

GOVERNANCE

Our people

Board membership

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 focused 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 Board member 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 four members expired on 17 May 2020. Emeritus Professor Robert Stable AM retired from the Board following his significant contribution to Metro North as Board Chair from May 2016. Board members Mr Adrian Carson, Bonny Barry, Professor Mary-Louise Fleming and Mr Geoff Hardy were reappointed by Governor in Council in May 2020.

Mr Jim McGowan AM, former Board Chair of South West Hospital and Health Service and Director-General of the Department of Community Safety, was appointed to the Board in May 2020.

A schedule of Board Member attendance at Board and Committee meetings for 2019–20 is available on page 75.

Board meetings are held at Metro North facilities, with the Board meeting in 2019-20 at RBWH, TPCH, Kilcoy Hospital, Caboolture Hospital, Redcliffe Hospital, Brighton Health Campus, at Metro North Oral Health Centre at UQ Herston.

Chairs and members of government bodies (whether they are paid or unpaid) are eligible to be reimbursed for reasonable out-of-pocket-expenses including domestic travel, accommodation costs, motor vehicle allowances and meals. Metro North Board incurred \$385.95 of out-of-pocket expenses in 2019-20.

Board committees¹

The following legislated committees support the functions of the Board, each operating 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 healthcare protocol, and works with the Chief Executive in responding to critical and emergent issues.

All Board Members are members of the Executive Committee.

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.

Committee membership: Dr Kim Forrester (Chair), Dr Robert Franz, Professor Mary-Louise Fleming, and Dr Paula Conroy.

1 Committee membership as at 30 June 2020.

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 2019*. The committee observed the terms of its charter and had due regard to the Audit Committee Guidelines.

Committee membership: Bernard Curran (Chair), Dr Kim Forrester, Adrian Carson and Associate Professor Kim Johnston.

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.

Committee membership: Geoff Hardy (Chair), Bonny Barry, Neil Roberts, and Jim McGowan AM.

Other (non-legislated committees)

The Metro North and Brisbane North PHN boards recognise that the only way to address the health needs of our population is to work together to build on the strength of our entire primary, secondary and tertiary health network. That is why both organisations established a joint board committee in 2017 comprising of the chairs, two members from each board and the two chief executives.

Committee membership: Mr Jim McGowan (co-chair), Mr Neil Roberts and Professor Mary-Louise Fleming.

The Board Community Advisory Committee is Chaired by Board member Professor Mary-Louise Fleming with Deputy Chair Board member Dr Paula Conroy. The committee has been established to guide the Metro North Board and Executive to improve consumer empowerment, experience and outcomes through:

- collaborative relationships across sectors to improve continuity of care
- joint problem solving and sharing of resources for sustainability across the health system
- shared information and insights across sectors to deliver healthcare at the right time, in the right place.

Membership includes eight representatives from community partner organisations including the Brisbane North PHN and at least one representative from an Aboriginal and Torres Strait Islander organisation and one from a multicultural organisation.

In 2019-20, the Board held a consumer and community engagement forum to inform the development of a new four-year strategic plan.

The Board Improving Indigenous Outcomes Committee is chaired by Board member Adrian Carson with members comprising Professor Mary-Louise Fleming and Ms Bonny Barry. The committee supports the Board by:

- working with the health service chief executive (HSCE) to implement the Metro North Hospital and Health Service Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022.
- meeting the requirements set out in the *Hospital and Health Boards Act 2011* and *Hospital and Health Boards Regulation 2012* for achieving health equity for Aboriginal and Torres Strait Islander people.

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Mr Jim McGowan AM

B Econ, DipEd

Board Chair

Appointed: 18 May 2020

Current term: 18 May 2020 to 31 March 2024

Mr Jim McGowan AM was appointed Chair of the Metro North Hospital and Health Board on 18 May 2020. Jim was previously Chair of the South West Hospital and Health Board and has significant high level public administration experience, specialising in the areas of governance, accountability, service delivery improvement and performance management.

Mr McGowan is a former Director-General of the Department of Community Safety, Department of Emergency Services and Justice and Attorney General. Since 2012, he has held the position of Adjunct Professor, School of Government and International Relations at Griffith University and in 2015 led the review of the Queensland Industrial Relations system and related legislation for the Queensland Government. He has led the Taskforce on Occupational Violence for Queensland's Hospital and Health Services which reported in June 2016, and in 2019 was a member of the Expert Panel to provide advice to the Minister for Health regarding Queensland Health's Governance Framework.

On Australia Day, 2012, Mr McGowan was made a member of the Order of Australia (AM) "for service to public administration in Queensland through the development and implementation of public sector management and training reforms and to improved service delivery".

As Director-General, Department of Community Safety and Deputy Chair of the State Disaster Management Group, Mr McGowan has led key response agencies and co-ordinated the response to a range of disasters which had serious and widespread impacts across Queensland and the nation.

He holds a Bachelor of Economics and a Diploma of Education from The University of Queensland and is also a Commissioner of Declarations.

Dr Kim Forrester

RN, BA, LLB, LLM (Advanced), PhD, MAICD

Deputy Chair and Chair, Safety and Quality Committee

Appointed: 18 May 2013

Current term: 18 May 2018 to 17 May 2021

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 was previously an Associate Professor, teaching health law in the Faculty of Health Sciences and Medicine at Bond University and is now an Honorary Adjunct Associate Professor.

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 Health and Disability Law Committee. Dr Forrester was appointed as Legal Member of the Mental Health Review Tribunal in 2020, and since 2015 is a Member of the Nursing Panel of Assessors (formerly Nursing and Midwifery Panel) to the Queensland Civil and Administrative Tribunal (QCAT).

Dr Forrester is also the Chair of the Community Services Commission, Anglicare Southern Queensland.

She publishes extensively in the area of health law and is co-author of Essentials of Law for Health Professionals, Australian Pharmacy Law and Practice and Essentials of Law for Medical Practitioners.

Mr Adrian Carson

GCertHServMgt

Member and Chair, Improving Indigenous Outcomes Board Committee (non-statutory)

Appointed: 18 May 2017

Current term: 18 May 2020 to 31 March 2024

Mr Adrian Carson joined Metro North in May 2017 and has nearly 30 years' experience in Aboriginal and Torres Strait Islander health across government and non government organisations.

As the CEO of the Institute for Urban Indigenous Health, Mr Carson plays a leading role in the coordination of planning, development and delivery of comprehensive primary healthcare and integrated social support services to Aboriginal and Torres Strait Islander communities across South East Queensland. He has served as CEO of Queensland Aboriginal and Islander Health Council (QAIHC), the peak body for the Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland, and has previously worked with both the Queensland and Australian Governments. Mr Carson has held directorships on the National Aboriginal Community Controlled Health Organisation (NACCHO), the Queensland Aboriginal and Islander Health Council (QAIHC), the Lowitja Institute, and the Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd.

Mr Carson holds a Graduate Certificate in Health Service Management from Griffith University and is completing a Master of Business Administration from The University of Queensland.

Mr Bernard Curran

BBus (QUT), FCA, FAICD, FTIA

Member and Chair, Risk and Audit Committee

Appointed: 18 May 2018

Current term: 18 May 2019 to 31 March 2022

Mr Bernard Curran is a Chartered Accountant and has practiced in the areas of taxation and business advisory for a range of clients and industry sectors including healthcare over the past 30 years. He is a Partner of BDO Qld and has held executive roles as well as managing his client practice. He has had extensive experience in mergers and acquisitions including firms in the health sector. He is currently a Director of the BDO Group.

Mr Curran has also held directorships on a number of private company boards and serves as Chair and a member of a number of Advisory Boards including in the superannuation administration, contract cleaning and fast moving consumable goods sectors.

Mr Curran holds a Bachelor of Business – Accountancy from QUT. During 2017 he was appointed an Executive in Residence – Visiting Fellow for the Accountancy School at QUT.

He is a Fellow of Chartered Accountants Australia & New Zealand, a Fellow of the Australian Institute of Company Directors, and Fellow of the Taxation Institute of Australia.

Mr Curran has been actively involved in serving on not-for-profit Boards. He was the Chair of Crèche and Kindergarten Association Limited from 2012 to 2017. He also served as a Director of Australian Children's Education & Care Quality Authority during 2014 and 2015. He became a Director of The Prince Charles Hospital Foundation in 2008 and became Chair of its Board in 2012 until December 2018. In 2017, he was appointed to the Board of Governors of the Queensland Community Foundation.

Ms Bonny Barry

RN BNsg, MAICD

Member and representative on The Prince Charles Hospital Foundation Board

Appointed: 18 May 2016

Current term: 18 May 2020 to 31 March 2024

Ms Bonny Barry has been a Registered Nurse since 1980 and still works as a clinical nurse. An oncology and palliative care specialist for many years, she has worked in community, hospice, hospital and clinic settings in Queensland and Victoria.

Ms Barry is a committed trade unionist joining the RANF as a student nurse in 1977, she spent six years as a Professional Officer and Organiser for the QNU (now QNMU) assisting nurses with their professional and industrial practice.

Elected to the Queensland State Parliament in 2001, she was State Member for Aspley for eight years, and the Assistant Minister for Education, Training and the Arts from 2006 to 2009.

Returning to nursing in 2012 after completing a re-entry course at Central Queensland University, Ms Barry has continued to work in the private sector as both a community nurse in retirement villages and home care and also works as a Nurse Care coordinator for one of Queensland's largest Indigenous health providers.

She brings diverse board and committee experience, having served as a member of Metro North Board since 2016, as well as board appointments on Skillstech TAFE Council, the Common Good (TPCH Foundation) and the Australian Workers Heritage Centre at Barcardine.

Ms Barry recently formally identified as an Aboriginal woman and is committed to Closing the Gap.

Mr Geoff Hardy

B Bus (Econ), Dip HA, Grad Dip Commerce (Mkt), MAICD, AFCHSM

Member and Chair, Finance and Performance Committee

Appointed: 18 May 2016

Current term: 18 May 2020 to 31 March 2024

Mr Geoff Hardy's extensive career in healthcare 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 healthcare 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. Recently, he has worked more broadly as an advisor to governments and private sector clients on significant infrastructure projects in the transport, healthcare and resources sectors. He is currently leading a national team for Bickerton Masters, a Brisbane based architectural and advisory firm providing services to governments, not for profit and healthcare organisations around Australia.

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Associate Professor

Kim Johnston

PhD, MBus, GradCertAcadPrac (QUT), BNurs (NTU), GCertNurs (RPAH), FHEA, MAICD

Member and representative on the Royal Brisbane and Women's Hospital Foundation Board

Appointed: 18 May 2018

Current term: 18 May 2019 to 17 May 2021

Associate Professor Kim Johnston teaches at QUT Business School, and researches in the areas of community and stakeholder engagement, social impact, and communication. She originally trained as a Registered Nurse at Royal Prince Alfred Hospital and worked in Sydney and Darwin in general surgical wards before moving into marketing and communication roles at News Limited, Nine Network, and for the Alcohol and Other Drugs program in NT Health Services.

She moved to Queensland in 1997, working in the Queensland Health's capital works hospital redevelopment program, and later as the communication manager at The Prince Charles Hospital. She joined QUT in 2002 as a full time academic, completing her PhD in strategic communication and organisational culture in 2011. Since this time, Kim has been awarded more than \$1.3 million in competitive engagement related research grants across government, private, and non-profit sectors. She has also published more than 65 peer reviewed articles, conference papers, and book chapters. She is lead editor of the Handbook of Communication Engagement (Wiley, 2018) and is on the editorial boards of Public Relations Review, Corporate Communication International Journal, and the Public Relations Society of America Journal. She also holds a Masters of Business (Communication), a Graduate Certificate in Academic Practice, a Bachelor of Nursing, and a General Certificate of Nursing.

Professor Mary-Louise Fleming

BEd (QUT), MA (Ohio), PhD (Qld), MAICD

Member and Chair, Community Advisory Committee (non-statutory)

Appointed: 18 May 2016

Current term: 18 May 2020 to 31 March 2024

Professor Mary-Louise Fleming is the former Head, Corporate Education and the former Head, School of Public Health in the Faculty of Health 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 focuses on evaluation research and translational research for the World Health Organization, both Commonwealth and Queensland

Governments, as well as consultancy projects for Queensland Health and the not-for-profit sector.

Professor Fleming has co-authored four editions of two text books on health promotion and public health, and contributed to several other books.

Professor Fleming is a Board member of Wesley Medical Research Institute and Chairs the Research Committee.

Her appointments have included Health Promotion Queensland, Board of the Wesley Research Institute, Board of Governors St Andrew's Hospital, National Heart Foundation, the Queensland Cancer Fund and Chair of the Quality Management Committee for BreastScreen Queensland. She was also a member of the Queensland Government Ministerial Oversight Committee, Advancing Health 2026.

She has an active consultancy practice involving reports on policy and practice for single health issues, policy development and implementation, and reviews and evaluation of numerous projects and programs.

Mr Neil Roberts

MBA, BBus, GradCertDisRes, GAICD

Member

Appointed: 18 May 2019

Current term: 18 May 2019 to 31 March 2022

Mr Neil Roberts is a former Cabinet Minister in the Queensland Government. He was Minister for the challenging portfolios of Police, Corrective Services and Emergency Services (including the Queensland Ambulance Service, Queensland Fire and Rescue Service and Emergency Management Queensland). He brings to the Board significant experience in the oversight of frontline service delivery agencies.

Mr Roberts has previously served as a member of various government and non-government committees including the Dental Board of Australia's Queensland Registration and Notifications Committee and Australian Catholic University's Queensland Chapter Advisory Board.

As a Member of Parliament, Mr Roberts chaired various Parliamentary Committees including Budget Estimates Committees and the Public Works Committee. He also served as Assistant Minister (Parliamentary Secretary) in a range of portfolios including Families, Communities and Disability Services, Employment and Training, Treasury and State Development.

He holds a Master of Business Administration (Corporate Governance) and a Bachelor of Business.

Dr Paula Conroy

BSc, MBBS, DCH, FRACGP, GAICD

Member and Deputy Chair, Community Advisory Committee (non-statutory)

Appointed: 18 May 2018

Current term: 18 May 2019 to 31 March 2022

Dr Paula Conroy has over 10 years' experience working within the primary care, hospital and corporate health sectors.

Dr Conroy is a General Practitioner with a particular interest in preventative health and integrated care. During her time working in the hospital setting, Dr Conroy spent a number of years in both emergency medicine and general surgery. In the corporate sector Dr Conroy worked for two of the largest health insurance companies in Australia, Bupa and Medibank Private.

Dr Conroy is passionate about medical training and she has served as both a clinical supervisor for The University of Queensland School of Medicine and a clinical teacher with General Practice Training Queensland.

She has held positions on the Queensland Faculty Council of the Royal Australian College of General Practitioners and with Brisbane NorthPHN. Dr Conroy is currently the Medical Director for COORDINARE, South Eastern New South Wales PHN.

Dr Conroy brings her experience as both a GP and hospital trained clinician to the board. She is committed to continuous improvement particularly around the integration between primary healthcare and the hospital system and the role this plays in maintaining Australia's world class health and hospital system.

Dr Robert Franz

MBBS, FRACS, GCM

Member

Appointed: 18 May 2019

Current term: 18 May 2019 to 17 May 2021

Dr Robert Franz is the Director of Surgery at The Prince Charles Hospital (TPCH) and a consultant general surgeon. With nearly 30 years experience in general surgery, Dr Franz chairs Statewide committees for the Department of Health including the Queensland Surgical Advisory Committee and the Advanced Specialised Surgical Training Consultative Committee.

Dr Franz also had a particular interest in rural surgery where he was the director of Surgery for Toowoomba Base Hospital from 1991 to 2007; and was instrumental in the curriculum establishment for the rural doctors training program.

He has previously been a member of, and held the role of Chair, for a number of clinical committees including TPCH Surgical and Anaesthetic Services Committee (Chair), TPCH Gastrointestinal Services Advisory Group (Chair) and Rural Surgical Services Committee (Chair). Dr Franz also brings extensive medico-legal experience including WorkCover and AHPRA Expert Independent Assessor.

Emeritus Professor Robert Stable AM appreciation of service

Emeritus Professor Robert Stable AM retired from the Board in May 2020.

Professor Stable's 50-year career in health has included roles as a nursing orderly, a rural and remote General Practitioner, a Flying Doctor, Hospital Medical Superintendent and Chief Executive, Director-General of the Queensland Department of Health, Member and Chair of the Australian Health Ministers' Advisory Council, Vice-Chancellor and President of Bond University and Non-Executive Board Director/Member.

Metro North has benefited greatly from Professor Stable's leadership and commitment to working collaboratively with healthcare partners, clinicians, support staff and consumers as well as all levels of government to deliver better health services to Queenslanders.

Appointed as Chair of Metro North Board in May 2016, Professor Stable frequently remarked that he enjoyed each and every day in the role and expressed his pride at the dedicated work of all Metro North Staff to deliver high quality patient care and serve the community.

Executive management

The Board appoints the Health Service Chief Executive (HSCE) and delegates the administrative function of Metro North 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 hospital and health service
- promoting the effective and efficient use of available resources in the delivery of public sector health services in the hospital and health service
- 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

Mr Shaun Drummond

As Chief Executive of Metro North, Mr Drummond is responsible for the day to day management of one of Australia's largest public health authorities. Mr Drummond has held comparable roles in New South Wales, Victoria and New Zealand. In this role, Mr Drummond has led high profile projects including the Surgical, Treatment and Rehabilitation Service (STARS), the Biofabrication Institute, and the Patient Access Coordination Hub.

Adjunct Professor Jackie Hanson

Jackie Hanson was Acting Chief Executive from 1 May 2019 – 29 January 2020 while Shaun Drummond was on secondment as Chief Executive of Metro South Hospital and Health Service.

Ms Hanson has extensive leadership experience in executive, strategic and senior operational roles spanning more than 12 years across public health systems in Queensland and South Australia.

As Chief Operating Officer, she has made significant achievements strengthening staff engagement and redesigning care. Ms Hanson is a Registered Nurse, and holds a bachelor degree in Nursing Science and, in 2019, was appointed Adjunct Professor with Queensland University of Technology (QUT).

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 2020.

Chief Operating Officer

Adjunct Professor Jackie Hanson

Chief Finance and Corporate Officer

Ms Melissa MacCabe

Executive Director Safety and Quality

Mr Mark Butterworth (Acting)

Executive Director Clinical Services

Dr Elizabeth Whiting

Chief Digital Health Officer

Dr Jason Brown (Acting)

Chief Wellbeing Officer

Mr Bruce Sullivan (Acting)

Executive Director Strategy and Planning

Ms Colleen Jen

Executive Director Assets and Infrastructure

Ms Kate Copeland

PROFESSIONAL LEADS

Executive Director Medical Services

Dr Elizabeth Rushbrook

Executive Director Nursing and Midwifery Services

Adjunct Professor Alanna Geary

Executive Director Allied Health

Ms Michelle Stute (Acting)

DIRECTORATE EXECUTIVE DIRECTORS

Executive Director

Royal Brisbane and Women's Hospital

Dr David Rosengren

Executive Director

The Prince Charles Hospital

Ms Michele Gardner

Executive Director Redcliffe Hospital

Ms Louise Oriti

Executive Director Caboolture and Kilcoy Hospitals

Ms Angie Dobbrick (Acting)

Executive Director Community and Oral Health Services

Ms Tami Photinos

Executive Director Mental Health Services

Professor Brett Emmerson AM

Executive Director Clinical Support Services

Mr Adam Scott (Acting)

CLINICAL STREAM EXECUTIVE DIRECTORS

Executive Director Heart and Lung

Dr Elizabeth Whiting (Acting)

Executive Director Medicine

Dr Jeffrey Rowland

Executive Director Surgery

Dr Jason Jenkins

Executive Director Emergency Medicine and Access Coordination

Dr Chris May

Executive Director Women's and Children's

Professor Leonie Calloway

Executive Director Cancer Care

Associate Professor Glen Kennedy

RESEARCH

Executive Director Research

Professor Jennifer Strong

Organisational structure and workforce profile

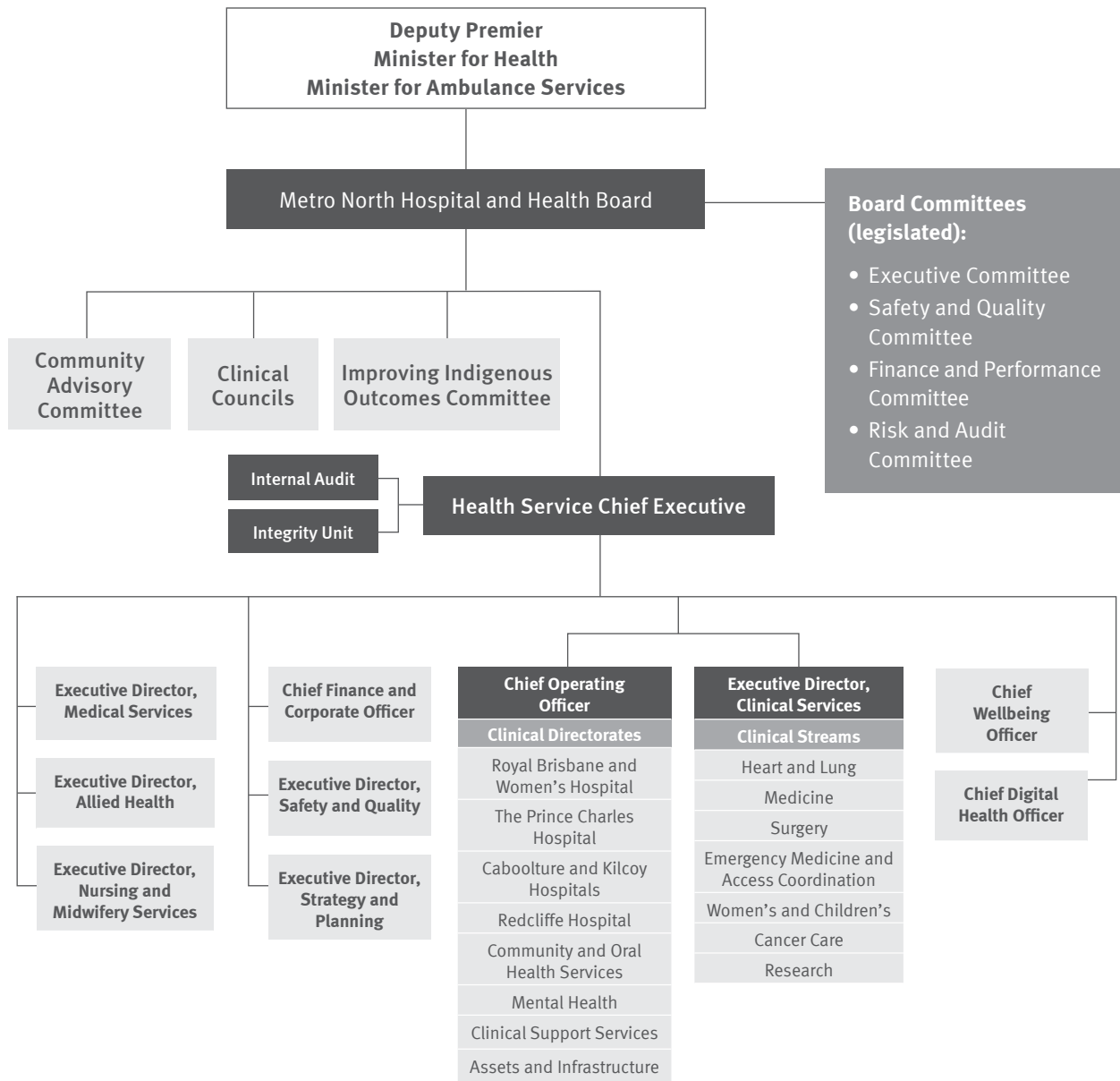


Table 1: More doctors and nurses*

	2015–16	2016–17	2017–18	2018–19	2019–20 FYTD
Medical staff ^a	1,913	1,976	2,054	2,120	2,184
Nursing staff ^a	6,324	6,512	6,759	6,864	7,211
Allied Health staff ^a	2,015	2,162	2,219	2,261	2,403

Table 2: Greater diversity in our workforce*

	2015–16	2016–17	2017–18	2018–19	2019–20 FYTD
Persons identifying as being First Nations ^b	158	165	181	198	226

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 Jun-20.

Source: ^a DSS Employee Analysis, ^b Queensland Health MOHRI, DSS Employee Analysis

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

Strategic workforce planning and performance

Metro North's total FTE as at 30 June 2020 is 16,818. Metro North's separation rate for 2019-20 was 4.76 per cent. This reflects the number of FTE permanent employees who separated during the year as a percentage of FTE permanent employees.

To help Metro North achieve its strategic plan objective of *Putting People First* and becoming one of the top 20 places to work in the country, Metro North is committed to implementing its Values in Action framework.

Metro North's strategic workforce planning approach influences and promotes our value-based culture through strategic partnerships and collaboration, supporting excellence in patient centred care.

We enable the effective recruitment, development and retention of our high performing and diverse workforce. We foster a healthy, safe and inclusive work environment that maximises individual and organisational potential.

Our professional streams (medical, nursing and midwifery, and allied health) work across directorates, professions and clinical streams to support just-in-time and medium-term workforce and succession planning and provide a range of inter-professional learning programs to their workforce to develop Metro North's future leaders.

Key achievements for 2019-20:

- Provided an agile response to COVID-19 business requirements to ensure the wellbeing of our workforce whilst providing safe and high-quality patient care. This included:
 - recruitment campaigns and design of accelerated recruitment processes
 - transition support and guidance for reallocation of team members
 - workforce engagement through the establishment of contact centres and communication hubs e.g. HR hotline, representation at industrial forums and the digital design and delivery for cultural orientation
 - fever clinic risk assessments and increasing WH&S regulator engagement
 - development of the Metro North COVID-19 Wellbeing framework and interventions.
- Preparation for prescribed employer changes across the HHS including:
 - Health & Safety transition working group provided guidance to the Department of Health on Incident Response Standard, Governance Standard, SMS Framework, and WHS RiskMan Minimum Data Set
 - delegation alignment

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- Launched the inaugural Leadership Essentials program giving 81 graduates increased capability across organisational boundaries, building self-reliance, self-confidence, self-awareness, and business acumen.
- Worked closely with facilities and directorates to implement actions plans following the inaugural Metro North *Have Your Say* staff survey.
- Commenced the Health and Safety Activity Calendar 2020 across the HHS with a focus on topics such as early intervention presentation, equipment and maintenance, and workers' compensation.
- Provided workforce planning, recruitment, and on-boarding support to the Surgical Treatment and Rehabilitation Service (STARS) project team in readiness for the public health facility opening in early 2021.
- Enhanced online reporting, through the myHR performance dashboard. The dashboard provides data on the processing of workforce management information such as leave, employee movements and personal information.
- Improved online rostering through the implementation of the Workbrain rostering system. Metro North has led the statewide rollout of the system with the successful implementation of two pilot projects, which are now fully operational allowing real time rostering and maintenance in the workplace.
- Relaunched the general Code of Conduct into three distinct components: Code of Conduct, Public Interest Disclosure (PID), and Fraud Control Awareness achieving 80% compliance one month following the launch.
- Established and maintained effective union relationships through formal regular meetings.

Early retirement, redundancy and retrenchment

No redundancy, early retirement, or retrenchment packages were paid during the period.

Our risk management

Metro North's risk management system aligns with the Australian/New Zealand Standard ISO31000:2009 on risk management principles and guidelines and the National Safety and Quality Health Service Standard 1, Clinical Governance.

Metro North is committed to a philosophy and culture that values open, fair and equitable behaviours, and that encourages staff members to proactively manage risk. The Board has communicated a zero tolerance for preventable patient harm as the key organising principle for all risk identification, assessment, treatment, monitoring and reporting.

The 2016–2020 (revised 2019) Metro North strategic plan identifies nine overarching strategic risks:

- asset and infrastructure
- digital transformation
- workforce capability and capacity
- health service resourcing
- quality and safety
- information and system security
- conduct and culture
- system dependencies
- adaptability

Metro North's directorates and support services are responsible for identifying and managing operational risks.

The Board also monitors organisational and operational risks and ensures that appropriate action is taken to mitigate and manage risks appropriately.

The *Hospital and Health Boards Act 2011* requires annual reports to state each direction given by the Minister to the HHS during the financial year and the action taken by the HHS as a result of the direction. During the 2019-20 period, no directions were given by the Minister to the Metro North HHS.

Key achievements for 2019-20:

- the Board endorsed a risk appetite statement for Metro North which is used to guide the organisation's decision making and management of risks.
- the Board endorsed the strategic risks which are regularly reviewed to ensure that risks that have a potential to impact the achievement of Metro North's strategic objectives are identified and managed effectively.
- Metro North's annual risk review provided a comprehensive overview of the current risk profile to assist with the identification of possible gaps in risk coverage and consider what future risks may potentially threaten the successful achievement of objectives.
- Metro North continues to improve its risk management system maturity through enhancements in risk analysis and reporting capability, increased use of data dashboards using RiskMan (central application repository) for clinical incidents, feedback, and risk and case modules to assist in identifying and mitigating risks.

Internal Audit

The internal audit function provides an independent and objective assurance and consulting service to management and the Board. The audits undertaken are risk-based and are designed to evaluate and improve the effectiveness of risk management, control and governance processes.

The function operates with due regard to Queensland Treasury's Audit Committee Guidelines, a Board approved Charter and contemporary internal audit standards. Overall service delivery and audit operations are aligned with the Institute of Internal Auditors – Australia, International Professional Practices Framework (IPPF). The IPPF provides a proven, professional, ethical and defensible audit framework. This framework supports the delivery of effective, efficient and economical audits.

Annual and strategic audit plans are developed in consideration of the Board's risk management (strategic and operational risks) and governance processes, designed and maintained by management. Following consultation with management and members of the risk and audit committee, the audit plans are approved by the Board.

The delivery of audits is assisted through a co-source partnership arrangement using several global consulting firms. These firms provide subject matter experts and lead audits requiring specialist knowledge and skills. Although the function liaises regularly with the Queensland Audit Office (QAO) it remains independent of the QAO.

Key achievements for 2019–20:

During the period, Internal Audit finalised* or completed* 22 internal audits covering both clinical and non-clinical risk areas including:

- post implementation review of the S/4HANA system, adequacy of ITDR plans for Metro North, and ieMR project governance and controls
- payroll – review of staff separation processes, and leave management within a speciality area Discharge against medical advice processes, environmental and ligature risks at Mental Health, and management of patient waitlists
- review of medication managed by the dispensing robot and pyxis machines
- managing Metro North's social media platforms.

* Finalised – Audit report has been considered and approved for release by the Chief Executive and Risk and Audit Committee

* Completed – Audit report will be tabled at the next Risk and Audit Committee meeting or report is with management for response.

External Scrutiny

The operations of Metro North are subject to regular scrutiny and validation from numerous external agencies.

In 2019–20, all Clinical Directorates underwent accreditation assessment under the National Standards, by the Australian Council on Health Care Standards (ACHS). While some assessments are still to be finalised, on 25 March 2020 the ACHS advised that the accreditation status of our Services will be maintained during the response phase of the COVID-19 pandemic.

There are two Residential Aged Care Facilities (RACF) in Metro North, Gannet House and Cooina House.

Gannet House underwent an Accreditation visit from the Aged Care Safety and Quality Commission on 2 to 4 September 2019. A return visit to address several recommendations was conducted by the Commission on the 19 December 2019 to review and assess the progress made. This resulted in a notice of full Accreditation for a period of three years from December 2019.

Cooinda House is accredited until the end of January 2021 and is awaiting confirmation from the Commission that they are accepting applications for renewal. Once this is received, Cooina House will submit its application for renewal to the Aged Care Quality and Safety Commission.

The Halwyn Centre provides care for people with profound disabilities. In addition to the ACHS Accreditation, it also underwent and successfully obtained Accreditation against the Human Services Standards on the 24 to 27 June 2019 by SAI Global. New National Disability Insurance Scheme (NDIS) Practice Standards also came into effect for the Halwyn Centre as of the 1 July 2019. To meet this requirement, Halwyn was included in the Metro North two stage accreditation process conducted by SAI Global. Stage 1 consisted of a desk top audit from 16 to 18 December 2019. Stage 2 was conducted from 17 to 19 February 2020 and incorporated site visits. Following the completion of this, the Halwyn Centre received a Report from SAI Global that highlighted a number of minor non-conformities and a timeline for improvement. Actions have been taken to address the minor non-conformities, and the final Report has not yet been received by Metro North.

GOVERNANCE

In 2019–2020, Parliamentary reports tabled by the Auditor-General which broadly considered the performance of Metro North included:

- Health: 2018–19 results of financial audits (Report 7: 2019–20)

The recommendations contained within Auditor-General reports were considered and action was taken to implement recommendations or address any issues raised, where appropriate. In addition, Metro North continues to use the Digitising public hospitals (Report 10: 2018–19) to inform the rollout of ieMR across Metro North.

Metro North also considered the findings and recommendations of several other reports to inform its service delivery and planning:

- Managing cyber security risks (Report 3: 2019-20)
- Addressing mine dust lung disease (Report 9: 2019-20)
- Evaluating major infrastructure projects (Report 14: 2019-20).

Metro North periodically works with the Crime and Corruption Commission across a number of areas to maintain a robust crime and corruption prevention framework. In 2019-20, Metro North considered the findings and recommendations from the Crime and Corruption Commission Operation Impala – a report on misuse of confidential information in the Queensland public sector and informed its policies and practices, where relevant.

Information systems and record keeping

Metro North is committed to making the best use of the information it holds in a way that promotes public trust in how we handle, protect and disclose personal and sensitive information.

As part of its information governance program, Metro North has formally appointed data custodians for its patient care, research and corporate information.

In terms of access to information by the public, in 2019–2020, Metro North across its facilities processed more than 12,500 applications for information.

This translates to 1.57m pages processed through administrative access and legislative mechanisms like Right to Information and Information Privacy applications. Most of this is related to patient care, however applications are also received relating to wider policy questions and from media outlets, political and non-government organisations.

Metro North continues to implement the requirements of the Records Governance Policy, issued in June 2018, with a focus on increasing records management awareness, capability and maturity. Examples include formal assignment of information management roles including the establishment of a Manager, Corporate Information Management, and an Information Management Working Group to support our focus to build digital capability across Metro North.

Significant enhancements to the electronic Document and Records Management System (eDRMS) were introduced to improve compliance with the *Public Records Act 2002* and Records Governance Policy including implementation of the Queensland Government Information Security Classification Framework. In addition, a comprehensive configuration review was undertaken to maximise functionality to improve the capture, creation, maintenance, management and retention of Metro North's corporate records in accordance with Queensland State Archives' General Retention and Disposal Schedule.

The Corporate Information Management team continues to develop eDRMS and corporate records management training for administration officers in our health community teams to raise awareness of information policy and recordkeeping obligations.

Queensland Public Service ethics

Metro North continues to uphold the principles of the *Public Sector Ethics Act 1994*: Integrity and impartiality; Promoting the public good; Commitment to the system of government; and Accountability and transparency.

On 25 May 2020, innovations to our mandatory training program for Code of Conduct, Public Interest Disclosure, and Fraud Control Awareness were implemented. Previously incorporated into a single Code of Conduct module, these topics have been split into three distinct components to address the recommendations from the Queensland Audit Office (QAO). This change also improves our alignment to the Queensland Health Orientation, Induction and Mandatory Training Policy.

All employees are now required to renew training for each module every two years.

Metro North's Talent Management System (TMS) and its program of on-line learning continue to facilitate our compliance with mandatory training in these areas.

The online training modules are further supported and enhanced with face to face and fully tailored training to employees and line managers focussed on specific ethical risks identified at the local level.

Delivered by our network of HR Business Partners across Metro North, these sessions are provided in response to incidents of specific risk or to address trends in employee misconduct indicating a training or coaching intervention.

Human Rights

Metro North is committed to enabling our community to enjoy their human rights in our health services in accordance with achieving our vision of excellent person-centred health care. Accordingly, when the Queensland Parliament introduced the *Human Rights Act 2019* (Qld) ('Act') we developed a plan and strategy to help develop a culture that respects, protects and promotes human rights across Metro North.

During this reporting period, a key priority for Metro North was implementing these plans and strategies ahead of our obligations commencing on 1 January 2020.

Actions taken during this reporting period to implement the Act at Metro North include:

- engagement with third-party contractors and service providers to raise their awareness of the Act, their potential obligations and need to develop plans to implement their obligations.
- education and training including delivery of over 20 face to face sessions to business units, Metro North Committees, key consumer groups and Queensland Human Research Ethics Committees. Website materials and weekly broadcasts to staff have also been delivered.
- providing patients, consumers and staff with important information to protect their human rights during COVID-19. For example, sharing Queensland Government publications on COVID-19 Testing for First Nations Communities, Protection and Containment Considerations for First Nations Communities and Protecting human rights of people in locked environments during COVID-19.
- support to frontline health services to act and make decisions that are compatible with human rights and the Act. For instance, during COVID-19, advising on documents regarding the use of personal protective equipment, promoting access to health care in quarantine facilities and protecting the security of all individuals in our health service.
- developing complaint and reporting processes to record details of any human rights complaints from patients, consumers and staff.
- explicit recognition of our Metro North's commitment to respecting, protecting and

promoting Human Rights in the new Metro North Strategic Plan 2020-2024.

- reviewed more than 265 Metro North policies, procedures and other documents to ensure we act and make decisions in compliance with the Act. A proper consideration of human rights is a mandatory requirement for any new document, practice or service created at Metro North.

From 1 January 2020 to 30 June 2020, Metro North has recorded 117 human rights complaints. To date, human right complaints have been largely resolved locally and responded to on a case-by-case basis. The vast majority of these complaints have been resolved by an apology, explanation and/or business improvement (such as staff training or development of procedures). Some have been resolved by disciplinary actions. One complaint is in litigation and mentions human rights. Ongoing implementation of the Act, further education and training on the Act and updates to our recording systems will focus on improvements to complaints management processes and reporting.

Table 3: Summary of human rights complaints received in 2019-20

Total number of Human right complaints received for reporting period	Rights engaged	Outcomes
117	<p>The complaints mainly involve the following human rights although not specifically mentioned in most cases:</p> <ul style="list-style-type: none"> * Section 15 - Recognition and equality before the law; * Section 17 - Protection from torture, cruel, inhuman or degrading treatment; * Section 25 - Privacy and reputation; and * S 37 - Right to health services. 	<p>Approximately 50% were resolved by an apology, explanation and/or business improvement. Approximately 13% by disciplinary action. Others are ongoing and further steps are being taken to resolve them appropriately.</p>

At Metro North, we will continue our commitment to provide our community with excellent person-centred health care that is consistent with their human rights.

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. During the 2019-20 period, two disclosures were authorised in relation to specified patient information:

- two data sets of information regarding a patient were disclosed to the Office of Information Commission for the purpose of obtaining expert opinion regarding the data sets and Metro North's obligations.
- provision of patient details and other information to the Queensland Police Services (and/or other law enforcement) for the purpose of an ongoing investigation and/or prosecution.

Performance

Service standards

Following the suspension of all non urgent elective surgery due to COVID-19, Metro North resumed full elective surgery services at the end of May 2020

Telehealth appointments for outpatients increased during this period.

Own source revenue was impacted as a result of the reduction of elective surgery and the impact of ineligible patients.

Metro North's COVID-19 response comprised expenditure on staffing for the Emergency Operations Centre, Fever Clinics, preparedness for expansion of ED and ICU capacity, Virtual Ward, Clinical Consumables and PPE, public health contact tracing and screening and COVID-19 testing.

Table 4: Service Standards – Performance 2019-20

Service Standards	Target	Actual
EFFECTIVENESS MEASURES		
Percentage of patients attending emergency departments seen within recommended timeframes: ^a		
– Category 1 (within 2 minutes)	100%	99.8%
– Category 2 (within 10 minutes)	80%	74.4%
– Category 3 (within 30 minutes)	75%	63.4%
– Category 4 (within 60 minutes)	70%	79.5%
– Category 5 (within 120 minutes)	70%	97.1%
Percentage of emergency department attendances who depart within four hours of their arrival in the department ^a	>80%	69.9%
Percentage of elective surgery patients treated within clinically recommended times: ^b		
– Category 1 (30 days)	>98%	96.4% ¹
– Category 2 (90 days)	>95%	91.0%
– Category 3 (365 days)	>95%	92.7%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ^c	<2	0.8 ²
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit ^d	>65%	58.0%

1 Non urgent elective surgery and specialist outpatient services were temporarily suspended as part of COVID-19 preparation. Seen in time performance and service volumes were impacted as a result.

2 The Epidemiology and Research Unit in the Communicable Diseases Branch are unable to provide full year SAB data as resources are redirected to the COVID-19 response. SAB data presented as Mar-20 FYTD and is preliminary.

3 Readmission to acute Mental Health inpatient unit data presented as May-20 FYTD.

4 Cost per WAU data presented as Mar-20 FYTD