

# Health Service Directive Management

## Queensland Health Standard

QH-IMP-366-1

## 1. Statement

The Department of Health (the Department) must ensure that health service directives (HSD) are:

- established in accordance with the criteria stated in section 47 (1) of the *Hospital and Health Boards Act 2011*
- issued by the Director-General
- published on the Queensland Health internet site

## 2. Scope

This standard applies to all employees, contractors and consultants within the Department of Health divisions and business units involved with the development, review or rescission of HSDs.

## 3. Requirements

### 3.1. Key Criteria

- 3.1.1. The Director-General must issue all HSDs.
- 3.1.2. HSDs must be developed in accordance with the requirements of the *Hospital and Health Boards Act 2011* and the Health Service Directive Management Policy.
- 3.1.3. HSDs are binding on the Hospital and Health Services (HHS) to which they apply.
- 3.1.4. The development and implementation of HSDs will be managed through the cycle of: initiation, approval, registration, publication, implementation, and review. The *Hospital and Health Boards Act 2011* requires consultation with HHSs in the development and review of HSDs, however consultation may occur during any of the phases of the HSD life-cycle.
- 3.1.5. In approving any proposal to develop a HSD, the Director-General or delegated executive must appoint a HSD custodian who is a senior officer (SO) equivalent or above.

## 3.2. Content requirements for a Health Service Directive

3.2.1. HSD custodians must ensure HSDs contain all information outlined in the [Health Service Directive template](#).

3.2.2. When drafting HSDs, custodians must ensure:

- HSDs are written in clear, concise, and easily understood language
- HSDs give proper consideration to human rights and the impact on Aboriginal and Torres Strait Islander stakeholders
- consultation occurs with the HSD registrar as required by this standard, to ensure compliance with the policy and consistency with style and quality of the standards in place for drafting HSDs.

## 3.3. Initiating a Health Service Directive

3.3.1. A proposal to initiate an HSD must be made to the Director-General and include the following:

- rationale for the necessity to impose mandatory requirements on an HHS and outline why an HSD is the best instrument to achieve this outcome
- explanation of how the proposed HSD 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 matters (other than conditions of employment for health service employees) 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
- Consideration may also be given to examples provided in Section 47 (2) of the *Hospital and Health Boards Act 2011*.

3.3.2. Prior to submitting a proposal to the Director-General for approval to initiate a HSD, the HSD custodian must consult the HSD registrar.

3.3.3. A proposal to initiate an HSD may be done at the same time as a proposal to consult HHSs.

### 3.4. Approval to consult

3.4.1. Approval to consult must be obtained from the Director-General for a new HSD and any HSD review that requires HHS consultation, as per section 3.5 of this standard. For new HSDs, this approval may be sought at the same time as approval to initiate an HSD.

3.4.2. Before seeking approval to consult HHSs, the HSD custodian must consult the HSD registrar. The HSD registrar will provide advice on current HSD consultation capacity and details on minimum required consultation timeframes.

3.4.3. When seeking consultation approval, the HSD custodian must provide at a minimum, the following to the Director-General:

- a brief for approval outlining the reasons for HHS consultation and proposed consultation dates
- proposed draft HSD
- draft memorandum from the Director-General to HHSs notifying them of the consultation and purpose/intent of the HSD and requesting they:
  - accept the consultation timeframes and
  - nominate a contact officer who will represent the HHS during the consultation period.

3.4.4. Once consultation has been approved by the Director-General, the HSD custodian must register consultation with the HSD registrar.

### 3.5. Consultation with Hospital and Health Services and other relevant stakeholders

3.5.1. Consultation with impacted HHSs is mandatory. HSD custodians may choose to consult additional stakeholders during the development of a new HSD or review of an existing HSD.

3.5.2. At the commencement of the consultation period, the signed memorandum listed in 3.4.3 of this standard and the draft HSD must be sent to HHSs.

3.5.3. The minimum HHS consultation requirements are:

- Five (5) business days from the day that HHSs are sent the memorandum to allow HHSs to provide details of a contact officer. In the event that no contact officer is provided within the timeframe, the custodian will follow up with the HHS chief executive.

- Twenty (20) business days for HHSs to review the draft HSD and provide feedback to the HSD custodian. The twenty (20) business days commences immediately after the five (5) business days referred to above has passed. If no response is received from an HHS during this timeframe, this is taken to be a nil response.
  - Following the initial consultation, the HSD custodian must consider the feedback received and determine if further updates are required to the draft HSD. The HSD custodian must then provide HHSs with a further draft of the HSD (even if no changes have been made in response to feedback) and a summary of all feedback received.
  - Ten (10) business days is provided for HHSs to review the further draft HSD and submit additional feedback. This timeframe commences upon the day the further draft is provided to the HHS. If no response is received from an HHS during this timeframe, this is taken to be acceptance of the proposed HSD.
- 3.5.4. The above are minimum consultation timeframes and can be extended at the discretion of the HSD custodian. If an HHS requests that timeframes be extended, the HSD custodian must consider the request.
- 3.5.5. When initiating a new HSD, the HHS consultation timeframes must be followed. However, when reviewing an existing HSD, HHS consultation may be completed as per section 3.9 (making minor amendments) of this Standard.

### 3.6. Submission for Director-General approval

- 3.6.1. Following consultation, the HSD custodian must prepare a submission for approval by the Director-General which, at a minimum, must include:
- briefing note including recommendations, as well as the outcomes of consideration of human rights and impact on Aboriginal and Torres Strait Islander stakeholders
  - proposed HSD
  - draft memorandum from the Director-General notifying HHSs about the issuing of the HSD. At a minimum, the memorandum must contain:
    - the date of effect of the HSD
    - contact details of the HSD custodian
  - summary of feedback received during consultation
  - risk and impact analysis, including financial impact
  - communication and implementation plan.

- 3.6.2. Before submitting to the Director-General, the HSD custodian must consult the HSD registrar to ensure all documents in the approval package are compliant with this Standard.
- 3.6.3. If the Director-General approves the HSD:
- the HSD custodian must notify the HSD registrar, as stated in section 3.7 of this standard
  - the Director-General must notify the HHSs to which the HSD would apply by sending the memorandum prepared under 3.6.1 of this Standard.
- 3.6.4. If the Director-General does not approve the HSD, the HSD custodian must notify HHSs and the HSD registrar of the outcome.

### 3.7. Registering and publishing a Health Service Directive

- 3.7.1. Once approved by the Director-General, the HSD custodian must send the approved documents in section 3.6.1 and a completed HSD registration form to the HSD registrar.
- 3.7.2. The HSD registrar must maintain the HSD register and store all HSD related documents on the Department's electronic records management system.
- 3.7.3. The HSD registrar must publish the new or updated HSD on the HSD internet site.
- 3.7.4. Prior to publishing, the HSD registrar must review the HSD to ensure it is compliant with the Health Service Directive Management Policy (QH-POL-366) and the Web Publishing Policy (QH-POL-064).

### 3.8. Reviewing a Health Service Directive

- 3.8.1. The HSD custodian must ensure that HSDs are reviewed at intervals no greater than three years.
- 3.8.2. The HSD registrar will contact the HSD custodian in advance of the HSD review date to ensure they are aware of the requirement to review.
- 3.8.3. If a review is delayed past the three (3)-year mark, the HSD custodian must ensure the relevant ELT member is aware of the reason for delay and any risks arising from the delay.
- 3.8.4. To commence the review of a HSD, the HSD custodian must, unless section 3.9 (making minor amendments) applies:
- obtain approval to consult HHSs from the Director-General, as per section 3.4, and
  - conduct consultation as per section 3.5.

- 3.8.5. Once the final HSD has been prepared and gone through the appropriate consultation process, the HSD custodian must follow sections 3.6 to 3.7 of this Standard.

### 3.9. Making minor amendments to a Health Service Directive

- 3.9.1. If a reviewed HSD only contains minor amendments, the HSD custodian does not need to obtain Director-General approval to consult with HHSs, as per section 3.4. Additionally, compliance with section 3.5 of this Standard, regarding consultation requirements, is not mandatory.
- 3.9.2. Minor amendments:
- do not change the nature or intent of the HSD; and
  - do not require HHSs to change their practice/s in order to comply with the HSD; and
  - do not place any additional mandatory requirements on an HHS or apply to any new HHSs; and
  - do not impact HHS operation in relation to the HSD.
- 3.9.3. All HHSs to which the HSD applies must be consulted and agree to the minor amendments.
- 3.9.4. The HSD custodian must allow a minimum of fifteen (15) business days for HHSs to indicate agreement or objection to the changes. If HHSs do not provide a response within the fifteen (15) business days, it will be considered as a 'nil response'.
- 3.9.5. If all HHSs agree to the minor amendments, or there is no response, the HSD custodian must follow sections 3.6 to 3.8 of this Standard.
- 3.9.6. If any consulted HHSs do not agree to the minor amendments, the HSD custodian must consider appropriate further consultation with HHSs before progressing the submission for Director-General approval.

### 3.10. Rescinding a Health Service Directive

- 3.10.1. The Director-General may rescind an HSD, following appropriate consultation is undertaken with HHSs.
- 3.10.2. Prior to rescinding the HSD, the HSD custodian must consult with and inform impacted HHSs of the intention to rescind the document.
- 3.10.3. Appropriate consultation is determined by the HSD custodian and is not required to follow the requirements in section 3.5 of this Standard.
- 3.10.4. Following HHS notification and consultation, the HSD custodian must seek Director-General approval to rescind the HSD. This brief for approval must outline the reason for rescission and outcomes of HHS consultation.

3.10.5. When rescinding an HSD, the HSD custodian must give proper consideration to human rights.

3.10.6. HHSs must be notified of the outcome of the HSD rescission request.

### 3.11. Changing Custodianship of a Health Service Directive

3.11.1. A change in custodian of an HSD can occur at any time.

3.11.2. Any changes to custodianship of an HSD must be agreed to by both the existing HSD custodian and the proposed HSD custodian.

3.11.3. Once agreed, the new HSD custodian must notify the HSD registrar, so that the HSD registrar can update custodian details in the HSD register and the online published HSD.

3.11.4. The new HSD custodian must consider appropriate communication of the custodian change to HHSs.

### 3.12. Health Service Directive Supporting Standards, Protocols, Guideline

3.12.1. An HSD may refer to supporting documents, such as an HSD Standard, HSD Protocol or HSD Guideline.

3.12.2. The process to initiate, review, make minor changes, rescind or change a custodian of an HSD Standard or HSD Protocol must be undertaken in accordance with the requirements of this Standard as if it were an HSD.

3.12.3. HSD Standards are to be used to outline minimum mandatory requirements requiring HHS compliance.

3.12.4. HSD Protocols are to be used to outline mandatory procedures and/or practices requiring HHS compliance.

3.12.5. HSD Guidelines are to be used to outline best practice information that is not mandatory for HHS compliance.

### 3.13. Record keeping and transparency

3.13.1. The HSD registrar must store all information relating to the development and approval of HSDs on the Department's electronic records management system.

3.13.2. In accordance with relevant provisions of the *Right to Information Act 2009* and *Information Privacy Act 2009*, the HSD registrar must make available when requested copies of:

- rescinded HSDs
- superseded versions of HSDs
- deidentified copies of HSD consultation feedback summaries

- any other document relating to the development, review or rescission of HSDs.

## 4. Key accountabilities

Position	Responsibility
Director-General (Chief Executive)	<ul style="list-style-type: none"> <li>• Approving the development of new HSDs</li> <li>• Approving consultation with HHSs</li> <li>• Approving new and reviewed HSDs</li> <li>• Notifying HHSs when issuing a new or updated HSD</li> <li>• Appointing an HSD custodian or approving a change of HSD custodian</li> <li>• Approving the rescission of an HSD</li> </ul>
HSD custodian	<ul style="list-style-type: none"> <li>• Developing HSDs in accordance with the requirements of this Standard</li> <li>• Seeking approval to initiate a new HSD and/or HHS consultation for a new or reviewed HSD</li> <li>• Ensuring consultation with HHSs occurs when developing, reviewing or rescinding an HSD in accordance with this Standard</li> <li>• Seeking approval from the Director-General for a new, reviewed or rescinded HSD</li> <li>• Forwarding approved new, reviewed and rescinded HSDs and other HSD information to the HSD registrar, as specified in this Standard</li> <li>• Communicating with HHSs the outcomes of a submission to the Director-General where an HSD is not approved</li> <li>• Reviewing HSDs at least every three years</li> <li>• Considering human rights, and the impact on Aboriginal and Torres Strait Islander stakeholders, whenever initiating, reviewing or rescinding an HSD</li> <li>• Notifying HHSs when an HSD has been rescinded</li> </ul>
HSD registrar	<ul style="list-style-type: none"> <li>• Ensuring HSD processes are compliant with the <i>Hospital and Health Boards Act 2011</i></li> <li>• Provide advice on HSD management processes to HSD custodians</li> <li>• Maintaining the HSD register</li> <li>• Publishing HSDs</li> </ul>



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- Maintaining appropriate record keeping of HSD information and making it available on request
  - Enabling the ongoing review of HSDs
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## 5. Aboriginal and Torres Strait Islander considerations

HSD custodians must consider the impact the HSD will have on Aboriginal and Torres Strait Islander stakeholders when drafting, reviewing or rescinding an HSD. If an HSD has the potential to negatively impact on Aboriginal and Torres Strait Islander stakeholders, the HSD custodian must take actions to eliminate the negative impact.

## 6. Human rights

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

## 7. Legislation

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

## 8. Supporting documents

- [Health Service Directive Policy \(QH-POL-366\)](#)
- [Health Service Directive Initiation Form](#)
- [Health Service Directive coversheet](#)
- [Health Service Directive Template](#)
- [Health Service Directive Guideline Template](#)
- [Health Service Directive Protocol Template](#)
- [Health Service Directive Consultation Overview Template](#)
- [Consultation Feedback Summary template](#)
- [Risk and Impact Analysis template](#)

- [Communication and Implementation Plan Template](#)
- [Human Rights Decision Tool](#)
- [Rescind a HSD Form](#)
- [Web Publishing Policy](#) (QH-POL-064)
- [Queensland Health Editorial Style Guide](#)

## 9. Definitions

Term	Definition
Binding	Compulsory or obligatory (including not able to be altered by HHSs).
Chief executive (Director General)	Chief executive, or Director-General, of Queensland Health 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 Director-General or delegate (e.g. HSD custodian) and HHSs (e.g. HHS chief executive, Board Chair, or delegate).
Health Service Directive	<p>A health service directive (HSD) issued by the chief executive to an HHS under <i>s47</i> of the <i>Hospital and Health Boards Act 2011</i>.</p> <p>An HSD is a formal document that contains mandatory outcomes to be achieved by an HHS and may also contain required actions to be completed.</p>
Health Service Directive custodian (HSD 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 custodian is a position, not an individual, and will at minimum be a Senior Officer (SO) equivalent or above.</p>
Health Service Directive guidelines (HSD guidelines)	<p>An HSD guideline is a supporting document to an HSD that outlines best practice information that is not mandatory for HHS compliance.</p> <p>An HSD guideline is to be initiated, reviewed, amended or rescinded in accordance with the requirements of this Standard as if it were an HSD.</p>

Term	Definition
Health Service Directive protocols (HSD protocols)	<p>An HSD protocol is a supporting document to an HSD that outlines mandatory procedures and/or practices requiring HHS compliance.</p> <p>An HSD protocol is to be initiated, reviewed, amended or rescinded in accordance with the requirements of this Standard as if it were an HSD.</p>
Health Service Directive register (HSD register)	A single, centrally maintained catalogue or schedule of health service directives and associated critical and historical information.
Health Service Directive registrar (HSD registrar)	An employee in the System Governance Strategy Branch who is responsible for the administration of the Health Service Directive Policy QH-POL-366 and Health Service Directive Management Standard QH-IMP-366-1.
Health Service Directive standards (HSD standards)	<p>An HSD standard is a supporting document to an HSD that outlines minimum mandatory requirements requiring HHS compliance.</p> <p>An HSD standard is to be initiated, reviewed, amended or rescinded in accordance with the requirements of this Standard as if it were an HSD.</p>
Hospital and Health Service (HHS)	The HHSs are statutory bodies under the <i>Hospital and Health Boards Act 2011</i> and are the principal providers of public sector health services.
Mandatory requirements	The specific compulsory actions to be carried out by a HHS, as listed in an HSD Mandatory requirement must be written in a clear manner and ensure a required action/s is specific and unambiguous (i.e. “what must be done”).

## 10. Approval and implementation

Policy Custodian	Policy Contact Details	Approval Date	Approver
Executive Director, Governance, Assurance and Information Management Branch	<a href="mailto:GAIM-corro@health.qld.gov.au">GAIM-corro@health.qld.gov.au</a>	22 October 2024	Deputy Director-General, Corporate Services 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.
Version 4	4 January 2024	Full review.
Version 5	22 October 2024	Updated policy custodian information.