Summary

- This pack provides information to people looking to express interest for Chair or member positions on Queensland Health Hospital and Health Boards (Boards), including a summary of the key requirements of the roles and an outline of the submission process.
- This process will be managed by u&u Recruitment Partners and Directors Australia.
- **Expressions of interest close at midnight, Friday 15 November 2019.**
- Expressions of interest are currently being sought for chair and member positions for the following boards:

<table>
<thead>
<tr>
<th>Hospital and Health Board</th>
<th>Position/s available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cairns and Hinterland</td>
<td>Members</td>
</tr>
<tr>
<td>Central Queensland</td>
<td>Chair and member</td>
</tr>
<tr>
<td>Children's Health Queensland</td>
<td>Chair and members</td>
</tr>
<tr>
<td>Darling Downs</td>
<td>Chair and members</td>
</tr>
<tr>
<td>Gold Coast</td>
<td>Chair</td>
</tr>
<tr>
<td>Mackay</td>
<td>Members</td>
</tr>
<tr>
<td>Metro North</td>
<td>Chair and members</td>
</tr>
<tr>
<td>Metro South</td>
<td>Members</td>
</tr>
<tr>
<td>North West</td>
<td>Member</td>
</tr>
<tr>
<td>South West</td>
<td>Members</td>
</tr>
<tr>
<td>Sunshine Coast</td>
<td>Members</td>
</tr>
<tr>
<td>Torres and Cape</td>
<td>Members</td>
</tr>
<tr>
<td>Townsville</td>
<td>Chair and members</td>
</tr>
<tr>
<td>Wide Bay</td>
<td>Members</td>
</tr>
</tbody>
</table>

- There are no scheduled vacancies on the Central West and West Moreton Boards during 2020.
- Further information about each Board is provided at Appendix 1.
• Please note: the reference to ‘Board members’ refers to the Chair, Deputy Chair and general members of a Board, unless otherwise specified.

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

<table>
<thead>
<tr>
<th>HHB</th>
<th>Consultant details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cairns and Hinterland</td>
<td>Jenny Walker</td>
</tr>
<tr>
<td>Mackay</td>
<td>Principal Consultant</td>
</tr>
<tr>
<td>North West</td>
<td>E: <a href="mailto:jenny.walker@directorsaustralia.com">jenny.walker@directorsaustralia.com</a></td>
</tr>
<tr>
<td>Torres and Cape</td>
<td>M: 0414 678 259</td>
</tr>
<tr>
<td>Townsville</td>
<td></td>
</tr>
<tr>
<td>Central Queensland</td>
<td>Donna Bliss</td>
</tr>
<tr>
<td>Children’s Health Queensland</td>
<td>Principal Consultant</td>
</tr>
<tr>
<td>South West</td>
<td>E: <a href="mailto:donna.bliss@uandu.com">donna.bliss@uandu.com</a></td>
</tr>
<tr>
<td>Wide Bay</td>
<td>M: 0468 922 810</td>
</tr>
<tr>
<td>Darling Downs</td>
<td>Vanessa Jolly</td>
</tr>
<tr>
<td>Gold Coast</td>
<td>Principal Consultant</td>
</tr>
<tr>
<td>Metro North</td>
<td>E: <a href="mailto:vanessa.jolly@directorsaustralia.com">vanessa.jolly@directorsaustralia.com</a></td>
</tr>
<tr>
<td>Metro South</td>
<td>M: 0408 450 281</td>
</tr>
<tr>
<td>Sunshine Coast</td>
<td></td>
</tr>
</tbody>
</table>

**Background**

The Queensland Government delivers free universal health care to five million Queenslanders through Queensland Health.

Health is a top priority for the Queensland Government, representing more than one third of the State’s budget. This financial year, the Queensland Government will invest more than $19 billion in health care.

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.

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.

Queensland Health’s 10 Year Vision: *My Health, Queensland’s Future: Advancing Health 2026* 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 following Queensland Government objectives for the community as outlined under *Our Future State: Advancing Queensland’s Priorities:*

• create jobs in a strong economy
• give all our children a great start
• keep Queenslanders healthy
• be a responsive government
• keep communities safe.

**Hospital and Health Services**

**Overview**

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 *Hospital and Health Boards Act 2011* (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 an HHS is to deliver hospital and other health services, teaching, research and other services stated in the service agreement with the Department. The other functions of a HHS are outlined in section 19 of the Act.

**Hospital and Health Services location**

A short profile of each HHS is provided at Appendix 1. An overview of the geographic location of the relevant HHSs is below.

Further information about each HHS is also available at: [https://www.health.qld.gov.au/system-governance/health-system/hhs/about](https://www.health.qld.gov.au/system-governance/health-system/hhs/about)
Hospital and Health Boards

Role of Boards

Boards manage the relevant HHS for which each Board is established. Each member is appointed by the Governor in Council on the recommendation of the Minister. The Board is accountable to the Minister for Health and Minister for Ambulance Services (the Minister) for the HHS’s 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 HHS’s 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. Further information about service agreements is available at: https://www.health.qld.gov.au/system-governance/health-system/managing/agreements-deeds

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. In conjunction with the HHS Chief Executive, appointed by and accountable to the Board, 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 as recommended by the Minister, at least one of whom must be a clinician.¹

The Act does not specify the maximum size of a Board. Requirements may vary depending on the collective experience and expertise of existing members. Membership currently ranges between 7 and 11 members.

¹ 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(4) of the Hospital and Health Boards Act 2011.)
Terms of appointment

In accordance with section 26 of the Act, a term of appointment cannot exceed four years. Appointments are made on a part-time basis and appointment terms are generally between one to four years. There is no limit to the number of times a member may be reappointed.

Expectations of the role

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 area 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, unless mitigating circumstances exist.

Each Board meets usually 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 and contracts
- 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.

In addition to the travel identified above, Chairs may also be required to undertake additional travel to attend quarterly forums for Board Chairs and other associated events. These events are facilitated by the Department and are usually held in Brisbane.

Residential status

Board members must reside in Queensland, although it may be acceptable to reside outside the relevant HHS geographical area.

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:

<table>
<thead>
<tr>
<th>Hospital and Health Board</th>
<th>Annual fees (Deputy Chair paid as member)</th>
<th>Sub-committee fees (per committee per annum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold Coast, Metro North, Metro South, Sunshine Coast, Townsville</td>
<td>Chair: $85,714</td>
<td>Chair: $4,000</td>
</tr>
<tr>
<td></td>
<td>Members: $44,503</td>
<td>Members: $3,000</td>
</tr>
<tr>
<td>Cairns and Hinterland, Central Queensland, Children’s Health Queensland, Darling Downs, Mackay, West Moreton, Wide Bay</td>
<td>Chair: $75,000</td>
<td>Chair: $4,000</td>
</tr>
<tr>
<td></td>
<td>Members: $40,000</td>
<td>Members: $3,000</td>
</tr>
<tr>
<td>Central West, North West, South West, Torres and Cape</td>
<td>Chair: $68,243</td>
<td>Chair: $2,500</td>
</tr>
<tr>
<td></td>
<td>Members: $35,055</td>
<td>Members: $2,000</td>
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</tbody>
</table>

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.

**Submitting an Expression of Interest**

**Overview**

u&u Recruitment Partners and Directors Australia will manage this expression of interest process. The submission process has four stages prior to the commencement of the positions on 18 May 2020:

<table>
<thead>
<tr>
<th>Step</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Applicants submit an expression of interest to one or more available positions.</td>
</tr>
<tr>
<td>2</td>
<td>Shortlisting of applicants and interview. This will also include submission of additional probity documentation.</td>
</tr>
<tr>
<td>3</td>
<td>Consideration by the Minister, including probity checks, and progression via Cabinet to the Governor in Council.</td>
</tr>
<tr>
<td>4</td>
<td>Gazette notice of successful applicants.</td>
</tr>
</tbody>
</table>

Prior to submitting your application, please ensure that all required documents are attached, and forms are fully completed and meet the stated requirements.

Applicants will be kept informed of the progress of their submission at regular intervals. However, prospective applicants should note that the outcome of the recruitment process cannot be confirmed until the appointment of the successful applicants is notified 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.

**Application process**

For instructions on how to submit your expression of interest, please visit the application website at: [hhb.uandu.com](http://hhb.uandu.com)

Applicants are required to provide the following documentation:

- **Curriculum Vitae (CV)** – no more than two (2) pages in length\(^2\)
- **Completion of an online submission form which states your preference for up to three (3) Boards in addition to other personal and professional information.**
- **To complete this online submission form, you will also be required to attach a Personal Statement comprising:**

\(^2\) 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.
for member applicants (all Boards): a personal statement of no more than two (2) pages addressing member criteria outlined below

for Chair applicants (Central Queensland, Children’s Health Queensland, Darling Downs, Gold Coast, Metro North, Townsville only): a personal statement of no more than three (3) pages addressing both the member criteria and Chair criteria below.

Applicants who wish to submit expressions of interest for both Chair and other member positions are encouraged to complete an application for the Chair role, nominating their interest in also being considered for a member position to other boards.

Initial shortlisting will be undertaken at the close of the expression of interest period. Following this, applicants selected for progression will be contacted to provide additional documentation to support a range of supplementary probity checks required for Governor in Council consideration.

Personal statements for member positions must not exceed two (2) pages and should address the following criteria:

1. the reason for your interest in being a member of a HHB
2. how you think you will be able to add value to a HHB being able to perform its role through your skills, knowledge and experience
3. 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]
4. your qualifications and professional registrations (including professional registration numbers if applicable) [not required if listed in your CV]
5. your membership of professional associations [not required if listed in your CV]
6. demonstrated ability to analyse, critically assess and drive performance (financial or non-financial) within either a health sector, other public sector, community sector or other associated industry organisation
7. demonstrated ability to constructively build and manage stakeholder relationships
8. capacity to relate, and appropriately respond to, the interests of consumers of health services
9. excellent interpersonal, verbal and written communication
10. your CV and cover letter should also demonstrate evidence of the following required personal attributes:
   - **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.
11. Details of two (2) professional referees (name, contact telephone 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]

Please note that referees will only be contacted where applicants are shortlisted for progression to the Minister for Health and Minister for Ambulance Services.

Chair criteria (for the six Boards identified above)

In addition to the membership criteria above, applicants to Chair positions must also demonstrate, in a combined statement not exceeding three (3) pages in length:

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.

Your CV and personal statement should also demonstrate evidence of the following personal attributes, in addition to those above:

- Strategic stakeholder relationships: ability and willingness to adopt a number of approaches to gain support and influence diverse parties, 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 the confidence and ability to deal with media as required
- Constructive questioner: the preparedness to ask questions and challenge others in a constructive and appropriate way.

Probity checks

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

- completion of a personal disclosure regarding conflicts of interest
- a national criminal history 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.

To streamline the initial application process, only those nominees selected for further consideration at interview will be contacted by u&u Recruitment Partners and Directors Australia to provide the relevant consent documentation for these probity checks.

Probity checks will be initiated on a confidential basis and information obtained from the checks will only be used for purposes related to your expression of interest for the appointment.

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 u&u Recruitment Partners and Directors Australia for all nominees selected for progression. Please note your referees will not be contacted without your prior consent.

**Personal information provided in your application**

Personal information collected about applicants will be collated to assess their suitability for appointment to a Board. As part of the selection process, personal information will be dealt with in accordance with the Queensland Health Privacy Policies.³ This means 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 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,⁴ which provides information about all Government bodies.

**Further information**

Should you require further information or assistance in submitting your expression of interest, please contact Hannah Foley-Lewis, Project Coordinator at u&u Recruitment Partners, on 07 3232 9134.

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Appendix 1 – Hospital and Health Service profiles

Cairns and Hinterland HHS

The Cairns and Hinterland HHS employs approximately 5106 full time equivalent (FTE) staff and has an operating budget of $1 billion for 2019-20, which is an increase from the published 2018-19 operating budget of $936.7 million.

The Cairns and Hinterland HHS is the primary provider of health services to residents of the Cairns, Tablelands and Cassowary Coast regions across a geographical area of 142,900 square kilometres and supports an estimated population of 253,000 people.

The Cairns and Hinterland HHS is responsible for providing public hospital and health services and operates various hospitals and multi-purpose health facilities within its geographical area. Cairns Hospital is the main referral hospital for Far North Queensland and delivers a broad range of secondary and tertiary health services.

The Cairns and Hinterland HHS includes major regional hospitals located at Atherton, Innisfail, and Mareeba, and regional community hospitals at Mossman, Babinda, Yarrabah, Gordonvale, Herberton and Tully, in addition to ten primary health care centres in local communities.

The Cairns and Hinterland Hospital and Health Board currently comprises a Chair, Mr Clive Skarott AM, and eight members.

Further information regarding Cairns and Hinterland HHS is available at: https://www.health.qld.gov.au/cairns_hinterland

Central Queensland HHS

The Central Queensland HHS employs approximately 3,108 FTE staff and has an operating budget of $622.8 million for 2019-20, which is an increase from the published 2018-19 operating budget of $610.4 million.

The Central Queensland region covers approximately 110,000 square kilometres of the State. Central Queensland HHS services a population of approximately 220,000 people and is responsible for the direct management of more than 16 hospitals, health services and facilities including hospitals at Rockhampton, Bioela, Blackwater, Gladstone, Emerald, Yeppoon and Moura, Multipurpose Health Services at Baralaba, Mount Morgan, Springsure, Woorabinda and Theodore, and various Community Health Services.

The Central Queensland Hospital and Health Board currently comprises a Chair, Cr Paul Bell AM and seven members.

Further information regarding Central Queensland HHS is available at: www.cq.health.qld.gov.au
Children’s Health Queensland HHS

Children’s Health Queensland employs approximately 3,954 FTE staff and has an operating budget of $799.8 million for 2019-20, which is an increase from the published 2018-19 operating budget of $757.2 million.

Children’s Health Queensland is a specialist state-wide HHS dedicated to providing the best possible family-centred health care for every child and young person in Queensland. A recognised leader in paediatric healthcare, education and research, the HHS delivers a full range of clinical services, tertiary level care and health promotion programs for children across Queensland, northern New South Wales and overseas.

Children’s Health Queensland HHS includes: the Queensland Children’s Hospital, Child and Youth Community Health Services, a Child and Youth Mental Health Service and state-wide paediatric outreach and telehealth services. Children’s Health Queensland also leads various state-wide services and programs, including the Connected Care Program, Deadly Ears, Ellen Barron Family Centre, Healthy Hearing Program, and the Centre for Children’s Health and Wellbeing.

The Children’s Health Queensland Hospital and Health Board currently comprises a Chair, Mr David Gow, and nine members.

Further information regarding Children’s Health Queensland HHS is available: www.childrens.health.qld.gov.au/

Darling Downs HHS

The Darling Downs HHS employs approximately 4,559 FTE staff and has an operating budget of $847 million for 2019-20, which is an increase from the published 2018-19 operating budget of $820 million.

The Darling Downs HHS delivers hospital and healthcare services to approximately 300,000 people across a large and diverse geographic area of approximately 90,000 square kilometres. This area includes the local government areas of Toowoomba Regional Council, Western Downs Regional Council, Southern Downs Regional Council, South Burnett Regional Council, Goondiwindi Regional Council, Cherbourg Aboriginal Shire Council and part of the Banana Shire Council (community of Taroom).

The Darling Downs HHS delivers its services from 28 facilities, which include one large regional referral hospital, three medium sized regional hub hospitals, twelve rural hospitals, three multipurpose health services, one community outpatient clinic, six residential aged care facilities, one community care unit and an extended inpatient mental health service.

The Darling Downs HHS is a high performing and efficient provider of public health services for the region. The Darling Downs HHS was the first health service in the State to achieve no patients waiting longer than clinically recommended for elective surgery and specialist outpatient appointments. With a strong track record of good financial performance, this has allowed reinvestment into delivering improved infrastructure and more services for the community.

The region that the Darling Downs HHS serves is changing. Increasing rates of chronic disease, an ageing community and shifts in public and private health market shares are among the greatest challenges. However, opportunities in integrated care, innovative healthcare delivery, workforce planning and strengthening partnerships with the Darling Downs and West Moreton Primary Health Network provide exciting areas of focus for the future.

The Darling Downs Hospital and Health Board currently comprises a Chair, Mr Mike Horan AM, and eight members.
Further information regarding Darling Downs HHS is available at: www.health.qld.gov.au/darlingdowns

Gold Coast HHS

The Gold Coast HHS employs approximately 8,262 FTE staff and has an operating budget of $1.575 billion for 2019-20, which is an increase from the published 2018-19 operating budget of $1.494 billion.

The Gold Coast HHS delivers public health services to a population of approximately 621,000 people in the Gold Coast region, as well as people in northern New South Wales. The Gold Coast region is projected to have the largest population growth of any local government area in Queensland over the coming years and has a high transient population with four million overnight visitors and seven million day-trippers per year.

A broad range of secondary and tertiary health services are provided at Robina Hospital and Gold Coast University Hospital, various health precincts and over 40 community health centres throughout the region. Community service facilities also provide a range of services including child health, mental health and oral health.

Gold Coast University Hospital (GCUH) is the city’s premier tertiary-level facility. The facility has over 700 beds across seven buildings covering 170,000 square metres, and provides modern, world-class tertiary hospital care. Its high-level services include surgery, general and specialist medicine, maternity and intensive neonatal care, aged and dementia care, emergency medicine, intensive care, cardiology, mental health, outpatients, environmental health and public health services.

Robina Hospital is a major regional health facility. With approximately 300 beds, Robina Hospital serves as a patient base for emergency, medical, palliative care and mental health, and is also home to the Clinical Education and Research Centre, a joint project between Queensland Health and Bond University’s Faculty of Health Sciences and Medicine. Varsity Lakes Day Hospital features six theatres for endoscopy, plastics, orthopaedic and other surgery as well as women’s health clinics to support patients requiring care.

The combination of world-class infrastructure, a highly talented and committed workforce, partnerships with local universities, Gold Coast Primary Health Network and the private and non-government sector, create an unprecedented opportunity for innovation in healthcare delivery. In April 2019, GCUH and Robina Hospital were both named by Newsweek as a ‘World’s Best Hospital’, a notable achievement towards the service’s vision to be recognised as a centre of excellence for world-class healthcare.

The Gold Coast Hospital and Health Board currently comprises a Chair, Mr Ian Langdon and eight members.

Further information regarding Gold Coast HHS is available at: www.goldcoast.health.qld.gov.au

Mackay HHS

The Mackay HHS employs approximately 2,388 FTE staff and has an operating budget of $463.9 million for 2019-20, which is an increase from the published 2018-19 operating budget of $441.7 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 172,520 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 Mackay HHS 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 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.

The Mackay Hospital and Health Board currently comprises a Chair, Mr Tim Mulherin, and eight members.

Further information regarding Mackay HHS is available at: www.mackay.health.qld.gov.au

Metro North HHS

The Metro North HHS employs approximately 16,184 FTE staff and has an operating budget of $3.049 billion for 2019-20, which is an increase from the published 2018-19 operating budget of $2.838 billion.

The Metro North HHS is the largest public health service in Australia. It covers an area of 4,157 square kilometres from the Brisbane River to north of Kilcoy and serves a population of approximately 1 million people. It operates Royal Brisbane and Women’s Hospital, The Prince Charles Hospital, Redcliffe Hospital, Caboolture Hospital, Kilcoy Hospital, as well as the Brighton Health Campus and a range of subacute, mental health, community health and oral health facilities. The HHS also provides offender health services to the Woodford Correctional Centre.

The Metro North HHS provides the full range of health services including rural, regional and tertiary teaching hospitals. Two of its five hospitals are tertiary facilities that provide state-wide super specialty services such as heart and lung transplantation and burns. The HHS also provides a range of subacute, post-acute, community-based health services to support patient discharge and hospital avoidance in addition to residential facilities, Oral Health Services and a fully integrated Mental Health Service including both community and hospital-based care. Services are provided to patients throughout Queensland.

The Metro North Hospital and Health Board currently comprises a Chair, Professor Robert Stable AM, and ten members.

Further information regarding Metro North HHS is available at: https://metronorth.health.qld.gov.au/

Metro South HHS

The Metro South HHS employs approximately 13,407 FTE staff and has an operating budget of $2.565 billion for 2019-20, which is an increase from the published 2018-19 operating budget of $2.408 billion.

The Metro South HHS covers 3,856 square kilometres and includes Brisbane City south of the Brisbane River, Redland City, Logan City, Beaudesert and the eastern portion of the Scenic Rim.

It has a resident population of over one million people. It delivers a full suite of specialty health services, including: acute medical, acute surgical, aged care, cancer services, cardiology, emergency medicine, addiction and mental health, obstetrics and gynaecology, paediatrics, palliative care, rehabilitation, trauma, and transplantation.

The Metro South HHS operates five major hospitals, including Beaudesert, Logan, Princess Alexandra, QEII Jubilee and Redland. Princess Alexandra Hospital is a major tertiary facility and state-wide provider for liver transplantation, renal transplantation, spinal injury management, brain injury management and skull
base surgery. The HHS also comprises residential care facilities, community health centres, mental health and oral health services, as well as outreach and home visiting services.

**The Metro South Hospital and Health Board currently comprises a Chair, Ms Janine Walker AM and nine members.**

**Further information regarding Metro South HHS is available at:** [www.metrosouth.health.qld.gov.au](http://www.metrosouth.health.qld.gov.au)

**North West HHS**

The North West HHS employs approximately 781 FTE staff and has an operating budget of $191 million for 2019-20, which is an increase from the published 2018-19 operating budget of $182 million.

The North West HHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, oral health, mental health, critical care and clinical support services to a population of around 28,000 people residing in a geographical area of 300,000 square kilometres within North West Queensland and the Gulf of Carpentaria. Mount Isa Hospital is the main referral centre.

The North West HHS aims to be Queensland’s leading HHS, delivering excellence in remote healthcare to patients and their families. Its purpose is to embrace change, to forge close partnerships and to work closely with its communities to improve the health of people across North West Queensland.

The North West HHS is responsible for the direct management of the facilities within the HHS’s geographical boundaries: Mount Isa Hospital, Burketown Primary Health Clinic, Camooweal Primary Health Clinic, Cloncurry Multi-Purpose Health Service, Dajarra Primary Health Clinic, Doomadgee Hospital and Community Health Centre, Karumba Primary Health Clinic, Julia Creek Multipurpose Health Centre, McKinlay Primary Health Clinic, Mornington Island Hospital and Aboriginal Community Health Centre, Normanton Hospital and Urandangi Health Clinic.

As the provider of services to a diverse population, dispersed across the wide geographic area of North West Queensland, challenges for the delivery of equitable and timely health care include ageing infrastructure, higher costs associated with remote health care and difficulties attracting and retaining a skilled and culturally appropriate workforce, along with a high and increasing burden of socioeconomic disadvantage, disease and significant growth in the ageing population.

Key priorities for the North West HHS during 2019-20 are therefore focused on: reducing potentially preventable hospitalisations to lessen the burden of disease in the North West, improving Indigenous health outcomes and, building on the repatriation of renal services from Townsville HHS, ensuring that where possible there are increased clinically safe services closer to home.

**The North West Hospital and Health Board currently comprises a Chair, Mr Paul Woodhouse and seven members.**

**Further information regarding North West HHS is available at:** [https://www.health.qld.gov.au/services/northwest](https://www.health.qld.gov.au/services/northwest)

**South West HHS**

The South West HHS employs approximately 778 FTE staff and has an operating budget of $153.7 million for 2019-20, which is an increase from the published 2018-19 operating budget of $149.9 million.

The South West HHS is responsible for providing public hospital and health services and aged care services to a population of just over 26,000 people residing across 319,000 square kilometres in South West Queensland. The population is not evenly distributed and there is significant variability in population growth predicted during the period 2016–2026.
The South West HHS is responsible for the direct management of facilities and services including four hospitals at Charleville, Cunnamulla, Roma and St George, seven multi-purpose health services, two residential aged care services, four community clinics and nine general practices. A range of services and programs is also provided through these facilities by visiting clinicians and/or through Telehealth.

The South West HHS also operates a number of community and allied health service and outpatient clinics providing a comprehensive range of community and primary health services, including aged care assessment, Aboriginal and Torres Strait Islander health programs, child and maternal health services, alcohol, tobacco and other drugs services, home care services, community health nursing, sexual health services, allied health services, oral health and health promotion programs.

The South West Hospital and Health Board currently comprises a Chair, Mr Jim McGowan AM and seven members.

Further information regarding South West HHS is available at: https://www.southwest.health.qld.gov.au/

Sunshine Coast HHS

The Sunshine Coast HHS employs approximately 5,954 FTE staff and has an operating budget of $1.243 billion for 2019-20, which is an increase from the published 2018-19 operating budget of $1.196 billion.

The Sunshine Coast HHS is a dynamic health service provider that operates in an environment where quality patient care is paramount. Its vision, as a health service, is to provide health and wellbeing through exceptional care. The purpose of the Sunshine Coast HHS is to provide high quality health care in collaboration with its communities and partners, enhanced through education and research.

The Sunshine Coast HHS covers approximately 10,020 square kilometres, with Gympie at its northern boundary, south to Caloundra and out to Kilkivan in the west. It services an estimated population of over 416,000 people.

The Sunshine Coast HHS provides a range of acute and sub-acute services through five main hospital facilities including Sunshine Coast University Hospital (tertiary hospital), Nambour General Hospital, Gympie Hospital, Caloundra Health Service and Maleny Soldiers Memorial Hospital. There are various community and other health centres located across the HHS, in addition to the Glenbrook Residential Aged Care Facility. Sunshine Coast HHS also funds public patient services at Noosa Private Hospital.

The Sunshine Coast Hospital and Health Board currently comprises a Chair, Dr Lorraine Ferguson AM and nine members.

Further information regarding Sunshine Coast HHS is available at: https://www.health.qld.gov.au/sunshinecoast

Torres and Cape HHS

The Torres and Cape HHS employs approximately 1023 FTE staff and has an operating budget of $225.4 million for 2019-20, which is an increase from the published 2018-19 operating budget of $213.7 million.

The Torres and Cape HHS covers an area of more than 129,770 square kilometres and is responsible for providing health services to a population of approximately 26,000 people widely spread across Cape York and the Northern Peninsula Area, including 18 islands in the Torres Straits. Two thirds of the population identify as Aboriginal or Torres Strait Islander. The HHS is one of Australia’s largest providers of health services to Aboriginal and Torres Strait Islander peoples.

The Torres and Cape HHS operates four hospitals (two of which provide multi-purpose aged care services) and 31 primary health centres. The health services delivered to communities include accident and
emergency care, general surgery, medical imaging, primary health care, chronic disease management, obstetric and birthing services, maternal and child health services, oral health, mental health, post-acute rehabilitation, aged care, palliative and respite services, visiting specialist services, general home and community care services, and family support. In addition to delivering health services directly to communities, the HHS supports a range of government and non-government healthcare providers including outreach teams and visiting specialist services.

The Torres and Cape Hospital and Health Board currently comprises a Chair, Ms Ella Kris, and eight members.

Further information regarding Torres and Cape HHS is available at: www.health.qld.gov.au/torres-cape/

Townsville HHS

The Townsville HHS employs approximately 5,415 FTE staff and has an operating budget of $1.038 billion for 2019-20, which is an increase from the published 2018-19 operating budget of $983.8 million.

The Townsville HHS services a population of approximately 240,000 people with a catchment area of about 148,000 square metres. The HHS comprises 18 hospitals and community health campuses and two residential aged care facilities. The HHS area extends from Townsville, north to Cardwell and Ingham, west to Charters Towers, Hughenden and Richmond, south to Ayr and Home Hill and east to Magnetic Island and Palm Island.

The Townsville Hospital is the main referral hospital in northern Australia providing tertiary services to a population of approximately 695,000 people ranging from Mackay to the Torres Strait Islands, and west to the Northern Territory boarder.

The Townsville Hospital and Health Board currently comprises a Chair, Mr Tony Mooney AM and eight members.

Further information regarding Townsville HHS is available: www.health.qld.gov.au/townsville/default.asp

Wide Bay HHS

Wide Bay HHS employs approximately 3,228 FTE staff and has an operating budget of $644.7 million for 2019-20, which is an increase from the published 2018-19 operating budget of $614.9 million.

The Wide Bay population is projected to grow at 1 per cent per annum over the next 15 years, which is below the state-wide growth rate. However, the population is also ageing, with almost one third of residents projected to be aged over 65 years by 2031. The Wide Bay is socio-economically disadvantaged compared to the remainder of the State, with 47.1 per cent of the population falling into the bottom socio-economic quintile, and just 11.0 per cent falling into the top two quintiles.

The Wide Bay 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 exceeding 214,00 persons, across the geographical area of around 37,000 square kilometres, which incorporates the North Burnett, Bundaberg and Fraser Coast local government areas and part of Gladstone Regional Council (Miriam Vale). Wide Bay HHS operates regional hospitals at Bundaberg, Hervey Bay and Maryborough, along with eight rural facilities across the North Burnett region.

The Wide Bay Hospital and Health Board currently comprises a Chair, Ms Peta Jamieson, and eight members.
Further information regarding Wide Bay HHS is available at: www.health.qld.gov.au/widebay