Queensland Health

Good Practice Guide for Hospital and Health Boards

Volume 1

Queensland Government

Good Practice Guide for Hospital and Health Boards: Volume 1
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Summary

The *Good Practice Guide for Hospital and Health Boards* (the Guide) was released in 2020 as a resource for both new and ongoing Hospital and Health Board members. A review commenced in late 2023 to support refreshed guide content.

The Guide has been developed by the department in collaboration with the chairs and members of all Hospital and Health Boards in response to Recommendation 6 from the 2019 report *Advice on Queensland Health's Governance Framework*. This recommendation provided that:

> *Queensland Health in collaboration with the Department of the Premier and Cabinet develop a 'Good Practice Guide' for Hospital and Health Boards (HHBs) and a supporting program for HHB members to build and maintain the capability and effectiveness of HHBs.*

To meet this recommendation, the Guide has been developed as two volumes to cover the different but related governance matters:

Volume 1 of the Guide has been designed as a reference text that focuses on *hard governance* (what boards **must** have in place to fulfil their legislative or policy obligations). Reflected within this volume is a comprehensive overview of the responsibilities, structures, and frameworks for the board members. It also includes an overview of the different roles and responsibilities of the various stakeholders within the Queensland public health system.

Volume 2 of the Guide is designed to provide guidance and advice to board members on a broad variety of *soft governance* topics and emerging issues of interest to boards and provide prompts to help initiate consideration and conversation such as driving positive cultures, embedding good leadership practices, and developing constructive relationships.

Volume 1 of the Guide supports system induction of new HHB members and should be read in conjunction with Volume 2. Volume 1 includes information relating to:

- the Queensland public health system
- roles and responsibilities of various bodies and entities within the Queensland public health system, including HHBs
- 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 the respective HHS.

The Guide is reviewed every two years or as required to ensure currency of content. It is available online at: 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), Queensland Health at statutoryagencies@health.qld.gov.au.

1. 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 HEALTHQ32: A vision for Queensland's health system which sets the future direction for the health system. Contributing to the HEALTHQ32 vision are seven system priorities drawn from the Department of Health Strategic Plan 2021 – 2025 that will drive direction for health in Queensland.

- Reform
- First Nations
- Workforce
- Consumer Safety and Quality
- Health Services
- Public Policy
- Research.

A statement of the Queensland Government's objectives for the community reflect the government's vision for Queensland and outline a plan to build future prosperity and growth across the state. The objectives are:

- **Good jobs:** Good, secure jobs in our traditional and emerging industries.
- **Supporting jobs:** Good, secure 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.

- **Investing in skills:** Ensure Queenslanders have the skills they need to find meaningful jobs and set up pathways for the future.
- **Better services:** Deliver even better services right across Queensland.
- **Backing our frontline services:** Deliver world-class frontline services in key areas such as health, education, transport and community safety.
- **Keeping Queenslanders safe:** Continue to keep Queenslanders safe as we learn to live with COVID-19 and ensure all Queenslanders can access world-class healthcare no matter where they live.
- **Connecting Queensland:** Drive the economic benefits, improve social outcomes and create greater social inclusion through digital technology and services.
- **Educating for the future:** Give our children the best start by investing in our teachers and schools.
- **Great lifestyle:** Protect and enhance our Queensland lifestyle as we grow.
- **Protecting the environment:** Protect and enhance our natural environment and heritage for future generations and achieve a 70% renewable energy target by 2032 and net zero emissions by 2050.
- **Growing our regions:** Help Queensland's regions grow by attracting people, talent and investment, and driving sustainable economic prosperity.
- **Building Queensland:** Drive investment in the infrastructure that supports the State's economy and jobs, builds resilience and underpins future prosperity.
- **Honouring and embracing our rich and ancient cultural history:** Create opportunities for First Nations Queenslanders to thrive in a modern Queensland.

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 with. These are available at the Queensland Health Strategic Plans webpage.

2. 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) 2023, the Minister for Health, Mental Health and Ambulance Services and Minister for Women (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 agencies, including the following bodies established under enabling legislation administered within the health portfolio:

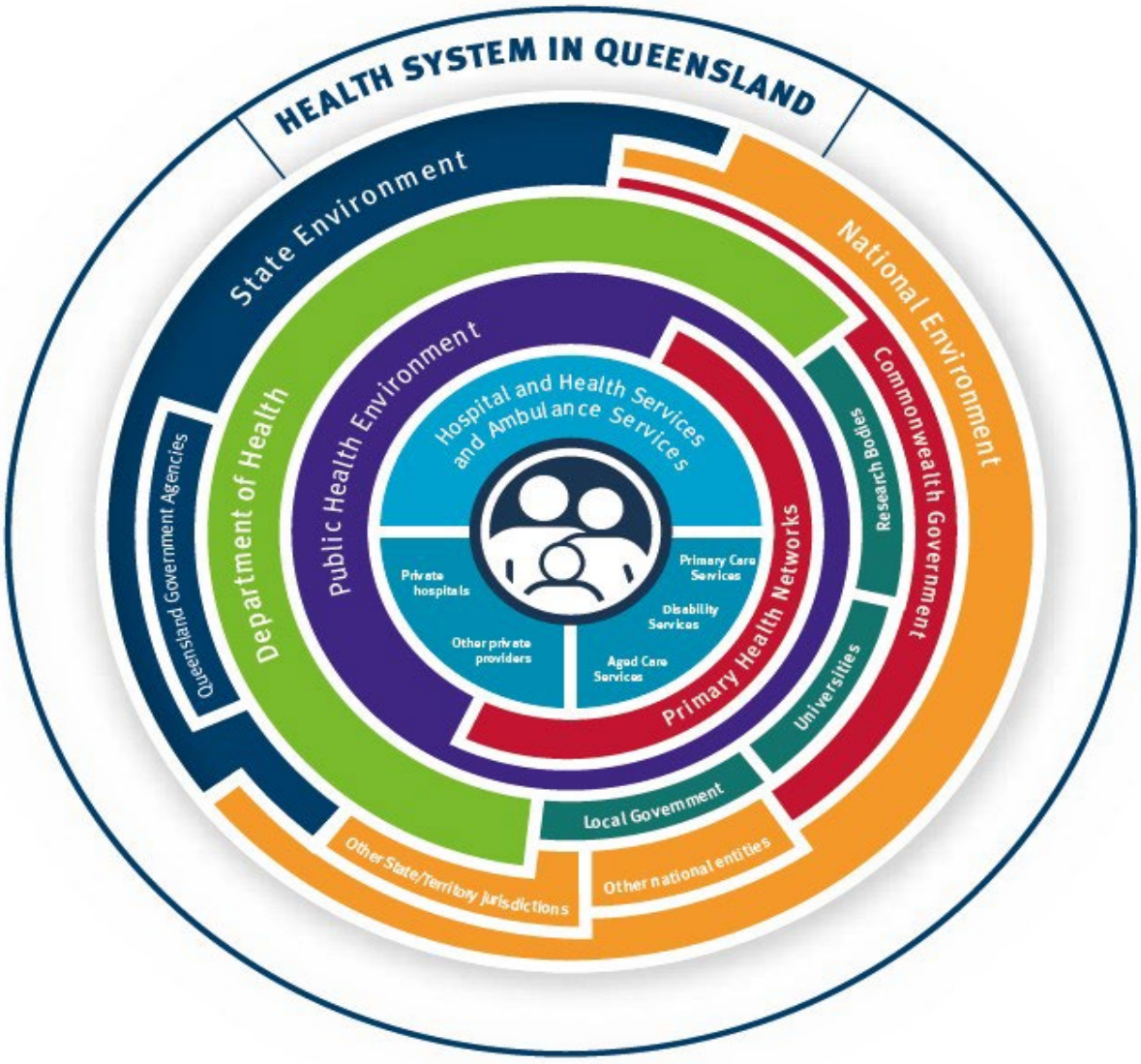
- **Health and Wellbeing Queensland** was established in July 2019 to improve the health and wellbeing of all Queenslanders and reduce health inequities.
- Thirteen **Hospital foundations** which help their associated hospitals provide improved facilities, education opportunities for staff, research funding and opportunities and support the health and wellbeing of communities.
- The **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 **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.
- The **Mental Health Review Tribunal** whose primary purpose is to review involuntary detention and/or treatment of persons with mental illnesses.
- 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 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.

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 7 of this document.

A list of the legislation administered within the health portfolio is provided in Section 8 of this document.

3. 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 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:

- **Australian Government** (more commonly referred to as Commonwealth) 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.

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: List of private health facilities | Queensland Health

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. Department of Health

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

The Minister for Health, Mental Health and Ambulance Services and Minister for Women 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

As a Division of the Department of Health, the Office of the Director-General (ODG) provides leadership, direction and coordination of activities to support and assist the health system to deliver safe, responsive, quality health services for Queenslanders.

The ODG ensures coordinated, accurate and timely advice is available to the Director-General and Minister in relation to a range of executive government functions, including the annual estimates process, through partnerships and engagement with the Department of Health, Hospital and Health Services, the Queensland Ambulance Service, and other government departments and agencies.

The office comprises:

- Office of the Director-General and Executive Director
- Ethical Standards Unit
- Ministerial and Executive Support Unit
- System Support Services Unit.

4.2 Office of the Chief Health Officer

The Office of the Chief Health Officer (OCHO) consists of a branch, a unit and an office, which supports the Chief Health Officer to provide strategic guidance on a range of matters relevant to the health of Queenslanders and to discharge the statutory obligations of the role.

The Office of the Chief Health Officer ensures coordinated, accurate and timely advice is available to the Chief Health Officer through partnerships and engagement across the Department of Health, Hospital and Health Services and other government departments and agencies.

The OCHO works in collaboration with partners across the health system to drive health outcomes for Queenslanders by:

- working as a system leader to influence the delivery of quality population and public health services that are appropriate, accessible and integrated
- providing strategic leadership and direction through the development, contribution to and monitoring of policies and legislation seeking to improve the health of Queenslanders
- operating as part of a networked system, exemplified in the way we engage with Hospital and Health Services, and other government and community partners to deliver quality health services.

Private Health Regulation Unit – the Chief Health Officer has the legislative responsibility for the licensing of private hospitals and day hospitals in Queensland under the *Private Health Facilities Act 1999*. The Unit is committed to ensuring that regulatory actions achieve a balance between managing public health risks and protecting the community from potential harm, without imposing unnecessary regulatory burden or costs. The regulatory model includes audits, inspections, compliance promotion and enforcement activities. The Unit works with industry partners to meet the intent of the legislation, using a risk-focussed approach to improve decision-making, priority setting and resource allocation. This approach leads to best practice regulatory outcomes and maximises the benefits to the community.

Disaster Management Branch – has custodianship of the State Health Emergency Coordination Centre (SHECC) and leads statewide governance and planning for disaster and emergency incident management, including counterterrorism and major events planning. The Branch also delivers education and training for disaster and emergency incident management and works across Queensland Health and with government partners.

4.3 First Nations Health Office

Under the leadership of the Chief First Nations Health Officer, the First Nations Health Office co-designs, leads and advocates in an endeavour to ensure Queensland Health is a culturally safe, equitable and responsive health system that meets the needs identified by First Nations Queenslanders. In partnership with Aboriginal and Torres Strait Islander leaders from across the public health system and the Aboriginal and Torres Strait Islander community-controlled health sector, First Nations Health Office is driving a suite of legislative, policy and service delivery reforms across the health system to achieve equity, eliminate institutional racism and attain life expectancy parity by 2031.

Office of the Chief First Nations Health Officer - The Office of the Chief First Nations Health Officer supports the Chief First Nations Health Officer to provide leadership and coordination; strengthen relations with key senior and intergovernmental stakeholders, including the Hospital and Health Services (HHSs) and the Aboriginal and Torres Strait Islander Community Controlled Health Sector. With the goal of elevating the focus of improving Aboriginal and Torres Strait Islander health, wellbeing and safety outcomes; and embed a culturally safe, culturally capable, connected and integrated health service for Aboriginal and Torres Strait Islander Queenslanders.

Strategy and Policy – The Strategy and Policy Branch is responsible for driving system wide reform to achieve First Nations health equity reform. Through contemporary approaches to policy, investment, and performance reporting, we aim to deliver solutions that are based in evidence and guided by the knowledge, wisdom, and experience of First Nations people. We provide Statement leadership to enable the Department and HHSs to embed culturally safe systems, structures, and practices.

Engagement and Monitoring – The Engagement and Monitoring Branch has responsibility for engagement with HHSs and the Aboriginal and Torres Strait Islander Community-Controlled Health Sector to drive the implementation of targeted policies, strategies, and divisional funded projects. EMB has a key role in identifying and understanding local and regional health issues and relationships, with the goals of jointly influencing solutions and bringing better integrated care for First Nations people.

First Nations Health Workforce – The First Nations Health Workforce Branch oversees Queensland Health's First Nations Workforce Action Plan under the First Nations First Health Strategy. The FNHWB is focused on developing, supporting and growing Queensland Health's First Nations workforces, with a particular emphasis on Aboriginal and Torres Strait Islander Health Practitioners (HP) and Health Workers (HW). The FNWB links with the Workforce Strategy Branch in the Clinical Planning and Service Strategy Division to collaborate on broader workforce issues.

4.4 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 Allied Health Officer
- 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
- Office for Prisoner Health and Wellbeing
- Office for Rural and Remote Health
- Office of the Chief Medical Officer.

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.

Providing professional leadership and principal advice for dental, allied health, nursing and midwifery workforce.

- 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.
- Working to create greater transparency of performance and knowledge.

4.5 Clinical Planning & Service Strategy

Clinical Planning and Service Strategy (CPSS) is responsible for delivering clinical service strategy and planning, workforce strategy and planning and leadership, mental health strategy and planning and precision medicine and research functions to improve health services available to the Queensland community, optimise health gains, reduce inequalities, and maximise the efficiency and effectiveness of the health system.

The Division collaborates with health system leaders, Hospital and Health Services, clinical networks, key healthcare service providers, research and academic organisations, State and Commonwealth agencies as well as non-government organisations and other divisions.

The Division comprises:

- **The Office of the Deputy Director-General (ODDG)** – co-ordinates divisional activities that support delivery of the system, including oversight of business services, human resources, governance, correspondence and communications management. The ODDG also sources and provide professional development to grow our staff and lays the foundations for an environment of continuous improvement across the division.
- **Workforce Strategy Branch** – aims to enable a skilled and sustainable workforce that responds to Queensland's unique challenges and delivers and supports direct patient care across the healthcare system, including the emergency healthcare workforce. The branch leads system-wide clinical workforce strategy through influencing and collaborating with others with a focus on strategic workforce planning efforts on the clinical workforce, the clinical assistant and support workforce, and other health workforce groups for whom long-term workforce planning is required to deliver priority health services.
- **Mental Health Alcohol and Other Drugs Strategy and Planning Branch** – supports the delivery of contemporary, high quality mental health, alcohol and other drug services in the State-funded system through state-wide planning, system strategy and redesign, development of evidence-based models of service and program implementation.
- **System Planning Branch** – is responsible for developing and monitoring health service and infrastructure strategies, plans, guidelines and tools by assessing statewide health service requirements, supply, and capacity; coordinating an integrated health service framework; identifying investment priorities for service development and infrastructure initiatives; leading the development of statewide and system-wide service planning; supporting Hospital and Health Service planning activities; and providing specialised health service planning to support the Queensland Health capital program of works.

- **Office of Research and Innovation** – provides a strategic framework for research, investment and innovation activities to ensure Queensland Health is positioned to meet the state's current and future healthcare needs, create and maintain jobs, boost the state's economy and improve patient outcomes. The branch focuses on four priority areas to strengthen Queensland's approach to health and medical research and innovation through precision medicine, trade and investment, research, and clinical trials, research ethics and governance.

4.6 Corporate Services Division

The Corporate Services Division provides support services necessary for Queensland Health to function effectively and deliver essential health services. The Division is responsible for major corporate functions including financial, legal, and human resources services, information management services and overseeing key governance functions such as risk, audit and compliance. The Division is committed to being 'partners in health service efficiency and quality'. Our aim is to provide multi-dimensional successful partnerships that foster linkages to strengthen relationships in the delivery of our services.

The Division comprises:

- **Business Services Branch** – The Business Services Branch works in collaboration with each division within the Department of Health to provide expert human resource, financial and procurement advice. The branch delivers timely, customer-focused administrative support enabling divisions to meet strategic and operational priorities. The Branch enables informed investment decision-making by coordinating the preparation of key monthly divisional reporting initiatives, annual budget build activities, and quarterly strategic and operational reporting.
- **Corporate Enterprise Solutions** – Corporate Enterprise Solutions supports the largest and most complex workforce management, payroll, business, finance and logistics solutions in the Queensland public sector.
- **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.
- **Governance, 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 corporate (i.e. not clinical) records management.
- **Human Resources Branch** - provides specialist advice, strategies, and support and reporting 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 and to Queensland Health.
- **Procurement and Supply Chain Optimisation Portfolio** - delivering a series of enhancements to Queensland Health's procurement and supply chain system. The P&SCO Portfolio's work represents a continuation of the priorities and objectives

outlined in the Queensland Government Critical Supply Reserve (QGCSR) Strategy and is undertaken in conjunction with Supply Chain Surety and System Procurement branches.

- **Supply Chain Surety Branch** - System Procurement (SP) facilitates procurement outcomes to deliver best value for money to benefit the Queensland public health system and the larger community. Supply Chain Branch (SCB) aims to provide a resilient and reliable supply chain service to our Hospital and Health Service customers and partner services.
- **System Procurement Branch** - leads the centralised procurement of goods and services on behalf of the Department of Health and Hospital and Health services (excluding ICT and Infrastructure) to maximise benefits from all supply arrangements and plan for future priorities.

4.7 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 technology needs of the state's 16 Hospital and Health Services and the Department of Health.

A Service Schedule between eHealth Queensland (through the Department of Health) and the Hospital and Health Service establishes the service offerings, obligations, governance and accountabilities and performance management approach for the delivery of Information, Communication and Technology services.

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. Defining system ICT governance requirements supports the delivery of ICT services by integrating enterprise architecture, investment optimisation, and policy to manage risks and to support digital innovation.

4.8 Forensic Science Queensland

Forensic Science Queensland (FSQ) currently sits within the Department of Health and its laboratories are located at Coopers Plains in Brisbane. Forensic Science Queensland operates specialised Forensic Biology, Forensic Chemistry and Forensic Operations functions that provides forensic services and expert advice to the criminal justice system. *On 1 July 2024, FSQ will transition to the Department of Justice and Attorney-General.*

Forensic Science Queensland services include:

- **Forensic Biology** - provides evidence recovery and analytical services in the areas of evidence examination, DNA analysis and result interpretation culminating in expert advice and evidence.

- **Forensic Chemistry** - provides examination of drug and trace evidence including analysis and reporting of this evidence as experts in court. It also performs clandestine laboratory examinations.
- **Innovation Division** - promotes science excellence and cultivates strong partnerships with academia and other forensic laboratories to ensure all FSQ methods and services are valid and reliable. The team also works to deliver emerging capabilities by harnessing advancements in science and technology.
- **Quality Division** - ensures FSQ processes comply with international standards and contemporary forensic practices and foster a culture of continuous improvement.

Forensic Science Queensland's divisions are supported by dedicated corporate services including administration, human resources, finance, and information systems support.

Forensic Science Queensland provides services to the Queensland Police Service, the Office of the Director of Public Prosecutions, other government agencies and the Queensland justice system, including the Coroner's Court. Forensic Science Queensland scientists provide expert impartial scientific advice though the provision of formal reports and evidence in court.

4.9 Health Capital Division

The Health Capital Division (HCD) was established in 2022 to provide a centralised and coordinated approach to the planning and delivery of capital projects across Queensland Health. HCD is focussed on planning and delivering flexible, future-fit infrastructure that enables sustainable world-class healthcare for Queenslanders.

HCD partners across the health ecosystem to innovate and design people-centred infrastructure that supports Hospital and Health Services to meet local needs. The Hospital and Health Services remain major stakeholders in the new model, and HCD has continued to work closely with them to embed the new model.

Capital Board of Management

The Capital Board of Management Board (the Board) oversees the development and execution of Queensland Health's capital strategy to ensure optimal and sustainable capital investment across Queensland Health in line with health needs and Queensland Government priorities.

The Board will provide governance of the Health Capital Division (the Division) in approving its strategies and policy approaches, and maintain oversight of Divisional performance, including operational financial, risk management and engagement with stakeholders. This oversight is inclusive of the performance of the Deputy Director-General.

The Board will oversee development of the 15-year capital strategy for Queensland Health and advise on implementation of reforms related to capital management articulated in government commissioned reviews including *Unleashing the potential: an open and equitable health system*.

The Board functions under the authority of the Director-General and reflects the Director-General's responsibilities to provide strategic leadership and direction for the Queensland public health system under section 45 of the *Hospital and Health Boards Act 2011*.

The Board provides advice to the Director-General, who provides decision making within their delegations. The Board provides governance oversight of the Health Capital Division and is also responsible for providing advice and direction to the Deputy Director-General, Health Capital Division in relation to matters.

Board members, comprise of representatives from Queensland Hospital and Health Services and other relevant Divisions and has invited non-voting guests from Queensland Treasury, Department of State Development and Infrastructure and Department of the Premier and Cabinet. The Board members are collectively accountable for advice provided to the Director-General. The Board does not replace or diminish any member's individual delegations, responsibilities and accountabilities for managing their respective portfolios.

The Health Capital Division comprises:

Commercial and Strategy - The Commercial and Strategy team lead property, commercial and town planning dealings, project engagement strategies of HCD lead projects in partnership with the Hospital and Health Services, business case process, state-wide planning in regard to infrastructure matters, precinct planning and development and engagement with the private sector to explore opportunities for the market to work with Government on the delivery of core priorities. The team facilitates the continuous engagement with both government counterparts and private sector participants to enable the delivery of the infrastructure pipeline.

Infrastructure Planning and Delivery - The Infrastructure Planning and Delivery (IPD) team provides end to end leadership to health capital projects and across the system as a centre for expertise and excellence in project delivery within Queensland Health. IPD is comprised of three teams who look after specific Hospital and Health Services. IPD works in collaboration with the Hospital and Health Service partners and across government, to deliver infrastructure that supports greater health outcomes across Queensland.

Capacity Expansion Program - The Capacity Expansion Program (CEP) team leads program-level initiatives in collaboration with the individual project teams. The CEP represents significant investment in capital infrastructure solutions over the next six years to expand our world-class health system. The team works in partnership with project teams, industry and across Government to support quality health facility infrastructure outcomes that enable healthcare services to be delivered across Queensland.

Operations - The Operations branch provides wide ranging customer-focused program wide support across a number of areas and is split into the following specialist units:

- Operations
- Technical and Assurance
- Governance, Risk and Compliance
- Procurement Strategy and Contract Management
- Furniture, Fixtures and Equipment and Operational Commissioning
- Program Performance

4.10 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 optimise health gains, reduce inequalities and maximise the efficiency and effectiveness of the health system.

The Division comprises:

Office of the Deputy Director-General – supports the DDG and Division by providing centralised support and coordination of corporate governance, business operational planning and reporting, business services, and divisional correspondence services. The Office also provide strategic advice and project support**.**

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.

Statistical Services Branch - provides trusted statistical reporting and analytics, linkage services, data and information, and other data services to meet official statistics reporting requirements, to enable funding recoupment and to create an evidence base for informed decisions that improve health and health service delivery.

4.11 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 307 response locations across eight regions and 17 districts, with the districts geographically aligned with Queensland Health's Hospital and Health Service boundaries. The QAS has an additional eight operations centres (OpCens), including the South East Queensland Patient Transport Service OpCen, distributed throughout Queensland responsible for emergency call taking, operational deployment and dispatch, and coordination of non-urgent Patient Transport Services.

In addition, the QAS works in partnership with 135 Local Ambulance Committees across the state, whose members volunteer their time supporting their local ambulance service.

4.12 Queensland Public Health & Scientific Services

Queensland Public Health and Scientific Services (QPHaSS) brings together the medical specialties of pathology and forensic medicine, scientific testing, key system support functions and the surveillance, prevention and control of communicable diseases and public health risks in Queensland.

QPHaSS leads statewide planning and coordination of programs and services to prevent, diagnose and control diseases, hazards and harmful practices and enhance protective health factors to promote the overall health and wellbeing of Queenslanders.

The key pillars of QPHaSS are:

Pathology Queensland provides a state-wide diagnostic pathology service. It is a frontline service involved in testing of both inpatient and outpatients in our public hospital network and includes specimen collection services, testing of patient samples, interpretation and clinical application of results, and expert clinical advice, all of which are critical for patient care. Pandemic preparedness and ability have been demonstrated throughout the COVID-19 pandemic.

Medical and scientific staff provide services in all major pathology disciplines:

- Anatomical pathology
- Chemical pathology

- Genomics/genetic pathology
- Haematology
- Immunology
- Microbiology

Forensic and Scientific Services provides expert forensic analysis, scientific testing, and advice to maintain and improve public and environmental health including response to health threats, toxicology and illicit drug testing, coronial services and support for bereaved families, and identifies chemicals/radiation/bacteria/viruses that threaten public health.

Biomedical Technology Services provides comprehensive health technology management, safety and advisory support to Hospital and Health Services and other parts of Queensland Health through the state-wide delivery of biomedical engineering, diagnostic imaging medical physics, and radiology support services.

Communicable Diseases Branch provides state-wide surveillance, prevention and control of communicable/infectious diseases and promote the health of Queenslanders by providing strategic, evidence-based advice and resources, collection of data and monitoring legislation compliance, and developing and delivering policies/programs/services/regulatory functions.

Health Protection and Regulation Branch manages and regulates public health risks by minimising potential harm or illness caused by environmental hazards, diseases and harmful practices and enhancing the protective elements of water quality, fluoridation, food safety, radiation safety and chemical safety by providing policy, technical, risk assessment and management advice, administering public health legislation and responding to public health incidents and threats. HPRB has recently expanded to include supporting HHSs in managing their climate risks, regulatory oversight and administration of regulatory frameworks governing community pharmacy ownership, and use of medicines in Queensland, including medication safety initiatives and the statewide formulary, and provides strategic advice and develops policy relating to these areas.

Public Health Intelligence Branch brings together ICT, data management and epidemiology functions for public health. The Branch is responsible for digitally enabling public health through the introduction of technological innovation and driving capability. The Branch oversights public health information management systems and data to ensure that information management systems are strategically aligned, interoperable and fit for purpose. The Public Health Intelligence Branch plays a key role in state-wide surveillance, monitoring and reporting for public health. Over time the branch will grow capacity and capability to deliver intelligence, insights and evidence to inform public health strategy, policy and practice to drive quality improvement and monitor system-wide performance.

Strategy & Coordination Branch incorporates the Office of the Deputy Director-General, and delivers business services, correspondence and governance support for the Division. The branch includes a newly established Organisational Effectiveness and Psychological Safety unit to cultivate a positive and supportive workplace culture within QPHaSS. SCB is also responsible for oversight and administration of regulatory frameworks governing transplantation and anatomy, and Queensland's supply of blood, human tissue and related products. SCB also develops, leads, and governs effective cancer screening programs and

strategies. The Branch delivers strategic policies and initiatives including implementation of the Public Health Review conducted in 2023, and development of a performance management framework.

Prevention Strategy Branch specialises in the delivery of strategic policy and programs for preventive health and non-communicable chronic disease prevention, including strategic system change reform and policy linked to national reform priorities including regulation. The teams work in partnership across the health system, and intergovernmental networks to steward chronic disease policy and program responses under the National Preventive Health Strategy 2022-2030.

4.13 Strategy, Policy and Reform Division

Strategy, Policy and Reform Division (SPRD) is responsible for driving the strategic agenda for public health in Queensland. SPRD work closely with other Queensland government agencies and cross-jurisdictional colleagues, including at the Commonwealth level.

Key strategic functions are brought together under SPRD that develop policies and legislation to guide and protect the health of the community, design communications activities, campaigns and strategies to engage and empower Queenslanders to improve their health, lead and manage Queensland Health's system sustainability reform, including through funding strategy and lead special projects of critical importance.

The Division comprises:

Cabinet and Parliamentary Services (CAPS) - CAPS assists the Minister and the Director-General to perform executive government functions in relation to Cabinet, Executive Council and Parliament. CAPS ensure all information provided to the Director-General and Minister is appropriate, consistent, accurate and timely.

System Policy Branch (SPB) - System Policy Branch sets the strategic direction for health in Queensland and develops key policies and legislation to guide and protect the health of Queenslanders. SPB are future focused, collaborative, and strive to develop health policy that enhances the quality of life of Queenslanders.

Strategic Communications Branch provides expertise in communicating and engaging with key stakeholders, and the broader Queensland public.

Reform Office - The Reform Office is leading and managing Queensland Health's system sustainability reform agenda.

System Governance Strategy Branch manages the registration and publishing processes for the department's policies, standards and guidelines, Queensland Health guidelines and Health Service Directives (HSDs). The branch also has oversight of the system governance arrangements for Queensland Health, ensuring compliance with the *Hospital and Health Boards Act 2011* and the *Financial Accountability Act 2009*.

Funding Strategy and Intergovernmental Policy is responsible for providing advice and analysis on complex intergovernmental policy issues and ensures Commonwealth funding arrangements are appropriate and that Queensland is effectively represented in inter-governmental health policy debates. The branch is also responsible for optimising the outcomes from the state budget process to ensure the health system has the capacity to meet future service requirements and achieve outcomes for the community.

Office of the Deputy Director-General supports the Deputy Director-General as they lead strategy, policy and reform across the health system.

5. Hospital and Health Services

Hospital and Health Services are independent statutory bodies established to provide public hospital and health services in accordance with the *Hospital and Health Boards Act 2011*, 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. 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. HHB composition, appointments and recruitment processes are explored in Section 10 and a map of Hospital and Health Services is attached in Appendix 2.

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. 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.
- Sections 19 and 22 of the Act 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—
  - the need to ensure resources of the public sector health system are used effectively and efficiently
  - the best interests of patients and other users of public sector health services throughout the State.

6. 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 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. 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 16 regulated health professions are:

- Aboriginal and Torres Strait Islander health practitioners
- Chinese medicine practitioners
- Chiropractors
- Dental practitioners
- Medical practitioners
- Medical radiation practitioners
- Nurses
- Midwives
- Occupational therapists
- Optometrists
- Osteopaths
- Paramedics
- Pharmacist
- Physiotherapist
- Podiatrists
- Psychologists

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. 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:

- key spokesperson for the HHB and key strategic initiatives and milestones for the organisation, noting the HSCE will be the key spokesperson for all HHS operational matters
- leading the board's strategic agenda and working with the board to finalise strategy and direction
- key link between the board and the HSCE
- 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, committee, board member 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 10.2, responsibility for selection ultimately rests with the Minister, via Cabinet and Governor in Council.

8.3 Role of the 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) 2023.

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: Queensland Health ('Department of Health') Portfolio and general legislation schedule

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.

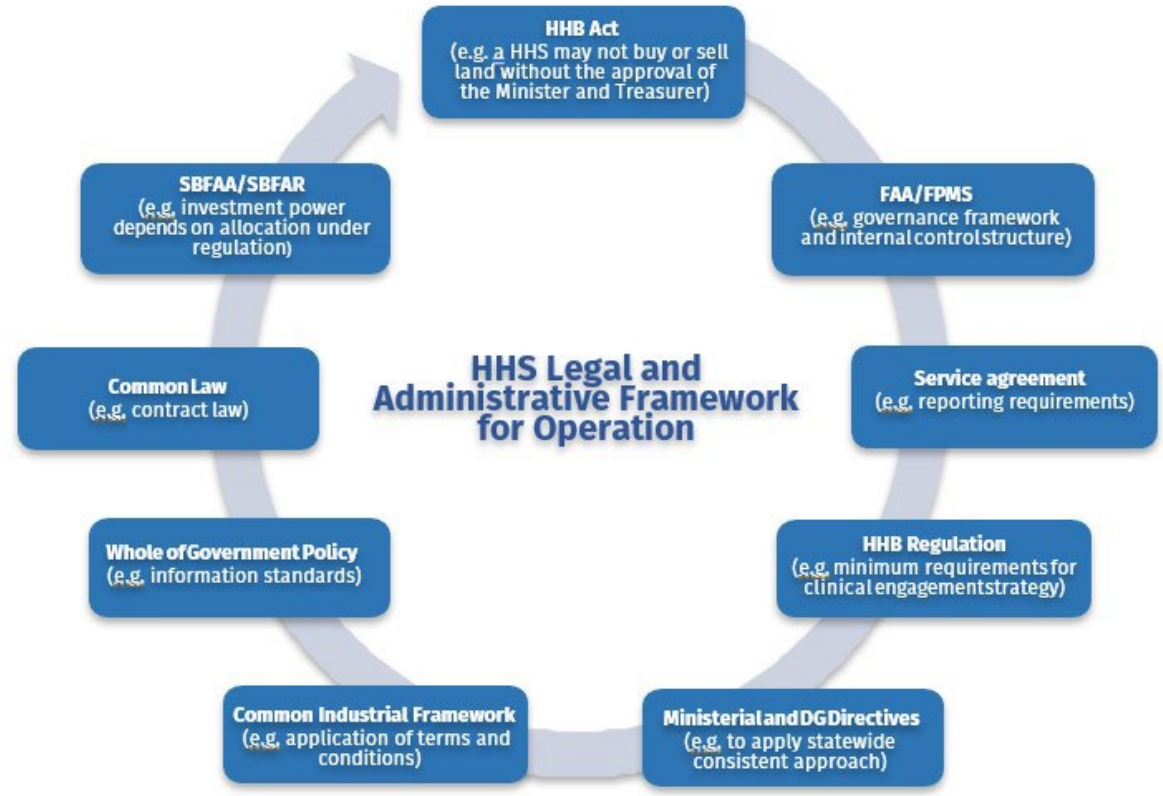
HHB members have legal obligations under:

- 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 2023 (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 (FAA)
  - Financial and Performance Management Standard 2009 (FPMS)
  - Statutory Bodies Financial Arrangements Act 1982 (SBFAA)
  - Statutory Bodies Financial Arrangements Regulation 2007 (SBFAR)

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

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, a health equity strategy, and a protocol with local primary healthcare organisations (see Part 2 Division 4 of the Act).

The engagement strategies, the health equity strategy 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.

Queensland Health, through the Department of Health *Legislative Compliance Management Framework*, assigns legislative custodianship of 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
- Pharmacy Business Ownership Act 2001
- Private Health Facilities Act 1999
- Public Health Act 2005
- Public Health (Infection Control for Personal Appearances Services) Act 2003
- 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: https://www.health.qld.gov.au/system-governance/policies-standards/doh-policy

8.7 Powers, function 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
  - have a seal
  - 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 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 Health Service Chief Executive.

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.

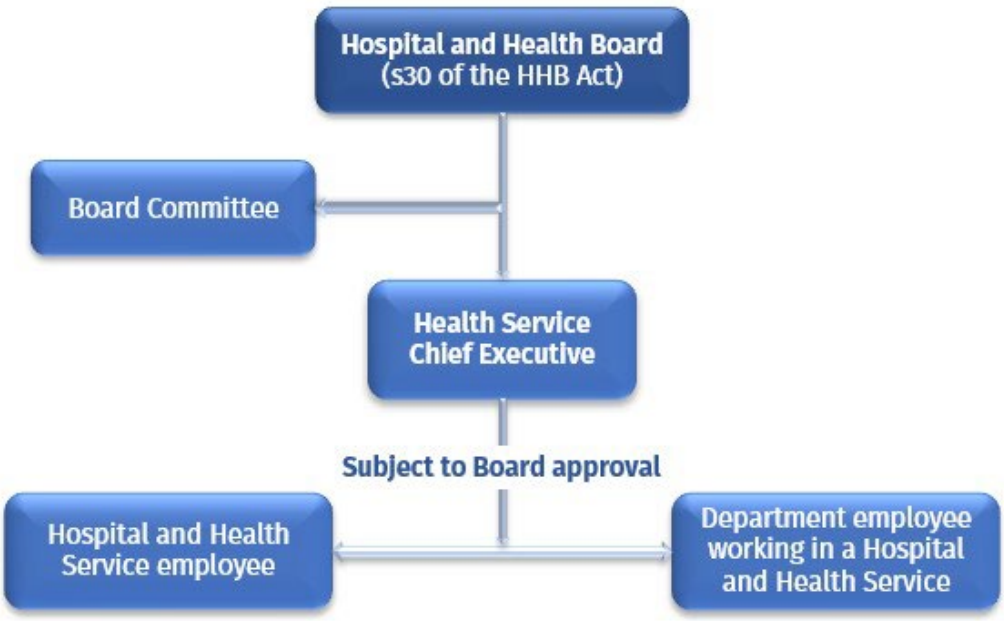
Some examples of decision-making powers boards may choose to delegate are:

- 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.

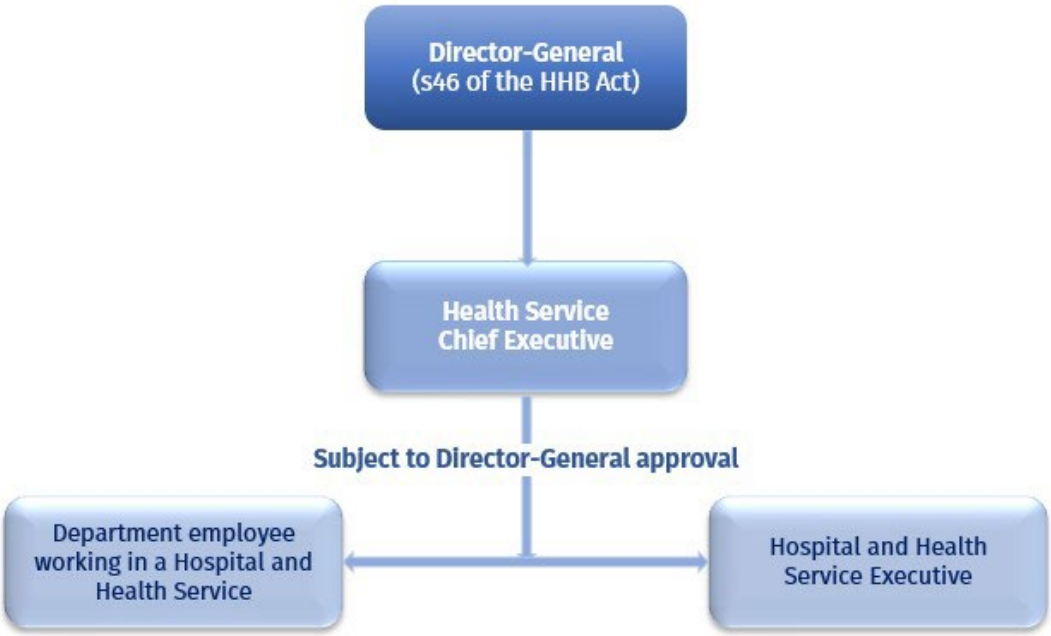
A statutory function or power is delegated via an instrument of delegation — a formal, written document signed by the delegator.

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. The chair of the HHB must approve the submission, and a copy of the submission must be provided to the Director-General and Minister.

For all submissions, the Office of the Director-General should be notified of a HHB's intent to make a submission as early as possible.

If the submission relates to legislation, the Legislative Policy Unit (legislation@health.qld.gov.au) should also be consulted immediately.

The same requirements for early engagement with the department apply to HHSs. These practices help to ensure the accuracy of information provided to Parliamentary committees and avoid the inadvertent disclosure of confidential information about Queensland Health's internal consultative and deliberative processes. They also provide an opportunity for HHBs and HHSs to directly raise their feedback with the department, including issues that may be able to be addressed operationally or as part of the department's submissions to the committee. The department can also advise if it may be more appropriate for feedback to be provided directly to the Minister.

8.8 Board committees

Schedule 1, section 8, 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 and HHB Regulation 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 with the functions of the committee.

The functions of these committees are explored in Section 8.11.

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 HHB 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 10.9 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 9 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 45 of the HHB Regulation provides that the functions of the safety and quality committee are to:

advise the 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 HHS'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
- monitoring the workplace culture of the HHS in relation to the safety and quality of health services provided 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 46 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 to funding
- monitoring HHS cash flow
- monitoring financial and operating performance
- monitoring the adequacy of the HHS 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 47 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 https://www.treasury.qld.gov.au/resources/
- 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 the *Work Health and Safety Act 2011*.

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 (Please note: Volume 2 contains further information relating to managing the risks associated with psychosocial hazards)

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 both physical and psychological health and safety, so far as is reasonably practicable.

The following executive officers within Queensland Health hold the duties and obligations of 'officers' under section 27 of the WHS Act:

- Director-General of Queensland Health
- Department of Health Deputy Directors-General
- HHS board members
- Health Service Chief Executives.

Due Diligence duties

An 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

The Due Diligence planner is an action plan that an executive leader may voluntarily complete to guide their efforts to exercise due diligence to ensure the PCBU complies with its legal duties. The document provides guidance as to what type of records need to be retained by the officer as evidence examples covering the above-outlined six due diligence elements.

Penalties under the Work Health and Safety Act 2011

An officer can be personally liable for not meeting their Due Diligence duties and may be individually charged with an offence under the WHS Act independent of any breach of duty by the PCBU.

Officers can be charged for not exercising their due diligence obligations even if the PCBU has not breached the WHS Act.

Conversely, officers will not be deemed to have committed an offence simply because the PCBU has breached the WHS Act.

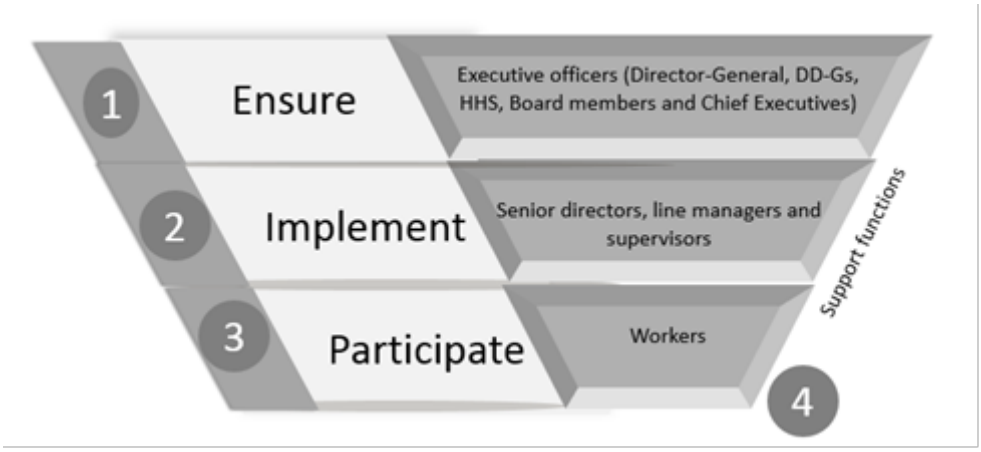
In 2017, industrial manslaughter was included as an offence under the WHS Act and carries a maximum penalty of 20 years imprisonment for a senior officer. (For HHSs, a 'senior officer' is any person who is concerned with or takes part in the management of the HHS, or who makes or takes part in making, decisions affecting all, or a substantial part of, the HHS's functions).

The offence of industrial manslaughter applies where:

- a worker dies (or is injured and later dies) in the course of carrying out work; and
- the PCBU or senior officer's conduct (either by act or omission) causes the death of the worker; and
- the PCBU or senior officer was negligent about causing the death (i.e. the act or omission departs so far from the standard of care required).

The standard of criminal negligence is very high. It requires the prosecution to demonstrate that there was a gross departure from standard of care owed and significant disregard for life and safety of others.

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:

Executive leaders, including HHS board members, must exercise due diligence to ensure the Department of Health and HHSs comply with their legal duties, including the duty to manage risks to the health and safety of workers and others.

Queensland Health is committed to ensuring the health, safety and wellbeing of its workers. We action our commitment through a Plan–Do–Check–Act cycle, and document it in a safety management system.

Queensland Health's Health, safety and wellbeing management system sets out the standards for health and safety, and officers must ensure its implementation in their local accountability area (for example, the HHS at which you hold a board position).

The Health, safety and wellbeing management system comprises of one policy and seven standards, and is supported by additional resources, including guidelines:

- Health safety and wellbeing policy
- Health safety and wellbeing planning standard
- Health safety and wellbeing governance standard
- Health safety and wellbeing consultation standard
- Health safety and wellbeing risk management standard
- Work health and safety incident response standard
- Health safety and wellbeing workplace rehabilitation standard
- Health safety and wellbeing monitoring, evaluation and performance review standard

The health, safety and wellbeing management system provides for systematic identification and risk assessment of physical and psychosocial workplace hazards and the establishment of control measures to prevent injuries and illnesses at work. The Health, safety and wellbeing management system is aligned to *AS / NZS ISO 45001: 2018 Occupational health and safety management systems – Requirements with guidance for use*.

The safety management system undergoes a regular review cycle to ensure its effectiveness and ongoing compliance with WHS legislation, including the requirement to manage psychosocial hazards at work, as prescribed in the Work Health and Safety (Psychosocial Risks) Amendment Regulation 2022 and the *Managing the risk of psychosocial hazards at work Code of Practice 2022*.

Queensland Health has updated the Health, safety and wellbeing policy to integrate requirements to manage the risk of psychosocial hazards arising from the design or management of work, work environment or equipment, workplace exposure to violence or trauma or workplace interactions and behaviours which may cause psychological harm.

- HHSs have developed local management plans for enterprise level psychosocial risk assessments, followed by further assessments of identified high-risk work areas and staff groups. Boards can monitor risk management of psychosocial hazards and other

key healthcare hazards relevant to the HHS, via local Due Diligence reporting for officers as prepared by the HHS.

- While an officer's due diligence duties cannot be delegated or transferred from one person to another, officers 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 leaders in their role as officers and it is their role to effectively implement the programs and systems that those officers initiate. In turn, officers must ensure that those responsible for implementing the systems or programs fulfil their role. Where an officer does seek to rely on others to assist them in discharging their due diligence obligations, the officer must be able to demonstrate the reasonableness of that reliance. This can be achieved through ensuring that officers have access to key subject matter experts to assist with particular issues as well as actively testing and questioning the information that is presented to them. Effective safety assurance, through reporting, committee structures and other governance mechanisms is also required.
- All workers have a personal responsibility for their own health and safety. Regardless of job title, all workers are required to follow reasonable instruction and cooperate with reasonable policy and procedures relating to health and safety at the workplace as well as to participate in workplace health and safety programs and systems initiated by officers.
- 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. WHS Managers and their operational health, safety and wellbeing teams also play an essential role in supporting officers to implement and monitor the Health, safety and wellbeing management system.

General measures to comply with the WHS Act and to discharge officer due diligence duties include:

- taking steps to confirm your accountability area has in place a well-documented system for identifying, reporting, and responding to all actual and potential hazards and incidents in the workplace
- receiving and reviewing information regarding the safe practices, procedures and controls that are in place that are specific to the hazards in your accountability area to confirm that these either meet or exceed the requirements set out in WHS legislation — including relevant approved Codes of Practice
- understanding operational hazards and risks, including through timely safety briefings on incidents and key risks and through conducting site visits at your accountability area
- ensuring your accountability area has a system in place for providing ongoing instruction and training to supervisors, managers and workers, including funding legislated training for elected Health and Safety Representatives
- communicating regularly with workers about foreseeable health and safety hazards, including via health and safety committees and other consultative arrangements

- ensuring safety governance mechanisms are implemented, including reviewing and discussing health and safety matters and reports at board meetings and committees
- allocating adequate time and resources for work health and safety, including:
  - recruiting personnel with appropriate skills, including WHS personnel
  - ensuring staffing levels are adequate for safety in operations
  - giving WHS personnel access to decision makers for urgent issues
  - maintaining and upgrading infrastructure
- monitoring health, safety and wellbeing programs and systems and ensuring these are audited on a regular basis.

Compliance with each of the elements of due diligence will mean officers have a greater understanding of what is needed to effectively manage health and safety risks. This will enable health and safety to be more readily integrated into broader strategies and enable a more proactive approach to managing health, safety and wellbeing in your accountability area.

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.

- An officer must ensure the PCBU complies with its obligations as a shared duty holder in scenarios where more than one person has the same duty in relation to the same matter.
  - Examples include owners, occupiers, contractors performing work onsite and labour hire agencies supplying workers.

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).

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. 18 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'* (ARRs) prepared by the Department of the Premier and Cabinet (DPC).

The ARRs provide that HHB chairs are the accountable officer (along with the Minister) responsible for ensuring compliance with the prescribed requirements established under legislation and associated guidelines. Legislation requires that information contained in an annual report is compliant with its prescribed requirements and fairly represents the agency's performance.

The HHB chair must sign the letter of compliance included in the annual report to provide assurance to the Minister that all information in the annual report complies with the relevant legislative requirements and associated policy and/or guidelines.

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 legislated record keeping requirements are maintained, HHB members keep accurate records and ensure these are retained for the appropriate retention periods before the disposal. Disposal of public records requires delegated authorisation from nominated HHS delegate/s.

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 Policy, 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.
- 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.

Please note: Volume 2 contains further information relating to Managing conflicts of interest

9.2 Indemnity and insurance arrangements

Hospital and Health Services have a statutory responsibility under the *Financial Accountability Act 2009* (Qld) (the FA Act) and section 23 of the *Financial Performance and Management Standard 2019* (FPMS), for overseeing and monitoring the assessment and management of risk.

HHSs must maintain an insurance program, as one part of its overall risk management strategy to balance the retention and transfer of risk.

9.2.1 Hospital and Health Service insurance arrangements

Each year the Department of Health annually purchases insurance for Queensland Health (i.e. Hospital and Health Services the Department of Health as named protected parties) from the Queensland Government Insurance Fund (QGIF).

QGIF is the internal insurance solution within Queensland Treasury for State Government departments and eligible Statutory Bodies. QGIF provides value for money insurance cover, with unlimited sums insured, minimal exclusions and low deductibles.

The following cover is held by HHSs under Queensland Health's insurance policy with QGIF:

- **Property (including business interruption):** cover for loss and damage to assets in owned by or in the Agency's care, custody and Control. It also provides cover for additional costs incurred in getting an insured Agency up and running to the same position it was in prior to the incident which caused the loss or damage. This section includes first party cyber insurance and fidelity guarantee.
- **Medical Indemnity:** covers demands for compensation made by a third party against the Agency and/or its health care professionals arising from the rendering of, or failure to render, medical or health services causing injury or death of a patient.
- **Professional Indemnity:** covers amounts the Agency becomes legally liable to pay as compensation to a third party for a breach of professional duty committed or alleged to have been committed in the conduct of the Agency's activities where advice and/or professional services were provided in exchange for a fee.
- **General Liability:** covers an Agency's legal liability to pay compensation to a third party for personal injury, property damage or financial loss. This coverage section includes Public Liability, Product liability, Cyber Liability, Environmental Liability, Directors and Officers Liability and Professional Indemnity (no fees).
- **Personal Accident and Illness Insurance:** provides cover for volunteers, board and committee members who are injured whilst acting in their official capacity for the insured Agency.

Insurance Services, Finance Branch, facilitates the annual renewal of Queensland Health's cover with QGIF.

For further information on the Queensland Health insurance cover and annual renewal program, please refer to Insurance Services QHEPS site and Financial Management Practices Manual (FMPM) Policy 7.12 Insurance.

9.2.2 Cover for individuals

Liability/Professional Indemnity

Unlike the private sector, liability and professional indemnity cover for individual employees, volunteers, board and committee members of an HHSs is provided through legislative and/or Government policy mechanisms, instead of insurance.

Public officers have a statutory exemption from civil liability under *Public Sector Act 2022* (Qld) (PS Act). The PS Act provides that no civil liability attaches to a public service employee (including State employees), when acting within their scope of duties and functions and acting in good faith and without gross negligence, liability instead attaches to the State. This includes board members as 'State employees.'

To support this legislative protection from civil liability, the *Queensland Government Indemnity Guideline* (the Guideline) sets out the circumstances in which this indemnity is provided.

Additionally, *Indemnity for Queensland Health Medical Practitioners HR Policy I2* (HR Policy I2) also applies to medical practitioners in relation liability arising from the provisions of healthcare services and associated clinical services as defined by HR policy I2. Independent Visiting Medical Officer contractors and locum doctors engaged under the standard VMO contract or the standard locum contract entitled to indemnity under HR Policy I2 the, subject to its terms and conditions.

For further information about these indemnity arrangements please contact Employment Relations, Human Resources Branch, Queensland Health at employmentrelations@health.qld.gov.au.

Indemnity reporting

Each HHS and the Department are required to report biannually to the Deputy Director-General Department of Premier and Cabinet on employees indemnified under the Guidelines and HR Policy I2. For further information about these reporting requirements please contact Employment Relations, Human Resources Branch, Queensland Health at employmentrelations@health.qld.gov.au.

QGIF cover and commercial insurance arrangements

When indemnity is in place, the Health System entity that the individual works for (i.e. the Department of Health, an HHS or QAS) will pay any relevant costs pertaining to the indemnity.

The Health System entity may seek reimbursement the costs incurred in providing that indemnity under the Medical Indemnity, Professional Indemnity or General Liability sections of the Queensland Health's insurance policy with the QGIF, subject to the terms and conditions.

Please note: The indemnity provided by a Health System entity is broader than the cover offered by QGIF and is not influenced by the insurance policy's coverage. The granting of Indemnity is only one step in the decision making as to whether QGIF would respond and extend cover.

QGIF will cover the costs incurred to defend a claim that falls within the cover provided by the insurance policy and any compensation for which the Department, Queensland Ambulance Services and/or a HHS is found liable to pay.

Directors and Officer Insurance

Queensland Government Insurance Fund

QGIF covers Agencies for any third-party claims arising from the decisions and actions of its board and/or committee members in the performance of their duties which results in adverse financial consequences but only where indemnity has been granted by the Agency.

The cover provided by QGIF, under the umbrella of its General Liability section, is on the basis of Agency reimbursement only and is equivalent to what is known in the commercial market as Side B – Directors' and Officers' Company Reimbursement Cover.

For further information please refer to the General Liability Insurance – Cover Information Pack (section 2.8).

Commercial insurance

HHSs have been granted a General Approval (GA) under the *Statutory Bodies Financial Arrangements Act 1982* (Qld) to enter the Deeds of Indemnity, Insurance and Access to cover an HHS board members personal liabilities that arise from their duties and obligations that fall outside the scope of cover available under the Guideline and QGIF policy. Please contact your local board secretariat for further information on these arrangements.

Amendments proposed to the *Work Health and Safety Act 2011* (Qld) (WHS Act) via the Work Health and Safety and Other Legislation Amendment Bill 2023 prevent a HHS from indemnifying or entering into a contract of insurance that covers fines and penalties payable by a board member under the Act.
This does not appear to extend to defence costs. Please contact Insurance Services for further information on the proposed changes and its impact on a HHSs insurance arrangements.

Workplace Injuries and Accidents

Employees

Workers' compensation refers to the compulsory statutory form of insurance for all employers in every state and territory in Australia and provides protection to workers if they suffer a work-related injury or disease.

Health System entities each purchase their own workers compensation insurance policy from WorkCover Queensland.

Insurance Services do not manage or provide advice on health system entities individual workers compensation insurance arrangements. For advice on the scope of cover, the process for making a claim or a copy of proof of insurance documents please contact your local health and safety team.

Volunteers, board and committee members

Queensland Health's Personal Accident and Illness insurance with QGIF provides cover volunteers, board and committee members not employed by Queensland Health who are injured whilst acting in their official capacity for the Department of Health, QAS and/or an HHS.

The cover provided by QGIF is equivalent to that provided to HHS employees through the WorkCover arrangements. For more information on the cover provided under the QGIF insurance policy, please refer the Personal Accident and Illness page on QHEPS.

Insurance and Third-Party Contracts

When an HHS enters into a contract with a third-party that includes insurance provisions that require that party to effect and maintain insurance/s, the terms and required insurances must be commercially achievable and adequately respond to each individual contract's insurable risk profile. A third-party's insurance provisions are not a substitute for appropriate procurement and/or contract risk management.

This includes the consideration of Cyber Insurance requirements in accordance with *Queensland Health's Information Security Management System Framework*, and the *Supplier Security Management Standard* (Standard) for arrangements which are subject to the *Queensland Health Information Security Policy*.

Insurance advice is available through Insurance Services to support the HHS in meeting these obligations.

Insurance Services, Finance Branch, maintain a system-wide focus and commitment to ensuring Queensland Health is appropriately protected through insurance coverage and insurable risk management. For further information or advice from our specialist claims and insurance advisors please contact Insurance Services.

9.3 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.

9.4 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. 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 Aboriginal persons or Torres Strait Islander persons.

- One or more of the members of a board must be clinicians. 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

A statewide recruitment exercise for expiring or vacant board positions (including chairs and deputy chairs) is undertaken periodically 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
- 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
- adverse media and 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.

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:

https://www.qld.gov.au/__data/assets/pdf_file/0025/39481/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, independence, 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 guarantee (SG) payments at the current employer contribution rate of 11.00 per cent (as of 1 July 2023) of ordinary time earnings. Where the HHS chair/member is a non QH employee the current SG rates apply and if the chair/member is a QH employee then the normal rules apply.

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 Hospital FBT Exemption Cap (currently $17,000 gross).

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 Commonwealth, state or local governments, employees of semi-government organisations, either Commonwealth 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 Hospital and Health Boards, outlining system-wide issues related to health service delivery, which might usefully supplement local induction content. The Department, through OHSA, regularly hosts an

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:

https://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 meetings	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	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 give 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.

Board business	Requirements (as per Schedule 1 of the HHB Act)
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 8.8 of Volume 1 of the Good Practice Guide for Hospital and Health 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
- Queensland Mental Health Commission
- Mental Health Court
- Mental Health Review Tribunal
- Office of the Health Ombudsman

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

11.1 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.

11.2 Hospital Foundations

Hospital foundations (foundations) support their associated public hospitals buy 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.

11.3 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

Shifting minds: The *Queensland Mental Health, Alcohol and Other Drugs and Suicide Prevention Strategic Plan 2023-28* 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-2023-2028

11.4 Mental Health Court

The Mental Health Court (the Court) decides the state of mind of people charged with criminal offences.

The Court decides whether an alleged offender was of unsound mind when they committed an offence and whether they are fit for trial.

The court also hears appeals from the Mental Health Review Tribunal and inquiries into the lawfulness of a patient's detention in authorised mental health facilities.

The Court is constituted by Judges of the Supreme Court of Queensland and advised by two assisting clinicians.

11.5 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.

11.6 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.

11.7 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

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

Prepared by: Statistical Reporting and Coordination, Statistical Services Branch, 2 March 2021
Hospital and Health Services by recognised public hospitals and primary health centres as at October 2020

Appendix 3: Map of Primary Health Networks

Hospital and Health Service areas are declared in the HHB Regulation.