

Health Service Directive Consultation

Department of Health Standard

QH-IMP-366-2:2023

1. Statement

The Department of Health (the Department) shall ensure consultation with Hospital and Health Services (HHSs) and other stakeholders for the development and review of health service directives (directive/s) is conducted in a transparent, collaborative and diligent manner.

2. Scope

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

3. Requirements

3.1. Mandatory consultation

- 3.1.1. The chief executive shall consult with HHSs in developing or reviewing a health service directive (directive) to which they may be subject to.
- 3.1.2. As a minimum, a draft directive shall be circulated for consultation to affected HHSs in accordance with this standard.

3.2. Considering other consultation commitments

- 3.2.1. Following approval from the chief executive or delegated executive to consult with HHSs on a draft directive (refer to Health Service Directive Management Standard), and prior to approaching HHSs, the health service directive custodian (directive custodian), through discussion with the health service directive registrar (registrar), shall ascertain current consultation activity with HHSs and give due regard to the capacity of HHSs to participate in further consultation.

3.3. Provision of draft directive/s and proposed consultation plan to HHSs

- 3.3.1. The directive custodian shall provide HHS chief executive officers (CEs) with a consultation plan which, at a minimum, shall contain:
 - the purpose and intent of the proposed directive
 - a draft directive

- the proposed time frames for HHSs to provide feedback on the draft directive
- details of a contact officer for the consultation process
- information to assist the HHSs in determining whether the nature of the directive requires the HHS to consult with clinicians or undertake community engagement, and any consequent impact on timeframes.

3.3.2. The directive custodian shall request, in writing:

- that the HHS CE nominate a contact officer for the consultation process
- written confirmation within ten (10) business days of proposed consultation timeframes from the HHS CE
- If no response is received within ten (10) business days, it shall be taken as agreement with the proposed consultation timeframes.

3.4. Making minor amendments

3.4.1. If a directive custodian is seeking to make a minor amendment to an existing directive, they may seek written agreement from HHS CEs to circumvent the full consultation requirements of this standard. The directive custodian shall seek agreement that the proposed amendments:

- Are minor in nature
- Do not change the intent or requirements of the directive; and
- Do not require further consultation

3.4.2. If HHS CEs do not agree to the amendment, or do not agree that consultation is not required, the consultation processes described in this implementation standard shall progress.

3.5. Consulting on a draft health service directive

3.5.1. The directive custodian shall:

- Provide each HHS with a draft directive and, at a minimum, twenty (20) business days in which to provide feedback. The twenty-day period commences from the conclusion of the ten (10) days within which HHS CE confirmation is to be given. HHSs may negotiate a longer period of consultation if necessary
- Document all feedback and consultation activities
- Seek from each HHS a summary of their feedback

- 3.5.2. If no feedback is received within twenty (20) business days or the negotiated period, it shall be recorded that the outcome of consultation was that no issues were raised.

3.6. Outcomes of consultation

- 3.6.1. Following consultation, the directive custodian shall provide each HHS CE with:
- the draft directive amended based on feedback during consultation intended for submission to the chief executive
 - the summaries of feedback received from all HHSs
 - an opportunity to confirm or amend feedback from their respective HHS prior to submission to the chief executive.
- 3.6.2. The directive custodian shall provide a time frame of ten (10) business days for the HHSs to confirm or amend feedback.
- 3.6.3. If no feedback is received from an HHS, it shall be taken as confirmation of feedback.

3.7. Publication for transparency

- 3.7.1. Following completion of consultation, the directive custodian shall provide the registrar with a summary of feedback received from HHSs.
- 3.7.2. The registrar shall publish the summary of feedback on the health service directive internet site.

3.8. Responsibilities

- 3.8.1. The Chief Executive shall:
- ensure consultation with HHSs occurs when developing, reviewing or rescinding a directive.
- 3.8.2. The Directive Custodian shall:
- give consideration to the consultation burden being placed on HHSs
 - produce a consultation plan and provide it to chief executive and HHSs
 - request consultation contacts from HHSs
 - for minor amendments, seek agreement from HHSs to do so without consultation
 - provide HHSs with draft health service directives
 - document consultation feedback
 - provide consultation feedback summaries to the registrar for the purposes of publication.

3.8.3. The Registrar shall:

- provide advice on the directive consultation process
- publish consultation feedback summaries.

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 a 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 Management Standard](#) (QH-IMP-366-1:2023)
- [Health Service Directive Consultation Overview Template](#)

8. Definitions

Term	Definition
Amend	To alter, fix or modify (a health service directive).
Chief Executive	Chief executive of the department administering the <i>Hospital and Health Boards Act 2011</i> .

Term	Definition
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. CE or board of directors or delegate).
Health service directive	A health service directive issued by the chief executive to an HHS under s47 of the <i>Hospital and Health Boards Act 2011</i> . A Health service directive is a formal document that contains mandatory outcomes to be achieved by an HHS and may also contain required actions to be completed.
Health service directive custodian (directive custodian)	Officer responsible to lead development of a health service directive and/or oversight implementation and review of an approved health service directive. Health service directive custodians are a position, not an individual and will at minimum be a Senior Officer (SO) or equivalent.
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.

9. Approval and implementation

Policy Custodian	Policy Contact Detail	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	3 October 2013	New document
Version 2	27 April 2015	Policy Rationalisation Project

Version	Date	Comments
Version 3	22 May 2023	Updated to make minor amendments to maintain currency. Updated policy custodian information.
