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# Governance

## Our people

### Board membership

The Gold Coast Hospital and Health Board is appointed by the Governor-in-Council on the recommendation of the Minister and derives its authority from the *Hospital and Health Boards Act 2011* and the Hospital and Health Boards Regulation 2012.

The Board governs Gold Coast Health and is responsible for its quality of healthcare services, strategic direction, financial performance and strengthening community partnerships.

The Board has a range of functions including:

- 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 within the resource envelope.

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

The Gold Coast Health Board consists of ten 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.

Professor Cindy Shannon was appointed by the Minister as an adviser to the Board on 21 August 2019 until her appointment as a Board member on 17 May 2020.

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**Mr Ian Langdon – Board Chair MBA, BComm, Dip Ed (Melb Uni), FCPA, FAIM**

Appointed 18 May 2012. Current term 18 May 2020 to 17 May 2024.

Ian Langdon has extensive Board experience, encompassing roles such as Chair, Audit Committee Chair and Non-Executive Director with a wide range of companies in agribusiness, food production, marketing and health. Ian has held various academic positions including Associate Professor and Dean of Business at Griffith University (Gold Coast campus).

**Ms Teresa Dyson LLB(Hons), BA, MTax, MAppFin, CTA, GAICD**

Appointed 18 May 2016. Current term 18 May 2019 to 31 March 2022.

Teresa Dyson is a Non-Executive Director, with a portfolio of directorships across listed companies, government entities and not-for-profit entities. She sits on Boards in the media, energy and finance sectors. She is also a member of the Foreign Investment Review Board and the Takeovers Panel. Teresa has previously been a Partner of a global law firm and a global accounting firm. Teresa is a former Chair of the Board of Taxation.

**Mr Robert Buker FCA, AMIIA**

Appointed 18 May 2016. Current term 18 May 2017 to 17 May 2021.

Robert Buker has more than 47 years' expertise 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. Rob's extensive experience includes both the public and private sectors in local, national and international markets.

**Professor Helen Chenery BSpThy, MspThy, PhD, GAICD, FQA**

Appointed 18 May 2016. Current term 18 May 2017 to 17 May 2021.

Helen Chenery has extensive strategic and operational experience in executive leadership roles within the higher education and health sectors and has led policy and practice reform in dementia care, health workforce and service design, and interprofessional education/practice. She is a leading language and rehabilitation researcher, with a particular interest in the application of digital technologies in healthcare and was previously Executive Dean of the Faculty of Health Sciences and Medicine at Bond University.

**Dr Cherrell Hirst AO, FTSE, MBBS, BEdSt, D.Univ (Hon)**

Appointed 18 May 2014. Current term 18 May 2018 to 17 May 2021.

Cherrell Hirst practised medicine for 30 years in community health and paediatrics, with a focus on the screening and diagnosis of breast cancer and support for women and families. Since 1990, Cherrell has a consultant and a Non-Executive Director in a wide range of private and public entities in the health, education, insurance and biotechnology sectors and in various not-for-profit organisations. She was Chancellor of QUT from 1994 – 2004 and was named Queenslander of the Year in 1995.

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### **Michael Kinnane ESM, FAICD, FAIM**

Appointed 18 May 2018. Current term 18 May 2019 to 31 March 2022.

Michael Kinnane has had an accomplished career as Director-General of several Queensland government departments, including emergency services for more than 12 years and was CEO of the Queensland Ambulance Service for five years. Michael is a strategic change leader who is community and outcomes-focused with a record of achievements resulting in positive patient outcomes for the community.

### **Colette McCool PSM, MIM, BA, GAICD, FAICD**

Appointed 29 June 2012. Current term 18 May 2018 to 17 May 2021.

Colette McCool has more than 25 years' experience as a senior executive in large and complex public sector organisations. She has held senior leadership positions across economic, cultural and social portfolios in state, territory and local governments, in diverse areas such as community services and health, waste management and transport. On behalf of the Board Chair, Colette was a Director of the Gold Coast Hospital Foundation until 30 June 2020.

### **Professor Judy Searle BMBS, FRANZCOG(ret), MD, GAICD**

Appointed 18 May 2016. Current term 18 May 2017 to 17 May 2021.

Judy Searle started her career as a medical specialist before moving primarily into leadership and management positions in academia, health professional advocacy and health policy. She continues to contribute to the health and education sectors as a Non-Executive Director and as an academic consultant, with particular focus on clinical service provision, health policy development, regulation and accreditation, and medico-politics.

### **Dr Andrew Weissenberger MBBS (Hons), FRACGP, GAICD**

Appointed 7 September 2012. Current term 18 May 2018 to 17 May 2021.

Andrew Weissenberger began his career in hospitals, working at the Mater Hospital in Brisbane, before moving into community general practice in Brisbane and on the Gold Coast. Andrew has a keen interest in the training and education of both medical students and registrars and is a Senior Lecturer with Griffith University. He is also actively involved as a surveyor for accreditation in general practice.

### **Prof Cindy Shannon AM, BA (Economics and History), Grad Dip Ed, MBA, DrSocSc (Pol Sci), GAICD, FQAAS (FQA)**

Appointed 17 May 2020. Current term 18 May 2020 to 17 May 2024.

Professor Cindy Shannon is a Ngugi woman and descendant of the Quandamooka people. She is an Emeritus Professor with the University of Queensland, among many other roles. Cindy was the Pro-Vice-Chancellor (Indigenous Engagement) at the University of Queensland from 2011-2017, and inaugural Director of its Poche Centre for Indigenous Health. Cindy led the development and implementation of Australia's first degree-level program for Aboriginal and Torres Strait Islander health workers and played a key role in supporting the establishment of

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the Institute for Urban Indigenous Health in South-East Queensland. Cindy has contributed to Indigenous health policy in Queensland and nationally.

### **Board remuneration**

The Governor-in-Council approves the remuneration arrangements for Board 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*. The approved fees are \$85,714 for the Board Chair and \$44,503 for members. Committee fees are \$4000 per Committee Chair role and \$3000 for Committee membership per annum.

Board members were reimbursed for out-of-pocket expenses during 2019–2020. The total value reimbursed was \$1820.64.

### **Board Professional Development**

Gold Coast Hospital and Health Service is committed to the continual learning and development of Board members to be able to contribute to high standards of governance and leadership of the GCHHS.

The Board Professional Development Policy (POL1550) is intended to ensure that Board members are equipped with the knowledge and skills to discharge their roles and responsibilities. Board members endeavour to share their learning from a range of professional development opportunities across their diverse career portfolios.

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## Board committees

Gold Coast Health is committed to achieving the highest standards of corporate governance and seeks to adopt best practice. All committees of the Board abide by their approved terms of reference and assist the Board in the execution of its duties by enabling more detailed consideration of key issues.

### Executive

Chair: Ian Langdon

Members: Dr Cherrell Hirst, Colette McCool, Prof Judy Searle, Prof Cindy Shannon and Dr Andrew Weissenberger

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

### Safety, Quality and Clinician Engagement

Chair: Prof Judy Searle

Members: Prof Helen Chenery, Michael Kinnane, Colette McCool, Dr Andrew Weissenberger and additional contributors

The Safety Quality and Clinician Engagement Committee is prescribed by the *Hospital and Health Boards Act 2011* and advises the Board on matters relating to the safety and quality of healthcare provided, including the health service's strategies for the following:

- minimising preventable patient harm
- reducing unjustified variation in clinical care
- improving the experience of patients and carers in receiving health services
- complying with national and state strategies, policies, agreements and standards relevant to promoting consultation about the provision of health services.

The Safety, Quality and Clinician Engagement Committee also monitors governance arrangements, policies and plans regarding safety and quality and promotes improvements in safety and quality.

### Audit and Risk

**Chair: Robert Buker**

**Members: Ms Teresa Dyson, Dr Cherrell Hirst, Michael Kinnane and external members**

The Audit and Risk Committee is required under the *Hospital and Health Boards Act 2011* and under the Financial and Performance Management Standard 2019. The committee operates in accordance with Queensland Treasury's Audit Committee Guidelines and oversees governance, risk and assurance processes. It is responsible for assessing the integrity of the service's financial statements, internal and external audit activities, effectiveness of risk management, and compliance with legal and regulatory requirements. 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.

## Finance and Performance

**Chair: Dr Cherrell Hirst**

**Members: Robert Buker, Teresa Dyson, Michael Kinnane, Ian Langdon and Prof Cindy Shannon**

The Finance and Performance Committee meets monthly to assist the Board in fulfilling its responsibilities to oversee Gold Coast Health's assets and resources. It has a range of functions required under Section 33 of the *Hospital and Health Boards Regulation 2012*, including reviewing and monitoring the financial performance of the health service in accordance with approved strategies, initiatives and goals.

## Research

**Chair: Prof Helen Chenery**

**Members: Ian Langdon, Colette McCool, Prof Cindy Shannon and external members**

The Research Committee advises the Board in relation to developing a future-focused Research Strategy and Roadmap that emphasises the enhancement of clinical and health service delivery based on patient-centered care and evidence-based practice. Fundamental to these aims is the building of long-term collaborations in research that are founded on sustainable and trusting partnerships. These research programs are facilitated by a shared collective vision that includes discovery, translation and adoption of research outcomes into practice resulting in the Gold Coast region being recognised as a world-class health precinct of national and international significance. Representatives of university partners regularly attend the Research Committee and provide valuable insight into research practice and collaborative opportunities.

## Digital Innovation Advisory Committee

**Chair: Prof Helen Chenery**

**Members: Dr Cherrell Hirst and external members**

In 2019, the Board established the Digital Innovation Advisory Committee. Its primary purpose is to provide continuous, forward-thinking input and guidance to the Board, ensuring the health service stays continuously relevant and connected to the broader digital and technology industry trends that are transforming healthcare. The committee consists of two Board members, in addition to four external members, appointed for their skills, experience or knowledge relevant to the scope and function of the committee.

**Table: Board Director meeting attendance**

Board Member	Ian Langdon	Judy Searle	Helen Chenery	Teresa Dyson	Andrew Weissenberger	Colette McCool	Cherrell Hirst	Robert Buker	Michael Kinnane	Cindy Shannon
Board	13/13	13/13	13/13	11/13	10/13	13/13	11/13	12/13	12/13	8/13
Executive	5/5	5/5	1/5*	x	5/5	5/5	5/5	x	5/5*	3/5
Finance and Performance	7/11	4/11*	2/11*	7/11	2/11*	3/11*	10/11	10/11	10/11	7/11
Audit and Risk	1/4*	x	x	3/4	x	1/4*	4/4	4/4	3/4	x

Safety, Quality and Clinician Engagement	4/6*	6/6	6/6	x	5/6	6/6	x	x	5/6	x
Research	2/4	x	4/4	x	x	4/4	x	x	x	2/4

\* Denotes attendance at committee meetings for which the Board Director is not a specified member.  
The Digital Innovation Advisory Committee is not listed in the above table as it is not a remunerated sub-committee.

## Executive management

The Gold Coast Health Executive Management Team consists of the Chief Executive and a suite of Executive Directors responsible for a range of portfolios including Operations, Finance, Strategy and Service Planning, People and Corporate Services, Strategic Communication and Corporate Governance, Digital Transformation, Robina Hospital, and Clinical Governance, Education and Research.

### Chief Executive – Ron Calvert BSc (Hons), MBA

Ron commenced as Chief Executive of Gold Coast Health in 2012, bringing with him more than 20 years of health management skills and experience. He has held Chief Executive roles at England's Doncaster and Bassetlaw National Health Service (NHS) Foundation Trust and Trafford Healthcare NHS Trust, where he introduced a quality regime that resulted in a significant reduction in mortality rates. Prior to this, he held Board-level roles at University College London Hospitals and University Hospitals Leicester.

### Chief Operations Officer – Kimberley Pierce BSc, ENB (Cardiology), CCRN, CertIV (ProjMgmt), GAICD

Kimberley joined Gold Coast Health in 2014 as Divisional Executive Director, Diagnostic, Emergency and Medical Services, and was appointed Chief Operations Officer in 2017. She has worked in South Africa as a clinical director of 22 private hospitals and was Chief Executive of private hospitals in London and Manchester.

### Chief Finance Officer – Ian Moody BA (Hons), FCA, MAICD

Ian joined Gold Coast Health in December 2013 following an international career of 15 years in assurance and consulting in various commercial industries and government sectors. He is a Board Director of the Healthcare Financial Management Association.

### Executive Director, Clinical Governance, Education and Research – Dr Jeremy Wellwood MBBS (Hons), FRACP, FRCPA

Jeremy returned to Gold Coast Health in 2005 as a Clinical and Laboratory Haematologist after having been a registrar in the service in the mid-1990s. He led the development of tertiary cancer services on the Gold Coast and draws on his 25 years of clinical experience to provide values-based leadership with a focus on improving staff and patient experience.

### Acting Executive Director, Digital Transformation and Chief Information Officer – Mark Luchs BSc, MA (Administration), MA (National Resource Strategy)

Mark joined Gold Coast Health in 2015 following a military career where he worked across a variety of specialties including information communication and technology, information assurance, operational support and contingency planning. He has been acting in the executive role overseeing the digital and information portfolios since 2019.

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**Executive Director, Strategic Communication and Engagement, Acting Executive Director, Governance, Risk and Commercial Services – Sarah Dixon B Bus (Comms), JP(Qual), GAICD, MPRIA**

Sarah joined Gold Coast Health's executive team in 2018, following a 15-year consulting career in corporate affairs, communication and marketing. She has worked across a wide variety of sectors, including health, and has advised Boards and executive management teams on a range of complex issues and situations in the national spotlight. She is also the Chair of an independent school board, a Trustee Director of a public offer superannuation fund, and Deputy Chair of a charitable trust.

**Executive Director, People and Corporate Services – Hannah Bloch BBus (HRM), LLB**

Hannah joined the executive team in September 2016 following more than 10 years working across Queensland Health. Hannah's role is critical to ensuring the Health Service has the right workforce with the right skills to meet future service delivery needs. She is focused on supporting the broader executive team to engage with staff and drive strategies to build a culture of success.

**Executive Director, Strategy and Service Planning – Toni Peggrem BPTHy, BSc, MSc (Ed), GAICD**

Toni started at Gold Coast Health in 2006 and brought with her more than 15 years' experience in health service delivery and health administration. Toni played an integral role in the development, planning and delivery of the Robina Hospital expansion, Robina Health Precinct and Gold Coast University Hospital building projects.



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## Strategic Committees

### Executive Management Committees

#### Executive Management Team

The Executive Management Team is comprised of the Executive Directors, Clinical Directors, Directors of Nursing and the Professor of Nursing and Midwifery. Meetings are held 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.

#### Finance and Performance Executive Committee

The Finance and Performance Executive Committee (FPEC) provides leadership, direction and governance oversight for the financial and operational performance of Gold Coast Health and supports the Chief Executive to ensure the financial and operating performance of the Health Service is efficiently reviewed and monitored, and that will provide assurance to support the monthly report to the Board.

#### Clinical Governance Committee

The Clinical Governance Committee provides strategic direction and oversight of patient safety and quality systems to maintain and improve the reliability and quality of patient care, as well as improve patient outcomes. The 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 Clinician Engagement Committee and has membership comprised of senior clinicians and managers across a number of disciplines, including allied health, medicine, nursing and clinical governance.

#### Digital Portfolio Committee

The Digital Portfolio Committee adopts a strategic view of planning, performance and benefits realisation of information management processes and Information Communication Technology (ICT) systems across Gold Coast Health. This committee has oversight of key strategic ICT risks and is responsible for ensuring that capacity, capability and solutions are planned, procured, designed, implemented and evaluated. The committee makes recommendations to the Health Service Chief Executive about investment decisions, including current systems and those planned as part of future expansion.

#### Work Health and Safety Management Committee

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

#### Transformation Oversight Committee

Our service is facing pressures and we need to transform as part of a broader Health Sustainability challenge. We are evolving our approach to delivering change and addressing 12

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recommendations agreed with the Queensland Treasury Corporation (QTC) and have consequently introduced a new form of governance to improve the way we coordinate change. The Transformation Oversight Committee sets the priorities of the organisation and the overall targets for the Transformation Program, decides on program trade-offs and avoids conflicting priorities, and allows supportive reporting and clear responsibilities to drive change.

## Clinician Engagement

### **Clinical Council**

Clinical Council is the peak clinical leadership forum within Gold Coast Health, empowered by the Board and Chief Executive. The objective of 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 an opportunity to embed clinician feedback in governance, strategy and cultural development activities.

### **Research Council**

The Research Council is the peak communication body for aligning and supporting long-term collaborations in research across all clinical directorates and research active services. The Research Council ensures the delivery of strategic research priorities to help shape and guide the direction of research at Gold Coast Health, in line with the overall health service strategy, state and national health strategies. To achieve this purpose, the Council is responsible for identifying and enacting practical strategies that overcome cognitive, resource, motivation and political hurdles to engage Gold Coast Health staff in research and foster collegial relationships with academic partners, public and private organisations.

The Research Council also advises on effective communication strategies to ensure Gold Coast Health cultivates a strong team culture to uphold its reputation for delivering excellence in research-infused and evidence-based health care.

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## Organisational structure and workforce profile

### Organisational structure

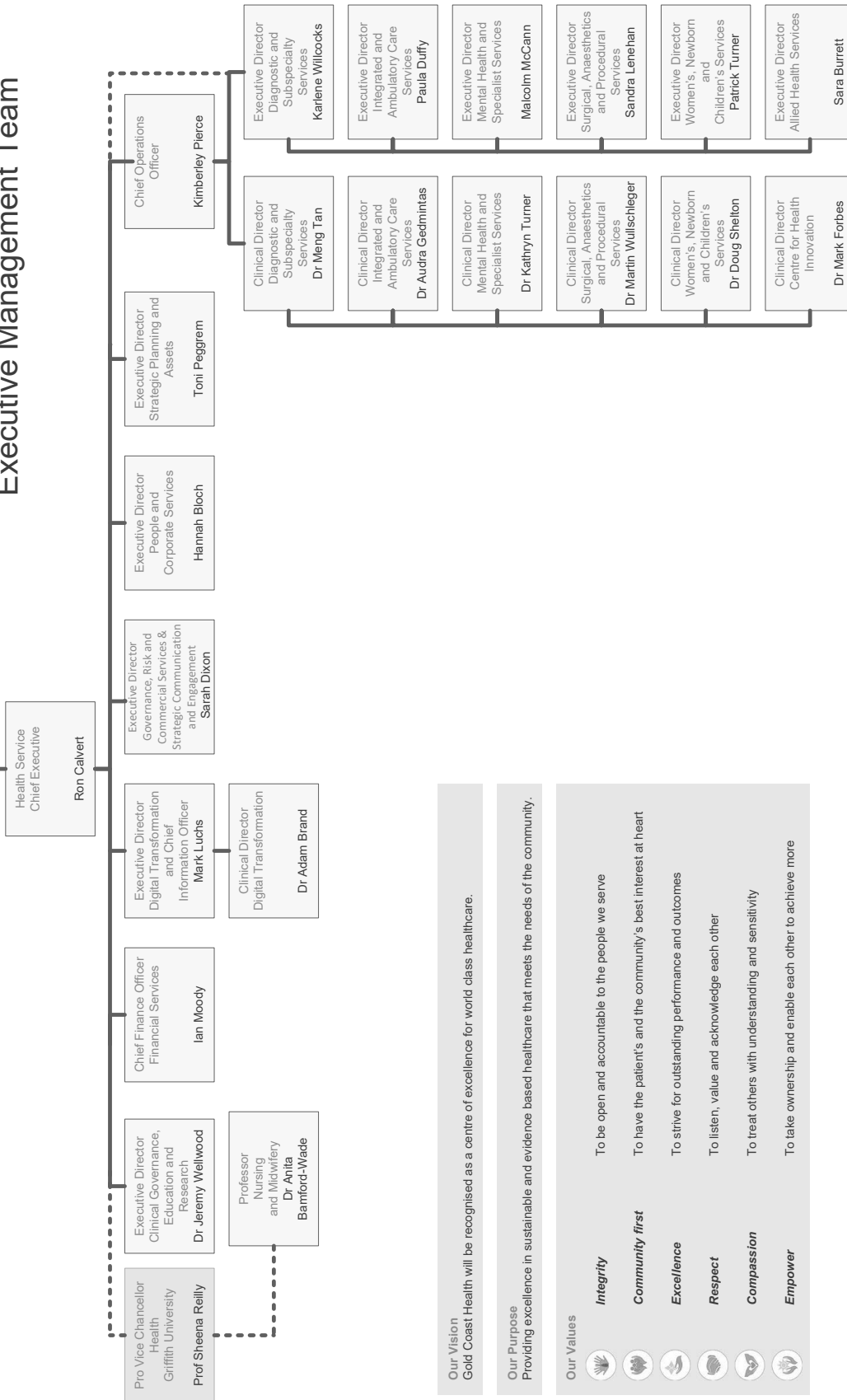
Gold Coast Health has a two-tier management structure consisting of the Gold Coast Health Board and Executive Management. The Board supervises the performance of the health service, its management and organisation. It also participates in determining the strategy of Gold Coast Health. Executive Management, in turn, is responsible for the overall conduct of the business and all operational matters, organisation of the health service as well as allocation of resources, determination and implementation of strategies and policies, direction-setting and ensuring timely reporting and provision of information to the Board.

Changes to employer arrangements came into effect from 15 June 2020. These changes mean all non-executive health service employees in Gold Coast Health are now employed by the Director-General, as system manager of Queensland Health. The changes ensure there are clear and consistent employer arrangements for non-executive health service employees in all Hospital and Health Services, and reflects the fact that staff work for the health of all Queenslanders, regardless of which hospital or service they are based in.

# Organisation Structure

## Executive Management Team

### Gold Coast Hospital and Health Service Board



**Our Vision**  
Gold Coast Health will be recognised as a centre of excellence for world class healthcare.

**Our Purpose**  
Providing excellence in sustainable and evidence based healthcare that meets the needs of the community.

Our Values	
<b>Integrity</b>	To be open and accountable to the people we serve
<b>Community first</b>	To have the patient's and the community's best interest at heart
<b>Excellence</b>	To strive for outstanding performance and outcomes
<b>Respect</b>	To listen, value and acknowledge each other
<b>Compassion</b>	To treat others with understanding and sensitivity
<b>Empower</b>	To take ownership and enable each other to achieve more

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## Strategic workforce planning and performance

### An equal opportunity employer

Workforce figures show 1.43 per cent of Gold Coast Health employees identify as a First Nations person.

Table 1: More doctors and nurses\*

	2015-16	2016-17	2017-18	2018-19	2019-20
Medical staff <sup>a</sup>	990	1,033	1,088	1,118	1,203
Nursing staff <sup>a</sup>	3,196	3,275	3,480	3,668	3,989
Allied Health staff <sup>a</sup>	909	932	993	1,035	1,061

Table 2: Greater diversity in our workforce\*

	2015-16	2016-17	2017-18	2018-19	2019-20
Persons identifying as being First Nations <sup>b</sup>	68	73	96	107	128

**Note:** \* Workforce is measured in MOHRI – Full-Time Equivalent (FTE). Data presented reflects the most recent pay cycle at year's end. Data presented is to May-20.

**Source:** <sup>a</sup> DSS Employee Analysis, <sup>b</sup> Queensland Health MOHRI, DSS Employee Analysis

Gold Coast Health's workforce consists of 8,784 full-time equivalent (FTE) staff. Gold Coast Health appointed a total of 981 new employees during the 2019–2020 financial year.

During the COVID-19 pandemic, Gold Coast Health ensured employees had reasonable access to flexible working arrangements where access does not disrupt business continuity and is of benefit to employee health and wellbeing. More than 780 employees applied for access to flexible working arrangements.

### Permanent separation

During 2019–2020, 305 staff separated permanently from the service, a rate of 3.97 per cent.

### Going for Gold Staff Survey

The 2020 Going for Gold Staff Survey census period opened on 6 March 2020.

The 2020 survey saw an improvement in overall response rate, up to 69 per cent from 67 per cent in 2018. In total, 6956 staff submitted a response.

Alongside an increased response rate, the overall level of employee engagement also increased, rising to 49 per cent from 46 per cent in 2018. This is a significant improvement for an organisation of our size, and confirms we are well underway on our journey towards a culture of success.

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### Workforce planning approach

Following the launch of the *Gold Coast Health Workforce Strategy* (the strategy) in 2019, a strong focus was placed on developing the strategy's underlying frameworks. A two-year implementation road map was developed to realise strategies for induction, staff development, performance management, mobility and recognition. This body of work was deferred in February 2020 to enable staff to focus on the COVID-19 response. The strategy's implementation recommenced in June 2020, with priorities on strategic workforce planning, succession planning and culture.

Key highlights included:

- a post-implementation review of the *Reward and Recognition Framework*, and its supporting initiatives, resulted in a series of recommendations which supported increased leadership engagement and further broadened the reach of the program to community-based and frontline staff
- a refresh of the *Performance and Development Planning Framework* to offer a more inclusive, best-practice approach to empower our leaders to support staff in reaching their full potential
- consultation towards the development of a new onboarding and engaging framework, with the aim to provide a more consistent approach to onboarding, while allowing flexibility across various service lines
- commencement towards designing our exit and transitioning framework, empowering staff to offboard with respect and pride in their accomplishments.

### Attracting our workforce

The Workforce Strategy and Engagement team, in collaboration with the Strategic Communication and Engagement team, developed the *Attraction and Recruitment Framework* (the framework) in consultation with key stakeholders across the business. The framework was launched in August 2019 and drives our strategy to build a culture of success that translates to recruiting and maintaining a high-performing, motivated workforce.

The framework will undergo a post-implementation review in late 2020, to ensure that Gold Coast Health is able to continuously improve and adopt best-practice recruitment strategies. Our approach to the development of the enabling framework for the Workforce Strategy involves both collaboration and consultation with key partners including the Consumer Advisory Group, education partners, statewide advisory groups, internal professional experts and key leadership roles.

### Developing our workforce

Workforce capability development and learning activities that directly support our strategic plan are a focal point of Gold Coast Health's Learning and Capability Planning Framework; in particular, the Core Capability Framework (CCF).

The CCF provides staff with a pathway that connects their capability development by aligning skills, abilities and behaviours that are valued and recognised as critical to successfully deliver our services to the community.

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Underpinned by our values, the CCF guides the translation of our values into action and provides a consistent measure of the skills and behaviours we are looking for when attracting, recruiting, developing and retaining our people.

Our Core Capability Framework includes 20 capabilities that are categorised into five key capability groups. Each capability is demonstrated at four different levels of leadership. The framework is integrated into our entire employee lifecycle and works in conjunction with Professional Capability Frameworks.

Gold Coast Health's *Learning and Capability Planning Framework* ensures Gold Coast Health has:

- Supported leaders through CCF-aligned leadership development pathways that provide our leaders with the capabilities to lead.
- Improved communication through the development of skills and knowledge in communication that provide a robust framework for shared understanding and direction.
- Improved patient outcomes as staff are equipped with the skills and knowledge to provide improved patient-centred care.

To further support the framework, 10 new courses were launched, on topics such as change management and emotional intelligence. These programs were delivered to more than 1300 participants across more than 120 sessions.

### Developing our leaders

Building on the success of the Higher-Level Apprenticeship program, a multi-tier leadership program was launched within the service. The overall program includes the:

- Emerging Leaders Program, designed to bridge the gap between leadership levels. Delivered in partnership with TAFE Gold Coast, a blended training approach was taken to deliver online content, combined with a monthly face-to-face session.
- Evolving Leaders Program, designed to provide continued support to existing leaders. The program was designed in alignment with the CCF and provided 250 of our leaders with access to online, empowering them to drive their own leadership journey.
- Strategic Leaders Program, designed for Executive Leaders and delivered in partnership with Queensland University of Technology. The program included Gold Coast Health's Executive Leaders, as well as leaders from a variety of private and public institutions, and saw the provision breakthrough sessions, facilitated by world-class thought leaders.
- Manager Induction Program, designed to focus on the operational aspects of management. The program was targeted at new managers, and involved presenters from across the organisation including Finance, Project Services and Human Resources. The program ensures new managers have the suitable information provided to successfully fulfil their roles and responsibilities within the health service.
- Targeted Leadership Programs, designed to improve the culture and leadership landscape throughout the organisation. These sessions were tailored to individual areas and aimed to address unit-specific requirements.

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### **Early retirement, redundancy and retrenchment**

During the period, one employee received a redundancy package at a cost of \$124,076.75\*. Employees who did not accept an offer of a redundancy were offered case management, and reasonable attempts were made to find alternative employment placements.

\*This figure excludes accrued leave (redundancy payout only).



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# Our risk management

Risk management is integral to effective strategic planning and decision-making. Gold Coast Health seeks to:

- Continually improve the risk management culture and maturity of the health service, ensuring best practice is maintained
- Take a consistent approach to managing risks across Gold Coast Health
- Clearly define roles, responsibilities and training to ensure effective risk management
- Assign necessary resourcing to support the risk management function.

Gold Coast Health is committed to managing risk in a proactive and integrated manner. Risk is an inherent part of the health service's operating environment. Risk management activities are incorporated into strategic planning, governance reporting and operational processes.

Gold Coast Health's risk management framework aligns to *Australian/New Zealand International Standards; ISO 31000:2018; Risk Management Guidelines; and National Safety and Quality Health Service Standard 1, Clinical Governance Standard*. The risk management framework defines the process for identifying, recording, analysing, controlling, monitoring and reporting risks.

Accountable bodies within our risk framework are:

- **Gold Coast Health Board:** The Board retains responsibility for ensuring systems and processes are in place to mitigate and manage risks appropriately. The Board has delegated responsibility for overseeing the risk management framework to the Audit and Risk Committee.
- **The Audit and Risk Committee:** The Committee oversees the assurance of the risk management framework and the internal control structure, to ensure it is efficient, effective and in line with the desired Board culture in relation to risk management.
- **The Executive Management Team:** The Executive Management Team has active risk management responsibilities, both collectively, and individually as Executive Directors in charge of separate service streams. Significant risks are reported to the Executive Management team, Audit and Risk Committee and Board on a regular basis.

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## Internal audit

Gold Coast Health has established an internal audit function in accordance with section 29 of *the Financial and Performance Management Standard 2019*.

The Gold Coast Health internal audit unit, led by the Director of Assurance and Advisory Services, 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 the systems of risk management, internal control and governance in key risk areas by:

- 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 internal control systems
- conducting investigations and special reviews as requested by management or the Audit and Risk Committee.

The internal audit function operates within the Institute of Internal Auditors Professional Practice Framework and, as such, is independent of management under a charter endorsed by the Gold Coast Hospital and Health Board's Audit and Risk Committee. The Internal Audit Plan is approved by the Board. The execution of the of the plan and the performance of the Internal Audit function is monitored by the Audit and Risk Committee in accordance with the *Audit Committee Guidelines*.

The focus areas for the 2019–2020 year for the internal audit function were patient safety, electrical safety controls, business continuity and key financial controls.

In 2019–2020, the internal audit function:

- enhanced the linkages to other governance, risk and compliance (GRC) functions to improve the overall assurance provided to the Board
- finalised four audits in key risk and control areas and provided recommendations for improvement to address risks identified impacting the health service's ability to meet its obligations and achieve its objectives. COVID restrictions limited the number of audits able to be executed
- enhanced the assurance map previously developed by linking to industry governance, risk and control frameworks.

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## **External scrutiny, Information systems and recordkeeping**

In 2019–20, Parliamentary reports tables by the Auditor-General which broadly considered the performance of the Gold Coast Health included:

### **Report to Parliament 7: Health: 2018–19 results of financial audits**

The objective of this audit report was to summarise the results of the financial audits of the 16 Hospital and Health Services, which included timeliness and quality of financial reporting, as well as financial performance and sustainability.

### **Crime and Corruption Commission – Operation Impala**

Gold Coast Health contributed to the Crime and Corruption’s Operation Impala. The scope of this review was to examine the misuse of confidential information within the Public Sector. The recommendations are currently with Parliament for consideration

### **Office of Workplace Health and Safety Queensland**

Workplace Health and Safety Queensland and the Electrical Safety Office investigated a matter to determine if there were any breaches of law. While there were no significant findings or breaches, Gold Coast Health reviewed its systems and is currently implementing identified improvements.

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## Queensland Public Service ethics

Ethical decision-making in the Queensland Public Sector affects everyone, across a wide range of positions and roles. Gold Coast Health employees, administrative procedures and management practices must comply with the *Code of Conduct for the Queensland Public Service*. The code articulates the standard of conduct expected of staff when dealing with patients, consumers and colleagues in the workplace. It also helps to ensure that decision making is consistent with the principles of *Public Sector Ethics Act 1994*. These consist of:

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

Our values are included for new staff at induction and embedded within employee role descriptions and performance reviews for current staff. The *Code of Conduct* is available to all existing staff through the Gold Coast Health intranet site. An online learning system allows staff to independently access mandatory training, including training on ethics, integrity, accountability, fraud control awareness and public interest disclosure.

## Human Rights

Since 1 January 2020, Statutory Compliance and Conduct has assessed 38 complaints where *Human Rights Act 2019* provisions were considered. The complaint matters and outcomes are summarised in the below table.

Section	Total number of complaints	Requires further action (matter ongoing)	No further action (not substantiated)	Disciplinary Action	Management Action
Section 19 – Freedom of movement	1	1	0	0	0
Section 24 – Property rights	1	1	0	0	0
Section 25 – Privacy and reputation:	13	11	2	0	0
Section 29 – Liberty and security of person	4	4	0	0	0
Section 31 – Fair hearing	36	27	3	4	2
Section 37 – Health services	1	1	0	0	0

Legal Services undertook a review of governance documents to identify and update as required to ensure compliance. Governance documents that did not require or substantively benefit from revision will be considered during the document's ordinary review cycle. A mandatory training package is being finalised with a view to being deployed in September 2020.

The *Human Rights Act 2019* has been promoted by:

- in-person and virtual training sessions and workshops hosted by Legal Services
- posters and information sheets placed around GCHHS facilities, particularly staff lunchrooms
- screen savers, notices in e-mail newsletters, and a dedicated intranet resource page.

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## Confidential information

The *Hospital and Health Boards Act 2011* requires annual reports to state the nature and purpose of any confidential information disclosed in the public interest during the financial year. The chief executive did not authorise the disclosure of confidential information during the reporting period.