4.0 GOVERNANCE – MANAGEMENT AND STRUCTURE

4.1 Organisational structure
CBAG ensures community voice in health care

Community Board Advisory Group (CBAG) members play an important role in ensuring consumers and members of the community have a voice in public health matters.

Metro North Hospital and Health Service established CBAG in 2013 to recognise and address the needs and involvement of our consumers and carers in the provision and improvement of health services. CBAG comprises 24 representatives from peak consumer and community organisations including state-wide and local organisations. Member organisations represent people with chronic conditions, hard to reach populations and those with special health needs. Brisbane North PHN and the Metro North HHS Executive and Board are also represented.

This collaboration with health consumers and the community sector plays a vital role in improving health services and is integral to the delivery of high quality, safe coordinated care.

Metro North aspires to be a recognised leader in consumer, carer and community engagement and always looks to provide accessible opportunities for engagement.

Since its establishment, CBAG has achieved:

- Input into revision of Metro North’s Strategic Plan and development of the Health Service Strategy and Putting people first strategy
- Identified emergent community engagement priorities for Metro North and guided the revision of the Consumer and Community Engagement Strategy – Connecting for Health
- Guided the design and implementation of the LINK (Leading Innovation through Networking and Knowledge sharing) partnership fund. Ten innovative partnership projects have been funded in 2015–16. This program is assisting Metro North to connect with the wider care provider system to provide care in the right place, at the right time in innovative ways.
- Input and participation in annual Metro North Health Forums on ‘Patients at the Centre of Care’ (2014) and ‘Health Reform’ (2015) and ‘Working together to improve health’ (2016)
- Input into the Leadership Values Framework for the Metro North Clinical Council
- Review of policies and procedures including those relating to consumer and community partnerships
- Informed Metro North about Interstate Rankings on Selected Health Indicators Australia 2012 which were included on the agenda for Chief Executive Forum
- Input into Metro North’s ethics review, chronic disease model of care, the Quality of Care Report 2015
- Currently assisting the development of indicators for measuring, monitoring, evaluating and reporting on continuous improvement in consumer and community engagement.
Connecting for better health

Metro North Hospital and Health Service is committed to ensuring consumers and communities have a voice when it comes to their health care.

The Connecting for Health Strategy for inclusive engagement, involvement and partnerships 2016-18 sets a clear direction for meaningful engagement into the future building on Metro North’s current strengths in this area.

More than 50 stakeholders including consumer representatives, partner organisations, volunteers and staff contributed to the development of Connecting for Health.

Ideas into action with a people focus

Initiatives ranging from health and wellbeing to improving patient education have been put into action as part of Metro North’s Putting people first Strategy.

With a focus on people, the strategy enables hospitals and services across Metro North to improve the patient experience, support and develop staff, and work with partners to better connect care and improve health outcomes.

Ideas for projects have been developed from feedback provided by hundreds of staff who took part in Putting people first workshops and surveys.

In its first year more than 70 initiatives have been launched to bring the strategy to life. This includes many projects run at a local hospital or service level including:

- New patient education materials at Redcliffe Hospital and interactive resources to support patients with chronic disease at home
- Launch of the ICU Empathy Project at The Prince Charles Hospital to improve the patient experience for end of life care and long stays in the Intensive Care Unit
- Trial of a Safe Wards program in Mental Health to support staff to reduce conflict and contain aggressive behaviours
- New staff health and wellbeing programs at Caboolture Hospital and Community, Indigenous and Subacute Services and the launch of an Employee Wellbeing Service at the Royal Brisbane and Women’s Hospital.

The strategy has also seen the launch of programs of work involving the whole HHS including seven Winter Strategy Innovation Alliances to address peak demand, establishment of an internal taskforce to address occupational violence and the launch of the Metro North Staff Wellness Portal. Ongoing engagement with staff will continue to identify new initiatives.
Critically ill patients are benefitting from a new project to increase their physical and emotional wellbeing in intensive care at The Prince Charles Hospital.

The EMPATHY Project (End of Life Care Management and Planning and The Hard Yards) is looking to set a new benchmark in the delivery of care for long term intensive care unit (ICU) patients and those nearing the end of their life.

ICU physician and project medical lead Associate Professor Nikki Blackwell said the focus of EMPATHY is to create an environment that is as positive as possible for ICU patients both clinically and emotionally.

“Our ICU is known for delivering first class care, but out of necessity this care is delivered in a physical environment with intimidating equipment, continuous noise and intrusive bright lights,” Associate Professor Blackwell said.

“We want to create a more peaceful and therapeutic environment and improve the care experience for patients and their families.”

The focus is to integrate compassionate care with appropriate, excellent medical treatment during complex critical illness and at the end of life.

The project will enable staff to work with patients and families to measure improvement in the patient experience, and formalise the excellent care already provided by ICU staff to patients.

“Communicating effectively with people who are at their most vulnerable is challenging. We want to improve the way we do this to ensure we can be respectful of patient and family needs,” Associate Professor Blackwell said.

“A number of our ICU staff have done specialised training to put themselves in the role of patient and consider how they would take care of themselves in these situations. This, in turn, allows them to bring a compassionate presence to their work.”

The EMPATHY team has developed a comprehensive checklist within the patient’s electronic health records to formalise and document their work. Patient and family decisions are recorded along with individualised end of life care plans. The project has also delivered improvement to the physical environment such as MP3 players at the bedside and a bush-to-beach mural added to the outdoor balcony.
4.2 The Board

The 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 (Qld) and the Hospital and Health Boards Regulation 2012 (Qld).

The functions of the Board include:

- Developing the strategic direction and priorities for the operation of Metro North
- Monitoring compliance and performance
- Ensuring safety and quality systems are in place which are focussed on the patient experience, quality outcomes, evidence-based practice, education and research
- Developing plans, strategies and budgets to ensure the accountable provision of health services
- 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.

The Board are all independent members, strengthening local decision making and accountability for health policies, programs and services within Metro North. Each of the Board Members brings a wealth of experience and knowledge in public, private and not-for-profit sectors with a range of clinical, health and business experience.

During the reporting period, terms of office of three members expired on 17 May 2016 and one member resigned office. Outgoing members of the Board were Dr Paul Alexander AO, Mr Vaughan Howell, Professor Nicholas Fisk and Mr Len Scanlan.

A schedule of Board Member attendance at Board and Committee meetings for 2015–16 is available in Appendix 2.

The following committees support the functions of the Board, each operates with terms of reference describing the purpose, role, responsibilities, composition, structure and membership.

**Executive Committee**

The role of the Executive Committee is to support the Board by working with the Chief Executive to progress strategic issues and ensure accountability in the delivery of services within Metro North. The committee oversees the development of the Strategic Plan and monitors performance, the development of the clinician, consumer and community engagement strategies and the primary health care protocol, and works with the Chief Executive in responding to critical and emergent issues.

**Safety and Quality Committee**

The role of the Safety and Quality Committee is to provide strategic leadership in relation to clinical governance. The committee oversees the safety, quality and effectiveness of health services and monitors compliance with plans and strategies, while promoting improvement and innovation for the safety and quality of services within Metro North.

**Finance and Performance Committee***

The role of the Finance and Performance Committee is to oversee the financial performance, systems, risk and requirements of Metro North. The committee reviews the financial strategy, financial policies, annual operating plans and capital budgets, cash flows and business plans to ensure alignment with key strategic priorities and performance objectives.

**Risk and Audit Committee**

The role of the Risk and Audit Committee is to oversee the internal and external audit function and matters relating to risk and compliance for financial, accounting and legislative requirements. The committee provides independent assurance and assistance to the Board on the risk, control and compliance frameworks and external accountability responsibilities as prescribed in the Financial Accountability Act 2009, Auditor-General Act 2009, Financial Accountability Regulation 2009 and Financial and Performance Management Standard 2009.

* The Board approved the Finance Committee be renamed the Finance and Performance Committee on 5 July 2016 to more accurately reflect the scope of the Committee's role.
Professor Robert Stable AM
MBBS, DUniv (QUT), MHP, FRACGP, FAICD
Board Chair

Professor Stable’s 45 year career in health has included roles as a General Practitioner, a Flying Doctor, Vice-Chancellor and President of Bond University, Director-General of the Queensland Department of Health, Member and Chair of the Australian Health Ministers’ Advisory Council, Hospital Medical Superintendent, and Chief Executive.

He holds Board appointments as Chair of Health Workforce Queensland, and Director of the Royal Flying Doctor Service – Queensland Section, Rural Health Workforce Australia and North and West Remote (Primary) Health.

He is a Fellow of the Royal Australian College of General Practitioners (FRACGP) and the Australian Institute of Company Directors (FAICD), has a Master of Health Planning (MHP) degree from the University of New South Wales and an undergraduate degree in Medicine (MBBS) from the University of Queensland.

Professor Stable was appointed a Member of the Order of Australia in 2013 and received a Centenary Medal in 2001.

Dr Kim Forrester
RN, BA, LLB, LLM (Advanced), PhD, Member AICD
Deputy Chair* and Chair, Safety and Quality Committee

Dr Kim Forrester is a registered nurse and barrister at law. Her clinical background includes intensive and coronary care nursing. She is a member of the Australian College of Nursing and established the Masters in Emergency Nursing program at Griffith University where she was also a foundation academic in the School of Medicine. Dr Forrester is an Associate Professor in the Faculty of Health Sciences and Medicine at Bond University.

As a barrister, Dr Forrester’s areas of legal practice include coroner’s inquests, professional regulation and child protection. She held the position of Assistant Commissioner (legal) on the Queensland Health Quality and Complaints Commission from 2006 to 2009 and is a member of the Queensland Law Society’s Elder Law Committee. She publishes extensively in the area of health law including as editor of the Nursing Column in the *Journal of Law and Medicine*, and co-author of ‘Essentials of Law for Health Professionals’, ‘Australian Pharmacy Law and Practice’ and ‘Essentials of Law for Medical Practitioners’.

* Governor in Council approved the appointment of Dr Kim Forrester as Deputy Chair on 26 August 2016.
Mr Mike Gilmour*
Dip Acctg, MBA, FCPA, FAICD, JP (Qual)
Chair, Finance and Performance Committee

Mike has over 40 years’ experience as a senior finance and commercial executive. Mike’s health care appointments include Uniting Healthcare Queensland, a private hospital group (The Wesley Hospital Auchenflower, St Andrews War Memorial Hospital, The Sunshine Coast Private Hospital, etc), and the Royal Flying Doctor Service Queensland. Mike has significant experience in governance, having held many appointments as a non executive director, which currently include: Isis Central Sugar Mill Ltd, Open Minds Australia Ltd (Chair), Aviation Australia Pty Ltd and Sugar Research Australia Ltd.

Mike is a member of the CPA Australia Disciplinary Tribunal.

Mike’s past appointments include: inaugural Chair of the Metro North Brisbane Medicare Local, Director of South East Alliance of General Practice, Chair Southbank Institute of Technology and Chair Metropolitan South Institute of TAFE, Director Centre for Rural and Remote Mental Health, Company Secretary and financial advisor to the Palm Island Community Company. He is a former President of the Queensland Division of CPA Australia.

Mr Geoff Hardy*
B Bus (Econ), Dip HA, Grad Dip Commerce (Mkt), MAICD, AFCHSM
Chair, Risk and Audit Committee

Mr Geoff Hardy’s extensive career in health care management has spanned over 30 years, including operational roles at Royal North Shore Hospital, Westmead and the Royal Women’s Hospital in Melbourne. After a period as Chief Executive at one of Ramsay Healthcare’s facilities, he established and ran their Malaysian subsidiary working closely with the Malaysian Ministry of Health in the planning of several major new facilities.

In addition to a period as a consultant to health care organisations in Queensland, Mr Hardy has also worked as CEO of two Brisbane law firms and was Global Leader for a commercial advisory practice providing strategic and commercial advice to government clients around the world.

In recent years he has worked more broadly as an advisor to governments and private sector clients on significant infrastructure projects in the transport, health care and resources sectors, and is currently AECOM’s Infrastructure Advisory Leader for Australia & New Zealand and their market sector lead for Health care and Transaction Advisory.

Associate Professor Cliff Pollard AM
BD, MB BS QLD, FRACS, FRCS Edin, FACS
Member and representative on the Royal Brisbane and Women’s Hospital Foundation Board

Associate Professor Cliff Pollard is a retired general surgeon. He completed his surgical training in Queensland and obtained post-Fellowship experience in the United Kingdom. Dr Pollard has been the staff surgeon and visiting medical officer at Redcliffe Hospital, prior to moving to the Royal Brisbane and Women’s Hospital in 2008 as the inaugural Director of the Trauma Service. He retired in 2012.

Dr Pollard has a major interest in all aspects of trauma management in both pre-hospital and hospital environments and he has presented widely on the topic both nationally and internationally. As a member of the Royal Australian Army Medical Corps, he deployed to Bougainville and East Timor. Dr Pollard is a member of the Royal Australasian College of Surgeons (RACS) National and Queensland Trauma Committees, the State Trauma Clinical Network, the Australian Trauma Registry Executive and Steering Committee, and the Department of Transport Serious Injury Expert Panel.

A former examiner in general surgery for the Royal Australasian College of Surgeons, Dr Pollard also teaches anatomy in the Advanced Surgical Anatomy Course in the School of Medicine at The University of Queensland. Dr Pollard is also involved in research activities including the Brisbane Diamantina Health Partnership Trauma, Critical Care and Recovery Stream and Queensland University of Technology CARRS-Q.

Ms Bonny Barry
RN BNsg Member AICD
Member and representative on The Prince Charles Hospital Foundation Board

Ms Bonny Barry is a Registered Nurse with over 28 years’ experience in community, hospice, hospital and clinic settings in Queensland and Victoria. She is currently a member of the nursing team at a large retirement village in the Brisbane northern suburbs.

Ms Barry was the Professional Officer for Aged Care and Private Hospitals for the Queensland Nurses Union for six years. From 2001, she was State Member for Aspley for eight years, and served on several parliamentary committees including Chair of Caucus, Chair of Health Estimates and the Assistant Minister for Education, Training and the Arts from 2006 to 2009.

More recently, Ms Barry has worked for the private sector before returning to nursing in 2012. She is co-author of The Nature of Decision Making of the Terminally Ill.
Mr Philip Davies  
MSc, FAICD  
Member  

During a diverse health sector career spanning more than 35 years, Mr Philip Davies has worked as a management consultant, a senior public servant in three government health administrations, and an academic.

His extensive career includes appointments as a specialist health management consultant with Coopers and Lybrand (now PWC), Deputy Director-General in both the Queensland Department of Health and the New Zealand Ministry of Health, Senior Health Economist at WHO Headquarters in Geneva, and Deputy Secretary for the Commonwealth Department of Health.

Mr Davies holds a Masters in Management Science, is a Fellow of the Australian Institute of Company Directors, and Adjunct Professor for Griffith University, QUT and the University of Technology Sydney. He is currently an independent consultant in health policy, financing and governance for clients in Australia and the Pacific region.

Professor Helen Edwards OAM  
DipApSc, BA, BA (Hons), PhD, FACN, FAAN, MAICD  
Member  

Professor Edwards is a Registered Nurse and Registered Psychologist. She is currently the Assistant Dean (International and Engagement) for the Faculty of Health, Queensland University of Technology, and a member of the Institute of Health and Biomedical Innovation.

Professor Edwards has 34 years of experience in higher education and health sectors and has served on several state and national committees. She is a Board Member of the Australian Nursing and Midwifery Accreditation Council and has served on three retirement village boards. She also is a current member of the NHMRC Ethics Committee. Professor Edwards is internationally recognised for her research in wound management, ageing and chronic disease. She was involved in establishing the Wound Management Innovation Cooperative Research Centre which is the largest wound research initiative globally. It focusses on development of cost-effective and practical wound therapies, diagnostics and interventions.

Dr Margaret Steinberg AM  
PhD (Child Health and Education), MPhty (Research), BPhty (Hons), Dip Phty, University of Queensland  
Member and Sponsor, Community Board Advisory Group (CBAG)  

Dr Margaret Steinberg has expertise in governance and ethical decision making, as well as experience as a clinician, health administrator, academic and director of public, private and third sector organisations. She is a former Commissioner of the Criminal Justice and Crime and Misconduct Commissions and Chair of their Audit and Governance Committees. She was Foundation Deputy President of the Guardianship and Administration Tribunal, Assistant Commissioner of the Health Quality and Complaints Commission and Chair of its Consumer Advisory Committee.

Dr Steinberg holds a PhD in Child Health and Education and a Masters of Physiotherapy. Her work has been recognised through a Churchill Fellowship (in early intervention), an NHMRC/ PHRDC Travelling Fellowship (in telemedicine/telecommunications and health), and a World Health Organisation study (in HIV/AIDS).

In 2003, Dr Steinberg was made a Member of the Order of Australia in recognition of her service to public health and welfare policy through research in the areas of ageing, disability and social justice.

Professor Mary-Louise Fleming  
BEd (QUT), MA (Ohio), PhD (Qd), Member AICD  
Member  

Professor Mary-Louise Fleming is Head of the School of Public Health and Social Work at the Queensland University of Technology. She has experience in teaching and research in higher education, public health and health promotion for over 30 years.

Her research activity focusses on evaluation research and translational research for the World Health Organisation, both Commonwealth and Queensland Governments, as well as consultancy projects for Queensland Health and the not-for-profit sector. Professor Fleming has co-authored two books on health promotion and public health, and contributed to several other books.

Professor Fleming is currently the Director of the Australia China Centre for Public Health at QUT and is a Board member of Wesley Medical Research. Her appointments have included Health Promotion Queensland, Board of the Wesley Research Institute, Board of Governors St Andrew’s Hospital, National Heart Foundation and the Queensland Cancer Fund and Chair of the Quality Management Committee for Breastscreen Queensland.
4.3 Executive Management

The Board appoints the Health Service Chief Executive (HSCE) and delegates the administrative function of Metro North HHS to the HSCE and those officers to whom management is delegated. The HSCE’s responsibilities are:

- Managing the performance and activity outcomes for Metro North,
- Providing strategic leadership and direction for the delivery of public sector health services in the HHS,
- Promoting the effective and efficient use of available resources in the delivery of public sector health services in the HHS,
- Developing service plans, workforce plans and capital works plans,
- Managing the reporting processes for performance review by the Board,
- Liaising with the executive team and receiving committee reports as they apply to established development objectives,
- The HSCE may delegate the Chief Executive’s functions under the Hospital and Health Boards Act 2011 to an appropriately qualified health executive or employee.

Health Service Chief Executive

Adjunct Professor Ken Whelan

As Chief Executive of Metro North Hospital and Health Service, Ken Whelan is responsible for the day to day management of Australia’s largest public health authority. Prior to his commencement with Metro North, Ken was the Deputy Director General, System Purchasing and Performance Division for New South Wales Ministry of Health.

Originally from a nursing background, Ken has been in Senior Management for the past 23 years. For 15 of those years, he has held Chief Executive positions in both New Zealand and Australia.

Ken has led provincial district and metro district health boards in New Zealand, and led a tertiary facility in Queensland as well as a regional Queensland health district.

Ken has brought strong strategic and operational experience to Metro North and is committed to working with health facilities to ensure they provide sustainable health services that meet the needs of the populations they serve.

The following Senior Executive positions support the HSCE in the development and execution of the Metro North strategy as approved by the Board. The list includes the names of incumbents as at 30 June 2016.

Executive Director Operations
Mr Shaun Drummond

Chief Finance Officer
Mr James Kelaher

Executive Director Clinical Governance, Safety, Quality and Risk
Ms Linda Hardy

Executive Director Clinical Services
Dr Elizabeth Whiting

Executive Director Organisational Development, Strategy and Implementation
Mr Luke Worth

Professional Leads
Executive Director Medical Services
Dr Donna O’Sullivan

Executive Director Nursing and Midwifery Services
Adjunct Associate Professor Alanna Geary

Executive Director Allied Health
Mr Mark Butterworth

Directorate Executive Directors
Executive Director RBWH
Dr Amanda Dines

Executive Director TPCH
Mr Anthony Williams

Executive Director Redcliffe Hospital
Ms Gayle Sutherland

Executive Director Caboolture and Kilcoy Hospitals
Dr Lance Le Ray

Executive Director Community, Indigenous and Subacute Services
Mr Chris Seiboth

Executive Director Oral Health Services
Mr Andrew McAuliffe

Executive Director Mental Health Services
Associate Professor Brett Emmerson

Executive Director Medical Imaging
Associate Professor Noelle Cridland
Every day Metro North’s Public Health Unit works behind the scenes and on the frontlines to improve people’s lives and respond to health emergencies.

The unit—one of the largest in the state—could best be described as the quiet achievers of the Hospital and Health Service. Metro North Public Health Unit (MNPHU) Director John Piispanen said public health is one of those services that is practically invisible when the work is done well.

“When there is an issue, the true magnitude and extent of the work that is done behind the scenes is rarely apparent,” Mr Piispanen said.

Comprising public health physicians and nurses, epidemiologists, a medical entomologist, environmental health officers and support staff, the unit deals with anything from outbreaks of food poisoning and infectious diseases such as whooping cough, to making sure the water supply is safe following a flood or cyclone.

Last year’s measles outbreak among students at The University of Queensland highlighted the scope and teamwork needed to manage even a relatively small infectious disease outbreak.

Metro North led a South East Queensland coordinated response to the outbreak over a two month period, carrying out more than 500 vaccinations and following up with many more people who may have been exposed to the disease.

“It was a great and supportive team effort across not only MNPHU, but across all affected Queensland Health departments and Hospital and Health Services,” Mr Piispanen said.

“It shows how work done by the PHU can negate issues and minimise their worst outcomes.”
Caboolture community spirit stronger than ever under new alliance

Local kids with learning disabilities are being given an extra helping hand thanks to the launch of a new Caboolture Health Care Alliance.

Caboolture and Kilcoy Hospitals Executive Director Dr Lance Le Ray said the care we provide to patients and their children doesn’t need to stop when they leave our hospitals.

“The Alliance is seeing the hospital, Caboolture Super Clinic and local organisations working together to help families in the Caboolture and surrounding regions,” Dr Le Ray said.

“We have been able to support 26 families who have children who suffer an intellectual impairment, have behavioural problems or development delays through this unique partnership.”

For Morayfield parents Tracey and Neville Welsh, the alliance has been a godsend for their son Scott, who now sees a regular paediatrician at the Caboolture Super Clinic.

“Having a specialist doctor for Scott has been great. The doctor has gone into depth about our son’s diagnosis and has actually gone out of their way to seek and get more information for us and identify other care options,” Mr Welsh said.

“Through this paediatrician we now know the appropriate medication to support Scott’s condition, to calm him down and help him sleep better at night.”

Families are also receiving ongoing care and support through organisations like the Bay Child Family Network, Disability Services Queensland and ENCIRCLE (crisis accommodation service).

Pictured above: An inaugural Charter of Support was signed by Caboolture Hospital and nine organisations and health care providers to help local kids with learning disabilities.
Patients are accessing faster care and reducing emergency department demand with the introduction of an innovative project at The Prince Charles Hospital.

The project, GRACE – GP Rapid Access to Consultative Expertise, aims to reduce the number of General Practitioner referrals to the emergency department (ED) and promotes patients accessing the right care in the right place the first time.

GRACE has introduced a hotline to provide GPs with direct access to internal medicine services, bypassing ED. The line is managed by members of the Internal Medicine team including a Clinical Nurse Consultant or Medical Registrar, supported by the on-call Consultant Physician.

The hotline provides general practitioners with timely access to expertise regarding assessment, management and treatment of patients needing acute inpatient care.

TPCH Director of Internal Medicine Services Dr Jeff Rowland said the presence of the hotline has facilitated a range of more targeted care pathways outside of the ED including same day direct admission to the hospital’s Rapid Assessment Medical and Surgical unit and appointments in the Day Unit for Investigation and Therapy.

“Since the commencement of the project in March 2016, it has been identified that TPCH’s Emergency Department sees around 180 patients every week who have been referred by their GP,” Dr Rowland said.

“By working with ED staff, we have been able to identify suitable GP-referred patients in triage who can be pulled safely into the RAMS unit.”

While still in its early stages, the GRACE project is bringing positive results. Of the total number of calls received through the GRACE hotline, 75 per cent of patients were able to avoid the ED and could be referred to more appropriate care options.

“Our aim is to work with GPs to increase the number of calls we receive. We are working with our local community and GPs to ensure that their patients access the right care in a timely way,” Dr Rowland said.

“This improves the patient’s experience in hospital and means they can access the care they need sooner.”

Managing the GRACE Hotline - Senior Medical Officer, Dr Gurudev Kewalram, and Project Officer, Rosalee Trent.
4.4 Public Sector Ethics Act

Metro North is committed to upholding the values and standards outlined in the Code of Conduct for the Queensland Public Service, which was developed in accordance with the four core principles contained in the Public Sector Ethics Act 1994: Integrity and impartiality, Promoting the public good, Commitment to the system of government, and Accountability and transparency.

Each principle is strengthened by a set of values and standards of conduct, describing behaviour which will demonstrate that principle.

All staff employed in Metro North are required to undertake training in the Code of Conduct for the Queensland Public Service during their orientation, and re-familiarise themselves with the Code at regular intervals. The orientation program includes conflict of interest, fraud, and bullying and harassment to ensure all staff have a good understanding of their requirements under the Code of Conduct for the Queensland Public Service. Communications relating to the standard of practice are also regularly released.

Other mandatory training for staff includes: Occupational violence prevention orientation, Aboriginal and Torres Strait Islander cultural practice, and Australian Charter of Health Care Rights awareness.

4.5 Queensland Public Sector Values

The values of the Queensland Public Sector are demonstrated in the work of Metro North’s more than 14,400 full time equivalent employees and over 17,400 headcount delivering services from the north of the Brisbane River to the north of Kilcoy.

Customers first – delivering responsive, integrated and connected care to local communities and providing speciality services for patients throughout Queensland, northern New South Wales and the Northern Territory.

Ideas into action – improving health care outcomes through innovative programs such as the Support, Explore, Excel & Deliver (SEED) program which is delivering 11 innovative health care projects.

Unleash potential – creating a culture of leadership and innovation across all hospitals and health sites where excellence in patient-centred care is the number one priority.

Be courageous – working with our partners across the health care, community, research and government sectors in a collaborative and transparent way to deliver better and more integrated services to patients.

Empower people – delivering excellent care particularly during periods of high demand (eg flu season).

Research and Development at Metro North

Metro North has a strong research culture, with multidisciplinary research programs undertaken across medical, nursing, allied health streams.

The Board and Executive strongly support enhancing our research capability across Metro North as part of the Health Service Strategy 2015–2020. This aligns with Queensland Government objectives outlined in the Queensland Science and Research Priorities.

Metro North is currently engaged in 718 active studies, with a value of approximately $70 million, of which 211 new studies commenced in 2015–16.

The financial investment in these 211 studies new studies is in excess of $40 million, comprising:

- $22m through agreements with Queensland and interstate universities
- $7m through National Health and Medical Research Council funding
- $8m in commercially sponsored clinical trials
- Metro North-funded clinical and research staff (Metro North has approximately 1,700 staff who are identified as contributing to our research and development programs in various full and part-time capacities).

Researchers receive support from a variety of funding partners including The Prince Charles Hospital Foundation and RBWH Foundation.