Queensland Government

EMT Business Meeting
Monday, 16 April 2012

Queensland Health **Agenda**

Date:	Monday, 16 April 2012
Time:	10.30am-12.30pm
Venue:	19th Floor Large Conference Room, Queensland Health

Apologies:	

Item	Topic	
	WELCOME / INTRODUCTIONS / APOLOGIES	**Verbal**
1.	**DISCLOSURE OF CONFLICTS OF INTEREST**	**Verbal**
2.	**EMERGING ISSUES**	**EMT members - Verbal**
2.1	**Director-General's Update** Teleconference No: Participant code:	**Chair**
2.2	**Members**	**Members**
3.	**STRATEGIC ISSUES**	
3.1	**Health Reform Weekly Update** *Purpose: For noting*	**DDGPSR** 3.1
4.	**URGENT ISSUES**	
4.1	**EMT Focus Register** *Purpose: for review – no current items*	**Members**
5.	**GENERAL BUSINESS**	
5.1	**Minutes and action summary from previous meeting 2 April 2012** *Purpose: For endorsement*	**Chair** 5.1
5.2	**BUSINESS ON NOTICE**	
5.2.1	**Clinical Services Capability Framework V3.0** *Purpose: For endorsement*	**CEO CHI** 5.2.1
5.2.2	**Corporate Office Accommodation Consolidation (COAC) Project** *Purpose: For endorsement*	**DDGHPID** 5.2.2
5.2.3	**QCH Parliamentary Inquiry** *Purpose: For endorsement*	**DDGHPID** 5.2.3
5.3	**BUSINESS WITHOUT NOTICE**	

6.	**STANDING REPORTS**	
6.1	**Outcomes from closed actions since 21 March 2012** *Purpose: For noting*	**Chair** 6.1
6.2	**EMT open actions report** *Purpose: For noting*	**Chair** 6.2
6.3	**Executive Committee Reports** *Purpose: For Noting* - Close the Gap Executive Committee (CTG) – March 2012 - ABF Project Board – EMT Summary Report - February 2012	**DDGPSR** **DDGP&A** 6.3
7.	**FOR INFORMATION & NOTING**	
7.1	**AHMAC Committee Structure** *Purpose: For endorsement*	**DDGPSR** 7.1
8.	**NEXT MEETING –** Strategic Meeting: Monday, 23 April 2012	

Queensland Government

Queensland Health

Executive Management Team

Agenda Item: 3.1

Subject: ***Health Reform Weekly Update***

Purpose:	For noting
Meeting date:	**16 April 2012**
Submitted by:	**DDGPSR**

Health Reform

Weekly Update
13 April 2012

For noting

Ernst and Young (EY) are progressing panel interviews on LHHN readiness with District executive teams. These will run to 19 April 2012.

HRPE outcomes from 3 April 2012 meeting:

- Draft Local Health and Hospital Performance Framework and Local Health and Hospital Service Agreements for 2012/13 discussed and noted with feedback to be provided to PandA.
- Cultural Transformation Plan has been placed on hold pending clarity in relation to organizational transition arrangements.
- Transfer Notice Team to identify how the concurrent lease document might refer to a process to correctly identify the condition of buildings to be transferred.
- DDGP&A invited to become a member of HRPE.
- Monthly reporting cycle to continue but emphasis to be placed on 1 July 2012 critical deliverables each fortnight.

DDGFPL and DDGHRS invited to HRPE pre-brief meetings and HRPE meetings when relevant briefings from their respective Divisions are to be considered.

Upcoming activities

Health Reform Program Executive (HRPE) will meet on 16 April 2012. Matters confirmed for consideration include:

- Impact of government's preferred direction on health reform activities
- Top risks and issues post election
- Approach to expediting decisions on non-complex issues (Q&A model)
- Governing Council and NCEO superannuation arrangements

Meeting with combined health unions on 18 April 2012.

For action

EMT members are requested to review the briefings that are to be considered by HRPE to allow work to be prioritised so deliverable timeframes can be met.

EMT members may wish to raise emerging health reform issues with QHRTO in the first instance to enable capture and monitoring of progress in resolving.

Queensland Government

Queensland Health

Executive Management Team

Agenda Item: 5.1

Subject: Minutes and action summary from previous meetings

- 2 April 2012

Purpose:	**For endorsement**
Meeting date:	**16 April 2012**
Submitted by:	**Secretariat**

Queensland Health
EXECUTIVE MANAGEMENT TEAM

Monday, 2 April 2012
10.30 - 12.30
19th Floor Conference Room, Level 19, Queensland Health Building

MINUTES OF MEETING

Attendees:	Tony O'Connell	Director-General (Chair)
	Peter Steer	Chair CEO & DDG Forum
	Jan Phillips	A/Chief Executive Officer, Centre for Healthcare Improvement
	Kathy Byrne	Chief Executive Officer, Clinical and Statewide Services
	Jeannette Young	Chief Health Officer
	Ray Brown	Chief Information Officer
	Neil Castles	Deputy Director-General, Finance Procurement & Legal
	John Glaister	Deputy Director-General, Health Planning and Infrastructure
	Lyn Rowland	A/Deputy Director-General, Human Resource Services
	Terry Mehan	Deputy Director-General, Performance and Accountability
	Michael Cleary	Deputy Director-General, Policy, Strategy and Resourcing
Observers:	Dan Harradine	A/Manager, Transition
	Vaun Peate	A/Executive Director, Office of the Director-General

Apologies:

1. DISCLOSURE OF CONFLICTS OF INTEREST

• No conflicts of interest declared

Recommendation(s):
N / A

Agreed Outcome(s):
N / A

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*
	No actions arising			

2. EMERGING ISSUES

2.1 Director General's Update

• Premier announced new ministry on Friday - list of ministers has been circulated
• The Honourable Lawrence Springborg is the Minister for Health
• DG thanked all those who have provided hot issues and incoming Government Briefs
• New Government has confirmed the intention to return the state budget to a surplus
• Departments have been advised of savings strategies related to consultancies and corporate office recruitment. DCEOs will be advised if any of these strategies are to be extended to Districts.
• Towards Q2 branding to cease
• Mark Tuohy to act in the role of Executive Director, Officer of Director General, while Dan Harradine working in the role of A/Manager, Transition
• Director General to discuss the recruitment of Governing Councils with the Minister as a matter of priority

Recommendation(s):

Agreed Outcome(s):

N/A

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*
02.04.12.01	All EMT members to note the requirement to remove all "Towards Q2 branding" from all new stationary, current websites and electronic signatures	EMT	Action Direct	
02.04.12.02	All DCEOs to note the requirement to remove all "Towards Q2 branding" from all new stationary, current websites and electronic signatures	All DCEOs	Action Direct	

2.2 Members Update

Director General:
• DG listed the following items for discussion with the Minister as a matter of urgency:
-Governing Council recruitment
- Payroll
- Nurses EBA
- Outstanding legislative changes required to meet national reform commitments
- Ceasing of state registration processes for health professional groups moving to national registation on 1/7/12
- Corporate office restructure
- Mental Health Commission
- Clarification of election commitments

Recommendation(s):

Agreed Outcome(s):

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*

3. STRATEGIC ISSUES

3.1 Health Reform Weekly Update

Health Reform Weekly Update

Recommendation(s):

That EMT:
1. note Health Reform Program Projects / Deliverables and priority list

Agreed Outcome(s):

EMT noted the Health Reform Projects priority list and requested the report include a column to provide traffic light status report

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*
02.04.12.03	DDPSR to replace the Priority column with a column for reporting traffic light status	DDGPSR	Action Direct	20-Apr-12

4. URGENT ISSUES

4.1 EMT Focus Register

EMT Focus Register

No current items.

Recommendation(s):

N / A

Agreed Outcome(s):

No current items

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*
	No actions arising.			

5. GENERAL BUSINESS

5.1 Business on Notice

Minutes and action summary from previous meeting 26 March 2012

Recommendation(s):

That EMT endorse the minutes from the EMT Business Meeting of 26 March 2012

Agreed Outcome(s):

EMT endorsed the minutes from the EMT Business Meeting of 26 March 2012.

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*
	No actions arising.			

5.2 Business on Notice

5.2.1 Options on Interim Strategies for SSP

• Commission of Audit will consider long-term future of SSP
• The immediate - term impact of VSPs on QHSSP is being successfully controlled through multiple strategies, however in the longer term a review of work undertaken by QHSSP is required including functions suitable for devolution to LHHNs
• Use of Corporate Card for transactions less than $1000.00 would reduce SSP workload related to processing of GPVs
• SSP continues to report regularly to Districts on outputs

Recommendation(s):

That EMT:
1. note the service, financial and worforce impacts on QHSSP and its clients arising from the VSP
2. note the forecast of a structural deficit in QHSSP from July 2012
3. note the high risk of a build up processing backlogs in accounts payable, recruitment administration, purchase order processing and contract management and mitigating action being taken to minimise such backlogs
4. note that QHSSPs current business model requires review
5. note three options provided to address QHSSPs business model going forward with no firm decision required at this stage

Agreed Outcome(s):

EMT noted the recommendations

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*
02.04.12.04	DDGHRS to work with DDGFPL on identifying SSP functions to be devolved to LHHNs and funds required	DDGHRS	For Report Back	01-May-12
02.04.12.05	DDGFPL to work with DDGHRS on identifying SSP functions to be devolved to LHHNs and funds required	DDGFPL	For Report Back	01-May-12

5.2.2 Health Service Directives

• All processes, protocols and procedures existing at 1 July 2012 will apply until reviewed and discussed with Districts
• Three groups - one for policies to be rolled over and reviewed over 12 month period, one for policies which will become directives, and one for policies which will become redundant
• There will be one-on-one discussions with all policy custodians.

Recommendation(s):

EMT agrees that:
1. by 31 May 2012, Health Services Directives should be drafted for circumstances for which there are no current policies and for which the chief executive as systems manager shall require directives from the commencement of the lgislation; (system manager directives)
2. by 31 May 2012, all policies which shall not need to apply to Local Health and Hospital Networks, shall be identified and their scope amended to clearly state their lack of application to health service districts from 29 June 2012; (redundant policies)
3. all other policies shall be rolled over to provide business continuity and ongoing protection to the community. These policies shall be reviewed (in accordance with the legislation) for their potential transition to health service directives prior to 1 July 2013. They shall not be rescinded without being subject to this consideration. They will cease to apply on 1 July 2013. (business continuity policies)
4. that the definition of policies to be rolled over shall include all policies and protocols on the policy internet site on 30 June 2012.
5. that the instructions to Parliamentary Counsel should be amended to reflect this agreed approach.
6. the DDG, Performance and Accountability shall be responsible for progressing these actions and delivering the outcome to the System Manager Transition Executive.
7. the Principles for the Development of Health Service Directives endorsed by the Health Reform Program Executive in January 2012 should also inform the updating of the list of health service directives and the policies for rollover.

Agreed Outcome(s):

EMT agreed with the recommendations

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*
02.04.12.06	DDGP&A to provide list policies to be become redundant	DDGP&A	For Report Back	01-May-12

5.2.3 National Efficient Price Determination

• National Efficient Price noted
• A number of price adjustments were outlined in the brief

Recommendation(s):

That EMT:
1. note the issues and proposed consultation process following the release of the Independent Hospital Pricing Authority's National Efficient Price and Pricing Framework

Agreed Outcome(s):

EMT noted the issues and proposed consultation process following the release of the Independent Hospital Pricing Authority's National Efficient Price and Pricing Framework

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*
02.04.12.07	DDGPSR to submit this paper for discussion at DEO & DDG Forum 10 April 2012	DDGPSR	Action Direct	04-Apr-12

6. STANDING REPORTS

6.1 Outcomes from actions since 26 March 2012

Recommendation(s):

That EMT:
1. note outcomes from closed actions since 5 March 2012

Agreed Outcome(s):

EMT noted outcomes from closed actions since 5 March 2012

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*
	No actions arising.			

6.2 EMT Open actions report

Recommendation(s):

That EMT:
1. note Open actions report

Agreed Outcome(s):

EMT noted Open actions report

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*
	No actions arising.			

6.3 Queensland Health Monthly Performance Report - February 2012

Queensland Health Monthly Performance Report - February 2012

• Trends against NEAT and NEST targets and the Commonwealth funding implications of not meeting targets discussed
• Paxton and Partners have been engaged to work with some districts

Recommendation(s):

That EMT:
1. note the Queensland Health Monthly Performance Report February 2012
2. note the performance management issues identified for the March performance review

Agreed Outcome(s):

EMT noted the recommendations

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*
02.04.12.08	DDGP&A to provide a copy of the Paxton Report once available	DDGP&A	Action Direct	18-May-12

6.4 Executive Committee Reports

Recommendation(s):

That EMT:
1. note Executive Committee Reports

Agreed Outcome(s):

EMT noted Executive Committee Reports

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*
	No actions arising			

6.5 PRIME Consumer Feedback Quarterly Report - December 2011

PRIME Consumer Feedback Quarterly Report - December 2011

Recommendation(s):

That EMT:
1. note the PRIME Consumer Feedback (CF) Report - December 2011; and
2. provide feedback as requried to the Patient Safety and Quality Improvement Service

Agreed Outcome(s):

EMT noted the PRIME Consumer Feedback (CF) Report - December 2011

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*
	No actions arising.			

7. FOR INFORMATION & NOTING

7.1 HCSA Executive Team Recommendations Report

HCSA Executive Team Recommendations Report

Recommendation(s):

That EMT:
1. note the Recommendations Report prepared by the Health Corporate Services Authority Executive Team arising from observations during transition planning

Agreed Outcome(s):

EMT noted HCSA Recommendations Report and members requested discussion on this report to be scheduled for EMT Strategic Meeting 23 April 2012.

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*
02.04.12.09	EMT Secretariat to add discussion on HCSA Report to 23 April 2012 Agenda	Secretariat	Action Direct	05-Apr-12

7.2 REC Paper: Queensland Health Proforma Performance Report

REC Paper: Queensland Health Proforma Performance Report EM001157

• Noted Rec paper and proposed proforma for Performance Report. REC to circulate draft proforma to DCEOs for comment.

Recommendation(s):

That EMT note the paper submitted to Resource Executive Committee on 26/3/12 outlining a proposed proforma for a Queensland Health performance report

Agreed Outcome(s):

Action(s):

Action Item	*Agreed Action*	*EMT Member*	*Status*	*Due*
02.04.12.10	REC to circulate draft performance report proforma to DCEOs for comment	DDGFPL	Action Direct	13-Apr-12

Summary of Actions from EMT Meeting of Monday, 2 April 2012

02.04.12.01 Item 2.1 - DG Update	EMT	All EMT members to note the requirement to remove all "Towards Q2 branding" from all new stationary, current websites and electronic signatures	Action Direct	
02.04.12.02 Item 2.1 - DG Update	All DCEOs	All DCEOs to note the requirement to remove all "Towards Q2 branding" from all new stationary, current websites and electronic signatures	Action Direct	
02.04.12.03 Item 3.1 - Health Reform Weekly Update	DDGPSR	DDPSR to replace the Priority column with a column for reporting traffic light status	Action Direct	20-Apr-12
02.04.12.04 Item 5.2.1 - Options on Interim Strategies for SSP	DDGHRS	DDGHRS to work with DDGFPL on identifying SSP functions to be devolved to LHHNs and funds required	For Report Back	01-May-12
02.04.12.05 Item 5.2.1 - Options on Interim Strategies for SSP	DDGFPL	DDGFPL to work with DDGHRS on identifying SSP functions to be devolved to LHHNs and funds required	For Report Back	01-May-12
02.04.12.06 Item 5.2.2 - Health Service Directives	DDGP&A	DDGP&A to provide list policies to be become redundant	For Report Back	01-May-12
02.04.12.07 Item 5.2.3 - National Efficient Price Determination	DDGPSR	DDGPSR to submit this paper for discussion at DEO & DDG Forum 10 April 2012	Action Direct	04-Apr-12
02.04.12.08 Item 6.3 - Queensland Health Monthly Performance Report	DDGP&A	DDGP&A to provide a copy of the Paxton Report once available	Action Direct	18-May-12
02.04.12.09 Item 7.1 HCSA Executive Team Recommendations Report	Secretariat	EMT Secretariat to add discussion on HCSA Report to 23 April 2012 Agenda	Action Direct	05-Apr-12
02.04.12.10 Item 7.2 REC Paper on proforma for Performance Report	DDGFPL	REC to circulate draft performance report proforma to DCEOs for comment	Action Direct	13-Apr-12

Queensland Government

Queensland Health

Executive Management Team Briefing Note

Agenda Item: 5.2.1)

Subject: Clinical Services Capability Framework for Public and Licensed Private Health Facilities version 3 (CSCF v3.0)

Reference No.	**EM001166**
Meeting date:	**16 April 2012**
Submitted by:	**Jan Phillips, A/Chief Executive Officer, Centre for Healthcare Improvement**
New Item / Previously Raised:	26/10/10

Recommendation(s):

That EMT:

1. **Note** the outcomes of the implementation for the Clinical Service Capability Framework v3.0 (CSCF v3.0) for the public health facilities.
2. **Approve** the development of an IT system to assist with Local Health and Hospital Network (LHHNs) assessing their services regularly and for Access Improvement Service (AIS) to access current up-to-date information of services across Queensland.
3. **Approve** either Option 1 or Option 2 for the ongoing role of the CSCF in relation to the National Health Reform and the move to LHHN for public facilities.
    - Option 1 – CSCF to remain as a guidance document to provide a coordinated and integrated approach to health service planning and delivery in Queensland. Implementation to remain the responsibility of the LHHN.
    - Option 2 – CSCF be implemented as a mandatory audit tool with an accompanying Health Service Directive established. This option would require additional resources for the establishment of a Regulatory Unit similar to the current Private Health Regulatory Unit.

Strategic Plan Alignment:

2.6 Improve the safety, quality, effectiveness, efficiency and sustainability of health services with a focus on emergency departments, medical and surgical services, post-acute and sub-acute care and rehabilitation.

Executive Committee Pathway:

- ☐ Health Infrastructure and Projects Executive Committee
- ☐ Human Resources Executive Committee
- ☐ ICT Executive Committee
- ☒ Integrated Policy and Planning Executive Committee
- ☐ National Health Reform Executive Committee
- ☐ Patient Safety and Quality Executive Committee
- ☐ Resource Executive Committee
- ☐ Activity Based Funding Executive Committee
- ☒ CEO & DDG Forum
- ☐ Audit Committee
- ☐ Risk Management Advisory Committee
- ☐ None

SUPPORTING INFORMATION:

Context:

- The matter of transitioning to CSCF v3.0 was considered as an out-of-session item on 26 October 2010 by the Executive Management Team (EMT). EMT noted and endorsed (as relevant) six recommendations (refer Attachment 1 - EMT Summary OOS Item 26.10.10.01).
- CSCF v3.0 provides recommendations for minimum requirements for the provision of safe, appropriately supported best practice health services in Queensland. The minimum requirements include support services, staffing and safety standards in both public and licensed private health facilities. Services are required to comply with the CSCF standards and credentialing requirements.
- The Director-General endorsed CSCF v3.0 for use by public health services on 31 January 2011 and the Chief Health Officer endorsed CSCF v3.0 for use by licensed private health services on 19 January 2011. CSCF v3.0 was officially released on 4 March 2011.
- District Chief Executive Officers (DCEO's) are responsible for the implementation and monitoring of CSCF v3.0 in the public sector while the Chief Health Officer retains responsibility for the private sector. The Private Health Regulatory Unit, Queensland Health monitor private facilities' compliance with the CSCF v3.0.
- AIS has undertaken the implementation of the CSCF v3.0 with Health Service Districts (HSD's) and have provided Districts with self assessment tools and assistance in assessing their services against CSCF v3.0.
- All HSDs have assessed their services against the CSCF v3.0 and the information has been collated by AIS. The implementation has identified some inconsistency within the framework which needs to be considered as part of the review in 2012

Issues:

- It has become evident that the service levels are important for a range of Queensland Health areas including the Clinical Networks, Information Division, Health Statistic Centre, HPID and Medication Queensland for various reasons around planning services and infrastructure requirements. A central repository is required and feedback from Districts was received that an online system in which they could update when circumstances changed would assist in ongoing management of the CSCF.
- The Queensland Clinical Senate (QCS) has recommended to the Director-General that the CSCF becomes mandatory within Queensland Health as it is in the Private Health Sector and the requirements around the CSCF should be a contractual constraint for LHHNs (Attachment 2).
- A recent meeting with the Director General and Deputy Director General, Policy Strategy and Resourcing Division regarding the Senate's request determined that within the context of health reform:
  - the responsibility for ongoing management of the CSCF would be best managed at the LHHN level
  - acknowledged that the system manager would have responsibility for review of the CSCF in the future.

Options:

- A decision around the future of CSCF and the role it will play in relation to the LHHN's needs to be made to ensure LHHNs maintain a safe, evidence based service for Queenslanders:
  - Option 1 – CSCF to remain as a guidance document to provide a coordinated and integrated approach to health service planning and delivery in Queensland. Implementation to remain the responsibility of the Local Health and Hospital Networks.
  - Option 2 – CSCF be implemented as a mandatory audit tool with an accompanying Health Service Directive established. This option would require additional resources for the establishment of a Regulatory Unit similar to the current Private Health Regulatory Unit.

Risk Assessment:

Brief summary of risk	Risk Rating	Risk Control Actions
The move to LHHN's may see fragmented and unsafe service delivery across Queensland with no central coordination.	Major	The role of CSCF to be determined and appropriate resources are allocated to ensure the provision of safe and quality patient care is maintained with the move to LHHNs.

Author: Julie-Anne Codega Position: A/Manager Branch: Access Improvement Service Telephone No: Date: 22/03/2012	Submitted through: Name: Michael Zanco Position: Executive Director, Access Improvement Service Telephone No: Date: 22/03/2012	Cleared By: (EMT Member) Name: Jan Phillips Position: A/Chief Executive Officer, Centre for Healthcare Improvement Telephone No: Date: 26 March 2012

SUPPORTING INFORMATION:

Resource Considerations:

- It has been identified by the HSD that an online information system would assist with ongoing self assessment against the CSCF. This system would be beneficial for the system manager to obtain current service level information to inform and plan health service delivery. The IT system would cost $70,000 to develop.
- Option 1 would not require any additional resources, however Option 2 would require additional resources to establish the Regulatory Unit for public facilities. Similar to the Private Health Regulatory Unit, this unit would require a manager and project officer costing $255,828 to the department.
- As highlighted under issues, the CSCF will need to be reviewed in 4-5 years which cost the department $3m for v3.0. This review, similar to developing v3.0 will require expert knowledge and expertise from clinicians across Queensland, several advisory groups and project officers to develop CSCF v4.0.

Consultation:

- All HSD's and DCEO's have been consulted throughout the self assessment phase and have accepted the responsibility of implementation and monitoring of CSCF v3.0.
- The QCS is supportive of the CSCF and recommends that it be mandatory in all public health facilities especially with the move to the LHHNs. QCS also recommend that resources are available for the revision, auditing and the coordination of statewide issues around CSCF.

Implementation:

- In finalising the implementation of the CSCF v3.0, the 12 month review is scheduled to be completed in 2012. A register of issues and feedback has been collated by AIS as they have been raised.

Attachments:

1. EMT Summary OOS Item 26.10.10.01).
2. Letter from Bill Glasson, Chair, Queensland Clinical Senate

Author: Julie-Anne Codega Position: A/Manager Branch: Access Improvement Service Telephone No: Date: 22/03/2012	Submitted through: Name: Michael Zanco Position: Executive Director, Access Improvement Service Telephone No: Date: 22/03/2012	Cleared By: (EMT Member) Name: Jan Phillips Position: A/Chief Executive Officer, Centre for Healthcare Improvement Telephone No: Date: 26 March 2012

Attachment 1

Queensland Health Executive Management Team

Outcomes Agreed on Tuesday, 26 October 2010

For items submitted by the DDG Health Planning & Infrastructure

ESMS ID	Recfind No.	Item No.	Title	Agreed Outcome(s)	Author / Pathway
1411	EM000796	OOS.26	**Transition to Clinical Services Capability Framework for Public and Licensed Private Health Facilities (version 3.0)**	EMT noted recommendations 1 - 4. EMT endorsed recommendations 5 - 6.	Linda Hill / Colleen Jen

Attachment 2

Queensland
Clinical Senate

Enquiries to: Melleesa Cowie
Manager
Queensland Clinical Senate
Telephone:
Facsimile:
File Ref:

Dr Tony O'Connell
Director-General, Queensland Health
GPO Box 48
BRISBANE QLD 4001

Dear Director-General O'Connell,

In October 2011 the Queensland Clinical Senate (QCS) Executive invited Mandy Forster - Director, Access Improvement Service, Centre for Healthcare Improvement to present an update on the implementation of the *Clinical Services Capability Framework (CSCF) for Public and Licensed Private Health Facilities – Version 3.0 Queensland Health, 2011.* The QCS Executive remain supportive of the CSCF and its use as an important tool to assist the planning and delivery of safe, high quality health care in Queensland. A key role of the QCS is to provide advice on clinical service planning and reform, including service delivery. We offer the following advice in relation to the future use of the CSCF.

The QCS Executive support the view that while the CSCF for Public and Licensed Private Health Facilities is mandatory in private facilities it should also be mandatory in all public health facilities. Adherence to the CSCF, in general, and the requirement to monitor and report on outcomes should be a contractual constraint for Local Health and Hospital Networks (LHHNs).

The CSCF has been developed to provide a standard set of minimum capability criteria for service planning and delivery for both public and private facilities. The QCS believe that where LHHNs wish to progress beyond the current CSCF service level, other services facilities and resources required should be considered in order to meet benchmarks where this is possible to do so safely and sustainably.

The QCS has and will continue to support the recommendation that LHHNs must work together to address statewide and regional service issues. Where the provision of care within a LHHN, as outlined in the CSCF, is not possible, LHHNs should demonstrate that arrangements have been made to work with other LHHNs to ensure appropriate care is provided to patients who require it.

Queensland
Clinical Senate

In addition to assistance provided by Corporate Office, statewide and regional service networks should be involved in helping to assess the ongoing ability of LHHNs to comply with the requirement of the framework. Networks are well placed to articulate and provide necessary support to hospitals who are struggling with the challenges of delivering services at the front line.

Queensland Health has a strong commitment to a patient-centred healthcare system. This approach could be reflected more strongly if the CSCF focused on the patient and the level of service required to effectively treat their condition.

The provision of resources to address general functions such as auditing, document review/revision and the coordination of a mechanism to address statewide issues should be considered.

Queensland Health is to be congratulated on its communication and consultation with Health Service Districts throughout the initial implementation phase of the framework. The development of a communication plan to assist keeping clinicians engaged and informed will be important to maintain ongoing support. In addition to communicating capability standards to clinicians, Queensland Health should investigate mechanisms by which the CSCF could be used as an accessible educational tool to assist the general public to understand the capacity of LHHNs to deliver services.

The QCS would welcome the opportunity to provide input into future reviews of the CSCF. If you require further information, please contact me through the QCS Secretariat:

Yours sincerely

Dr Bill Glasson
Chair
Queensland Clinical Senate
6/12/2011

Queensland Government

Queensland Health

Executive Management Team Briefing Note

Agenda Item: 5.2.2

Subject: Corporate Office Accommodation Consolidation (COAC) Project Update

Reference No.	**EM001164**
Meeting date:	**16 April 2012**
Submitted by:	**DDG Health Planning and Infrastructure Division**
New Item / Previously Raised:	Previously raised 9 January 2012

Recommendation(s):

That EMT:

1. **Note** that construction of the Bowen Hills government office building, which will supply 30,000m2 for approximately 2400 Queensland health corporate office staff, will commence in June 2012.

2. **Note** that Queensland Health responsibilities including communication and change management activities will need to commence in the second half of 2012.

3. **Approve** the attached which identifies those Divisions to be considered for relocation to enable the project to meet its implementation responsibilities for the Stage 4 Inner North Brisbane (Bowen Hills) project, as endorsed by CBRC decision 3017 dated 22 July 2012.

Strategic Plan Alignment: This proposal contributes to the following Queensland Health Strategic Objective 5: "A sustainable and high quality workforce to meet future health needs"

Executive Committee Pathway:

- ☒ Health Infrastructure and Projects Executive Committee
- ☐ Human Resources Executive Committee
- ☐ ICT Executive Committee
- ☐ Integrated Policy and Planning Executive Committee
- ☐ National Health Reform Executive Committee
- ☐ Patient Safety and Quality Executive Committee
- ☐ Resource Executive Committee
- ☐ Activity Based Funding Executive Committee
- ☐ CEO & DDG Forum
- ☐ Audit Committee
- ☐ Risk Management Advisory Committee
- ☐ None

SUPPORTING INFORMATION:

Context: (all briefing notes)

- The agreed outcomes from the EMT meeting on the 9 January 2012 were, the EMT noted:
  - Queensland Health is seeking to consolidate its corporate functions at Bowen Hills from July 2014.
  - Laing O'Rourke have been engaged by the Department of Public Works (DPW) to undertake the construction of a $275 million multi-tenanted government office building on a 4200m^2 parcel of vacant land at the corner of Hudd Street and Mayne Road.
  - That this government office building will provide 30 000m^2 for approximately 2400 Queensland Health corporate office staff
  - That the building will house staff from Queensland, the Department of Transport and Main Roads (DTMR) and a multi-agency Government Service Centre.
- Advice has now been provided by DPW that the multi-agency Government Service Centre is now not to be included in the Bowen Hills government office building.
- Queensland Health's responsibilities for the Stage 4 Inner North Brisbane (Bowen Hills) project include:
  - Providing adequate information to DPW regarding Queensland Health's corporate office accommodation requirements to inform the procurement process;
  - Providing DPW with Queensland Health's building and fitout requirements;
  - Managing the change management process associated with relocation of corporate office staff from the central business district and its fringes to Bowen Hills/Herston;
  - Managing the relocation process and ensuring business continuity in the new location;
  - Coordinating Queensland Health's implementation responsibilities in relation to the project through the Health Planning and Infrastructure Division (HPID);
  - Relocating up to 2400 Queensland Health Corporate Office staff to Bowen Hills.

Issues: (all briefing notes)

- Approval of the Divisions to be relocated will enable consultation with staff from those Divisions to commence.
- Draft Communication and Change Strategies have been developed and activities associated with the strategies will commence once they have been signed off. Feedback has been sought and received from the Queensland Health Human Resource Services (HRS) and the Public Service Commission (PSC).
- Should implementation of the strategies be delayed, Queensland Health risk adverse Union involvement.
- An announcement was made in the Courier Mail on 25 November 2011 which linked Queensland Health to the new government office building at Bowen Hills. At the commencement of ground works on site in June 2012 there may be heightened media interest. It is considered that consultation with those Divisions to be relocated should commence prior to commencement of the works. It should be noted that the site is adjacent to the Courier Mail offices in Bowen Hills.

Health Reform Considerations: (all briefing notes)

- This project will be impacted by the establishment of the Local Health and Hospital Networks (LHHN) as certain units within the Divisions being considered for relocation will form part of the LHHNs reducing numbers within the Divisions (ie transfer of staff to the Mental Health Commission from the Division of the Chief Health Officer).

Risk Assessment: (all briefing notes)

- A Risk Register has been established for the project which is discussed at the monthly Queensland Health Project Steering Committee Meeting with representatives from Capital Delivery Program (CDP), Information Division (ID), Human Resource Services (HRS), Integrated Communications Branch (ICB), Divisional Property and Facilities Management (DP&FM) and DPW.
- An operational funding request to allow QH to undertake it's implementation responsibilities for the project has been submitted for approval to the DDG Finance, Procurement and Legal Service as a funding source has not yet been identified within Queensland Health to manage this project.

Author: Joanna Capewell Position: Principal Coordinator (Special Projects) Branch: Capital Delivery Program Telephone No: Date: 30 March 2012	Submitted through: Name: Glenn Rashleigh Position: Executive Director Telephone No: Date: April 2012	Cleared By: EMT Member Name: John Glaister Position: DDG, HPID Telephone No: Date: April 2012

SUPPORTING INFORMATION:

Brief summary of risk	Risk Rating	Risk Control Actions
Decisions are made in the absence of adequate information, and deadlines not met, due to inadequate Resourcing.	High	Express concerns to DPW. Request QH representation on all DPW project meetings. Concerns raised at QH Project Steering Committee.
Decision made that QH relocation not to be included in whole of government decentralisation initiative.	High	Regular liaison with Public Service Commission (PSC)
QH unable to obtain budget for fitout items which have been excluded from the approved budget.	Extreme	Meeting between DG QH and DG DPW confirmed that majority of costs will be captured in approved budget.
No available budget to enable Health to meet specific IT infrastructure requirements and installations.	Extreme	Meeting between DG QH and DG DPW confirmed that majority of costs will be captured in approved budget.
Adequate time not provided by DPW to enable feedback to be given on project documentation ensuring Health's specifications and requirements are met.	Extreme	Regular contact with DPW.

Resource Considerations: (all briefing notes)

- Resourcing requirements for the duration of the project have been identified as: 1 x A08, 1 x A07 and 1 x A04. At this time one full time (FTE) A07 position within the Capital Delivery Program (CDP) is allocated to the project. The creation of the additional positions for the length of the project will be progressed for approval.
- To enable Queensland Health to deliver on its project obligations additional project support, including consultation with unions and identification of information and communication technology requirements, is being provided by Human Resource Services (HRS) and Information Division (ID) from existing resources.
- ID are the project lead for communication technology requirements and HRS for change management activities including Union consultation.

Consultation: (where necessary only)

- Consultation commenced with Unions through the Corporate Consultative Forum (CCF) in February 2011 and has been a standing agenda item since that time.
- Unions were briefed on the 25 November 2011 following the announcement in the Courier Mail that the tender had been awarded to Laing O'Rourke and that Queensland Health would be a tenant within the building.

Attachments:

1. Attachment 1: Queensland Health Corporate Office Accommodation : Divisions to be considered for relocation
2. Attachment 2: Queensland Health Corporate office Accommodation: Divisions not to be considered for relocation

Author: Joanna Capewell Position: Principal Coordinator (Special Projects) Branch: Capital Delivery Program Telephone No: Date: 30 March 2012	Submitted through: Name: Glenn Rashleigh Position: Executive Director Telephone No: Date: April 2012	Cleared By: EMT Member Name: John Glaister Position: DDG, HPID Telephone No: Date: April 2012

Attachment 1

Queensland Health Corporate Office Accommodation: Divisions to be approved for relocation

Location	Tenant	Staff as at March 2012
CBD and fringe		
State Health Building, Charlotte Street, Brisbane	Minister for Health and Parliamentary Secretary to the Minister for Health Offices of the DG PSR HPID HRS Finance DCHO staff within QHB to be relocated to Bowen Hills. This includes staff from the Emergency Management Unit who manage the State Health Emergency Coordination Centre which will be relocated from QHB to Bowen Hills. ID staff (Brisbane City Cluster) currently within QHB, required to support staff within the Bowen Hills facility, to be relocated	868
307 Queen Street, Brisbane	SSP	28
Anzac Square, 200 Adelaide Street, Levels 4 - 6, Brisbane	HPID Finance	230
Forestry House, Levels 3, 9, 10, 11 Part 12, 13 & 14	PandA PSR ODG Finance HR DCHO CHI	386
100 Creek Street, Part Level 7, Brisbane	HPID	20
104 Melbourne Street, South Brisbane	PandA CHI PSR Finance DCHO **DP&FM advise these staff will be absorbed by identifed vacancies across corporate office as**	122
Spring Hill		
97 School Street, Ground and Level 1, Spring Hill	ID	273
60 Gloucester Street, Levels 1-3, Spring Hill	ID	319
108 Wickham Street, Spring Hill	ID	220
100 Wickham Street, Levels 2 & 8, Spring Hill	ID	131
100 Wickham Street, Levels 3, 9, Part 10, Spring Hill	ID	245
100 Wickham Street, Levels 12 & 14, Part 11, Spring Hill	ID	214
TOTAL		**3,056**

* Above Staff Numbers confirmed on 13 03 12 by Divisional Property and Facilities Management

* Additional consultation to be undertaken with Divisions listed to confirm staff numbers following voluntary separation process

Attachment 2

Queensland Health Corporate Office Accommodation: Divisions not for relocation

Location	Tenant	Staff as at March 2012
360 Ipswich Road, Annerley	ID	50
Redland Bay Hospital, Bayside	ID	7
Logan Hospital, Logan	ID	4
RBWH, Block 6, Level 4 - 5, Block 7 Level 1-7	CHI, ID, CaSS	47
RBWH, Block 7, Level 6, 8, 9, 10, 11, 12, 13, 14, Herston	ID, CaSS, CHI, PSR	781
Citilink Business Centre Buildings 1 - 2, Levels 1-4, Bowen Hills	ID, CSD, CaSS, PSR, CHI and Metro North HSD	761
15 Butterfield Street, Part Ground Level, Levels 1-3, Herston	DCHO, Metro North HSD Executive	694
Nexus Building, Ground and Level 2, Mount Gravatt	SSP	100
Chermside Galleria, Levels 1 & 2, Gympie Road, Chermside	SSP	287
Meadowbrook Campus, Ground and Level 1, Upper Mount Gravatt	SSP	290
199 Grey Street, Level 4 & 5, South Bank (*require close proximity to QCH district*)	QCH	36
PAH Hospital MOU - 24-28 Cornwall Street, Annerley	DCHO	41
13-15 Bowen Bridge Road, Ground Level, Level 1, Herston	CaSS	75
Technology Office Park, Eight Mile Plains (*this accommodation is considered short term as it does not address disabled access standards*)	CaSS	104
TOTAL		**3,277**

***** Staff in Block 6 and 7, RBWH not to be relocated as tenancy provided rent free

CaSS	Clinical and Statewide Services
CHI	Centre for Healthcare Improvement
CHO	Chief Health Officer
CSD	Corporate Services Division
HPID	Health Planning and Infrastructure Division
HSD	Health Service District
ID	Information Division
PandA	Performance and Accountability
PSR	Policy, Strategy and Resourcing
QCH	Queensland Children's Hospital
RBWH	Royal Brisbane and Women's Hospital
SSP	Shared Service Partner

Queensland Government

Queensland Health

Executive Management Team Briefing Note

Agenda Item: 5.2.3

Subject: Queensland Children's Hospital – Parliamentary Inquiry

Reference No.	**EM001163**
Meeting date:	**16 April 2012**
Submitted by:	**Deputy Director-General, Health Planning and Infrastructure Division**
New Item / Previously Raised:	16/01/12

Recommendation(s):

That EMT:

1. **Note** that Somerville House has prepared and lodged a Submission in relation to the Queensland Children's Hospital (QCH) Parliamentary Inquiry. The Submission raises concerns regarding the management of construction vehicles, alleged non-compliances with development conditions and the potential for the QCH Project to impact on the safety of the local community.
2. **Note** that the Parliamentary Inquiry has now lapsed and that the incoming State Government may choose to re-commence the Inquiry.
3. **Note** the ongoing requirement for the QCH Project to comply with onerous development conditions in relation to the management of construction traffic within the QCH precinct. Some of these development conditions have been recommended by Somerville House in its capacity as a Referral Agency to QCH planning applications.
4. **Note** that delays of up to four months and additional costs of up to $8.37million may be incurred in order to comply with current (construction traffic related) development conditions.
5. **Note** that, on 15 June 2011, the QCH Project lodged an application with the Coordinator General to amend some of the more onerous development conditions affecting delivering of the QCH. This application is yet to be considered by the Coordinator General.
6. **Note** that, on 11 March 2011, the QCH Project lodged its planning application for development of the Academic and Research Facility (ARF). This application is yet to be determined by the Coordinator General.
7. **Endorse** the approach being undertaken by the QCH project to continue to seek relaxations from the Coordinator General in relation to the more onerous 'construction-traffic related' development conditions that have the potential to significantly impact the project program and/or budget for the QCH.

Strategic Plan Alignment:

- Upon commencement of planning for the QCH, in 2007, it was directly aligned with the Queensland Health Strategic Plan 2007-12. Specifically, the strategic direction "Better meeting people's needs across the Health continuum" included as one of its initiatives to "Build three new tertiary hospitals: Sunshine Coast Hospital, Gold Coast University Hospital and Queensland Children's Hospital."
- Delivery of the QCH remains aligned with the Queensland Health Strategic Plan 2011-15 through its relationship with the More Beds Strategy which is a key strategy under the "Access to quality services delivered in the right way, at the right place and the right time" strategic priority.

Executive Committee Pathway:

☐ Health Infrastructure and Projects Executive Committee	☐ Resource Executive Committee
☐ Human Resources Executive Committee	☐ Activity Based Funding Executive Committee
☐ ICT Executive Committee	☐ CEO & DDG Forum
☐ Integrated Policy and Planning Executive Committee	☐ Audit Committee
☐ National Health Reform Executive Committee	☐ Risk Management Advisory Committee
☐ Patient Safety and Quality Executive Committee	☒ None

This Brief has been requested by EMT as per reference ESMS ID 2247.

SUPPORTING INFORMATION:

Context:

- The QCH Project is currently being constructed at South Brisbane adjacent to the Mater Children's Hospital, St. Laurence's College and Somerville House school (the Precinct) (Attachment 1).
- The State has publicly committed to an opening of the QCH in 2014. The master program for delivery of the QCH has the Hospital opening in December 2014. Any significant delay during the construction period will result in additional costs and a 2015 opening.
- On 13 June 2008 the Precinct was declared a State Development Area (SDA), thus transferring planning control to the Coordinator General (CG).
- Queensland Health (QH) appointed Abigroup Contractors Pty Ltd (Abigroup) as the Managing Contractor for the QCH on 28 January 2010. A Guaranteed Construction Sum (GCS) in the amount of $692 million (excl. GST) was accepted by QH on 3 June 2011. As at the end of February 2012, construction works were in week 108 of a 203 week construction period for the main building.
- On 22 February 2011, Abigroup issued a "Notice of Likely Delay" as a consequence of constraints on the movement of construction vehicles within the precinct that may impact on the delivery of the QCH.
- On 9 August 2011 Queensland Health was advised that the Health and Disabilities Committee (a portfolio committee of the Legislative Assembly) had decided to consider the QCH project.
- On 13 August 2011 submissions were invited from the public via an advertisement in the Courier Mail and via the Queensland Parliament website.
- The CEO, Children's Health Services District; Executive Director, QCH Project; and Program Director, QCH Project, briefed members of the Health and Disabilities Committee on 24 August 2011.
- Submissions closed on 31 October 2011. In total 40 submissions were received including one authored by Queensland Health.
- The status of the Inquiry is currently noted as "Lapsed" on the Queensland Parliament website. The incoming State Government may choose to re-commence the Inquiry.

Issues:

- Of the 40 submissions received, only one (prepared by Somerville House) had content relevant to the development and construction of the QCH whilst all others related to service delivery considerations.
- The Somerville House submission raised issues in relation to:
    1. the management of construction vehicles in the Graham Street school zone,
    2. alleged non-compliances (in relation to construction traffic) with development conditions, and
    3. the potential for the QCH Project to impact on the safety of the local community.
- On 7 January 2012, shortly after Submissions had been uploaded on the Queensland Parliament website, two related articles appeared in the Courier Mail:
    1. *Trucks Spark School Fury*, authored by Des Houghton and appearing on page 23; and
    2. *Insight: Hospital Move Sickens Doctors*, authored by Des Houghton and appearing on page 52.
- The QCH Project team has been engaged in close consultation with Somerville House, and all precinct stakeholders, since the project's inception.
- Based upon recommendations from referral agencies (including Somerville House), the CG and/or Brisbane City Council have imposed the following 'traffic related' restrictions on the QCH project:
    1. Heavy vehicles are not permitted to use Stephen's Road at any time;
    2. No construction traffic is permitted in Stanley Street before 9:00am and after 3:00pm;
    3. No construction traffic is permissible on Graham Street between 7:45am - 8:30 am and 2:30pm - 3:30pm on weekdays (excluding school holidays);
    4. No construction traffic is permissible in Graham Street, south of the intersection with Raymond Terrace, between 7:45am - 8:30 am and 2:30pm - 3:30pm on weekdays (excluding school holidays);

Author: Graeme McKenzie Position: Program Director, QCH Branch: HPID Telephone No: Date: 11 March 2012	Submitted through: Name: Fiona Brewin-Brown Position: Executive Director, QCH Telephone No: Date: 23 March 2012	Submitted through: Name: Peter Steer Position: CEO, CHSD Telephone No: Date: 23 March 2012	Cleared By: (EMT Member) Name: John Glaister Position: DDG, HPID Telephone No: Date:

SUPPORTING INFORMATION:

5. to ensure restrictions (3) and (4) are enforced; traffic controllers shall be located at the Graham Street/Vulture Street intersection (no left turn entry) and at the Raymond Terrace work zone to ensure no construction vehicles enter Graham Street.
6. Construction traffic must not stop, park or queue in Graham Street at any time;
7. Construction access to Hancock Street is permitted for exiting traffic only;
8. Construction traffic is restricted to 20kph during school peak periods and 30kph at all other times. Speed monitoring and camera surveillance devices are to be installed within the precinct.
9. Footpath closure is NOT approved along the site frontages to Graham Street, Raymond Terrace or Hancock Street;
10. Footpath closure is NOT approved along Stanley Street;
11. Vehicle access to the Mater Hospitals emergency departments must not be impeded at any time;
12. An independent traffic expert is to be engaged to undertake a monthly review of compliance against the Traffic Management Plan, for the first six months; and
13. The school crossing in the Graham Street school zone must have suitable traffic controllers in place during school peak hours.

- Based upon all of the above Conditions, the QCH site could only be accessed by construction vehicles for five and half hours (ie 9:00am to 2:30pm) of a possible twelve hour working day and materials could only be delivered to one of a possible three street frontages. As such, the QCH Project team has requested amendments and has been able to negotiate partial relaxations in relation to the Conditions represented by dot points 2, 3 and 10 above. The QCH project has also sought further relaxation in relation to dot points 3, 4 and 13. No determination has been received in relation to this subsequent application which was lodged with the CG on 15 June 2011.

QCH Response to Somerville House Issues

- In addition to complying with the above Conditions, the QCH Project has implemented numerous additional measures to manage traffic within the precinct. The contract package for traffic management for the QCH Project has been awarded with an associated budget of $17.3 million. A significant proportion of this cost is focussed specifically at managing the pedestrian and vehicular traffic associated with the Somerville House community.
- In addition to the alleged non-compliances raised in Somerville House's Parliamentary Inquiry Submission, Somerville House has also lodged a formal complaint with the Compliance Unit within the Department of Employment, Economic Development and Innovation (DEEDI). The QCH Project was given 10 business days to respond to this complaint, dated 3 November 2011, and has responded to all allegations supported by CCTV camera surveillance. In its response, the QCH Project has also raised and sought a response to a number of incidents concerning the general behaviour and safety of non-construction traffic in the precinct. As at 23 March 2012, DEEDI had not responded to the matters raised by Queensland Health.
- The QCH Project has commissioned an independent safety expert to prepare numerous reports (at a cost to the project of approximately $150,000) that provide advice on how construction traffic can service the QCH Project without jeopardising safety within the precinct. Of the documented recommendations, the QCH Project has implemented all within its control whereas Somerville House is yet to implement all of its recommendations.

Options:

- The QCH Project lodged an application with the Coordinator General (CG) on 15 June 2011 seeking an amendment to some Conditions within its development approval. As at 23 March 2012 the Coordinator General had not completed an assessment of this application.

Health Reform Considerations:

- Nil.

Author: Graeme McKenzie Position: Program Director, QCH Branch: HPID Telephone No: Date: 11 March 2012	Submitted through: Name: Fiona Brewin-Brown Position: Executive Director, QCH Telephone No: Date: 23 March 2012	Submitted through: Name: Peter Steer Position: CEO, CHSD Telephone No: Date: 23 March 2012	Cleared By: (EMT Member) Name: John Glaister Position: DDG, HPID Telephone No: Date:

SUPPORTING INFORMATION:

Risk Assessment:

Brief summary of risk	Risk Rating	Risk Control Actions
A safety incident involving pedestrian-vehicle or vehicle-vehicle occurs within the precinct.	High	• The QCH Project has implemented all recommendations prepared by an independent safety expert to safely manage construction traffic within the precinct. • The QCH project has raised concerns, in relation to matters beyond its direct control, with the Coordinator General, the CEO, Brisbane City Council, the Queensland Police Service and Somerville House.

Resource Considerations:

- A summary of the potential financial and program impacts, as a consequence of onerous construction-traffic related development conditions, for both the QCH and Academic and Research Facility (ARF) projects, is as follows.

Item	Time Impacts	Cost Impacts
Traffic Control of crossing for pedestrians and Somerville House traffic (note the location of this crossing is in a zone where no construction vehicles are permitted)	Nil	$100,000 (actual to date) $270,000 (estimated potential impact if Condition maintained.)
Restriction on turning right from Raymond Terrace to Graham Street	45 days (approx. 2 months) impact to the QCH project	Nil (actual to date) $4,000,000 (estimated potential impact if Condition maintained through until completion of the QCH)
Condition preventing closure of Graham Street footpath	4 months impact to the ARF project	$2,000,000 impact to the ARF project
Condition preventing construction vehicles from accessing the site for two hours per day	4 months impact to the ARF project	$2,100,000 impact to the ARF project
Combined impacts	**4 month delay to both QCH and ARF projects**	**$8,370,000**

- A delay of four months to the ARF program would push its completion date into 2015 and thus push the opening of the QCH into 2015 given its critical dependence on an operational pathology service.
- An additional cost of $4,100,000 to the ARF project would prevent the proposed level 9 “shell floor” from being constructed thus preventing easily achievable future-proofing strategies to be implemented.

Consultation:

- Since 2009, the QCH Project has engaged with the Office of the Coordinator General (CG) in relation to the safety of pedestrians and movement of construction vehicles within the QCH precinct. Key meetings include:
    - 23 February 2011 – meeting between the Deputy Director General, Health Planning and Infrastructure Division (HPID), CEO Children’s Health Services District (CHSD), the CG and officers from both DEEDI and Queensland Health (QH);

Author: Graeme McKenzie Position: Program Director, QCH Branch: HPID Telephone No: Date: 11 March 2012	Submitted through: Name: Fiona Brewin-Brown Position: Executive Director, QCH Telephone No: Date: 23 March 2012	Submitted through: Name: Peter Steer Position: CEO, CHSD Telephone No Date: 23 March 2012	Cleared By: (EMT Member) Name: John Glaister Position: DDG, HPID Telephone No: Date:

SUPPORTING INFORMATION:

- 3 March 2011 – Minister for Health, Director General Health, CG and representatives from Department of Premier and Cabinet (DPC), Queensland Treasury, DEEDI and QH;
- 9 March 2011 - Minister for Health, Director General Health, CG and representatives from DPC, DEEDI and QH;
- 22 March 2011 – Director General Health, CG and officers from DEEDI and QH; and
- 8 June 2011 - Director General Health, CG and officers from DEEDI and QH.

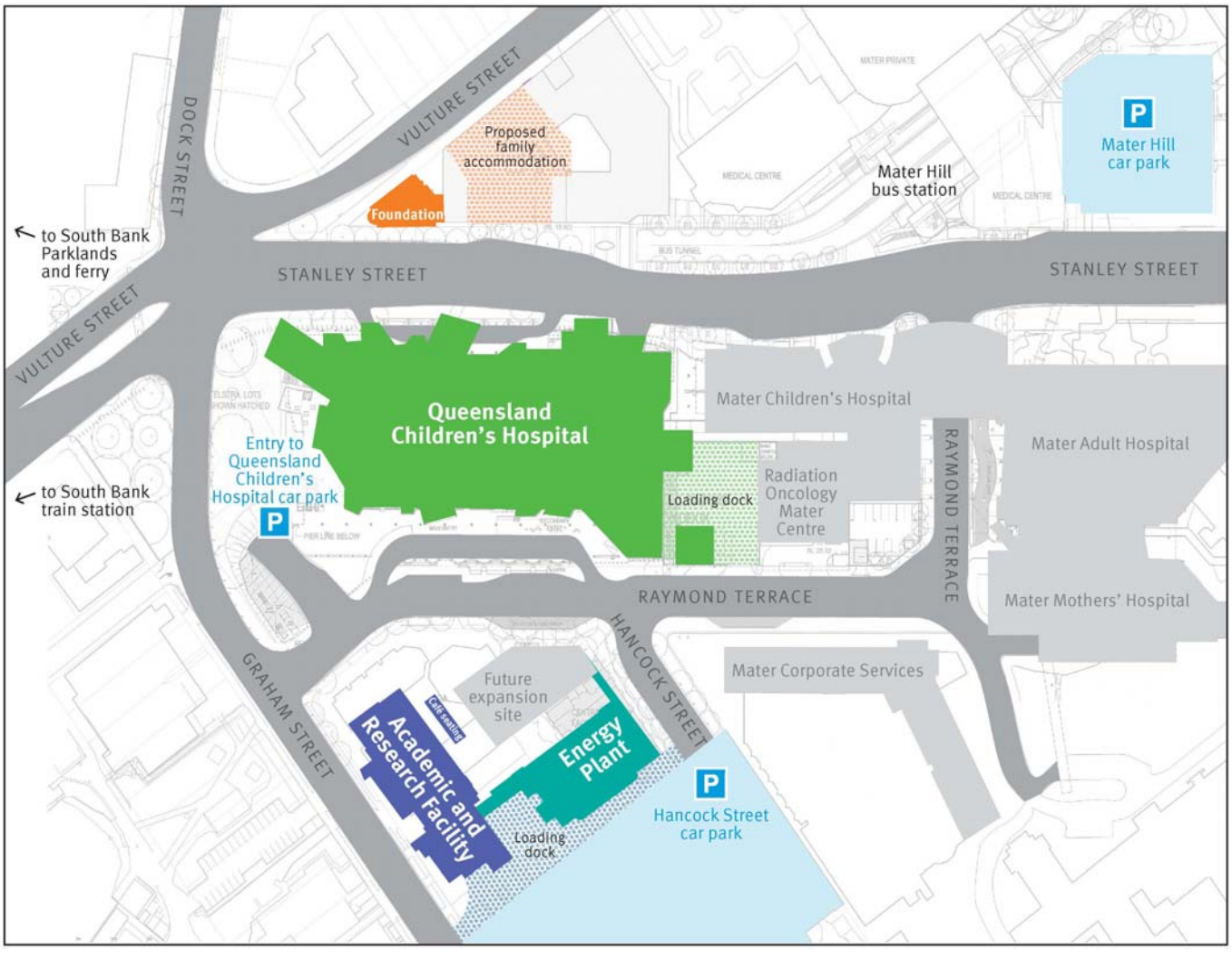
- In addition, the QCH project has engaged in extensive consultation with Somerville House including numerous meetings with the Principal Somerville House, the Minister for Health's advisors, and officers from DEEDI and QH. At a precinct level, the QCH Project engages with Somerville House representatives on at least a fortnightly basis.

Implementation:

- No further action required.

Attachments:

1. Precinct Map



Author: Graeme McKenzie Position: Program Director, QCH Branch: HPID Telephone No: Date: 11 March 2012	Submitted through: Name: Fiona Brewin-Brown Position: Executive Director, QCH Telephone No: Date: 23 March 2012	Submitted through: Name: Peter Steer Position: CEO, CHSD Telephone No: Date: 23 March 2012	Cleared By: (EMT Member) Name: John Glaister Position: DDG, HPID Telephone No: Date:

Queensland Government

Queensland Health

Executive Management Team

Agenda Item: 6.1

Subject: Outcomes from closed actions since 21 March 2012

Purpose:	**For noting**
Meeting date:	**A6 April 2012**
Submitted by:	**Secretariat**

EMT: Outcomes from Closed Actions

This report provides a summary of the outcomes for the Actions which have been completed in the last three weeks

ESMS ID 2392 **Meeting Date** 02-Apr-12 **Recfind No.**

Agreed Outcomes N/A

Action Item	*Action Description*	*Date Completed*	*Action Outcome*
02.04.12.01 Item 2.1 - DG Update	All EMT members to note the requirement to remove all "Towards Q2 branding" from all new stationary, current websites and electronic signatures	11-Apr-12	Action Direct for EMT Members
02.04.12.02 Item 2.1 - DG Update	All DCEOs to note the requirement to remove all "Towards Q2 branding" from all new stationary, current websites and electronic signatures	11-Apr-12	Action Direct for DCEOs

ESMS ID 2372 **Meeting Date** 26-Mar-12 **Recfind No.**

Agreed Outcomes N/A

Action Item	*Action Description*	*Date Completed*	*Action Outcome*
26.03.12:03 2.1 DG Update	EMT Members and DCEOs to: - note freeze on consultancies - review advertising with a view to curtailing non essential advertising - review staff travel with a view to using alternative mechanisms to participate in meetings etc.	30-Mar-12	Actioned direct by all members

ESMS ID 2360 **Meeting Date** 19-Mar-12 **Recfind No.**

Agreed Outcomes Nil.

Action Item	*Action Description*	*Date Completed*	*Action Outcome*
19.03.12:04 2.2 Member's Update	DDGP&A to prepare an EMT brief (for the 2/4 meeting) on how Directives are to be used including advice on what needs to be prescribed.	03-Apr-12	Paper submitted to EMT meeting 2 April 2012

ESMS ID 2328 **Meeting Date** 05-Mar-12 **Recfind No.**

Agreed Outcomes

Action Item	*Action Description*	*Date Completed*	*Action Outcome*
05.03.12.02 2.1 Director-General's Update	A/DDGFPL will contact each District to provide/offer financial assistance in the development of strategies to achieve a balanced budget position.	23-Mar-12	

ESMS ID 2334 **Meeting Date** 05-Mar-12 **Recfind No.**

5.2.2 2012-13 State Budget – Further consideration of urgent and unavoidable initiatives

Agreed Outcomes EMT:

1. noted that prior to the commencement of caretaker conventions, the Government had not advised the process or timeframes for the 2012-13 State budget.
2. noted that while EMT has previously endorsed funding priorities for possible consideration in the 2012-13 State budget, the opportunity to put forward any or all of these priorities will depend on advice from the incoming Government regarding the budget process and priorities.
3. noted that it is unlikely that the incoming Government will prioritise any new service enhancement funding in 2012-13 for initiatives that are not also election commitments.
4. endorsed that the following Three (3) 'Urgent and Unavoidable' funding priorities continue to be developed for possible submission to the Cabinet Budget Review Committee in the 2012-13 Budget, and that if no new funding is approved by Government for these initiatives, they will need to be considered in the internal budget build.
a. Health and Medical Research Program;
b. National e-Health Transition Authority, Queensland contribution; and
c. Replacement/Upgrade of Patient Administration System
5. endorsed that advice be sought from the incoming Minister regarding the proposals relating to the Griffith Centre, Mater Health Services and Health Quality and Complaints Commission;
6. noted that the other initiatives previously identified as priorities by EMT are unlikely to be funded in the 2012-13 budget, and may need to be deferred for possible consideration in a future budget;

Action Item	*Action Description*	*Date Completed*	*Action Outcome*
05.03.12.05 5.2.2 2012-13 State Budget - Further consideration of urgent and unavoidable initiatives.	DDGPSR to contact DDGFPL with regards to work already commenced for funding submissions for top 3 initiatives.	30-Mar-12	Actioned direct by DDGPSR.

ESMS ID 2315 **Meeting Date** 20-Feb-12 **Recfind No.**

5.2.4 Australian Health Ministers' Advisory Council Principal Committees Review

Agreed Outcomes EMT:

1.noted the outcomes of the strategic review of the Australian Health Ministers' Advisory Council principal committee structure as outlined in this brief; and
2. noted the Director-General has agreed to Chair the Community Care and Population Health Principal Committee (CCPHPC).

Action Item	*Action Description*	*Date Completed*	*Action Outcome*
20.02.12.06 5.2.4 Australian Health Minister's Advisory Council Principal Committees Review	DDG PSR to meet with CEO CHO regarding the alignment of sub-committees to Principal Committees.	30-Mar-12	Actioned.
20.02.12.07 5.2.4 Australian Health Minister's Advisory Council Principal Committees Review	DDGPSR to review (i) QH representatives on AHMAC subcommittees with a view to DDG level officers being nominees and (ii) the feedback mechanisms through which sub committees' work and outcomes are monitored and reported within QH	03-Apr-12	Paper received - for submission to EMT meeting 16 April 2012

ESMS ID 2247 **Meeting Date** 09-Jan-12 **Recfind No.**

Agreed Outcomes N/A

Action Item	*Action Description*	*Date Completed*	*Action Outcome*
09.01.12.02 2.2 Members	DDGHPI and CEO Children's to draft Parliamentary response to Somerville House QCH inquiry submission.	03-Apr-12	Paper received for submission to EMT 16 April 2012

Queensland Government

Queensland Health

Executive Management Team

Agenda Item: 6.2

Subject: EMT open actions report

Purpose:	**For noting**
Meeting date:	**16 April 2012**
Submitted by:	**Secretariat**

EMT All Open Actions

Note: "Due Date" refers to those items due back to EMT. Where no "Due Date" appears, the item is to be managed as action direct, please advise when action completed.

EMT Open actions as at: 11-Apr-12

DDGFPL

ESMS ID2397	Due Date:	Agenda Item Title	Action No.	Action Description	Status
EMT Meeting 02-Apr-12	For Report Back 01-May-12	**Item 5.2.1 - Options on Interim Strategies for SSP**	02.04.12.05	DDGFPL to work with DDGHRS on identifying SSP functions to be devolved to LHHNs and funds required	

ESMS ID2406	Due Date:	Agenda Item Title	Action No.	Action Description	Status
EMT Meeting 02-Apr-12	Action Direct 13-Apr-12	**Item 7.2 REC Paper on proforma for Performance Report**	02.04.12.10	REC to circulate draft performance report proforma to DCEOs for comment	

EMT Open actions as at: 11-Apr-12

DDGHRS

ESMS ID	Due Date:	Agenda Item Title	Action No.	Action Description	Status
EMT Meeting 02-Apr-12	For Report Back 01-May-12	**Item 5.2.1 - Options on Interim Strategies for SSP**	02.04.12.04	DDGHRS to work with DDGFPL on identifying SSP functions to be devolved to LHHNs and funds required	

ESMS ID	Due Date:	Agenda Item Title	Action No.	Action Description	Status
EMT Meeting 26-Mar-12	Action Direct 06-Apr-12	**4.2 (PvL) Projected Rosters versus Leave Loading Update**	26.03.12:05	DDGHRS to seek approval from the Payroll Steering Committee for the development and implementation of any required payroll configuration changes.	

ESMS ID	Due Date:	Agenda Item Title	Action No.	Action Description	Status
EMT Meeting 07-Nov-11	Action Direct	**Item 2.1 - EB8 negotiations**	07.11.11.01	DDG HRS to prepare session regarding debrief of lessons learned from the EB8 negotiations at a future CEO & DDG forum.	26/03/12: Voting was completed on 13/03/12. Brief to be provided May Forum. 12/03/12: WRU will prepare a session for CEO & DDG Forum at the completion of the E8 ballot process. Ballet closed on 8 Mar 12. A presentation will be organised following certi

EMT Open actions as at: 11-Apr-12

DDGP&A

ESMS ID	Due Date:	Agenda Item Title	Action No.	Action Description	Status
EMT Meeting 02-Apr-12	For Report Back 01-May-12	**Item 5.2.2 - Health Service Directives**	02.04.12.06	DDGP&A to provide list policies to be become redundant	

ESMS ID	Due Date:	Agenda Item Title	Action No.	Action Description	Status
EMT Meeting 02-Apr-12	Action Direct 18-May-12	**Item 6.3 - Queensland Health Monthly Performance Report**	02.04.12.08	DDGP&A to provide a copy of the Paxton Report once available	

DDGPSR

ESMS ID	Due Date:	Agenda Item Title	Action No.	Action Description	Status
EMT Meeting 02-Apr-12	Action Direct 20-Apr-12	**Item 3.1 - Health Reform Weekly Update**	02.04.12.03	DDPSR to replace the Priority column with a column for reporting traffic light status	

ESMS ID	Due Date:	Agenda Item Title	Action No.	Action Description	Status
EMT Meeting 02-Apr-12	Action Direct 04-Apr-12	**Item 5.2.3 - National Efficient Price Determination**	02.04.12.07	DDGPSR to submit this paper for discussion at DEO & DDG Forum 10 April 2012	

Queensland Government

Queensland Health

Executive Management Team

Agenda Item: 6.3

Subject: : Executive Committee Summary Reports

- CFG Executive Committee
  (20 March 2012)
- ABF Project Board
  (10 February 2012)

Purpose: **For noting**

Meeting date: **16 April 2012**

Submitted by: **Secretariat**

Queensland Government

Close the Gap Executive Committee
EMT Summary Report

Purpose:

- *To assist Executive Committees discharge their reporting responsibilities*
- *To keep the Executive Management Team informed of the business conducted by its sub-committees*

Executive Committee:	**Close the Gap Executive Committee**
Committee Chair:	**Michael Cleary**
Executive Committee Meeting Date:	**Tuesday 20 March 2012** **2.30 – 4.00 pm**

Matters requiring EMT Decision: (*NOTE: Escalations or referrals to EMT also require a separate brief)*

Subject	Issue	Status

Decisions: *(Succinctly list key decisions made at last Executive Committee meeting)*

Subject	Issue	Decision
Membership	Update	- Chair to invite DCEO of Metro South to become member of CTGEC to provide major metropolitan perspective to the committee. - Jacqui is no longer a member due to her involvement in the Transition to Community Control project ceasing.
Aboriginal and Torres Strait Islander health performance		- Noted that time is provided at next DCEO Forum 'How to improve performance against Aboriginal and Torres Strait health targets'. - Agreed to provide quarterly reports to DCEO Forums on performance against Aboriginal and Torres Strait Islander indicators and targets. - ATSIHB will report to the CTGEC May meeting on whether there are differentials in identification rates for people presenting to hospitals for acute/non-acute episodes.
Close the Gap schedules	Update	- Draft Close the Gap Schedules to LHHN Service Level Agreements presented and noted.

Aboriginal and Torres Strait Islander Queensland Health workforce	How to improve the proportion of Aboriginal and Torres Strait Islander people in the Queensland Health workforce	- Agreed to advise HR Division regarding concerns about the reliability of the QH Workforce data. - Seek advice on causal factors that reduce the EEO Form response rate. - Suggest HR Division develops strategies to improve the response rate such as including the question in the main commencement form. - Noted that Workforce Branch are seeking to include the Project 2800 requirements in the QH HR Policy B1

Upcoming Activity:

*Provide an overview of **planned key** activities for the next reporting period: (eg: as per Committee Work Plan)*

Activity	Status / Due Date
Examine trend data on acute and non-acute presentations to hospital.	Focus of May 2012 meeting
Update on implementation of 10 point Torres Strait - Northern Peninsula District Health Plan.	Focus of May 2012 meeting

Items referred from EMT:

Action	Status	Outcome / Issues
Nil		

Performance Report:

To be developed when Key Performance Indicators are finalised in Executive Committee work plans.

Prepared by:	**Cleared by** *(Committee Chair)*:
Name: Marianna Serghi Unit: A&TSIHB Ph: Date: March 2012	Name: Dr Michael Cleary Position: DDG PSR Date: April 2012 Signed:

Queensland Government

ABF Project Board
EMT Summary Report

Meeting Date:	Friday, 10 February 2012

The purpose of the Summary Report is to keep EMT informed of the business conducted by its sub-committees.

Key Decisions:

Subject/Issue	Decision / Action
Item 1. Program Schedule The Board noted the Program Schedule and that the ABF Technical Team has initiated a number of risk and issue mitigation strategies to address the only significant variation: that the generation of Round 15 cost weights would be delayed and thus potentially delay the finalisation of the technical Purchasing Model used for Round 2 contract offer negotiations with Districts.	SD/ABF Model to provide an update on mitigation strategies at next Board meeting.
Item 2. Update on District ABF Implementation The Program Office reported on advice received from ABF Educators, ABF funded hospitals, on the status of HCP/ABF implementation plans across their respective Districts. Some districts advised that they were well advanced in their preparedness for the introduction of ABF while others reported that additional assistance was required. Program Office is preparing a status report with recommendations to the Board. The Board noted the report.	SD/ABF PMO to provide an update to next Board on the status of District ABF Implementation (ABF Education).
Item 3. Activity Based Funding – Aboriginal and Torres Strait Islander patients weighting. The Board noted the detail of the report recognising that there are additional costs in providing appropriate hospital treatment and healthcare for Aboriginal and Torres Strait Islander patients due to various reasons (as highlighted within the report), supported the rational for an appropriate percentage loading to be maintained within in the ABF model, and that there may also be a requirement for additional funding of services and projects that are aligned to current Making Tracks/ Close the Gaps priorities.	ED/HCP to ensure that Districts' contract offer negotiations and documentation within SLA's address these matters.
Item 4. HCP/ABF Program Benefit Profiles (Register). The Board noted the expected benefits of Activity Based Funding (ABF) and Healthcare Purchasing (HCP) are being profiled and documented in the Program's Benefits Management Strategy and Realisation Plan. The forecast measurement of the benefits would not be completed until all contract offers are finalised with the Districts.	The forecast measurement of the benefits to be reported to June 2012 Board meeting.
Item 5. Update on Implementation of Tier 2 Outpatient Clinic List The Board noted the report on the issues relating the implementation of Tier 2 OutPatient Clinic definitions for future ABF category reporting of non-admitted patient services. The report detailed the consultation and analysis conducted by AIS and advised on a number of recommendations of improvements required for compliance, i.e. the ability to supply accurate, complete and timely data.	The Board endorsed the recommendation that ACEO/CHI brin the findings of the report to the attention of the DCEOs for their action.
Item 6. Healthcare Purchasing Proposal for Stroke funding 2012/13 The Board noted the proposal by Healthcare Purchasing which detailed the findings of the National Stroke Foundation Organisational Survey Report identifying that there was a gap in the provision of Stroke Units within Queensland. It was proposed to introduce financial incentives via Healthcare Purchasing for the funding of Stroke Units to increase the percentage of patients cared for within Stroke Units.	Board recommended that, due to lack of quorum, the paper be circulated out-of-session for further comment and endorsement with a view that endorsed proposal be included within the Purchasing Initiatives for 2012/13.

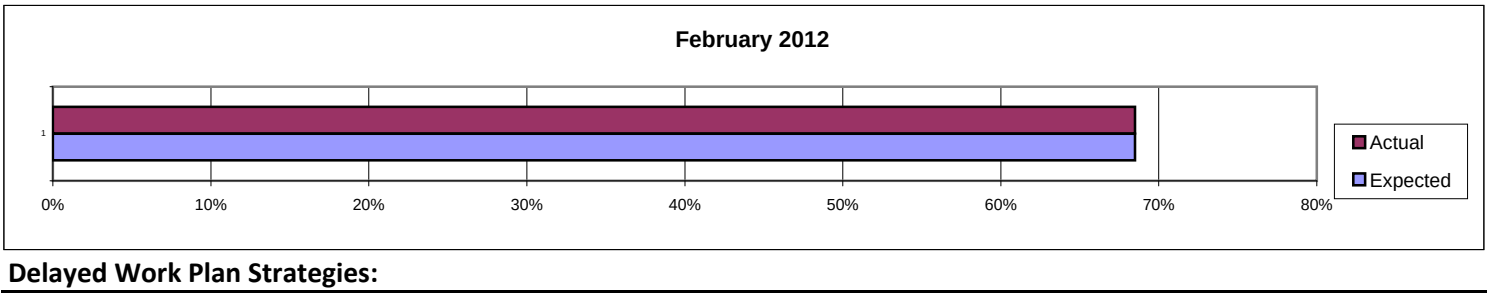
Referrals: *(To be used to provide update on actions referred by EMT to the Committee.)*

Date	Action	Outcome/Issues
n/a	n/a	n/a

Key Risks: (To be used to update EMT on 'High' and 'Very High' Level risks in Executive Committee risk registers.NB updated as per QH Implementation Standard for Use of the Risk Analysis Matrix, Doc id:QH-IMP-070-2:2011 Effective from 1 January 2012)

Risk	Risk Rating	Management of Risk
(1.1.4) Lack of technical capability and proficiency in maintaining a Queensland ABF modelling system (aligned to the national ABF model) due to staff turnover relating to QH's transition to System Manager role.	High	Strategies for ABF Model Team resourcing to be implemented ensuring continuity of technical expertise and ABF experience during System Manager transition period. (ABF Model Team).
(3.1.2) The respective initiatives within the 2012/13 Purchasing Framework aren't supported by key stakeholders including District Executives and lead clinicians across the State as they are of the opinion that the concept of purchasing doesn't appropriately influence best clinical practice (resulting in allocative efficiencies).	High	Purchasing initiatives to reflect clinical best practice and supported by an evidence based assessment. Stakeholder engagement process to include circulation of clinical discussion papers where required (prepared by CHI) and discussed at program coordinated consultation meetings/forums with lead clinicians and District Executives. Feedback to be reported/evaluated at relevant Review Panels and ABF Project Board (Expected HCP Benefits).

Work Plan Progress: *(Updates EMT on the progress against the Committee's work plan)*



Delayed Work Plan Strategies:

Work Plan Strategy	Reason for delay and strategies to bring back on track

Prepared by:		Cleared by *(Committee Chair)*:	
Name:	Gerry Wyvill	Name:	Terry Mehan
	Senior Director	Position:	DDGPandA
Unit:	ABF Program Office	Date:	30/3/12
Ph:		Signed:	SIGNED
Date:	SIGNED 30/3/12		

Queensland Government

Queensland Health

Executive Management Team Briefing Note

Agenda Item: 7.1

Subject: Advancing Queensland Health's interest through the Australian Health Ministers' Advisory Council (AHMAC) structure - proposed approach

Reference No.	**EM001165**
Meeting date:	**16 April 2012**
Submitted by:	**DDG PSR**
New Item / Previously Raised:	Previously raised 20/02/2012

Recommendation(s):

That EMT:

1. **Note** the opportunity to progress issues of significance for Queensland Health (QH) to a national level through AHMAC and its Principal Committees (PCs) in areas where there is shared responsibility or funding between the Commonwealth and States and Territories.
2. **Endorse** the suggested process for:
    - Consideration of potential issues for the agendas of AHMAC and its PCs; and
    - Monitoring of AHMAC initiatives relevant to QH.

Strategic Plan Alignment:

Executive Committee Pathway:

- ☐ Health Infrastructure and Projects Executive Committee
- ☐ Human Resources Executive Committee
- ☐ ICT Executive Committee
- ☐ Integrated Policy and Planning Executive Committee
- ☐ National Health Reform Executive Committee
- ☐ Patient Safety and Quality Executive Committee
- ☐ Resource Executive Committee
- ☐ Activity Based Funding Executive Committee
- ☐ CEO & DDG Forum
- ☐ Audit Committee
- ☐ Risk Management Advisory Committee
- ☐ None

SUPPORTING INFORMATION:

On 20 February 2012 EMT considered the following recommendations:

That EMT:
1. **note** the outcomes of the strategic review of the Australian Health Ministers' Advisory Council principal committee structure as outlined in this brief; and

2. **note** the Director-General has agreed to Chair the Community Care and Population Health Principal Committee (CCPHPC).

Agreed Outcomes

The Executive Management Team:
1. noted the outcomes of the strategic review of the Australian Health Ministers' Advisory Council principal committee structure as outlined in this brief; and

2. noted the Director-General has agreed to Chair the Community Care and Population Health Principal Committee (CCPHPC).

Actions arising:

DDGPSR to review (i) QH representatives on AHMAC subcommittees with a view to DDG level officers being nominees and (ii) the feedback mechanisms through which sub committees' work and outcomes are monitored and reported within QH

Context:

- AHMAC was established in 1986 as the advisory body to Australian Health Ministers (the Standing Council on Health – SCoH). AHMAC provides advice on strategic issues of national interest concerning health policy, services and programs and is currently chaired by Kim Snowball, Director General of Western Australian Department of Health. Queensland's representative on AHMAC is Dr Tony O'Connell.

- Principal Committees (PCs) report to AHMAC and are tasked with progressing work directed by AHMAC. The PCs oversee a number sub-committees and working groups (ongoing as well as time limited), which also progress the work of AHMAC.

- In August 2011, AHMAC CEOs commissioned a strategic review of the AHMAC PC structure (see review report at Attachment 1) in light of the changes resulting from the COAG Review of Ministerial Councils undertaken during the first half of 2011. The PC structure review aimed to improve understanding of the roles and functions of the PCs and remove any duplication and redundancy within the AHMAC structure. The review also aimed to ensure the AHMAC PCs would be well placed to progress the work resulting from Health Reform.

- The review suggested AHMAC PCs should formally be designated with strengthened roles and greater autonomy for some decision making where the PC Chair deems it appropriate. Under the review proposals there will be six PCs as outlined in Table A below. The detail of responsibility for standing committees and working groups within the AHMAC PC structure is still being finalised, however Attachment 2 includes a draft structure based on the review report proposals.

- The commencement date for the new AHMAC PC structure is yet to be determined, however it is likely to be considered at the SCoH meeting scheduled for 27 April 2012.

Author: Kati Virtaal Position: Principal Policy Officer Branch: PSR Telephone No: Date: 23 March 2012	Submitted through: Name: Sandra Daniels Position: Director Telephone No: Date: 29 March 2012	Submitted through: Name: Jacqueline Ball Position: Executive Director Telephone No Date: 30 March 2012	Cleared By: (EMT Member) Name: Dr Michael Cleary Position: DDG Telephone No: Date: Approved, Michael Cleary, 3/4/2012

SUPPORTING INFORMATION:

TABLE A – Proposed new AHMAC Principal Committee Structure

Principal Committee	Comment	Chair	QH Representative
Australian Health Protection (AHPPC)	Retained with additional responsibilities for Screening Committee and emerging work on antimicrobial resistance.	Prof Chris Baggoley Chief Medical Officer	**Dr Jeannette Young, CHO**
Community Care and Population Health (CC&PHPC)	To incorporate elements of discontinuing PCs (HPPPC, CTEPC and APHDPC). Scope includes all community based activities, including primary care and population health.	**Dr Tony O'Connell, Director-General, QH**	**Dr Michael Cleary, Deputy Director-General, PSR**
Health Workforce (HWPC)	Retained for one more year to deal with ongoing national registration and workforce issues. Will be reviewed at the end of 2012.	Mr Jeffrey Moffet, Director-General, NT Department of Health	**Bronwyn Nardi, Executive Director, CWPD Branch**
Hospitals (HPC)	New PC focussing on activities relating to hospital care. Will incorporate relevant elements of discontinuing PCs.	Dr Mary Foley, Director General, NSW Health	**Jan Phillips, Acting Chief Executive Officer, CHI**
Mental Health /Drug & Alcohol (MHD&APC)	New PC to reflect the importance mental health issues and liaise with Mental Health Commission	Dr Peggy Brown, CEO, ACT Health	**Dr Bill Kingswell, Executive Director, MHA&OD**
Information and Performance (NHIPPC)	Will have a broadened role covering health information and performance issues.	Mr David Swan, CEO, SA Health	**Terry Mehan, Deputy Director-General, P&A**

- A mechanism to appropriately deal with Aboriginal and Torres Strait Islander health issues within the AHMAC structure is currently being finalised by AHMAC (Queensland is leading this discussion). In addition, the Commonwealth has proposed that e-health be dealt with under the PC structure by establishing a time limited Standing Committee reporting directly to AHMAC.

Issues:

- QH has the opportunity to take a proactive approach to escalating issues of importance for Queensland to a national level through the AHMAC structure.
- When taking issues forward, particular consideration should be given to matters of national significance, which require sustained and collaborative effort to address key areas of shared Commonwealth, State and Territory responsibility and funding.
- While QH currently brings forward issues to AHMAC and its PCs from time to time, there is no existing formal process to ensure these issues are aligned with the strategic plan and objectives of QH. Furthermore, it is not clear what the feedback mechanisms are for Queensland representatives in relation to the decisions, and how the actions relevant to QH are monitored.
- It is proposed QH adopt a proactive approach to:
  - Identify strategic issues for progression through the AHMAC structure to influence the AHMAC agenda and support the strategic objectives of Queensland on issues where funding and responsibility is shared between the Commonwealth and States and Territories; and
  - Monitor the impact of national discussions on QH
- As all QH representatives on AHMAC and its PCs, with the exception of MHD&APC and HWPC, are also members of the Executive Management Team (EMT), it is suggested that EMT meetings would be well placed to undertake AHMAC-related discussions.
- It is further proposed the Chief Health Officer bring forward or address any issues relating to MHD&APC and the Deputy Director-General, PSR, bring forward or address any issues relating to HWPC.
- It is suggested a monthly standing item be added to the EMT agenda, which could be used to facilitate AHMAC-related discussion by EMT members. This would create the opportunity to discuss both strategic matters for progression through the AHMAC structure and enable feedback from AHMAC and / or its PCs.

Author: Kati Virtaal Position: Principal Policy Officer Branch: PSR Telephone No: Date: 23 March 2012	Submitted through: Name: Sandra Daniels Position: Director Telephone No: Date: 29 March 2012	Submitted through: Name: Jacqueline Ball Position: Executive Director Telephone No: Date: 30 March 2012	Cleared By: (EMT Member) Name: Dr Michael Cleary Position: DDG Telephone No: Date: Approved, Michael Cleary, 3/4/2012

SUPPORTING INFORMATION:

Process:

1) Task the Queensland representatives at AHMAC and its PCs with regular (monthly) reporting to EMT meetings and, if relevant, invite discussion and endorsement by EMT members in relation to:
   - o Identification of new issues of strategic importance for Queensland to bring forward at AHMAC and PCs meetings. When suggesting issues, consideration should be given to the strategic objectives of QH and the national priority issues outlined in the Terms of Reference of SCoH (Attachment 3).
   - o Consideration of how QH can influence progression of issues already on the agenda of AHMAC and its PCs to promote Queensland's interests.
   - o Emerging issues put forward by other States and Territories and the Commonwealth that are of significant interest to or impact Queensland, or where there are significant disagreements across jurisdictions.
   - o Monitoring completion of actions required from Queensland resulting from decisions by AHMAC and its PCs.
2) Use a formal monitoring tool – consideration could be given to creating a register of AHMAC proposals or initiatives that require direct action by QH or have strategic importance; or using an existing tool, such as the EMT forum action register.

Options:

- Not applicable.

Health Reform Considerations:

- One of the priority issues for SCoH relates to 'improving health outcomes for all Australians and ensuring the sustainability of the health system', which in part, will result from implementation of the National Health Reform Agreement (NHRA).
- Updates on the progress of health reform feature prominently on AHMAC agendas. AHMAC meetings are therefore likely to offer a good opportunity to raise issues or concerns in relation to health reform.

Risk Assessment:

Brief summary of risk	Risk Rating	Risk Control Actions
Disjointed consideration of AHMAC initiatives within QH.	High	Adopting the proposed process would reduce this risk.
Focussing efforts and resource on AHMAC initiatives that may not have strategic importance on Queensland while issues that have importance are not considered.	High	Adopting the proposed process would reduce this risk.
Issues of strategic importance to Queensland are not progressed.	High	Adopting the proposed process would reduce this risk.

Resource Considerations:

- In suggesting new items for the AHMAC agenda, the sponsor jurisdiction is generally expected to propose a funding mechanism or may need to offer in-kind support to progress particular items or interests.
- It is noted the QH cost centre for the AHMAC cost-shared budget is currently oversubscribed by around $2.1 million, with existing AHMAC cost-shared commitments totalling $4.8 million. Any potential budget implications of proposals that Queensland may put forward would need to be considered on a case-by-case basis.

Consultation: Not applicable.

Implementation:

- Not applicable.

Author: Kati Virtaal Position: Principal Policy Officer Branch: PSR Telephone No: Date: 23 March 2012	Submitted through: Name: Sandra Daniels Position: Director Telephone No: Date: 29 March 2012	Submitted through: Name: Jacqueline Ball Position: Executive Director Telephone No: Date: 30 March 2012	Cleared By: (EMT Member) Name: Dr Michael Cleary Position: DDG Telephone No: Date: Approved, Michael Cleary, 3/4/2012

SUPPORTING INFORMATION:

Attachments:

1. AHMAC Principal Committee Review report.
2. Draft flow chart of AHMAC Principal Committees.
3. Terms of reference for Standing Council on Health.

Author: Kati Virtaal Position: Principal Policy Officer Branch: PSR Telephone No: Date: 23 March 2012	Submitted through: Name: Sandra Daniels Position: Director Telephone No: Date: 29 March 2012	Submitted through: Name: Jacqueline Ball Position: Executive Director Telephone No: Date: 30 March 2012	Cleared By: (EMT Member) Name: Dr Michael Cleary Position: DDG Telephone No: Date: Approved, Michael Cleary, 3/4/2012

Attachment 1

AHMAC

Review of AHMAC Committee Structure

RECOMMENDED APPROACH

Mick Reid

December 2011

Contents

Terms of Reference for Review

The terms of reference for this review are as follows:

Recommend on AHMAC structures and governance to ensure:

1. Clear oversight, accountabilities and lines of reporting from committees to AHMAC;
2. Clear understanding of the roles and functions of the committees and subcommittees, noting that some duplication and redundancy may exist under current arrangements;
3. Effective management of the Standing Council on Health (SCoH) strategic agenda from the Ministers' group through to the committees and subcommittees;
4. Recommendations for the roles, functions and work plans that should transition from current arrangements to the new recommended model for AHMAC structures and governance.

Consultation

In formulating the following recommendations:

1. Consultation took place with all DGs and their staff.
2. Detailed documentation was provided by AHMAC and Principal Committee Secretariats. The responsiveness of Secretariats is acknowledged.
3. Meetings were held with staff connected with previous Ageing, Indigenous and Drug Ministerial Councils.
4. A workshop was held with jurisdictional personnel to explore options for the most appropriate Principal Committee structure.
5. Two progress reports were prepared and discussed at AHMAC DG only sessions.

General Comments

The following general comments by DGs and others helped frame the recommended approach described in the next section.

1. AHMAC meetings are predominantly driven by Committee/Jurisdiction inputs. AHMAC rarely gets time to value add to agenda items and strategic system discussions and advice is lacking.

2. There is general support for the continuance of the PC structure and acknowledgement of the considerable body of work done at PC and Committee level.

3. However, with limited exceptions, the current configuration of PCs is neither naturally geared to the scope of health reform nor how health services are planned and delivered within jurisdictions.

4. There is a need to strengthen the role of PCs (membership, relationship to AHMAC, oversight of Committee activities).

5. More attention should be paid to each AHMAC agenda, to ensure the most effective use of meeting time and to enable adequate discussion of important issues, with the Chair of AHMAC having a greater role in this regard.

6. There is a need to appropriately link AHMAC to the range of national health bodies that have been formed.

Recommended Approach

It is recommended:

1. In order to enable AHMAC to be more engaged in discussing/debating future directions of health care, designated time should be set aside (1 ½ hours proposed) at each AHMAC meeting dedicated to this task.

2. Topics for above discussion should be determined by DGs in DG only sessions and a jurisdiction should be nominated to prepare documentation to facilitate discussion.

3. Individual DGs should have portfolio responsibilities for interface between national health bodies and AHMAC. There should be alignment, where possible, between this portfolio responsibility and the Chair of the PC role.

4. The Chair of AHMAC should have a more active role in formulating each AHMAC agenda. This should still be done in consultation with jurisdictional DGs. It is possible that from such an arrangement, a number of topics may not be formally considered at AHMAC meetings or would be addressed 'out of session'.

5. Annual PC work programs should be formally considered and endorsed by AHMAC along with the budget.

6. PCs should have only senior jurisdictional representation, no lower than the third tier of any jurisdiction. There should be a quorum from at least five jurisdictions. Proxies should only be permitted if they accord with the above seniority requirements.

7. Principal Committees should be formally designated with strengthened roles with greater autonomy for some decision making without reference to AHMAC where the PC Chair deems it appropriate. All matters to be considered by SCoH should continue to be channeled

through AHMAC (other than where individual Ministers take issues directly to SCoH).

8. The Australian Health Protection PC (AHPPC) should be retained. In addition to current roles, it should take oversight of the Screening Committee and the emerging work on antimicrobial resistance.

9. The role of the National E Health PC should be maintained with a broadened role to have oversight for all health information and performance issues. The PC should be renamed the National Health Information and Performance PC (NHIPPC).

10. The Health Workforce Principal Committee should be retained for one more year given the ongoing national registration actions and Ministerial focus on workforce issues. The PC should be reviewed at end of 2012 with the intent of winding up and incorporating ongoing AHMAC workforce issues into other relevant PCs.

11. Given the lack of understanding of roles and confusing overlap of responsibilities, the Health Policy Priorities Principal Committee (HPPPC), the Clinical Technical & Ethical Principal Committee (CT&EPC) and Australian Population Health Development Principal Committee (APHDPC) should be disbanded. These three PCs should be replaced with a Hospitals PC (HPC) and a Community Care and Population Health PC (CC&PHPC).

12. All activities currently undertaken through the CT&EPC would be distributed to the appropriate Principal Committee. For example, Mental Health ethical issues should be dealt with by the proposed Mental Health/Drug & Alcohol PC.

13. Specifically, the scope of the HPC should incorporate all activities which largely relate to hospital care (including emergency departments, outpatient care, inpatient care and alternatives to hospital care). The HPC should pick up current roles of Highly Specialised Drugs Working Party, HealthPACT, Jurisdictional Blood Committee, Nationally Funded Centres, Radiation Oncology Reform Implementation Group, and the Paediatric Pharmaceuticals Working Group.

14. Specifically the scope of the CC&PHPC should incorporate all community based activities, including primary care, together with population health functions. The CC& PHPC should pick up the current committees of ATSI, Rural Health, Oral Health, Child Health, Injury Prevention, Ageing and Therapeutic Goods.

15. An additional Principal Committee for Mental Health/Drug & Alcohol should be created. This would clarify confusion of functions across existing PCs and reflect the importance of this topic and be point of liaison with new Mental Health Commission. In addition to the work previously undertaken via the Mental Health Standing Committee (MHSC) of the HPPPC, this PC would pick up the work currently undertaken through the Fourth National Mental Health Plan Cross Sectoral Working Group (known as CSWG). This PC should also pick up IGDC responsibilities (pending discussions with jurisdictional AGs and Police).

16. Hence under this proposal the Principal Committees should be:

    - Australian Health Protection (AHPPC)
    - Community Care and Population Health (CC&PHPC)
    - Health Workforce (HWPC)
    - Hospitals (HPC)
    - Mental Health/Drug & Alcohol (MHD&APC)
    - National Health Information and Performance (NHIPPC)

    These PCs would be chaired by five of the jurisdictional Health Authorities and, for the AHPPC, the CMO.

17. The proposed allocation of external body portfolio responsibilities under this arrangement should be:

AHPRA/HWA	HWPC
ACSQHC/IPA/NBA	HPC
MHCommission	MHD&APC
NEHTA/NHPA	NHIPPC
ANPHA	CC&PHPC

18. Where topics overlap individual PC roles these approaches are proposed:

a) With the advent of bodies such as IHPA, NHPA and ACSQHC, as well as ongoing work to implement the reform agenda through HEIF (eg National Funding Body and Financial Operations Working Group), SOM (eg Mental Health) and HoTS (eg National Healthcare Agreement WG), there is an argument for AHMAC DGs to maintain integrated oversight in these areas. This should occur through recommendation one.

b) The formation of time limited Working Groups reporting directly to AHMAC in areas requiring particular attention or specific skills.

c) Conjoint PC approaches should be deployed for topics that sit across more than one PC (eg coordinated care for chronic care may involve both the HPC and CC&PHPC).

Next Steps

Should the previous recommendations be supported it is further recommended:

1. AHMAC should nominate DGs as PC Chairs which would also indicate portfolio responsibilities.
2. PC Chairs should develop work programs within their area of responsibility for endorsement by AHMAC, including budget bids for 2012/13.
3. PC Chairs should review existing Committees/Working Groups and determine the need for any new Committees to best deliver on their work program.
4. AHMAC should identify topics for discussion at subsequent AHMAC meetings and nominate a jurisdiction for preparation of material to facilitate such a discussion.

DRAFT AHMAC PRINCIPAL COMMITTEES & SUBCOMMITTEES
(updated March 2012 in light of review)[1]

Mental Health /Drug & Alcohol Principal Committee (MHD&APC)
Chair: Dr Peggy Brown (ACT)
Dr Bill Kingswell
[Proposed new PC]

- Mental Health Standing Committee
  Chair: David McGrath (NSW)
  [Previously HPPPC]
- Fourth National Mental Health Plan Cross-Sectoral WG (Known as CSWG)
  [New]
- Roadmap on Mental Health
  [New]
- Intergovernmental Committee on Drugs (IGDC) responsibilities (pending discussions with jurisdictional AGs and Police)
  [New]

Hospitals Principal Committee (HPC)
Chair: Dr Mary Foley (NSW)
Jan Phillips
[New PC to include functions of HPPPC, CT&EPC & APHDPC]

- Radiation Oncology Reform Implementation Committee
  CHAIR: Dr Brian Richards (NSW)
  [Previously CT&EPC]
- Highly Specialised Drugs Working Party
  CHAIR: Bruce Griffin (DoHA)
  [Previously CT&EPC]
- Jurisdictional Blood Committee
  CHAIR: Mary McDonald (AG)
  [Previously CT&EPC]
- HealthPACT
  Chair: Prof Brendan Kearney (SA)
  [Previously CT&EPC]
- Nationally Funded Centres
  CHAIR: Dr Simon Towler (WA)
  [Previously CT&EPC]
- Paediatric Pharmaceuticals WG
  CHAIR: Michael Pervan (TAS)
  [Previously HPPPC]
- Inter-Jurisdictional Cosmetic Surgery Working Group
  CHAIR: Dr Stephan Christley (SA)
  [Previously CT&EPC]
- National Advance Care Directives Working Group
  CHAIR: Dr Simon Towler (WA)
  [Previously CT&EPC]

Community Care & Population Health Principal Committee (CC&PHPC)
Chair: Dr Tony O'Connell (QLD)
Dr Michael Cleary
[New PC to include functions of HPPPC, CT&EPC & APHDPC]

- Child Health and Well-being Subcommittee
  Chair: Jenny Cleary (NT)
  [Previously APHDPC]
- Oral Health Monitoring Group
  Chair: Dr Kevin Buckett (SA)
  [Previously APHDPC]
- National Injury Prevention WG
  Chair: Dr Kevin Buckett (SA)
  [Previously APHDPC]
- National Coordinating Committee on Therapeutic Goods
  A/Chair: Stephen Dellar (NSW)
  [Previously CT&EPC]
- National ATSI Health Officials Network
  A/Chair: Carmen Parter (NSW)
  [Previously HPPPC]
- Rural Health Standing Committee
  Chair: Lou Andreatta (CW)
  [Previously HPPPC]
- Health Care of Older Australians Standing Committee (*in abeyance*)
  Chair: Lea Pope (VIC) & Gail Yapp (CW)
  [Previously HPPPC]
- Dementia WG
  Chair: TBA
  [Previously HPPPC]
- Transition Care Working Group
  Chair: Marissa Otuszewski (CW)
  [Previously HPPPC, assume now under CC&PHPC]
- Maternity Services Inter-jurisdictional Committee
  Chair: Anne Kinnear (NSW)
  [Previously HPPPC, assume now under CC&PHPC]
- Foetal Alcohol Spectrum Disorder WG (*in abeyance*)
  CHAIR: Simon Cotterall (CW)
  [Previously APHDPC assume now under CC&PHPC

Australian Health Protection Principal Committee (AHPPC)
Chair: Prof Chris Baggoley (CW)
Dr Jeannette Young
[Similar to previous structure]

- The Environmental Health Subcommittee (enHealth)
  Chair: Jan Bowman (VIC)
- Communicable Diseases Network Australia (CDNA)
  Chair: Dr Jeremy McAnulty (NSW)
- Public Health Laboratory Network (PHLN)
  Chair: John Bates (QLD)
- National Health Emergency sub-committee.
  Chair: Dr Gary Lum (CW)
  Co-Chair: Dr Andy Robertson (WA)
- Emerging work on antimicrobial resistance
  [New]
- Screening Committee
  CHAIR: Prof Chris Baggoley (CW)
  [Previously APHDPC]
- Advisory Group on Human Genomic Health Services
  Chair: C/- Belinda Walter (CW)
  [Previously CT&EPC assume now under CC&PHPC (tbc)]

National Health Information and Performance Principal Committee (NHIPPC)
Chair: David Swan (SA)
Terry Mehan
[Replaces NEHIPC]

- National Health Information Standards and Statistics Committee (NHISSC)
  Chair: David Filby (SA)
- National Advisory Group on ATSI Health Information & Data (NAGATSIHID)
  Chair: Kim Snowball (WA)
- National Health Chief Information Officers Forum (NHCIOF)
  Co-chairs: Stephen Moo (NT) & Andrew P Howard (VIC)
- Population Health Information Development Group
  Chair :Director at AIHW
  [Previously also reported to CC&PHPC]
- National Health Information Regulatory Framework (NHIRF) WG
  Chair: Rosemary Huxtable (CW)
- Jurisdictional Members Only Group (JMOG)
  Chair: Fran Thorn (VIC)
- Aboriginal and Torres Strait Islander Health Performance Framework (AG)
  [Previously HPPPC, clarify if now CC&PHPC or NHIPPC]

Health Workforce Principal Committee (HWPC)
Chair: Jeff Moffat (NT)
Bronwyn Nardi
[To be reviewed at the end of 2012 with the intent of ceasing]

- National Mental Health Workforce Advisory Committee
  A/Chair: Derek Wright (SA)
- ATSI Health Workforce Working group (Chair & Review Mid 2007)
  Chairs: Penny Shakespeare (CW) & Justin Mohammed (NACCHO)
- Practitioner Regulation Sub-Committee
  Chair: Bron Nardi (QLD)

- Psychogeriatric Expert Reference Group
- Primary Health Working Group
- National ATSI Health Equality Council
- Interim Nutrition Food Monitoring Group
- National Asthma Strategy Review Steering Committee
  Chair: (CW)
  [Previously APHDPC assume now under CC&PHPC (tbc)]
- National Health Call Centre Network
- Palliative Care Working Group

[1] Efforts have been made to update this chart and incorporate all changes from the Principal Committee review, however the final structure has not yet been confirmed.

Attachment 3

COAG Standing Council on Health

Terms of Reference

COAG Standing Councils are established to:

a) achieve COAG's strategic themes by pursuing and monitoring priority issues of national significance which require sustained, collaborative effort; and

b) address key areas of shared Commonwealth, State and Territory responsibility and funding.

The Standing Council will pursue the following COAG strategic themes as its major focus areas:

1. A Better Health Service and a More Sustainable Health System for Australia
2. Closing the Gap for Indigenous Australians.

Chair	Chair rotates annually through each of the State and Territory member governments.
Membership	Commonwealth, State, Territory and New Zealand Ministers with responsibility for health matters, and the Commonwealth Minister for Veterans' Affairs.
Scope of Standing Council	The Commonwealth, State and Territory governments have a shared intention to work in partnership to improve health outcomes for all Australians and ensure the sustainability of the Australian health system. In doing so, part of the Standing Council's work will be to oversee the implementation of the COAG health reforms, which will deliver better health and hospitals by: • helping patients receive more seamless care across sectors of the health system; • improving the quality of care patients receive through higher performance standards, unprecedented levels of transparency and improved engagement of local clinicians; and • providing a secure funding base for health and hospitals into the future. The Council will play an important role in the inter-jurisdictional management of key health reform areas during the implementation of national health reform. It will provide a forum for Governments to address issues of mutual interest under the new health care arrangements and share best practice approaches, particularly with regard to health system management. The Council will: • Fulfil regulatory/governance obligations that fall within the health portfolio in the areas of national registration and accreditation; • Ensure that the responsibilities given to Ministers with responsibility for health matters in various COAG agreements and decisions are met; and • Consider matters reported to the Council by relevant advisory groups. The Council has responsibility for the following health areas: • Hospitals and related health services; • Community health and primary health care;

COAG Standing Council on Health

Terms of Reference

	• Population health, health promotion and prevention; • Indigenous health; • Mental health; • E-Health and information management; • Health workforce; • Aged care; • Clinical, technical and medico-ethical matters; • Chronic diseases, non-transmissible diseases and transmissible diseases; • Rural health and access to health services; • National Drug Strategy; and • Health related elements of emergency management and national security. The Council will work closely with related Standing Councils, mostly notably the Standing Councils on Community, Housing and Disability Services.
Priority Issues of National Significance[1]	The Council's priority issues are: 1. Improving health outcomes for all Australians and ensuring the sustainability of the health system, which, in part, will result from implementation of the National Health Reform Agreement (NHRA); 2. Improving efficiency in the health care system through the introduction of the Personally Controlled Electronic Health Record system, including the introduction of national healthcare identifier numbers, which will improve the interaction of health care providers across the sector; 3. Implementation of COAG decisions on mental health reform in recognition of the impact that mental health issues have on Australian society ; 4. Ensuring a high-quality and sustainable health workforce for the future of all health professionals and the health system, including through continuing the implementation of the new National Registration and Accreditation Scheme for health practitioners; 5. Closing the gap in health outcomes between Indigenous Australians and non-Indigenous Australians; 6. Ensuring that Health Workforce Australia delivers more effective, streamlined and integrated clinical training arrangements and supports workforce reform initiatives; and 7. Providing a robust health and safety framework, including overseeing the development and adoption of best-practice health and safety initiatives and monitoring of standards to reduce medical errors and adverse events

[1] *Priority issues of national significance are reform-focused and warrant oversight by Ministers and by COAG. They will change over time and do not necessarily encompass all aspects of the work of the Council.*

COAG Standing Council on Health

Terms of Reference

	in the health sector.
Cross-Cutting Issues	In pursuing its priority issues of national significance, the Council will take into account the cross-cutting issues of Indigenous disadvantage, gender equality, and access to services for Australians with disability, with mental health issues, or in remote or regional communities.
Legislative and Governance Responsibilities	Responsibilities under the following instruments: • Health Practitioner Regulation National Law (as in force in participating state and territory jurisdictions) • National Blood Agreement 2003 • Australian Red Cross Blood Service Deed of Agreement 2006 • *Australian National Preventive Health Agency Act* 2010. Responsibilities for the following bodies: • National Health Performance Authority (to be established) • National Blood Authority • Australian Commission on Safety and Quality Health Care • Australian Institute of Health and Welfare (AIHW) • Health Workforce Australia (HWA) • Australian Health Practitioner Registration Authority (AHPRA) • National E-Health Transition Authority (NEHTA) • Australian National Preventive Health Agency. The Council commits that by July 2016, specific references to the former Ministerial Councils in the above governing instruments will be changed to refer instead to the 'Ministers responsible for health'. Note that the Australian Health Workforce Ministerial Council (AHWMC) will continue to meet, under the auspices of this Standing Council, to discharge its legislative and governance obligations under the Health Practitioner Regulation National Law, until such time as specific references to this former Ministerial Council are changed. The AHWMC membership comprises the Commonwealth Minister and Ministers from participating jurisdictions with portfolio responsibility for health.
National Agreements, National Partnerships and Inter-governmental	Responsibilities under the following National Agreements, National Partnership Agreements and Intergovernmental Agreement: • National Healthcare Agreement • National Health and Hospitals Network Agreement • National Health Reform Agreement

COAG Standing Council on Health

Terms of Reference

Agreements	• National Partnership Agreement on Preventive Health • National Partnership Agreement on Hospital and Health Workforce Reform • National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan • National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes • National Partnership Agreement on Indigenous Early Childhood Development • National Partnership Agreement on E-Health • National Partnership Agreement on Health Services • National Partnership Agreement on Health Infrastructure • National Partnership Agreement on Essential Vaccines • National Partnership Agreement on Improving Public Hospital Services • Intergovernmental Agreement for a National Registration and Accreditation Scheme for the health professions. The Council will assess the consistency of relevant National Agreements and National Partnership Agreements with the National Disability Strategy at review points under the Agreements, and consider the inclusion of strategies and performance indicators to ensure the needs of people with disability are addressed.
Operations	COAG considers that, as a general rule, Councils would not require more than two face to face meetings a year. Meetings of Councils and officials will utilise the TelePresence network as much as possible to meet and to transact business, to minimise environmental impacts and meeting and travel costs. Other operational arrangements are to be made by the Ministerial Council and do not require COAG endorsement.
Decision-Making	Councils will make decisions on the basis of consensus wherever possible, unless specific voting rules are included in relevant governing instrument(s). Where necessary, the principle of one vote per jurisdiction would apply.
Reporting	The Council will provide COAG with an annual status report, due 31 July, on: • the progress/completion of its priority issues against agreed milestones; • the contribution made towards meeting the Closing the Gap targets; • any additional priorities that it believes should be addressed and submitted for COAG consideration; • key outputs or achievements from other inter-jurisdictional activities; and • decisions taken as a result of its legislative or governance responsibilities

COAG Standing Council on Health

Terms of Reference

	and changes made to legislation or agreements. The Council will also provide a draft work plan for the following financial year annually by 31 May.

COAG Standing Council on Health

Terms of Reference

Inaugural Membership

Jurisdiction	Minister/s	Role
Commonwealth	The Hon Nicola Roxon, Minister for Health and Ageing	Member
New South Wales	The Hon Jillian Skinner, Minister for Health and Minister for Medical Research	Member
Victoria	The Hon David Davis, Minister for Health; Minister for Ageing	Member
	The Hon Mary Wooldridge, Minister for Mental Health	Member
Queensland	The Hon Geoff Wilson, Minister for Health	Member
Western Australia	The Hon Dr Kim Hames MLA, Minister for Health	Rotating Chair
	The Hon Helen Morton MLC, Minister for Mental Health and Disability Services	Member
South Australia	The Hon John Hill, Minister for Health	Member
Tasmania	Ms Michelle O'Byrne, Minister for Health	Member
Australian Capital Territory	Ms Katy Gallagher, Minister for Health	Member
Northern Territory	The Hon Kon Vatskalis, Minister for Health	Member
New Zealand	The Hon Tony Ryall, Minister for Health	Member

* Where more than one member has been nominated, there will be one vote per jurisdiction.

COAG Standing Council on Community, Housing and Disability Services

Terms of Reference

COAG Standing Councils are established to:

a) achieve COAG's strategic themes by pursuing and monitoring priority issues of national significance which require sustained, collaborative effort; and

b) address key areas of shared Commonwealth, State and Territory responsibility and funding.

The Standing Council will pursue the following COAG strategic themes as its major focus areas:

1. Long-Term Strategy for Participation
2. A Sustainable and Liveable Australia
3. Closing the Gap for Indigenous Australians.

Chair	Chair rotates annually between Commonwealth, State and Territory Ministers who are members of the Council. [The particular Minister to be the first Chair of the Council will be determined at the first meeting.]
Membership	Commonwealth, State, Territory and New Zealand Ministers with responsibility for community, housing and disability matters, and the Australian Local Government Association.
Scope of Standing Council	The Council provides a forum for member Governments to discuss matters of mutual interest and progress key national reforms in the areas of social and subsidised housing (excluding homelessness, which is the responsibility of the Select Council on Homelessness),[2] child protection, disability, carers, seniors, concessions, disaster recovery and community services. The Council will work collaboratively to promote coordinated action nationally in each of these key policy areas. Member Governments will work through the Council to progress measures to improve the welfare of disadvantaged citizens within the community, particularly through high-quality disability, housing and community services. The Council will also play a role in progressing national partnerships and agreements. The Council will work closely with related Standing Councils, mostly notably the Standing Council on Health, the Select Council on Disability Reform, Select Council on Homelessness, and the Standing Council on Law and Justice.

[2] *Note that COAG has agreed that once it has had a chance to review the outcomes of the Housing Supply and Affordability Reform work, the role of the Council (in relation to social and subsidised housing) and other Councils in carrying forward housing matters will be settled by COAG.*

COAG Standing Council on Community, Housing and Disability Services

Terms of Reference

Priority Issues of National Significance[3]	The Council's priority issues are: 1. Implementation of the National Disability Strategy (NDS) which aims to deliver outcome focussed initiatives that respond to the needs of people with disability, their families and carers; 2. Oversee the implementation of the first three year action plan (2009-2012) for the National Framework for Protecting Australia's Children and the development and implementation of the second three year action plan (2012-15); and 3. Progression of key social and subsidised housing reforms [noting that ongoing responsibility will be decided by COAG after it has reviewed the outcomes of the Housing Supply and Affordability Reform agenda].
Cross-Cutting Issues	In pursuing its priority issues of national significance, the Council will take into account the cross-cutting issues of Indigenous disadvantage, gender equality, homelessness, juvenile justice, and equal access to services for persons with a disability and those in regional Australia.
Legislative and Governance Responsibilities	Nil.
National Agreements, National Partnerships and Inter-governmental Agreements	Responsibilities under the following National Agreements and National Partnerships: • National Disability Agreement • National Disability Strategy • National Framework for Protecting Australia's Children • Certain Concessions for Pensioners' and Seniors Card Holders National Partnership • National Partnership Agreement for Transitioning Responsibilities for Aged Care and Disability Services (currently under negotiation) • National Affordable Housing Agreement • National Partnership Agreement on Remote Indigenous Housing • Nation Building and Jobs Plan National Partnership – Social Housing. The Council will assess the consistency of relevant National Agreements and National Partnership Agreements with the National Disability Strategy at review points under the Agreements, and consider the inclusion of strategies and performance indicators to ensure the needs of people with disability are

[3] *Priority issues of national significance are reform-focused and warrant oversight by Ministers and by COAG. They will change over time and do not necessarily encompass all aspects of the work of the Council.*

COAG Standing Council on Community, Housing and Disability Services

Terms of Reference

	addressed.
Operations	COAG considers that, as a general rule, Councils would not require more than two face to face meetings a year. Meetings of Councils and officials will utilise the TelePresence network as much as possible to meet and to transact business, to minimise environmental impacts and meeting and travel costs. Other operational arrangements are to be made by the Ministerial Council and do not require COAG endorsement.
Decision-Making	Councils will make decisions on the basis of consensus wherever possible, unless specific voting rules are included in relevant governing instrument(s). Where necessary, the principle of one vote per jurisdiction would apply.
Reporting	The Council will provide COAG with an annual status report, due 31 July, on: • the progress/completion of its priority issues against agreed milestones; • the contribution made towards meeting the Closing the Gap targets; • any additional priorities that it believes should be addressed and submitted for COAG consideration; • key outputs or achievements from other inter-jurisdictional activities; and • decisions taken as a result of its legislative or governance responsibilities and changes made to legislation or agreements. The Council will also provide a draft work plan for the following financial year annually by 31 May.

COAG Standing Council on Community, Housing and Disability Services

Terms of Reference

Inaugural Membership

Chairing of this Standing Council is to be determined.

Jurisdiction	Minister/s	Role
Commonwealth	The Hon Jenny Macklin, Minister for Families, Housing, Community Services and Indigenous Affairs	Member
New South Wales	The Hon Pru Goward, Minister for Family and Community Services	Member
	The Hon Andrew Constance, Minister for Ageing; Minister for Disability Services	Member
Victoria	The Hon Mary Wooldridge, Minister for Community Services	Member
	The Hon Wendy Lovell, Minister for Housing	Member
	The Hon Gordon Rich-Phillips, Assistant Treasurer	Member
Queensland	The Hon Karen Struthers, Minister for Community Services, Housing and Women	Member
	The Hon Phil Reeves, Minister for Child Safety and Sport	Member
	The Hon Curtis Pitt, Minister for Disabilities, Mental Health and Aboriginal and Torres Strait Islander Partnerships	Member
Western Australia	The Hon Robyn McSweeney MLC, Minister for Community Services	Member
	The Hon Troy Buswell, Minister for Housing	Member
	The Hon Helen Morton, Minister for Disability Services	Member
South Australia	The Hon Jennifer Rankine, Minister for Housing	Member
Tasmania	Ms Cassy O'Connor, Minister for Human Services, Minister for Community Development	Member
Australian Capital Territory	Ms Joy Burch, Minister for Community Services	Member
Northern Territory	Dr Chris Burns, Minister for Public and Affordable Housing	Member

COAG Standing Council on Community, Housing and Disability Services

Terms of Reference

Jurisdiction	Minister/s	Role
	The Hon Kon Vatskalis, Minister for Children and Families; Minister for Child Protection *(Attendance decided on a case-by-case basis)*	Member
Australian Local Government Association	Mayor Felicity-ann Lewis, City of Marion, South Australia	Member
New Zealand	Hon Phil Heatley, Minister for Housing OR Hon Tariana Turia, Minister for Disability Issues	Member

* Where more than one member has been nominated, there will be one vote per jurisdiction.