

Board Charter



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1. Purpose

This Charter sets out the authority, roles and responsibilities, and procedures of the Sunshine Coast Hospital and Health Board (the Board). It should be read in conjunction with the *Hospital and Health Boards Act 2011*, (the Act) *the Hospital and Health Boards Regulation 2012*, (the Regulation) *Welcome Aboard: A Guide for Members of Queensland Government Boards, Committees and Statutory Authorities* and the *Queensland Health Good Practice Guide for Boards*. The Board does not replicate or replace established management responsibilities and delegations.

2. Organisation

Sunshine Coast Hospital and Health Service (SCHHS) is one of 16 Hospital and Health Services in Queensland and serves an estimated population of more than 450,000 people in the local government areas of Sunshine Coast, Gympie and Noosa, and employs over 9,000 staff.

3. Legislative Authorisation

The Board derives its authority to act from the Act.

4. Legal Status, Functions and Powers of the Service

The SCHHS is a statutory body. In accordance with the Act, the SCHHS's main function is to deliver the hospital services, other health services, teaching, research and other services stated in the service agreement for SCHHS.¹ It provides these services through its four hospitals, a residential aged care facility and several community health facilities.

The SCHHS also has several other functions, as set out in section 19(2) of the Act (Attachment 1).

The guiding principles in Schedule 2 (Attachment 2), are embedded in business as usual policies, procedures and reporting processes within the SCHHS to ensure the objectives of the Act are achieved.

5. Role of the Board

5.1. Role

The Board controls the SCHHS².

While the Board retains this responsibility, it has delegated its power and authority to manage the SCHHS to the Health Service Chief Executive (HSCE).

The Board is responsible for setting strategic direction, establishing goals and objectives for executive management, monitoring the organisation in line with current government health policies and directives and ensuring that adequate and appropriate community consultation is undertaken.

The Board's governance and compliance obligations are clearly articulated within the Charter. Additionally, the Board has a significant role to play in promoting and encouraging opportunities for innovation, research and education, transformation and continuous improvement in safety and quality to enhance patient experience, health outcomes and service provision efficiency.

¹ HHBA, section 19(1).

² HHBA, section 22.

5.2. *Membership*

A Board consists of five or more members appointed by the Governor in Council, by gazette notice, on the recommendation of the Minister. As of June 2022, the Board currently has nine (9) members.

Other matters relating to board membership including advertising requirements, conditions of appointment and removal of board members are contained in sections 23, 24, 24 and 28 respectively of the Act.

A member is entitled to the fees and allowances fixed by the Governor in Council, and otherwise holds office under the conditions of appointment fixed by the Governor in Council.³ The approximate time commitment expected is five days per fortnight for Chairs and three days per fortnight for members.

5.3. *Functions*

The key functions of the Board include:

- Appointing the SCHHS Chief Executive subject to approval by the Minister for Health and Ambulance Services
- Setting and monitoring the strategic direction of the SCHHS ensuring it reflects a consumer, community and stakeholder focus
- Reviewing and approving the annual service agreement, budget and financial plans and monitoring financial performance
- Reviewing and monitoring systems for operational performance, patient safety and quality, and human resources on a regular basis including compliance with workplace health and safety requirements and clinical regulations and standards
- Reviewing and monitoring systems of risk management, internal controls and legal compliance
- Receiving advice and considering recommendations from Committees of the Board
- Ensuring the SCHHS meets Government reporting requirements
- Modelling and supporting the desired culture of the SCHHS.

5.4. *Relationship to Minister for Health*

The Minister may give the Board a written direction about a matter relevant to the performance of its functions under the Act. The Board must comply with a direction given in writing by the Minister.

5.5. *Relationship to Department of Health*

The relationship between the Board and the System Manager (Director-General, Department of Health) is defined by the Service Agreement between SCHHS and the Director-General.

In line with the federated and networked government structure of Queensland Health, the SCHHS has an obligation to collaborate and coordinate its activities in the best interests of the overall health system and consumers.

³ HHBA, Section 26(2).

5.6. Relationship to Sunshine Coast Health Foundation

The *Hospital Foundations Act 2018* provides that the Chair of the Sunshine Coast Hospital and Health Board is a member of the Sunshine Coast Hospital Foundation (Wishlist) Board or alternatively may nominate a Sunshine Coast Hospital and Health Board Member to be a member of the Wishlist Board.

6. Role of the Board Chair

The Chair leads and directs the activities of the board. The Chair's responsibilities include:

- Serving as the key spokesperson for the Board as a whole
- Setting the Board's strategic agenda and direction
- Facilitating the flow of information and discussion
- Conducting board meetings and other business
- Ensuring the board operates effectively
- liaising with and reporting to the Minister and as required, the Director-General of Queensland Health
- Reviewing board and organisational performance
- Inducting and supporting board members.

The Chair must therefore be fully conversant with the business of the Board and ensure compliance with all legal and statutory obligations.

The Chair may also be invited to provide input to the nomination process for new board members, however, responsibility for selection ultimately rests with the Minister, via Cabinet and Governor in Council.

7. Role of the Health Service Chief Executive

The Chief Executive is responsible for managing and supervising the management of the day to day operations of SCHHS. In performing this role, the HSCE is subject to the direction of the Board.⁴

The HSCE must also fulfil his or her functions under the Act and any other legislation or regulation.

The HSCE works closely with the Board Chair.

8. Role of the Executive Director Legal and Governance

The Executive Director Legal and Governance is responsible for:

- Providing expert and authoritative advice to the Board and HSCE on best practice corporate governance
- Advising the Board on legal, compliance and regulatory responsibilities
- Providing executive leadership support to the Board and Executive, and Manager Board Operations to continually review and improve the process of briefings, decision making and performance monitoring by the Board

9. Role of the Manager Board Operations

The Manager Board Operations is responsible for:

- Organising all board and board committee meetings and member attendance
- Coordinating the timely completion and despatch of board and committee papers

⁴ HHBA, Section 33(4).

- Ensuring that the business at board and committee meetings is accurately captured in the minutes
- Helping to organise and facilitate the induction and professional development of directors
- Preparing the Board induction package
- Attending to all statutory filings and requirement
- Providing a point of reference for communications between the Board and the HSCE.

10. Board Procedures

10.1. *Basis of Procedures*

Schedule One of the Act outlines rules applying to the conduct of business by the Board. These are summarised here but in case of doubt the reader is referred to the Schedule.

10.2. *Meetings and Attendance*

The Board will meet monthly except in January. The meeting will be on the first Tuesday of the calendar month unless that is a holiday or emergent circumstances require the meeting to be held on another day.

The Chair may call meetings at other times.

The Board may hold meetings or permit Members to take part in meetings, by using any technology that allows Members to hear and take part in discussions as they happen. A member who takes part in a meeting of the Board is taken to be present at the meeting.

10.3. *Quorum*

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

10.4. *Presiding Officer*

The Chair is to preside at all meetings of the Board at which the Chair is present.⁵ If the Chair is not present, the Deputy Chair is to preside.⁶ If neither the Chair nor Deputy Chair is present at a meeting, a member of the Board chosen by the members is to preside.⁷

10.5. *Invitees*

- The Health Service Chief Executive and Executive Director Legal and Governance attend Board meetings.
- Relevant Executives present their reports at the Board meeting.
- The Health Service Chief Executive will arrange appropriate executive representation at the Board and its Committees.
- The Health Service Chief Executive in consultation with the Board Chair will arrange for staff to attend Board and Committee meetings as appropriate to inform the Board about the Service.
- The Health Service Chief Executive, executives and staff are not members of the Board.

10.6. *Decision Making*

A question at a meeting of the Board is decided by a majority of the votes of the members present.⁸

⁵ HHBA, Schedule 1, Section 5(1).

⁶ HHBA, Schedule 1, Section 5(2).

⁷ HHBA, Schedule 1, Section 5(3).

⁸ HHBA, Schedule 1, Section 6(1).

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.⁹

A member present at the meeting who abstains from voting is taken to have voted for the negative.¹⁰

10.7. Out of Session resolutions

Items will only be managed out of session in agreement with the Board Chair when the item is urgent and must be considered before the next scheduled meeting

The following procedure applies to a notice of a written resolution under the Act, Schedule 1, Section 6 (6):

- (1) The notice must be proposed in writing (e.g., by email).
- (2) The full wording of the proposed resolution and the reasons for the proposal must be attached to the notice.
- (3) The notice can be given by any Board member or the Board Secretary on behalf of a Board member.
- (4) The notice must allow for a period of two working days.
- (5) A Written Resolution/Flying Minute paper will be uploaded to Convene with a requested response date and members will vote on the resolution via Convene. Generally, 2 working days are allowed for consideration of Flying Minutes.
- (6) If a Member has no comment to make or is unable to comment on a Flying Minute, this needs to be conveyed to the Secretariat in writing.
- (7) The final decision in respect to the item will be entered into the Minutes of the next meeting.
- (8) The procedure set out above is deemed to have been complied with when the expiry of voting timeframe and majority decision is reached, or all members have cast a vote.

10.8. Minutes

The Board must keep minutes of its meetings and a record of any written resolutions made by it.¹¹

The Manager Board Operations is responsible for taking the minutes.

Board members are responsible for ensuring minutes are accurate and reflect a true and correct record of the procedures and decisions of meetings.

10.9. Confidentiality

All attendees at Board or Committee meetings are required, as officers and or fiduciaries of the SCHHS, to keep confidential all information presented to (whether written or verbal) or discussed at Board and Committee meetings.

10.10. Evaluation of Board Performance

The Board will undertake an annual assessment of its performance, including its performance against the requirements of this Charter, the annual workplan and the performance of individual committees and Board members. Following each assessment, the Board will consider what, if any, actions need to be taken to improve its performance.

The Chair, in consultation with the Board, will at least once every three-year cycle, commission an independent external review of the Boards' performance and provide the findings to the Director-General.

⁹ HHBA, Schedule 1, Section 6(2).

¹⁰ HHBA, Schedule 1, Section 6(3).

¹¹ HHBA, Schedule 1, Section 7(1).

11. Board Committees

The following legislated committees are established and support the functions of the Board and each operate with a Charter:

- Audit and Risk
- Executive
- Finance and Performance
- Safety and Quality.

Pursuant to the provisions of the Act, the Board may establish committees of the board for effectively and efficiently performing its functions.¹² The Board has established a Workforce Committee.

Under the Act or the *Financial Accountability Act 2009* a Board may delegate any of the organisation's functions to a committee of the Board if all the members of the committee are Board members. The Board has not delegated any authority to its committees.

Committee charters will be reviewed by the Board annually.

Board Members will be provided with access to the minutes of all committee meetings via Convene.

Subject to the presence of any conflict of interest, all Board members will have access to all committee papers.

12. Reporting

The Board receives the following reports:

Report	Description	Frequency	Responsibility
Board Committee Meeting Summaries*	Summary of Committee meetings	In accordance with Committee meeting dates	Chair of each Committee
Strategic and Operational Plan	Progress report	Bi-annually	HSCE
Health Service Performance Reports	Overview of performance of the SCHHS including but not limited to Service Agreement KPIs	Monthly	HSCE
Safety and Quality Report	Safety and Quality report	Monthly	HSCE
Financial Reports	Financial data and analysis of operating position	Monthly	CFO
Workplace Health and Safety Reports	Workplace Health and Safety Due Diligence Report	Bi-monthly	EDPC
Risk Management Report	Board Risk Report	Quarterly	EDLG
Health Equity Strategy	Summary Report	TBC	Service Director A&TSI Health

Table 1

*All minutes available to all Board members on Convene

The Board may also receive reports from other bodies/committees as required or as requested where the report is relevant to Board functions.

¹² HHBA, Schedule 1, Section 8(1)(a).

13. Workplan

As well as the legislated requirements in Table 2, the Board has an annual workplan that documents its other governance responsibilities and actions including monitoring other strategies and plans.

Domain	Board Action	Reporting Timeframe
Governance <i>Hospital and Health Boards Act 2011 (Div. 4, S35-39) – Service Agreement</i>	Enter into Service Agreement with the Department of Health	Annually by 30 June
Strategic Planning <i>Financial and Performance Management Standard 2009 s9 and Agency Planning Requirements Dept of Premier and Cabinet—18.4</i> <i>and</i> <i>ISO 9001:2015 (Quality Management Systems) Standard The organisation provides quality, safe health care and services through strategic and operational planning and development</i>	Approve SCHHS Service Strategic Plan	Annually by 30 June
Reporting <i>Financial Accountability Act 2009 s 63 and Financial and Performance Management Standard 2009 s49-53</i>	Approve Annual Report	1 September
Governance - Consultation <i>Hospital and Health Boards Act 2011 s40 and 41</i>	Approve Clinician Engagement Strategy	Every 3 years
Governance – Consultation <i>Hospital and Health Boards Act 2011 s40 and 41</i> <i>NSQHSS 2</i>	Approve Consumer and Community Engagement Strategy	Every 3 years
Governance – Consultation <i>Hospital and Health Boards Act 2011 s40 and 41</i> <i>Making Tracks Together</i> <i>Qld's Aboriginal and Torres Strait Islander Health Equity Framework</i> <i>Closing the Gap</i>	Approve A&TSI Health Equity Strategy	Every 3 years
Governance – Consultation <i>Hospital and Health Boards Act 2011 s42 and 43</i>	Endorse Protocol with PHN	Every 3 years
Risk Management <i>Financial Accountability Act 2009 s 61 and ISO 31000:2018</i>	Approve Risk Management Framework	Every 3 years
Governance - Delegations <i>Governance is assisted by formal structures and delegation practices within the organisation and Financial and Performance Management Standard 2009 s 15</i>	Approve HSCE delegations	Annually by 1 July
Governance <i>Financial Accountability Act 2009 s 62 and Financial and Performance Management Standard 2009 s 43</i>	Sign off Annual Financial Statements	31 August

Table 2

14. Values and Code of Conduct

Board members are subject to the Code of Conduct for the Queensland Public Service (drawn from the *Public-Sector Ethics Act 1994*) and must uphold the ethics principles, values, and standards of conduct set out in that code. In fulfilling their responsibilities, Board members strive to personally demonstrate the values of the Sunshine Coast Hospital and Health Service (SCHHS):

- Integrity – we are respectful, trustworthy, equitable and honest in everything we do.
- Compassion – we respect others, act with kindness and encourage and take time to listen to others.
- Accountability – we take responsibility for our performance and behaviours and celebrate our achievements.
- Innovation – we embrace change and strive to know more, learn more and do better.

Board members must always act in accordance with their duties of confidence and confidentiality, and individual fiduciary duties including honesty and the exercise of reasonable care and diligence with respect to performance and discharge of official functions.

The Code of Conduct states that members must:

Act with integrity and impartiality. Are committed to the highest ethical standards; accept and value their duty to provide advice, which is objective, independent, apolitical and impartial; show respect towards all persons, including HHS staff, clients and the general public; acknowledge the primacy of the public interest and undertake that any conflict of interest issue will be resolved or appropriately managed in favour of the public interest; and are committed to honest, fair and respectful engagement with the community.

Act in promoting the public good. Accept and value their duty to be responsive to both the requirements of government and to the public interest; accept and value their duty to engage the community in developing and effecting official public-sector priorities, policies and decisions; accept and value their duty to manage public resources effectively, efficiently and economically; value and seek to achieve excellence in service delivery; and value and seek to achieve enhanced integration of services to better service clients.

Act with commitment to the system of government. Accept and value their duty to uphold the system of government and the laws of the State, the Commonwealth and local government; are committed to effecting official public-sector priorities, policies and decisions professionally and impartially; accept and value their duty to operate within the framework of Ministerial responsibility to government, the Parliament and the community.

Act with accountability and transparency. Are committed to exercising proper diligence, care and attention; are committed to using public resources in an effective and accountable way; are committed to managing information as openly as practicable within the legal framework; value and seek to achieve high standards of public administration; value and seek to innovate and continuously improve performance; value and seek to operate within a framework of mutual obligation and shared responsibility between public service agencies, public sector entities and public officials.

Use your position appropriately. Do not use your position as a director to seek an undue advantage for yourself, family members or associates, or to cause detriment to the public entity; ensure that you decline gifts or favours that may cast doubt on your ability to apply independent judgement as a Director of the public entity.

Exercise due care, diligence and skill. Ascertain all relevant information; make reasonable enquiries; understand the financial, strategic and other implications of decisions.

In addition to these principles a Board member must not:

- Improperly direct or influence an employee of Sunshine Coast Hospital and Health Service in the exercise of any power or in the performance of any duty or function by that employee.
- Communicate directly or attempt to communicate directly with an employee of Sunshine Coast Hospital and Health Service to exercise power over the disclosure of information.

15. Non-compliance with principles of the Charter

Any member of the Board who considers another member has breached this Charter should consult the Chair of the Board. The Chair of the Board is responsible for determining appropriate action including, where necessary, investigation of the concerns raised.

Where concerns raised relate to the Chair of the Board, the concerns should be raised directly with the Minister.

16. Conflicts of Interest

To meet the ethical obligations under the *Public Sector Ethics Act 1994*, Members must declare any conflicts of interest whether actual, potential, perceived, or appear likely to arise, and manage those in consultation with the Chair. This may relate to a position a member holds (e.g., role in an external organisation) or to the content of a specific item for deliberation.

Obligations for Board members in regard to managing conflicts of interest are outlined in the ACT and *Welcome Aboard: A Guide for Members of Queensland Government Boards*.

Process for disclosing and managing conflicts of interest:

1. The member must disclose the nature of the interest, in writing (email) to the Board Chair with a cc to the Manager Board Operations as soon as the relevant facts are known to them. For the Chair, the disclosure must be made to the Deputy-Chair.
2. The declaration of interest will be placed on the agenda of the following Board and/or Committee meeting for consideration of action required. The Chair will determine if the interested person should not be present when the Board or Committee consider the declaration.
3. The declaration and any actions required to manage, will be recorded in the meeting minutes and recorded on the Board Register of Interests.
4. The Board and Committee Chairs will have regard to the Board Register of Interests when setting meeting agendas to ensure declared interests of members are considered.

17. Public Statements

The Board has adopted the following protocol:

- The Chair and the HSCE may make public statements and issue media releases relevant to the functions, performance or affairs of the Board or the SCHHS.
- A Board or Committee member who receives an enquiry about operational, customer relations, legal or other matter must invite the inquirer to contact the HSCE and advise the HSCE that the enquiry has been made.
- A Board member who receives an enquiry about an issue of a political or sensitive nature concerning the activities of the SCHHS must refer the matter to the Chair.

18. Communication Protocol

The Sunshine Coast Hospital and Health Board Communication Protocol outlines processes for Board members.

19. Board member protections

Deed of Indemnity, Insurance and Access

In addition to the protection afforded by the *Queensland Government Indemnity* Guideline, each Board member is entitled to a Deed of Indemnity, Insurance and Access which includes provisions relating to:

- Indemnity by Sunshine Coast HHS
- The provision of directors' and officers' insurance
- Ownership of and access to SCHHS records.

Directors' and Officers' Insurance

Sunshine Coast has procured and will maintain directors' and officers' insurance in accordance with its obligation under the Deeds of Indemnity, Insurance and Access entered into with Board members and members of the Executive.

20. Interpretation

The following terms when used in this Charter have the meaning given to them below:

Act	<i>Hospital and Health Boards Act 2011</i> (Qld)
The Board	The Sunshine Coast Hospital and Health Board, comprised of members appointed by the Governor in Council, by gazette notice, on the recommendation of the Minister
Committee	Committee of the Board
Director-General	Director-General, Department of Health.
Executive	SCHHS's Executive
Hospital and Health Service	Hospital and Health Service established under the Act
Minister	Minister for Health and Ambulance Services
Regulation	<i>Hospital and Health Boards Regulation 2012</i> (Qld)
Service Agreement	Agreement between the SCHHS and the Director-General
SCHHS	Sunshine Coast Hospital and Health Service – a statutory body established under the Act.

21. Revision History

Date	Nature of Amendment
5/9/2012	Version 1
7/9/2012	Addition of Board members Dr Edward Weaver and Mr Peter Sullivan
24/06/2013	Updated membership of Board
04/06/2014	Updated terms of appointment for members
14/07/2016	Updated membership of Board
01/08/2017	Updated membership of Board
01/08/2017	Committee meeting attendance by any board member
04/10/2019	Update membership and Deputy Chair details
28/09/2020	Rewrite of Charter
May 2022	Full revision of Charter Version 3

22. Next Review

This Charter will be reviewed in June 2023.

This Charter was approved by the Board at its meeting on 7 June 2022

Original signed

Ms Sabrina Walsh

Chair, Sunshine Coast Hospital and Health Board

23. Attachment 1

Extract from HHB Act section 19:

Functions of Services

- (1) *A Service's main function is to deliver the hospital services, other health services, teaching, research and other services stated in the service agreement for the Service.*
- (2) *A Service also has the following functions:*
 - (a) *to ensure the operations of the Service are carried out efficiently, effectively and economically;*
 - (b) *to enter into a service agreement with the chief executive;*
 - (c) *to comply with the health service directives and health employment directives that apply to the Service*
 - (d) *to contribute to, and implement, Statewide service plans that apply to the Service and undertake further service planning that aligns with the Statewide plans;*
 - (e) *to monitor and improve the quality of health services delivered by the Service, including, for example, by implementing national clinical standards for the Service;*
 - (f) *to develop local clinical governance arrangements for the Service;*
 - (g) *to undertake minor capital works, and major capital works approved by the chief executive, in the health service area;*
 - (h) *to maintain land, buildings and other assets owned by the Service;*
 - (i) *for a prescribed Service, to employ staff under this Act;*
 - (j) *to collaborate with the Queensland Ambulance Service to manage the interaction between the services provided by the Queensland Ambulance Service and health services provided by the Hospital and Health Service;*
 - (k) *to cooperate with other providers of health services, including other Services, the department and providers of primary healthcare, in planning for, and delivering, health services;*
 - (l) *to cooperate with local primary healthcare organisations;*
 - (m) *to arrange for the provision of health services to public patients in private health facilities;*
 - (n) *to manage the performance of the Service against the performance measures stated in the service agreement;*
 - (o) *to provide performance data and other data to the chief executive;*
 - (p) *to consult with health professionals working in the Service, health consumers and members of the community about the provision of health services;*
 - (q) *other functions approved by the Minister;*
 - (r) *other functions necessary or incidental to the above functions*
- (3) *In performing its functions, a Service must have regard to—*
 - (a) *the need to ensure resources of the public sector health system are used effectively and efficiently; and;*
 - (b) *the best interests of patients and other users of public sector health services throughout the State.*

24. Attachment 2

Extract from HHB Act Section 13:

Guiding Principles

- (1) *The following principles are intended to guide the achievements of this Act's object:*
- (a) *the best interests of users of public sector health services should be the main consideration in all decisions and actions under this Act;*
 - (b) *there is a commitment to ensuring quality and safety in the delivery of public sector health services;*
 - (c) *there is a commitment to achieving health equity for Aboriginal people and Torres Strait Islander people;*
 - (d) *there is a commitment to the delivery of responsive, capable and culturally competent health care to Aboriginal people and Torres Strait Islander people;*
 - (e) *providers of public sector health services should work with providers of private sector health services to achieve coordinated, integrated health service delivery across both sectors;*
 - (f) *there should be responsiveness to the needs of users of public sector health services about the delivery of public sector health services;*
 - (g) *information about the delivery of public sector health services should be provided to the community in an open and transparent way;*
 - (h) *there should be commitment to ensuring that places at which public sector health services are delivered are places at which –*
 - (i) *there is a positive and safe workplace culture based on mutual trust and respect;*
 - (ii) *employees are respected and diversity is embraced; and*
 - (iii) *employees are free from bullying, harassment and discrimination;*
 - (i) *there should be openness to complaints from users of public sector health services and a focus on dealing with the complaints quickly and transparently;*
 - (j) *there should be engagement with staff, clinicians, consumers, community members and local primary healthcare organisations in planning, developing and delivering public sector health services;*
 - (k) *opportunities for research and development relevant to the delivery of public sector health services should be promoted;*
 - (l) *opportunities for training and education relevant to the delivery of public sector health services should be promoted.*
- (2) *A person must have regard to the guiding principles when performing a function or exercising a power under this Act*

25. Attachment 3**References**

[Hospital and Health Boards Act 2011](#)

[Hospital and Health Boards Regulation 2012](#)

[Welcome Aboard: A Guide for Members of Queensland Government Boards, Committees and Statutory Authorities](#)

[Queensland Health Good Practice Guide for Boards Part 1](#)

[Queensland Health Good Practice Guide for Boards Part 2](#)

[Public Service Commission Code of Conduct 2011](#)

Sunshine Coast Hospital and Health Board Communication Protocol 2022