

GOVERNANCE

Our people

Board membership

The Metro North Board (the board) is appointed by the Governor in Council on the recommendation of Minister for Health and 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 board reporting period, terms of office of three members expired on 17 May 2021. Board member Associate Professor Kim Johnston did not seek reappointment. Board members Dr Kim Forrester and Dr Robert Franz were reappointed by Governor in Council in May 2021.

Ms Nermina (Nera) Komaric was appointed to the board in May 2021. A schedule of board member attendance at board and statutory committee meetings for 2020-2021 is available on page 75.

Due to COVID-19 restrictions, the board met virtually on several occasions. However, when the board meetings were held in person they were held at UQ campus Herston, Redcliffe Hospital, RBWH, and STARS, 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. The board incurred \$266.86 of out-of-pocket expenses in 2020-2021.

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.

Committee membership: Jim McGowan AM (Chair), Dr Kim Forrester, Bonny Barry and Professor Mary-Louise Fleming.

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, Dr Paula Conroy, and Jim McGowan AM.

¹ Committee membership as at 30 June 2021.

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 Queensland Treasury Audit Committee Guidelines.

Committee membership: Bernard Curran (Chair), Dr Kim Forrester, Adrian Carson, Neil Roberts and Jim McGowan AM.

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, Nera Komaric, Professor Mary Louise Fleming, and Jim McGowan AM.

Other (non-legislated committees)

Health Alliance Joint Board Committee

The role of the Health Alliance Joint Board Committee is to work collaboratively across the Metro North and Brisbane North PHN boards to address the health needs of our population by building on the strength of our entire primary, secondary and tertiary health network.

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

Board Community Advisory Committee

The role of the Board Community Advisory Committee is 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.

In 2020-2021, the board held a consumer and community engagement forum *Boosting our mental wellbeing: a collegiate and collective approach*.

The committee comprises 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.

Committee membership: Professor Mary-Louise Fleming (Chair), Dr Paula Conroy (Deputy Chair), Jim McGowan AM and Nera Komaric.

Board Improving Indigenous Outcomes Committee

The role of the Board Improving Indigenous Outcomes Committee is to support 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 First Nations people.

Committee membership: Adrian Carson (Chair), Bonny Barry, Professor Mary-Louise Fleming and Jim McGowan AM.

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Mr Jim McGowan AM

B Econ, DipEd

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

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.

Mr McGowan 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 Department of 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

Member and Chair, Safety and Quality Committee

Appointed: 18 May 2013

Current term: 18 May 2021 to 31 March 2024

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 Chief Executive Officer (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 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 practised in the areas of taxation and business advisory for a range of clients and industry sectors including healthcare over the past 30 years. He has had extensive experience in mergers and acquisitions including firms in the health sector. He retired as a Partner of BDO Queensland on 30 June 2021 after 30 years and continues with the firm in a Consulting role.

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 Veronica (Bonny) Barry

RN BNsg

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 Barcaldine. Ms Barry is a member of Women on Boards.

Ms Barry formally identifies 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, CHM

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.

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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.

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 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.

Ms Nermina (Nera) Komaric

LLB, MPH

Member

Appointed: 18 May 2021

Current term: 18 May 2021 to 31 March 2024

Ms Nera Komaric has worked in the community and health sectors nationally and internationally for 25 years. Ms Komaric is an Adjunct Senior Fellow in the School of Clinical Medicine – Primary Care Clinical Unit, at The University of Queensland. Her former roles have included Cultural and Linguistic Diversity (CALD) Chronic Disease statewide program manager during which she has been instrumental in developing new and innovative strategies in chronic disease management for CALD population. Recently she was a Croatian Government Focal Point in the European Migration Network. Before that Ms Komaric was researching and consulting with international

and national authorities on combating trafficking in human beings especially for sexual exploitation for the Organisation for Economic Cooperation and Development (OECD). She also spent many years working with newly arrived migrants and refugees.

Ms Komaric has a background in law and public health research. In her 25 year career she has been involved in the design and delivery of research and evaluation projects in areas covering CALD health, integrated CALD models of health care, chronic disease prevention and management, and health services research.

Her main interests are in translating evidence into practice with a special focus on vulnerable populations.

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 is a General Practitioner with extensive experience covering primary care, the hospital and corporate health sectors. She has particular interests in preventative health, clinical governance and integrated care. During her time in the hospital setting, Dr Conroy spent several years working in 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 has served as both 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, Brisbane North PHN and was the Medical Director for COORDINARE, South Eastern New South Wales PHN. Dr Conroy is currently completing a Masters of Health Leadership and Management at the University of New South Wales.

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 to ensuring efficient and effective provision of care for the community.

Dr Robert Franz

MBBS, FRACS, GCM

Member

Appointed: 18 May 2019

Current term: 18 May 2021 to 31 March 2024

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.

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 STARS, the Biofabrication Institute, and the Patient Access Coordination Hub.

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 2021.

Chief Operating Officer

Adjunct Professor Jackie Hanson

Chief Finance and Corporate Officer

Ms Melissa Carter

Executive Director Safety and Quality

Ms Michele Gardner (acting)

Executive Director Clinical Services

Dr Elizabeth Whiting

Chief Digital Health Officer

Dr Jason Brown

Executive Director Strategy and Planning

Ms Colleen Jen

Executive Director Assets and Infrastructure

Ms Kate Copeland AM

Chief Transformation Officer

Sam Betros

PROFESSIONAL LEADS

Chief Medical Officer

Dr Alex Chaudhuri (acting)

Chief Nursing and Midwifery Officer

Adjunct Professor Alanna Geary

Chief Allied Health Practitioner

Mr Mark Butterworth

DIRECTORATE EXECUTIVE DIRECTORS

Executive Director Royal Brisbane and Women's Hospital

Dr David Rosengren

Executive Director The Prince Charles Hospital

Ms Tami Photinos (acting)

Executive Director Redcliffe Hospital

Ms Louise Oriti

Executive Director Caboolture and Kilcoy Hospitals

Ms Angie Dobbrick

Executive Director Community and Oral Health Services

Ms Glynis Schultz (acting)

General Manager STARS

Ms Debbie McNamara

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

Professor Peter Hopkins

Executive Director Medicine

Dr Jeffrey Rowland

Executive Director Surgery

Dr Jason Jenkins

Executive Director Emergency Medicine

Dr Sean Clarke

Executive Director Women's and Children's

Professor Leonie Calloway

Executive Director Cancer Care

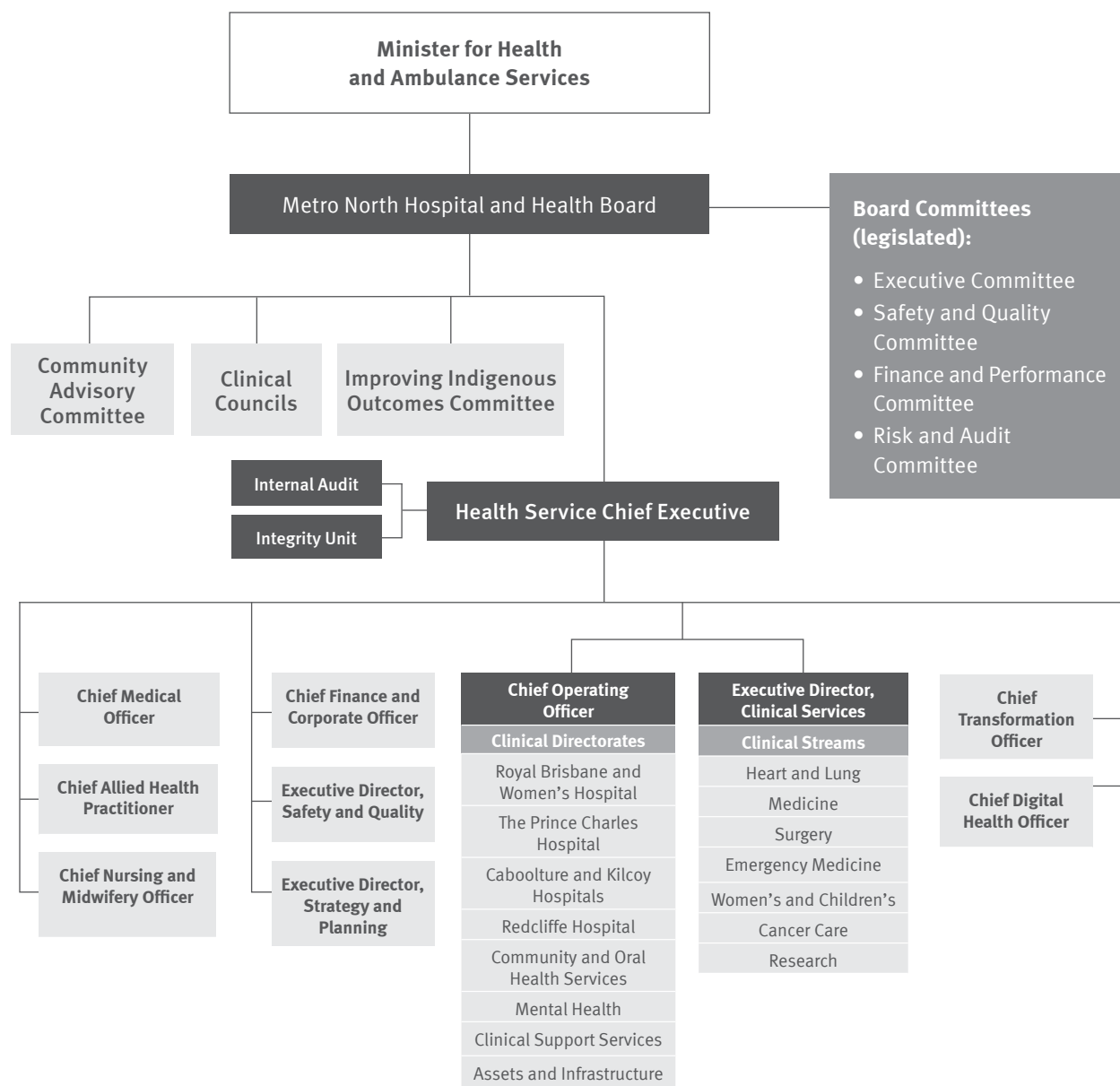
Associate Professor Glen Kennedy

RESEARCH

Executive Director Research

Vacant

Organisational structure and workforce profile



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Table 1: More doctors and nurses*

	2016-17	2017-18	2018-19	2019-20	2020-21
Medical staff ^a	1,976	2,054	2,120	2,184	2,275
Nursing staff ^a	6,512	6,759	6,864	7,211	7,633
Allied Health staff ^a	2,162	2,219	2,261	2,403	2,877

Table 2: Greater diversity in our workforce*

	2016-17	2017-18	2018-19	2019-20	2020-21
Persons identifying as being First Nations ^b	165	181	198	226	247

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-21.

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

Strategic workforce planning and performance

Metro North's total FTE as at 30 June 2021 is 17,630. Metro North's separation rate for 2020-2021 was 4.87 per cent. This reflects the number of permanent employees (MOHRI Headcount) who terminated during the year as a percentage of permanent employees.

The Metro North *Strategic Workforce Plan 2020-2025* has been developed in accordance with the *Australian Council on Healthcare Standards 13 Workforce Planning and Management* and the EQUiP National program.

The process of workforce planning within Metro North encompasses a balance of activities including strategies to:

- Identify and retain key labour for the future ensuring a sustainable, flexible, and diverse workforce to deliver health services focused on patients and people.
- Develop and use the competencies of the department's current workforce based on the identification of the workforce needs.
- Invest, innovate, and plan through the identification of the gap between demand and supply for staff numbers, job roles and skills – and the resultant degree of business risk.
- Provide our communities with value in health services.

The strategic objective of the Workforce Plan is to meet the needs of the present and future health consumers, address the predicted workforce growth and capability requirements, deliver high performance to meet the expectations of consumers and employees and respond with flexibility and agility to emerging and predicted health sector changes. The four strategic

objectives which will enable us to achieve these outcomes are:

- Designing our Future Workforce.
- Building our workforce capacity and capability.
- Creating a culture of high engagement.
- Creating a flexible and agile workforce.

To help Metro North achieve its Plan objective of Putting People First, Metro North is committed to continuing the implementation of its Values in Action framework.

Key achievements for 2020-2021

- Implementation of changes in Responsible Workforce Management (RWM) in response to revised guidelines announced in January 2021. The initiative supports the government's focus on savings and efficiencies and effective management growth in the Queensland public sector. To support this initiative, Metro North has established local vacancy management committees to assess emergent vacancies while over-arching RWM Committee governs requests for senior roles or to establish new roles, to ensuring delivery of effective frontline services and effective workload management.
- Established a Metro North temporary and casual employee conversions project to conduct a holistic review of employees with more than two years of fixed-term temporary or casual service to permanent status. In total, more than 3500 reviews were completed, resulting in approximately 475 employees recommended for conversion to permanent employment.

- Operationalised Metro North’s Talent Pipeline to convert nearly 500 temporary or casual employees to permanent employment status. Metro North is the only Hospital and Health Service to adopt this approach and has been recognised for its capacity to support job security across its facilities.
- Provided recruitment and onboarding support to the STARS project team for the public health facility which opened in February 2021.
- Managed workforce impacts arising from Metro North’s COVID-19 response to ensure the wellbeing of our workforce whilst providing safe and high-quality patient care. This included:
 - o Support for consultation with unions and industrial guidance on the establishment of the workforce profile in the rollout of the COVID-19 Vaccinations Project.
 - o Supporting fever clinic risk assessments and increasing workplace health and safety regulator engagement.
 - o Supporting the rapid expansion of mask fit testing and training across all facilities.
- Supported the development of the Queensland Health – Health, Safety and Wellbeing Management System that applies to each hospital and health service. The System Framework was launched in early 2021 with a policy, statement, and essential standards.
- Developed and finalised the Metro North Safety Management System to ensure it aligns to the Queensland Health – Health, Safety and Wellbeing Management System and, more importantly, is aligned to the requirements of ISO 45001:2018 Occupational Health and Safety Management System standard.
- Enhanced the myHR workflows relating to approval processes through simplification and improved online rostering.
- Commenced preliminary work for Stage 3 implementation of the Integrated Workforce Management rostering solution (Workbrain). The focus of this initiative will be on Nursing and Midwifery staff, who represent almost half our total workforce. Metro North has led the state to implement two successful pilots that have informed the state-wide rollout planning. The successful implementation of Stage 3 will improve consistency in rostering, pay outcomes and provide real-time rostering information at the frontline.
- Introduced a new Amazon Connect call system in March 2021 with staffing and payroll related queries now coordinated through a central phone number and automatically diverted to available support staff as a more effective service for employees.
- Significantly reduced the number of long term complex industrial and staff grievance cases during the year to a position where less than 15 per cent of all cases are more than two years old.
- Established and maintained effective union relationships through formal regular meetings.
- Collaborated with the Courageous Conversation South Pacific Institute to develop the Beyond Diversity foundational workshop to transform staff’s understanding of how race impacts on life, work and community. The workshops, which will be piloted in 2021-2022, will provide staff with tools that they can apply in their daily professional practices to achieve a more racially equitable health system and community.

Early retirement, redundancy, and retrenchment

No redundancy or retrenchment packages were paid during the period. There were five (5) employees granted ill health retirement during the year in line with Chapter 5, Part 7 of the *Public Service Act 2008 (Qld)*.

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 Plan identifies five overarching strategic risks:

- **Health Service Resourcing:** Insufficient alignment of human, financial and physical resources to population health needs and strategic objectives will result in an inability to respond to service demand and community expectations.
- **Adaptability:** Failure to embed the organisation with a culture that is responsive and adaptable to change will impact on the organisation’s ability to respond to external forces, including a pandemic, and capitalise on opportunities when presented.

- **System and Partner Dependencies:** Lack of relationships and interfaces across the system may not be adequately managed to deliver the most effective, efficient and sustainable health services.
- **Digital Transformation and Cyber Security:** Failure to successfully execute digital transformation would adversely impact patient outcomes, service delivery, research and clinical partnerships, and organisational viability. Inadequate processes to prevent and/or respond to cyber threats may result in loss or corruption of sensitive information and cause critical service disruption compromising patient care and organisational performance.
- **Asset and Infrastructure:** Ageing infrastructure with inadequate funding may lead to Metro North carrying an increasing liability for building asset performance resulting in impacts on clinical service delivery. Metro North's directorates and support services are responsible for identifying and managing operational risks.

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

In addition to oversight of strategic risks, the Board also monitors organisational and operational risks and ensures that appropriate action is taken to mitigate and manage risks appropriately.

Key achievements for 2020-2021

- The board reviewed the risk appetite statement for Metro North in the context of the COVID-19 pandemic.
- 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 review of risk management activity provided a comprehensive overview of the current risk profile to assist with the identification of possible gaps in risk coverage.
- Metro North continues to improve its risk management system to ensure effective governance oversight and aggregate risk exposure is understood, managed and monitored.

The *Hospital and Health Boards Act 2011* requires annual reports to state each direction given by the Minister to the hospital and health service (HHS) during the financial year and the action taken by the HHS as a result of the direction. During the 2020-2021 period, no directions were given by the Minister to Metro North Health.

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

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 2020–2021

During the period, Internal Audit finalised* 18 internal audits covering both clinical and non-clinical risk areas including:

- Access and security controls relating to Metro North data, post implementation review of the S/4HANA system (review of optimisation and business processes), and IT project (QuickFlow system) delivery outcomes and learnings.
- Payroll – review of clinical staff rostering and adjustments and aged payroll payments.
- Management of the Metro North Health Better Together Aboriginal and Torres Strait Islander Health Plans, and compliance with the vaccine preventable disease requirements.
- Review of Metro North's compliance framework.
- Clinical waste management and disposal practices.

External Scrutiny

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

In 2019–2020, all Clinical Directorates underwent Accreditation assessment under the National Safety and Quality Health Service Standards Second Edition, by the Australian Council on Health Care Standards (ACHS). In 2020-2021, some facilities required reassessment of the accreditation criteria due to the previously rated as ‘Not Met’ at RBWH and Caboolture, Kilcoy and Woodford Correction Health in the 2019-2020 ACHS Accreditation assessment.

Reassessment of these facilities was undertaken in November 2020 (later than planned due to the national response phase of the COVID-19 pandemic) by ACHS and both facilities successfully met all requirements of the Healthcare Accreditation Standards. All Metro North acute hospitals, mental health services, and community and oral health services were successfully re-accredited under the National Safety and Quality Health Service Standards in November 2020 for a three year period.

Metro North operates Coinda House, a 60 bed residential aged care facility for residents, which is centrally located in the Redcliffe CBD. Coinda House has been subject to regular compliance reviews undertaken by the Australian Government Aged Care Quality and Safety Commission’s compliance assessments against the Aged Care Quality Standards. It has successfully maintained its aged care compliance during 2020-2021.

Metro North’s Halwyn Centre provides permanent residential care and respite care for clients with both intellectual and physical disabilities. This service is subject to external accreditation under the Australian Government National Standards for Disability Services and has maintained compliance against these standards in 2020-2021.

In 2020-2021, a Parliamentary report tabled by the Auditor-General broadly considered the financial audit results of Queensland health entities including Metro North. The report was:

- Health 2020: financial audit results of Queensland health entities for 2019-20 (Report 12: 2020-21).

In addition, several other audits were undertaken by the Auditor-General during the year that referenced the health sector, good public sector governance or noted risk areas for agencies to address going forward. The following reports were used by Metro North to further inform its service delivery:

- Family support and child protection system (Report 1: 2020-21)

- Effectiveness of audit committees in state government entities (Report 2: 2020-21)
- Queensland Government response to COVID-19 (Report 3: 2020-21)
- Queensland Health’s new finance and supply chain management system (Report 4: 2020-21)
- Delivering successful technology projects (Report 7: 2020-21)
- Responding to complaints from people with impaired capacity – Part 2: The Office of the Public Guardian (Report 14: 2020-21)
- Planning for sustainable health services (Report 16: 2020-21).

The recommendations contained within the Auditor-General’s reports were considered by key stakeholders and action taken to implement them, where appropriate.

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.

Metro North continues to implement the Queensland Government Enterprise Architecture (QGEA) Records Governance Policy, issued in June 2018, as well as the implementation of Content Manager, Metro North’s electronic Document and Records Management System (eDRMS).

In November 2020, a Health Sector (Corporate Records) Retention and Disposal Schedule was issued by the State Archivist incorporating 68 new or revised Disposal Authorisations. This artifact triggered an increase in record appraisal activity at Metro North and a subsequent review of Metro North’s corporate records disposal program and processes was undertaken.

In addition to the Health Sector (Corporate Records) Retention and Disposal Schedule, Metro North’s corporate records continue to be managed by the Health Sector (Clinical Records) Retention and Disposal Schedule and the General Retention and Disposal Schedule.

In 2020-2021, Metro North captured 321,162 records into Content Manager and onboarded 19 new business units to the eDRMS and 84 new users. The focus remains on increasing corporate records management awareness of information policy and recordkeeping obligations across Metro North in both administrative and health community teams. An Introduction to Recordkeeping e-Learning module was released in December 2020.

GOVERNANCE

During the mandatory annual Information Security reporting process, the Health Service Chief Executive attested to the appropriateness of the information security risk management within the Hospital and Health Service, through the Department of Health, to the Queensland Government Chief Information Security Officer, noting that appropriate assurance activities have been undertaken to inform this opinion and the HHS's information security risk position.

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. The Code of Conduct, which is based on these four ethics principles, applies to all Queensland Health staff, including Metro North.

Training and education for the Code of Conduct and ethical decision-making is part of the mandatory training provided to all employees at the start of employment and then every two years.

In May 2020, a new Code of Conduct online training course was implemented, including bullying, sexual harassment and discrimination, ethics, integrity, and accountability. By 30 June 2021, a total of 20,233 employees are compliant with this training.

In addition, Metro North has a workplace conduct and ethics policy that outlines the obligations of management and employees to comply with the Code of Conduct.

Staff are encouraged, through the Values in Action framework, to contribute to achieving a professional and productive work culture within Metro North, characterised by the absence of any form of unlawful or inappropriate behaviour.

Human Rights

Over the past year, Metro North has continued its strong commitment to embedding a human rights culture into everything it does from the way it operates to the way it cares for its people.

Highlights of Metro North's human rights activities during 2020-2021 include:

- Proactively enhancing health services to respond to COVID-19 in ways that respects, protects, and promotes human rights for all including vulnerable people. For example, developing procedures and protocols to deliver health services in hospitals, facilities, communities, and hotel quarantine in ways that protects and promotes the health and safety of all.
- Responding to all human rights complaints arising from the Queensland Human Rights Commission without any recommendations of ways to improve Metro North's human rights culture.
- Establishing a RBWH Human Rights Working Group (the group) which partners with consumers to advocate for the human rights of the community. The group published a video on International Human Rights Day 2020 to celebrate the human rights culture developed at Metro North since the introduction of the *Human Rights Act 2019* in Queensland.
- Assisting other Queensland hospital and health services to act compatibly with human rights and comply with their human right obligations.

Additionally, Metro North continues this year to:

- Provide leadership, legal education and support to continue to embed a human rights culture across all our health services and facilities. This has included providing human rights education and training to new staff as part of their induction.
- Develop and distribute communications and resources to assist staff and Executive officers comply with their human rights obligations. For example, Metro North Legal Services has published a Human Rights Decision-Making Tool on the intranet to assist decision-makers to comply with their human rights obligations.
- Enhance operational processes through ongoing human right compatibility assessments and reviews of policies, procedures and services. For example, reviewing the human right considerations before discharging a patient including those relating to Aboriginal peoples and Torres Strait Islander peoples.

Human right complaints and outcomes

Number of complaints received	333*
Outcome of the complaints	<p>The majority of these were resolved internally -</p> <p>25% - By explanation.</p> <p>16% - By staff education.</p> <p>15% - By an apology and explanation.</p> <p>Three (3) of these (1%) were directed to a Conciliation Conference with the Queensland Human Rights Commission where the complaints remained unresolved and no recommendations were made.</p>

*This number includes human rights complaints that are not substantiated and do not explicitly mention human rights.

Metro North has included its long-term commitment to protecting and promoting human rights in its Plan. This is because embedding a human rights culture at Metro North is crucial in fulfilling our purpose to improve the health outcomes of the community and achieving our vision to provide excellent healthcare to all.

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 2020-2021 period, three disclosures were authorised in relation to specified patient information:

- An extract of information from a patient's records to assist in reporting suspected criminal conduct and suspected corrupt conduct.
- Provision of patient name and admission details to assist in criminal investigation by law enforcement agencies.
- Provision of patient contact details and photograph of patient to assist law enforcement agencies in finding a missing, vulnerable, person.