

Queensland Health

# Information pack

Queensland Hospital and Health Boards -  
2024



**Queensland**  
Government

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## Summary

This Information pack provides you with the information you need to complete an application for a Queensland Hospital and Health Board (Board) Chair or member position.

The recruitment process will be managed by Executive Quarter.

Please note that the recruitment and appointment process will take several months. The outcome of the recruitment process cannot be confirmed until the appointment of the successful applicants is published in the *Queensland Government Gazette*.

Where possible, applicants who have not progressed to interview will be advised at an earlier stage of the recruitment process.

## Key Dates and timeline

**Closing date for applications is midnight, Sunday 28 July 2023.**

2024 Hospital and Health Board Appointment Timeline	
Application period	Closing 28 July 2024
Applicant review period	August 2024
Interviews	August 2024
Endorsement of nominees and government approval process pursuant to the <i>Hospital and Health Boards Act 2011</i>	TBC
Commencement of Appointments	TBC

# Queensland Hospital and Health Boards

Applications are currently being sought for Chair and member positions for the following boards (further information about each board can be found at Appendix 1:

Hospital and Health Board	Chair and members	Members
Gold Coast	√	√
Mackay	N/A	√

## Further information

If you require more information that is not contained in this information pack, please contact the relevant Consultant for a confidential discussion:

Hospital and Health Board Chairs and Members	Consultant details
Gold Coast Metro South	David (Will) Wilson Managing Partner E. <a href="mailto:will.wilson@executivequarter.com.au">will.wilson@executivequarter.com.au</a> P: +61 0499 920 848

## How to apply

### Overview

Executive Quarter will manage this recruitment process. Prior to submitting your application form, please ensure that you have downloaded and read the Applicant Information Pack and prepared your CV and Personal Statement. Once you have submitted your online application form, you will receive an email from Executive Quarter requesting your CV and Personal Statement which are to be emailed to [hbb@executivequarter.com.au](mailto:hbb@executivequarter.com.au). Executive Quarter will acknowledge receipt of these documents via your nominated email address. All required documents and forms should be fully completed and meet the stated requirements.

Applicants will be kept informed of the progress of their submission at regular intervals. However, as noted above, prospective applicants should note that the outcome of the recruitment process cannot be confirmed until the appointment of the successful applicants is published in the *Queensland Government Gazette* which is anticipated to be in late March 2024.

Where possible, applicants who have not progressed to interview will be advised at an earlier stage of the recruitment process.

### Role fit

#### *Board Members*

The essential requirements for **Board Members** are:

1. demonstrated ability to analyse, critically assess and drive performance (financial or non-financial) within a health sector, other public sector, community sector or other associated industry organisation;
2. demonstrated ability to constructively build and manage stakeholder relationships;
3. capacity to relate, and appropriately respond to, the interests of consumers of health services;
4. demonstrated level of superior interpersonal, verbal and written communication.

A Board member will also be required to display the following leadership behaviours:

- **Leadership:** leadership skills including the ability to appropriately represent the organisation, set organisational culture and take responsibility for decisions
- **Thinking and acting strategically:** the capacity to understand and contribute to the strategic direction of the HHS, in line with broader whole of government and Departmental strategies, and awareness of the impact on broader systems. The ability to critically analyse complex and detailed information, easily distil key issues and develop innovative approaches and solutions to problems
- **Personal integrity:** exemplifies personal integrity and has a strongly held commitment to openness, honesty, inclusiveness and high standards
- **Political astuteness:** the capacity to understand and work effectively with diverse interest groups and power bases within organisations and the wider community, and the dynamic between them
- **Commercial acumen:** the capacity to think quickly and make sound judgments in a complex commercial context
- **Self-management:** the capacity to self-manage and display resilience in a range of complex and demanding situations
- **Contributor and team player:** the ability to work as part of a team and demonstrate the passion and time to make a genuine and active contribution.

## Board Chairs

The essential requirements for a **Board Chair** include the four essential members requirements above in addition to the following:

1. skills and experience to provide leadership and strategic vision to a large public sector health service delivery organisation
2. experience at board level, including a sound working knowledge of governance systems and frameworks.

A Board Chair will also be required to display the following leadership behaviours:

- **Strategic stakeholder relationships:** ability and willingness to adopt a number of approaches to gain support and influence diverse parties, including but not limited to influencing at executive and ministerial level, with the aim of securing outcomes
- **Executive decision-making:** the capacity to identify and objectively employ relevant information to make decisions within appropriate timeframes

- **Managing conflict:** demonstrated ability to manage conflict or challenging situations with confidence and a focus on outcomes
- **Networking, communication and public relations:** the capacity and confidence to network, communicate, promote and present on behalf of the HHB and HHS, and the confidence and ability to deal with media when required
- **Constructive questioner:** the preparedness to ask questions and challenge others in a constructive and appropriate way.

## Application process

For instructions on how to submit your application, please visit the application website at:

[www.executivequarter.com.au/hhb](http://www.executivequarter.com.au/hhb)

Applicants are required to provide the following documentation:

- Curriculum Vitae (CV) – no more than two (2) pages in length<sup>1</sup>
- Completion of an online application form
- Included in the online application form is a requirement for you to provide details of two (2) professional referees (name, contact number, email and relationship, including years known), preferably a chair of a board to whom you have reported or your recent direct manager. *[Alternative referees may be required - for example, if the referee is part of this decision-making process]*
- Completion of a Personal Statement as follows:

### Board Members

- a Personal Statement of no more than two (2) pages addressing the essential requirements for a Board member outlined above and the following:
  - the reason for your interest in being a member of a HHB
  - the boards of which you have previously been a member (including your role on the board and any board committee responsibilities) [not required if listed in your CV]
  - your qualifications and professional registrations (including professional registration numbers if applicable) [not required if listed in your CV]
  - your membership of professional associations [not required if listed in your CV].

### Board Chairs

- a Personal Statement of no more than three (3) pages addressing both the essential requirements for a Member and Chair outlined above.

Applicants who wish to submit an application for both Chair and Member positions are encouraged to complete an application for the Chair role, nominating their interest in also being

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<sup>1</sup> Queensland Cabinet Handbook requirements for Significant Appointments include that a CV of two pages is to be included in documentation to progress to Governor in Council. Consequently, failure to adhere to this strict requirement when submitting your initial application may result in your application being rejected by the selection panel.

considered for a Member position to other boards. In this instance only one, three (3) page personal statement is required.

Initial shortlisting will be undertaken following the close of the application period. Applicants selected for progression will be contacted to provide additional documentation to support a range of probity checks required as part of the appointment process.

Please note that a request for probity documentation does not necessarily indicate that your nomination will be successful.

## Probity checks

Probity documentation will be requested if your application is selected for progression. You will be required to complete:

- Personal particulars form
- Criminal history check consent form including 100 points of certified identification documents.

As statutory appointees, the Queensland Cabinet Handbook requires a range of probity checks to be undertaken on potential Board members which include:

- consideration of any perceived or actual conflicts of interest
- a national criminal history search
- an interpol search
- searches of the Australian Securities and Investments Commission's banned and disqualified register and bankruptcy index
- a review of the Queensland government lobbyist register, and other internet-based- searches.

Probity checks will be initiated on a confidential basis.

Applicants should note that disclosure of conflicts of interest or convictions for an offence may not preclude progression to appointment as each instance will be considered on a case-by-case basis.

**Referee checks may also be undertaken by the project team of Executive Quarter for nominees. Please note your referees will not be contacted without your prior consent.**

## Personal information

Personal information collected about applicants will be used to assess their suitability for appointment to a Board.

Personal information collected by, and on behalf of, Queensland Health is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you will be securely stored and made available only to appropriately authorised officers. Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law.

Personal information may be disclosed as part of the recruitment process, for example, in contacting referees or obtaining certification of public sector employee nominees.



This information will be treated confidentially and may be used in a de-identified format to:

- meet whole-of-Government reporting requirements
- support the monitoring of the diversity of appointments to statutory and other bodies
- allow accurate reporting on the profile of the State's public sector entities' board and committee memberships.

Names of successful applicants appointed by the Governor in Council will be published in the *Queensland Government Gazette* in accordance with the requirements of the *Hospital and Health Boards Act 2011* (the Act). The names of these appointees will also be:

- made available on the Queensland Health and relevant HHS websites
- added to the Register of Appointees to Queensland Government Bodies,<sup>2</sup> which provides information about all Government bodies.

## Background

### Queensland Health

The Queensland Government delivers free universal health care to five million Queenslanders through Queensland Health. The Queensland Government is investing a record of \$25.8 billion into healthcare.

Queensland Health is made up of the Department of Health (Department) and 16 independent Hospital and Health Services (HHSs). The Boards are responsible for managing their respective HHS and its delivery of healthcare in their region. The Boards are accountable to the Minister for Health, Mental Health and Ambulance Services and Minister for Women.

Board Members are key leaders in their local communities with important responsibilities overseeing the efficient, effective and sustainable delivery of health services and assisting their HHS plan for the future.

The Department's role includes, but is not limited to:

- providing strategic leadership and direction for health through the development and administration of policies and legislation
- developing state-wide plans for health services, workforce and major capital investment
- managing major capital works for public sector health service facilities
- purchasing health service delivery
- supporting and monitoring the quality of health care service delivery
- delivering specialised health services, providing ambulance, health information and communication technology and state-wide health support services.

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<sup>2</sup> <https://www.premiers.qld.gov.au/about-us/what-we-do/qld-appointees-register.aspx>

[Health Q32: Our vision for Queensland's health system](#) provides a strong platform to enable the public health system to focus its decision-making and policy development over the next decade.

Boards and HHSs directly support the [Queensland Government objectives for the community](#) such as:

- Backing our frontline services
- Keeping Queenslanders safe
- Supporting jobs

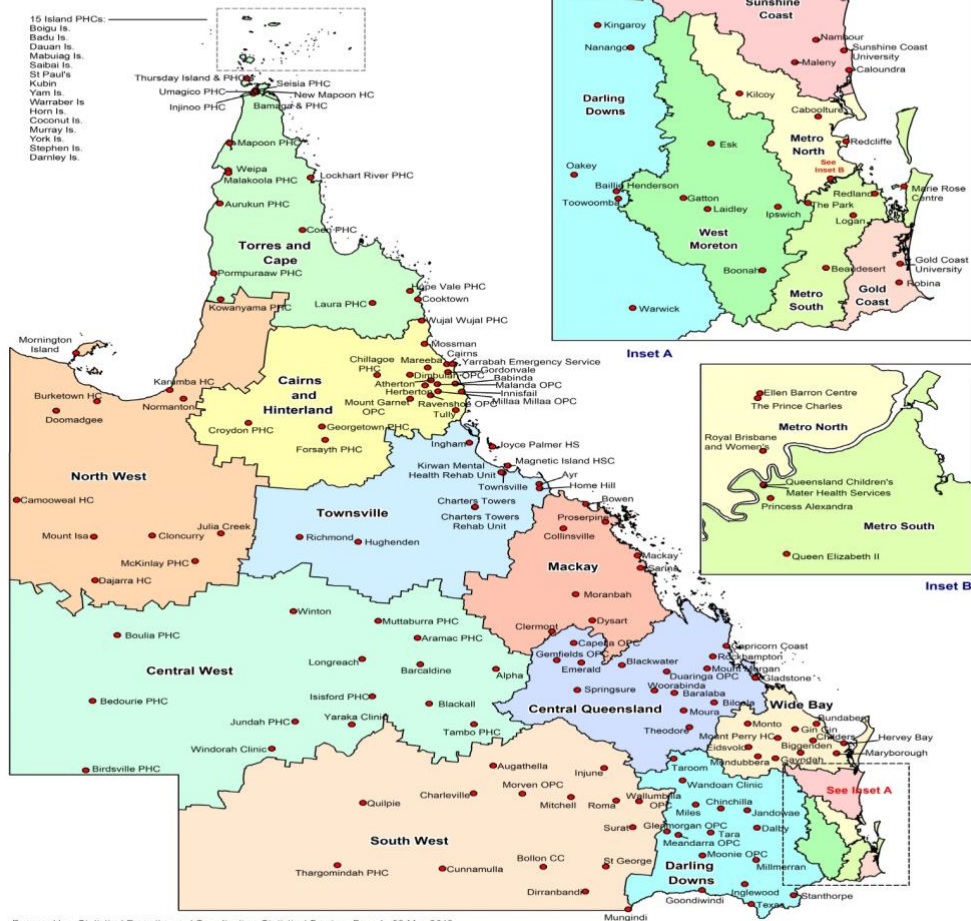
## Hospital and Health Services

There are 16 HHSs, each comprising a network of public hospitals and health services within a geographic or functional area. HHSs are responsible for the delivery of public health services in their geographical area. The only exception is Children's Health Queensland HHS which has a state-wide responsibility and offers a range of specialist paediatric services across Queensland.

The Act and the associated *Hospital and Health Boards Regulation 2012* establish HHSs as independent statutory bodies and set out the functions and powers of HHSs and their relationship with the Department. The main functions of a HHS is to deliver hospital and other health services, teaching, research and other services stated in each HHSs service agreement with the Department. The other functions of a HHS is outlined in section 19 of the Act.

A short profile of each HHS is provided at Appendix 1. Further information about each HHS can be found [here](#).

## Hospital and Health Services, Queensland Health by Recognised Public Hospitals and Primary Health Centres



# Hospital and Health Boards

## Role of Boards

Boards manage the relevant HHS for which each Board is established. The Board is accountable to the Minister for Health, Mental Health and Ambulance Services and Minister for Women (the Minister) for the HHSs performance. HHSs are required to comply with whole-of-Government governance frameworks, including planning, reporting and financial accountability requirements.

Boards are responsible for ensuring their HHS performs its functions under section 19 of the Act. This includes the obligation to develop statements of priorities and strategic plans for the corporate governance of the HHS, and to monitor compliance with those statements and plans.

Boards are accountable for their HHSs performance and for establishing and maintaining effective systems to ensure that hospital services, other health services, teaching, research and other services stated in its service agreement are met.

Each HHS has an [individual service agreement](#) with the Department that identifies the core services to be provided, the standard to which they are to be provided and the funding available to deliver those services.

Boards are responsible for ensuring:

- efficient, effective and sustainable delivery of health services
- financial accountability
- local reporting and performance management, including risk management
- legal and statutory compliance
- local strategic direction and planning for the HHS
- client-focussed delivery of services
- ethical behaviour.

The Board also has responsibilities regarding the appointment of the Chief Executive of each HHS.

## Membership

Appointments to the Boards are made by the Governor in Council on the recommendation of the Minister. Boards are directly accountable to the Minister for the performance of their HHS.

Under section 23 of the Act, Boards must comprise five or more members, at least one or more of the members must be Aboriginal persons or Torres Strait Islander persons and one or more of the members must be clinicians.<sup>3</sup>

The Act does not specify the maximum size of a Board. Requirements may vary depending on the collective experience and expertise of existing members and the needs of the particular HHS. Membership currently ranges between 8 and 11 members.

## Terms of appointment

In accordance with section 26 of the Act, a member is appointed for a term of not more than four years. Appointments are made on a part-time basis and appointment terms are generally for two or four years. There is no limit to the number of times a member may be reappointed.

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<sup>3</sup> Clinician is defined as a health professional registered under the [Health Practitioner National Law](#), other than as a student; and is currently directly or indirectly providing care or treatment to persons; and is in a profession that provides care or treatment to persons in public sector health services. (see s23(3) of the *Hospital and Health Boards Act 2011*).

# Role and accountabilities

## Overview

Board Members are key leaders in their local communities. They fulfil important internal governance obligations in relation to the oversight of HHS operations and will often represent the HHS at meetings, events and community activities. These additional activities may occur outside standard business hours.

The geographical areas of HHSs are large and additional time commitment may be required by Board Members to accommodate travel to local communities and facilities. This is particularly the case for HHSs located in regional areas.

The approximate time commitment is five days per fortnight for Chairs and three days per fortnight for Members.

## Board Members

Board Members (including the Chair and Deputy Chair) are individually responsible for ensuring that the Board fulfils its role as set out in the Act. In discharging this responsibility, Board members must comply with a range of legal duties and obligations. These include, but are not limited to:

- acting honestly and exercising powers for their proper purposes
- avoiding conflicts of interest, either actual or perceived
- acting in good faith and in the public interest
- exercising diligence, care and skill
- participating in Board committees, where nominated by their Chair
- complying with the *Public Sector Ethics Act 1994* (Qld)
- complying with all applicable regulatory requirements (statutory and policy)
- attending Board meetings and other required committee meetings.

Each Board usually meets once a month.

## The Chair

In addition to the requirements above, specific duties of the Chair, supported by local Board Secretariats and other staff, include:

- ensuring the Board performs its functions effectively in accordance with legislative requirements
- chairing Board meetings and facilitating contributions from all members
- signing agreements
- inducting and supporting incoming members, and guiding ongoing board development
- acting as a spokesperson for the Board

- liaising with and reporting directly to the Minister, as required
- working productively with the HHS Chief Executive and HHS Executive team
- liaising with senior Departmental officials, including the Director-General, Queensland Health, as required
- attend quarterly Chairs' forums and other associated events facilitated by Queensland Health.

## Board fees and allowances

Board Members are entitled to be remunerated at the fees and allowances as determined by Governor in Council, and otherwise hold office under the conditions of appointment determined by the Governor in Council. The current rates of remuneration are below:

Hospital and Health Board	Annual fees (Deputy Chair paid as Member)	Sub-committee fees (per committee per annum)
Gold Coast	Chair: \$85,714 Members: \$44,503	Chair: \$4,000 Members: \$3,000
Mackay	Chair: \$75,000 Members: \$40,000	Chair: \$4,000 Members: \$3,000

Under the *Remuneration Procedures for Part-time Chairs and Members of Queensland Government Bodies*, all necessary and reasonable expenses incurred while travelling on business and attending meetings in connection with the functions of the Boards may be paid to the Chair, Deputy Chair and members in accordance with the following arrangements:

- economy class air travel
- motor vehicle allowances as varied from time to time by the Governor in Council
- domestic travelling and relieving expenses as varied from time to time by the Governor in Council.

## Public Sector Employees

In accordance with the *Remuneration Procedures for Part-time Chairs and Members of Queensland Government Bodies*, public sector employees selected for progression to Governor in Council will require certification from their Chief Executive that their proposed appointment is not connected in any way with their employment.

As such, public sector employees will only be eligible to receive fees when undertaking board business outside the hours they would normally be expected to work, or when they are on unpaid leave.

Where applicable, the Department will facilitate any such certification, as required.

# Hospital and Health Service Profiles

## Gold Coast HHS

The Gold Coast HHS employs approximately 9,343 FTE staff and has an operating budget of \$2.131 billion for 2023-24, which is an increase from the published 2022-23 operating budget of \$1.944 billion.

The Gold Coast HHS delivers a broad range of secondary and tertiary health services from three hospitals (Gold Coast University Hospital, Robina Hospital and Varsity Lakes Day Hospital), two major allied health precincts (Southport and Robina), and 13 community-located facilities.

A broad range of secondary and tertiary health services are provided at Robina Hospital and Gold Coast University Hospital and various health precincts and community health centres throughout the region. Community service facilities also provide a range of services including child health, mental health and oral health.

A combination of world-class infrastructure, a highly talented and committed workforce and strong partnerships with universities, Gold Coast Primary Health Network and the private and non-government sector, creates a culture of innovation in healthcare delivery.

Across its campuses, Gold Coast HHS has a reputation as one of Australia's leading teaching hospitals, committed to training the next generation of doctors, nurses and allied health professionals. Working under the supervision of senior clinicians, nursing students become nurses, medical students become doctors, and doctors become specialists at Gold Coast Health's facilities.

**Further information regarding Gold Coast HHS is available at: [www.goldcoast.health.qld.gov.au](http://www.goldcoast.health.qld.gov.au)**

## Mackay HHS

The Mackay HHS employs approximately 2,691 FTE staff and has an operating budget of \$613.1 million for 2023-24, which is an increase from the published 2022-23 operating budget of \$562.2 million.

The Mackay HHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services to a population of approximately 174,816 people. The geographical catchment of Mackay HHS spans 90,364 square kilometres, extending from Bowen in the north to St Lawrence in the south, west to Clermont and northwest to Collinsville and includes Proserpine and the Whitsundays.

Mackay Base Hospital is the largest hospital in the region and there are seven smaller hospital facilities at Sarina, Dysart, Moranbah, Collinsville, Clermont, Bowen and Proserpine. Mackay HHS actively works with local GPs, private facilities, other healthcare providers and universities.

The Mackay HHS provides an integrated approach to service delivery across acute, primary health and other community-based services including aged care assessment and Aboriginal and

Torres Strait Islander programs. Primary health services include mental health, oral health, home and community care, mobile women's health, alcohol and other drugs service, sexual health, aged care assessment team and BreastScreen-

There are many challenges facing Mackay HHS in delivering and planning future health services in a complex and dynamic environment. These include the impact of COVID-19 pandemic response and recovery, continued high growth in demand for public services, economic and population demographic changes, burden of complex and chronic disease, shifts in private market share, workforce challenges and community expectations of service access and delivery.

**Further information regarding Mackay HHS is available at:**

**<https://www.mackay.health.qld.gov.au/>**