

Executive Management Team Briefing Note

Agenda Item 5.1

Subject: EMT Risk Profile Update - October 2013

Reference no. EM001380

Meeting date: 29 October 2013

Submitted by: DDG System Support Services

New item / Previously raised: Previously raised – Monthly item

Department of Health or system wide: Department of Health

Recommendation / s:

That EMT:

1. **Note and discuss** the Department of Health Executive Risk Profile (Attachment 1).

Health Blueprint Alignment:

The Department of Health Executive Risk Profile supports the themes, principles and deliverables highlighted in the Blueprint for better healthcare in Queensland.

Department of Health Strategic plan alignment:

Strategic objective 5 – governance and innovation.

Executive Committee pathway:

- | | |
|---|--|
| <input type="checkbox"/> Performance Management Executive Committee | <input type="checkbox"/> Resource Executive Committee |
| <input type="checkbox"/> ICT Portfolio Board | <input type="checkbox"/> Health Service Directives Executive Committee |
| <input type="checkbox"/> Close the Gap Executive Committee | <input checked="" type="checkbox"/> None |

Supporting information:

Context:

- This briefing provides a monthly update on the Department of Health Executive Risk Profile (Executive Risk Profile) which is at Attachment 1.
- Consistent with the EMT Terms of Reference, the Executive Risk Profile highlights risks that require EMT oversight, identifies new and emerging risks and includes monthly risk trend data. The Executive Risk Profile includes those risks that meet defined criteria based on the EMTs risk appetite.
- The Executive Risk Profile is a component part of the broader Department of Health Risk Profile.

Issues:

- Ongoing risk owner and Executive support is needed to ensure risks are regularly monitored and reviewed. This includes considering any new or emerging risks arising from budget process and forward business or program planning.

Changes since last month (Risk Profile update)

Refs	Location	Change
4637	Strategic	Updated treatment
4638	Strategic	Updated control
4624, 4625	Corporate	Updated treatment
4626	Corporate	Updated controls and treatment
4627	Corporate	Updated controls
3412	Corporate (ICT)	Updated treatment
4455	Corporate (Fraud)	Added to profile for EMT awareness
4978	Corporate (Fraud)	Added to profile for EMT awareness (was a single risk now split into two)
2807	HSCI	Updated treatment
4724	HSCI	Updated control
4725	HSCI	Under consideration for system risk
4727	HSCI	Risk closed
4569	SPP	Updated treatment
4780	SSS	Updated treatment
4658	HSIA	Updated control
4433	HSSA	Updated treatment
4858	HSSA	Closed risk (very high – risk realised and moved to issue register; associated with Warehouse Management System project funding)
4890	HSSA	New risk identified

- Fraud & Corruption Control Working Group is currently reviewing all fraud related risks with the risk owners.
- A potential new corporate risk is under review following the CMC report recommendation around risk and productivity analysis of workflows. The proposed risk being developed is: Restructures or other business change programs lead to unintended gaps in processes / workflows, governance arrangements or delegations. This leads to staff uncertainty over responsibilities, increased exposure to fraud and reduced productivity and efficiency.

Whole of Government Renewal Agendas:

- Effective risk management supports the whole of Government renewal agenda.

Author: Stephen Duffield Position: Senior Director, Risk Division / CBU: SSS/Governance Branch Telephone No: [REDACTED] Date: 22 October 2013	Submitted through: Name: Lee Hutchison Position: Chief Risk Officer Telephone No: [REDACTED] Date: 23 October 2013	Cleared By: (EMT Member) Name: Annette McMullan Position: A/DDG SSS Telephone No: [REDACTED] Date: October 2013
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Supporting information:

Risk assessment:

QHRisk	Brief summary of risk	Risk rating	Risk control actions
	Refer to Attachment 1		

Resource Considerations:

- Risk and Governance Unit will continue to support Divisions and CBUs in holding risk workshops and providing independent reviews of risks as required.

Implementation:

- Risk owners for strategic and corporate risks will need to undertake treatment planning for all high and very high risks. These risks have been provided to divisional and business unit representatives to progress. The department's Risk Management Working Group will also be focusing on corporate risks in November 2013.
- The Risk and Governance unit facilitated a HSCI risk management training session (12 staff members) and commenced a risk deep dive review exercise on #4725 (NEST targets). This risk will be further progressed via HSCI and SPP during November.

Attachments:

1. Attachment 1: Executive Risk Profile

Author: Stephen Duffield
 Position: Senior Director, Risk
 Division / CBU: SSS/Governance Branch
 Telephone No:
 Date: 22 October 2013

Submitted through:
 Name: Lee Hutchison
 Position: Chief Risk Officer
 Telephone No:
 Date: 23 October 2013

Cleared By: (EMT Member)
 Name: Annette McMullan
 Position: A/DDG SSS
 Telephone No
 Date: October 2013



Executive Risk Profile

Part of the Department of Health Risk Profile

How to read the Risk Profile for the Department of Health in its role as system manager:

'Risk' is defined as the effect of 'uncertainty' on objectives.

Our challenge is to manage, control and treat risks to prevent them from becoming issues which affect the Department of Health.

This document will help us increase awareness of risks across the Department of Health.

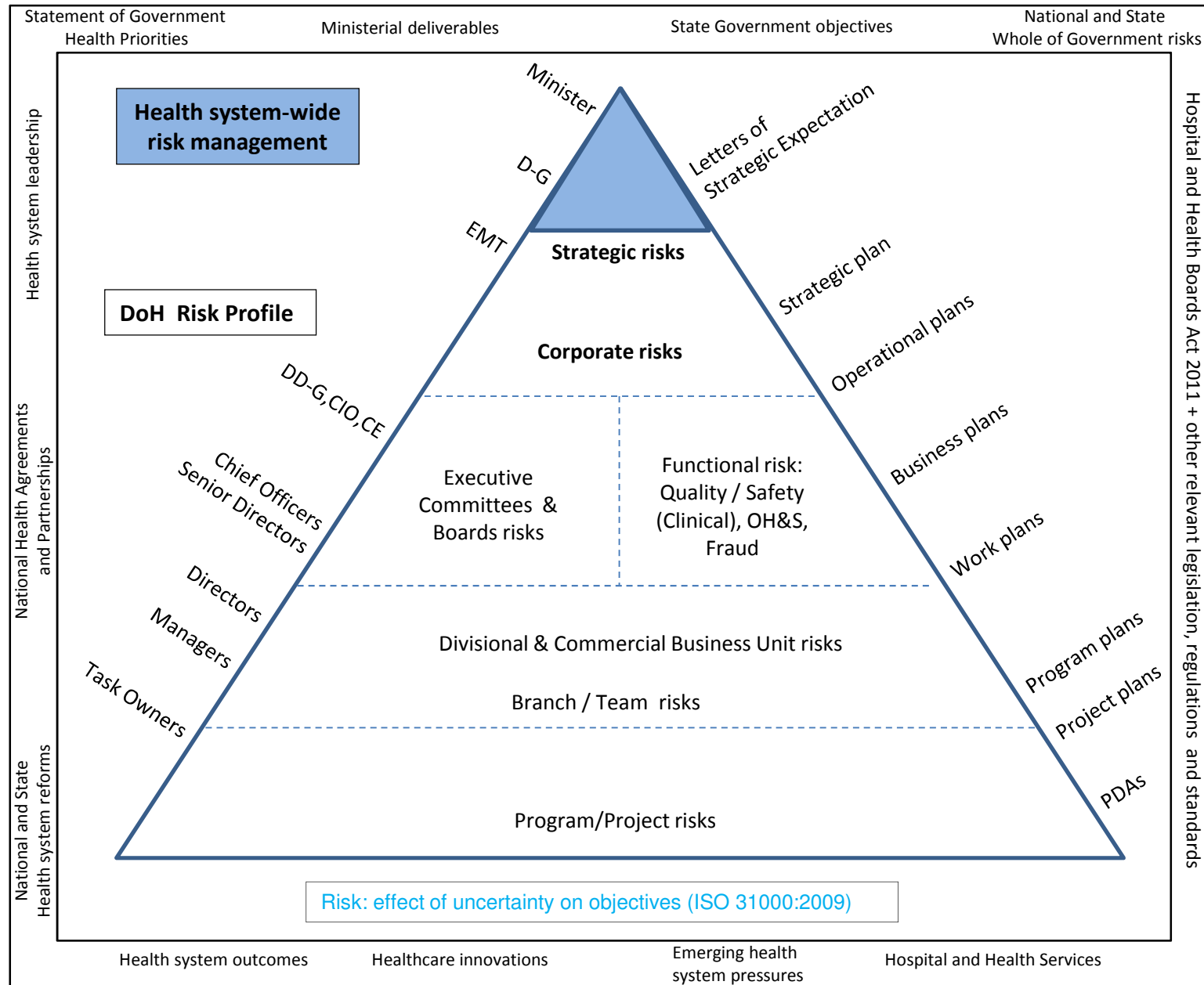
This Department of Health approach to reducing the effects of risks is a responsible and best-practice approach.

The registers in this document outline how different areas in the Department of Health are managing and sharing their risks.

Not inclusive of all risks. Only those requiring EMT oversight and cross-divisional communication.

The Executive risk profile includes those risks that meet defined criteria based on EMTs risk appetite.

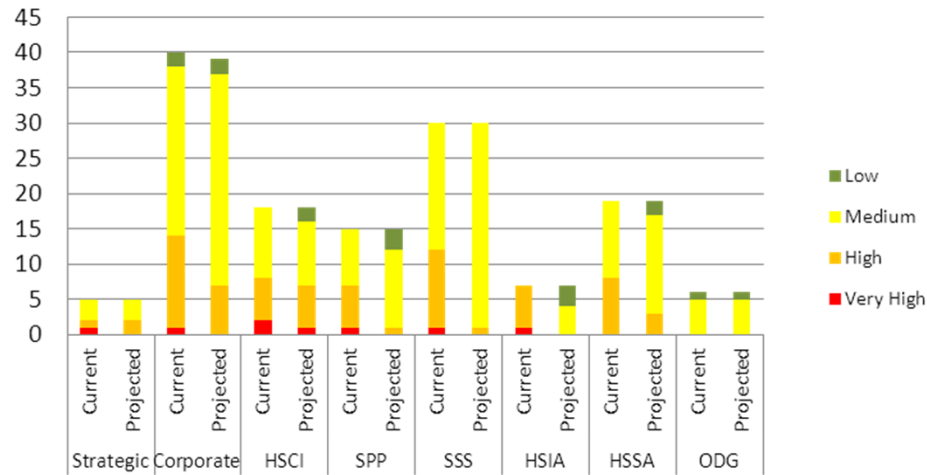
Department of Health Risk Management



Risk Dashboard

21/10/2013

Risk Profile (October 13)



Note:

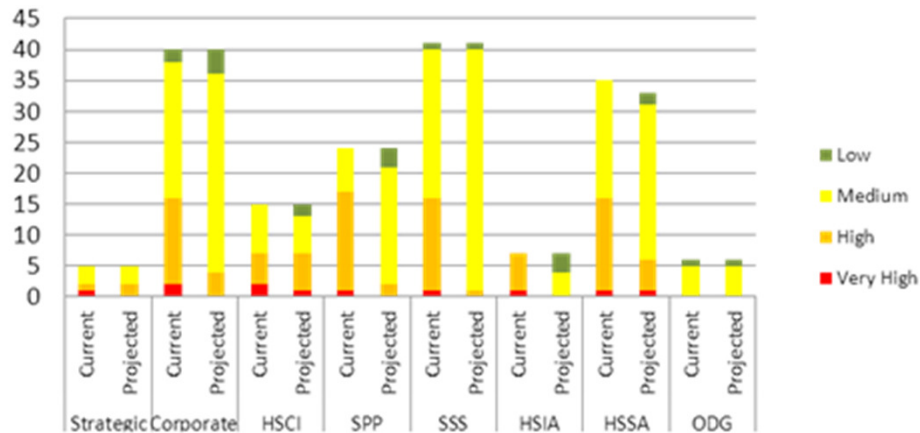
- 'Current' risk is the risk rating based on the controls (effective measures) already in place.
- 'Projected' risk is the expected risk rating once identified treatments (planned actions not yet completed) are fully implemented and the risk reassessed.
- Does not include project/program risks

Current Risk Profile

	Minor	Moderate	Major	Extreme
Rare		0 ↓	3 ↑	
Unlikely	2 ↓	11 ↑	11 ↓	
Possible	2 ↓	50 ↓	20 ↓	
Likely	2 ↓	14 ↓	19 ↓	1
Almost certain		3	6	1 ↓

Note: (Risk matrix count does not include all of HSIA risks (ie Directorate's etc))

Risk Profile (September 13)



Projected Risk Profile

	Minor	Moderate	Major	Extreme
Rare	2 ↓	2	1 ↓	
Unlikely	10 ↓	32 ↓	16 ↓	
Possible	13	51 ↓	8 ↑	1
Likely		2	5	
Almost certain		2	1	0 ↓

Endorsed Strategic Risks 2013-2017

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating	Alignment to Strategic Plan
4637	Policy changes at the National level impacts State health priorities and investments.	DDG SPP	a. Participation in interjurisdictional committees/forums to ensure awareness and to influence the national agenda (eg Jurisdictional Advisory Committee for the National Funding Pool). b. Systematic "horizon scanning" undertaken and distributed to raise awareness of new and emerging policy and research. c. A contingency fund has been established from the purchasing pool.	High	Collaboration with the Queensland Mental Health Commission to ensure consistent appropriate strategic policy direction across national and state priorities.	High	1.1,1.3 4.1 6.9
4638	There is a different strategic approach between the Department of Health and HHSs	DDG SPP	a. Invite HHS membership/participation on strategic governance boards and committees. b. Utilise Health Service Directives (including ongoing review) and Service Agreements (including service agreement negotiations) as alignment mechanisms. c. Harness Senior Executive meetings between DoH & HHS as awareness, influencing and negotiation mechanisms. d. Draw on HHS communication and engagement strategy for aspects of progressive autonomy and as awareness raising mechanisms.	Medium	Ongoing meetings between DoH & HHS to discuss and negotiate strategic priorities	Medium	1.1,1.4,1.5,1.6 2.1 3.1 4.3 5.3 6.4,6.6
4639	Lack of a standardised life cycle model to support investment in health.	DDG SPP	TBA	Medium	TBA	Medium	2.2,2.3,2.4 3.1 4.2,4.3 6.6
4640	Failure to meet efficient pricing impacts the government funding model	DDG SPP	An ABF Program Board has been in operation to oversee the implementation of the National Activity Based Funding (ABF) model. Qld has completed the implementation with some localisations and the model has been validated by an external third party. A Qld Efficient Price for 13/14 has been derived which when applied to 2013/14 Service Agreements will deliver the blueprint commitment (the state will be at or below the efficient price by mid 2014). A HHS Performance Management Framework is in place to support delivery of key performance indicators by the HHSs.	Very High	Implement Performance Management Framework. Review of branch resources is taking place to determine what additional resources are required to ensure data validity etc.	High	2.1,2.3,2.4 3.3 4.1,4.2
4642	Inability to anticipate, recognise and/or adapt to changes in the strategic environment including changing economic conditions and industry trends (this includes the ability to prepare and implement buffering strategies).	DDG SSS	Health Renewal Portfolio Board	Medium	Strategic Plan re-fresh Environmental scan	Medium	1.6,2.1 2.3 4.1,4.4,4.5 5.7 6.1,6.9

Corporate Risks

(Page 1 of 2)

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
4621	The Department of Health organisational culture is not aligned with or does not enable Department of Health Strategic Plan delivery and progression of the Blueprint	DDG SSS	a. Public service culture and values renewal b. EMT staff correspondence	Medium	under review	Medium
4622	Integration and co-ordination of strategic /operational plans execution and assurance through cross-Divisional cooperation, business planning and governance arrangements for deliverables is ineffective.	DDG SPP	a. extensive consultation with all divisions and CBUs in the development of the Strategic Plan b. Identification of Indicators and Risks associated with the deliverables in the Strategic Plan. c. Discussions at EMT regarding Accountable Officer for each deliverable in the Strategic Plan.	High	under review	High
4624	Effective framework governing dis-investment decisions is not in place resulting in unsustainable post-lifecycle costs, liabilities and increased risk to service delivery.	DDG SSS	a. Contestability (framework) lifecycle	Medium	Refer to #4688 (Contestability) Develop strong program governance and management mechanisms (CRO)	Medium
4625	Strategy and the framework around investments, commercialisation and contestability decisions are not optimal for realising benefits and managing commercial risks.	DDG SSS	a. Contestability (framework) lifecycle	Medium	Refer to #4688 (Contestability) Develop strong program governance and management mechanisms (CRO)	Medium
4626	The system lifecycle costs (financial and human) of new technology is not quantified or planned for as part of projects and purchases undermining efficiency that could be gained from investment decisions. There are flow on effects to infrastructure reliability and unplanned major capital infrastructure and equipment replacement programs.	DDG SSS	a. Program / Project Boards b. Health Technology Assessment (HTA) program (HSCI) c. FF&E SWG Furniture Fitings &Equipment Strategic Working Group (HIB lead) d. Infrastructure Capability Design Delivery Process Framework (HIB)	Medium	Liase with HTA to better understand program and relevant processes (CRO)	Medium
4627	Project management systems and processes (including business case and project plan implementation, health checks and project closeouts) are inconsistent or not effectively implemented resulting in significant increased costs, delays, scope, quality issues and public questioning with projects.	DDG SSS	a. Program / Project Boards b. Contestability life cycle c. Health renewal portfolio	High	T1. Portfolio Management and Governance Board T2. QH Payroll System Commission of Inquiry Report - Recommendations	Medium

Corporate Risks

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Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
4628	Department of Health business continuity and disaster recovery plans are not in place or are not effective in the event of disruption to one or more resources (e.g. people, technology, infrastructure) impacting frontline services or critical support services.	DDG HSCI	TBC	High	Audit current status of BCPs Improvement plans completed	Medium
4629	Business improvement and innovation processes do not capitalise on staff ideas and local initiatives for measurable Department-wide improvements to performance, activities, processes and culture.	DDG SSS	a. Contestability framework	Medium	under review	Medium
4644	Stakeholder understanding and expectations about the system manager role are not understood or effectively managed impacting on Department of Health reputation and ability to deliver.	DDG SPP	a. Blueprint b. Strategic Plan c. Media communications engagement d. Department leadership and stakeholder engagement e. Communications guideline QH and HHS f. How the new Queensland health system works intranet site	Medium	under review	Medium

ICT Portfolio Board

Corporate Risks (EC & Board's)

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
3412	Unable to maintain and support the Department of Health Patient Administration System beyond 2015	Chief Information Officer	An initiative to establish alternate Hospital Based Corporate Information System software support (post end of vendor support in Dec 2015) has been identified	Very High	<p>1. Upgrades of Hospital Based Corporate Information System infrastructure platforms are currently due for completion by Nov 2013 to provide stability through to 2019.</p> <p>2. A submission has been prepared requesting Cabinet Budget Review Committee approval for the Department to commence an investment planning project to develop an implementation approach, architecture framework, business case and significant procurement plan for a new Queensland Patient Administration Solution to replace Hospital Based Corporate Information System, to be completed by June 2014.</p> <p>The submission was developed in consultation with representatives from Department of Science, Information Technology, Innovation and the Arts and the Health Renewal Taskforce.</p> <p>The Cabinet Budget Review Committee submission is currently in the Cabinet Legislation and Liaison Officer consultation process and is expected to be considered by Cabinet Budget Review Committee in October 2013.</p> <p>3. Project Initiation Documentation</p>	Medium
4273	Inadequate ICT budget for new hospitals builds	CHIO, CIO, CEO's	For future builds Health Services Information Agency is engaged during initial planning and development of business case to determine ICT costs for project.	Very High	<p>Health Services Information Agency and the Health Infrastructure Branch are developing additional procedural steps to address ICT biomedical and infrastructure costs on relevant HIB projects: In particular:</p> <ol style="list-style-type: none"> 1. Developing a procedural life cycle with critical points for ICT biomedical and infrastructure cost estimations 2. Develop ICT biomedical and infrastructure cost estimation model 3. Refine the early engagement costing model 4. Implement software to capture estimates of ICT biomedical and infrastructure cost 5. Update The New Hospitals Planning manual to clearly identify ICT biomedical and infrastructure costs 	Medium
4274	The Department of Health Records Management System	CIO	<p>Existing records management system. Paper based records.</p> <p>Health Services Information Agency has established an Enterprise licence agreement with HP for use by the Department of Health, Hospital and Health Services and other affiliates.</p> <p>Health Services Information Agency has finalised implementation of stage 1 of an enterprise TRIM ICT platform for Department of Health, Hospital and Health Services and other affiliates to allow implementation of solutions (completed and available for use as at 5 August 2013).</p> <p>Electronic Document and Records Management System Handbook completed and issued to all Hospital and Health Services Chief Executives.</p> <p>Support model completed including recruitment of key resources.</p>	High	<ol style="list-style-type: none"> 1. Finalise establishment of an electronic Document and Records Management System Standing Offer Arrangement panel for HP TRIM implementation services comprising of certified HP TRIM implementation suppliers, to enable the Department Health, Hospital and Health Services and other associated health care providers to engage with accredited partners to deliver an electronic Document and Records Management System solution onto the platform to meet their respective business requirements. 2. Stage 2 of the electronic Document and Records Management System project will enhance the platform and create capacity to meet future requirements. 	Medium

Corporate Risks (Fraud)

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Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
4454	Failure to adequately secure departmental assets and property	SD, Asset Management, HIB & SD Org Health, HR	Protective security awareness training Protective Security Coordinator Code of Conduct for the Public Service Asset register in place Procedures for management of petty cash in place	High	There are a lack of policies/procedures available for Department of Health. The policies and standard available are primarily applicable to HHS. Therefore update existing standard or develop new policy surrounding asset and property protection within Department of Health.	Medium
4455	Loss of funds through manipulation of systems (e.g. Finance / banking systems, corporate card).	Chief Finance Officer	New Technology - Automated Accounts Payable System Project & SAPFIR (replacement to FAMMIS) Audit Programs, - Internal Audit and External Audit Management Programs – Financial Management Assurance (FMA) Budgetary Control – Comparison of Budget to Actual & explanation of variances Accounting Reconciliations Staff Training & Staff awareness programs Quarterly / annual reviews of system access controls Financial & procurement delegations are established and monitored Guidelines on Procurement methods to be used: <ul style="list-style-type: none"> • Petty Cash; • Corporate Purchasing Card (CPC); • Purchase Orders; and • Direct Invoice – processed via a General Purpose Voucher (GPV) Updated GPV Control Framework for Expenditure Segregation of duties Financial Management Practice Manual (FMPM) Active data analysis of vendor masters, invoice/corporate card data & analysis of exceptions	High	Refer to treatment plan.	High

Corporate Risks (Fraud)

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Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
4463	Misappropriation/loss of funds through abuse of Queensland Health employee entitlements	Chief Human Resources Officer, HRS Branch, SSS	<ul style="list-style-type: none"> -Overtime to be authorised in advance by employee's manager/supervisor. Regular reports in place to reflect overtime levels worked & leave balances -FMPM: supervisors to review & authorise timesheets; delegates to approve planned leave 3 weeks in advance. -Employees to submit leave application form supported by a medical certificate for all sick leave absences of more than 3 consecutive working days. -Fortnightly pay date has changed to allow a longer timeframe for scrutiny of processing documentation by Payroll Services staff. -IR Act 1999 amended to provide recovery for health employment overpayments (s.396A). -End to end processing for Payroll Services staff has been centralised to State-wide Resource Team to alleviate staff accessing own records. Regular monitoring to identify and address staff who modify own records. Processes in place to cater SWOT staff doing bulk uploads where own records may be affected -Preliminary analysis of payments made during periods of leave 	High	<ul style="list-style-type: none"> * Automated system generated recovery process for overpayments to be introduced early 2013. * Overpayments HR Policy C48 amended and pending union consultation. * Ensure all System Manager managers with salary budget responsibility have relevant performance criteria stated in performance and development plans. * Overtime Policy C60 to be managed appropriately, in so far as that overtime must be pre-approved and appropriately authorised. Abuse of this to be reported as soon as it is identified. * Payroll Services is currently undertaking an internal payroll process risk and control compliance review as part of the overarching Ernst & Young Financial Accountability Act audit review. * System user profiles are to be reviewed to determine user segregation of duty conflicts. * Standard reports for monitoring and agreeing leave taken need to be enhanced to ensure leave processed ultimately agrees with leave approved. <p>NOTE: see attached QHRisk file for complete list of treatment</p>	High
4466	Failure to ensure the integrity of the recruitment and selection process	Chief Human Resources Officer, HR Branch, SSS	<ul style="list-style-type: none"> At least 1 referee check - 2 for medical roles. Verbal contact is to be made. Professional registration & credential certificates must be sighted & matched to other identification (original documents) General Criminal History check conducted on all persons prior to appointment for general employment permanently or when the period of employment will exceed 3 mths or any employment in Forensic and Scientific Services. Audits of criminal history checks undertaken by Criminal History Unit. Declaration of other Employment Form Google search conducted on medical officers & the first 2 pages of results reviewed & kept on file Identification documents should be JP certified. Panel Chair or Line Manager has to be satisfied & approve that the employee's identity has been adequately verified Line Manager needs to determine if they are eligible to work or needs to be aware of the employee's visa conditions. Published roster/Position Occupancy Report distributed 	High	<ul style="list-style-type: none"> Amendment of Criminal History Checkign HR policy B40 to be undertaken to provide a greater scope for 'point in time' chekcing, eg existing employees moving into roles in identified risk prone areas. Must comply with PS Act provisions. Amendment of Employee to Notify Manager if Convicted of an Indictable Offence HR Policy E4 to be undertaken to include examples of 'indictable' offences and to outline the process a manager is to follow when advised by an employee of a charge/conviction. Proof of identity documentation requirements need to be consistent so can be used for both HR and Payroll purposes. Consider extending Google searches - may be undertaken on all preferred candidates, not just medical officers. Advice to be provided to applicants eg via role description. Guideline for panels. 	Medium

Corporate Risks (Fraud)

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Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
4466	Failure to ensure the integrity of the recruitment and selection process	Chief Human Resources Officer, HR Branch, SSS	At least 1 referee check - 2 for medical roles. Verbal contact is to be made. Professional registration & credential certificates must be sighted & matched to other identification (original documents) General Criminal History check conducted on all persons prior to appointment for general employment permanently or when the period of employment will exceed 3 mths or any employment in Forensic and Scientific Services. Audits of criminal history checks undertaken by Criminal History Unit. Declaration of other Employment Form Google search conducted on medical officers & the first 2 pages of results reviewed & kept on file Identification documents should be JP certified. Panel Chair or Line Manager has to be satisfied & approve that the employee's identity has been adequately verified Line Manager needs to determine if they are eligible to work or needs to be aware of the employee's visa conditions. Published roster/Position Occupancy Report distributed	High	Amendment of Criminal History Checkign HR policy B40 to be undertaken to provide a greater scope for 'point in time' chekcing, eg existing employees moving into roles in identified risk prone areas. Must comply with PS Act provisions. Amendment of Employee to Notify Manager if Convicted of an Indictable Offence HR Policy E4 to be undertaken to include examples of 'indictable' offences and to outline the process a manager is to follow when advised by an employee of a charge/conviction. Proof of identity documentation requirements need to be consistent so can be used for both HR and Payroll purposes. Consider extending Google searches - may be undertaken on all preferred candidates, not just medical officers. Advice to be provided to applicants eg via role description. Guideline for panels.	Medium
4471	Failure to ensure the integrity of real property management and adhere to the relevant process	Senior Director, Asset Management, HIB	Multiple quotes All valuations to be kept confidential Knowledge restricted to those who are directly involved with the project Employment Criminal History Checks	High	Further education / training Audit to ensure compliance with GLP Responsible officers have appropriate skills to ensure transactions occur at arms length	Medium
4746	The framework for fraud and corruption control is not effective in providing an appropriate control and fraud awareness environment for DoH. This leads to a breakdown in the system of fraud prevention and control	DDG SSS	C1. Fraud Awareness Month (February 2013) C2. Fraud Control Policy and Implementation Standard C3. Engage with media and communications unit for communications planning. C4. Internal Controls self assessment	High	Develop a fraud awareness communication plan for 2013/14 Develop Internal Control Framework	Medium
4978	Loss of funds through misappropriation/misallocation of grant funding or viability and ineffective financial controls b) within NGO funded entities	Director, Funding and Contract Management Unit	b) Within NGO funded entity Procurement • Annual approval process of funding prior to procurement based on policy priorities and value for money. • Open tender process for new and existing funding. Contract Management • Revisited terms and conditions of Service Agreement, implmented for all funded organisations. • Desktop risk assessment of all funded entities • Quarterly monitoring of financial and other compliance requirements. • Reporting against risk based quality standards 'Performance Framework for the Non Government Sector'. • Key Performance Indicator (KPIs) reporting based on individual programmatic outcomes focussed performance framework. External Audit and Performance Review • Risk based auditing of identified organisations. Proposed: • Rolling program of sampling audits, prioritised against program risks. • Internal financial viability analysis for identified organisations.	High	A Machinery of Government change in 2012 saw the transfer of community mental health services from Department of Communities, Child Safety and Disability Services to DoH. Preliminary desktop viability and financial control analysis of these funded agencies has identified significant issues. Further sampling is currently occurring by PricewaterhouseCoopers to assess the systemic nature of these issues. Once the outcome of these processes is known, further risk mitigation strategies will be developed at a programmatic level.	High

Corporate Risks (OH&S)

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
4619	A failure of the Organisational Safety Management Systems that exposes: <ul style="list-style-type: none"> a person to a risk of injury, illness or death, or the Organisation to risk of litigation 	Senior Director, Organisational Health	C1: Safety Management System Assurance Model, includes audits. C2: Safety Management System. C3: Undertake consultation and communication with stakeholders. C4: Reporting & monitoring of performance.	High	T1: Research and analyse emerging risks. T2: Interventions as defined under the Safety Assurance Model. T3: Relationship Management Group / Committee reviews. T4: Review Occupational Violence Prevention program training and procedures. T5: Review external audit findings and recommendations. T6: Review Safety Management System Framework in line with Australian Standards and audit findings.	Medium
4620	Inadequate understanding of OH&S responsibilities, duties and capabilities of HHS's to: <ul style="list-style-type: none"> become a prescribed service; and accept ownership of land and buildings. 	CHRO	C1: Safety Management System. C2: Land, Building and Prescribed Employer (Services) Working Group controls. C3: HHS Service Agreements. C4: Organisational Health Transition Plan.	High	T1: Land, Building and Prescribed Employer (Services) Working Group actions. T2: Assessment and communication of OHS duties and obligation implemented. T3: HHS local Safety Management System implementation. T4: Review Legislative Compliance Checklist and Management Review data	Medium

Health Service & Clinical Innovation (Div) Risks

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Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
2807	From 2016 when workforce demand for nurses will increase due to aging workforce, there will be a shortage of experienced staff available within the system.	DDG HSCI	1. Strategies are being progressed to fill existing vacancies with graduates in rural and remote practice with specific focus on mental health and midwifery.	Medium	Development of specifically funded program to place new graduates in unfilled rural and remote vacancies - program commenced January 2013	Medium
4338	Out-dated business continuity plans may impact system manager emergency preparedness	DDG HSCI	Nil	Medium	All branches/divisions need to revise and update as necessary BCPs	Low
4718	Inability to maintain currency of IT systems and implement critical system fixes in a timely manner could adversely affect delivery of statutory obligations, particularly those directly affecting client services	DDG	1. Management of Applications, Permits and Licensing Events system (MAPLE) - liaise with system owner to minimise delays in critical system fixes and upgrades 2. Electronic Recording and Reporting of Controlled Drugs (ERRCD) - funding of business analysis work as part of preparation for implementation of national system 3. Maintenance of an accurate and responsive notifiable conditions register as required under Public Health Act 2005	High		High
4720	Small drinking water providers no longer committing to providing potable water due to administrative burden of the Water Supply (Safety and Reliability) Act 2008 administered by Department of Energy and Water Supply (DEWS) placing regulatory control back to the DoH.	DDG	1. Fact sheet for non-potable water supplies developed and disseminated as needed to local governments (i.e. small drinking water providers) 2. Regular engagement with fellow regulators maintained	Medium	Planned engagement with other agencies (DEWS and Dept of Local Govt and Planning) to implement measures to ensure protection of public health (Note: DEWS has also acknowledged the public health risk)	Low
4721	Ineffective administration of the devolved public health risk provisions of the Public Health Act 2005 (e.g. asbestos, clandestine laboratories) by local government due to inconsistent prioritisation, acceptance of responsibilities and variable quality of partnership arrangements at the local level	DDG HSCI	1. Regular liaison established with Local Government Association of QLD (LGAQ) 2. Finalisation of MOU with Workplace Health and Safety Queensland, Department of Environment and Resource Management, Department of Natural Resources and Mines, and local government.	Medium	Meeting of Ministers across relevant departments to discuss an agreed framework for management of asbestos and clandestine laboratories	Medium
4723	Timely provision of information for the roll out of business critical changes to the Consumer Integrated Mental Health Application (CIMHA)	ED MHAODB	1. Management of changes to CIMHA Project in conformance with HSIA eHealth governance	Medium		Medium

Health Service & Clinical Innovation (Div) Risks

Risk ID	Risk Description	Risk Owner	(Page 2 of 2) Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
4724	No formal arrangements for the recurrent transfer of funding from Baillie Henderson Hospital (BHH) to Community Care Units (CCUs). Failure to transfer would mean no operational funding for CCUs.	ED MHAODB	1. BHH Decentralisation Steering Committee was established to provide the governance mechanism of the project. ED, MHAODB Chairs the Steering Committee. 2. Financial Management Working Group was established to assist the Steering Committee. The purpose of the working group is to develop financial risk management strategy for new CCUs and agreed strategy for redistribution of recurrent operational BHH budget.	Medium	Ensure strong governance, HHS coordination, communication plan, Healthcare Purchasing involvement	Medium
4725	Failure of HHSs to meet NEST targets Under review	HHSs	NIL	Very High	1. NEST strategic plan developed including: * Scalpel redesign project. 9 Facilities commencing 13th May. * Surgery Connect 2. Monitoring and escalation process. 3. Surpluses from HHSs reallocated by Finance to Surgery Connect to perform additional surgeries by 30 June (\$20M). 4. Surgical Action Plan developed for CAIRNS, Metro North, Metro South and West Moreton HHS. 5. 33 Surgical reporting facilities receive the 10 longest wait patients each month. 6. Regular Statewide Elective Surgery Coordinator meetings to facilitate prioritisation of patients' treated. 7. Monthly checklist reports provided to each HHS.	High
4726	From 2016 onwards there will be a shortage of registered midwives in Queensland due to aging workforce and low graduate numbers.	DDG HSCI	1. Strategies are being progressed to fill existing vacancies with graduates in rural and remote practice with specific focus on mental health and midwifery.	Medium	Funding secured for education of 50 additional midwives to graduate in 2015.	Medium
4728	Inability to meet performance benchmarks and therefore not receive incentive payments for the National Partnership Agreement for Treating More Public Dental Patients	CDO	Close monitoring of HHS oral health service performance and frequent provision of progress reports to primary stakeholders (i.e. Minister, HHS Dashboard, RMC, RMGs, P MEC, DOHSAC)	High		High
4922	HSU capacity to provide data due to resourceing issues.	ED HSU	1. Reviewing and streamlining activities where appropriate 2. Preparing Brief to ED HSIB outlining key areas at risk due to resourcing issues and recommendations to address.	Very High		Very High
4923	Failure to meet ministerial deadline and requirements for the open tender purchase of non-government organisation (NGO) community mental health (CMH) service provision. Current service agreements cease 31/12/13.	Ed MHAODB	1.Grants and Service Procurement Working Group oversight of process 2. Ongoing consultation with Integrated Communications and QH renewal taskforce. 3. Re-prioritise MHAODB work programs to meet processes and associated service agreement timelines.	Medium	Prioritisation of procurement, development of initial non-government service agreements.	Low

System Support Services (Div) Risks

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Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
4647	The responsibilities and capabilities for land, building and people are improperly or prematurely handed over the HHSs (progressive autonomy). Progressive autonomy program effectiveness and outcomes are not realised, exposing the Department to legislative breaches and service disruptions.	LBTPPAB Chair (DDG SSS)	C1. deleted. C2. Project Plans (HR and Infrastructure) C3. Project links to delegations review, HHS service agreements, HSDs and legislation C4. Regular EMT reporting and briefings via project governance, including Land and Buildings Transfer Project Progressive Autonomy Board C5. OHS operational transition plan C6. Asset Management Assurance Framework C7. Collaborative engagement and communication strategy and forums C8. Service agreements and KPIs C9. Land and Buildings Transfer Project Progressive Autonomy Board in place with TOR endorsed	Medium	T1. completed T2. Resource project(s) with specialised dedicated expertise T3. Fast-track development of Asset Management Assurance Framework T4. Workshop scope and policies relating to prescribed employer T5. Identify lead sites for transfer of legal ownership of land and buildings T6. Develop HHS communications and engagement strategy for both aspects of progressive autonomy T7. Establish standard EMT reporting process T8. Maintain regular updates at HHS Chair and CE forums	Medium
4648	Contestability outcomes and expectations do not align with the strategic plan or Blueprint priorities resulting in patient risk, public questioning, loss of confidence and potential efficiencies/improvements not being realised	ED Contestability	C1. Contestability outcomes included in Strategic Plan (2012-2016) refresh C2. Government mandate	High	T1. Develop strong program governance and management mechanisms T2. Establish a prioritisation and sequencing methodology aligned to the Blueprint and government priorities T3. Establish a stakeholder engagement and communications strategy.	Medium
4649	Industrial relations reform causes uncertainty and a breakdown in workplace relations, adverse media and loss of confidence in health system improvements and Blueprint delivery.	CHRO	C1. Project Plans C2. MBRC Reporting C3. Advisory Group C4. Blueprint	High	T1. Communication and Engagement Strategy T2. Media Strategy	Medium
4650	Payroll program does not deliver required outcomes. This results in adverse impacts on Department of Health budget position, reputation and public confidence.	ED Payroll Portfolio	C1. Payroll program well established C2. Project plans in place C3. Governance through PMO C4. Lessons learnt incorporated C5. External assurance C6. Significant Governance Framework in place C7. Key management structure in place	Medium	moved to controls	Medium
4762	System Support Services Division project, program governance arrangements are ineffective. This results in project risks being realised and subsequent ongoing contract and/or third party service delivery issues and increased lifecycle costs.	EA DDGSSS	C1. Upgrade Project Board (Payrol Program) C2. ICT Portfolio Board C3. SAPFIR Project Board	High	T1. Payrol Commission of Inquiry Review T2. Department Governance Framework Review	Medium

System Support Services (Div) Risks

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Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
4763	System Support Services Division business continuity framework is not in place to support business continuity planning. This leads to critical process disruptions / loss of continuity (including for people, information, infrastructure and technology resources).	CRO	C1. Department of Health Risk Policy and Standards C2. Emergency Preparedness and Continuity Management Policy (2006) C3. Guidance Document: Emergency Preparedness and Business Continuity (2006)	High	T1. Update payroll business continuity arrangements T2. Review SSS remote access arrangements and staff notifications T3. Exercise CBD Office unavailability (SSS) T4. Develop Business Operations Business Continuity Framework and guidelines (Project) T5. Business Continuity Plans in place for SSS Critical business processes	Medium
4764	The forums and processes for innovation and business improvement are not optimal. This results in SSS and Department of Health missed opportunities for performance improvement, efficiency and cross-divisional partnering to support blueprint delivery.	DDGSSS	C1. 'Fight the waste' staff reporting portal C2. Contestability framework C3. Change champions in place	Medium	T1. completed T2. Champions of Change program	Medium
4780	Compliance, assurance and business plan activity monitoring and communication is not effectively integrated to provide confidence that the Department is meeting its requirements and using business intelligence to drive efficiency without increasing exposure to non-compliance. This results in loss of Government confidence and the Department not delivering on its obligations and objectives.	Bob McDonald	C1. Legislation compliance policy 2010 and implementation standard C2. Sharepoint database for compliance reports and annual compliance statements C3. Department annual report C4. Internal audit program C5. Strategic and operational plans linked to performance agreements C6. Strategic plan refresh	High	Legislation Compliance Project. Map process dependencies between compliance monitoring, internal audit and strategic plan reporting to find opportunities to improve business decisions. Strategic plan refresh. T1. 2013/2014 internal audit program T2. Legislation Compliance Project T3. Map process dependencies between compliance monitoring, internal audit and strategic plan reporting to find opportunities to improve business decisions T5. Statement of collective action	Medium

System Policy & Performance (Div) Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
4569	The Transition to Community Control pilots do not proceed because the organisations involved fail to demonstrate the required capacity and/or capability.	Senior Director, GRIP Branch	The Dept has prepared a Readiness Assessment Framework and a suite of guidance/policy papers to guide the participating organisations in developing capacity to transition services, and to enable the Boards to conduct due diligence prior to agreeing to transition taking place.	High	Seek endorsement of guidance documents.	Medium

HS Information Agency (CBU) Risks

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Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
4651	Operational failure of current ICT assets	ED ICT Service Co-ordination and Integration	A break-fix model has been implemented for some asset classes with replacement priority primarily based on highest risk of failure. Asset lives are extended through extended warranties where possible.	Very High	1. Identify opportunities for additional funding to replace to replace aged assets. 2. Align upgrades to new initiatives where possible. 3. Undertake strategic sourcing / buy back strategies in areas such as voice, as part of the contestability activities. 4. Continue to extend asset life by securing extended warranties from vendors where possible.	Low
4652	Electrical capacity issues within the Enterprise Data Centre may delay Project delivery	ED ICT Service Co-ordination and Integration	The Data Centre Facilities Team monitors electrical consumption to maintain service delivery.	High	1. Approval has been given to Engineering and Building Services to investigate the following options with an external specialist Electrical Contractor: •enable existing transformers to provide capacity and be linked to generators; or •purchase and installation of a new transformer at a cost of \$1M. 2. Investigate the creation of a third node to create another data centre to decrease electrical load of Block 7. A briefing note is currently being prepared seeking approval to contract a third node and to expend the required funds. This submission will be submitted to the new Portfolio Investment Board. 3. Investigate Brisbane Technology Park (Fujitsu) expansion to provide further electrical capacity and floor space for additional servers.	Low
4653	Limited procurement/ commercial arrangements to meet HSIA's significant work programs	Director ICT IECMU	Under review	High	1. Engage specialist procurement resources to build HSIA Procurement Framework and facilitate organisational skills transfer. 2. Establish new SOA arrangement for various asset classes to expedite procurement.	Medium
4654	Expense Funding Requirement	Director Commercial & Business Services	nil	High	1. Interim measure to convert capital to expense through the available mid-year updates. Once the split is confirmed and approved by treasury the risk will drop.	Medium
4655	Use of Internet Explorer 6 to develop Dept of Health web solutions	ED Planning, Engagement & Performance	Queensland Health Technology Policy (2008) stipulates IE8 as the standard browser Mozilla Firefox has been provided to Dept of Health staff as an alternative browsing program	High	Treatments are under review as this risk is being reworked to include SOE replacement.	Medium

HS Information Agency (CBU) Risks

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Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
4656	Insufficient event logging of Dept of Health information systems resulting in lack of accountability.	ED Planning, Engagement & Performance	All updates to Hospital Based Corporate Information System records are logged. Regular the Hospital Based Corporate Information System training is made available to all users	High	1. Implement Department of Health information security policies regarding logging requirements as new systems are implemented into the Queensland Health environment. 2. Work with ICT Service Co-ordination and Integration and Enterprise Architecture Office to implement holistic audit logging strategy. 3. Phil Lingard to finalise event logging for enterprise systems and report to Information Agency Leadership Team.	Low
4658	Re-current costs have yet to be secured for capital projects	ED ICT Service Co-ordination and Integration	Service Co-ordination and Integration continues to engage with Program areas to ensure re-current costs are identified and secured as early as possible in the program/project stage and during business case development.	High	Planning Engagement and Performance and Program Delivery Directorate's to introduce a new project costing process at the business case stage to understand the true recurrent costs in the development stage of the rolling base capital program.	Medium

HS Support Agency (CBU) Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
4433	That the HSSA will sustain a significant financial loss if the LIS replacement selects a new vendor as AUSLAB/AUSCARE will require a write off of the remaining book value in one financial year.	Senior Director ICT Portfolio	Limit the investment in AUSLAB/AUSCARE over the remaining life of the current asset to decrease the loss that the HSSA will realise.	High	The final term of the PJAS contract has delivered improved terms and conditions from a financial and performance perspective. The investment in the remaining years will be less than the current investments.	High
4890	HHSs may move independently to outsource some or all of their clinical and other support services before contestability business reviews have been completed. Leveraging the system as a whole may be compromised and public health system will lose the benefits of the current service delivery model. It would be difficult for rural and remote HHSs to mitigate the risk of not having Health Service Directives.	Chief Executive HSSA	Consultation with all HHS CEs to understand their needs and the drivers for them to act independently. Contestability reviews are being undertaken for Pathology, Group Linen Services and Central Pharmacy.	High		High

Health System Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Treatments (Additional Control Description)	Projected Risk Rating
4630	The level of uptake of Health service investment opportunities and public/private partnerships adversely impacts Blueprint delivery and public confidence in an integrated health system.	DDG SSS	a. Contestability framework b. Communications team	High	Under Review	High
4631	System reforms result in turbulence, rapid change and resultant unforeseen risk impacting on delivery of frontline services for 'Healthy Queenslanders'	DDG SSS	a. System Risk Roadmap b. Integrated Risk Management Network c. CEO Group	High	a. Implement system risk management	Medium
4632	Innovative new clinical health models that deliver high quality outcomes for Queenslanders are not facilitated, evaluated, sustained or promoted across multiple HHSs to support system-wide improvements in health delivery. This impacts Blueprint delivery - system performance improvements not realised.	DDG HSCI	Under Review	Medium	Under Review	Medium
4633	The integration between financial efficiency, safety, patient flow, quality, number of services and business efficiency is not effective or well understood across the Health System	DDG HSCI	HSCI Clinical Governance Framework Clinical and safety functional engagement	Medium	1. ICT integration project completion and forward recommendations identified	Medium
4634	The Blueprint for Health is not supported by a system wide communications strategy resulting in conflicting messages and stakeholder communications resulting in loss of public confidence and an unwillingness to invest in health.	ED ODG	Under Review	Medium	Under Review	Medium
4635	Health system led emergency management initiatives (prevention, preparedness, response, continuity and recovery) are not effective in supporting system outcomes and continuity during a declared disaster or health system crisis (e.g. pandemic, epidemic, natural disaster, critical systems failure, critical incident).	DDG HSCI	QH Service Directive - Disaster Management	High	QH Disaster Plan to be finalised	High
4663	System risk management occurs in a fragmented manner resulting in disaggregated but increased costs of managing system risk, gaps in risk treatment and lost opportunities to reinvest savings in clinical outcomes	Chief Risk Officer	Integrated Risk Management Policy and Standards	High	T1. Roadmap is endorsed by EMT and HHS CEOs T2. HHSs implement effective risk programs T3. DoH revised risk policy and standards T4. Roadmap implementation	Medium
4766	Workforce capability and capacity does not meet transformed health system requirements, leading to sub optimal performance.	CHRO	C1. Capability Project initiated C2. Joint program of work with Contestability Unit	Medium	T1. Develop Capability Blue Print including contestability capability priorities T2. Produce implementation plan	Medium