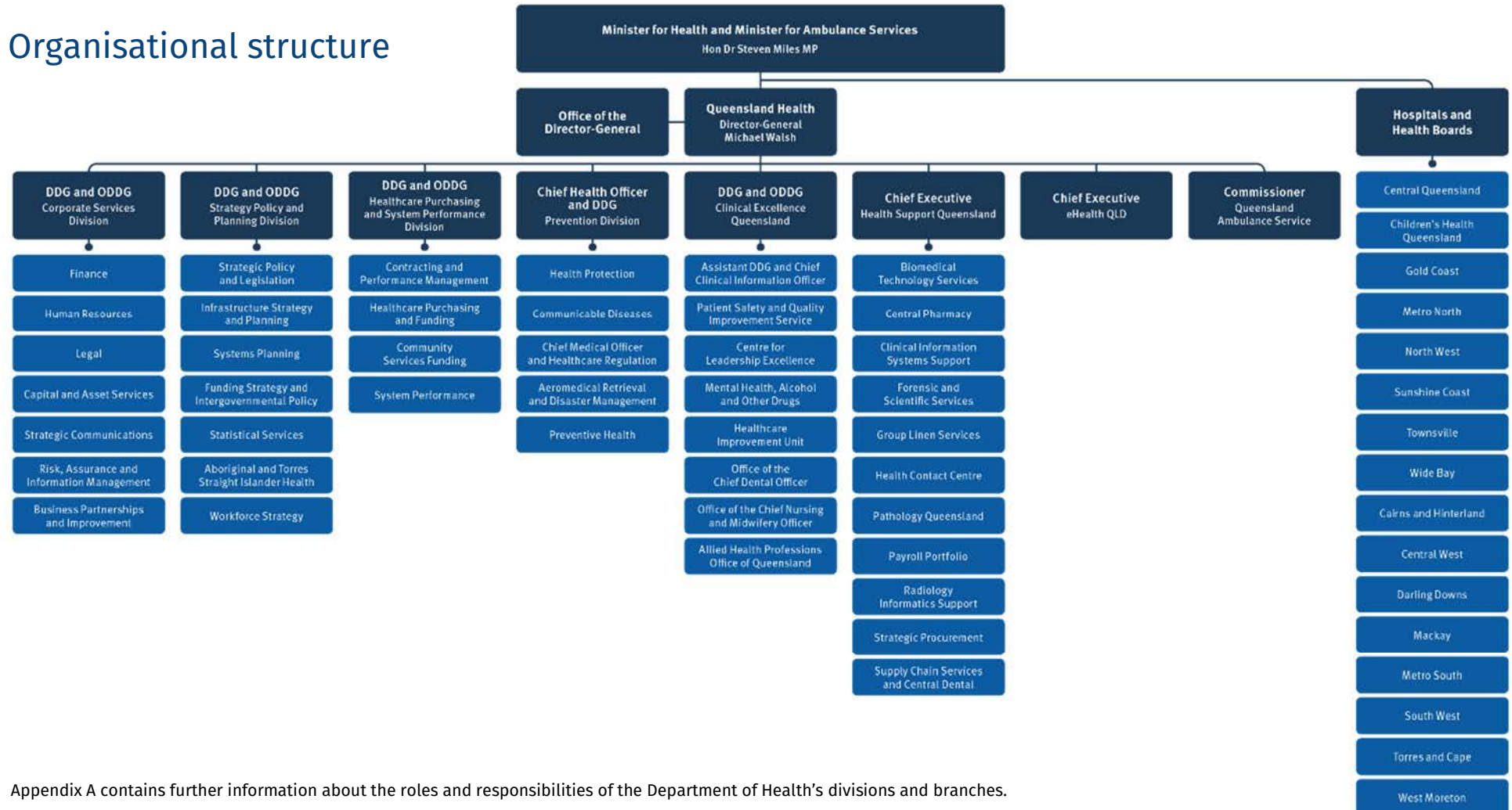


Our governance

Management and structure

Organisational structure



Appendix A contains further information about the roles and responsibilities of the Department of Health's divisions and branches.

Executive management



Michael Walsh

Director-General

Michael Walsh has been the Director-General of Queensland Health since July 2015. Queensland Health employs approximately 90,000 people and provides a public health and hospital system for nearly five million people. Michael was chair of the Australian Health Ministers Advisory Council (AHMAC) providing advice to the COAG Health Council from 2016 to 2018 and is on the Board of the Australian Digital Health Agency which is responsible for the My Health Record. Michael is also on the Board of Brisbane Diamantina Health Partners, an NHMRC accredited Advanced Health Research and Translation Centre.

Over the past 17 years, Michael has held senior executive positions in New South Wales and Queensland. Michael has worked as Chief Executive HealthShare NSW and was the inaugural Chief Executive of eHealth NSW. In Queensland, Michael has worked in both social and economic portfolios at the Deputy Director-General level including health, education and infrastructure.

Michael has also worked in the private sector including as a principal with PwC.

Michael holds a Master of Business Administration, Bachelor of Arts (Hons) in psychology, Bachelor of Science in human movement and Bachelor of Education.

Michael has a passion for organisational excellence and leading value-based teams achieving outcomes that improve the lives of all Australians.



Barbara Phillips

Deputy Director-General, Corporate Services Division

Barbara Phillips joined the Department of Health in 2017 as Deputy Director-General, Corporate Services Division. She has more than 20 years' experience from Australia and New Zealand in leading people, and large-scale policy and change programs in the public healthcare sector.

Recently Barbara led the successful implementation of a new modern statewide finance, business and logistics system to 15,000 users. The \$135 million program was a significant and complex change for the Department and revolutionised finance and logistics within the organisation.

Partnering with stakeholders for mutual benefit is a key driver for Barbara. In 2018/19 she oversaw the transformation of the \$777 million capital program, partnering with Hospital and Health Services and industry stakeholders to deliver one of the most diverse and geographically dispersed capital programs in Queensland.

Previously, Barbara has held executive level positions with the New Zealand Ministry of Health, including Acting Deputy Director-General for Policy and Deputy Director-General for Corporate Services.

She commenced her career in allied health frontline services in New Zealand, where she has lead significant health priorities, including the Prime Minister's Methamphetamine Action Plan (Health), Alcohol and Drug Policy, and implementing national screening programs with major ICT initiatives.

Barbara is an advocate for gender equity and supporting people. She is the Sponsor of the Department's Women's Network and the Work Able Program for

people with vision impairment. Barbara has a genuine passion for healthcare, a collaborative approach to leadership and a drive for continuous improvement.

Barbara holds an Executive Masters in Public Administration and is currently completing her PhD in leadership.



Kathleen Forrester

Deputy Director-General, Strategy, Policy and Planning Division

Kathleen Forrester is responsible for overseeing the development of strategic health policy; infrastructure, system and workforce planning; future funding strategies; statistics and data analysis; intergovernmental relations and Aboriginal and Torres Strait Islander health.

Kathleen leads her division to work collaboratively to set strategy and direction for Queensland's public health system. This work enables the department to deliver quality, safe and responsible health services to Queenslanders and contribute to its vision to make Queenslanders among the healthiest people in the world.

Kathleen has held senior positions within both state and federal government, as well as the private sector where she consulted on social policy reform.

Kathleen holds a Bachelor of Business Management (Economics) from the Queensland University of Technology, a Bachelor of Economics from the University of Queensland and a Master of Commerce (Economics) from the University of Melbourne. She is a member of the Economic Society of Australia and a graduate of the Australian Institute of Company Directors.



Nick Steele

Deputy Director-General, Healthcare Purchasing and System Performance Division

Nick Steele has held executive positions in the United Kingdom's National Health Service and in Queensland for the past 20 years.

As the Deputy Director-General, he is responsible for managing a budget of over \$15 billion for purchasing health and hospital services and is responsible for ensuring the delivery of health outcomes as specified in HHS Service Agreements and contracts with non-government organisation (NGO) service providers and the private sector.

Nick holds an economics degree from the University of Leeds, is a member of the Australian Institute of Company Directors and has dual membership with CPA Australia and the Chartered Institute of Public Finance and Accountancy in the UK



Dr Jeannette Young PSM

Chief Health Officer and Deputy Director-General, Prevention Division

Adjunct Professor, Centre for Environment and Population Health, Griffith University. Adjunct Professor, School of Public Health and Social Work, Queensland University of Technology and Adjunct Professor, School of Public Health, University of Queensland.

In 2016, Dr Young was awarded a Queensland PSM for outstanding public service to Queensland Health, as part of the Queen's Birthday Honours List.

Dr Jeannette Young has been the Queensland Chief Health Officer since 2005 and since August 2015, she has also held the role of Deputy Director-General Prevention Division. Previously she worked in a range of senior positions in

hospitals in Queensland and Sydney, New South Wales. She has specialist qualifications as a Fellow of the Royal Australasian College of Medical Administrators and as a Fellow by Distinction of the Faculty of Public Health of the Royal College of Physicians of the United Kingdom.

Dr Young's role includes accountability for 12 pieces of public health legislation and responsibility for health disaster planning and response, aeromedical retrieval services, environmental health risks, managing communicable disease planning and outbreaks, licensing of private health facilities and schools of anatomy, organ and tissue donation, blood, poisons and medicines, cancer screening, preventive health programs and initiatives, and medical workforce planning and leadership, to name a few. Dr Young produces a report every two years on the health of Queensland to report on the health status and burden of disease of the Queensland population.

Dr Young is a member of numerous committees and boards, including the National Health and Medical Research Council, the Queensland Institute of Medical Research Berghofer Council, the Australian Health Protection Principal Committee, the Domestic and Family Violence Death Review and Advisory Board, the Jurisdictional Blood Committee, the Organ and Tissue Jurisdictional Advisory Committee, the National Screening Committee, Radiation Advisory Council, the Queensland Clinical Senate and the Australian Strategic and Technical Advisory Group on Antimicrobial Resistance.



Dr John Wakefield PSM

Deputy Director-General, Clinical Excellence Queensland

Adjunct Professor, School of Public Health, Queensland University of Technology.

Adjunct Professor, School of Medicine, Griffith University.

MB CHB MPH (research) FACRRM FRACMA

Dr John Wakefield PSM has 30 years' experience in clinical and management roles in rural, regional and tertiary public sector health services in Queensland. After completing a Fellowship under Dr Jim Bagian at the National Centre for Patient Safety of the VA Health System in the United States, he returned to Queensland in 2004 and established the Queensland Health Patient Safety Centre, which he led until late 2012. He established a statewide network of patient safety officers and successfully established a legislative framework for incident analysis, ultimately demonstrating measurable reductions in preventable adverse events.

John is actively involved in national efforts to improve patient safety in partnership with the Australian Commission for Safety and Quality in Healthcare. He chaired the National Open Disclosure Pilot Project and regularly teaches Open Disclosure and other patient safety curricula. His research interests include patient safety culture, safety performance measurement and Open Disclosure. In 2011, John was awarded a public service medal for services to patient safety as part of the national Australia Day Awards.

John returned to the Department of Health in 2016 to lead the newly formed Clinical Excellence Queensland (CEQ). He and his team have led significant reforms in Mental Health, Nursing and Maternity Services. At the heart of CEQ are the Clinical Senate and Clinical Networks, driving continuous improvements in service quality and outcomes for patients across the state.

John has developed a successful leadership development program for clinicians from trainee to executive. Graduating over 1000 participants each year, and consulting to ten HHSs, CEQ has set the national benchmark for investment in clinician leaders for the 21st century.



Russell Bowles ASM

Commissioner, Queensland Ambulance Service

Russell Bowles was appointed Commissioner in June 2011, continuing a distinguished career with the QAS which began in January 1981. As Commissioner, Russell has implemented a number of structural, technical and operational reforms, resulting in significant service delivery improvements across a range of ambulance performance measures.

Russell holds a Master of Business Administration and was awarded the Ambulance Service Medal in the 2005 Australia Day Honours List.



Dr Peter Bristow

Chief Executive Officer, Health Support Queensland

Dr Peter Bristow trained as an intensive care physician working at Liverpool Hospital in Sydney before moving to the Prince Alfred Hospital in Melbourne. In 2000, he accepted the position as Director of Intensive Care at Toowoomba Hospital, progressing to Executive Director of Medical Services, acting Chief Executive and then Chief Executive for the Darling Downs HHS from its establishment in July 2012. From 2016 to 2017, he was Chief Executive of Townsville HHS. Both HHSs achieved zero long waits in elective surgery, endoscopy and specialist outpatients. From 2015 to 2017 he was Chair of the Queensland Health Service Chief Executive Forum. He has been Chief Executive Officer of Health Support Queensland and a member of the Departmental Leadership Team since November 2017.

Dr Bristow is a Fellow of the Royal Australasian College of Physicians, Fellow of the College of Intensive Care Medicine, Fellow of the Australian and New Zealand College of Medical Administrators and a graduate of the Australian Institute of Company Directors. He also holds a Graduate Certificate in Management.



Bruce Linaker MAICD

Acting Chief Executive Officer, eHealth Queensland

Bruce is the Acting Chief Executive of eHealth Queensland responsible for advancing healthcare through digital innovation.

In his previous role as Chief Solutions Delivery Officer, eHealth Queensland, Bruce was responsible for the successful delivery of Queensland Health's IT projects.

Prior to joining eHealth Queensland in December 2016, Bruce was the Regional Head, Portfolio Management Asia Pacific for the global French/Swiss company Lafarge Holcim and was based out of Manila, Philippines. Bruce established the portfolio management team and implemented demand and resource management processes servicing up to 10 countries with a 45,000 user-base. He was responsible for the complete shared services for Holcim's Asia Pacific region incorporating all IT, project delivery and business projects including finance, payroll, HR, CRM (Salesforce) and ERP (SAP) solutions. Prior to this, he was the IT Portfolio and Projects Manager for Holcim Australia/New Zealand developing and implementing end-to-end portfolio and project management, tools, reporting and governance.

Bruce is a recent graduate of the Australian Institute of Company Directors.

Government bodies

The following outlines the annual reporting arrangements for government bodies in the health portfolio. For more information about each government body, including details about their achievements, please refer to their annual reports.

Government bodies (statutory bodies and other entities)	Annual reporting arrangements (including Acts, functions, achievements, remunerations, and meeting)	Financial reporting
Mental Health Court	The President, Mental Health Court is required to prepare its own report. Details can be found in the <i>Mental Health Court's Annual Report 2018–2019</i> .	Financial transactions are included in the <i>Department of Health's annual report 2018–2019</i>
Mental Health Review Tribunal	The President, Mental Health Review Tribunal is required to prepare its own annual report. Details can be found in the <i>Mental Health Review Tribunal's Annual Report 2018–2019</i> .	Financial transactions are included in the <i>Department of Health's annual report 2018–2019</i>
Radiation Advisory Council	The Radiation Advisory Council is required to prepare its own annual report. Details can be found in the <i>Radiation Advisory Council's annual report 2018–2019</i> .	Financial transactions are included in the <i>Department of Health's annual report 2018–2019</i>
Queensland Mental Health Commission	The Queensland Mental Health Commission is required to prepare its own annual report, including independently audited financial statements. Details can be found in the <i>Queensland Mental Health Commission's annual report 2018–2019</i> .	
Queensland Mental Health and Drug Advisory Council	The Queensland Mental Health and Drug Advisory Council supports the Queensland Mental Health Commission. Details can be found in the <i>Queensland Mental Health Commission's annual report 2018–2019</i> .	
Hospital and Health Services (16)	HHSs are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the HHSs respective annual reports 2018–2019.	
Hospital Foundations (12)	Hospital Foundations are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the Hospital Foundations' respective annual report 2018–2019.	

Government bodies (statutory bodies and other entities)	Annual reporting arrangements (including Acts, functions, achievements, remunerations, and meeting)	Financial reporting
Council of the QIMR Berghofer Medical Research Institute (QIMR)	QIMR is required to prepare its own annual report, including independently audited financial statements. Details can be found in QIMR's annual report 2018–2019.	
Office of the Health Ombudsman	The Office of the Health Ombudsman is required to prepare its own annual report, including independently audited financial statements. Details can be found in the Office of the Health Ombudsman's annual report 2018–2019.	

Other governance entities

Government bodies (statutory bodies and other entities)	Annual reporting arrangements (including Acts, functions, achievements, remunerations, and meeting)	Financial reporting
Panels of Assessors (19)	<p>The Panels of Assessors are governed by the <i>Health Ombudsman Act 2013</i> ('the Act') and was established to assist the Queensland Civil and Administrative Tribunal (QCAT) by providing expert advice to judicial members hearing disciplinary matters relating to healthcare practitioners. QCAT deals with serious disciplinary matters which, if substantiated, may result in the cancellation or suspension of a practitioner's registration.</p> <p>Professional Panels of Assessors comprise the Aboriginal and Torres Strait Islander Health Practitioners Panel of Assessors; Chinese Medicine Practitioners Panel of Assessors; Chiropractors Panel of Assessors; Dental Hygienists, Dental Therapists and Oral Health Therapists Panel of Assessors; Dental Prosthetists Panel of Assessors; Dentists Panel of Assessors; Medical Practitioners Panel of Assessors; Medical Radiation Practitioners Panel of Assessors; Nursing Panel of Assessors; Midwifery Panel of Assessors; Occupational Therapists Panel of Assessors; Optometrists Panel of Assessors; Osteopaths Panel of Assessors; Paramedics Panel of Assessors; Pharmacists Panel of Assessors; Physiotherapists Panel of Assessors; Podiatrists Panel of Assessors; Psychologists Panel of Assessors and Public Panel of Assessors (collectively 'Panels of Assessors').</p> <p>The Panels of Assessors financial transactions are not included in Queensland Health's annual report as they are funded by the Australian Health Practitioner Regulation Agency.</p>	

Government bodies (statutory bodies and other entities)	Annual reporting arrangements (including Acts, functions, achievements, remunerations, and meeting)	Financial reporting
	<p>The Panel of Assessors are entitled to be paid the remuneration and allowances approved by the Governor-in-Council.</p> <p>The Panel of Assessors are paid sessional meeting fees of \$550 for four hours or less. Remuneration payable to the Panels of Assessors is fully funded by the Australian Health Practitioner Regulation Agency.</p> <p>Achievement details can be found in QCAT's annual report 2018–2019.</p>	
Queensland Boards of the National Health Practitioner Boards	<p>The Queensland Boards of the National Health Practitioner Boards is governed by the <i>Health Practitioner Regulation National Law Act 2009</i> ('the Act')</p> <p>and comprises the Queensland Board of the Medical Board of Australia; the Queensland Board of the Nursing and Midwifery Board of Australia; and the Queensland Board of the Psychology Board of Australia (collectively 'the boards')</p> <p>On behalf of the National Health Practitioner Boards, the Queensland Boards' functions include making individual registration and notification decisions regarding health practitioners based on national policies and standards.</p> <p>The Australian Health Workforce Ministerial Council sets the fees for Board members in accordance with Schedule 4, section 3 of the Act. The following rates were effective from 1 July 2017 (2018):</p> <ul style="list-style-type: none"> • Board Chairs are paid a daily sitting fee of \$784 (for more than four hours); \$392 for extra travel time of between 4–8 hours; and \$784 for extra travel time of more than eight hours. • Board members are paid a daily sitting fee of \$642 for more than four hours; \$321 for extra travel time of between 4–8 hours; and \$642 for extra travel time of more than eight hours. <p>Remuneration payable to the boards is funded by the Australian Health Practitioner Regulation Agency.</p> <p>Achievement details can be found in the Australian Health Practitioner Regulation Agency's annual report 2018–2019.</p>	

Committees

Committee/Council	Role, function and responsibilities	Key achievements in 2018–2019	Frequency of meetings
Advancing Health 2026 Oversight Committee	The committee monitors actions under Advancing Health 2026. It advised the Minister for Health and Minister for Ambulance Services on collaborative opportunities between Queensland's health system sectors and on progress made to achieve the Advancing Health 2026 vision to make Queenslanders among the healthiest people in the world by 2026.	<p>The committee met in July to finalise discussions on obesity and levels of physical activity.</p> <p>In May, the committee discussed Our Future State: Advancing Queensland's Priorities and introduced the <i>Rapid Results Program</i>.</p> <p>The June meeting 2019 featured a discussion about a new statutory body, Health and Wellbeing Queensland, and encouraged all members to contribute their skills and knowledge to the <i>Rapid Results Program</i>.</p>	Quarterly
Sexual Health Ministerial Advisory Committee (SHMAC)	Provide advice to the Minister for Health and Minister for Ambulance Services on sexual and reproductive health-related matters in the context of the <i>Queensland Sexual Health Strategy 2016–2021</i> and associated action plans (HIV, North Queensland Aboriginal and Torres Strait Islander STI, hepatitis B, hepatitis C).	<p>Hosted Youth Sexual and Reproductive Health Forum in Brisbane in October 2018.</p> <p>Research sub-committee established to set research priorities each year and assess and recommend applications for funding under the new Sexual Health Research Fund.</p>	Quarterly
Mount Isa Lead Health Management Committee (MLHMC)	The committee is chaired by the Chief Health Officer and comprises representatives from Queensland Government agencies, Glencore Mount Isa Mines, State and Commonwealth Members of Parliament, Mount Isa City Council and Mount Isa HHS. The primary function of the MLHMC is to provide strategic management of environmental health risks arising from lead to the residents of Mount Isa. In 2015 the scope of the MLHMC was expanded to	The committee continues to further aid and strengthen lead health management strategies in Mount Isa, including the continuation of the point of care testing program involving finger-prick testing (capillary testing) to measure the blood lead levels of children under five continues to be successful. A total of 573 tests have been taken on Mount Isa children from 1 July 2018 to 16 May 2019, with some children having multiple tests during this period. These tests continue to enable the	Yearly

Committee/Council	Role, function and responsibilities	Key achievements in 2018–2019	Frequency of meetings
	<p>include other airborne contaminants such as sulphur dioxide and arsenic.</p>	<p>early identification of lead exposure and mitigation to prevent ongoing harm to the health of young children in Mount Isa.</p> <p>Although there is no specific evidence of elevated levels of preeclampsia occurring in Mount Isa, meta-analysis of international studies has indicated that there is a higher risk of pregnant women developing preeclampsia in environments with elevated lead levels. The committee is currently investigating measures that could be undertaken to reduce the potential risk of preeclampsia being developed in women during pregnancy within the Mount Isa community.</p> <p>The committee has also been supporting the Lead Alliance sub-committee in achieving local health risk protection strategies such as the introduction of a free smart phone App. This will allow people to create a profile and record and track blood lead level test results over time. The App receives notifications about Lead Alliance programs, events and news.</p>	
Queensland Maternal and Perinatal Quality Council (QMPQC)	<p>Collect and analyse clinical information regarding maternal and perinatal mortality and morbidity in Queensland to identify statewide and facility-specific trends.</p> <p>Make recommendations to the Minister for Health and Minister for Ambulance Services on standards and quality indicators of maternal and perinatal clinical care to enable health providers in</p>	<p>The QMPQC has completed a confidential review of maternal and perinatal deaths for the two-year period 2016–2017 to determine avoidable factors, good practice points and recommendations which will be incorporated in the QMPQC 2019 Report due for release late 2019.</p>	Bi-monthly

Committee/Council	Role, function and responsibilities	Key achievements in 2018–2019	Frequency of meetings
	<p>Queensland to improve safety and quality.</p> <p>Assist with the adoption of such standards in both public and private sectors by initiating and/or contributing to the development of strategies, guidance documents, alerts and directives, in consultation with the Queensland Health Patient Safety and Quality Improvement Service, Population Health Queensland, the Statewide Maternity and Neonatal Clinical Network and with reference to <i>Queensland Clinical Guidelines</i>.</p>		

Leadership team

Queensland Health and health system leadership is provided by three key teams:

Team	Role
Departmental Leadership Team (DLT)	Supports the Director-General to oversee the strategic function, capabilities and effective operation of Queensland Health within the purview of members.
System Leadership Team (SLT)	Supports the Director-General to oversee the strategic function, capabilities and effective operation of the Queensland public health system within the purview of members.
System Leadership Forum (SLF)	Provides a collaborative forum in which the department leadership team and public health service chief executives can openly and robustly discuss the overall leadership, strategy, direction, challenges and opportunities facing Queensland's public health system.

Public Sector Ethics Act 1994

The Code of conduct for the Queensland Public Service applies to all Queensland Health staff. The code is based on the four ethics principles in the *Public Sector Ethics Act 1994*:

- Integrity and impartiality.
- Promoting the public good.
- Commitment to the system of government.
- Accountability and transparency.

Training and education in relation to the Code of conduct for the Queensland Public Service and ethical decision making is part of the mandatory training provided to all employees at the start of employment and then every two years. Education and training in public sector ethics, the Code of conduct and ethical decision making is provided through:

- the online ethics, integrity and accountability training which focuses on the four ethics principles and ethical decision-making, and incorporates competencies relating to fraud, corruption, misconduct and public interest disclosures. In 2018–19, 4801 employees completed this training. A further 1506 people, (students, contractors and other

people working within Queensland Health), also completed the training.

- online training covering the Code of conduct and ethical decision-making, with 3212 QAS employees completing this training in 2018–19. In 2018–19, this program changed from requiring completion by employees every two years, to requiring annual completion. As a result, there has been a significant increase in the number of QAS employees completing the training in 2018–19 compared to previous financial years.
- online training covering fraud and ethic awareness, with 2762 QAS employees completing this training in 2018–19. This program must be completed every two years.

In addition, Queensland Health has a workplace conduct and ethics policy that outlines the obligations of management and employees to comply with the Code of conduct for the Queensland public service. Staff are encouraged to contribute to the achievement of a professional and productive work culture within Queensland Health, characterised by the absence of any form of unlawful or inappropriate behaviour.

Legislation

Queensland Health's functions and authority are derived from administering the following Acts of Parliament, in accordance with *Administrative Arrangements Order (No.2) 2018*.

The Director-General, on behalf of the Minister, is responsible for administering these Acts.

Act	Subordinate legislation
<i>Food Act 2006</i>	Food Regulation 2016
<i>Health Act 1937</i>	Health Regulation 1996 Health (Drugs and Poisons) Regulation 1996
<i>Health Ombudsman Act 2013</i>	Health Ombudsman Regulation 2014
<i>Health Practitioner Regulation National Law Act 2009</i>	Health Practitioner Regulation National Law (Queensland) ¹ Health Practitioner Regulation National Law Regulation
<i>Health and Wellbeing Queensland Act 2019</i>	
<i>Hospital and Health Boards Act 2011</i>	Hospital and Health Boards Regulation 2012 Hospital and Health Boards (Nursing and Midwifery Workload Management Standard) Notice 2016
<i>Hospitals Foundations 2018</i>	Hospitals Foundations Regulation 2018
<i>Mater Public Health Services Act 2008</i>	
<i>Mental Health Act 2016</i>	Mental Health Regulation 2017
<i>Pest Management Act 2001</i>	Pest Management Regulation 2003
<i>Pharmacy Business Ownership Act 2001</i>	
<i>Private Health Facilities Act 1999</i>	Private Health Facilities Regulation 2016 Private Health Facilities (Standards) Notice 2016

¹ The *Health Practitioner Regulation National Law Act 2009* is applied (with modifications) as a law of Queensland under section 4 of that Act. This version is the Law as it applies in Queensland (i.e. with the modifications applied) and is authorised under section 4(2) of the *Health Practitioner Regulation National Law Act 2009*.

Act	Subordinate legislation
<i>Public Health Act 2005</i>	Public Health Regulation 2018
<i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>	Public Health (Infection Control for Personal Appearance Services) Regulation 2016 <i>Public Health (Infection Control for Personal Appearance Services) (Infection Control Guideline) Notice 2013</i>
<i>Public Health (Medicinal Cannabis) Act 2016²</i>	Public Health (Medicinal Cannabis) Regulation 2017
<i>Queensland Institute of Medical Research Act 1945</i>	
<i>Queensland Mental Health Commission Act 2013</i>	
<i>Radiation Safety Act 1999</i>	Radiation Safety Regulation 2010 <i>Radiation Safety (Radiation Safety Standards) Notice 2010</i>
<i>Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Act 2003</i>	Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Regulation 2015
<i>Termination of Pregnancy Act 2018</i>	
<i>Tobacco and Other Smoking Products Act 1998</i>	Tobacco and Other Smoking Products Regulation 2010
<i>Transplantation and Anatomy Act 1979</i>	Transplantation and Anatomy Regulation 2017
<i>Water Fluoridation Act 2008</i>	Water Fluoridation Regulation 2008

Queensland Ambulance Service legislation

The Commissioner of the Queensland Ambulance Service, on behalf of the Minister, is responsible for administering the following Act and Regulation.

Act	Subordinate legislation
<i>Ambulance Service Act 1991</i>	Ambulance Service Regulation 2015

² The *Public Health (Medicinal Cannabis) Act 2016* and regulation were repealed (ceased) as at 1 July 2019.

Prevention Division legislation

The Prevention Division administers a suite of public health portfolio legislation on behalf of the department and is committed to ensuring the department meets all legislative compliance obligations under this legislation. Strategies to ensure the department's compliance obligations under public health portfolio legislation are being met include that each program area:

- maintains a compliance obligation register which identifies the Department's legislative compliance obligations
- participates in monthly risk assessment reviews, including review of risks associated with administering the legislation and compliance obligations
- participates in quarterly and annual legislative compliance reporting processes, including self-assessment compliance audits where relevant
- ensures staff who administer portfolio legislation receive appropriate orientation and ongoing training and education about the Department's internal compliance obligations under this legislation.

During 2018–19 there were no actual breaches of the department's legislative compliance obligations under public health portfolio legislation.

Department compliance obligations met under public health legislation	Achieved
<i>Food Act 2006</i> – Food Regulation 2016	✓
<i>Health Act 1937</i> – Health Regulation 1996 – Health (Drugs and Poisons) Regulation 1996	✓
<i>Pest Management Act 2001</i> – Pest Management Regulation 2003	✓
<i>Pharmacy Business Ownership Act 2001</i>	✓
<i>Private Health Facilities Act 1999</i> – Private Health Facilities Regulation 2016 – Private Health Facilities (Standards) Notice 2016	✓
<i>Public Health Act 2005</i> – Public Health Regulation 2018	✓
<i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> – Public Health (Infection Control for Personal Appearance Services) Regulation 2016 – Public Health (Infection Control for Personal Appearance Services) (Infection Control Guideline) Notice 2013	✓
<i>Public Health (Medicinal Cannabis) Act 2016</i> ³ – Public Health (Medicinal Cannabis) Regulation 2017	✓

³ The *Public Health (Medicinal Cannabis) Act 2016* and regulation were repealed (ceased) as at 1 July 2019.

Department compliance obligations met under public health legislation	Achieved
<i>Radiation Safety Act 1999</i> – Radiation Safety Regulation 2010 – Radiation Safety (Radiation Safety Standards) Notice 2010	✓
<i>Tobacco and Other Smoking Products Act 1998</i> – Tobacco and Other Smoking Products Regulation 2010	✓
<i>Transplantation and Anatomy Act 1979</i> – Transplantation and Anatomy Regulation 2017	✓
<i>Water Fluoridation Act 2008</i> – Water Fluoridation Regulation 2008	✓

A summary of the key activities related to the administration of public health portfolio legislation is provided below.

Licensing and approvals

Completed 20,890 licence, approvals and certificates, comprising:

- 16,208 (78 per cent) under the *Radiation Safety Act 1999*
- 2693 (13 per cent) under the *Pest Management Act 2001*
- 1989 (9 per cent) under the Health (Drugs and Poisons) Regulation 1996.

Total revenue raised by these licensing activities was \$4.56 million. The Public Health Licensing Unit receives over 25,000 enquiries via email and telephone per year. The number and type of public health licences granted in 2018 was published on the Open Data Portal at:

<https://data.qld.gov.au/dataset/health-protection-licences>

Complaints management

In 2018–19, the public health authorised officers received 1767 complaints and 1444 enquiries. They undertook 3795 investigations and 1508 inspections/audits.

Further information

For further information about the administration of public health legislation, including the inaugural *Regulatory Performance Report 2018–19*, see Appendix B of this report.

Australian Government agreements

The table below provides a summary of key achievements delivered in 2018–2019 by Queensland Health and HHSs under National Partnership Agreements (NPA) and Project Agreements (PAs) with the Australian Government.

This is not an exhaustive list of all past and present agreements. For detailed information, visit <http://www.federalfinancialrelations.gov.au/content/npa/health.aspx>

Agreement	Key achievements in 2018–19
Adult Public Dental Services	<p>Queensland has met the activity targets under this NPA on Public Dental Services for Adults which funded around 80,332 courses of treatment from January 2017 to March 2019.</p> <p>The Australian Government announced the extension of the existing NPA on Public Dental Services for Adults to 30 June 2020, as part of the 2018–19 Mid Year Fiscal Economic Outlook. The Minister for Health accepted the extension to the agreement on 18 June 2019.</p>
Essential vaccines	<p>Queensland's immunisation coverage rate for all 5-year-olds increased from 94.3 per cent in 2017–2018 to 94.7 per cent in 2018–2019.</p> <p>Queensland is expected to meet the performance benchmarks contained in the NP on Essential Vaccines for the 2018–2019 assessment period. Queensland Health also continued to support immunisation providers to implement the National Immunisation Program and distributed over 2.8 million doses of essential vaccines to approximately 1800 immunisation providers across Queensland.</p>
<i>Rheumatic Fever Strategy</i>	<p>As of 1 September 2018, Rheumatic Heart Disease (RHD) became a notifiable condition, which means both Acute Renal Failure and RHD are now notifiable under the <i>Public Health Act</i>. This resulted in an increase in clinical notifications on the register.</p> <p>Queensland improved the detection, monitoring and management of the infectious condition, acute rheumatic fever and the resultant rheumatic heart disease, through key action areas, including improving clinical care, education and training, and data collection and reporting and maintaining an electronic register.</p>
Expansion of <i>BreastScreen Australia Program</i>	<p>From 1 July 2018 to 30 June 2019, Queensland delivered 31,062 breast screens in the 70–74 age group, in line with national <i>BreastScreen Australia policy</i> and the requirements of the <i>BreastScreen Australia national accreditation standards</i>. This exceeded the target of 23,176 screens for this period.</p>
Healthcare and Disease Prevention in the Torres Strait Islands	<p>This agreement has three schedules:</p> <ol style="list-style-type: none"> 1. Addressing blood borne viruses and sexually transmissible infections in the Torres Strait—to enhance detection and reporting and expand the delivery of communicable and chronic disease testing, treatment, prevention and education activities to the entire Torres Strait region, with high priority given to at-risk Torres Strait Island residents. <p>Queensland Health has conducted systematic testing, retesting, contact-tracing and antenatal testing of Torres Strait region residents at risk of HIV, hepatitis B, hepatitis C, chlamydia, gonorrhoea, syphilis and trichomonas. It has also provided best practice clinical management and treatment of</p>

Agreement	Key achievements in 2018–19
	<p>these diseases within clinically appropriate times, provided immunisation services for hepatitis B and rotavirus, and delivered culturally-safe community health education activities to each Torres Strait island at least twice yearly.</p> <p>2. Managing Torres Strait/Papua New Guinea (PNG) cross border health issues—supports delivery of health services to PNG nationals who travel through the Torres Strait Treaty Zone and access Queensland Health facilities.</p> <p>Queensland Health has continued to provide health services to PNG nationals who have travelled through the Torres Strait Treaty Zone and presented at Queensland Health facilities.</p> <p>3. Mosquito control and cross border liaison in the Torres Strait Protected Zone—surveillance, control and possible elimination of <i>Aedes albopictus</i> (Asian Tiger) mosquito within the Torres Strait and prevention of the spread of <i>Aedes albopictus</i> from the Torres Strait to the mainland Australia.</p> <p>Queensland Health conducted regular surveillance and control activities for <i>Aedes albopictus</i> throughout the dry and wet seasons and implemented immediate control measures where isolated detections were recorded. Queensland Health also facilitated the exchange of clinical and surveillance data and other relevant health information associated with movement of traditional inhabitants in the Torres Strait Protected Zone. The Communications Officer spent time in Torres Strait health facilities providing communication and liaison services for PNG nationals, improving PNG data collection and timely and safe referrals of PNG nationals back to Daru General Hospital.</p>
Hummingbird House Children's Hospice	<p>The agreement provides a Commonwealth financial contribution, matched by Queensland, for the operation of a 24 hours per day, seven days per week, eight-bed freestanding children's respite care and hospice facility at Wheller Gardens in Chermside, Brisbane. The operation of this specialist paediatric facility continues to progress well, with close to full occupancy during 2018–2019, despite increased acuity patient presentations and higher staffing requirements.</p>
Encouraging more clinical trials in Australia	<p>Queensland has established a statewide Queensland Clinical Trials Coordination Unit to attract new clinical trials to Queensland, implement new and enhanced clinical trial data collection, establish and maintain new networks and partnerships, and to embed clinical trial processes into practice.</p>
Improving trachoma control services for Indigenous Australians	<p>Queensland undertook the following actions under the NPA:</p> <ul style="list-style-type: none"> 95 per cent of five to nine-year-old Aboriginal and Torres Strait Islander children in six target communities were screened for trachoma (three communities in the Torres Strait Islands and three communities in north-west Queensland). In one north-west community a child was found to have active trachoma, confirmed by polymerase chain reaction (PCR) testing detection of <i>Chlamydia trachomatis</i>. The community was treated as per the national guidelines. Repeat screening in this community is scheduled for October 2019. In a second community in north-west Queensland, a child was found to have clinical signs of active trachoma, the community was treated as per

Agreement	Key achievements in 2018–19
	<p>the national guidelines. Subsequently, swab results were not positive for <i>C. trachomatis</i> by PCR and repeat screening of this community is not required.</p> <ul style="list-style-type: none"> • 100% of children screened for trachoma were also assessed for clean faces. • Timely, accurate, reliable and complete trachoma program data was provided to the National Trachoma Surveillance and Reporting Unit. • Repeated prevalence screenings for active trachoma in five of these six communities demonstrated no active trachoma in children aged five to nine-years of age. These communities are no longer considered at risk of trachoma and, in-line with national guidance, have been removed from the list of at-risk communities.
<i>National bowel cancer screen program – participant follow up function</i>	<p>Queensland continued to deliver the Participant Follow Up Function (PFUF) for participants of the <i>National Bowel Cancer Screening Program</i> (NBCSP) who received a positive faecal occult blood test and were not recorded on the NBCSP Register as having attended a consultation with a relevant health professional.</p> <p>In 2018–2019, 5230 follow-up interactions were delivered with the participant and 1824 with the general practitioner. A further 4566 follow-up interactions were delivered with another health professional (specialist/hospital staff or Gastroenterology Nurse) in this period.</p>
OzFoodNet	<p>The Queensland OzFoodNet site continued to undertake active surveillance of foodborne disease across the state, including the investigation and reporting of foodborne and other enteric disease outbreaks. The Queensland site also contributed epidemiological information to the Commonwealth through the regular reporting of outbreak and summary data on the incidence and causes of foodborne disease across the state.</p>
Vaccine-preventable diseases surveillance	<p>Queensland continued its surveillance and reporting of nationally notifiable vaccine-preventable diseases. In 2018–2019, Queensland exceeded the required benchmarks for transmission and reporting of surveillance data to agreed national standards.</p>

Risk management and accountability

Risk management

Queensland Health's Departmental Leadership Team oversees risk management and receives quarterly risk reports supported by an analysis by the Risk, Assurance and Information Management Branch.

Queensland Health's *Risk Management Framework* provides the foundation and organisational arrangements for managing risk within Queensland Health. It aligns with the *AS/NZS ISO 31000:2018 Risk Management—Principles and Guidelines*. The framework aims to streamline and embed risk management to support Queensland Health in achieving its strategic and operational objectives through:

- proactive and focused executive involvement
- assessment and response to risk across the whole department
- analysis of risk exposures and meaningful reporting.

Audit and risk committee

- The Department of Health Audit and Risk Committee (ARC) operates in accordance with its charter, having due regard for Queensland Treasury's Audit Committee Guidelines: Improving Accountability and Performance (the Guidelines).
- The ARC provides the Director-General with independent audit and risk management advice in relation to the department's risk, audit, internal control, and governance and compliance frameworks. In addition, the ARC assists in

the discharge of annual financial management responsibilities as required under the Financial Accountability Act 2009 and the Financial and Performance Management Standard 2019.

- The ARC schedules eleven meetings of which three are extraordinary meetings held specifically to address the department's Annual Internal Audit Plan and Financial Statements.

Key achievements for 2018–2019 include:

- endorsement of the *Annual Internal Audit Plan* prior to approval by the Director-General and monitored the ongoing delivery of the *Internal Audit Plan*
- endorsement of the annual financial statements prior to sign-off by the accountable officer
- provision of direction on departmental business matters relating to business performance
- improvement activities, internal control structures, strategic and corporate risk issues, project governance and accountability matters
- oversight of implementation of agreed actions in relation to recommendations from both internal audit and external audit activities
- oversight of large departmental projects
- completion of a comprehensive review of the committee's work plan and charter.

The Audit and Risk Committee has discharged its responsibilities as set out in the Charter, in line with *Queensland Treasury's Guidelines*.

Name	Membership (role on committee)	Remuneration of members (if applicable)
Paul Cooper	Chair (from 1/1/19) Deputy Chair (to 31/12/18)	\$8400 per annum as Chair
Chris Johnson	Chair (to 31/12/18) Deputy Chair (from 1/1/19)	\$6600 per annum plus \$150 for the month if acting Chair for full meeting

Name	Membership (role on committee)	Remuneration of members (if applicable)
Darren Hall	Internal Member	N/A
Barbara Philips	Internal Member	N/A
Dr Judy Graves	Internal Member (to 10/01/19)	N/A
Allister Whitta	Internal Member (from 11/01/19)	N/A

In addition to the Committee members, a number of Standing Invitees regularly attend meetings, including the: Director-General, Chief Finance Officer, Chief Audit Officer and representatives from the Queensland Audit Office, and Executive Director, Risk, Assurance and Information Management.

Internal audit

Queensland Health's Internal Audit Unit provides risk-based assurance and advisory services to the Director-General, the ARC and senior management across the department focused on improving departmental business operations. During 2018–19, the unit operated under a co-sourced service delivery model endorsed by the ARC.

All internal audit work is performed in accordance with the unit's approved Charter, developed in accordance with the Financial and Performance Management Standard 2019, the Institute of Internal Auditor's (IIA) International Professional Practices Framework (IPPF) and Queensland Treasury's Guidelines. The Chief Audit Officer, as head of the unit is appropriately qualified as a Professional Member of the Institute of Internal Auditors Australia. The function is monitored by the ARC to ensure it operates efficiently, effectively and economically. Objectivity is essential to the effectiveness of the internal audit function. Accordingly, the unit has not had any direct authority or responsibility for the activities it has reviewed throughout the 2018–19 financial year.

The unit supports management to achieve its goals and objectives by applying a risk-based

approach to audit planning including assessment of departmental priorities, strategic and operational plans and other key inputs, both internal and external to Queensland Health. The unit's annual plan is endorsed by the ARC and approved by the Director-General.

During 2018–19, the Internal Audit Unit:

- developed and delivered an annual audit plan based on strategic and operational risks, business objectives and client needs
- supported management by providing advice on a range of significant business initiatives, corporate governance and related issues, including accountability, risk and best practice issues
- monitored and reported on the status of implementation of internal audit recommendations, together with QAO recommendations associated with their financial and performance audits
- provided reports on results of internal audits and assurance reviews to the ARC and the Director-General
- enhanced reporting processes to ensure DLT and ARC members are provided with Internal Audit performance dashboards and assessment of key audit themes across the range of audit services.

External scrutiny

During 2018–19, the Queensland Audit Office (QAO) published the following reports impacting the Department of Health:

Report No	Table Date	Audit Name	Objective and Department/Queensland Health response
Report 21: 2018–19	27 June 2019	Delivering forensic services	This audit assessed whether agencies deliver forensic services efficiently and effectively in order to investigate crime and prosecute offenders. The department supported the recommendations and committed to actions that continue engagement with the Queensland Police Service and Hospital and Health Services to improve governance structures and efficiency of management for a range of forensic services.
Report 17: 2018–19	14 May 2019	Managing consumer food safety in Queensland	This audit examined whether food safety is effectively managed for consumers of food in Queensland. The department agreed in principle to the recommendations and committed to establishing a temporary project team to conduct a legislative review of the <i>Food Act 2006</i> and implementing the action developed by the department in collaboration with the HHSs to respond to the recommendations.
Report 13: 2018–2019	26 February 2019	Health: 2017–2018 results of financial audits	This report summarises the results of our 2017–18 financial audits of the entities in the Queensland public health sector. The department and HHSs are working together to identify opportunities that can be taken to improve efficiency of health services.
Report 10: 2018–19	4 December 2018	Digitising public hospitals	This audit assessed how well Queensland Health had planned and was delivering its <i>Digital Hospitals program</i> and whether it was realising the intended information-sharing and patient benefits. Queensland Health supported the recommendations and committed to progressing actions to further strengthen the digital transformation of hospitals and continuing ongoing efforts to improve the <i>ieMR program</i> .
Report 6: 2018–19	18 October 2018	Delivering coronial services	This audit assessed whether agencies are effective and efficient in supporting the coroner in investigating and helping to prevent deaths. The department supported the recommendations and committed to reviewing the <i>Coroner's Act 2003</i> , establishing and supporting a board to oversee reforms and effect change, developing a coronial services framework and commissioning an independent assessment of statewide models for the management of coronial cases.

Report No	Table Date	Audit Name	Objective and Department/Queensland Health response
Report 4: 2018–19	28 September 2018	Managing transfers in pharmacy ownership	This audit assessed whether the department ensured the transfers of pharmacy ownership complied with the requirements of the <i>Pharmacy Business Ownership Act 2001</i> . The department accepted the recommendations and committed to establishing a project to implement the recommendations and a steering committee to oversee this activity.
Report 1: 2018–19	10 July 2018	Monitoring and managing ICT projects	This audit assessed whether monitoring projects and programs at the departmental and whole-of-government levels have improved successful delivery of ICT programs and projects. The department accepted the recommendations and committed to automating the publishing of dashboard data, ensuring compliance with QGCIO publishing criteria and guidelines, undertaking periodic health checks and incorporating the use of learnings as part of the department's project assurance processes.

Information systems and recordkeeping

Queensland Health is continuing to implement the *electronic Document and Records Management System* (eDRMS) across the Department as part of an enterprise content management approach to improve information management maturity and compliance. The *Corporate Records Policy Framework* identifies the new and revised policies and standards which will govern the department compliance with the *Public Records Act 2002* and the statewide *Records Governance Policy*. Implementation of eDRMS includes the decommissioning of old systems and migration of data into the eDRMS, developing a range of training and implementation advice and working with multiple business systems which hold and manage corporate records to ensure records are being managed and disposed of appropriately.

Following the significant review of the Department-wide Business Classification Scheme, work continues on the development of an agency specific Functional Retention and Disposal Sector Schedule (FRDS), to complement the Clinical Records Disposal Schedule and enable appropriate retention and disposal principles to be consistently applied across Queensland Health.

Ethical Standards Unit

The Ethical Standards Unit (ESU) is the department's central point for receiving, reporting and managing allegations of suspected corrupt conduct under the *Crime and Corruption Act 2001* and public interest disclosures under the *Public Interest Disclosures Act 2010*.

The unit enables the Director-General to fulfil a statutory obligation to report public interest disclosures to the Queensland Ombudsman and allegations of suspected corrupt conduct to the Crime and Corruption Commission (the commission). Allegations referred back to the department by the commission are managed or monitored by the unit.

The unit managed 68 complaints of corrupt conduct comprising of 176 allegations and reviewed and advised the department's executives and work units on a further 157 matters. A further three complaints were received and reviewed by the unit relating to HHS staff or were not within the department's jurisdiction. These were referred to the commission for consideration and necessary action.

The unit undertakes complex investigations into alleged corrupt conduct and provides high-level advice with regards to corruption investigations across Queensland Health and the Minister's health portfolio.

In addition to managing investigations for the department, the unit provided 473 instances of advice to HHSs, the department's executives and work units regarding corrupt conduct and public interest disclosures.

The unit manages systemwide projects including, but not limited to, reviewing the ongoing Memorandum of Understanding between Queensland Police and Queensland Health regarding the sharing of information.

Five hundred and eight staff completed face-to-face ethical awareness, managing corrupt conduct and managing public interest disclosure training as part of the unit's focus on misconduct prevention by raising ethical awareness and promoting integrity.

The unit's development and release of comprehensive public interest disclosure online training allows all employees, including those who work shift work or those who are remotely located, to complete the required mandatory training. One thousand and thirty-seven HHS staff and 2353 Department of Health staff completed the PID online training.

Our major audits and reviews

Offender Health Services Review

In January 2018, Clinical Excellence Queensland in consultation with key stakeholders commenced the Offender Health Services Review. The Review found prisoners generally have more complex health needs with a high prevalence of mental illnesses, communicable diseases, illicit drug use, poor oral health, and chronic diseases when compared to the general population. The Review further found that while health staff within correctional centres strive to provide quality health care for prisoners, this care has been hampered by a lack of coordinated leadership which has meant that many system-wide challenges such as overcrowding, insufficient clinic space and differences in operational requirements between Queensland Corrective Services (QCS) and Queensland Health are not being adequately addressed.

The Offender Health Services Review contained recommendations across five broad themes: relationships and governance; workforce; access; service standards and models; and the correctional environment and interfaces with QCS.

The Crime and Corruption Commission considered the *Offender Health Services Review Final Report* as part of Taskforce Flaxton and in December 2018 recommended the implementation of the Review recommendations. As part of the response to Taskforce Flaxton, the Queensland Government supported the *Offender Health Services Review Final Report* and noted Queensland Health and QCS would work together to implement the recommendations. Queensland Health has accepted or supported all the recommendations from the review and has established an Office for Prisoner Health and Wellbeing whose role, in part, is to support the implementation of the recommendations.

Mandatory reporting of confidential information released in the public interest

Mandatory reporting of confidential information released in the public interest under public health acts and the *Hospital and Health Boards Act* during 2018–19 is summarised below:

Under s160, s161 & s142(1) *Hospital and Health Boards Act* 2011

- Disclosed potentially identifiable patient-level activity, related costing and Medicare data for the 2018–19 fiscal year to the Department of Human Services (activity data and related Medicare numbers for de-identification to a Medicare pin), Independent Hospital Pricing Authority, the National Health Funding Pool Administrator and the National Health Funding Body, for funding arrangements and public health monitoring, in accordance with the National Health Reform Agreement and *National Health Reform Act 2011*.
- Disclosed potentially identifiable patient data for the 2014 to 2019 fiscal years to Queensland Treasury Corporation and contracted consultancy firm, Deloitte Financial Advisory Services Pty Ltd, to support a service and workforce alignment project.
- Disclosed potentially identifiable patient-level activity data on non-admitted, emergency and admitted patients for the 2014 to 2019 fiscal years in public hospitals and acute inpatient modelling demand data for private hospital activity to contracted consultancy firm Deloitte Financial Advisory Services Pty Ltd. This data was disclosed to support an analysis review of demand drivers in planned care and emergency departments.
- Disclosed BreastScreen Queensland (BSQ) client data to Colmar Brunton Pty Ltd to re-establish contact with and to undertake a Computer-Assisted Telephone Interview survey of lapsed BSQ clients (who had

missed one or more regular breast screens). The findings of the survey will be used to identify and prioritise areas for quality improvement within the BSQ program and to re-engage lapsed BSQ clients with breast screening.

- Disclosed potentially identifiable patient-level activity and costing data for the 2016 to 2019 fiscal years to contracted consultancy firm Deloitte Financial Advisory Services Pty Ltd for the development of an integrated planning tool that synthesises data from multiple sources to provide an overview of the systemwide impacts of changes to capacity and capability at a single hospital, Hospital and Health Service or system-wide.
- Released limited confidential information that a person charged with an offence was known to authorised mental health services. Limited confidential information was released to the family of the victim of the offence and to the associated hospital and health service.
- Disclosed limited confidential information to the family of the victim was considered to be in the public interest as the circumstances were receiving a significant amount of media attention and Queensland Health wanted to respect the family's loss and sensitivities regarding the circumstances by ensuring the family were provided with the relevant limited confidential information.
- Disclosed limited confidential information to the Strategic Communications Branch, and subsequently the media, to ensure the circumstances were accurately reported, was considered to be in the public interest given the significant amount of media attention the circumstances received.
- Disclosed limited confidential information that a person charged with an offence was known to an authorised mental health service. The information was provided to the family of the victim of the offence to ensure they were accurately informed

about what may occur for the patient and to respect the sensitivities regarding the circumstances for the family.

- Disclosed identifiable patient-level data on mothers who gave birth in, or received after birth care from selected Queensland public hospitals from October to December 2018, to Ipsos Public Affairs Pty Ltd, to assist with selecting the survey sample and conducting interviews for the 2018–19 Queensland Health Maternity Patient Experience Survey.
- Disclosed identifiable patient-level data on patients attending the emergency department and the outpatient fracture clinic at The Townsville Hospital from May to June 2019, to Cemplicity Ltd, to assist with surveying patients for the Patient Reported Experience Measures and Patient Reported Outcome Measures application pilot.
- Disclosed identifiable patient-level data on inpatients and patients attending the paediatric oncology day unit at the Queensland Children's Hospital in June 2019, to Cemplicity Ltd, to assist with surveying patients for the Patient Reported Experience Measures and Patient Reported Outcome Measures application pilot.

Under s160 Hospital and Health Board Act 2011, s223(1) of the Public Health Act and s147(6) of the Private Health Facilities Act 1999

- Disclosed potentially identifiable health information for financial years 2015–16 to 2017–18 to the Queensland Primary Health Network (QPHN) Planning and Data Collaborative. Data sourced for admitted patient, non-admitted patient and births for usual residents within each Hospital and Health Service (HHS) and for reporting hospitals within each HHS for the purposes of planning and health needs assessments for the population within each QPHN region in Queensland.

Under s144, s147(4)(g) and s147(6) of the Private Health Facilities Act 1999

- During 2018–19 there were no disclosures of confidential information in the public interest under this section of the legislation.

Under s160 Hospital and Health Board Act 2011 and s147(6) of the Private Health Facilities Act 1999

- Disclosed confidential information for patient-level linked data including Queensland Ambulance Services data, for the period 1 January 2015 to current with any subsequent related emergency department presentations or hospital admissions within two years of the index presentation to the Motor Accident Insurance Commission (MAIC). This is to enable monitoring and forecasting of motor insurance scheme costs over time and gain better insights into patient outcomes and journeys following motor vehicle accidents.
- Disclosed potentially identifiable health information for the financial year 2017–18 to Maritime Safety Queensland (MSQ) for hospital admitted patient data relating to water transport injuries. MSQ is a division of the Department of Transport and Main Roads and is responsible for protecting Queensland's waterways and the people who use them. The ongoing annual data supply to the Safety Standard Branch within MSQ provides a marine safety data intelligence, advice and support role for the agency and its stakeholders.

Under s160 Hospital and Health Board Act 2011

- Disclosed potentially identifiable patient-level linked data including costs between the emergency department presentations and Queensland public hospital admitted patient data for the January 2014 to June 2018 period to Nour Group for the purpose of carrying out a National Disability Insurance Scheme (NDIS) impact assessment. Nour Group completed the draft evaluation in December 2017 and the final stage of the project is to undertake a trial evaluation using patient-level data from across Queensland Health datasets.
- Disclosed confidential information to the Queensland Family and Child Commission (QFCC) to identify occasions where any of the children and young people who went missing from out of home care in Queensland between September 2016 and June 2017 and received a Queensland Health service at that time.
- Disclosed confidential information for financial years 2013–14 to 2017–18 to Carramar Consulting who have been engaged by the Children's Health Collaborative Northern Queensland (CHCNQ) to undertake a project analysing and mapping health activity for northern children and young people. Data are for clinical and administrative data for children and young people who usually reside in Mackay, North West, Torres & Cape and Townsville Hospital and Health Service (HHS) for any hospital admissions, non-admitted services and emergency department presentations at any hospital within the CHCNQ HHSs.
- Disclosed confidential information to the Australian Centre for Health Service Innovation (AusHSI) who have been engaged by the Healthcare Improvement Unit, Clinical Excellence Division (CED) to evaluate the Floresco Toowoomba Project. Data released are patient unit record level for admitted patient episodes of care grouped to select mental health Diagnosis Related Groups (DRGs) at public hospitals within the Darling Downs Hospital and

Health Service (DDHHS) between 1 August 2016 and 31 December 2018. These data will be used to enable evaluation of a Queensland Health funded service change program for mental health.

Under section 50P the Ambulance Service Act 1991

- Disclosed confidential patient information of paediatric trauma patients aged three months to 18 years to the Gold Coast Hospital and Health Service to inform the paediatric research study titled *Fibrinogen Concentrate versus Cryoprecipitate in Traumatic Haemorrhage: A Pilot Randomised Controlled Study (FEISTY Junior)*.
- Disclosed confidential patient information of six children to the Queensland Family and Child Commission (QFCC) to support post-implementation review of the *When a Child is Missing* report into children missing from out-of-home care.
- Disclosed confidential patient information involving electrical injuries between 2011 and 2015 to the Centre for Road Accident Research and Road Safety, Queensland University of Technology for a secondary data analysis of collected data with an aim to develop a comprehensive database of linked information for electrical injuries in Queensland.

Under the Public Health Act 2005

Notifiable Conditions Register

Section 81(1) of the *Public Health Act 2005* (the Act) permits the disclosure of confidential information relating to the Notifiable Conditions Register where the Director-General (or delegate) believes on reasonable grounds that the disclosure is in the public interest and has authorised the disclosure in writing. Section 81(2) provides that the nature of the confidential information (in a de-identified form) and the purpose for which it was disclosed must be included in the annual report.

During 2018–19 there were three occasions of disclosure of confidential information in the public interest under this section of the legislation. The following confidential

information was released from the Notifiable Conditions Register in the public interest:

- Confidential HIV/AIDS notification data (with onset dates between 1 January 2018 and 31 December 2018) was disclosed to The Kirby Institute for infection and immunity in society, University of New South Wales. This was provided in the public interest to raise awareness regarding HIV; describe and inform public health action, including the development of strategies to prevent or minimise the transmission of the condition and monitor the incidence and patterns of HIV/AIDS via the development and publication of national reports by the Kirby Institute that analyse HIV/AIDS notifications data.
- Confidential Information (Creutzfeldt-Jakob Disease (CJD)) notification data was disclosed to the Florey Institute of Neuroscience and Mental Health for use in the Australian National Creutzfeldt-Jacob disease Registry. The data is used by the institute to attempt to determine the likely diagnosis, cause and any implications for public health. The institute also conducts health surveillance, monitors trends, and provides advice to clinicians, health departments, and public health units about the risk of transmission of Creutzfeldt-Jakob Disease.
- Confidential Information relating to the Notifiable Conditions Register was authorised to be disclosed to a student (Master of Philosophy in Applied Epidemiology) working within the department and their academic supervisors from the Australian National University. The information was disclosed for the student or a relevant person performing functions under the Act; the student's study and providing a public-sector health service to the person.

Contact Tracing

Section 109(1) of the *Public Health Act 2005* permits the disclosure of confidential information relating to contact tracing where the Director-General believes on reasonable grounds that the disclosure is in the public interest and has authorised the disclosure in writing. Section 109(2) provides that the

nature of the confidential information (in a de-identified form) and the purpose for which it was disclosed must be included in the annual report.

During 2018–19 there were no disclosures of confidential information under this section of the legislation.

Perinatal statistics

Section 223(1) of the *Public Health Act 2005* permits the disclosure of confidential information relating to perinatal statistics where the Director-General believes on reasonable grounds that the disclosure is in the public interest and has authorised the disclosure in writing. Section 223(2) provides that the nature of the confidential information (in a de-identified form) and the purpose for which it was disclosed must be included in the annual report.

During 2018–19 there was one occasion of disclosure of confidential information under this section of the legislation. The following confidential information was released from the Perinatal Statistics Collection Register in the public interest:

- Aggregate level data, including hospital sector, Hospital and Health Service (HHS) of hospital, HHS of mother's usual residence, Statistical Area Level 2 (SA2) of mother's usual residence, mother's age group, mother's Indigenous status, mother's smoking status, low birth weight flag and a count of babies and mothers for all these variables. In total, aggregate data was supplied for 182,395 mothers and 184,527 babies over the period. The data was supplied to the Queensland Primary Health Network (QPHN) Planning and Data Collaborative, an independent, not-for-profit organisation funded by the Australian Government, to assist with their service planning at the SA2 geographical level across Queensland for financial years 2015–2016 to 2017–2018.

Maternal death statistics

Section 228L(1) of the *Public Health Act 2005* permits the disclosure of confidential information relating to maternal death

statistics where the Director-General believes on reasonable grounds that the disclosure is in the public interest and has authorised the disclosure in writing. Section 228L(2) provides that the nature of the confidential information (in a de-identified form) and the purpose for which it was disclosed must be included in the annual report.

During 2018–19 there were no disclosures of confidential information in the public interest under this section of the legislation.

Notifications about cancer

Section 241 of the *Public Health Act 2005* permits the disclosure of confidential information relating to notifications about cancer where the Director-General believes on reasonable grounds that the disclosure is in the public interest and has authorised the disclosure in writing. Section 241(2) provides that the nature of the confidential information (in a de-identified form) and the purpose for which it was disclosed must be included in the annual report.

During 2018–19 there was one disclosure of confidential information under this section of the legislation.

- Queensland Cancer Register incidence and mortality data, including unique person number, unique cancer number, month and year of death and cause of death (if person deceased), site for each cancer the person has, and details of breast or melanoma tumour (if applicable) was disclosed to the Chief Executive Officer, Cancer Council Queensland and persons employed by Cancer Council Queensland. The information was disclosed for the specific purpose of enabling continued epidemiological research to understand patterns and trends in cancer incidence, prevalence, mortality, and survival with a view to identifying areas or improvement or need and to investigate factors that impact

on diagnosis, clinical management, health services delivery and cancer outcomes.

Under the *Private Health Facilities Act 1999*

Section 147(6) of the *Private Health Facilities Act 1999* permits the disclosure of confidential information relating to the provision of health services where the Director-General believes on reasonable grounds that the disclosure is in the public interest and has authorised the disclosure in writing.

Section 147(9) provides that a statement about the authorisations given by the Director-General under section 147(6), including general details about the nature of the confidential information (in a de-identified form) and the purpose for which the information was disclosed must be included in the annual report.

During 2018–19 there were no disclosures of confidential information under this section of the legislation.

Under the *Hospital and Health Boards Act 2011*

Section 160 of the *Hospital and Health Boards Act 2011* permits the disclosure of confidential information by a designated person where the department believes on reasonable grounds that the disclosure is in the public interest and the Director-General has authorised the disclosure in writing. Section 160 provides that the nature of the confidential information (in a de-identified form) and the purpose for which it was disclosed must be included in the annual report.

During 2018–19 there were 10 disclosures of confidential information in the public interest under this section of the legislation. This confidential information was released in the public interest.

Human resources

Workforce profile

Queensland Health employed 90,513 full-time equivalent (FTE) staff at the end of 2018–19. Of these, 12,293 FTE staff were employed by and worked in the department, including 4610 FTE staff in the Queensland Ambulance Service, 4343 FTE in Health Support Queensland and 1458 FTE in eHealth Queensland.

The remaining 78,220 FTE staff were either:

- engaged directly by HHSs
- employed by Queensland Health and contracted to HHSs under a service agreement between the Director-General and each HHS.

Approximately 40.55 per cent of staff working in the department are managerial and clerical employees and 33.09 per cent are ambulance operatives.

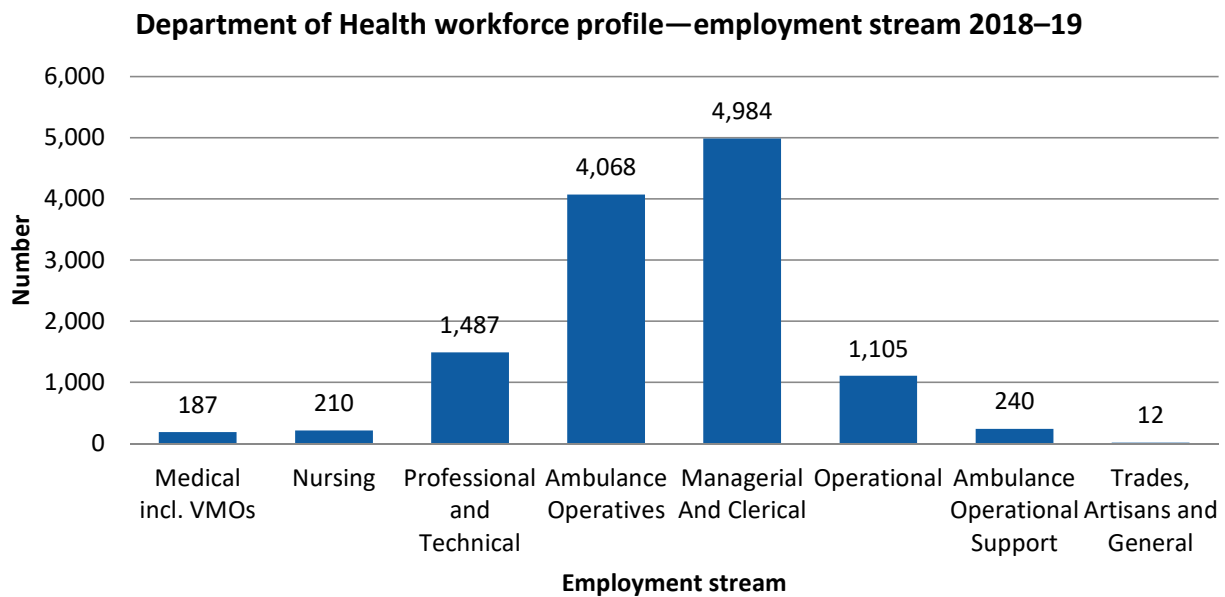
In 2018–19, the average fortnightly earnings for staff working in the department, was \$3769 for females and \$4924 for males.

The department's separation rate for 2018–2019 was 4.13 per cent. This reflects the number of FTE permanent employees who separated during the year as a percentage of FTE permanent employees.

Table 1: Department of Health workforce profile—appointment type and gender

	Permanent	Temporary	Casual	Contract	Total
Female	5,689	806	49	48	6,592
Male	5,024	556	55	66	5,700
Total	10,712	1,362	104	114	12,293

Figure 3: Department of Health workforce profile—employment stream 2018–19



Employee performance management framework

Embedding a performance culture in the Department of Health continued through 2018–19.

Supporting executive level performance is key to leading this cultural change. The Human Resources Branch established a specialised executive performance management function. As a result 85 per cent of our senior executives now have a performance plan in place. Regular reporting to the Public Service Commission on executive performance continues.

The Public Service Commission released the LEAD4QLD development assessment tool in August 2018. More than 60 per cent of our executive cohort has started this assessment process. Aggregated results from these assessments will contribute to a refined executive development strategy.

Building the next level of leaders through the *Next Generation leadership program* continued. This program embraces the concept of self-directed performance improvement through development. Twenty-three participants completed this program in 2018–19.

The HR Branch provided a range of learning programs. These programs were available on the Training Calendar and via the development e-newsletter. Programs included *MentorMe*, *Business Matters*, tertiary scholarships and professional skill development workshops.

The department has partnered with the Australian Institute of Management (AIM) to develop the *Performance Practice program*, a tailored program designed to build the leadership skills of our line managers. Through action learning, and by exploring contemporary strategies to engage and manage employees, the program focuses on sharpening management skills that will facilitate confident and productive performance conversations. The program also aligns with the Public Service Commission's Leadership competencies for Queensland to enhance the leadership journey and help teams perform at their best. The program will launch on 1 July 2019 with more than 200 people registered for this training.

The department delivers the *HR in Practice Program* to Human Resource practitioners across the state, to increase capability in the area of complex case management of employees. Eight cohorts were run during

2018–19 with 27 participants from 13 HHSs and the department, attending in the past 12 months.

The program consists of a structured series of activities designed to increase knowledge and capability in complex case management including:

- discipline processes
- health management (including independent medical examinations)
- investigations
- performance management
- suspensions.

Other topics covered during the program include corrupt conduct, diversity and inclusion, industrial relations, organisational change and policy and employment frameworks. The program allows HR practitioners to develop networks within the specialised teams of Human Resources Branch and across the HHSs and Divisions. The 2019 year is full and there is a current waiting list of 25 which will roll over into 2020 if a place is not offered due to participants withdrawing at the last minute.

Employment relations

In 2018–19 Queensland Health implemented Enterprise Bargaining Commitments resulting in the completion of:

- twenty-three commitments under the Queensland Public Health Sector Certified Agreement (No. 9) 2016 (EB9)
- ten commitments under the Queensland Health Building, Engineering & Maintenance Services Certified Agreement (No. 6) 2016 (BEMS6)
- nine commitments under the Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 2) 2016 (HPDO2)
- in addition to this Queensland Health negotiated the Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB10) 2018. As well as the Medical Officers'

(Queensland Health) Certified Agreement (No 5) 2018.

Queensland Health completed round six of the senior medical officer MO3/MO4 eminent/pre-eminent advancement process in February 2019. One hundred and fifty-one applications were received with 36 senior medical officers successfully advancing to Eminent (MO3) and 46 advancing to Pre-eminent (MO4) status.

Throughout the year Queensland Health provided statewide guidance and support on employment arrangements including providing advice, reports and public service appeal advocacy in relation to the Public Service Commission (PSC) Directive 08/17 Temporary Employment and PSC Directive 01/17 Conversion of Casual Employees to Permanent Employment.

Employee wellbeing and inclusion

The *Workplace Mental Health and Wellbeing Strategy 2017–2020* was implemented to align to the *My Health Queensland's Future: Advancing Health 2026*. The strategy contributes to achieving the directions of promoting wellbeing

The foundational actions in the first Queensland Health Workforce Diversity and Inclusion Action Plan, which supports the Queensland Health Workforce Diversity and Inclusion Strategy 2017–2022, were progressed to completion in support of Queensland Health's ongoing commitment to building a diverse and inclusive workplace that enables all employees to participate and contribute.

Key achievements included:

- ongoing promotion of the Queensland Government statewide LGBTI network (for initiatives relating to lesbian, gay, bisexual, transgender and intersex people)
- establishment of partnerships and relationships with external stakeholders (including JobAccess and Diversity Council Australia)
- the commencement of a process to review Queensland Health policies to support and

demonstrate commitment to a diverse and inclusive workplace

- the establishment of a Diversity and Inclusion Community of Practice to enable collaboration and innovation in supporting diversity and inclusion across the organisation.

Of note was the continued success of the *Work Able program*. Established in 2017, the *Work Able program* was developed in a partnership with Vision Australia to offer unpaid and paid temporary placements to people with a vision impairment. The program, provides participants with opportunities and prospects to enhance or re-engage their skills and build their confidence for future employment opportunities.

Working for Queensland survey

The Departmental Leadership Team (DLT) has identified three priority areas that are common to all divisions and business units to address the findings of the 2017 Working for Queensland survey—engagement, performance and respect. Work towards these areas is being led by the DLT and a cross-divisional working group with members from each division, eHealth and HSQ. The working group identifies and defines organisational change projects to influence organisational change in the focus areas.

Early retirement, redundancy and retrenchment

During the 2018–19 financial year, no redundancy, early retirement or retrenchment packages were paid.

Queensland Health does not have voluntary separation programs or voluntary redundancy programs in place. The department is required to comply with relevant government policies and directives in relation to separations and adhere to the employment security policy for government agencies as part of its commitment to fairness for its workforce.