Board and management

The Gold Coast Health Board is appointed by the Governor in Council on the recommendation of the State Minister for Health and Minister for Ambulance Services and is responsible for the governance activities of the organisation, deriving its authority from the *Hospital and Health Boards Act 2011* and the *Hospital and Health Boards Regulation 2012.*

The board has the following functions:

- Setting the strategic direction and priorities for the operation of Gold Coast Health
- Monitoring compliance and performance
- Ensuring safety and quality systems are in place which are focused on the patient experience, quality outcomes, evidence-based practice, education and research
- Developing targets, goals and standardised care plans to use public resources wisely
- Ensuring risk management systems are in place and overseeing the operation of systems for compliance and risk management reporting to stakeholders
- Establishing and maintaining effective systems to ensure that the health services meet the needs of the community

In May 2016 the Gold Coast Health Board was expanded from seven to nine independent members, who bring a wealth of experience and knowledge in public, private and not-for-profit sectors as well as a range of clinical, health and business experience.

Ken Brown and Pauline Ross were valued members of the board until their retirement in May 2016.

The Gold Coast Health Board is well placed to manage continual improvements, expected growth, and increasing demand on the health service from the Gold Coast community.

The Gold Coast Health Board includes:

Chair – Ian Langdon

Ian Langdon has extensive board experience encompassing roles such as chairman, audit committee chairman and non-executive director with a wide range of companies from industries such as agribusiness, food production and marketing. Ian has also held various academic positions with the last being Associate Professor and Dean of Business at Griffith University (Gold Coast campus).

Deputy chair – Teresa Dyson

Teresa Dyson has leadership and governance experience across the private and public sectors. Through her legal practice, Teresa has been closely involved in business issues affecting the financial services sector, transport services, infrastructure projects and the energy and resources industry.

Robert Buker

Robert Buker has more than 43 years as a Chartered Accountant, with extensive experience delivering internal and external audit, accounting services, corporate governance, project management, as well as providing financial and management consulting.

Professor Helen Chenery

Professor Helen Chenery is Executive Dean of the Faculty of Health Sciences and Medicine at Bond University and has a career total of more than 130 peer reviewed research publications.

Professor Allan Cripps

Professor Allan Cripps has strong academic expertise in health. Allan is the Pro Vice Chancellor of Health at Griffith University and has served as a member of many academic and health industry boards and advisory committees.

Dr Cherrell Hirst

Dr Cherrell Hirst graduated from the University of Queensland in medicine and practised for 30 years, predominately as director of the Wesley Breast Clinic (1982-2001) where she achieved a national reputation in the field of breast cancer screening and diagnosis.

Colette McCool

Colette McCool is a senior executive with 20 years public sector management experience at senior executive level. Collette is deputy chair of Regional Development Authority Gold Coast and a Gold Coast Hospital Foundation Director.

Professor Judy Searle

Professor Judy Searle is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. She started her career as a medical specialist before moving primarily into leadership and management positions in academe both in Australia and the UK, including roles at Griffith University's School of Medicine and as a member of the Academique Corporate Governance Board.

Dr Andrew Weissenberger

Dr Andrew Weissenberger is Practice Principal at Hope Island Medical Centre and has been in the medical profession for more than two decades. His interests include aged care and chronic disease management.

Improving governance and transparency

All statutory committees of the board abide by their approved terms of reference.

Finance and Performance Committee

The Finance and Performance Committee meets monthly to review all aspects of financial and service performance and has a range of functions required under the *Hospital and Health Boards Regulation 2012*. The committee advises the board about a range of financial and performance matters, monitors budgets and cash flow as well as ensuring that the health service's financial systems are adequate.

Audit and Risk Committee

The Audit and Risk Committee is required under the *Hospital and Health Boards Regulation 2012* and under the *Financial and Performance Management Standard 2009*. The committee meets bi-monthly to oversee governance, risk and assurance processes, including internal audit reporting and function. In alignment with the Act, it is responsible for assessing the integrity of the service's financial statements, including the appropriateness of the accounting practices used and compliance with prescribed accounting standards under the *Financial Accountability Act 2009*. The Audit and Risk Committee also monitors the management of legal and compliance risks and internal compliance systems, including compliance with relevant laws and government policies.

Safety Quality and Clinical Engagement Committee

The Safety Quality and Clinical Engagement Committee is prescribed by S.31 of the *Hospital and Health Boards Regulation 2012* and advises the board on matters relating to the safety and quality of health care provided, including the health service's strategies for the following:

(i) minimising preventable patient harm;

(ii) reducing unjustified variation in clinical care;

(iii) improving the experience of patients and carers in receiving health services;

(iv) complying with national and State strategies, policies, agreements and standards relevant to promoting consultation about the provision of health services;

This committee also monitors governance arrangements, policies and plans about safety and quality and promotes improvements in safety and quality.

Executive Committee

As set out in section 32B of the *Hospital and Health Board Act 2011 (Qld)*, the Executive Committee supports the board in progressing the delivery of strategic objectives for the Gold Coast Health and by strengthening the relationship between the board and the chief executive to ensure accountability in the delivery of services.

Research Committee

The Research Committee advises the board in relation to building long-term collaborations in research and enhancing clinical service delivery founded on sustainable and trusting partnerships. These research programs are facilitated by a shared collective vision with clear benefits to all parties which will help to position the Gold Coast Health and Knowledge Precinct as a world class health precinct of national and international significance.

Table 6: Board member attendance

Board member	Ian Langdon	Ken Brown	Pauline Ross	Allan Cripps	Andrew Weissenberger	Colette McCool	Cherrell Hirst*
Board	10/11	11/11	10/11	10/11	11/11	10/11	9/11
Extraordinary Board Meeting	2/2	2/2	2/2	1/2	2/2	2/2	2/2
Executive	4/4		2/3**	3/3***	4/4		3/4
Finance and Performance		6/6		3/6		4/6	5/6
Audit and Risk		6/6				4/6	5/6
Safety Quality & Clinical Engagement	1/1	4/5**	5/5**		5/6	6/6	5/6
Research			2/2	2/2			1/2

* Appointment ended on 17 May 2015 and reappointed for a three-year term on 26 June 2015.

** Appointment ended on 17 May 2016 *** Committee membership modified 7 June 2016

Table 7: Board member attendance for those appointed 18 May 2016

Board member	Teresa Dyson	Judy Searle	Rob Buker	Helen Chenery
Board	1/1	1/1	1/1	1/1
Executive	1/1			
Finance and Performance	1/1			
Audit and Risk				
Safety Quality & Clinical Engagement		1/1		
Research				

Table 8: Board member appointment dates

Name and position	Gazetted term of appointment	Gazetted re-appointment	Current appointment
Board Chair – Mr Ian Langdon	18/05/13 to 17/05/16	18/05/16 to 17/05/19	18/05/16 to 17/05/19
Deputy Board Chair – Ms Teresa Dyson	18/05/16 to 17/05/19	N/a	18/05/16 to 17/05/19
Board Members			
Dr Andrew Weissenberger	7/09/12 to 17/05/13	18/05/13 to 17/05/14	18/05/14 to 17/05/18
Ms Colette McCool	29/06/12 to 17/05/13	18/05/13 to 17/05/14	18/05/14 to 17/05/18
Prof Allan Cripps	29/06/12 to 17/05/13	18/05/13 to 17/05/14	18/05/14 to 17/05/18
Ms Cherrell Hirst	26/06/15 to 17/05/18	18/05/14 to 17/05/18	18/05/14 to 17/05/18
Mr Robert Buker	18/05/16 to 17/05/17	N/a	18/05/16 to 17/05/17
Prof Helen Chenery	18/05/16 to 17/05/17	N/a	18/05/16 to 17/05/17
Prof Judy Searle	18/05/16 to 17/05/17	N/a	18/05/16 to 17/05/17
Mr Kenneth Brown	29/06/12 to 17/05/13	18/05/13 to 17/05/16	Retired
Ms Pauline Ross	29/06/12 to 17/05/013	18/05/13 to 17/05/16	Retired

Board remuneration

The Governor in Council approves the remuneration arrangements for the board chairs, deputy chairs and members. The annual fees paid by Gold Coast Health are consistent with the remuneration procedures for part-time chairs and members of Queensland Government bodies. In accordance with this government procedure, annual fees are paid per statutory committee membership ($3000) or committee chair role ($4000).

As research plays an integral role in the strategic direction of the organisation, the health service also recognises the Research Committee of the board.

Several board members were reimbursed for out of pocket expenses during 2015–16. The total value reimbursed was $19,025.

Executive Management Committees

Executive Management Team

The Executive Management Team (EMT) is comprised of the executive directors, general managers, clinical directors and the professors of nursing and midwifery and allied health. Meetings are held twice monthly to consider matters of strategic importance and cross-divisional impact. In this forum, members of the executive provide information and advice to the chief executive and their colleagues to enable planning review and analysis. Each member holds responsibility for their divisional, financial, operational and clinical performance.

Clinical Council

Clinical Council is the clinical advisory forum within Gold Coast Health, empowered by the board and chief executive.

The objective of the Clinical Council is to facilitate authentic engagement of clinicians in health service planning, strategy development and other issues of clinical importance. The council provides advice to the chief executive and provides an opportunity to embed clinician feedback in governance, strategy and cultural development initiatives.

Clinical Governance Committee

The Clinical Governance Committee is responsible for overseeing and setting standards of clinical governance within Gold Coast Health. The committee monitors, evaluates and improves performance in clinical practice to ensure optimal patient safety and high care quality.

This committee reports to the board's Safety Quality and Clinical Engagement Committee and has membership comprised of clinicians and senior managers across a number of disciplines including allied health, medicine, nursing and clinical governance.

ICT Governance Committee

The ICT Governance Committee adopts a strategic view of planning, performance and benefits realisation of Information Communication Technology (ICT) systems across Gold Coast Health. This committee oversees the capacity, capability and solutions are planned procured designed, implemented and evaluated and makes recommendations to the chief executive about investment decisions, including current systems and those planned as part of future expansion.

Executive Coordination Group – Operations

The Executive Coordination Group – Operations (ECGO) ensures leadership, management and review of the service's day-to-day operations. The committee adds value through service-wide implementation of strategies, proactively identifies and addresses service or business issues which are complex or have system-wide significance.
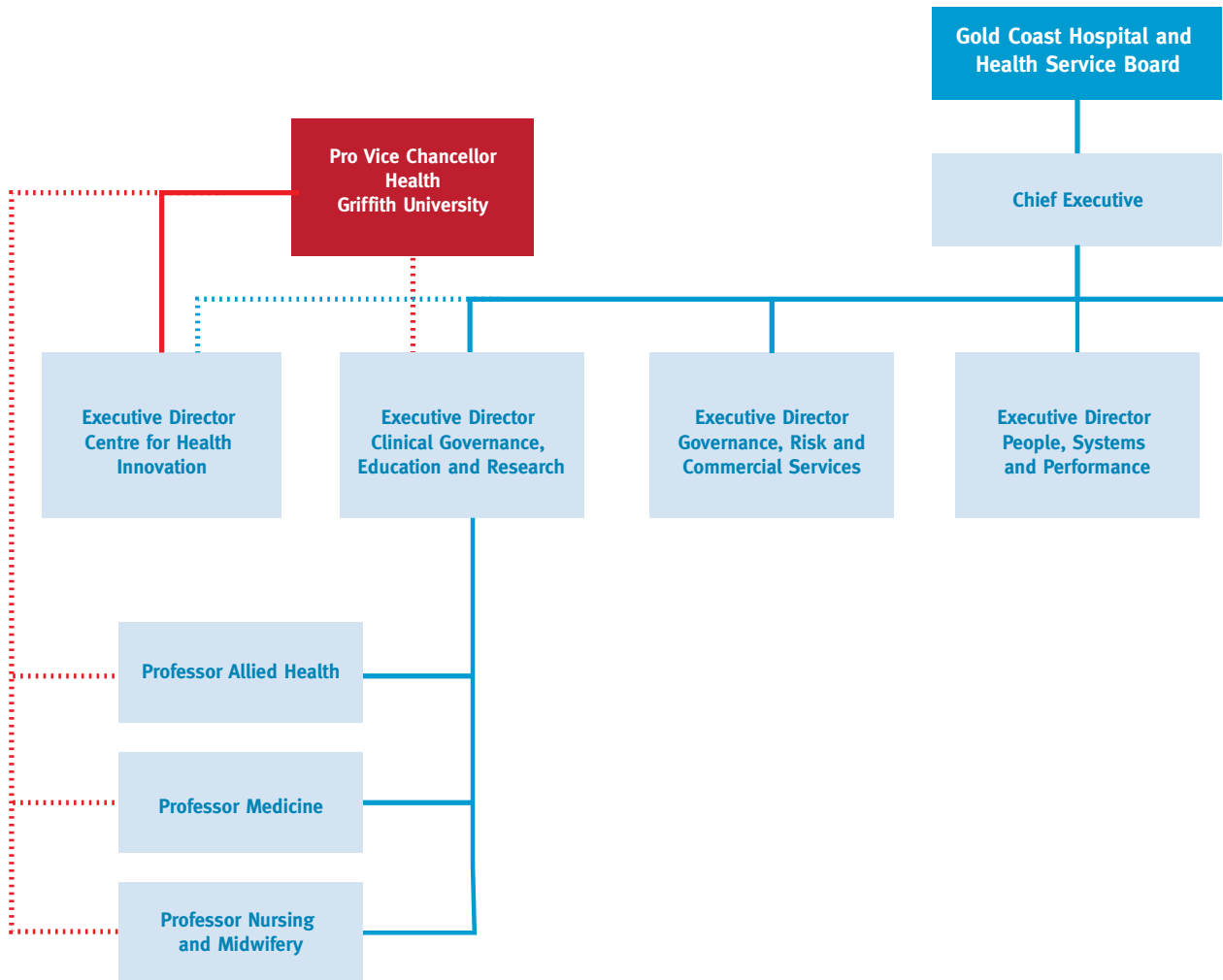
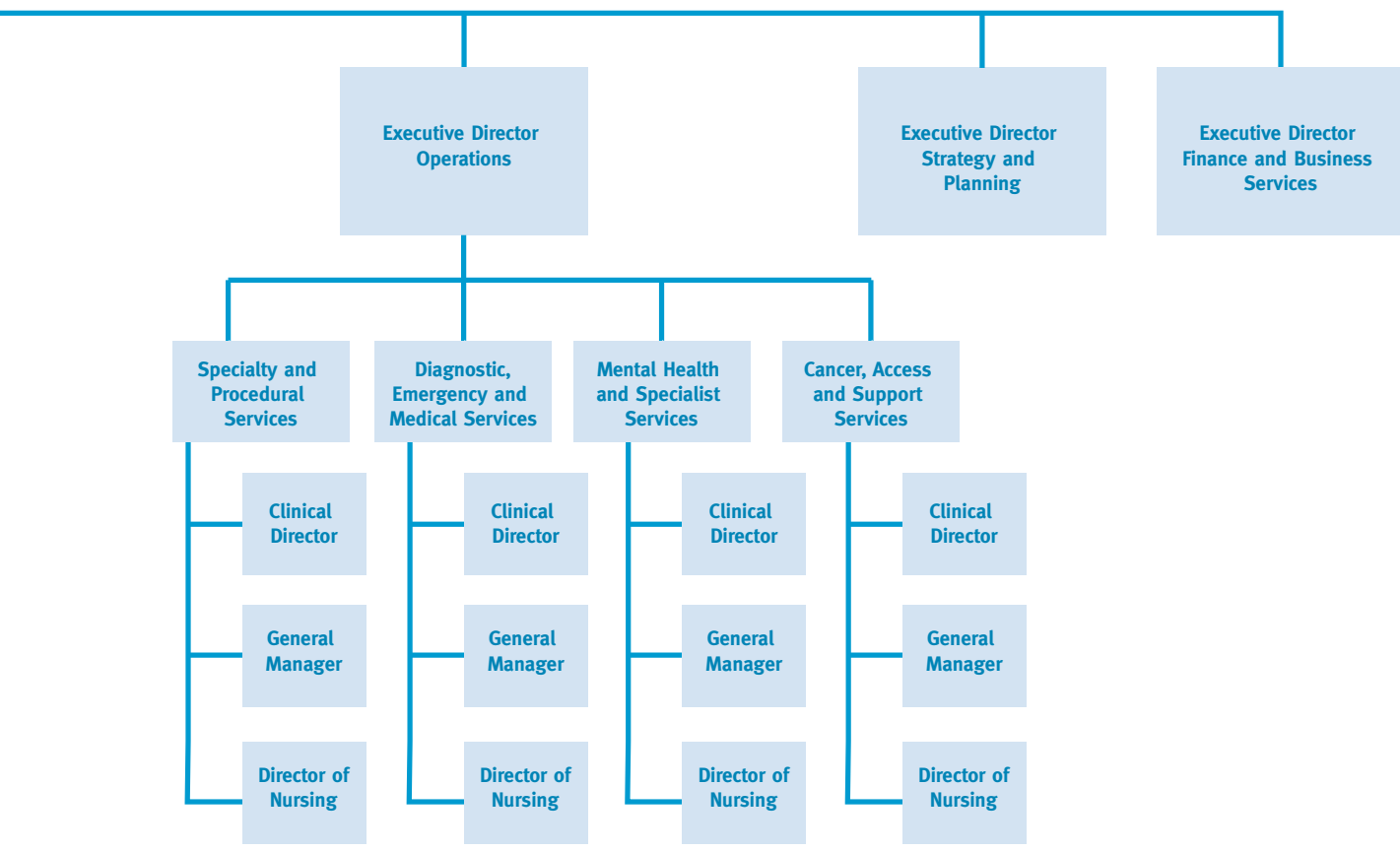### Work Health and Safety Management Committee

Our Work Health and Safety Committee meets quarterly and provides a forum for multi-divisional consultation and dissemination of all safety and wellness related information. Our committee monitor performance and make recommendations based on identified work health and safety risks to staff, patients and visitors.

Joint appointments

Gold Coast Health has arrangements with universities to jointly appoint clinical and health service management leaders. Individuals may be employed by either organisation with an agreed percentage of their time shared between the institutions.

Our organisational structure

Gold Coast Hospital and Health Service Board

Pro Vice Chancellor
Health
Griffith University

Chief Executive

Executive Director
Centre for Health
Innovation

Executive Director
Clinical Governance,
Education and Research

Executive Director
Governance, Risk and
Commercial Services

Executive Director
People, Systems
and Performance

Professor Allied Health

Professor Medicine

Professor Nursing
and Midwifery

Executive Director
Operations

Executive Director
Strategy and
Planning

Executive Director
Finance and Business
Services

Specialty and
Procedural
Services

Diagnostic,
Emergency and
Medical Services

Mental Health
and Specialist
Services

Cancer, Access
and Support
Services

Clinical
Director

Clinical
Director

Clinical
Director

Clinical
Director

General
Manager

General
Manager

General
Manager

General
Manager

Director of
Nursing

Director of
Nursing

Director of
Nursing

Director of
Nursing

Risk management and accountability

Gold Coast Health has a documented risk management framework that is aligned to *Australian/New Zealand ISO 31000:2009* and includes procedures for the identification, analysis, evaluation, treatment, management and communication of the risks associated with the health service.

Gold Coast Health recognises that risk management is an essential element of good corporate governance and is committed to managing risk in order to ensure its strategic and operational objectives are achieved.

Risk management

Risk management is a process which is a central part of strategic planning and decision making to achieve the delivery of quality health care, provision of a safe and productive work place, with efficient and effective use of resources.

The board is committed to ensuring:

- There is a consistent approach to managing risks across the hospital and health service.
- Roles and responsibilities are clearly defined.
- All employees are provided with the necessary training to allow them to undertake their risk management responsibilities.
- Management has responsibility for risk mitigation.
- That the necessary resources are assigned to support the risk management function.
- Communication within our stakeholder community in relation to the identification and management of risks is promoted and encouraged.
- We are honest with ourselves and with others in relation to risk exposures and challenges faced with delivery of our service.

Risk management issues are regularly monitored and reported to the board through the Audit and Risk Committee.

External scrutiny

Queensland Audit Office

In 2015–16, the Queensland Audit Office (QAO) conducted two audits which included coverage of Gold Coast Health.

Report to Parliament 5: 2015–16 – Hospital and Health Services: 2014–15 financial statements

The objective of this audit was to summarise the results of the financial audits of the 16 Hospital and Health Services which included timeliness and quality of financial reporting, financial performance and sustainability for the financial year ended on 30 June 2015.

Report to Parliament 15: 2015–16 – Queensland public hospital operating theatre efficiency

The objective of the audit was to examine how effectively 39 of Queensland's 51 public hospitals were managing their 221 public operating theatres to deliver emergency and elective surgical services. Analysis was conducted on whether the systems and practices used to manage, monitor and report on theatre efficiency were effective.

Accreditation

Gold Coast Health is committed to meeting and exceeding the The Australian Council on Healthcare Standards (ACHS), National Health Standards, and other speciality standards and benchmarks to ensure safe, quality care can be demonstrated to our consumers and our community.

The organisation successfully maintained accreditation status following a Periodic Review in November 2015. The external surveyors noted extensive improvements made in care delivery and quality and safety since the previous survey. Of note is Gold Coast Health's achievement in developing and opening a number of new tertiary level services and significant improvements in National Safety and Quality Health Service (NSQHS) Standards performance metrics.

While Gold Coast Health focussed on safety and quality, the organisation has continued to meet operational activity and financial targets, satisfied external audit compliance and achieved all clinical education accreditation requirements.

Special commendation was made to the board for continuing with its strategy of visibility, commitment to partnering with patients, their families and carers and ensuring services provided meets the needs of the community.

A number of accreditation actions achieved a Met with Merit (MM) rating. These were:

- Action is taken to improve the safety and quality patient care
- An organisation-wide quality management system is used and regularly monitored
- Consumers and/or carers are involved in the governance of the health service organisation.
- Consumers and/or carers are actively involved in decision making about safety and quality.
- Guidelines are available and accessible by staff on the specific health needs of self-identified Aboriginal and Torres Strait Islander consumers / patients

In addition to the whole of service ACHS accreditation, individual services are accredited with relevant professional regulators, for example:

- Palliative Care Services National Standards Assessment Program
- National Diagnostic Imaging Accreditation Scheme Standards
- National Association of Testing Authorities (NATA)
- National Breast Screen Australia Standards
- Human Services Quality Standards
- Post Graduate Medical Education Council
- Other relevant accrediting bodies (e.g. Professional colleges, professional societies)

Internal audit

The health service has established an internal audit function in accordance with section 29 of the *Financial and Performance Management Standard 2009*. Gold Coast Health's Internal Audit Unit is staffed by the manager, assurance and advisory and a principal assurance officer, and co-sources its internal audit activity with numerous professional services firms and subject matter experts.

The internal audit function provides the Audit and Risk Committee and the board with independent and objective assurance on the adequacy and effectiveness of systems of risk management, internal control and governance in key risk areas, by undertaking the following activities:

- Reviewing and appraising the adequacy and effectiveness of financial and operational controls
- Ascertaining compliance with established policies, procedures and statutory requirements
- Ascertaining that assets are accounted for and safeguarded from loss
- Identifying opportunities to improve business processes and recommending improvements to existing systems of internal control

- Conducting investigations and special reviews requested by management and/or the Audit and Risk Committee

The Audit and Risk Committee convenes bi-monthly and is responsible for overseeing the health service's financial statements, internal and external audit activities, risk management, and compliance with legal and regulatory requirements. The internal audit function operates independently of management under a mandate approved by the Audit and Risk Committee and has full access to the chair of the Audit and Risk Committee, as well as all organisational functions, records, property and personnel.

Internal audit activities are executed based on a risk-based three year Internal Audit Plan, which is presented to the Audit and Risk Committee annually for their endorsement and recommendation to the board for approval. The Internal Audit Plan is developed in consultation with key stakeholders and includes key risks identified by management. Progress against the implementation of audit recommendations is reported to the Executive Management Team and Audit and Risk Committee on a quarterly basis.

The focus areas for audits conducted in the 2015–2016 Financial Year were patient safety, financial controls, clinical processes, human resource management and corporate governance.

Our commitment to safety

Safety is of paramount importance at Gold Coast Health. We are committed to providing a safe environment for staff, patients, and visitors. It is well recognised that safe and healthy staff support an enhanced patient journey and better quality of life for our valued staff.

Safety is integrated into all service lines and our Work Health and Safety Team support all levels of management and staff in meeting legislative and policy obligations. Our primarily focus is injury prevention; however, should an injury occur, we support proactive and positive rehabilitation of our workers.

Gold Coast Health maintains a Work Health and Safety Performance Measures Scorecard to assist members of the board and executive group to monitor performance against the Queensland Health Safety and Assurance Assessment Model and EQuIP National Accreditation Criteria.

Work Cover indicators continue to record performance well below industry average and sick leave absenteeism rates continue to trend down, demonstrating the effectiveness of the internal partnerships.

Core strategies of information systems and record keeping

The health service continues on its journey towards becoming a world class digital healthcare provider with the key driver being 'patient safety and experience'.

Digitisation and enabling technologies led and enabled improvements to the patient experience with a number of key projects. These included the Electronic Medical Record (EMR) System Remediation Project, the K2 Project, Windows 7 upgrade and the Q-Flow Project.

ICT Governance was refreshed and renewed in conjunction with the latest global best practice standards to facilitate appropriate investment decision making.

The Service Now system was implemented to provide a service management system for the health service. The security, library and Information Management and Technology (IMT) business areas have implemented Service Now to provide a single point of entry into their service area with the ability to monitor, manage and report on levels of service.

Business engagement and communication improved with the IMT directorate hosting a FixIT conference and ICT Visioning and Strategy Workshop held over four days.

IMT continues to partner with eHealth Queensland to harmonise health care directions, strategies and plans, and align to and leverage enterprise cost effective solutions. The health service has entered into an Memorandum of Understanding (MoU) to focus on cyber security to ensure the safety of ICT assets at all times.

Key healthcare improvements

The flagship initiative for Gold Coast Health was the Electronic Medical Record (EMR) Remediation Project. Gold Coast became the first health service in the state to establish a single patient record. A patient can now present at either GCUH, Robina or at any of five community service locations and their record will be accessible by clinicians.

Business improvements enabled through the EMR technology includes the provision of a message centre, electronic plotting of paediatric growth charts and the recording of allergies and alerts on a single patient page.

Newborns' safety and monitoring improved through enhancements to the K2 system and implementation of a messaging centre in the Neonatal Intensive Care Unit (NICU). This provides:

- cardiotocography digitisation
- supplementary monitoring and alarm system for newborns in intensive and speciality care

Patient flow has been improved through the Q-Flow project for outpatients, cancer services and paediatrics.

Clinical records are handled in accordance with the Health Sector (Clinical Records) Retention and Disposal Schedule 2012.

Privacy and confidentiality

Gold Coast Health has a Privacy and Confidentiality Contact Officer who is responsible for receiving and managing issues related to privacy of information.

Public interest disclosure

Gold Coast Health made one disclosure of confidential information in the public interest under section 160 of the *Hospital and Health Board Act 2011*. Confidential information was released to the media for the purpose of clarifying information a patient had provided regarding their care to restore public confidence in the health system.

Open data

The Queensland Government's Open Data Initiative aims to make as much public service data available for members of the public to access through: **www.qld.gov.au/data**

The open data website publishes data on:

- expenditure on consultancies
- expenditure on staff overseas travel and the reasons for travel
- utilisation of interpreter services, available under the Queensland Language Services Policy

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