

Health Service Directive Management

Department of Health Standard

QH-IMP-366-1:2023

1. Statement

The Department of Health (the Department) shall:

- ensure that health service directives are established in accordance with the criteria stated in section 47 (1) of the *Hospital and Health Boards Act 2011*
- ensure that health service directives are issued by the chief executive
- ensure that health service directives are published on the Department's internet site

2. Scope

This standard applies to all employees, contractors and consultants within the Department of Health divisions and business units.

3. Requirements

3.1. Key Criteria

- 3.1.1. The chief executive shall issue all health service directives (directives).
- 3.1.2. Directives shall be developed in accordance with the requirements of the *Hospital and Health Boards Act 2011* and the Health Service Directive Policy.
- 3.1.3. Directives are binding on the Hospital and Health Services (HHS) to which they apply.
- 3.1.4. The development and implementation of directives shall be managed through the cycle of: initiation, drafting, approval, registration, publication, implementation and review. Consultation may be a key element of any of these stages. At a minimum, the *Hospital and Health Boards Act 2011* requires consultation with HHSs in the development of directives.
- 3.1.5. In approving any proposal to develop a directive, the chief executive or delegated executive shall appoint a health service directive custodian (directive custodian).

3.2. Drafting a health service directive

3.2.1. Directive custodians shall ensure directives contain the following (refer to the Health Service Directive template):

- the purpose of the directive
- the scope of the directive (i.e. the HHSs to which the directive would apply)
- the principles that would inform HHS activity within the area of the directive
- the outcomes to be achieved by HHSs
- any mandatory requirements
- any related or governing legislation, policy or agreement
- a list of supporting documents
- a business contact area
- the review date
- title of the directive custodian
- directive approval date
- date of effect of the directive
- human rights considerations
- glossary of terms
- version control table (completed by custodian).

3.2.2. When drafting directives, directive custodians shall ensure:

- directives are written in a clear, concise and easily understood language
- directives give proper consideration to human rights
- the term 'shall' is used to denote mandatory requirements
- consultation occurs with the custodian of the Health Service Directive Policy to the extent necessary to ensure compliance with the policy and consistency with style and quality of the standards in place for drafting health service directives.

3.3. Approval to consult with HHSs on a draft health service directive

3.3.1. Approval shall be obtained from the chief executive or delegated executive prior to consulting with HHSs on a draft directive.

- 3.3.2. The directive custodian shall undertake consultation with HHSs in accordance with the Health Service Directive Consultation Standard.
- 3.3.3. A proposal to initiate consultation on a draft directive shall include the following:
- demonstration of how the directive fulfils one or more of the following criteria stated in section 47 (1) of the *Hospital and Health Boards Act 2011*:
 - criteria 1: promoting service coordination and integration in the delivery of health services between HHSs; and between HHSs, the department and other service providers
 - criteria 2: optimising the efficient and effective use of available resources in the delivery of health services
 - criteria 3: setting standards and policies for the safe and high-quality delivery of health services
 - criteria 4: ensuring consistent approaches to the delivery of health services, employment and the delivery of support services
 - criteria 5: supporting the application of public sector policies, State and Commonwealth Acts, and agreements entered into by the State
- 3.3.4. Consideration may also be given to examples provided in Section 47 (2) of the *Hospital and Health Boards Act 2011*
- a preliminary risk and impact analysis including financial impact
 - a demonstration of how a directive would be the least intrusive option for managing the system issue
 - a directive development plan which includes a consultation plan (refer to the Health Service Directive Consultation Implementation Standard)
 - outcomes of preliminary consultation and/or consumer engagement if conducted
 - information on any related departmental, State and/or national policies and legislation and how the proposed health service directive would support and be complementary to the policy environment, and not superfluous or contradictory.
- 3.3.5. The directive custodian shall register the approved consultation on a draft directive with the health service directive registrar (registrar).

3.4. Submission to consider/approve a health service directive

3.4.1. Following consultation on a draft directive, the directive custodian shall make a submission to the chief executive. The submission shall include:

- a briefing note including recommendations and human rights considerations
- a proposed/draft directive
- a completed health service directive coversheet
- a risk and impact analysis including financial impact
- a summary of feedback received from each HHS and intended for publication on the internet (refer to the Health Service Directive Consultation Standard)
- an implementation and communication plan.

3.4.2. The directive custodian shall communicate to HHSs the outcome of this submission to the chief executive. For instance:

- where approval is granted, HHSs shall be notified as 3.6.1
- where a decision is made not to proceed with the development of the directive, or where the chief executive requests further consultation, HHSs shall be notified accordingly.

3.4.3. The registrar shall regularly publish the following information on the health service directive internet site:

- directives under development
- notifications of reviews of existing directives
- approved directives and summary of consultation outcomes
- rescinded directives.

3.5. Registration and publication of a health service directive

3.5.1. If approved by the chief executive, the directive custodian shall forward the health service directive to the registrar for publication.

3.5.2. Unless directed by the chief executive, the registrar shall only publish health service directives that comply with the Health Service Directive Policy and the style and quality standards in place for drafting health service directives.

3.5.3. The registrar shall:

- establish and maintain a health service directive register
- maintain the health service directive internet site

- publish all health service directives on the health service directive internet site from the date of effect
- review all health service directives prior to publication to ensure compliance with the Health Service Directive Policy (including its supporting Standards).

3.5.4. The health service directive internet site shall be informed by the health service directive register.

3.5.5. All directives shall comply with the Department of Health Web Publishing Policy (QH-POL-064).

3.6. Implementation – issuing a health service directive

3.6.1. To issue a directive, the chief executive shall notify, in writing, the CEOs of the HHSs to which the directive would apply. The notice shall include at a minimum:

- the date of effect
- the contact details of the directive custodian.

3.7. Amendment and review

3.7.1. The directive custodian shall ensure that directives are reviewed at intervals no greater than three years.

3.7.2. During the review of directives, the directive custodian shall give proper consideration to human rights.

3.7.3. Consultation on amendments and reviews shall comply with the Health Service Directive Consultation Standard.

3.8. Rescinding a health service directive

3.8.1. Prior to rescinding the directive, the directive custodian shall consult with and inform those HHSs mandated by the directive of the intention to rescind the document.

3.8.2. When rescinding a directive, the directive shall give proper consideration to human rights.

3.8.3. The chief executive may rescind a directive, and ensure appropriate consultation is undertaken with HHSs.

3.9. Changing custodianship of a health service directive

3.9.1. Any changes to custodianship of a directive shall be approved by the chief executive. In changing custodianship of a directive, the chief executive shall ensure:

- HHSs are notified of the change

- The published directive and associated documents are modified accordingly.

3.10. Roles and responsibilities

3.10.1. Chief Executive

- Approving and issuing health service directives
- Appointing a directive custodian or approving a change of directive custodian
- Approving consultation with HHSs
- Ensuring consultation with HHSs occurs when developing, reviewing, or rescinding a directive
- Notifying HHSs when issuing a new or updated directive
- Notifying HHSs when a directive has been rescinded

3.10.2. Health Service Directive Custodian

- Drafting health service directives in line with the requirements of this standard
- Producing a proposal to initiate consultation
- Consulting with HHSs when developing, reviewing or rescinding a directive in accordance with the Health Service Directive Consultation Standard
- Producing a submission to the chief executive for consideration/approval of a directive
- Forwarding approved directives to the registrar
- Communicating with HHSs the outcomes of a submission to the chief executives
- Reviewing directives at least every three years
- Giving proper consideration to human rights whenever initiating, reviewing or rescinding a directive

3.10.3. Health Service Directive Registrar

- Publishing health service directive information
- Maintain health service directive register
- Provide advice on health service directive process

4. Aboriginal and Torres Strait Islander considerations

Directive custodians shall consider the impact the directive will have on Aboriginal and Torres Strait Islander communities when drafting, reviewing or rescinding a directive. If a directive has potential negative impact on Aboriginal and Torres Strait Islander communities, the policy custodian shall take actions to eliminate this negative impact.

5. Human rights

Human rights are not engaged by this standard, however, should be given proper consideration when initiating, reviewing, or rescinding a directive.

6. Legislation

- *Hospital and Health Boards Act 2011*
- *Public Sector Act 2022*
- *Public Records Act 2002*
- *Right to Information Act 2009*
- *Human Rights Act 2019*

7. Supporting documents

- [Health Service Directive Policy](#) (QH-POL-366:2023)
- [Health Service Directive Consultation Standard](#) (QH-IMP-366-2:2023)
- [Health Service Directive Initiation Form](#)
- [Health Service Directive Coversheet](#)
- [Health Service Directive Template](#)
- [Health Service Directive Consultation Overview Template](#)
- [Web Publishing Policy](#) (QH-POL-064)

8. Definitions

Term	Definition
Amend	To alter, fix or modify (a health service directive).

Term	Definition
Binding	Compulsory or obligatory (including not able to be altered by HHSs).
Business contact area	A business unit, reporting to the chief executive, that acts as the central point of contact in the department of the chief executive, for the purpose of consultation.
Chief executive	Chief executive of the department administering the <i>Hospital and Health Boards Act 2011</i> .
Consult/Consultation	In the context of this implementation standard, consultation refers to a “two-way” exchange including dialogue/discussion between the chief executive or delegate (e.g. health service directive custodian) and HHSs (e.g. CEO or board of directors or delegate).
Health service directive	<p>A health service directive issued by the chief executive to an HHS under s47 of the <i>Hospital and Health Boards Act 2011</i>.</p> <p>A Health service directive is a formal document that contains mandatory outcomes to be achieved by a HHS and may also contain required actions to be completed.</p>
Health service directive custodian (directive custodian)	<p>Officer responsible to lead development of a health service directive and/or oversight implementation and review of an approved health service directive.</p> <p>Health service directive custodians are a position, not an individual and will at minimum be a Senior Officer (SO) or equivalent.</p>
Health service directive register	A single, centrally maintained catalogue or schedule of health service directives and associated critical and historical information. (May use programs such as SharePoint or MS Access).
Health service directive registrar (registrar)	An employee in the System Governance Strategy Branch who is responsible for the administration of the Health Service Directive Policy QH-POL-366, Health Service Directive Management Standard QH-IMP-366-1 and Health Service Directive Consultation Standard QH-IMP-366-2.
Hospital and Health Service (HHS)	The HHSs are statutory bodies and are the principal providers of public sector health services.

Term	Definition
Mandatory requirements	Listed in a health service directive, specific compulsory actions to be carried out by a HHS. Mandatory requirements shall be written in a clear manner and where the required action is specific and unambiguous (i.e. “what shall be done”).
Rescind	To cancel or retract (a health service directive).

9. Approval and implementation

Policy Custodian	Policy Contact Details	Approval Date	Approver
Director, System Governance Strategy Branch	07 2100 8298 QH_HSD_Register@health.qld.gov.au	22 May 2023	Associate Director-General, Strategy, Policy and Reform Division

Version control

Version	Date	Comments
Version 1	10 March 2014	New document
Version 2	27 April 2015	Policy rationalisation project
Version 3	22 May 2023	Updated to make minor amendments to maintain currency. Updated policy custodian information.