



Queensland

Hospital and Health Boards Act 2011

Hospital and Health Boards Regulation 2012

Current as at 1 July 2012

Information about this reprint

This regulation is reprinted as at 1 July 2012. The reprint shows the law as amended by all amendments that commenced on or before that day (Reprints Act 1992 s 5(c)).

The reprint includes a reference to the law by which each amendment was made—see list of legislation and list of annotations in endnotes. Also see list of legislation for any uncommenced amendments.

This page is specific to this reprint. See previous reprint for information about earlier changes made under the Reprints Act 1992. A table of reprints is included in the endnotes.

Also see endnotes for information about—

- **when provisions commenced**
- **editorial changes made in earlier reprint.**

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Queensland

Hospital and Health Boards Regulation 2012

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Hospital and Health Boards Regulation 2012

[as amended by all amendments that commenced on or before 1 July 2012]

Part 1 Preliminary

1 Short title

This regulation may be cited as the *Hospital and Health Boards Regulation 2012*.

2 Definitions

The dictionary in schedule 6 defines particular terms used in this regulation.

Part 2 Hospital and Health Services

3 Establishment of Hospital and Health Services—Act, s 17

- (1) A part of the State, a public sector hospital, public sector health service facility or public sector health service mentioned in the schedule, column 2 is declared to be a Service area for a Hospital and Health Service.
- (2) A Hospital and Health Service mentioned in the schedule, column 1 opposite a Service area is established as the Service for the Service area.
- (3) The name mentioned in the schedule, column 1 opposite the Service area is the name assigned to the Service.

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Part 3 Employment matters

4 Definitions for pt 3

In this part—

health system employer means a Service or the department.

relevant chief executive, of an employer, means—

- (a) if the employer is a Hospital and Health Service—the Service’s health service chief executive; or
- (b) if the employer is the department—the chief executive of the department.

5 Movement of health service employees, other than health service chief executives, between health system employers

- (1) This section applies to health service employees other than health service chief executives.
- (2) A health service employee may be moved from one health system employer to another health system employer—
 - (a) by agreement between the relevant chief executives of the employers; or
 - (b) by written direction given by the chief executive of the department to the employee, and—
 - (i) if the movement is between the department and a Hospital and Health Service—the health service chief executive of the Service; or
 - (ii) if the movement is between Hospital and Health Services—the health service chief executives of each Service.
- (3) However, the chief executive may give a written direction under subsection (2)(b) only if the chief executive considers the movement necessary to mitigate a significant risk to the public sector health system.

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- (4) Before giving the written direction, the chief executive must consult with the health service chief executive of any Service in which the employee is and will be employed.
 - (5) A health service employee moved from one health system employer to another health system employer under this section is employed by the other health system employer from the date, and for the period (if any), stated—
 - (a) for a movement made under subsection (2)(a)—in the agreement mentioned in that subsection; or
 - (b) for a movement made under subsection (2)(b)—in the written direction given under that subsection.

6 Movement of health service chief executives between health system employers

- (1) This section applies to health service chief executives.
- (2) A health service chief executive may, with the approval of the Minister, be moved—
 - (a) from a Hospital and Health Service to the department by agreement between the chair of the Service's board and the chief executive of the department; or
 - (b) between Hospital and Health Services by agreement between the chairs of the boards of the Services.
- (3) A health service chief executive may also be moved by the Minister on the recommendation of the chief executive of the department, by written direction given by the Minister to—
 - (a) the health service chief executive; and
 - (b) either—
 - (i) if the movement is from a Hospital and Health Service to the department—the chair of the board of the Service; or
 - (ii) if the movement is between Hospital and Health Services—each chair of the boards of the Services.

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- (4) The recommendation of the chief executive of the department mentioned in subsection (3) may be given only if the chief executive considers the movement is necessary to mitigate a significant risk to the public sector health system.
- (5) Before giving the written direction, the Minister must consult with the chair of the board of any Services in which the health service chief executive is and will be employed.
- (6) A health service chief executive moved from one health system employer to another health system employer under this section is employed by the other health system employer from the date, and for the period (if any), stated—
 - (a) for a movement under subsection (2)—in the agreement mentioned in that subsection; or
 - (b) for a movement under subsection (3)—in the written direction mentioned in that subsection.
- (7) A health service chief executive moved under this section may, as a result of the movement, be employed in a position other than health service chief executive.

7 Movement of health service employees employed on a contract

- (1) This section applies to the movement of a health service employee to another health system employer—
 - (a) under section 5 if, immediately before the movement, the employee was appointed on a contract for a fixed term; or
 - (b) under section 6.
- (2) The employee is taken to be employed by the health system employer under the contract under which the employee was employed before the movement, for the following period—
 - (a) if a period is stated in the agreement or written direction given under section 5 or 6 for the movement—the period stated;

- (b) if no period is stated in the agreement or written direction—the period remaining on the term of the employee’s contract.
- (3) The period stated in the agreement or written direction mentioned in subsection (2)(a) may not exceed the remaining term of the employee’s contract.
- (4) If a provision in a health service employee’s contract is inconsistent with a movement under this part, the movement takes effect despite the inconsistency.

8 Movement between classification levels

- (1) Subject to subsection (2), the movement of a health service employee under this part may include employing the employee at the same or a different classification level.
- (2) The employee may be moved to another health system employer at a lower classification level only if the employee consents to the movement.
- (3) However, subsection (2) does not prevent movement to a lower classification level as a result of disciplinary action against the employee.

9 Effect of movement of health service employees other than health service chief executives

- (1) If a health service employee is moved under section 5, the movement has effect unless the employee establishes reasonable grounds for refusing the movement to the satisfaction of—
 - (a) if the movement is by agreement under section 5(2)(a)—the chief executive of the health system employer from which the employee is moved; or
 - (b) if the movement is by written direction under section 5(2)(b)—the chief executive of the department.
- (2) The health service employee must be given a reasonable time to establish reasonable grounds for refusing the movement.

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- (3) Subsection (4) applies if the health service employee refuses the movement after failing to establish reasonable grounds for refusing the movement.
- (4) The relevant chief executive of the health system employer from which the employee is moved—
 - (a) if the movement is by agreement under section 5(2)(a)—may end the employee’s employment by signed notice given to the employee; or
 - (b) if the movement is by written direction under section 5(2)(b)—must end the employee’s employment by signed notice given to the employee.
- (5) If the employee establishes reasonable grounds for refusing the movement—
 - (a) the movement is cancelled; and
 - (b) the refusal must not be used to prejudice the employee’s prospects for future promotion or advancement.

10 Effect of movement of health service chief executives

- (1) If a health service chief executive is moved under section 6, the movement has effect unless the health service chief executive establishes reasonable grounds for refusing the movement to the satisfaction of the following—
 - (a) if the movement is by agreement under section 6(2)—the chair of the board of the Service from which the health service chief executive is moved;
 - (b) if the movement is by written direction under section 6(3)—the Minister.
- (2) A health service chief executive must be given a reasonable time to establish reasonable grounds for refusing the movement.
- (3) Subsection (4) applies if the health service chief executive refuses the movement after failing to establish reasonable grounds for refusing the movement.

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- (4) The chair of the board for the Service from which the health service chief executive is moved—
- (a) if the movement is by agreement under section 6(2)—may end the health service chief executive’s employment by signed notice given to the health service chief executive; or
 - (b) if the movement is by written direction under section 6(3)—must end the health service chief executive’s employment by signed notice given to the health service chief executive.
- (5) If the health service chief executive establishes reasonable grounds for refusing the movement—
- (a) the movement is cancelled; and
 - (b) the refusal must not be used to prejudice the health service chief executive’s prospects for future promotion or advancement.

11 Continuation of entitlements of health service employees

- (1) This section applies to a health service employee of a health system employer (the *first employer*) if the employee is appointed to another health system employer without break of service, including as a result of a movement under this part.
- (2) The following apply for the employee—
- (a) the employee is entitled to all leave entitlements and superannuation that have accrued to the employee because of the employee’s employment with the first employer;
Examples of leave entitlements that have accrued to the employee—
accrued recreation leave or accrued sick leave
 - (b) the employee’s continuity of service is not interrupted, including for the purposes of accruing leave entitlements and superannuation, except that the employee is not entitled to claim the benefit of a right or

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entitlement more than once in relation to the same period of service;

- (c) the employee’s appointment does not constitute a termination of employment or a retrenchment or redundancy;
 - (d) the employee is not entitled to a payment or other benefit because he or she is no longer employed by the first employer.
- (3) This section applies to rights accrued and service undertaken before or after the commencement of this section.

Part 4 Engagement strategies and protocols

12 Prescribed requirements for clinician engagement strategies

For section 40(3)(a) of the Act, a clinician engagement strategy of a Service must—

- (a) include the following—
 - (i) the objectives of the strategy;
 - (ii) how the strategy will contribute to the achievement of the organisational objectives of the Service;
 - (iii) the methods to be used for carrying out consultation with health professionals working in the Service, including how the consultation will involve health professionals with a diverse range of skills and experience;

Examples for subparagraph (iii)—

- holding quarterly meetings of a council consisting of senior health professionals to discuss key clinical issues

- appointing health professionals to committees established by the Service

(iv) the key issues on which consultation with health professionals working in the Service will be carried out;

Examples of key issues for subparagraph (iv)—

- safety and quality of health services
- clinical standards, local clinical governance arrangements, clinical workforce education and training
- service planning and design for the Service
- service delivery by the Service
- monitoring and evaluation of service delivery by the Service

(v) how the Service will use information obtained from implementing the strategy to continuously improve consultation with health professionals under the strategy;

(vi) how the effectiveness of consultation with health professionals under the strategy will be measured and publicly reported; and

(b) have regard to national and State strategies, policies, agreements and standards relevant to promoting consultation with health professionals working in the Service; and

Examples of strategies and standards—

- a departmental strategy for establishing clinical networks to promote consultation between clinicians at a State-wide level
- the document called ‘National safety and quality health service standards’ dated September 2011, published by the Australian Commission on Safety and Quality in Health Care
- the document called ‘Queensland Health Clinician Engagement Framework’ dated February 2012, published by the department

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- (c) outline the relationship between the Service’s clinician engagement strategy and its consumer and community engagement strategy and protocol with local primary healthcare organisations; and
- (d) require a summary of the key issues discussed and decisions made in each board meeting to be made available to health professionals working in the Service, subject to the board’s obligations relating to confidentiality and privacy.

13 Prescribed requirements for consumer and community engagement strategies

- (1) For section 40(3)(a) of the Act, a consumer and community engagement strategy of a Service must—
 - (a) include the following—
 - (i) the objectives of the strategy;
 - (ii) how the strategy will contribute to the achievement of the organisational objectives of the Service;
 - (iii) the methods to be used for carrying out consultation with consumers and members of the community, including at individual, service and Hospital and Health Service level, and with any ancillary board established for the Service’s board;
 - (iv) the key issues on which consultation with consumers, members of the community and any ancillary board established for the Service’s board will be carried out;

Examples of key issues for subparagraph (iv)—

- service planning and design for the Service
 - service delivery by the Service
 - monitoring and evaluation of service delivery by the Service
- (v) how the Service will actively identify and consult with particular consumers and members of the

community who are at risk of experiencing poor health outcomes or who may have difficulty accessing health services;

Example for subparagraph (v)—

The Service may involve providers of community services as part of the consultation arrangements stated in the strategy.

- (vi) how the Service will use information obtained from implementing the strategy to continuously improve consultation with consumers and the community under the strategy;
 - (vii) how the effectiveness of the consumer and communities engagement strategy will be measured and publicly reported; and
- (b) have regard to national and State strategies, policies, agreements and standards relevant to promoting consultation with health consumers and members of the community about the provision of health services by the Service; and

Examples of policies and standards—

- the documents called ‘National safety and quality health service standards’ dated September 2011 and ‘Australian charter of healthcare rights’, published by the Australian Commission on Safety and Quality in Health Care
 - the document called ‘Queensland Health public patients’ charter’, published by the department
- (c) outline the relationship between the Service’s consumer and community engagement strategy and its clinician engagement strategy and protocol with local primary healthcare organisations; and
- (d) require a summary of the key issues discussed and decisions made in each board meeting to be made available to consumers and the community, subject to the board’s obligations relating to confidentiality and privacy.

(2) In this section—

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community includes a group or organisation consisting of individuals with a common interest.

Examples of common interests—

- provision of health services in a particular geographic location
- an interest in particular health issues
- a common cultural background, religion or language

consumer includes the following—

- (a) an individual who uses or may use a health service;
- (b) the individual's family members, carers and representatives;
- (c) a group of, or organisation for, individuals mentioned in paragraphs (a) and (b);
- (d) a representative of the group or organisation.

14 Prescribed requirements for protocol with local primary healthcare organisations

For section 42(2)(a) of the Act, a protocol of a Service agreed with local primary healthcare organisations must—

- (a) include the following—
 - (i) the objectives of the protocol;
 - (ii) how the protocol will contribute to the achievement of the organisational objectives of the Service;
 - (iii) the key issues on which the Service and the local primary healthcare organisations are to cooperate;

Examples of key issues for subparagraph (iii)—

- health service integration
- the protection and promotion of public health
- service planning and design for the Service
- local clinical governance arrangements

- (iv) how the Service and local primary healthcare organisations will support the implementation of the protocol, including arrangements for sharing staff and allowing access to facilities and information management systems;
 - (v) arrangements for sharing information between the Service and local primary healthcare organisations to improve service delivery and health outcomes;
 - (vi) how the protocol aligns with the Service's cooperative arrangements with other entities delivering services in the health, aged care and disability sectors to improve service delivery and health outcomes;
 - (vii) how the Service will use information obtained from implementing the protocol to continuously improve cooperation with local primary healthcare organisations under the protocol;
 - (viii) how the effectiveness of the protocol will be measured and publicly reported; and
- (b) have regard to national and State strategies, policies, agreements and standards; and
 - (c) outline the relationship between the Service's protocol and its consumer and community engagement strategy and clinician engagement strategy; and
 - (d) require a summary of the key issues discussed and decisions made in each board meeting to be made available to the Service's local primary healthcare organisations, subject to the board's obligations relating to confidentiality and privacy.

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Part 5 **Quality assurance committees**

Division 1 **Preliminary**

15 **Definitions for pt 5**

In this part—

committee means a quality assurance committee established under the Act, section 82.

member means a member of a committee.

privacy policy see section 23.

specified information see section 25.

Division 2 **Procedures of committees**

16 **Chairperson**

- (1) If the entity that established a committee does not appoint a member to be chairperson of the committee, the committee must elect a member to be the chairperson.
- (2) Also, a committee may elect a member to be chairperson of the committee at any time.
- (3) The member elected under subsection (1) or (2) is appointed as chairperson when the entity establishing the committee approves the appointment.
- (4) If a committee was established by an entity other than the chief executive, as soon as practicable after the chairperson is appointed the committee must give the chief executive a written notice containing the following information—
 - (a) the member's full name;
 - (b) the date the member was appointed as chairperson.

17 Times and places of meetings

- (1) Committee meetings are to be held at the times and places the chairperson decides.
- (2) However, the chairperson must call a meeting if asked in writing to do so by at least the number of members forming a quorum for the committee.
- (3) Also, a committee must hold its first meeting within 3 months after its establishment.

18 Quorum

A quorum for a committee is the number equal to one-half of the number of its members or, if one-half is not a whole number, the next highest whole number.

19 Presiding at meetings

- (1) The chairperson is to preside at all meetings of a committee at which the chairperson is present.
- (2) If the chairperson is absent from a meeting or the office of chairperson is vacant, a member chosen by the members present is to preside.

20 Conduct of meetings

- (1) A question at a committee meeting is decided by a majority of the votes of the members present.
- (2) Each member present at the meeting has a vote on each question to be decided and, if the votes are equal, the member presiding also has a casting vote.

21 Minutes

- (1) A committee must keep the minutes of a meeting of the committee for 10 years after the meeting.
- (2) Subsection (1) does not apply to the extent that the minutes are a public record under the *Public Records Act 2002*.

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22 Other procedures

Subject to this division—

- (a) a committee must conduct its business, including its meetings, under the procedures, if any, decided for the committee by the entity that established the committee; or
- (b) otherwise, the committee may conduct its business, including its meetings, under procedures decided by the committee.

Division 3 Privacy policies

23 A committee must adopt a privacy policy

A committee must adopt, by resolution, a written privacy policy (a *privacy policy*).

24 Content of privacy policy

- (1) A committee's privacy policy must state the ways the committee, or a member of the committee, may do any of the following—
 - (a) acquire and compile relevant information;
 - (b) securely store relevant information;
 - (c) disclose relevant information;
 - (d) ask an individual for consent to disclose the individual's identity under section 83(2) of the Act.
- (2) The privacy policy also must state the circumstances under which a record containing relevant information may be copied or destroyed.
- (3) Nothing in this section affects the operation of the *Information Privacy Act 2009* or the *Privacy Act 1988* (Cwlth).
- (4) In this section—

relevant information means information acquired or compiled by the committee in the exercise of its functions.

Division 4 Information to be made available by committees

25 Specified information to be made available to the public

- (1) A committee must make available to the public the information stated in subsection (3) (the *specified information*).
- (2) The specified information must—
 - (a) for the first time a committee makes the specified information available to the public—be made available within 3 years after, and relate to the period since, the committee was established; or
 - (b) otherwise—be made available within 3 years after, and relate to the period since, the committee last made the specified information available.
- (3) For subsection (1), the information is—
 - (a) a statement of the committee’s functions; and
 - (b) for each current committee member—
 - (i) the member’s full name and qualifications; and
 - (ii) the member’s office or position; and
 - (iii) a summary of the member’s experience that is relevant to the committee’s functions; and
 - (c) a summary of the activities performed in, and any outcomes of, the exercise of the committee’s functions; and
 - (d) a summary of the committee’s privacy policy.

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- (4) The committee must give the specified information to the entity that established the committee before the committee makes it available to the public.
- (5) A committee may make the specified information available in a form the committee considers appropriate.

Example of an appropriate form for the specified information—

The specified information may be included in the annual report of the entity that established the committee.

Division 5 Review and reporting obligations

26 Review of functions

- (1) A committee must carry out a review of its functions—
 - (a) either—
 - (i) for a committee continued under section 294 of the Act—before 1 July 2015; or
 - (ii) otherwise—within 3 years after the committee is established; and
 - (b) afterwards—within 3 years after the previous review.
- (2) As soon as practicable after each review is carried out, the committee must give a report about the review to—
 - (a) the entity that established the committee; and
 - (b) if the committee was established by an entity other than the chief executive—the chief executive.

27 Annual activity statement

- (1) A committee must prepare an annual activity statement.
- (2) The statement must include the following for the committee—
 - (a) the chairperson's full name;
 - (b) each member's full name;

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- (c) for any person appointed as a member during the reporting period—
 - (i) the person’s full name and qualifications; and
 - (ii) the person’s office or position; and
 - (iii) a summary of the person’s experience that is relevant to the committee’s functions; and
 - (iv) the date the person became a member;
 - (d) if a person ceased being a member during the reporting period—the date the individual ceased being a member;
 - (e) the dates of each meeting held by the committee during the reporting period.
- (3) The report must, on or before each anniversary of the day the committee was established, be given to—
- (a) the entity that established the committee; and
 - (b) if the committee was established by an entity other than the chief executive—the chief executive.

Division 6 Miscellaneous

28 Prescribed patient safety entities and authorised purposes

- (1) Each of the following is a patient safety entity prescribed for section 85(3) of the Act, definition *prescribed patient safety entity*—
- (a) the administrative unit of the department responsible for coordinating improvements in the safety and quality of health services;
 - (b) the administrative unit of the department responsible for coordinating programs and activities for health service delivery in rural and remote areas;

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- (c) an executive committee established by the chief executive to oversee improvements in the safety and quality of health services;
 - (d) each safety and quality committee established by a board.
- (2) For section 85(3) of the Act, definition *authorised purpose*, the purposes stated in schedule 2, part 1 for a prescribed patient safety entity are the purposes prescribed for the entity.

Part 6 Root cause analyses

29 Reportable events

- (1) For section 94 of the Act, definition *reportable event*, the following events are prescribed—
- (a) maternal death or serious maternal morbidity associated with labour or delivery;
 - (b) the death of a person associated with the incorrect management of the person's medication;
 - (c) the death of a person, or neurological damage suffered by a person, associated with an intravascular gas embolism;
 - (d) the wrong procedure being performed on a person, or a procedure being performed on the wrong part of a person's body, resulting in the death of the person or an injury being suffered by the person;
 - (e) the retention of an instrument, or other material, in a person's body during surgery that requires further surgery to remedy the retention;
 - (f) the death of a person, or an injury suffered by a person, associated with a haemolytic blood transfusion reaction resulting from the wrong blood type being used for the person during a blood transfusion;

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- (g) the suspected suicide of a person receiving inpatient health care;
 - (h) the suspected suicide of a person with a mental illness who is under the care of a provider of mental health services while residing in the community;
 - (i) any other death of a person, or an injury suffered by a person, that was not reasonably expected to be an outcome of the health service provided to the person.
- (2) For subsection (1), a reference to an injury is a reference to an injury that is likely to be permanent.
- (3) In this section—
- mental illness* see the *Mental Health Act 2000*, section 12.

30 Prescribed patient safety entities and authorised purposes

- (1) Each of the following is a patient safety entity prescribed for section 112(6) of the Act, definition *prescribed patient safety entity*—
- (a) the administrative unit of the department responsible for coordinating improvements in the safety and quality of health services;
 - (b) the administrative unit of the department responsible for coordinating programs and activities for health service delivery in rural and remote areas;
 - (c) an executive committee established by the chief executive to oversee improvements in the safety and quality of health services;
 - (d) each safety and quality committee established by a board;
 - (e) each quality assurance committee.
- (2) For section 112(6) of the Act, definition *authorised purpose*, the purposes stated in schedule 2, part 2 for a prescribed patient safety entity are the purposes prescribed for the entity.

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Part 7 Committees of boards

31 Prescribed committees

- (1) For schedule 1, section 8(1)(b) of the Act, the following committees are prescribed—
- (a) a safety and quality committee;
 - (b) a finance committee;
 - (c) an audit committee under the *Financial and Performance Management Standard 2009*, section 35.

Note—

A Service must comply with requirements under the *Financial and Performance Management Standard 2009*, section 35 in establishing an audit committee.

- (2) The board establishing the committee may assign a different name to a committee mentioned in subsection (1), if the name is appropriate having regard to the committee's functions.

32 Functions of a safety and quality committee

A safety and quality committee established by a Service's board has the following functions—

- (a) advising the board on matters relating to the safety and quality of health services provided by the Service, including the Service's strategies for the following—
 - (i) minimising preventable patient harm;
 - (ii) reducing unjustified variation in clinical care;
 - (iii) improving the experience of patients and carers of the Service in receiving health services;
 - (iv) complying with national and State strategies, policies, agreements and standards relevant to promoting consultation with health consumers and members of the community about the provision of health services by the Service;

Examples of policies and standards—

- the documents called ‘National safety and quality health service standards’ dated September 2011 and ‘Australian charter of healthcare rights’, published by the Australian Commission on Safety and Quality in Health Care
 - the document called ‘Queensland Health public patients’ charter’, published by the department
- (b) monitoring the Service’s governance arrangements relating to the safety and quality of health services, including by monitoring compliance with the Service’s policies and plans about safety and quality;
- (c) promoting improvements in the safety and quality of health services provided by the Service;
- (d) monitoring the safety and quality of health services being provided by the Service using appropriate indicators developed by the Service;
- (e) collaborating with other safety and quality committees, the department and State-wide quality assurance committees in relation to the safety and quality of health services;
- (f) any other function given to the committee by the Service’s board, if the function is not inconsistent with a function mentioned in paragraphs (a) to (e).

Example of a function for paragraph (f)—

overseeing workplace health and safety practices in the Service

33 Functions of a finance committee

A finance committee established by Service’s board has the following functions—

- (a) advising the board about the matters stated in paragraphs (b) to (g);
- (b) assessing the Service’s budgets and ensuring the budgets are—

[s 34]

- (i) consistent with the organisational objectives of the Service; and
- (ii) appropriate having regard to the Service's funding;
- (c) monitoring the Service's cash flow, having regard to the revenue and expenditure of the Service;
- (d) monitoring the financial and operating performance of the Service;
- (e) monitoring the adequacy of the Service's financial systems, having regard to its operational requirements and obligations under the *Financial Accountability Act 2009*;
- (f) assessing financial risks or concerns that impact, or may impact, on the financial performance and reporting obligations of the Service, and how the Service is managing the risks or concerns;

Examples of financial risks or concerns for paragraph (f)—

- the accuracy of the valuation of fixed assets
 - the adequacy of financial reserves
- (g) assessing the Service's complex or unusual financial transactions;
 - (h) any other function given to the committee by the Service's board, if the function is not inconsistent with a function mentioned in paragraphs (a) to (g).

Examples of functions for paragraph (h)—

performance and resource management functions

34 Functions of an audit committee

- (1) An audit committee established by a Service's board has the following functions—
 - (a) advising the board about the matters stated in paragraphs (b) to (h);
 - (b) assessing the adequacy of the Service's financial statements, having regard to the following—

- (i) the appropriateness of the accounting practices used;
 - (ii) compliance with prescribed accounting standards under the *Financial Accountability Act 2009*;
 - (iii) external audits of the Service's financial statements;
 - (iv) information provided by the Service about the accuracy and completeness of the financial statements;
- (c) monitoring the Service's compliance with its obligation to establish and maintain an internal control structure and systems of risk management under the *Financial Accountability Act 2009*, including—
- (i) whether the Service has appropriate policies and procedures in place; and
 - (ii) whether the Service is complying with the policies and procedures;
- (d) if an internal audit function is established for the Service under the *Financial and Performance Management Standard 2009*, part 2, division 5—monitoring and advising the Service's board about its internal audit function;
- (e) overseeing the Service's liaison with the Queensland Audit Office in relation to the Service's proposed audit strategies and plans;
- (f) assessing external audit reports for the Service and the adequacy of actions taken by the Service as a result of the reports;
- (g) monitoring the adequacy of the Service's management of legal and compliance risks and internal compliance systems, including the effectiveness of the systems in monitoring compliance by the Service with relevant laws and government policies;

[s 35]

- (h) assessing the Service's complex or unusual transactions or series of transactions, or any material deviation from the Service's budget;
- (i) any other function given to the committee by the Service's board, if the function is not inconsistent with a function mentioned in paragraphs (a) to (h).

Example of a function for paragraph (i)—

overseeing improvements in the quality of the Service's systems and procedures

- (2) In this section—

external audit means an audit conducted by or for the Queensland Audit Office.

Queensland Audit Office means the Queensland Audit Office established under the *Auditor-General Act 2009*, section 6(3).

Part 8 Miscellaneous

35 Disclosure of confidential information for purposes relating to health services

- (1) For section 150(b) of the Act, the following are prescribed entities for evaluating, managing, monitoring or planning health services—
 - (a) the University of Queensland for collecting data about a relevant trauma patient for use in the Queensland Trauma Registry;
 - (b) the following entities for reviewing patterns of health services delivery and projecting the future demand for, and supply of, health services—
 - (i) Hardes and Associates Pty Ltd ACN 079 150 940;
 - (ii) Carramar Consulting Pty Ltd ACN 116 505 134;
 - (iii) Deloitte Touche Tohmatsu ABN 74 490 121 060;

- (iv) Ernst & Young ABN 75 288 172 749;
- (v) Healthcare Management Advisors Pty Ltd ACN 081 895 507;
- (vi) Health Policy Analysis Pty Ltd ACN 105 830 920;
- (vii) JTA International Pty Ltd ACN 091 591 294;
- (viii) KPMG ABN 51 194 660 183;
- (ix) PricewaterhouseCoopers ABN 52 780 433 757;
- (c) Medicare Australia for maintaining the Australian Childhood Immunisation Register;
- (d) the Office of Economic and Statistical Research for collecting and evaluating data about a person who receives treatment in a public sector hospital for the purpose of the department's patient satisfaction surveys.

Editor's note—

The Office of Economic and Statistical Research is a portfolio office of Queensland Treasury.

(2) In this section—

relevant trauma patient means a person who attends a public sector hospital for treatment of a physical injury and—

- (a) is admitted for 24 hours or more; or
- (b) dies within 24 hours of receiving treatment in the hospital's emergency department; or
- (c) dies within 24 hours of being admitted.

36 Disclosure to Commonwealth, another State or Commonwealth or State entity

- (1) Each agreement stated in schedule 3, part 1, is prescribed for section 151(1)(a)(i)(B) of the Act.
- (2) Each agreement stated in schedule 3, part 2, is prescribed for section 151(1)(b)(i)(B) of the Act.

[s 37]

37 Major capital works

For the Act, schedule 2, definition *major capital works*, capital works are prescribed if the works—

- (a) are structural works for the construction of a building; or
- (b) involve alterations to the building envelope of an existing building; or
- (c) consist of work that requires assessment, certification or approval under an Act.

Example of work for paragraph (c)—

building work that requires assessment by a building certifier under the *Building Act 1975*

Part 9 Transitional matters

Division 1 Preliminary

38 Definition for pt 9

In this part—

commencement means 1 July 2012.

Division 2 General

39 Appointment of existing health executives other than district managers to Services

For section 286(2)(a) of the Act, a person mentioned in section 286(1) of the Act employed immediately before the commencement in a health service district stated in schedule 4, column 1 is appointed to the Service stated opposite the district in column 2 of the schedule as a health executive.

40 Continued appointment of authorised persons and security officers

For the Act, sections 289(3) and 290(3), definition *corresponding Service*, a health service district mentioned in schedule 4, column 1 is replaced by the Service mentioned opposite the health service district in column 2 of the schedule.

41 Continuation of quality assurance committees

For section 294 of the Act, each continued committee stated in schedule 5, column 1 is taken to be established by the entity stated opposite the committee in column 2 of the schedule.

Division 3 Transitional regulations

42 Transitional regulation for existing district managers of health service districts

- (1) This section—
 - (a) is a transitional regulation; and
 - (b) under section 319(4) of the Act, expires on 30 June 2013.
- (2) This section applies to a person—
 - (a) employed immediately before the commencement as a district manager of a health service district under the repealed Act; and
 - (b) if, on the commencement, the person is appointed as a health service chief executive or another health executive in a Service.
- (3) The following apply for the person—
 - (a) the person is entitled to all leave entitlements and superannuation that have accrued to the person because of the person's employment with the health service district;

[s 43]

Examples of leave entitlements that have accrued to the person—

accrued recreation leave or accrued sick leave

- (b) the person's continuity of service is not interrupted, including for the purposes of accruing leave entitlements and superannuation, except that the person is not entitled to claim the benefit of a right or entitlement more than once in relation to the same period of service;
- (c) the person's appointment does not constitute a termination of employment or a retrenchment or redundancy;
- (d) the person is not entitled to a payment or other benefit because he or she is no longer employed in the department.

43 Transitional regulation for existing policies and protocols applying to health service districts

- (1) This section—
 - (a) is a transitional regulation; and
 - (b) under section 319(4) of the Act, expires on 30 June 2013.
- (2) A policy or protocol applying immediately before the commencement to a health service district continues to apply to the district's corresponding Service—
 - (a) from the commencement; and
 - (b) until—
 - (i) if the chief executive decides a day on which the policy or protocol will stop applying to the Service—the day decided by the chief executive; or
 - (ii) if subparagraph (i) does not apply—the day this section expires.
- (3) In this section—

corresponding Service, for a health service district stated in schedule 4, column 1, means the Service stated opposite the district in column 2 of the schedule.

health service district means a health service district under the repealed Act.

policy means a document identified as a policy on the website maintained by the department called ‘Queensland health policy site’, other than a document about human resource management or occupational health and safety.

Editor’s note—

At the commencement of this section, the address of the website maintained by the department called ‘Queensland health policy site’ is <www.health.qld.gov.au/qhpolicy/default.asp>.

protocol means a document identified as a protocol on the website maintained by the department called ‘Queensland health policy site’.

Schedule 1 Hospital and Health Services

section 3

Column 1

Hospital and Health Service

Cairns and Hinterland

Cape York

Column 2

Service area

the local government areas of—

- Cairns Regional Council
- Croydon Shire Council
- Etheridge Shire Council
- Tablelands Regional Council
- Yarrabah Shire Council

the local government area of
Cassowary Coast Regional Council,
other than the community of
Cardwell

the local government areas of—

- Aurukun Shire Council
- Cook Shire Council
- Hope Vale Shire Council
- Kowanyama Shire Council
- Lockhart River Shire Council
- Mapoon Shire Council
- Napranum Shire Council
- Pormpuraaw Shire Council
- Town of Weipa
- Wujal Wujal Shire Council

Column 1**Hospital and Health Service**

Central Queensland

Central West

Children's Health Queensland

Column 2**Service area**

the local government areas of—

- Central Highlands Regional Council
- Rockhampton Regional Council
- Woorabinda Shire Council

the local government area of Banana Shire Council, other than the community of Taroom

the part of the local government area of Gladstone Regional Council consisting of the following statistical local areas—

- Gladstone (R) - Calliope Pt A
- Gladstone (R) - Calliope Pt B
- Gladstone (R) - Gladstone

the local government areas of—

- Barcaldine Regional Council
- Barcoo Shire Council
- Blackall-Tambo Regional Council
- Diamantina Shire Council
- Longreach Regional Council
- Winton Shire Council

the local government area of Boulia Shire Council, other than the community of Urandangi

- the Royal Children's Hospital
- community child health services within the Metro North and Metro South network areas
- coordination of tertiary paediatric services, other than those provided in Townsville, with the Mater Children's Hospital

Column 1

Hospital and Health Service

Darling Downs

Gold Coast

Mackay

Metro North

Column 2

Service area

the local government areas of—

- Cherbourg Shire Council
- Goondiwindi Regional Council
- South Burnett Regional Council
- Southern Downs Regional Council
- Toowoomba Regional Council
- Western Downs Regional Council

the part of the local government area of Banana Shire Council consisting of the community of Taroom

the local government area of Gold Coast City Council

the statistical local area of Scenic Rim (R) - Tamborine-Canungra

the local government areas of—

- Isaac Regional Council
- Mackay Regional Council
- Whitsunday Regional Council

the local government area of Moreton Bay Regional Council

the part of the local government area of Brisbane City Council that is north of the Brisbane River, other than—

- the Royal Children's Hospital
- community child health services
- the statistical local area of Karana Downs-Lake Manchester

the statistical local area of Somerset (R) - Kilcoy

Column 1**Hospital and Health Service**

Metro South

North West

South West

Sunshine Coast

Column 2**Service area**

the local government areas of—

- Logan City Council
- Redland City Council

the part of the local government area of Brisbane City Council that is south of the Brisbane River, other than—

- community child health services
- The Park—Centre for Mental Health

the statistical local area of Scenic Rim (R) - Beaudesert

the local government areas of—

- Burke Shire Council
- Carpentaria Shire Council
- Cloncurry Shire Council
- Doomadgee Shire Council
- McKinlay Shire Council
- Mornington Shire Council
- Mount Isa City Council

the part of the local government area of Boulia Shire Council consisting of the community of Urandangi

the local government areas of—

- Balonne Shire Council
- Bulloo Shire Council
- Maranoa Regional Council
- Murweh Shire Council
- Paroo Shire Council
- Quilpie Shire Council

the local government areas of—

- Gympie Regional Council
- Sunshine Coast Regional Council

Column 1

Column 2

Hospital and Health Service

Service area

Torres Strait-Northern Peninsula

the local government areas of—

- Northern Peninsula Area Regional Council
- Torres Shire Council
- Torres Strait Island Regional Council

Townsville

the local government areas of—

- Burdekin Shire Council
- Charters Towers Regional Council
- Flinders Shire Council
- Hinchinbrook Shire Council
- Palm Island Shire Council
- Richmond Shire Council
- Townsville City Council

the part of the local government area of Cassowary Coast Regional Council consisting of the community of Cardwell

West Moreton

the local government areas of—

- Ipswich City Council
- Lockyer Valley Regional Council

the part of the local government area of Brisbane City Council consisting of—

- the statistical local area of Karana Downs-Lake Manchester
- The Park—Centre for Mental Health

the statistical local areas of—

- Scenic Rim (R) - Boonah
- Somerset (R) - Esk

Column 1

Hospital and Health Service

Wide Bay

Column 2

Service area

the local government areas of—

- Bundaberg Regional Council
- Fraser Coast Regional Council
- North Burnett Regional Council

the statistical local area of Gladstone
(R) - Miriam Vale

Schedule 2 Authorised purposes for prescribed patient safety entities

sections 28 and 30

Part 1 Authorised purposes—Act, section 85

- 1 Administrative unit of the department responsible for coordinating improvements in the safety and quality of health services**
 - improving the effectiveness and outcomes of quality assurance activities undertaken in Services and the department
 - facilitating State-wide learning from quality assurance activities, including by issuing State-wide patient safety alerts, advisory documents and other information to support patient safety initiatives
 - developing, monitoring and evaluating patient safety initiatives and programs
 - undertaking research on the operation and effectiveness of quality assurance committees

- 2 Administrative unit of the department responsible for coordinating programs and activities for health service delivery in rural and remote areas**
 - contributing to the development, review and improvement of policies and standards relating to quality assurance activities in rural Services
 - monitoring and reporting on the implementation of recommendations contained in quality assurance committee reports or other documents in rural Services

- developing and implementing patient safety initiatives in rural Services

3 Executive committee established by the chief executive to oversee improvements in the safety and quality of health services

- reviewing patient safety and quality performance in Services and the department
- monitoring, evaluating and promoting improvement in patient safety and quality performance in Services and the department

4 Safety and quality committees

- contributing to the development, review and improvement of policies and standards of the committee's board relating to quality assurance activities in the Service of the board that established the committee
- monitoring and reporting to the committee's board on the implementation of recommendations contained in quality assurance committee reports or other documents in the Service
- developing and implementing patient safety initiatives of the committee's board in the Service

Part 2 Authorised purposes—Act, section 112

5 Administrative unit of the department responsible for coordinating improvements in the safety and quality of health services

- improving the effectiveness and outcomes of root cause analyses undertaken in Services and the department

Schedule 2

- facilitating State-wide learning from root cause analyses, including by issuing State-wide patient safety alerts, advisory documents and other information to support patient safety initiatives
- developing, monitoring and evaluating patient safety initiatives and programs
- undertaking research on the operation and effectiveness of root cause analyses

6 Administrative unit of the department responsible for coordinating programs and activities for health service delivery in rural and remote areas

- contributing to the development, review and improvement of policies and standards relating to root cause analyses in rural Services
- monitoring and reporting on the implementation of recommendations contained in RCA reports or chain of events documents relevant to rural Services
- using information contained in RCA reports or chain of events documents to develop and implement patient safety initiatives in rural Services

7 Executive committee established by the chief executive to oversee improvements in the safety and quality of health services

- reviewing patient safety and quality performance in Services and the department
- monitoring, evaluating and promoting improvement in patient safety and quality performance in Services and the department

8 Safety and quality committees

- contributing to the development, review and improvement of policies and standards relating to root cause analyses in the Service of the board that established the committee

- monitoring and reporting to the committee's board on the implementation of recommendations contained in RCA reports or other documents relevant to the board's Service
- using information contained in RCA reports or chain of events documents to develop and implement patient safety initiatives in the Service

9 Quality assurance committees

- assessing and evaluating the quality of health services, to the extent the services are relevant to a reportable event
- reporting and making recommendations concerning the quality of health services, to the extent the services are relevant to a reportable event
- monitoring the implementation of its recommendations, to the extent its recommendations are relevant to a reportable event

Schedule 3 Agreements

section 36

Part 1 Agreements with Commonwealth, State or entity

- 1 Hospital Services Arrangement between the Commonwealth of Australia and the Repatriation Commission and the Military Rehabilitation and Compensation Commission and the State of Queensland for the treatment and care in Queensland Public Hospitals of persons eligible for treatment under the *Veterans' Entitlements Act 1986* (Cwlth) and the *Military Rehabilitation and Compensation Act 2004* (Cwlth), made on 28 February 2006.
- 2 Agreement between Queensland and the Australian Capital Territory for the funding of admitted patient services provided to residents of Queensland by the Australian Capital Territory and vice versa, 1 July 2009 onwards.
- 3 Agreement between Queensland and the Northern Territory for the funding of admitted patient services provided to residents of Queensland by the Northern Territory and vice versa, 1 July 2009 onwards.
- 4 Agreement between Queensland and South Australia for the funding of admitted patient services provided to residents of Queensland by South Australia and vice versa, 1 July 2009 onwards.
- 5 Agreement between Queensland and Tasmania for the funding of admitted patient services provided to residents of Queensland by Tasmania and vice versa, 1 July 2009 onwards.
- 6 Agreement between Queensland and Victoria for the funding of admitted and non-admitted patient services provided to residents of Queensland by Victoria and residents of Victoria by Queensland, 1 July 2009 onwards.

Schedule 3

- 13 The agreement dated 3 November 2010 called 'Memorandum of Understanding between the State of Queensland through Queensland Health and the State of Queensland through the Queensland Police Service, Information Exchange'.
- 14 The agreement of 2010 called 'Memorandum of Understanding between the State of Queensland acting through Queensland Health and the State of Queensland acting through the Department of Community Safety (Queensland Ambulance Service), for transmission of CCTV images'.

Schedule 4 Health service districts under repealed Act and Hospital and Health Services

sections 39, 40 and 43

Health service district	Hospital and Health Service
Cairns and Hinterland	Cairns and Hinterland
Cape York	Cape York
Central Queensland	Central Queensland
Central West	Central West
Children's Health Services	Children's Health Queensland
Darling Downs	Darling Downs
Gold Coast	Gold Coast
Mackay	Mackay
Metro North	Metro North
Metro South	Metro South
Mount Isa	North West
South West	South West
Sunshine Coast	Sunshine Coast
Torres Strait–Northern Peninsula	Torres Strait–Northern Peninsula
Townsville	Townsville

Schedule 4

Health service district	Hospital and Health Service
West Moreton	West Moreton
Wide Bay	Wide Bay

Schedule 5 Quality assurance committees

section 41

Column 1	Column 2
Quality assurance committee	Entity
Clinician Performance Support Service	chief executive
Patient Transport Quality Council	chief executive
Queensland Audit of Surgical Mortality	chief executive and Royal Australasian College of Surgeons (jointly)
Queensland Cancer Control Safety and Quality Partnership	chief executive
Queensland Centre for Gynaecological Cancer	chief executive
Queensland Health Breastscreen Quality Management Committee	chief executive
Queensland Maternal and Perinatal Quality Council	chief executive
Queensland Paediatric Quality Council	chief executive
Queensland Perioperative and Periprocedural Anaesthetic Mortality Review Committee	chief executive
Royal Children's Hospital and Health Service District Clinical Risk Management Sub-Committee	Children's Health Queensland Hospital and Health Service

Column 1

Quality assurance committee

Townsville Health Service District Patient
Safety Committee

Wesley Hospital Quality Assurance Committee

Column 2

Entity

Townsville Hospital and
Health Service

Wesley Hospital

Schedule 6 Dictionary

section 2

Australian Standard Geographical Classification means the Australian Standard Geographical Classification (Cat. No. 1216.0), July 2011 edition published by the Australian Bureau of Statistics.

Australian Statistical Geography Standard means the Australian Statistical Geography Standard (Cat. No. 1270.0.55.001), July 2011 edition published by the Australian Bureau of Statistics.

commencement, for part 9, see section 38.

committee, for part 5, see section 15.

community of Cardwell means the area consisting of statistical area level 1 (SA1) 3116116, 3116117, 3116118, 3116119, 3116106, 3116122, 3116123, 3116139.

community of Taroom means the area consisting of statistical area level 1 (SA1) 3119407, 3119408, 3119410.

community of Urandangi means the area consisting of mesh blocks 30023480000 and 30023490000.

health system employer, for part 3, see section 4.

local government area means a local government area under the Australian Standard Geographical Classification.

member, for part 5, see section 15.

mesh block means a mesh block under the Australian Statistical Geography Standard.

privacy policy, for part 5, see section 15.

relevant chief executive, for part 3, see section 4.

rural Service means each the following Hospital and Health Services—

(a) Cape York;

- (b) Central West;
- (c) North West;
- (d) South West;
- (e) Torres Strait–Northern Peninsula.

safety and quality committee means a safety and quality committee established by a board under schedule 1, section 8(1)(b) of the Act and section 31(a).

specified information, for part 5, see section 15.

statistical area level 1 (SA1) means a statistical area level 1 (SA1) under the Australian Statistical Geography Standard.

statistical local area means a statistical local area under the Australian Standard Geographical Classification.

Endnotes

1 Index to endnotes

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2 Date to which amendments incorporated	55
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2 Date to which amendments incorporated

This is the reprint date mentioned in the Reprints Act 1992, section 5(c). Accordingly, this reprint includes all amendments that commenced operation on or before 1 July 2012. Future amendments of the Hospital and Health Boards Regulation 2012 may be made in accordance with this reprint under the Reprints Act 1992, section 49.

3 Key

Key to abbreviations in list of legislation and annotations

Key	Explanation	Key	Explanation
AIA	= Acts Interpretation Act 1954	(prev)	= previously
amd	= amended	proc	= proclamation
amdt	= amendment	prov	= provision
ch	= chapter	pt	= part
def	= definition	pubd	= published
div	= division	R[X]	= Reprint No. [X]
exp	= expires/expired	RA	= Reprints Act 1992
gaz	= gazette	reloc	= relocated
hdg	= heading	renum	= renumbered
ins	= inserted	rep	= repealed
lap	= lapsed	(retro)	= retrospectively
notfd	= notified	rv	= revised edition
num	= numbered	s	= section
o in c	= order in council	sch	= schedule
om	= omitted	sdiv	= subdivision
orig	= original	SIA	= Statutory Instruments Act 1992
p	= page	SIR	= Statutory Instruments Regulation 2002
para	= paragraph	SL	= subordinate legislation
prec	= preceding	sub	= substituted
pres	= present	unnum	= unnumbered
prev	= previous		

4 Table of reprints

Reprints are issued for both future and past effective dates. For the most up-to-date table of reprints, see the reprint with the latest effective date.

If a reprint number includes a letter of the alphabet, the reprint was released in unauthorised, electronic form only.

Reprint No.	Amendments included	Effective	Notes
1	none	17 February 2012	
2	2012 SL No. 90	1 July 2012	

5 List of legislation

Regulatory impact statements

For subordinate legislation that has a regulatory impact statement, specific reference to the statement is included in this list.

Explanatory notes

All subordinate legislation made on or after 1 January 2011 has an explanatory note. For subordinate legislation made before 1 January 2011 that has an explanatory note, specific reference to the note is included in this list.

Hospital and Health Boards Regulation 2012 SL No. 24 (prev Health and Hospitals Network Regulation 2012)

made by the Governor in Council on 9 February 2012

notfd gaz 17 February 2012 pp 340–3

commenced on date of notification

exp 1 September 2022 (see SIA s 54)

Note—The expiry date may have changed since this reprint was published. See the latest reprint of the SIR for any change.

amending legislation—

Health and Hospitals Network and Other Legislation Amendment Regulation (No. 1) 2012 SL No. 90 pts 1–2

notfd gaz 29 June 2012 pp 704–10

ss 1–2 commenced on date of notification

remaining provisions commenced 1 July 2012 (see s 2)

6 List of annotations

PART 1—PRELIMINARY

pt hdg ins 2012 SL No. 90 s 4

Short title

s 1 amd 2012 SL No. 90 s 5

Definitions

s 2 sub 2012 SL No. 90 s 6

PART 2—HOSPITAL AND HEALTH SERVICES

pt hdg ins 2012 SL No. 90 s 7

Establishment of Hospital and Health Services—Act, s 17

prov hdg amd 2012 SL No. 90 s 8(1)

s 3 amd 2012 SL No. 90 s 8(2)–(5)

PART 3—EMPLOYMENT MATTERS

pt 3 (ss 4–11) ins 2012 SL No. 90 s 9

PART 4—ENGAGEMENT STRATEGIES AND PROTOCOLS

pt 4 (ss 12–14) ins 2012 SL No. 90 s 9

PART 5—QUALITY ASSURANCE COMMITTEES

pt hdg ins 2012 SL No. 90 s 9

Division 1—Preliminary

div 1 (s 15) ins 2012 SL No. 90 s 9

Division 2—Procedures of committees

div 2 (ss 16–22) ins 2012 SL No. 90 s 9

Division 3—Privacy policies

div 3 (ss 23–24) ins 2012 SL No. 90 s 9

Division 4—Information to be made available by committees

div 4 (s 25) ins 2012 SL No. 90 s 9

Division 5—Review and reporting obligations

div 5 (ss 26–27) ins 2012 SL No. 90 s 9

Division 6—Miscellaneous

div 6 (s 28) ins 2012 SL No. 90 s 9

PART 6—ROOT CAUSE ANALYSES

pt 6 (ss 29–30) ins 2012 SL No. 90 s 9

PART 7—COMMITTEES OF BOARDS

pt 7 (ss 31–34) ins 2012 SL No. 90 s 9

PART 8—MISCELLANEOUS

pt 8 (ss 35–37) ins 2012 SL No. 90 s 9

PART 9—TRANSITIONAL MATTERS

pt hdg ins 2012 SL No. 90 s 9

Division 1—Preliminary

div 1 (s 38) ins 2012 SL No. 90 s 9

Division 2—General

div 2 (ss 39–41) ins 2012 SL No. 90 s 9

Division 3—Transitional regulations

div 3 (ss 42–43) ins 2012 SL No. 90 s 9

SCHEDULE 1—HOSPITAL AND HEALTH SERVICES

sch hdg amd 2012 SL No. 90 s 10(2)

sch 1 num 2012 SL No. 90 s 10(1)

amd 2012 SL No. 90 s 10(3)–(4)

**SCHEDULE 2—AUTHORISED PURPOSES FOR PRESCRIBED PATIENT
SAFETY ENTITIES**

ins 2012 SL No. 90 s 11

SCHEDULE 3—AGREEMENTS

ins 2012 SL No. 90 s 11

**SCHEDULE 4—HEALTH SERVICE DISTRICTS UNDER REPEALED ACT AND
HOSPITAL AND HEALTH SERVICES**

ins 2012 SL No. 90 s 11

SCHEDULE 5—QUALITY ASSURANCE COMMITTEES

ins 2012 SL No. 90 s 11

SCHEDULE 6—DICTIONARY

ins 2012 SL No. 90 s 11

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