



*Hospital and Health Boards Act 2011*

# **Hospital and Health Boards Regulation 2012**

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Queensland

# Hospital and Health Boards Regulation 2012

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# Hospital and Health Boards Regulation 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

### Division 1 Establishment

#### 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 schedule 1, column 2 is declared to be a health service area for a Hospital and Health Service.
- (2) A Hospital and Health Service mentioned in schedule 1, column 1 opposite a health service area is established as the Service for the health service area.
- (3) The name mentioned in schedule 1, column 1 opposite the health service area is the name assigned to the Service.

## Division 1A Powers of Services

### 3AB Power to grant or take lease without Minister's or Treasurer's approval—Act, s 20A

- (1) For section 20A(2) of the Act, a lease of a type mentioned in schedule 1AB, part 1, column 1, for a Service mentioned in column 2 opposite the lease, may be granted by the Service without the prior written approval of the Treasurer.
- (2) For section 20A(2) of the Act, a lease of a type mentioned in schedule 1AB, part 2, column 1, for a Service mentioned in column 2 opposite the lease, may be taken by the Service without the prior written approval of the Minister and Treasurer.

## Division 2 Changes to Services

### 3A Amalgamation of Hospital and Health Services—Act, s 282(2)(a)

- (1) On 1 July 2014—
  - (a) the merging Services are amalgamated as a Hospital and Health Service (the *new Service*); and
  - (b) the transitioned service area is declared to be the health service area for the new Service; and
  - (c) the name Torres and Cape Hospital and Health Service is assigned to the new Service.
- (2) In this section—

*merging Service* means—

  - (a) the Cape York Hospital and Health Service; or
  - (b) the Torres Strait-Northern Peninsula Hospital and Health Service.

*transitioned service area* means the health service area consisting of the health service areas that are, on the

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commencement of this section, the health service areas for the merging Services.

## 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.

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- (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.
- (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

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- (ii) if the movement is between Hospital and Health Services—each chair of the boards of the Services.
- (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; 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.
- (3) If a provision in the employee's contract is inconsistent with a movement under this part, the movement takes effect despite the inconsistency.

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- (4) If, immediately before the movement, the employee was appointed on a contract for a fixed term, the employee is appointed for the following period from the movement—
  - (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.
- (5) The period stated in the agreement or written direction mentioned in subsection (4)(a) may not be more than the remaining term of the employee’s contract.

## **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.
- (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.

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- (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.
- (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;



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*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 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.

### **11A Senior health service employees—Act, s 74A**

For section 74A(1) of the Act, the following positions are prescribed as senior health service employee positions—

- (a) a position at a classification level mentioned in schedule 1A, part 1;
- (b) a position mentioned in schedule 1A, part 2.

### **11B Certain disclosure of personal information of health service employees and departmental public service employees**

- (1) This section applies to a person's personal information held by a health system employer if the person—
- (a) is or was a health service employee; or
  - (b) is or was a public service employee employed in the department (a *departmental public service employee*);  
or

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- (c) is being, or was, considered for appointment as a health service employee or departmental public service employee.
- (2) The health system employer (the ***first health system employer***) may transfer or otherwise disclose the person's personal information to another health system employer (the ***second health system employer***) if—
  - (a) the information was collected or held by the first health system employer in relation to the person's employment or appointment with the employer; and
  - (b) either—
    - (i) for a person mentioned in subsection (1)(c) whose suitability for employment has not been finally assessed by the first health system employer—the person is being considered for appointment, or is appointed, by the second health system employer; or
    - (ii) in any other case—the person transfers or moves to, or is appointed by, the second health system employer.
- (3) This section applies—
  - (a) to personal information held by a health system employer before or after the commencement of this section; and
  - (b) to matters not dealt with in section 274 of the Act.
- (4) For this section, a person is ***considered*** for appointment as a health service employee or departmental public service employee if—
  - (a) the person applied or otherwise expressed an interest in being appointed; and
  - (b) the person's suitability for employment has not been finally assessed.
- (5) In this section—

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*personal information* see the *Information Privacy Act 2009*, section 12.

## Part 4 Engagement strategies and protocols

### 11C Definitions for part

In this part—

*Aboriginal and Torres Strait Islander community-controlled health organisation* means a body corporate that—

- (a) has a governing body whose members are Aboriginal people or Torres Strait Islander people elected by a local Aboriginal or Torres Strait Islander community; and
- (b) has rules preventing the distribution of the association's property to its members; and
- (c) delivers health services to the local Aboriginal or Torres Strait Islander community.

*chief First Nations health officer* means the public service officer employed in the department who is appointed as the chief First Nations health officer.

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

*Examples of common interest—*

- an interest in delivery 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;

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- (c) a group of, or organisation for, individuals mentioned in paragraph (a) or (b);
- (d) a representative of the group or organisation.

*implementation stakeholders*, for a Service's health equity strategy, see section 13B.

*service-delivery stakeholders*, for a Service's health equity strategy, means the following—

- (a) Aboriginal and Torres Strait Islander community-controlled health organisations in the Service's health service area;
- (b) local primary healthcare organisations for the Service.

#### **11D Prescribed persons—developing health equity strategies**

For section 40(2)(c) of the Act, the following persons are prescribed—

- (a) Aboriginal and Torres Strait Islander members of the Service's staff;
- (b) Aboriginal and Torres Strait Islander consumers of health services delivered by the Service;
- (c) Aboriginal and Torres Strait Islander members of the community within the Service's health service area;
- (d) traditional custodians and native title holders of land and waters in the Service's health service area;
- (e) the implementation stakeholders for the strategy.

#### **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 National Safety and Quality Health Service Standards, 2nd edition, formulated 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
- (c) outline the relationship between the Service’s clinician engagement strategy and its consumer and community engagement strategy, health equity 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**

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

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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 National Safety and Quality Health Service Standards, 2nd edition, formulated 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

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engagement strategy, health equity 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.

### **13A Prescribed requirements for health equity strategies**

For section 40(3)(a) of the Act, a health equity strategy of a Service must—

- (a) state the Service's key performance measures, as agreed by the Service and the chief First Nations health officer, that relate to improving health and wellbeing outcomes for Aboriginal people and Torres Strait Islander people, including—
  - (i) actively eliminating racial discrimination and institutional racism within the Service; and
  - (ii) increasing access to healthcare services; and
  - (iii) influencing the social, cultural and economic determinants of health; and
  - (iv) delivering sustainable, culturally safe and responsive healthcare services; and
  - (v) working with Aboriginal people, Torres Strait Islander people and Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor and review health services; and
- (b) set out the actions the Service will take to—
  - (i) achieve the key performance measures mentioned in paragraph (a), including through entering into partnership agreements or other arrangements with the service-delivery stakeholders for the health equity strategy; and



- (ii) work with the implementation stakeholders for the health equity strategy to ensure greater collaboration, shared ownership and decision-making and the implementation of the strategy; and
- (iii) improve the integration of health service delivery between the Service and the service-delivery stakeholders; and
- (iv) provide inclusive mechanisms to support Aboriginal people and Torres Strait Islander people of all needs and abilities to give feedback to the Service; and

*Example—*

alternative mechanisms for Aboriginal people and Torres Strait Islander people experiencing vulnerabilities to give advice and feedback other than the use of an online or written form

- (v) increase workforce representation of Aboriginal people and Torres Strait Islander people across all levels of health professions and employment streams to levels at least commensurate with the health service area's Aboriginal and Torres Strait Islander population; and
- (c) state how the strategy aligns with—
- (i) the strategic and operational objectives of the Service; and
  - (ii) other strategies, policies, guidelines or directives made by, or applying to, the Service under the Act or another Act; and

*Examples—*

- the Service's consumer and community engagement strategy
  - policies relating to the *Human Rights Act 2019*
- (iii) health equity strategies of other Services; and

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- (iv) other national, state and local government strategies, policies, agreements and standards relevant to promoting shared decision-making, shared ownership and working in partnership with Aboriginal people and Torres Strait Islander people.

*Examples—*

- the National Agreement on Closing the Gap (2020)
- the Queensland Government Statement of Commitment to reframe the relationship between Aboriginal and Torres Strait Islander Peoples and the Queensland Government
- the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033 (2015)

### **13B Prescribed persons—giving effect to health equity strategies**

For section 40(5) of the Act, the following persons (the *implementation stakeholders*) are prescribed—

- (a) the service-delivery stakeholders for the health equity strategy;
- (b) the chief First Nations health officer;
- (c) Queensland Aboriginal and Islander Health Council ABN 97 111 116 762;
- (d) Health and Wellbeing Queensland established under the *Health and Wellbeing Queensland Act 2019*.

### **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, clinician engagement strategy and health equity strategy; and

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- (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.

## 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*.

## **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

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- (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.
- (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.



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- (2) The statement must include the following for the committee—
- (a) the chairperson’s full name;
  - (b) each member’s full name;
  - (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;

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- (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.
- (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) surgery or another invasive procedure being performed on the wrong site of a patient’s body resulting in serious harm to the patient or the death of the patient;
  - (b) surgery or another invasive procedure being performed on the wrong patient resulting in serious harm to the patient or the death of the patient;
  - (c) the wrong surgical or other invasive procedure being performed on a patient resulting in serious harm to the patient or the death of the patient;
  - (d) the unintended retention of a foreign object in a patient after surgery or another invasive procedure resulting in serious harm to the patient or the death of the patient;
  - (e) a haemolytic blood transfusion reaction caused by ABO incompatibility resulting in serious harm to the patient receiving the blood transfusion or the death of the patient;

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- (f) the suspected suicide of a patient within an acute psychiatric unit or ward;
  - (g) an error relating to a patient's medication resulting in serious harm to the patient or the death of the patient;
  - (h) the use of physical or mechanical restraint resulting in serious harm to a patient or the death of a patient;
  - (i) the use of an incorrectly positioned orogastric or nasogastric tube resulting in serious harm to a patient or the death of a patient;
  - (j) the discharge or release of a patient who is a child under the age of 15 years to an unauthorised person;
  - (k) a stillbirth;
  - (l) any death of a patient, or serious harm or other harm to a patient that is likely to be permanent, that—
    - (i) is not mentioned in paragraphs (a) to (i); and
    - (ii) was not reasonably expected to be an outcome of the health service provided to the patient.
- (2) For subsection (1)(f), an *acute psychiatric unit or ward* is a specialised unit or ward, including a unit or ward within an emergency department, for the treatment and care of admitted patients with a mental illness if the unit or ward—
- (a) is specifically designed with fixtures and fittings that minimise the opportunity for patient suicide; and
  - (b) is specifically designed to prevent any unauthorised ingress or egress; and
  - (c) is subject to protocols for the observation of patients within the unit or ward.
- (3) In this section—

*ABO incompatibility*, in relation to a blood transfusion received by a patient, means the use of an incompatible blood group for the patient in the transfusion.

*invasive procedure* means a medical procedure that enters a person's body including, for example, by cutting or

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puncturing the skin or by inserting a needle, tube, device or scope into the body.

***mechanical restraint*** means a device that controls a person's freedom of movement.

***mental illness*** see the *Mental Health Act 2016*, section 10.

***serious harm***, for a patient, means harm to the patient—

- (a) that requires life-saving surgical or medical intervention; or
- (b) shortens the patient's life expectancy; or
- (c) that is permanent or long-term physical harm; or
- (d) that is a permanent or long-term loss of a physical function.

***stillbirth*** means the birth of a child—

- (a) who shows no sign of respiration or heartbeat, or other sign of life, after completely leaving the child's mother's body; and
- (b) who—
  - (i) has been gestated for 20 weeks or more; or
  - (ii) weighs 400g or more.

***unauthorised person***, in relation to a child, means a person who—

- (a) is not a parent or legal guardian of the child; or
- (b) is prevented from having access to the child by an order of a court or tribunal.

### **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.

## Part 6A                      Nurse-to-patient and    midwife-to-patient ratios

### 30A    References to shifts

- (1) In this part—
- (a) the *morning shift* for a ward is the shift ordinarily worked by nurses or midwives in the ward that mostly falls between 7a.m. and 3p.m.; and
  - (b) the *afternoon shift* for a ward is the shift ordinarily worked by nurses or midwives in the ward that mostly falls between 3p.m. and 11p.m.; and
  - (c) the *night shift* for a ward is the shift ordinarily worked by nurses or midwives in the ward that mostly falls between 11p.m. and 7a.m.
- (2) However—

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- (a) if a shift falls equally across the periods mentioned in subsection (1)(a) and (b), it is taken to be an afternoon shift; and

*Example—*

A shift from 11 a.m. to 7p.m. is an afternoon shift.

- (b) if a shift falls equally across the periods mentioned in subsection (1)(b) and (c), it is taken to be a night shift; and
- (c) if a shift falls equally across the periods mentioned in subsection (1)(a) and (c), it is taken to be a morning shift.

### **30B Nurse-to-patient and midwife-to-patient ratios applying to particular acute adult wards—Act, s 138B**

- (1) This section applies in relation to an acute adult ward in a public sector health service facility if, in the table in schedule 2A—
  - (a) the facility is listed in the first column; and
  - (b) a dot point appears opposite the facility in the column for the type of ward.
- (2) The minimum number of nurses or midwives who must be engaged in delivering health services to patients in the ward is—
  - (a) for the morning shift—the number of patients divided by 4; or
  - (b) for the afternoon shift—the number of patients divided by 4; or
  - (c) for the night shift—the number of patients divided by 7.
- (3) If the number worked out under subsection (2) is less than 1, the number is taken to be 1.
- (4) Otherwise, if the number worked out under subsection (2) is not a whole number, the number must be rounded to the nearest whole number (rounding one-half downwards).

*Example—*

For the morning shift in a ward with 7 patients, the number worked out under subsection (2)(a) is 1.75, so the minimum number of nurses or midwives required is 2.

(5) In this section—

*acute adult ward* means an acute ward in which health services are provided to adult patients.

## **Part 6B State aged care facilities**

### **30C State aged care facilities—Act, ss 138H and 138I**

For sections 138H and 138I of the Act, the State aged care facilities mentioned in schedule 2B are prescribed.

### **30D Minimum nurse and registered nurse percentages—Act, s 138H**

- (1) This section prescribes the minimum percentage of nurses or registered nurses providing residential care at a State aged care facility prescribed under section 30C during each 24-hour period to the total number of nurses and support workers (the *care staff*) providing residential care at the facility during the period.
- (2) At least 50% of the care staff must be nurses.
- (3) At least 30% of the care staff must be registered nurses.

### **30E Minimum average daily resident care hours—Act, s 138I**

The minimum average daily resident care hours at a State aged care facility prescribed under section 30C is 3.65 hours.

## 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 National Safety and Quality Health Service Standards, 2nd edition, formulated 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—
- (i) consistent with the organisational objectives of the Service; and

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- (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;
- (h) assessing the Service's complex or unusual transactions or series of transactions, or any material deviation from the Service's budget;

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- (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 Confidentiality

### 34A Prescribed health professionals—Act, s 139

For section 139 of the Act, definition *prescribed health professional*, paragraph (a), the following health professionals are prescribed—

- (a) a health professional—
  - (i) who is registered under the Health Practitioner Regulation National Law in a health profession mentioned in schedule 2C, part 1, column 1; and
  - (ii) whose registration under that Law is of a type mentioned opposite in schedule 2C, part 1, column 2;
- (b) a health professional who—
  - (i) provides a health service mentioned in schedule 2C, part 2, column 1; and
  - (ii) satisfies the condition for provision of the health service mentioned opposite in schedule 2C, part 2, column 2.

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**34B Prescribed information system—Act, s 139**

For section 139 of the Act, definition *prescribed information system*, the information system provided by the department called ‘The Viewer’ and with asset number 326492 is prescribed.

**34C Prescribed designated person—Act, s 139A**

The following persons are prescribed as designated persons for section 139A(1)(m) of the Act—

- (a) the commissioner of the Queensland Ambulance Service appointed under the *Ambulance Service Act 1991*, section 4;
- (b) a person employed under the *Ambulance Service Act 1991*, section 13.

**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) Alfred Health ABN 27 318 956 319 and Monash University ABN 12 377 614 012 for collecting data about a relevant trauma patient for use in the Australian Trauma Registry;
  - (b) Hardes & Associates Pty Ltd ACN 079 150 940 for reviewing patterns of health services delivery and projecting the future demand for, and supply of, health services;
  - (c) Medicare Australia for maintaining the Australian Childhood Immunisation Register;
  - (d) the relevant statistical research entity 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;

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- (e) the Australian Orthopaedic Association ACN 000 759 795 for collecting data about joint replacement surgery for use in the Australian Orthopaedic Association National Joint Replacement Registry;
  - (f) the Australasian Cardiac Surgery Research Institution ABN 44 099 817 106 and Monash University ABN 12 377 614 012 for collecting data about cardiac surgery for use in the Australian and New Zealand Society of Cardiac and Thoracic Surgeons Cardiac Surgery Database;
  - (g) the Department of Communities, Child Safety and Disability Services and the Department of Housing and Public Works for the purposes of the Joint Action Plan;
  - (h) the Florey Institute of Neuroscience and Mental Health ABN 92 124 762 027 for collecting data about eligible stroke and transient ischaemic attack patients for use in the Australian Stroke Clinical Registry and for community based follow-up;
  - (i) Alfred Health ABN 27 318 956 319 for collecting data about a relevant asplenic patient for use in the Spleen Australia registry.
- (2) Also for section 150(b) of the Act, the following are prescribed entities for evaluating, managing, monitoring or planning health services relating to the implementation and management of the National Disability Insurance Scheme—
- (a) the NDIS agency;
  - (b) the following departments of government—
    - (i) the Department of Communities, Child Safety and Disability Services;
    - (ii) the Department of Housing and Public Works;
    - (iii) Queensland Treasury and Trade.
- (3) In this section—
- Joint Action Plan*** means the arrangement, known as the ‘Joint Action Plan: Transitioning long-stay younger people

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with disability from Queensland public health facilities’, among Queensland Health, the Department of Communities, Child Safety and Disability Services and the Department of Housing and Public Works—

- (a) to support young people with disability who are long-stay patients in Queensland public health facilities in moving to more appropriate accommodation and accessing support in the community; and
- (b) otherwise to support young people with disability who are long-stay patients in Queensland public health facilities and their families in preparation for, and in the implementation of, the National Disability Insurance Scheme in Queensland.

***National Disability Insurance Scheme*** see the *National Disability Insurance Scheme Act 2013* (Cwlth), section 9.

***NDIS agency*** means the National Disability Insurance Scheme Launch Transition Agency established under the *National Disability Insurance Scheme Act 2013* (Cwlth), section 117.

***relevant asplenic patient*** means a person with—

- (a) asplenia; or
- (b) reduced spleen function due to a medical condition or intervention.

*Examples of medical conditions or interventions that cause reduced spleen function—*

splenectomy, partial splenectomy, splenic embolisation, splenic infarction, splenic irradiation, hyposplenism

***relevant statistical research entity*** means the department in which the *Statistical Returns Act 1896* is administered.

***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.

## **Part 8A Miscellaneous**

**37 Major capital works**

- (1) 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, other than excluded work—
    - (i) that requires assessment, certification or approval under an Act; and  
*Example—*  
building work that requires assessment by a building certifier under the *Building Act 1975*
    - (ii) for which the estimated capital expenditure is \$500,000 or more.

- (2) In this section—

*excluded work* means work that only involves routine maintenance of, or repairs to, an existing building or other structure.



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## **Part 9                      Transitional matters**

### **Division 1                      Transitional provisions for 2012 SL No. 90**

#### **Subdivision 1              Preliminary**

##### **38              Definition for div 1**

In this division—

*commencement* means 1 July 2012.

#### **Subdivision 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 2 Transitional provision for Hospital and Health Boards Amendment Regulation (No. 1) 2014**

#### **42 Application of sch 5A**

- (1) Schedule 5A applies for the amalgamation of the merging Services as the new Service under section 3A.
- (2) In this section and schedule 5A, as it applies under subsection (1)—

*amalgamation day* means 1 July 2014.

*merging Service* see section 3A(2).

*new Service* see section 3A(1)(a).

### **Division 3 Transitional provisions for Hospital and Health Boards (Changes to Prescribed Services) Amendment Regulation 2019**

#### **43 Definitions for division**

In this division—

*relevant employee* see section 45(1).

*relevant Service* means a Service that was prescribed under section 20(4) of the Act immediately before the commencement.

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#### 44 Purpose of division

This division makes provision about matters that are necessary or convenient to facilitate the transition of a relevant Service from a prescribed Service to a Service that is no longer prescribed under section 20(4) of the Act.

*Note—*

See also section 282(7) and (8) of the Act.

#### 45 Particular health service employees to be employed by chief executive

- (1) This section applies to a health service employee, other than a health executive or senior health service employee, who was employed by the relevant Service immediately before the commencement (a *relevant employee*).
- (2) From the commencement, the relevant employee is taken to be employed by the chief executive, in the department, on the same terms, conditions and entitlements as those applying to the employee's employment by the relevant Service immediately before the commencement.
- (3) Without limiting subsection (2), the following matters apply in relation to the change to the relevant employee's employment mentioned in that subsection—
  - (a) the employee retains, and is entitled to, all rights, benefits and entitlements that have accrued to the employee because of the employee's employment as a health service employee by the relevant Service;
  - (b) the employee's accruing rights, including to superannuation or recreation, sick, long service or other leave, are not affected;
  - (c) the employee's continuity of service is not interrupted, except that the employee is not entitled to claim the benefit of a right or entitlement more than once in relation to the same period of service;

[s 46]

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- (d) the change to the employee's employment does not constitute a termination of employment or a retrenchment or redundancy;
  - (e) the employee is not entitled to a payment or other benefit because the employee is no longer employed by the relevant Service.
- (4) Subject to this section, the chief executive may issue a direction to the relevant employee to facilitate the transition of the employee's employment from the relevant Service to the chief executive.

*Note—*

See also the *Public Service Act 2008*, section 187(1)(d).

- (5) If the relevant employee was, immediately before the commencement, employed by the relevant Service under a contract, the employee is taken to be employed by the chief executive, in the department, under the contract.

#### **46 Appointment to perform functions or do other things not affected by becoming employees in the department**

- (1) This section applies if, before the commencement—
- (a) a relevant employee was appointed to perform a function or to do anything under the Act; and
  - (b) the function or thing has not been completed.
- (2) The appointment is not affected by the change to the relevant employee's employment under section 45(2).
- (3) The relevant employee may complete the function or thing on or after the commencement.

*Example—*

A relevant employee's appointment as a clinical reviewer, or as a member of an RCA team, is not affected by the relevant employee becoming an employee of the chief executive in the department under section 45(2) and the relevant employee may complete the matter for which the relevant employee was appointed.

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**47 Proceedings and other things not affected by persons becoming employees in the department**

- (1) This section applies if, before the commencement—
- (a) a proceeding—
    - (i) was taken by or against a relevant employee as an employee of the relevant Service; and
    - (ii) was not completed; or
  - (b) a thing, other than a proceeding, was done in relation to a relevant employee as an employee of the relevant Service.

- (2) If subsection (1)(a) applies, from the commencement—

- (a) the chief executive is taken to be a party for the proceeding instead of the relevant Service; and

*Note—*

See also section 46 of the Act for the power of the chief executive to delegate the chief executive's functions under the Act.

- (b) the proceeding may be continued and completed by or against the chief executive instead of the relevant Service.

- (3) If subsection (1)(b) applies, the thing done in relation to the relevant employee is not affected by the change to the relevant employee's employment under section 45(2).

*Examples for subsection (3)—*

- 1 A recruitment and selection process involving a relevant employee started before the commencement may continue from the commencement.
- 2 The approval of the annual leave for a relevant employee before the commencement is effective from the commencement.

**48 Application of Public Service Act 2008, s 149 to particular relevant employees**

- (1) This section applies if—

[s 49]

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- (a) a relevant employee was continuously employed as a temporary employee by the relevant Service for a period; and
  - (b) the period had not ended immediately before the commencement.
- (2) Without limiting section 45(2) or (3), the relevant employee is, for the *Public Service Act 2008*, section 149, taken to have been continuously employed as a temporary employee by the chief executive, in the department, for the period mentioned in subsection (1).
- (3) In this section—  
*continuously employed as a temporary employee* see the *Public Service Act 2008*, section 149(5).

#### **49 Application of Public Service Act 2008, s 149A to particular relevant employees**

- (1) This section applies if—
- (a) a relevant employee was employed by the relevant Service as a casual employee on a regular and systematic basis for a period; and
  - (b) the period had not ended immediately before the commencement.
- (2) Without limiting section 45(2) or (3), the relevant employee is, for the *Public Service Act 2008*, section 149A, taken to have been employed as a casual employee on a regular and systematic basis by the chief executive, in the department, for the period mentioned in subsection (1).

#### **50 Application of Industrial Relations Act 2016, s 320 to relevant employees**

- (1) This section applies if the dismissal of a relevant employee by the chief executive after the commencement relates to the employee's conduct, capacity or performance as an employee of the relevant Service before the commencement.

- (2) For the *Industrial Relations Act 2016*, section 320, it is declared that the dismissal was not harsh, unjust or unreasonable only because the dismissal related to the employee's conduct, capacity or performance as an employee of the relevant Service.

## **51 Other matters relating to Industrial Relations Act 2016**

To remove any doubt, it is declared that from the commencement—

- (a) the chief executive is the employer of a relevant employee, instead of the relevant Service, for the *Industrial Relations Act 2016*, any of chapters 3 to 6; and
- (b) the *Industrial Relations Act 2016*, schedule 4 no longer applies in relation to the relevant Service.

# Schedule 1 Hospital and Health Services

section 3

**Column 1**

**Hospital and Health Service**

Cairns and Hinterland

**Column 2**

**Health service area**

the local government areas of—

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

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



<b>Column 1</b>	<b>Column 2</b>
<b>Hospital and Health Service</b>	<b>Health service area</b>
Central Queensland	<p>the local government areas of—</p> <ul style="list-style-type: none"> <li>• Central Highlands Regional Council</li> <li>• Livingstone Shire Council</li> <li>• Rockhampton Regional Council</li> <li>• Woorabinda Shire Council</li> </ul> <p>the local government area of Banana Shire Council, other than the community of Taroom</p> <p>the part of the local government area of Gladstone Regional Council consisting of the following statistical local areas—</p> <ul style="list-style-type: none"> <li>• Gladstone (R) - Calliope Pt A</li> <li>• Gladstone (R) - Calliope Pt B</li> <li>• Gladstone (R) - Gladstone</li> </ul>

**Column 1**

**Hospital and Health Service**

Central West

Children's Health Queensland

**Column 2**

**Health service area**

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

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

<b>Column 1</b>	<b>Column 2</b>
<b>Hospital and Health Service</b>	<b>Health service area</b>
Darling Downs	<p>the local government areas of—</p> <ul style="list-style-type: none"> <li>• Cherbourg Shire Council</li> <li>• Goondiwindi Regional Council</li> <li>• South Burnett Regional Council</li> <li>• Southern Downs Regional Council</li> <li>• Toowoomba Regional Council</li> <li>• Western Downs Regional Council</li> </ul> <p>the part of the local government area of Banana Shire Council consisting of the community of Taroom</p>
Gold Coast	the local government area of Gold Coast City Council
Mackay	<p>the statistical local area of Scenic Rim (R) - Tamborine-Canungra</p> <p>the local government areas of—</p> <ul style="list-style-type: none"> <li>• Isaac Regional Council</li> <li>• Mackay Regional Council</li> <li>• Whitsunday Regional Council</li> </ul>

**Column 1**

**Hospital and Health Service**

Metro North

**Column 2**

**Health service area**

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—

- 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

**Column 2****Health 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 Queensland Children's Hospital
- The Park—Centre for Mental Health

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

**Column 1**

**Hospital and Health Service**

North West

South West

Sunshine Coast

**Column 2**

**Health service area**

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
- Noosa Shire Council
- Sunshine Coast Regional Council

**Column 1****Hospital and Health Service**

Torres and Cape

**Column 2****Health service area**

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
- Northern Peninsula Area Regional Council
- Pormpuraaw Shire Council
- Torres Shire Council
- Torres Strait Island Regional Council
- Town of Weipa
- Wujal Wujal Shire Council

**Column 1**

**Hospital and Health Service**

Townsville

**Column 2**

**Health service area**

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



<b>Column 1</b>	<b>Column 2</b>
<b>Hospital and Health Service</b>	<b>Health service area</b>
West Moreton	<p>the local government areas of—</p> <ul style="list-style-type: none"> <li>• Ipswich City Council</li> <li>• Lockyer Valley Regional Council</li> </ul> <p>the part of the local government area of Brisbane City Council consisting of—</p> <ul style="list-style-type: none"> <li>• the statistical local area of Karana Downs-Lake Manchester</li> <li>• The Park—Centre for Mental Health</li> </ul>
Wide Bay	<p>the statistical local areas of—</p> <ul style="list-style-type: none"> <li>• Scenic Rim (R) - Boonah</li> <li>• Somerset (R) - Esk</li> </ul> <p>the local government areas of—</p> <ul style="list-style-type: none"> <li>• Bundaberg Regional Council</li> <li>• Fraser Coast Regional Council</li> <li>• North Burnett Regional Council</li> </ul> <p>the statistical local area of Gladstone (R) - Miriam Vale</p>

## **Schedule 1AB Leases that may be granted or taken without Minister's or Treasurer's approval**

section 3AB

### **Part 1 Leases that may be granted without Treasurer's approval**

<b>Column 1</b>	<b>Column 2</b>
<b>Type of lease</b>	<b>Service</b>
<p>a lease or sublease of land or a building, or part of a building, if—</p> <ul style="list-style-type: none"> <li>• the rent payable under the lease or sublease is at least market rent; and</li> <li>• the term of the lease (including a further term arising under an option to extend the lease) is 10 years or less</li> </ul>	a Service

## Part 2 Leases that may be taken without Minister's and Treasurer's approval

Column 1	Column 2
Type of lease	Service
a lease or sublease of land or a building, or part of a building, used or intended for use as office accommodation if the annual rent payable under the lease or sublease is not more than \$100,000	<ul style="list-style-type: none"> <li>• Cairns and Hinterland</li> <li>• Central Queensland</li> <li>• Central West</li> <li>• Children's Health Queensland</li> <li>• Darling Downs</li> <li>• Mackay</li> <li>• North West</li> <li>• South West</li> <li>• Torres and Cape</li> <li>• Townsville</li> <li>• West Moreton</li> <li>• Wide Bay</li> </ul>
a lease or sublease of land or a building, or part of a building, used or intended for use as office accommodation if the annual rent payable under the lease or sublease is not more than \$250,000	<ul style="list-style-type: none"> <li>• Gold Coast</li> <li>• Metro North</li> <li>• Metro South</li> <li>• Sunshine Coast</li> </ul>

## Schedule 1AB

<b>Column 1</b>	<b>Column 2</b>
<b>Type of lease</b>	<b>Service</b>
a lease or sublease of land or a building, or part of a building, used or intended for use for a purpose other than office accommodation (for example, storage) if the annual rent payable under the lease or sublease is not more than \$100,000, but not including a lease or sublease of residential premises	a Service
a lease or sublease of residential premises if the annual rent payable under the lease or sublease is not more than \$100,000	a Service

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## **Schedule 1A Senior health service employee positions—Act, s 74A**

section 11A

### **Part 1 Positions prescribed by classification level**

- 1 The following classification levels under the ‘Medical Officers (Queensland Health) Award - State 2015’ are prescribed—
  - L13 but only if the position has a pay point of C1-1 under the award
  - L14 to L29
  - MOPP 1-1
  - MOPP 1-2
  - MOPP 1-3
  - MSPP 1-1
  - MSPP 1-2
  - MSPP 1-3
  - MSPP 1-4
  - MSPP 2-1
  - MSPP 2-2.
- 2 The following classification levels under the health employment directive called ‘Health Employment Directive No. 6/20 (Medical Officers with Private Practice (MOPP) and Medical Superintendents with Private Practice (MSPP) classification levels)’ are prescribed—
  - rural generalist medical officer with private practice

- senior rural generalist medical officer with private practice
- rural generalist medical superintendent with private practice
- senior rural generalist medical superintendent with private practice.

## **Part 2                      Other positions**

A position, known as a visiting medical officer position, in which a health service employee is employed if the employee—

- (a) is registered under the Health Practitioner Regulation National Law to practise in the medical profession; and
- (b) incurs ongoing private practice costs.

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## **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



- 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 2A Wards subject to minimum nurse-to-patient and midwife-to-patient ratios

section 30B

Public sector health service facility	Acute adult ward		
	Medical	Surgical	Mental Health
Atherton Hospital	•	•	
Bundaberg Hospital	•	•	•
Caboolture Hospital	•	•	•
Cairns Hospital	•	•	•
Gladstone Hospital	•	•	
Gold Coast University Hospital	•	•	•
Gympie Hospital	•		
Hervey Bay Hospital	•	•	
Innisfail Hospital	•	•	
Ipswich Hospital	•	•	•
Logan Hospital	•	•	•
Mackay Hospital	•	•	•
Mareeba Hospital	•		
Maryborough Hospital			•
Mount Isa Hospital	•	•	
Nambour Hospital	•	•	•
Prince Charles Hospital	•	•	•

## Schedule 2A

Public sector health service facility	Acute adult ward		
	Medical	Surgical	Mental Health
Princess Alexandra Hospital	•	•	•
Queen Elizabeth II Jubilee Hospital	•	•	
Redcliffe Hospital	•	•	
Redland Hospital	•	•	•
Robina Hospital	•	•	•
Rockhampton Hospital	•	•	•
Royal Brisbane and Women's Hospital	•	•	•
Sunshine Coast University Hospital	•	•	•
Surgical, Treatment and Rehabilitation Service, Herston		•	
Toowoomba Hospital	•	•	•
Townsville Hospital	•	•	•
Warwick Hospital	•	•	

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**Schedule 2B State aged care facilities  
subject to nurse and registered  
nurse percentages and  
minimum average daily  
resident care hours**

section 30C

- Brighton Health Campus (Gannet House)
- Cooinda House
- Dr E A F McDonald Nursing Home
- Eventide Charters Towers
- Eventide Home Rockhampton
- Forest View Residential Care Facility
- Glenbrook Residential Aged Care Facility
- Karingal Nursing Home
- Milton House
- Mt Lofty Nursing Home
- North Rockhampton Nursing Centre
- Parklands Residential Aged Care Facility
- Redland Residential Care Facility
- The Oaks Residential Aged Care Facility
- Waroona Multipurpose Centre
- Westhaven Nursing Home

## Schedule 2C Prescribed health professionals

section 34A

### Part 1 Health professionals registered under the Health Practitioner Regulation National Law

Column 1 Health profession	Column 2 Type of registration
Aboriginal and Torres Strait Islander health practice	general registration
dental, including the profession of a dentist, dental therapist, dental hygienist, dental prosthetist and oral health therapist	<p>general registration</p> <p>limited registration for a purpose mentioned in the Health Practitioner Regulation National Law, section 66 or 67</p> <p>specialist registration</p>
medical	<p>general registration</p> <p>limited registration for a purpose mentioned in the Health Practitioner Regulation National Law, section 66 or 67</p> <p>limited registration in the public interest to which the Health Practitioner Regulation National Law, section 273 applies</p> <p>provisional registration</p> <p>specialist registration</p>

<b>Column 1</b>	<b>Column 2</b>
<b>Health profession</b>	<b>Type of registration</b>
medical radiation practice	general registration
	limited registration for a purpose mentioned in the Health Practitioner Regulation National Law, section 66 or 67
	provisional registration
midwifery	general registration
	provisional registration
nursing	general registration
	provisional registration
occupational therapy	general registration
	limited registration for a purpose mentioned in the Health Practitioner Regulation National Law, section 66 or 67
	provisional registration
optometry	general registration
	limited registration for a purpose mentioned in the Health Practitioner Regulation National Law, section 66 or 67
paramedicine	general registration
pharmacy	general registration
	limited registration for a purpose mentioned in the Health Practitioner Regulation National Law, section 66 or 67
	provisional registration
physiotherapy	general registration

<b>Column 1</b>	<b>Column 2</b>
<b>Health profession</b>	<b>Type of registration</b>
	limited registration for a purpose mentioned in the Health Practitioner Regulation National Law, section 66, 67 or 68
podiatry	general registration  limited registration for a purpose mentioned in the Health Practitioner Regulation National Law, section 66 or 67  specialist registration
psychology	general registration  provisional registration

## **Part 2                      Other health professionals**

<b>Column 1</b>	<b>Column 2</b>
<b>Health service</b>	<b>Condition</b>
audiology	The health professional is—  (a) an Audiology Australia Accredited Audiologist; or  (b) an audiologist who is a Full/Ordinary member of the Australian College of Audiology; or  (c) an audiologist who is a Fellow of the Australian College of Audiology.



<b>Column 1</b>	<b>Column 2</b>
<b>Health service</b>	<b>Condition</b>
dietetics	<p>The health professional is accredited, by Dietitians Australia, as—</p> <p>(a) a Provisional Accredited Practising Dietitian; or</p> <p>(b) a Full Accredited Practising Dietitian; or</p> <p>(c) an Advanced Accredited Practising Dietitian; or</p> <p>(d) a Fellow of Dietitians Australia.</p>
exercise physiology	The health professional is accredited, by Exercise and Sports Science Australia, as an Accredited Exercise Physiologist.
orthoptics	<p>The health professional—</p> <p>(a) is registered with the Australian Orthoptic Board; and</p> <p>(b) is a member of Orthoptics Australia.</p>
orthotics/prosthetics	The health professional is certified by the Australian Orthotic Prosthetic Association as a Certified Orthotist/Prosthetist.
social work	The health professional is an ordinary member of the Australian Association of Social Workers, other than a retired ordinary member.
speech pathology	<p>The health professional is a member of Speech Pathology Australia who is—</p> <p>(a) a Certified Practising Speech Pathologist; or</p> <p>(b) a Provisional Certified Practising Speech Pathologist.</p>

## **Schedule 3      Agreements**

section 36

### **Part 1                      Agreements with Commonwealth, State or entity**

- 1 The agreement made on 12 June 2020 called ‘Hospital services arrangement between the Commonwealth of Australia and the Repatriation Commission and the Military Rehabilitation and Compensation Commission and the State of Queensland’.
- 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.
- 7 Agreement between Queensland and Western Australia for the funding of admitted patient services provided to residents

of Queensland by Western Australia and vice versa, 1 July 2009 onwards.

- 8 National Health Information Agreement between the Commonwealth, State and Territory health, statistical and national authorities, commenced 1 October 2013.
- 9 Intergovernmental Agreement on Federal Financial Relations, the schedules and any agreements under the schedules, between the Commonwealth of Australia and the States and Territories of Australia, commenced 1 January 2009.
- 9A The agreement called '2014-2017 Agreement between The Health Authorities of the States and Territories of Australia and The Organ and Tissue Authority'.
- 9B The agreement dated 28 April 2022 called 'National Partnership Agreement on Specified Projects - Schedule E - Rheumatic Fever Strategy' between Queensland and the Commonwealth of Australia.
- 9C The agreement of 2019 called 'Agreement pursuant to section 151(1)(a) of the *Hospital and Health Boards Act 2011* (Qld) between State of Queensland through the Chief Executive of Queensland Health and Commonwealth of Australia represented by the Department of Human Services for information exchange between Queensland Health and the Department of Human Services to identify women who are eligible to receive breast screening services in Queensland'.

## Part 2 **Agreements with State entity**

- 10 The agreement dated 15 June 2017 called 'Memorandum of Understanding between The State of Queensland acting through Queensland Health and The State of Queensland acting through the Queensland Police Service, Mental Health Collaboration'.
- 11 The agreement of 2017 called 'Memorandum of Understanding between the Chief Executive of Queensland Health and the State of Queensland acting through the Department of Justice and Attorney-General represented by

Queensland Corrective Services, Confidential Information Disclosure’.

- 12 The agreement of 2010 called ‘Memorandum of Understanding between the State of Queensland through Queensland Health and the State of Queensland through Queensland Government Insurance Fund, Queensland Treasury, in relation to reciprocal information sharing’.
- 13 The agreement dated 2 November 2017 called ‘Memorandum of Understanding between the Chief Executive of Queensland Health and the Queensland Police Service, Confidential Information Disclosure’.
- 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’.
- 15 The agreement dated 5 July 2018 called ‘Agreement pursuant to section 151(1)(b) of the *Hospital and Health Boards Act 2011* (Qld) between The State of Queensland through the Chief Executive of Queensland Health and National Injury Insurance Agency Queensland’.
- 16 The agreement of May 2020 called ‘Agreement pursuant to section 151(1)(b) of the *Hospital and Health Boards Act 2011* (Qld) between the State of Queensland through the Chief Executive of Queensland Health and the State of Queensland through the Parole Board Queensland, Confidential Information Disclosure’.

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

sections 39 and 40

<b>Health service district</b>	<b>Hospital and Health Service</b>
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
West Moreton	West Moreton
Wide Bay	Wide Bay

## Schedule 5      Quality assurance committees

section 41

<b>Column 1</b> <b>Quality assurance committee</b>	<b>Column 2</b> <b>Entity</b>
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
Townsville Health Service District Patient Safety Committee	Townsville Hospital and Health Service
Wesley Hospital Quality Assurance Committee	Wesley Hospital

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## Schedule 5A      **General provisions for amalgamation of Hospital and Health Services**

section 42

### Part 1                      **Preliminary**

#### 1                      **Definition for sch 5A**

In this schedule—

*new health service chief executive* see section 2(2).

### Part 2                      **Appointments**

#### 2                      **Appointment of new health service chief executive**

- (1) This section applies if—
  - (a) before the amalgamation day, a Hospital and Health Board is appointed for the new Service under section 23 of the Act; and
  - (b) the appointment is to take effect on the amalgamation day.
- (2) The persons who are to constitute the board may, before the amalgamation day, appoint a health service chief executive (the *new health service chief executive*) for the new Service.
- (3) An appointment made under subsection (2)—
  - (a) takes effect on the amalgamation day; and
  - (b) subject to paragraph (a), is taken to have been made by the board under section 33 of the Act.

**3 Continued appointment as authorised person or security officer**

- (1) This section applies to a person appointed to a relevant office by the health service chief executive for a merging Service, if the appointment is in force immediately before the amalgamation day.
- (2) On and from the amalgamation day, the person continues to be appointed to the relevant office for the new Service—
  - (a) until the appointment ends; and
  - (b) on the same terms of appointment that applied to the person immediately before the amalgamation day.
- (3) In this section—

*relevant office* means either or both of the following—

  - (a) an authorised person;
  - (b) a security officer.

**4 Continued appointments to relevant offices to undertake official functions**

- (1) This section applies if—
  - (a) the health service chief executive for a merging Service has appointed a person to any of the following offices (each a *relevant office*)—
    - (i) health service auditor;
    - (ii) clinical reviewer;
    - (iii) health service investigator; and
  - (b) the person has not finished undertaking the person's official function before the amalgamation day.
- (2) Subject to subsections (3) and (4), on and from the amalgamation day, the person continues to be appointed to the relevant office in the new Service on the same terms of appointment that applied to the person immediately before the amalgamation day.
- (3) Subsection (2) applies only until—



- 
- (a) the person gives the new health service chief executive a relevant report for the person's official function; or
  - (b) the person's appointment to the relevant office sooner ends.
- (4) On and from the amalgamation day, the new health service chief executive is taken to be the appointer of the person to the relevant office.
- (5) Subsections (2) and (3) do not prevent the new health service chief executive from reappointing the person to the relevant office to finish undertaking the person's official function.
- (6) In this section—

*official function* means—

- (a) for a health service auditor—a health service audit; or
- (b) for a clinical reviewer—a clinical review under part 6, division 3 of the Act; or
- (c) for a health service investigator—a health service investigation under part 9 of the Act.

*relevant report* means—

- (a) for a health service audit—a report under section 64 of the Act; or
- (b) for a clinical review under part 6, division 3 of the Act—a report under section 135 or 136 of the Act; or
- (c) for a health service investigation under part 9 of the Act—a report under section 199 of the Act.

## **5 Continuation of quality assurance committees**

- (1) This section applies if a merging Service has established a quality assurance committee that is in existence immediately before the amalgamation day.
- (2) On and from the amalgamation day—
- (a) the quality assurance committee continues; and
  - (b) the committee is taken to have been established by the new Service; and

- (c) for applying section 22(a) of the regulation, any procedures that were decided for the committee by the merging Service before the amalgamation day are taken to have been decided by the new Service.

## **6 Continuation of RCA teams and RCAs**

- (1) This section applies if—
  - (a) the health service chief executive for a merging Service has appointed persons to be members of an RCA team to conduct an RCA of a reportable event; and
  - (b) the RCA team has not finished conducting the RCA before the amalgamation day.
- (2) Subject to subsection (3), on and from the amalgamation day—
  - (a) the appointment of the RCA team continues in force; and
  - (b) the RCA continues; and
  - (c) unless the context otherwise requires, the new health service chief executive is taken to be the commissioning authority who appointed the RCA team members.
- (3) Subsection (2) applies to the RCA team only until—
  - (a) the RCA team gives the new health service chief executive an RCA report about the reportable event; or
  - (b) the conduct of the RCA is sooner stopped.

## **Part 3 Information applications**

### **7 Application for internal review**

- (1) This section applies if, before the amalgamation day, a merging Service had started dealing with, but had not finally dealt with, an application under—

- 
- (a) the *Information Privacy Act 2009*, section 43, 44 or 94; or
  - (b) the *Right to Information Act 2009*, section 24 or 80.
- (2) On and from the amalgamation day, the new Service must continue to deal with the application as if the application had been made to the new Service.

## **8 Application for external review**

- (1) This section applies if, before the amalgamation day, the information commissioner had started dealing with, but had not finally dealt with, an application for external review, under the *Information Privacy Act 2009* or *Right to Information Act 2009*, of a decision made by a merging Service.
- (2) On the amalgamation day, the new Service becomes a participant in the external review.
- (3) In this section—
- participant*—
- (a) in an external review of a decision under the *Information Privacy Act 2009*—see schedule 5 of that Act; or
  - (b) for an external review of a decision under the *Right to Information Act 2009*—see schedule 6 of that Act.

## **9 Persons affected by reviewable decisions**

- (1) This section applies if—
- (a) a person was affected by a reviewable decision made by a merging Service under the *Information Privacy Act 2009* or *Right to Information Act 2009* before the amalgamation day; and
  - (b) the period in which the person may apply for a review of the decision under the *Information Privacy Act 2009*, section 94 or 99 or the *Right to Information Act 2009*, section 80 or 85, has not ended before the amalgamation day; and

*Note—*

For the relevant period, see the *Information Privacy Act 2009*, section 96(c) or 101(1)(d), or the *Right to Information Act 2009*, section 82(c) or 88(1)(d).

- (c) the person has not applied for a review of the decision before the amalgamation day.
- (2) On and from the amalgamation day, for applying the provisions of the *Information Privacy Act 2009* or *Right to Information Act 2009* in relation to a review of the decision, that Act applies as if the decision had been made by the new Service.

## **Part 4                                      Transfer of property and related provisions**

### **10        Divestment of assets, release of liabilities and transfer of assets and liabilities**

On the amalgamation day—

- (a) each merging Service is divested of all its assets and released from all its liabilities; and
- (b) the assets become the assets of the new Service; and
- (c) the liabilities are assumed by the new Service.

### **11        Successor in law**

On the amalgamation day, the new Service is the successor in law of each merging Service.

### **12        Instruments**

- (1) On the amalgamation day, a merging Service instrument applies to the new Service in place of the merging Service.
- (2) Without limiting subsection (1)—
  - (a) any right, title, interest or liability arising under or relating to a merging Service instrument is taken to be

transferred from the merging Service to the new Service; and

- (b) a merging Service instrument, including a benefit or right provided by a merging Service instrument, or given to, by or in favour of, a merging Service is taken to have been given to, by or in favour of, the new Service; and
  - (c) the new Service is taken to be a party to each merging Service instrument in place of the merging Service to which it applied; and
  - (d) a reference to a merging Service in a merging Service instrument is taken to be a reference to the new Service; and
  - (e) an application for a merging Service instrument made in the merging Service's name is taken to have been made in the new Service's name; and
  - (f) a merging Service instrument under which an amount is, or may become, payable to or by a merging Service is taken to be an instrument under which the amount is, or may become, payable to or by the new Service in the way the amount was, or might have become, payable to or by the merging Service; and
  - (g) a merging Service instrument under which property, other than money, is or may become liable to be transferred, conveyed or assigned to or by a merging Service is taken to be an instrument under which property is or may become liable to be transferred, conveyed or assigned to or by the new Service in the way the property was or might have become liable to be transferred, conveyed or assigned to or by the merging Service.
- (3) In this section—
- merging Service instrument*** means an instrument applying to a merging Service.

### **13 Particular health service employees**

- (1) This section applies to a person who, immediately before the amalgamation day, was employed as a health executive or senior health service employee in a merging Service.
- (2) On and from the amalgamation day, the person continues to be employed as a health executive or senior health service employee in the new Service—
  - (a) until the term of the person's employment ends or the employment otherwise ends; and
  - (b) on the same conditions of employment that applied to the person immediately before the amalgamation day.

### **14 Pending legal proceedings**

On and from the amalgamation day, a legal proceeding by or against a merging Service that is not finished before the amalgamation day must be continued and finished by or against the new Service.

### **15 Transfer of records**

On the amalgamation day, the records of a merging Service become the records of the new Service.

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## Schedule 6 Dictionary

## section 2

***Aboriginal and Torres Strait Islander community-controlled health organisation***, for part 4, see section 11C.

***afternoon shift***, for part 6A, see section 30A(1)(b).

***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.

***chief First Nations health officer***, for part 4, see section 11C.

***commencement***, for part 9, see section 38.

***committee***, for part 5, see section 15.

***community***, for part 4, see section 11C.

***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.

***consumer***, for part 4, see section 11C.

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

***implementation stakeholders***, for a Service's health equity strategy, for part 4, see section 13B.

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

**member**, for part 5, see section 15.

**Menzies School of Health Research** means the school established under the *Menzies School of Health Research Act* (NT), section 4.

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

**morning shift**, for part 6A, see section 30A(1)(a).

**night shift**, for part 6A, see section 30A(1)(c).

**privacy policy**, for part 5, see section 15.

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

**residential premises** see the *Residential Tenancies and Rooming Accommodation Act 2008*, section 10.

**rural Service** means each the following Hospital and Health Services—

- (a) Central West;
- (b) North West;
- (c) South West;
- (d) Torres and Cape.

**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).

**service-delivery stakeholders**, for a Service's health equity strategy, for part 4, see section 11C.

**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.