets/pdf_file/0033/2548770/qh-system-governance-chart.pdf

7.0 Registration of Health Professionals

7.1 National Registration and Accreditation Scheme

The registration and licencing of healthcare professionals is designed to ensure that the public are protected from harm by ensuring that healthcare is provided by professionals that have appropriate knowledge and skills. In 2008 the Council of Australian Governments (COAG) agreed to establish a single National Registration and Accreditation Scheme (NRAS or National Scheme) for registered health practitioners. The Health Practitioner Regulation National Law (the National Law) was enacted in each state and territory of Australia in 2009 and 2010.

The NRAS and the National Law ensures that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. It allows health practitioners to have a single registration recognised anywhere in Australia and provides mechanisms for detecting and addressing practitioner health, conduct or performance issues.

The scheme aims to:

- provide for the protection of the public by ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
- facilitate workforce mobility across Australia and reduce red tape for practitioners
- facilitate the provision of high-quality education and training and rigorous and responsive assessment of overseas-trained practitioners
- have regard to the public interest in promoting access to health services
- have regard to the need to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in education and service delivery.

NRAS is a 'protection of title' model, with powers to prosecute persons who falsely hold out to be registered or use a restricted professional title. It also enables the continuous development of a flexible, responsive and sustainable health workforce and innovation in the education of health practitioners and service delivery by health practitioners.

Some local modifications apply in certain States and Territories. In particular, the complaints handling and disciplinary functions in Queensland and New South Wales (NSW) operate under co-regulatory arrangements which are recognised by the National Law.
This means that Queensland and NSW opt out of the complaints handling and disciplinary functions under the National Law and instead operate unique schemes in their respective jurisdictions.

Under Queensland's co-regulatory system, serious complaints about registered health practitioners are therefore dealt with by the Queensland Health Ombudsman, with other matters referred to the Australian Health Practitioner Regulation Agency (Ahpra).

The Health Ombudsman also deals with complaints about unregistered health practitioners, such as anaesthetic technicians, homeopaths and naturopaths.

7.2 Professions

The regulated health professions are:

- Aboriginal and Torres Strait Islander health practice
- Chinese medicine
- Chiropractic
- Dental practice
- Medicine
- Medical radiation practice
- Nursing and midwifery
- Occupational therapy
- Optometry
- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology

Each profession has a National Board which regulates the profession, registers practitioners and develops standards, codes and guidelines for the profession. Ahpra administers NRAS and provides administrative support to the National Boards. Further information is available at the Ahpra website: https://www.ahpra.gov.au/

8.0 Board fundamentals

8.1 Role of the Board Chair and members

This volume supplements local induction and the Department of the Premier and Cabinet publication *Welcome Aboard: A Guide for Members of Queensland Government Boards, Committees and Statutory Authorities* (Welcome Aboard) which outlines the role of government boards and those who serve the community as members.

Welcome Aboard is available via:

https://www.premiers.qld.gov.au/publications/categories/policies-and-codes/handbooks/welcome-aboard.aspx

8.2 Role of the Board Chair

The HHB Chair leads and directs the activities of the board.

The Chair's responsibilities usually include:

- serving as the key spokesperson for the HHB as a whole
- setting the board's strategic agenda and direction
- facilitating the flow of information and discussion
- conducting board meetings and other business
- ensuring the board operates effectively
- liaising with and reporting to the Minister and, as required, the Director-General of Queensland Health
- reviewing board and organisational performance
- inducting and supporting board members.

The Chair must therefore be fully conversant with the business of the HHB and ensure compliance with all legal and statutory obligations.

The Chair may also be invited to provide input to the nomination process for new board members, however, as detailed in section 11.2, responsibility for selection ultimately rests with the Minister, via Cabinet and Governor in Council.

8.3 Role of Board members

Members of HHBs are required to familiarise themselves with the work of the HHB, including their legal and statutory obligations. They must take reasonable steps to ensure that they are knowledgeable about the business of the HHB and can make informed decisions. HHB members are collectively responsible for, and should support and adhere to, all HHB decisions. Members can exercise a dissenting view on matters for decision, which should be appropriately recorded in the meeting minutes.

8.4 Legal and administrative frameworks

The Department of Health's functions and authority are derived from administering the relevant Acts of Parliament, in accordance with Administrative Arrangements Order (No.2) 2020.

The Director-General, Queensland Health, on behalf of the Minister, is responsible for administering all Acts, other than the *Ambulance Service Act 1991*, which is administered by the Queensland Ambulance Service Commissioner.

A list of the relevant Department of Health Portfolio and General Legislation Schedules can be found at:

https://www.health.qld.gov.au/__data/assets/pdf_file/0036/397854/qh-gdl-035-att2.pdf

A complete list of Queensland Government legislation is available from the Office of the Queensland Parliamentary Counsel on the OQPC Legislation Site.

Government boards operate within a framework of legislation and policy.

HHB members have legal obligations under:

- the HHB Act: the enabling Act constituting the Board to control the HHS for which they are established (section 22). The HHS itself (represented by the HHB) is accountable to the Minister and Parliament for the performance and actions of the HHS. The HHB Act is supported by the Hospital and Health Boards Regulation 2012 (HHB Regulation) which outlines more detailed obligations relating to the governance of HHBs and administration of HHSs.
- other applicable State and Commonwealth legislation: for example, relevant sections of the:
    - *Auditor-General Act 2009*
    - *Financial Accountability Act 2009*
    - *Financial and Performance Management Standard 2009*
    - *Statutory Bodies Financial Arrangements Act 1982*
    - *Statutory Bodies Financial Arrangements Regulation 2007*

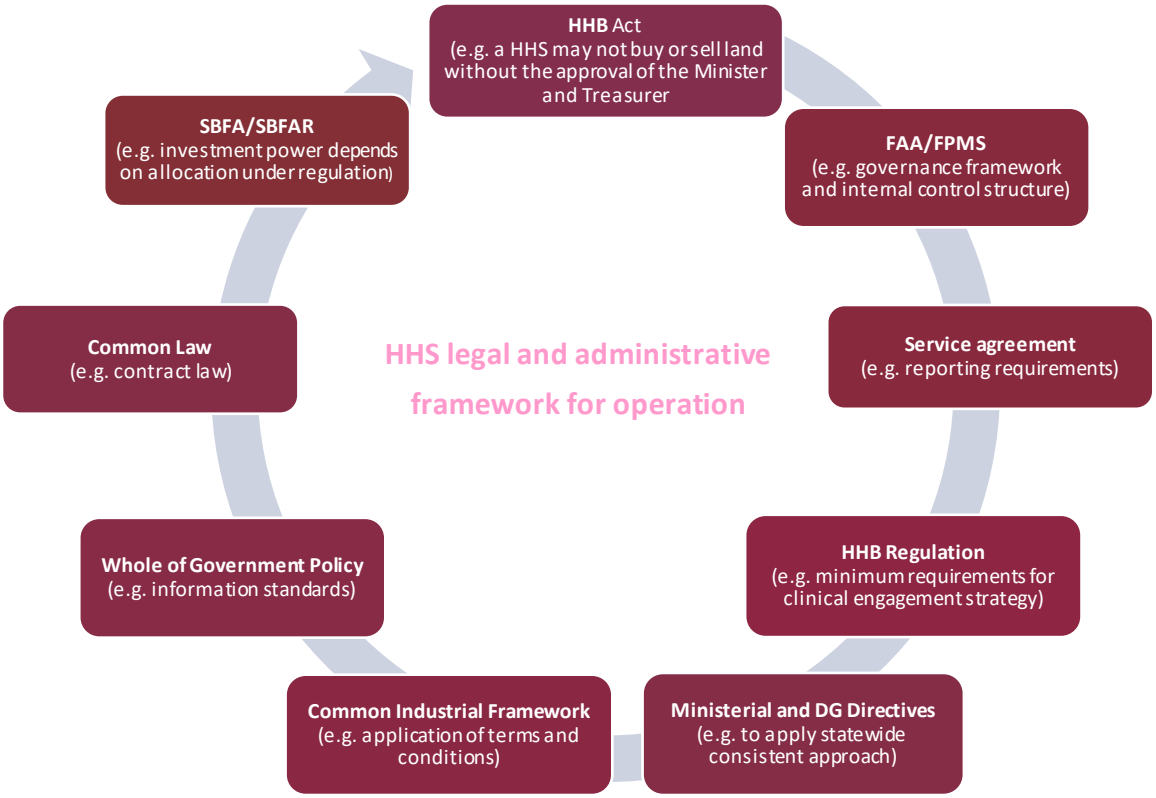
There are also Acts and subordinate Legislation administered by Queensland Health which may impact the operations of a HHS. These include:

- the *Food Act 2006*
- the *Radiation Safety Act 1999*
- the *Water Fluoridation Act 2008*.

A list of the applicable legislation can be found at

https://www.health.qld.gov.au/system-governance/legislation/health-portfolio

Obligations are also imposed on boards by the broader policy and administrative framework in which they operate. The diagram below is an example illustration of the key legal and administrative framework in which a HSS must operate.



8.5 Required engagement strategies

The HHB Act requires each HHS to develop and publish a clinician engagement strategy, a consumer and community engagement strategy, and a protocol with local primary healthcare organisations (see Part 2 Division 4 of the Act).

The engagement strategies and protocol must comply with minimum requirements prescribed in Part 4 of the HHB Regulation. The Regulation also requires a summary of the key issues discussed and decisions made at each board meeting to be made available (subject to the Board's obligations relating to confidentiality and privacy) as follows:

- to health professionals working in the HHS
- to consumers and the community
- to the HHS's local primary healthcare organisations.

Most HHSs fulfil this requirement by publishing meeting summaries on their local website.

8.6 Public health portfolio legislation

The Director-General, Queensland Health is defined as the Chief Executive for those Acts for which the Minister is responsible, unless otherwise provided for in specific Acts.

The statutory role for HHSs is related to the provision of services. However, public health-related legislation does not provide for the HHS as a statutory entity or regulatory agency.

The Prevention Division, Queensland Health, is the legislative custodian for a range of Acts administered by the Department which contain offences and associated compliance and enforcement provisions.

In carrying out its role as regulator, the Department establishes systems and processes which promote and protect safety within the community and provide confidence in the regulator by licensees, other regulated entities and the wider community.

Administration of public health legislation includes the management, review and development of operational guidelines to support the:

- *Food Act 2006*
- *Health Act 1937*
- *Pest Management Act 2001*
- *Pharmacy Business Ownership Act 2001*
- *Private Health Facilities Act 1999*
- *Public Health Act 2005*
- *Public Health (Infection Control for Personal Appearances Services) Act 2003*
- *Public Health (Medicinal Cannabis) Act 2016*
- *Radiation Safety Act 1999*
- *Tobacco and other Smoking Products Act 1998*
- *Transplantation and Anatomy Act 1979*
- *Water Fluoridation Act 2008*

Authorised persons and inspectors appointed under the *Public Health Act 2005* known as authorised officers, include staff employed in the Department, and those employed in HHS Public Health Units who are located in diverse geographical areas across Queensland, responsible for undertaking monitoring, compliance and enforcement on behalf of the department.

Public health legislation also provides for the delivery of specific regulatory functions to be devolved to local government, although the Director-General, Queensland Health retains accountability for ensuring local government undertakes these devolved functions.

These functions include the management of local public health risks including licensing and monitoring of hygiene in food businesses, regulation of personal appearance businesses, and activities related to mosquito control.

The *Administering Portfolio Legislation Policy* and *Administering Portfolio Legislation Standard* outline the regulatory approach and principles underpinning regulatory compliance and enforcement activity to ensure a responsive, coordinated and consistent public health regulatory system.

The policy and standard are available via:

- Administering portfolio legislation – Prevention Division Standard

8.7 Powers, functions and delegations

8.7.1 Powers

Each HHB governs the HHS for which it is established and has the powers specified in the HHB Act for its HHS. In summary, these powers derive from:

- The HHSs' status as independent legal entities (section 18 of the HHB Act), that is, they:
  - are bodies corporate
  - may sue and be sued in their corporate name
  - represent the State and have all the privileges and immunity of the State.
- The nature of their statutory status (section 21 of the HHB Act), that is, they are:
  - statutory bodies under the *Financial Accountability Act 2009* and *Statutory Bodies Financial Arrangements Act 1982*
  - units of public administration under the *Crime and Corruption Act 2001.*
- Further powers of a HHS are detailed in section 20 of the HHB Act and include, for example the ability to:
  - enter into contracts and agreements
  - appoint agents and attorneys
  - charge for the services they provide
  - do anything else deemed necessary or convenient to be done in performing their functions.

Each HHB has significant responsibilities at a local level, including controlling the financial management of the HHS, and the management of the HHS's land and buildings.

HHS staff also remain subject to statewide enterprise bargaining agreements and awards, and other statewide employment terms and conditions as determined by the Director-General. This is to prevent wage competition between HHSs and allow easy transfer of staff between HHSs.

8.7.2 Delegations and local protocols

Section 30(1) of the HHB Act provides that the HHB of a HHS may delegate HHS's functions under the HHB Act and the *Financial Accountability Act 2009* to:

- a committee of the board, if all members of the committee are board members; or
- the executive committee established by the board, or the HHS.

In doing so, the board must ensure that local policies, practices and procedures for the delegation of authority comply with the requirements of the *Acts Interpretation Act 1954*, the *Financial and Performance Management Standard 2009* (FPMS) and the HHB Act.

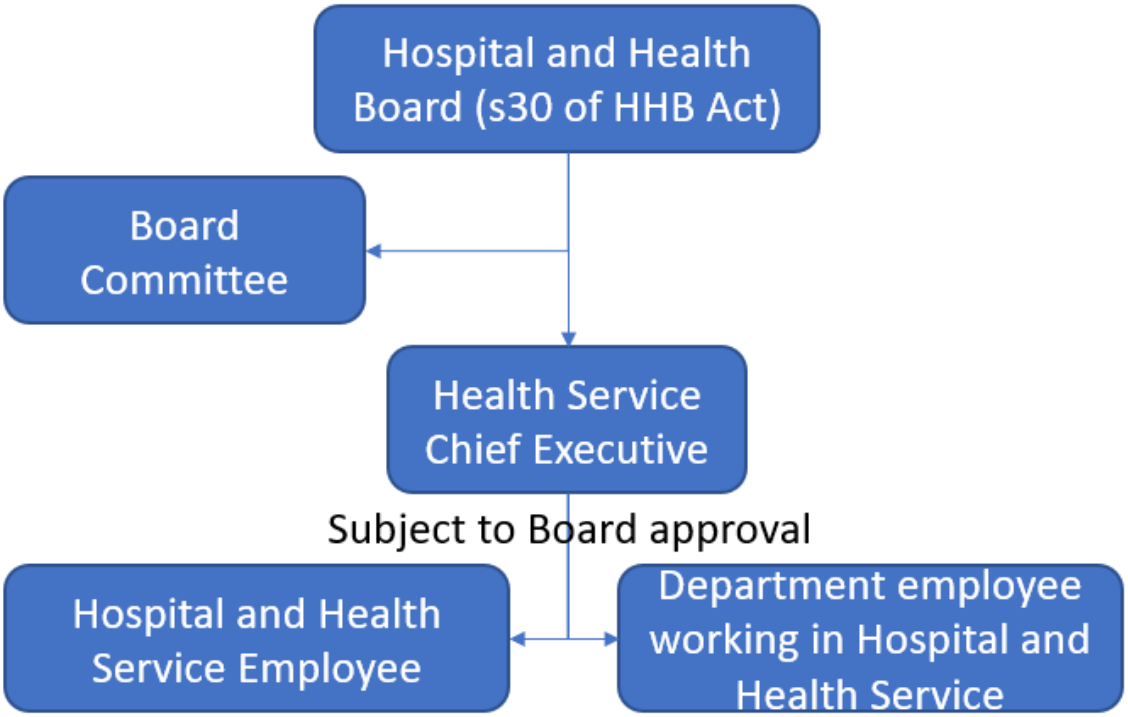
Some examples of decision-making powers boards may choose to delegate are:

- discharging the responsibilities of a prescribed or other committee
- progressing strategies and implementing the performance and governance frameworks of the HHS
- financial and procurement approvals
- signing deeds, contracts, agreements, indemnities, guarantees, memoranda of understanding and other legal documents.

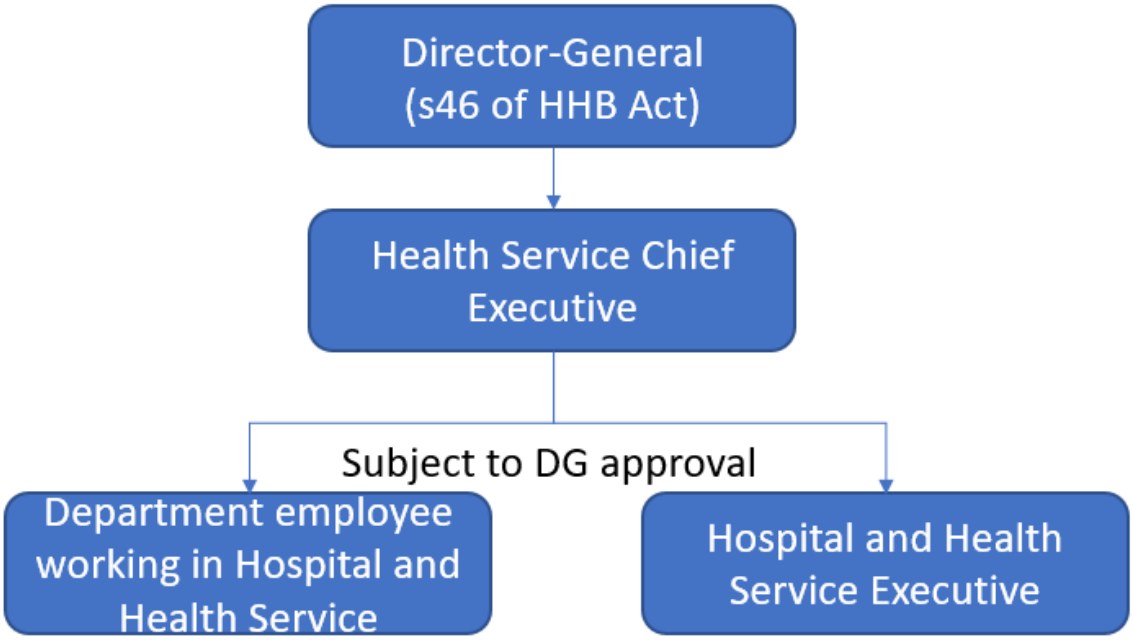
A statutory function or power is delegated via an instrument of delegation — a formal, written document signed by the delegator.

It is likely that decisions on delegated matters that impact on the core values of a HHS, or that have the potential to change or impact the strategic direction/commitments of the HHS, would be reserved for the board or, at a minimum, provided to the board for consultation.

Section 30(2) of the HHB Act provides that, with the written approval of the board, the HSCE may sub-delegate functions delegated to them by the board to an employee of the HHS or to a health service employee employed in the Department and working for the HHS who is appropriately qualified to carry out the delegated function.



Section 46(5) of the HHB Act provides that, with the written approval of the Director-General, Queensland Health, the HSCE may sub-delegate functions delegated to them by the Director-General to a health executive employed by the HHS or to a health service employee employed in the department and working for the HHS.



Boards should regularly monitor the internal governance arrangements for their HHS, including delegations of functions and confirming the committee structure for the HHS. This might be assisted by maintaining and keeping under review a central record of delegations as may be specified in the HHS's Financial Management Practice Manual (FMPM).

The *Acts Interpretation Act 1954* requires that delegations are assigned only to officers with the requisite qualifications, experience or standing appropriate to exercise the power. Section 27A of this Act provides specific requirements in relation to the delegation of a statutory function or power.

HHSs should seek their own independent legal advice in relation to their delegation obligations under the Act, including the content of any delegation instruments that have been provided to them by the Department or another HHS as a guide.

8.7.3 Submissions to inquiries

From time to time, submissions to a particular inquiry are invited by Parliamentary Committees. HHBs, as statutory bodies, may make submissions to inquiries independently of government departments. Any such submission must clearly state that it does not represent the views of the Queensland Government. The Chair of the HHB must approve the submission, and the HHS must provide a copy of the submission to the Director-General and Minister.

It is prudent for a HHS to notify the Office of the Director-General and System Strategy Division of its intent to make a submission as early as possible to ensure proper liaison with Cabinet and Parliamentary Services, and provision of copies of submissions to the Director-General and Minister.

8.8 Board Committees

Section 8, Schedule 1 of the HHB Act provides that a HHB may establish committees of the board to assist it in effectively and efficiently performing its functions; and further specifies that the functions of a committee are to:

- Advise and make recommendations to the board about matters, within the scope of the board's functions, referred by the board to the committee
- Exercise powers delegated to it by the board.

The board is *required* by the HHB Act to establish the following prescribed committees:

- an executive committee
- a safety and quality committee
- a finance committee
- an audit committee.

The functions and any other requirements of these committees are outlined in the HHB Act and HHB Regulation. A HHB may assign a different name to any of these committees (with the exception of the executive committee), as long as it is a name consistent and

appropriate with the functions of the committee. The functions of these committees are explored in section 9.9.

8.9 Delegation of powers to board committees

The HHB may determine it is appropriate to delegate some decision-making powers to a prescribed or other committee. Section 30 of the HBB Act provides that a board can delegate any of the HHS's functions under this Act or the *Financial Accountability Act 2009* (FAA) to a committee of the board (if all the members are board members); to the executive committee; or to the HSCE. Further, the HSCE may sub-delegate a function to an appropriately qualified person.

A committee is required to keep a record of the decisions it makes when exercising a power delegated to it by the board. The HHB may decide matters about the committee, including, for example, the way a committee must conduct meetings.

8.10 Remuneration of committee members

Remuneration of committee members is available for the chair and members participating on prescribed committees. Non-board members may therefore be remunerated. The chair and members of a sub-committee are entitled to receive the sub-committee fees specified in the parent body's category level.

Where attendance at a sub-committee meeting is a function of the work of a Hospital and Health Service employee, normal public service conditions apply. For employees with an entitlement, overtime or time off in lieu may be approved. Other conditions such as a travel allowance might also apply.

As non-board members are not statutory appointments, remuneration is funded by the HHS rather than from available administrative funding allocated to HHBs within individual HHS service agreements.

Refer to section 11.9 of this handbook for further information regarding remuneration rates for individual HHBs.

8.11 Prescribed committees

The functions of prescribed committees of the HHB are outlined in Division 2A of the HHB Act, and Part 7 of the HHB Regulation.

8.11.1 Executive Committee functions

Clear lines of accountability and strong lines of communication between the HHB and HSCE are essential. To facilitate this, under section 32A of the Act, each HHB must establish an executive committee.

The function of this committee is to support the HHB in its role of controlling the HHS, by working with the HSCE to progress strategic issues identified by the HHB.
The Executive Committee should also strengthen the relationship between the HHB and the HSCE, to ensure accountability in the delivery of services by the HHS.

In addition, at the direction of the HHB, an executive committee may:

- oversee the performance of the HHS against the service agreement
- support the HHB in developing the required engagement strategies and protocols
- support the HHB to develop service plans for the HHS and monitor their implementation
- work with the HSCE in responding to critical emergent issues
- perform any other functions given to the committee by the HHB or prescribed in regulation.

Membership, at minimum, comprises either the HHB chair or deputy chair (who will then chair the committee) and at least two other HHB members, of whom one must be a clinician. It is a requirement that the HSCE attend all meetings of the executive committee unless excused by the chair of the committee.

8.11.2 Safety and Quality Committee functions

Section 32 of the HHB Regulation provides that the functions of the Safety and Quality Committee are to:

- advise the HHS board on matters relating to the safety and quality of health services provided by the HHS, including the HHS's strategies for the following:
  - minimising preventable patient harm
  - reducing unjustified variation in clinical care
  - improving the experience of patients and carers of the HHS in receiving health services
- comply with national and state strategies, policies, agreements and standards relevant to promoting consultation with health consumers and members of the community about the provision of health services by the HHS
- monitor the HHS's governance arrangements relating to the safety and quality of health services, including by monitoring compliance with the HSS's policies and plans about safety and quality
- promote improvements in the safety and quality of health services provided by the HHS
- monitor the safety and quality of health services being provided by the HHS using appropriate indicators developed by the HHS
- collaborate with other safety and quality committees, the Department and statewide quality assurance committees in relation to the safety and quality of health services
- any other function given to the committee by the HHB, if the function is not inconsistent with the functions mentioned above.

8.11.3 Finance Committee functions

Section 33 of the HHB Regulation provides that the functions of the Finance Committee are to advise the board on the following matters:

- assessing the HHS budgets to ensure they are consistent with organisational objectives and appropriate relative funding

- monitoring HHS cash flow
- monitoring financial and operating performance
- monitoring the adequacy of financial systems to ensure requirements and obligations under the FAA are met
- assessing and monitoring financial risks and concerns
- assessing complex or unusual financial functions
- any other function given to the committee by the board.

8.11.4 Audit Committee functions

Section 34 of the HHB Regulation provides that the functions of the Audit Committee are to advise the board on the following matters:

- assessing the HHS's financial statements in relation to:
  - appropriateness of the accounting practices
  - compliance with accounting standards prescribed under the FAA
  - external audits of the HHS's financial statements
  - information provided by the HHS regarding the accuracy and completeness of its financial statements.
- monitoring the HHS's compliance with internal control structures and systems of risk management under the FAA, including:
  - whether the HHS has appropriate policies and procedures in place
  - whether the HHS is complying with the policies and procedures
  - if the HHS establishes an internal audit function, monitoring and advising the board about its internal audit function
  - overseeing the HHS's relationship with the Queensland Audit Office (QAO)
  - assessing external audit reports and ensuring an appropriate response to any required actions
  - monitoring the HHS's management of legal and compliance risks
  - assessing complex or unusual financial functions
  - any other function given to the committee by the board.

Each HHS must comply with the requirements contained in section 30 of the FPMS in establishing an audit committee. Section 30 of the FPMS requires that the HHS must:

- have regard to the Queensland Treasury document '*Audit Committee Guidelines – Improving Accountability and Performance*', available at www.treasury.qld.gov.au/publications-resources/improving-performance/index.php
- develop terms of reference
- include members of the board
- provide an annual report of the committee's operations to the board

The QAO periodically issues information that provides current and emerging issues related to audit and financial management matters. Subscription to this free service is available at: https://www.qao.qld.gov.au/subscribe

8.12 Investment and statutory approvals

Certain HHS activities may require the prior approval of the Minister, the Treasurer or Governor in Council.

HHSs derive their powers from their enabling legislation, the HHB Act. In addition, HHSs have been granted Category 2 investment powers under the *Statutory Bodies Financial Arrangements Regulations 2007* (SBFA Regulation).

Under these legislative arrangements, HHSs have the powers to undertake all the functions expressly provided for in the HHB Act and the powers to invest in certain relatively short-term secure investment products (section 45 of the *Statutory Bodies Financial Arrangements Act 1982* (SBFA Act)).

Entering into investments other than those detailed in section 45 of the SBFAA and other financial arrangements, such as borrowing, leasing, purchasing/selling land and/or buildings, entering into a joint venture, partnership, forming a company, entering into alliance contracts etc. requires additional approvals under the HHB Act, SBFAA and/or other Government approval.

Likewise, contract expenditure over specified amounts may require approval from the Governor in Council.

Queensland Treasury requires that a statutory body proposing to enter into a financial arrangement that requires approval under the SBFAA is to approach its administering department with complete details of the proposal and request that the department seek any necessary approvals on behalf of the body.

Retrospective approvals cannot be given for investments or other financial arrangements that require the prior approval of the Treasurer under the SBFAA.

Early proactive engagement with the department is therefore encouraged.

8.13 Workplace Health and Safety

Everyone has a role to play to ensure the health and safety of all people at work. All staff, including Board members, are duty holders for health, safety and wellbeing.

Board members play a key role and must exercise due diligence to ensure that the person conducting the business or undertaking complies with their duties under Work Health and Safety (WHS) legislation.

8.13.1 Legislative Framework

In Queensland the relevant legislation for workplace health and safety includes:

- *Work Health and Safety Act 2011* (the WHS Act), the *Work Health and Safety Regulation 2017* and Codes of Practice

- *Electrical Safety Act 2002* and the *Electrical Safety Regulation 2013*, Australian Electrical Standards, the Wiring Rules and Electrical safety codes of practice
- *Workers' Compensation and Rehabilitation Act 2003* and *Workers' Compensation and Rehabilitation Regulation 2014*
- *Building Fire Safety Regulation 2008.*

Other legislation may also apply, depending on the activities of a HHS.

8.13.2 Duties and obligations of Officers

As Persons Conducting a Business or Undertaking (PCBUs), the Department of Health and each Hospital and Health Service (HHS) have duties for health and safety including the duty to manage risks to health and safety, so far as is reasonably practicable.

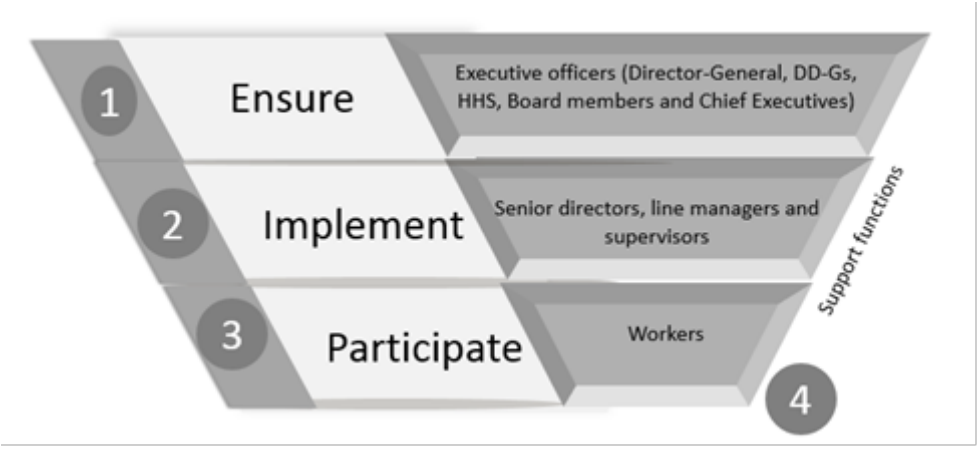
The following executive officers within Queensland Health hold the duties and obligations of 'officers' under the *Work Health and Safety Act 2011:*

- Director-General of Queensland Health
- Department of Health Deputy Directors-General
- Department of Health Chief Executive Officers
- HHS Board Members
- Health Service Chief Executives.

An executive officer's due diligence duties include taking reasonable steps to:

- acquire and keep up-to-date knowledge of work health and safety matters; and
- gain an understanding of the nature of the operations of the business or undertaking, of the person conducting the business or undertaking and generally of the hazards and risks associated with those operations; and
- ensure that the person conducting the business or undertaking has available for use, and uses, appropriate resources and processes to eliminate or minimise risks to health and safety from work carried out as part of the conduct of the business or undertaking; and
- ensure that the person conducting the business or undertaking has appropriate processes for receiving and considering information regarding incidents, hazards and risks and responding in a timely way to that information; and
- ensure that the organisation has, and implements, processes for complying with any duty or obligation of the person conducting the business or undertaking under the WHS Act, for example:
    - reporting notifiable incidents
    - consulting with workers
    - ensuring compliance with notices issued under the WHS Act
    - ensuring the provision of training and instruction to workers about work health and safety
    - ensuring that health and safety representatives receive their entitlements to training
    - verify the provision and use of the resources and processes mentioned above.

8.13.3 Discharging duties



Duties are discharged through various levels of the organisation, with duty holders needing to ensure, implement or participate in programs and systems of work to manage the risk to health and safety:

1. Executive officers must exercise due diligence to ensure the Department of Health and HHSs comply with their legal duties, including the duty to manage risks.

   The Health, Safety and Wellbeing Management System sets out the standards for health and safety that executive officers must ensure implementation of:

   - Health, Safety and Wellbeing Policy
   - Health, Safety and Wellbeing Planning Standard
   - Health, Safety and Wellbeing Accountabilities Standard
   - Health, Safety and Wellbeing Governance, Consultation and Capability Standard
   - Health, Safety and Wellbeing Risk Management Standard
   - Health, Safety and Wellbeing Workplace Rehabilitation Standard
   - Health, Safety and Wellbeing Monitoring, Evaluation and Performance Review Standard
2. While an executive officer's due diligence duties cannot be transferred, they are able to engage resources to assist them to discharge their duties. Within Queensland Health, senior directors, line managers and supervisors are among those engaged to support executive officers and it is their role to effectively implement the programs and systems that executive officers initiate. In turn, executive officers must ensure that those responsible for implementing the systems or programs fulfil their role.
3. All workers have a personal responsibility for their own health and safety. Regardless of job title, all workers are required to participate in workplace health and safety programs and systems initiated by executive officers.
4. Support functions such as Strategic Procurement and Capital and Assets within the Department of Health, and Building, Engineering and Maintenance Services within HHSs, hold role-specific duties because they have management or control relating to the design, supply, manufacturer and installation of plant, structures, electrical equipment and installations.

8.13.4 Multiple duties

A person can have more than one duty by virtue of their role, for example:

- an officer remains a worker
- a person with management or control may be a worker or an officer
- a worker might also be a designer. As per Section 22(1) of the *Workplace Health and Safety Act 2011*, a designer is a person that conducts a business or undertaking that designs a plant, substance or structure to be used, or that could reasonably be used as, or at, a workplace.

8.13.5 Shared duties

- Duties may also be shared between duty holders if more than one PCBU has influence or direction over the work being performed or shares the same work environment.
- In such situations, each person with the duty must, so far as is reasonably practicable, consult, cooperate and coordinate activities with all other persons who also have a duty for the same matter.

8.14 Annual reporting

The *Financial Accountability Act 2009* (FAA) (section 63) requires statutory agencies to prepare annual reports and give the report to the Minister for tabling in the Legislative Assembly. In accordance with section 47 of the *Financial and Performance Management Standard 2019*, this must occur within 3 months after the end of the financial year (by no later than 30 September each year). OHSA works with statutory agencies to ensure compliance with minimum standards, and facilitate the collation, review and tabling of the annual reports.

Annual reports are a key accountability document and the principal way that HHSs report on non-financial and financial performance. The Auditor-General notes that 'annual reports support transparency and can drive continuous improvement in performance. Where annual reports incorporate relevant and reliable performance information, they increase trust and confidence in government service delivery.'
(Auditor-General's Report to Parliament No. 4 for 2013–14, p.12).

Annual reports are an integral part of the Queensland Government Performance Management Framework (PMF), describing the achievements, performance, outlook and financial position of government agencies for each reporting period.

The strategic plan for a health service provides the foundation for annual reports. HHSs are expected to present meaningful, complete and accurate information in annual reports with an emphasis on quality.

The Financial and Performance Management Standard 2009 (FPMS) (section 49 (5)) mandates the disclosure of information detailed in the document '*Annual Report Requirements for Queensland Government Agencies*' prepared by the Department of the Premier and Cabinet (DPC).

9 Ethics and confidentiality

HHB members are expected to uphold the *Code of Conduct for the Queensland Public Service* (the Code of Conduct), which applies to all public service agencies. The Code of Conduct applies at all times when a HHB member is performing official duties including when representing the Queensland Government at conferences, training events, on business trips and attending work-related social events.

The Code of Conduct contains four principles for ethical behaviour fundamental to robust public sector integrity and accountability:

The Code of Conduct imposes a strict duty of confidentiality on all people who work in a HHS. HHB members may from time to time be in receipt of information that is regarded as 'commercial in confidence', clinically confidential, subject to Legal Professional Privilege (LPP) or as having privacy implications.

All persons employed in any capacity in the HHS must maintain confidentiality of all information that is not in the public domain. Section 1.2 of the Code of Conduct makes provision for the identification and management of conflicts of interest and duty.

The Code of Conduct for the Queensland Public Service is available at:
https://www.forgov.qld.gov.au/code-conduct-queensland-public-service

HHB members also have a duty of confidentiality under Part 7 of the HHB Act, namely, that they must not disclose, directly or indirectly, confidential information to another person unless the disclosure is required or permitted under the HHB Act.

To ensure risk is managed and appropriate record keeping requirements are maintained, HHB Members must comply with the Public Service Commission's Private Email Use Policy (effective 20 March 2018).

Amongst other obligations, this policy requires all government business to be conducted through a government email account (@health.qld.gov.au) and prohibits the use of private email accounts. Further, if government information is received in a private email account, in

accordance with the Private Email Use Police, that information must be forwarded to the government email account within 20 days of receipt of the email.

9.1 Conflicts of interest

Members of government boards must act ethically and observe the highest standards of behaviour and accountability to support the continuation of public trust in the government.

Welcome Aboard: A Guide for Members of Queensland Government Boards, Committees and Statutory Authorities outlines the obligations of members of government boards and those involved in the good corporate governance of government boards.

It states that:

> *Members of government boards should avoid actual or potential conflicts between their duties to the government board and their personal interests or their duties to others. Members of government boards should also be aware of possible perceived conflicts of interest.*

Section 31 of the HHB Act also states that board members are to act impartially and in the public interest in performing their duties.

Schedule 1, section 9 of the HHB Act outlines the way in which HHBs and their committees are to deal with disclosure of interests at meetings. For example, that a disclosure must be recorded in the minutes of the board and that unless the board decides otherwise, the interested person must not be present when the board considers the issue.

It also requires that board members disclose the nature of any interest to a board or committee meeting as soon as practicable after they become aware of the relevant facts.

Boards are locally responsible for determining an appropriate process for declaration, variation and management of interests. HHBs and HSCEs are eligible under the *Integrity Act 2009* to seek advice from the Queensland Integrity Commissioner on an ethics or integrity issue, including conflicts of interest.

9.2 Indemnity and insurance arrangements for Board members

For board members in the private sector, commercial insurance coverage will extend to cover the legal liabilities of a Director or Officer.

Public sector board members, when acting within their scope of duties and functions and acting in good faith and without gross negligence, have the protection from the State of Queensland in relation to legal proceedings taken against them. This is a legislative immunity under the *Public Service Act 2008 (Qld).*

The *Public Service Act 2008* provides that no civil liability attaches to a public service employee, which includes board members, in relation to their official powers and functions, instead the liability attaches to the State. To support this legislative immunity, the Queensland Government Indemnity Guidelines (the Guideline) and the Indemnity for Queensland Health

Medical Practitioners Human Resources Policy I2 (HR Policy I2) set out the circumstances for public service officers to be provided with indemnity.

Queensland Health including Hospital and Health Services hold insurance through the Queensland Treasury managed fund, the Queensland Government Insurance Fund (QGIF). The ability for the insurance policy to respond is the provision of indemnity provided under the Guideline or the HR I2 policy.

9.3 Directors and Officers (D&O) Liability insurance

Hospital and Health Service board members have coverage under the QGIF insurance policy, which in the commercial market is Side B – Directors' and Officers' Company Reimbursement Cover.

The QGIF policy offers the following classes of insurance:

- Property (Part 1 and Part 2)
- General Liability (including Cyber Liability, employment practices, Public Liability and Products Liability)
- Professional Indemnity
- Medical Indemnity, and
- Personal Accident & Illness (Volunteers, Board Members and Committee Members)

9.4 Commercial Directors & Officers insurance

Hospital and Health Services have been granted a General Approval (GA) under the *Statutory Bodies Financial Arrangements Act 1982* to enter into *Deeds of Indemnity, Insurance and Access* (Deed) with appointed Hospital and Health Service board members to provide limited added indemnity and insurance protections.

More information on Directors and Officer insurance for health system entities is available on Queensland Health Intranet, QHEPS, or through contacting the relevant hospital and health service.

9.5 Workplace injuries and accidents

Queensland Health's Personal Accident and Illness insurance with QGIF provides cover for volunteers, board and committee members who are injured whilst acting in their official capacity for the Hospital and Health Services.

The cover provided by QGIF is equivalent to that provided to Queensland Health employees through the WorkCover arrangements. More information on these arrangements is available on Insurance Services QHEPS site.

Insurance Services provides free professional insurance advisory services to Health System entities including:

- Advice on a wide range of insurance matters (e.g. contract insurance requirements and indemnities, insurable risk management)
- Advocacy and claims
- Insurance placement and program management with QGIF
- Training.

9.6 Fiduciary responsibilities

Fiduciary duties are obligations of trust and confidence owed by a fiduciary to another person. Members of government agencies and statutory authorities assume a public trust and confidence by virtue of their role in public administration. The leadership of a HHB, its staff, the Government, the Parliament and the public rely on the board to do its work well and with full probity and accountability.

HHB members have a personal and collective obligation to:

- Act honestly and to exercise powers for their proper purpose
- Avoid conflicts of interest
- Act in good faith
- Exercise diligence, care and skill.

Further information relating to fiduciary responsibilities can be found in chapter 7.2 of Welcome Aboard.

9.7 Executive remuneration and employment arrangements

Each HHB is responsible for the appointment and performance management of a Health Service Chief Executive (HSCE) for the HHS, with the appointment not being effective until it is approved by the Minister.

A person appointed as a HSCE must also be appointed as a health executive. The Director-General, Queensland Health, is required to set the classification and remuneration framework and terms and conditions of employment for health executives. Remuneration for HSCEs is managed under a total remuneration package arrangement (TRP). The TRP includes all traditionally separate benefits and allowances such as superannuation, leave loading, motor vehicle allowance and other miscellaneous allowances. HHBs must have consideration to the TRP when determining the remuneration range at which a successful candidate will be appointed. The Director-General is required to approve remuneration and benefits for a HSCE. Further information relating to executive remuneration can be sought from the Executive Policy and Contracts Team.

10.0 HHB appointments and procedures

10.1 Board composition

The HHB Act requires HHBs to consist of five or more board members, including the chair.

The Minister is to also recommend persons that have the skills, knowledge and experience required for a Service to perform its functions effectively and efficiently, including:

- persons with expertise in health management, business management, financial management and human resource management; and
- person with clinical expertise; and
- persons with legal expertise; and
- person with skills, knowledge and experience in primary healthcare; and
- persons with knowledge of health consumer and community issues relevant to the operations of the Service; and
- persons with skills, knowledge and experience in Aboriginal and Torres Strait Islander health and community issues relevant to the operation of the Service; and
- where relevant, persons from universities, clinical schools or research centres with expertise relevant to the operations of the Service; and
- persons with other areas of expertise the Minister considers relevant to a Service performing its functions
- One or more of the members of a board must be clinicians.
- One or more of the members of a board must be Aboriginal persons or Torres Strait Islander persons.

A clinician:

- is a health professional registered under the Health Practitioner Regulation National Law, other than as a student; and
- Is currently directly or indirectly providing care or treatment to persons; and
- is in a profession that provides care or treatment to persons in public sector health services.

10.2 Board appointments

Section 23 of the HHB Act provides that appointments of board chairs, deputy chairs and members are made by the Governor in Council, by gazette notice, on the recommendation of the Minister.

On the recommendation of the Minister, individual members may concurrently be appointed by the Governor in Council to serve as Chair or Deputy Chair. The Deputy Chair is to act as Chair during a vacancy in office of the Chair and during all periods when the Chair is absent from duty or for another reason cannot perform the duties of the office.

A Chair or Deputy Chair may resign their role and continue to serve as a member.

The term of appointment as a member is a matter for the Governor in Council to determine, based on the recommendation of the Minister, but is for not more than four years. There is no limit to the number of times a member may be reappointed. Appointment terms are generally staggered to ensure business continuity as well as provide an opportunity for Boards to gain additional skills, knowledge and insight of incoming members.

10.3 Recruitment processes

Each year a statewide recruitment exercise for expiring or vacant board positions (including Chairs and Deputy Chairs) is undertaken and managed by the Department, through the Office of Health Statutory Agencies.

All recruitment activities must be conducted in an open and transparent manner, and with the goal of generating a pool of suitable candidates for the Minister to select appropriate members to recommend to the Governor in Council.

Sections 23 and 24 of the HHB Act provides specific requirements in relation to the processes for recruitment and selection of HHB members including:

- advertising expressions of interest (EOI) from suitably qualified persons interested in being members of a board; and
- a local skills assessment by the existing board, to inform shortlisting and selection.

Once an EOI has been conducted, the Department, in consultation with each Board Chair, completes the selection process, usually by convening a selection panel for each relevant Board, undertaking probity checks for applicants considered suitable for recommendation and then seeking the Minister's approval to progress through the Significant Appointment Cabinet Submission process – that is, in accordance with the Queensland Cabinet Handbook, seek endorsement of the Premier and Cabinet, then approval of the Governor in Council, followed by publication in the Queensland Government Gazette.

Given the complexity of the process and the large numbers of appointments being made, this process often takes upwards of ten months from the date of advertising through to approval by Governor in Council and publication in the Queensland Government Gazette.

10.4 Probity checks

Nominations to the Governor in Council are made by way of a Significant Appointment briefing to Cabinet.

To inform Cabinet considerations and to ensure the required eligibility requirements of HHBs are met, the OHSA conducts background checks, including:

- criminal history search, via the Queensland Police Service and Interpol
- consideration of declarations of interest and other matters as outlined in a Personal Particulars Form, to be completed and signed by applicants
- bankruptcy checks – National Personal Insolvency Index (NPII)
- review of Australian Securities and Investments Commission (ASIC) insolvency, and banned and disqualified registers

- review of lobbyist and consultancy registers
- other general internet searches.

These checks are consistent with the legislative requirements for members, recruitment guidelines, and with the selection process and due diligence checks required to be undertaken on potential nominees to all health portfolio statutory agencies. It is a requirement that all members seeking reappointment to statutory bodies in Queensland also undertake these required checks, regardless of their length of prior service.

10.5 Resignation or removal from office

Members may resign from office at any time by written notice to the Minister for Health and Ambulance Services.

A member who has been appointed as Chair or Deputy Chair may choose to resign from their respective positions and continue to serve as a board member for the remainder of their term of appointment.

Under section 27A of the HHB Act, a member may be suspended or removed from office by the Governor in Council if a member is insolvent, disqualified from managing corporations, convicted of an indictable offence, or convicted of an offence against the Act.

The Minister may also recommend the removal of a member if they are satisfied the member has been guilty of misconduct, is incapable of performing their duties, has neglected their duties or performed them incompetently, or has been absent without permission of the HHB from three consecutive meetings of which due notice was given.

The Minister may also suspend a member from office by written notice if a matter arises that may be grounds for removal under section 28 of the HHB Act or if the Minister considers it necessary in the public interest.

10.6 Leave of absence

Members are to provide notification of any planned leave to their board chair. If the member is the Chair, then notification of planned leave and acting arrangements must be provided to the Minister. It is considered appropriate for the Chair to notify the Minister where the board has agreed to a substantive period of leave (i.e. more than three months).

Note, section 25(6) of the HHB Act provides that the Deputy Chair is to act as Chair during all periods when the Chair is absent from duty or for another reason cannot perform the duties of the office.

10.7 Appointment of an Administrator

In the event of a vacant HHB by dismissal, resignation or expiry of all members, the HHB Act enables the Governor in Council to appoint an Administrator to oversee the operations of the HHS.

If appointed, an Administrator assumes the role of the HHB, which includes oversight of the HSCE. Operational responsibility for patient care remains with the HSCE. The Governor in Council may revoke the post of Administrator, either to appoint a different person or to appoint a new HHB, at any time.

10.8 Appointment of Advisers

Section 44A of the Act enables the Minister to appoint a person to be an Adviser to a board if the Minister considers that the Adviser may assist the board to improve the performance of the board or the HHB it controls, irrespective of whether a board agrees to the appointment(s).

An Adviser serves in their role (s44A of the HHB Act) for one year, is paid and must:

- Attend board meetings (although they are not a board member)
- Provide information and advice to the board to assist it in performing its functions under the HHB Act
- Advise the Minister and the Director-General on any matter relating to the performance of the board or the HHS controlled by the board.

Up to two Advisers can be appointed to a board at the same time. An Adviser may resign by notice in writing to the Minister.

10.9 Remuneration

The Governor in Council approves the remuneration arrangements for HHB Chairs, Deputy Chairs and members.

Chairs, Deputy Chairs and members are paid an annual board fee and annual sub-committee fee (for each statutory committee) consistent with the Government procedures titled: *Remuneration Procedures for Part-Time Chairs and Members of Queensland Government Bodies* (the Remuneration Procedures).

The Remuneration Procedures are available at:

www.qld.gov.au/about/how-government-works/other-government-bodies/authorities-commissions/assets/remuneration-procedures.pdf

HHBs are currently assessed as 'governance' entities under the Remuneration Procedures and grouped into different levels of a remuneration matrix based on a range of indicators including revenue/budget, net and total assets, independent, risk and complexity.

HHBs in the higher level have been further allocated into two sub-groups based on the weight of their indicators.

There is no provision for higher rates of pay for Deputy Chairs, who are paid the same rates as members. All fees are assessable for income tax purposes. In addition, members are paid superannuation contributions.

10.9.1 Payment procedures

HHB chairs, Deputy Chairs and members are paid via the HHS's payroll system on a fortnightly basis directly into a bank or building society account.

A pay advice slip is available via the Payroll Self Service system or where requested, sent to the member's nominated address when they have been paid.

Employment Commencement Forms to establish HHB members on the payroll system and other relevant forms are coordinated at a local HHS level. HHB Chairs, Deputy Chairs and

members are allocated an employee ID number and a position ID number—these numbers are to be referred to in all documentation regarding payments and expenses.

Whilst paid via the HHS's payroll, funding for HHB remuneration is provided to HHS by the Department, in accordance with service agreement arrangements.

10.9.2 Superannuation

HHB members will be eligible for superannuation payments at the current employer contribution rate of 9.50 per cent (as of 1 July 2014) of ordinary time earnings where he/she:

- works more than 10 hours per week; **or**
- receives more than $450 remuneration in a single calendar month; **and**
- earns 50 per cent or more of the tax-free threshold in a continuous 12-month period
- is less than 75 years of age.

The Queensland Government industry superannuation fund is QSuper, however members may choose their own fund by completing a Standard Choice Form (NAT 13080). There is also the option of additional voluntary employee contributions.

10.9.3 Taxation

The fees paid to chairs and members of government boards are assessable under the *Income Tax Assessment Act*. The employer (the Department) also has PAYG withholding obligations.

The HHB Chair and members are treated as 'employees' for Fringe Benefits Tax (FBT) purposes and are subject to the normal FBT rules.

However, they may be eligible to access the Public Benevolent Institution (PBI) FBT Exemption Cap (currently $17,000 gross). This will depend on whether the member has another 'non- FBT concessional' position and may also be impacted by other non-salary packaging fringe benefits.

Individuals should seek advice from the HR department of the HHS and their own financial adviser to clarify their personal financial circumstances.

10.9.4 Board members who are public sector employees

Public sector employees employed either part-time or full-time, who are appointed as part-time chairs or members of government boards (including HHBs), are not to be paid daily or annual fees except where this is approved by the government.

In accordance with the remuneration procedures, public sector employees are defined as employees of federal, state or local governments, employees of semi-government organisations, either federal or state, including statutory authorities and employees of state and local government owned corporations and colleges.

For the purpose of these procedures, members of any parliament within Australia, elected local government representatives, judges, magistrates and other judicial and quasi-judicial

officers are also regarded as public sector employees. Paid officials or employees of universities are not included in this category.

The approval can be sought for board nominees where the employee's chief executive provides a certification that specifies that the named individual's appointment to a HHB is not connected in any way with their employment and they are eligible to receive fees when attending meetings and undertaking board business:

- outside the hours they normally would be expected to work; or
- when they are on unpaid leave.

The certification process is managed by the Office of Health Statutory Agencies as part of routine probity checks. A copy of the approved certification is sent to the individual board member and the board secretariat for provision to the board chair and the local payroll area. Where a public sector employee is not certified to receive fees and attends board meetings during the employee's ordinary work hours, normal public service conditions apply.

The employee's chief executive may approve overtime or time off in lieu for attendance at meetings, where the employee has such an entitlement. Other conditions such as a travel allowance might apply.

10.9.5 Significant travel

The annual fees paid to members are an all-encompassing fee which accounts for the time taken for significant travel. Chairs and members of HHBs are therefore not to be paid an additional fee for significant travel.

10.9.6 Out of pocket expenses

Chairs and members are eligible to be reimbursed for all necessary and reasonable expenses incurred while travelling on approved HHB business and to attend meetings including:

- economy class air travel
- motor vehicle allowances as varied from time to time by the Governor in Council *(refer to the rates outlined in Attachment 3 of the Remuneration Procedures)*
- domestic travel expenses as varied from time to time by the Governor in Council.

Legitimate expenses will be paid either directly by the HHS or reimbursed upon provision of original tax invoices and/or other appropriate supporting documentation.

10.9.7 Corporate cards

Queensland Treasury has previously advised that issuing Queensland Government corporate credit cards to HHB members would be inconsistent with Treasury's guidelines and therefore is not appropriate.

10.10 Board induction

HHBs are locally responsible for comprehensively inducting new board members.

The Department provides the Good Practice Guide for Boards, outlining system-wide issues related to health service delivery, which might usefully supplement local induction content. The Department, through OHSA, hosts an annual orientation for new board members to provide an understanding of the roles, activity and expectations of the Department; or may opt to provide induction/orientation sessions via virtual platform, if more appropriate in the circumstances.

The Department of the Premier and Cabinet publishes general guidance for current members called *Welcome Aboard: A Guide for Members of Queensland Government Boards, Committees and Statutory Authorities*. This includes guidance on the induction of Government Board members, and a suggested induction checklist. *Welcome Aboard* is available at:

www.premiers.qld.gov.au/publications/categories/policies-and-codes/handbooks/welcome-aboard.aspx

To ensure board effectiveness, boards should also identify, plan and fulfil the ongoing training and education needs of members. The Department is committed to working in partnership with boards to strengthen the skill mix and expertise of board members. There are a range of development opportunities coordinated and co-funded by the Department from time to time that may support the induction and professional development of board members.

10.11 Board performance

It is best practice governance to routinely evaluate board and committee performance. An effective assessment would ideally identify areas for improvement in the practical operations of the board, such as format and length of meetings, as well as individual or collective skills gaps where board development programs should be targeted. The advice into the Queensland Health's Governance Framework, delivered in 2019, recommends that at least once in a three-year cycle, the chair of each hospital and health board should commission an independent external review of the board's performance and provide the findings to the Director-General.

HHBs are accountable to the Minister for their performance and conduct. HHB Committee Charters/Terms of Reference generally specify any requirements in relation to regular performance review or assessment of collective and individual performance. These assessments may take a variety of forms and be conducted either internally or with external assistance.

10.11.1 Conduct of board business

The HHB may conduct its business, including its meetings, in the way it considers appropriate and in line with the matters outlined in schedule 1 of the HHB Act.

The following table summarises some of these requirements:

Board business	Requirements (as per Schedule 1 of the HHB Act)
Times and places of meetings	The chair is responsible for deciding the times and places of meetings and must call a meeting if asked, in writing, to do so by the Minister or at least the number of members forming a quorum of the board.

Quorum	A quorum for a meeting of the board is one-half the number of its members, or if one-half is not a whole number, the next highest whole number.
Presiding at meeting	If present, the chair presides, or in the chair's absence, the deputy chair. Where neither the chair nor deputy chair is present at a meeting, a member of the board chosen by the members is to preside.
Voting at meetings	A question at a meeting of the board is decided by a majority of votes of the members present. Each member present at the meeting has a vote on each question to be decided, and if the votes are equal, the member presiding also has a casting vote. A member present at the meeting who abstains from voting is taken to have voted for the negative.
Use of technology for meeting	The board may hold meetings, or permit members to take part in meetings, by using technology that reasonably allows members to hear and take part in discussions as they happen, for example, teleconferencing. A member who takes part in meetings via technology is taken to be present at the meeting.
Out of session resolutions	A board may make valid resolutions outside of a board meeting if most board members gives written agreement to the resolution and notice of the resolution is given under procedures approved by the board.
Minutes	The board must keep minutes of meetings and any resolutions made out of session. If asked to by a member who voted against the passing of a resolution, the board must record in the minutes that the member voted against the resolution.
Committees of the Board	The board must establish prescribed committees and *may* establish and determine the terms of reference of other committees for effectively and efficiently performing its functions. The board may decide the way a committee must conduct meetings. Refer to **section 8.4 of** *Volume 1 of the Good Practice Guide for Boards* for more information on committees.
Disclosure of Interests at board or committee meetings	If a member of the board or committee has a direct or indirect conflict of interest in an issue being considered, or about to be considered, by the board or committee, the person must disclose the nature of the interest to a board or committee meeting. The disclosure must be recorded in the board or committee minutes. Unless the board or committee otherwise directs, ***** the interested person much not be present during consideration of the issue or take part in a decision about the issue. If the absence of the interested person affects the quorum, the remaining persons present are a quorum of the board or committee for considering or deciding the issue or whether to give a direction. *****The interested person must not be present when the board or committee is considering whether to give a direction to the interested person.

Individual HHB Charters should outline the local governance arrangements and HHB processes.

11. Statutory Agencies

Non-departmental government entities, generally referred to as statutory agencies, have been established under a range of Acts for a specific purpose.

Statutory bodies are responsible for specific aspects of government administration and are established under their own enabling legislation. Most statutory bodies are administered by Boards or committees, and all must report through the responsible Minister on their operations.

With respect to other statutory agencies under the health portfolio agencies, other bodies include the following:

- Health and Wellbeing Queensland
- Hospital Foundations
- Mental Health Review Tribunal
- Office of the Health Ombudsman
- Queensland Mental Health Commission
- The Council of the Queensland Institute of Medical Research (QIMR Berghofer Medical Research Institute)

11.1 Hospital Foundations

Hospital foundations (foundations) support their associated public hospitals by raising funds to:

- improve facilities
- provide educational and training opportunities for staff
- fund research
- purchase medical equipment
- support the health and wellbeing of their local communities

Foundations are independent statutory bodies established under the *Hospital Foundations Act 2018* (HF Act). As independent statutory bodies, their organisational structure provides flexible and independent oversight and the ability to control their own funds.

The operations of the foundations are governed by their enabling legislation, the HF Act and other legislative requirements common to Queensland government bodies.

In addition to their fundraising activities, foundations provide a pathway through which local community members can engage with, and directly support their local hospitals.

Under the *HF Act*, foundations are governed by bodies corporate, with at least six members appointed by the Governor in Council and the Hospital and Health Service (HHS) chairperson, or their nominee, from the associated HHS.

11.2 Queensland Mental Health Commission

Established under the *Queensland Mental Health Commission Act 2013*, the Commission's role is to drive ongoing reform towards a more integrated, evidence- based, recovery-oriented mental health, alcohol and other drugs system in Queensland.

The Commission's functions are to:

- develop a whole of government mental health, drug and alcohol strategic plan and facilitate and report on its implementation
- monitor, review and report on issues affecting people living with mental health or substance misuse issues, their families, carers and support persons, and people who are vulnerable to, or otherwise at significant risk of, developing mental health or substance use issues
- support and promote mental health promotion, awareness and early intervention
- support systemic governance, including providing support to the Queensland Mental Health and Drug Advisory Council (the Council).

The Council's functions are to:

- provide advice to the Commission on mental health or substance misuse issues either on its own initiative or at the Commission's request
- make recommendations to the Commission on its functions

The *Queensland Mental Health, Drug and Alcohol Strategic Plan 2018-23* sets out the five year direction for a whole-of person, whole-of-community and whole-of-government approach to improving the mental health and wellbeing of Queenslanders. The plan is available at:

https://www.qmhc.qld.gov.au/shifting-minds

11.3 Mental Health Review Tribunal

The Mental Health Review Tribunal (the Tribunal) is an independent decision-making body established under the *Mental Health Act 2016*.

The Act provides for the involuntary assessment and treatment of persons with mental illnesses, while at the same time safeguarding their rights and balancing the rights of other persons.

The purpose of the Tribunal is to review the involuntary status of persons subject to involuntary treatment. Additionally, the Tribunal's role includes conducting reviews of forensic disability clients who are subject to a Forensic Order under *the Forensic Disability Act 2011*.

The Tribunal comprises a President, members and staff located around Queensland, including lawyers, psychiatrists and other people with relevant qualifications and experience in treating individuals with an intellectual disability.

11.4 Office of the Health Ombudsman

Established in 2013, the Office of the Health Ombudsman is Queensland's independent health complaints management agency and single point of entry for complaints relating to both registered and unregistered health practitioners and public, private and not-for-profit health service organisations.

The Health Ombudsman is a statutory position with responsibility for acting independently, impartially and in the public interest. Under the *Health Ombudsman Act 2013*, the Health Ombudsman's functions are to:

- receive health service complaints and decide on the relevant action to deal with them
- identify and deal with health service issues by taking relevant action, such as undertaking investigations inquiries
- report to the Minister for Health and Ambulance Services and the relevant Parliamentary Committee about the administration of the health service complaints management system, the performance of the Health Ombudsman's functions, and the performance of Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards
- report publicly on the performance of the health complaints management system in Queensland.

11.5 The Council of the Queensland Institute of Medical Research (QIMR Berghofer Medical Research Institute)

Established under the *Queensland Institute of Medical Research Act 1945* (the Act), the Queensland Institute of Medical Research, known as the QIMR Berghofer Medical Research Institute (QIMR), aims to improve health by developing prevention strategies, new diagnostics and better health treatments. Its research strategy focuses on three major areas: cancer, infectious diseases, and mental health and complex disorders.

In accordance with the Act, the QIMR is controlled and governed by The Council of the Queensland Institute of Medical Research (the Council), which consists of at least seven, but not more than 11, members appointed by the Governor in Council. In recommending persons to be appointed as members of the Council, the Minister may have regard to the skills, experience and expertise of a person the Minister considers as being relevant to the functions of the Council. The Council's functions are to:

- control and manage the Institute
- raise and accept monies for the purposes of the Institute
- invest monies raised or accepted by the Council for the purposes of the Institute
- invest monies derived from any property or other invested monies of the Council for the purposes of the Institute.

11.5 Health and Wellbeing Queensland

Health and Wellbeing Queensland (HWQld) is statutory health promotion agency with a focus on improving the health and wellbeing of Queenslanders and reducing the health inequities that contribute to the burden of disease in Queensland. HWQld was established under the *Health and Wellbeing Queensland Act 2019*.

HWQld drives change by bringing together the community, private sector and all levels of government. HWQld takes a collaborative approach, partnering with sectors not typically associated with health care services, including sporting clubs, parenting groups and transport organisations.

HWQld was established to reduce the risk factors that contribute to chronic disease. While many Queenslanders are living longer due to increased life expectancy, this also means many are spending more time living with illness. Much of this illness is caused by chronic diseases such as cardiovascular disease, type 2 diabetes, high blood pressure and some cancers.

Establishing an independent statutory health promotion agency was a high priority of the Our Future State: Advancing Queensland's Priorities roadmap for Keeping Queenslanders Healthy. It was also a Queensland Government election commitment.

Appendix 1: Classification of Public Sector Health Services

HHSs deliver a range of health services across the health continuum. These services encompass services delivered to well populations (such as illness prevention and the promotion and protection of health) through to those delivered to individuals with chronic conditions (such as rehabilitation and extended care). HHSs are responsible for operating facilities, including hospitals and multi-purpose health service sites.

Public sector health services can be stratified into the following categories:

- **Primary healthcare services** – Typically a person's first point of contact with the health system and most often provided outside the hospital system. These services are delivered in a variety of settings, including community health centres and allied health services, as well as within the community.

- **Secondary healthcare services** – Healthcare services provided by medical specialists and other health professionals who generally do not have first contact with patients. These services may be delivered in hospitals or other settings. They include acute care for short-term treatment of a serious injury or period of illness which is usually relatively urgent and elective treatment.

- **Tertiary healthcare services** – Highly-specialised consultative healthcare, usually for inpatients and those referred from a primary or secondary health professional. These services are delivered in a facility that has personnel and facilities for advanced medical investigation and treatment.

  Examples of tertiary care services include cancer management, neurosurgery, plastic surgery, cardiac surgery, treatment for severe burns, advanced neonatology services, palliative, and other complex medical and surgical interventions.

Healthcare provision can also be subdivided into the following core areas:

- **Ambulatory services** – Care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics. It also refers to care provided to patients of community-based (non-hospital) healthcare services.

- **Acute services** – Healthcare in which a patient is treated for an acute illness, injuries or trauma, or recovery from surgery. Acute care is usually provided in hospitals by specialised personnel.

- **Sub and non-acute services** – Sub and non-acute episodes of care are those that do not meet the definitions for acute care. The sub and non-acute episodes of care include the following types:
  - palliative care
  - geriatric evaluation and management
  - psychogeriatric care
  - maintenance care
  - other admitted care
  - rehabilitation

- **Mental health** – Mental health services in Queensland are provided in acute settings (on a voluntary and, in accordance with the *Mental Health Act 2016*, involuntary basis) and in community-based residential and non-residential settings. The services can be subdivided into child and youth, adult and older persons' mental health services. The Queensland Government established a Queensland Mental Health Commission on 1 July 2013 to drive ongoing reform towards a more integrated, evidence-based, recovery-orientated mental health and substance misuse system.

- **Aged care** – The Commonwealth Government takes the lead role for aged care in most states and territories, resulting in a nationally consistent and better integrated aged care system. In Queensland, the Statewide Older Persons Health Clinical Network (SOPHCN) was established in recognition of the unique care required for many older persons and to initiate improvements in service delivery both generic and specialised, along the healthcare continuum with a particular focus on the provision of acute care of the elderly and Geriatric Evaluation and Management.

- **Oral health** – A fundamental element to overall health, wellbeing and quality of life. Oral disease is largely preventable but has a significant impact on health and well-being and results in high personal and community costs.

- **Public health** – The organised response by society to protect and promote health and to prevent illness, injury and disability. The term 'public health' is often used interchangeably with 'population health' and 'preventive health'. Public health uses a multi-strategy, inter-agency partnership approach to improve health and wellbeing.

Appendix 2: Map of Hospital and Health Services

Hospital and Health Service areas are declared in the HHB Regulation. Boundaries are illustrated over the page.

- **Statewide**
  - Children's Health Queensland Hospital and Health Service
- **Metropolitan**
  - Gold Coast Hospital and Health Service
  - Metro North Hospital and Health Service
  - Metro South Hospital and Health Service
  - Sunshine Coast Hospital and Health Service
  - Townsville Hospital and Health Service
- **Regional**
  - Cairns and Hinterland Hospital and Health Service
  - Central Queensland Hospital and Health Service
  - Darling Downs Hospital and Health Service
  - Mackay Hospital and Health Service
  - West Moreton Hospital and Health Service
  - Wide Bay Hospital and Health Service
- **Rural and Remote**
  - Central West Hospital and Health Service
  - North West Hospital and Health Service
  - South West Hospital and Health Service
  - Torres and Cape Hospital and Health Service

Further information regarding individual facilities is available at:
www.health.qld.gov.au/services

Appendix 3: Map of Primary Health Networks