Queensland Health

Recruitment review

Torres and Cape Hospital and Health Service

Queensland Government

Acknowledgments

The Torres and Cape Hospital and Health Service Recruitment Review Working Group respect and honour Aboriginal and Torres Strait Islander Elders past, present and future. We acknowledge the stories, traditions and living cultures of Aboriginal peoples and Torres Strait Islander peoples and commit to building a brighter future together.

The Torres and Cape Hospital and Health Service Recruitment Review Working Group would like to extend their deep gratitude to the Aboriginal and Torres Strait Islander employees who contributed to this report.

This review could not have been achieved without the contributions, courage and personal insights from these employees who so generously shared their stories.

1 Executive Summary

The review, conducted during November and December 2023, identified experiences of discrimination of Aboriginal and Torres Strait Islander employees within the Torres and Cape Hospital and Health Service (TCHHS). The report proposes a comprehensive set of recommendations spanning vacancy management, advertising, application processes, recruitment and selection, onboarding, policy, graduates, accommodation, engagement with the community, capability development, and sustainable communities.

These recommendations emphasise cultural awareness, respect, and inclusivity, while seeking to create culturally safe workplaces that foster diversity and support the professional growth of Aboriginal and Torres Strait Islander employees. The Working Group aimed to provide practical recommendations that can be integrated into the broader Health Service Investigation, align TCHHS recruitment practices with contemporary legislative reforms and contribute to a healthcare environment reflective of the communities it serves.

2 Context and Background

Following a RoundTable meeting in June 2023, a review and Health Service Investigation were commissioned into matters relating to the administration, management and delivery of public sector health services provided by TCHHS to Aboriginal and Torres Strait Islander people.

A commitment from the RoundTable included the establishment of a Working Group to ensure the recruitment approach and processes at the TCHHS, aligns to best practice to improve and sustain employment outcomes for Aboriginal and Torres Strait Islander people.

2.1 Working Group

The Working Group was formed in October 2023 with the following members:

Department of Health

- Chief Human Resources Officer (Chair)
- Senior Director, First Nations Health Office
- Director, Office of the Deputy Director-General, Clinical Excellence Queensland
- Team Leader, Inclusion, Human Resources Branch
- Recruitment Advisor, Human Resources Branch

Torres and Cape Hospital and Health Service

- Executive Director Workforce
- Executive Director Aboriginal and Torres Strait Islander Health
- Nursing Director Operational Support
- Manager Family Health

- Operations Manager Primary Health
- Recruitment Coordinator

Union representatives from

- the Queensland Nurses and Midwives' Union (QNMU)
- the Australian Workers' Union (AWU)
- Together Queensland.

The TCHHS Recruitment Review Working Group met six times during November and December 2023. On 23 November 2023, the Working Group met with three employees of TCHSS who shared their experiences (with one sharing the experiences of colleagues) of recruitment processes in TCHHS. The AWU and Together Queensland provided documents to the Working Group with the experiences of a number of other employees.

The Terms of Reference for the Working Group is included as Attachment 1. The full list of information considered by the Working Group is included in Section 5.

2.2 Process

Examining a variety of data enhanced the robustness of the Working Group's considerations, facilitating a nuanced exploration of Aboriginal and Torres Strait Islander recruitment dynamics and yielding actionable recommendations for fostering inclusivity and equitable opportunities within the workforce.

3 Information considered by Working Group

The following information was considered by the Working Group and informed the development of the recommendations.

3.1 Data

Data, including human resources data and key metrics related to hiring patterns, retention rates, and advancement trajectories was considered. Demographic data was also examined to identify potential disparities and trends. All data was deidentified.

Data relating to the TCHHS was considered by the Working Group which noted, as at November 2023:

- TCHHS had 1,093.75 MOHRI occupied FTE employees
- the average time to fill a vacant position was between 48-55 days
- 20.98 per cent of the TCHHS workforce identified as Aboriginal and/or Torres Strait Islander peoples – TCHHS aims to achieve a target of 44.5 per cent of employees by 2026 (issues with the data were identified by TCHHS and work will be progressed to clean and review data – including encouraging employees to ensure their data is up to date)

- the highest percentage of Aboriginal and/or Torres Strait Islander peoples was in the operational stream (29.2 per cent) and the lowest in the medical stream (3.24 per cent)
- in the preceding 12 month period, 52 identified positions were advertised – of those, 12 roles were filled, nine closed due to 'no suitable applicant', 19 are 'opened for action' nine are still live in the market collecting applications
- the TCHHS employee survey returned an 80 per cent positive score for cultural safety.

In terms of recruitment and retention, some key challenges are associated with nurses in the Primary Health Care settings and the southern Primary Health Network.

3.2 Experiences of TCHHS employees

Employees of TCHHS were nominated by the participating unions to provide their experience of recruitment processes in TCHHS. These employees provided invaluable firsthand perspectives through verbal and written submissions to the Working Group, offering qualitative insights into their experiences and perceptions of the recruitment process.

A number Aboriginal and Torres Strait Islander employees from TCHHS shared their experiences of recruitment and selection practices in TCHHS. This information is included in Attachments 23 and 24.

Examples of these employees' experiences are included below:

- Since I started in 1998, it took me 20 years to jump from an A03 (a floater in between) to an AO6 substantive position. For me, it's disheartening to see others come and jump levels within just a year. I have been told in positions that I filled temporarily that my work performance was awesome. I have tried applying for higher positions with no luck and apparently after receiving feedback that my scores were 'so close' to the successful applicant.

   I will probably remain in AO6 for the rest of my career in TCHHS...my motivation to move forward and higher has withered away.
- A health worker who is an elder is homeless. Aunty is forced to sleep on the couch with relatives although verbal commitments have been made to her that accommodation would be provided. Aunty has made attempts to raise the issue, but she has been threatened that her contract will not be renewed if she does not drop the issue.
- We should not highlight 'paradise' when we advertise positions but a rather a cultural experience in a beautiful place. Those with a passion for Indigenous Health should be supported fully to gain experience and hopefully see more stability in staff retention.
- Torres Strait is a small area with limited jobs, and it is very hard being a Torres Strait Islander whose heart is here 'at home' to build a career pathway. The majority of us leave our beloved home to build on our career on the mainland.
- I have worked in sexual health for 36 years and obtained a qualification to benefit my HHS and my community. I am a qualified Nurse Practitioner who can provide culturally safe care, but I haven't had my qualifications recognised, all I have seen is empty promises. It feels like there is a ceiling above black professionals, l believe it was the colour of my skin that stopped the credentialling process. If you are black, you stay back. Give us the opportunity to progress - don't dictate what is best for us.

- There must be at least one Indigenous staff member on the panel and that person must be the most appropriate for the position. Cultural Capability Officers should be involved in selection panels and decide on the most appropriate cultural questions to ask. If the Indigenous Selection Panellist feels an Indigenous applicant has potential and should be offered an interview (shortlisted) then the Panel should consider it.

- I have ancestral ties to the Torres Strait. I am well placed to provide care in my community. I applied for a clinical consultant role in Torres Strait and was unsuccessful. When I requested feedback, I was told 'the preferred applicant is more qualified than you'. Within two months the person could not connect to the people they were caring for, so a new support officer role was created. There were two positions to cover a role I could do alone. They create less well paid and tokenistic positions for Indigenous people to provide appropriate care to our communities.

- She felt discriminated against in an interview process. After she answered the first question a panel member asked if she had seen a copy of the questions before. She felt like they were questioning her integrity. I wonder are these comments made to white people. When she raised the racism, she wasn't taken seriously. She is a long-term employee with experience and many qualities she would bring to the position but now she is no longer working on Thursday Island. Such a wasted opportunity.

- I have had experience in a managerial position in another department, but I am never successful getting AO6 higher duties here. I have asked for feedback on applications and had no response. If they think I don't have the skills, why is there no training or mentoring for me? I have been here for eight years and given up applying now as they keep bringing people in from down south. I feel sad for other staff too when we see external people get hired and they are progressing. It makes me feel worthless as I am not given opportunities to progress. Last week I was sent a link to a free admin course. I already work in admin. I don't need that. I want to do a diploma or some other higher education.

3.3 Everywhen Group Advisory Report

Everywhen Group was engaged to provide a report on best practice recruitment policies and practices for Aboriginal and Torres Strait Islander people (Attachment 2). Everywhen Group is an Aboriginal consulting firm that works with non-Indigenous organisations to deliver on commitments that advance Aboriginal and Torres Strait Islander interests.

Everywhen Group was also engaged to conduct a desktop policy review on a selection of policies as part of a separate commitment arising from the RoundTable.

Of note from the Advisory Report:

- Understanding the employment landscape and contextualising recruitment methodologies to acknowledge the local environment will result in both quick wins and legacy work to enable long term access and opportunity.

- More Aboriginal and Torres Strait Islander employees will not only increase the delivery of culturally safe and responsive healthcare services, but will role model best practice and create new ecosystem based on trust and belonging.

- An increase of Aboriginal and Torres Strait Islander employees working at every level of the Organisation positions opportunities to ensure their voices are intimately involved at the design, delivery and evaluation stages, ensuring true co-design.

- Building localised and fit-for-purpose Aboriginal and Torres Strait Islander Employment frameworks that are contextualised to the social and cultural landscape, ensures recruitment and selection practice is enabled through sustainable relationships built on trust.
- Best practice recruitment design and process is only as effective as the systems in which it operates. System responsiveness enables workforces to build momentum and generate self-determination by acknowledging one key principle – Aboriginal and Torres Strait Islander people and communities have the information and solutions needed to shape their health futures.

The Advisory Report also outlines best practice considerations in the recruitment and retention of Aboriginal and Torres Strait Islander candidates. Many of the recommendations in Section X are based on implementing this best practice.

3.3.1   Evaluation of *HR Policy B1 Recruitment and selection*

The Everywhen Group evaluation of *HR Policy B1 Recruitment and selection* identified the policy was not fit for purpose in terms of best practice recruitment, systems and processes for Aboriginal and Torres Strait Islander people.

In addition, the policy needs to be updated to reflect the new *Public Sector Act 2022* and the *Recruitment and Selection Directive 07/23.*

To support best practice recruitment, systems and processes need to reflect an environment of cultural safety and growth if greater employment of Aboriginal and Torres Strait Islander people, particularly at a localised level, is to follow.

3.4 Working group discussions

Working Group members from TCHHS explained the general recruitment process:

- temporary to permanent conversions and transfer at level is considered first for all vacancies
- if there are no suitable existing employees an internal expression of interest or external advertising is undertaken (by completing a request to hire) – advertising is for a minimum of 10 days
- if a position is an identified position, this is included in the role description and the panel includes a First Nations person
- where a role is advertised externally, different media options are considered for example Facebook, Aboriginal and Torres Strait Islander career websites
- applications are collected and the recruitment team works with the hiring manager to help establish the selection panel (prior to the close date for applications the recruitment team works with the hiring manager to determine whether they want to extend the application period i.e. if there are very few applications)
- applicants are only interviewed if they have skills and experience relevant to the role
- other assessments may be used that are relevant to the role
- the panel selects the most suitable person – they must be appropriately qualified and must also be a good team fit

- hiring managers and panel members are required to complete recruitment training before the process commences.

Members of the Working Group from TCHHS also shared information about current recruitment and retention challenges and the strategies and initiatives in place to address these challenges. These members also provided context and information about the healthcare needs of First Nations people in TCHHS.

3.4.1 Recruitment and selection

- Effective recruitment is a skill. Often hiring managers are not skilled in recruitment or are unable to prioritise recruitment due to competing commitments.
- A recruitment hub was established for nursing and midwifery roles to address issues. This approach has seen a reduction from 65 days turnaround for a recruitment process to 18-21 days. Recruiting to nursing roles is generally easier than health worker roles.
- Talent pools are small and especially limited with lower level candidates. Often very few applications are received for roles.
- The Working Group agreed talent pools need to be expanded, acknowledging that if there are limited entry level applicants (and employees) it is difficult to grow the higher levels. While talent pools exist for nursing roles, the talent pools need to be established for other streams.
- For some roles, while the person may have the skills to perform the work, they are not a team fit and this further limits the number of candidates who may be suitable for appointment.
- There is a general skills shortage for many groups of employees, this added to competition with other employers and between HHSs creates challenges.
- Some strategies are in place to address including:
  - where a Health Worker Level 6 (under the *Aboriginal and Torres Strait Islander Health Workforce Certified Agreement 2019*) position cannot be filled, identifying whether applicants have the qualifications to work at a lower level and then supported to move to a Level 6 role over time (i.e. obtaining qualifications for the level 6 role)
  - nursing workforce team established to support recruitment to nursing roles.
- The recruitment team is working with hiring managers to encourage flexibility in how people work and what they require in a role/applicant.
- Other strategies discussed to address the issues included specific recruitment campaigns, targeted advertising, identifying other suitable positions within the TCHHS that a person may be suitable for (if they are not suitable for or appointed to the specific advertised vacancy), considering transferrable skills.
- Recent recruitment campaigns delivered in partnership with the Department of Health specifically targeting remote nursing roles. New Workforce Attraction Incentive Scheme benefits to be monitored. Benefit of the Candidate Care associated with these programs will also be evaluated for benefits (to be implemented more broadly for TCHHS).

3.4.2 Accommodation

- It was acknowledged that housing and accommodation are broader community issues.

- Under the current arrangements Health Workers below Level 6 do not attract accommodation. This makes recruitment extremely difficult as housing/accommodation is limited.
- The issue with accommodation and limitations in the application of the policy are the subject of discussions between unions and the Department of Health in current enterprise agreement negotiations.
- Health Capital Division in the Department of Health is also aware of issues and needs for accommodation options.
- TCHHS is preparing a business case relating to accommodation to allow this to be offered to staff.

3.4.3 First Nations community

- Engagement with the First Nations community is critical and could be improved.
- Where English is a second language, the process can be daunting.
- Members of the First Nations community may need to be encouraged to apply for roles.
- There is currently no assistance in the application and recruitment process.

4 Working Group recommendations

One of Australia's most important economic and social policy goals is to improve the economic participation of Aboriginal and Torres Strait Islander peoples. Having meaningful employment can be life changing and the contemporary legislative environment in which Queensland Health operates, in light of the Public Sector Act reforms in 2022, provides an immediate opportunity to contemporise policy and practices that currently have the potential to discriminate or disadvantage Aboriginal and Torres Strait Islander employees.

Based on the information considered by the Working Group, recruitment practices in TCHHS have been inconsistent at best and discriminatory at worst with Aboriginal and Torres Strait Islander employees and candidates disadvantaged in many instances. This will only improve if barriers to recruitment and advancement are addressed holistically.

While it was confronting to uncover stories that reflect discriminatory practices and policies, it was vital the Working Group considered the experience of TCHHS in relation to recruitment and retention practices.

The Queensland Health workforce should reflect the community it serves and operate in an environment that is culturally safe in the delivery of world class healthcare. The current practices do not necessarily support the growth of the Aboriginal and Torres Strait Islander workforce within TCHHS.

For Aboriginal and Torres Strait Islander employees to truly feel like they belong in Queensland Health workplaces a series of foundational steps need to occur as a priority.

One of the elements to address quickly is education for all employees on respectful workplace practices and bystander interventions. Creating respectful workplaces is the responsibility of all employees as well as the leadership team. Creating culturally safe

workplaces and increasing Aboriginal and Torres Strait Islander representation will enable Queensland Health to retain the skilled workforce needed.

Other foundational steps include setting up and embedding an engagement framework with Aboriginal and Torres Strait Islander people for each service within TCHHS. This will ensure the recruitment process and retention mechanisms that are developed continue to be informed by relevant communities.

A key learning from the Working Group was the importance of developing a lasting and authentic relationship with community to inform TCHHS processes and procedures. This can only be done with the right framework, resources, and approach. Real change comes with time and broad engagement to identify and implement new ways of doing things.

The recommendations in this report represent an interdependent and comprehensive package of measures. If implemented, they will create opportunities, engage, and provide incentives for all employees to prevent discrimination and support Aboriginal and Torres Strait Islander people and culture.

Importantly, improvements in practices will impact positively on the healthcare provided to Aboriginal and Torres Strait Islander people.

The Working Group therefore recommends the following:

4.1   Vacancy management

Recommendation 1

That targets be determined within classification levels to increase the employment of Aboriginal and Torres Strait Islander employee representation at senior levels.

Recommendation 2

That role descriptions be reviewed every two years and/or when a role is vacated (including consideration of whether a job evaluation is required). Role descriptions should include:

- an acknowledgement of First Nations people and the country on which the role will be carried out
- links to the TCHHS *Health Equity Strategy* and implementation plan
- Aboriginal and Torres Strait Islander artwork (Queensland Health assets)
- a statement that refers to lived experience (with 'lived experience' to be defined by TCHHS) as a potential contribution to role suitability
- where applicable, a statement which notes it is highly desirable that the candidate has lived cultural experience (which will be part of the suitability assessment criteria, as required by *HR Policy B1 Recruitment and selection*)
- wording that acknowledges Aboriginal and Torres Strait Islander ways of knowing, doing and being and the necessity of cultural knowledge in improving First Nations health outcomes
- whether the role be an identified position (determined as part of the review)
- information related to the principles outlined in the *Torres Strait Model of Care*.

Recommendation 3

That, where there is a lack of retention of employees on a sustained basis in a role, a review be undertaken to understand the levels of system and organisational cultural capability with a plan developed for how to appropriately attract and retain workers. The review process should aim to understand why the work area has been unable to retain employees in the role and should consider whether:

- employees in the wider team are skilled in creating a culture of psychological safety
- culturally safe exit interviews are conducted and participation actively encouraged
- there are common themes in exit interview data
- the work area has implemented suggestions from exit interviews
- the requirements of the role description are achievable
- there is adequate leadership support for the role
- there is a resourcing issue resulting in a lack of available support
- mentoring support has been offered to the incumbent/s in the role
- selection techniques are appropriate
- any system failures impede the person in the role from being able to carry out duties
- the cultural capability of the team has been assessed
- there are wider issues impacting retention, such as lack of available or affordable housing.

Recommendation 4

That an Aboriginal and Torres Strait Islander talent pool be established across all roles. The pool should include current employees of TCHHS.

The establishment of the talent pool is to be informed and guided by the *Nursing Business Planning Framework* and consider employment history, qualifications, and cultural capability to assess the appropriate level for each applicant.

4.2   Advertising

Recommendation 5

That the recruitment team invest in local relationships through community networks to enable strategic sourcing.

In designing local networks, the following options should be considered:

- community gatherings
- relationships with local Aboriginal and Torres Strait Islander Medical Services and Aboriginal Community Controlled Health Organisations, universities, Registered Training Organisations, schools, early learning centres and other local clubs (e.g. PCYC)
- relationships with community support services
- relationships with Aboriginal and Torres Strait Islander businesses.

Recommendation 6

That culturally specific channels be utilised to advertise positions including but not limited to:

- National Indigenous Times
- Koori Mail and local newspapers
- community boards in regional and remote communities
- LinkedIn, Facebook and other local social media groups
- Ethical Jobs
- Mob radio
- Blackstar radio.

Recommendation 7

That recruitment team forms partnerships with Aboriginal and Torres Strait Islander recruitment providers.

Recommendation 8

That role advertisements emphasise the importance of Aboriginal and Torres Strait Islander health outcomes and utilise a variety of media forms such as video to reach a broader cross-section of candidates.

These advertisements should include:

- Aboriginal and Torres Strait Islander artwork (Queensland Health assets)
- clear timeframes for the recruitment process
- a phone contact number for a person in the recruitment team
- an invitation to contact the recruitment team via email or phone with any questions relating to the role using language such as "Call us to yarn!"
- an Aboriginal and Torres Strait Islander Employee Value Proposition statement
- an invitation to submit a 'written Story application' or cover letter including detail on who the applicant is and what strengths they could bring to the role (the invitation could ask for commentary on where the person is are from; what career goals are important to them; what personal strengths they would bring to the role and where their family is from).

Recommendation 9

That targeted, culturally safe, broad recruitment campaigns be developed to manage future workforce needs.

Recommendation 10

That recruitment information sessions are conducted in the community.

4.3 Application process

Recommendation 11

That Aboriginal and Torres Strait Islander candidates have a direct response, via phone call where possible, within seven days of their application being received.

Recommendation 12

That flexibility be incorporated into recruitment timeframes to acknowledge Aboriginal and Torres Strait Islander cultural practice and traditions including Sorry Business.

4.4 Selection

Recommendation 13

That Aboriginal and Torres Strait Islander community members are prioritised for selection if they are suitably experienced and qualified which will ensure cultural connectedness is considered as part of any suitability assessment.

Recommendation 14

That an interviewer pack is developed in conjunction with the selection panel training outlined under Section 4.10 Capability Development with relevant links to cultural capability assessments and tips for interviewing.

Recommendation 15

That the following are considered during any assessment process:

- including an Aboriginal or Torres Strait Islander panel member be included on every selection panel as an active and valued participant in the selection process. Where possible the panel member should have direct experience in the role being recruited for and have completed selection panel training outlined under 4.10 Capability Development.
- panel member acknowledgment of the cultural protocols of the region where the role is based, connecting with elders and members of the community where needed
- designing the interviewing space to encourage open discussion (circular) and diminish any sense of power differential
- panel member acknowledgement of the differences in communication styles, for example, encouraging time for silence and reflection, understanding lack of eye contact is not a sign of worry or disinterest
- providing scenario-based questions prior to interview to enable the best responses
- conducting reference checks with Aboriginal and Torres Strait Islander community members over the phone to support any literacy barriers.

Recommendation 16

That consideration be given to the use of Aboriginal and Torres Strait Islander led Assessment Centres particularly where there is an ongoing need for a type of vacancy.

Recommendation 17

That recruitment panels acknowledge the historical disadvantages which may have led to premature exposure to the criminal justice system and acknowledge concerns that are raised by the applicant about criminal history checks or the need for a Blue Card.

Recommendation 18

That feedback be given to all unsuccessful candidates when the selection process has been finalised. This feedback should be timely, and strengths-based with practical examples.

Recommendation 19

That a pre-entry process be developed to provide relevant information about the health service and the community it serves with a self-analysis checklist to enable applicants to assess if they are the correct fit for the role and community.

4.5   Onboarding and Induction

Recommendation 20

That the onboarding process incorporate the following:

- visible signage of Aboriginal and Torres Strait Islander history and land (in the onboarding location)
- introduction to any Aboriginal and Torres Strait Islander leaders across the HHS
- information related to mentoring opportunities
- explanation of the role of community in service design
- introduction to established relationships
- professional development pathways that will support the employee
- mandatory cultural capability, respectful workplaces and bystander training
- information related to a published career pathways timeline
- information related to the *Torres Strait Model of Care.*

4.6   Policy

Recommendation 21

That the recommendations in the Everywhen Group policy evaluation be adopted.

Recommendation 22

That all policy development and review is trauma-informed. This recognises colonisation and the barriers which have prevented generations of Aboriginal and Torres Strait Islander people from accessing social and economic opportunities.

The review and development should include Aboriginal and Torres Strait Islander voices and be contextualised to the local environment.

Recommendation 23

That all policies are applied in the same manner to all positions including Aboriginal and Torres Strait Islander Health Workers and Practitioners.

Recommendation 24

That a cultural engagement framework be developed with a plan to underpin recruitment, selection and retention policy and processes.

4.7 Graduates

Recommendation 25

That changes be made to the graduate program to prioritise Aboriginal and Torres Strait Islander graduates and expedite the intake process.

4.8 Accommodation and housing

Recommendation 26

That TCHHS develop strategic partnerships with government and non-government agencies to address a lack of affordable accommodation and housing.

Recommendation 27

That the recommendations in the Everywhen Group policy evaluation relating to TCHHS employee accommodation policies are adopted.

4.9 Engagement with community

Recommendation 28

That recruitment team members acknowledge the cultural protocols of the region where the role will be based in relation to connecting in with elders and members of the community where needed.

4.10 Capability development

Recommendation 29

That cultural awareness/safety training be mandated for all employees with the training to include information on:

- how health care is provided, experienced, and accessed in TCHHS
- culturally respectful health care services
- patient experience of health care
- barriers/access to health care services
- patient confidentiality
- respectful workplace behaviours
- active bystander behaviours.

Recommendation 30

That selection panel members undertake mandatory training which includes but is not limited to:

- new legislative provisions in the *Public Sector Act 2022* (Chapter 3 Reframing recruitment and selection) and the accompanying new recruitment directives released by the Public Service in October 2023
- unconscious bias in decision making and selection processes
- culturally appropriate recruitment practices
- behaviours that support Aboriginal and Torres Strait Islander peoples' self-determination
- Aboriginal and Torres Strait Islander cultural practice and traditions including Sorry Business
- conflicts of interest
- respectful workplace behaviours
- active bystander behaviours.

Recommendation 31

That a professional development program be developed to grow Aboriginal and Torres Strait Islander employees into leadership positions.

Recommendation 32

That where current TCHHS employees are undertaking further studies relevant to their roles, mechanisms are put in place to ensure these skills are recognised with a pathway for career advancement.

Recommendation 33

That data on the outcomes of any implemented recommendations is tracked and reviewed (at minimum six-monthly intervals) with the data and outcomes provided to the relevant unions. TCHHS should identify the appropriate forum for this work to be undertaken and monitored.

Recommendation 34

That an engagement framework be developed with Aboriginal and Torres Strait Islander people and embedded for each centre within TCHHS.

Recommendation 35

That TCHHS consider the establishment of a project team to implement these recommendations.

5 Informing documents

The Working Group considered the following information:

Attachment 1	Working Group Terms of Reference
Attachment 2	Everywhen Group Advisory Report – Best Practice Aboriginal and Torres Strait Islander Recruitment and Retention
Attachment 3	Everywhen Group Evaluation of HR Policy B1 Recruitment and Selection
Attachment 4	Everywhen Group Desktop Policy Review

General documents

Attachment 5	*Public Sector Commission Directive Recruitment and Selection (Directive 07/23)*
Attachment 6	*HR Policy B1 Recruitment and Selection*
Attachment 7	*Aboriginal and Torres Strait Islander Health Workforce (Queensland Health) Certified Agreement (EB1) 2019*
Attachment 8	Information from Metro North Hospital and Health Service relating to the recruitment and employment of Aboriginal Torres Strait Islander people e.g. Recruitment Guide
Attachment 9	List of entitlements and initiatives for First Nations employees contained in Queensland Health industrial instruments (prepared by the Workforce Relations and Policy Unit, Human Resources Branch, Department of Health)

Local TCHHS documents

Attachment 10	Torres and Cape Hospital and Health Service Workforce Strategy (final)
Attachment 11	Torres and Cape Hospital and Health Service Workforce Strategy Implementation Plan 2023-2026 (draft v.01)
Attachment 12	Torres and Cape Hospital and Health Service draft Equity and diversity plan
Attachment 13	Torres and Cape Hospital and Health Service draft Employee Accommodation Policy (v.0.7)
Attachment 14	Torres and Cape Hospital and Health Service draft Employee Accommodation Procedure (v.0.8)
Attachment 15	Torres and Cape Hospital and Health Service Housing Allocation Policy
Attachment 16	Torres and Cape Hospital and Health Service Checklist for panel chair
Attachment 17	Role description template - Generic Health Worker Identified
Attachment 18	Role description template – Generic
Attachment 19	Recruitment Hub Procedure (draft May 2021)
Attachment 20	Cultural practice program pathway 2012

Data

Attachment 21	TCHHS workforce headcount data (October 2023)
Attachment 22	TCHHS data information - Working Group meeting 9 November 2023

Lived experience information

Attachment 23	Lived experience process and information

Working Group meetings

Attachment 24	Minutes from Working Group meetings

Queensland Health

Torres and Cape HHS

Recruitment review – Scope of Terms of Reference

1. Background

1.1. A Health Service Investigation is being undertaken into matters relating to the administration, management and delivery of public sector health services provided by Torres and Cape Hospital and Health Services (TCHHS) to Aboriginal and Torres Strait Islander people in the TCHHS health service area.

1.2. As part of this investigation, a review of recruitment processes in TCHHS is to be undertaken with consideration of whether processes align to best practice and improve and sustain employment outcomes for Aboriginal and Torres Strait Islander people.

2. Purpose

2.1 A review is to be undertaken, and report of the review prepared and provided to the Health Service Investigators by 30 November 2023.

2.2 The review is to consider whether recruitment practices in TCHHS:

- accurately and appropriately apply *HR Policy B1 Recruitment and selection* in practical terms

- align with best practice generally, and best practice recruitment of Aboriginal people and Torres Strait Islander people

- improve and sustain employment outcomes for Aboriginal people and Torres Strait Islander people

- disadvantage Aboriginal people or Torres Strait Islander people or have potential to result in racial discrimination and/or institutional racism

- support the recruitment of sufficient numbers of Aboriginal people and Torres Strait Islander people into clinical and non-clinical positions

- facilitate delivery of healthcare that understands and respects cultural differences and needs, specifically those of Aboriginal people and Torres Strait Islander people

- are applied in the same manner to all positions including Aboriginal and Torres Strait Islander Health Workers and Practitioners.

2.3 Other information considered relevant by the Working Group may also be included in the report.

3. Process to collect and review information

3.1. A Working Group will be formed to review recruitment processes in TCHHS.

3.2.	Collection of information, including from interviews and site visits, will be undertaken by the Department of Health and de-identified information provided for the Working Group's consideration.

3.3.	The Working Group is to consider the information collected as part of the review and provide recommendations to be included in a report to be prepared by the Department of Health.

# 4.	Working Group

## 4.1.	Membership

4.1.1.	Membership of the Working Group will be as follows:

- Chief Human Resources Officer (Chair)
- Senior Director, First Nations Health Office
- Director, Office of the Deputy Director-General, Clinical Excellence Queensland
- Team Leader, Inclusion, Human Resources Branch
- Recruitment Advisor, Human Resources Branch
- Executive Director Workforce, TCHHS
- Executive Director Aboriginal and Torres Strait Islander Health, TCHHS
- Nursing Director Operational Support, TCHHS
- Manager Family Health, TCHHS
- Operations Manager Primary Health, TCHHS
- Recruitment Coordinator, TCHHS
- Queensland Nurses and Midwives' Union representative
- Australian Workers' Union representative
- Together Queensland representative

## 4.2.	Code of Conduct

4.2.1.	Members of the Working Group have an obligation to abide by the *Code of Conduct for the Queensland Public Service* or the relevant code that applies to them.

4.2.2.	Members of the Working Group will demonstrate, through behaviour and action, the highest standards of ethical behaviour.

## 4.3.	Confidentiality

4.3.1.	The discussions and work of the Working Group are confidential, and all members will comply with privacy legislation and the confidentiality policies of Queensland Health.

4.3.2.   While specific cases and documents may be examined to inform the preparation of the report, information about specific individuals will be de-identified before being provided to the Working Group.

4.4. Conflicts of interest

4.4.1.   To meet ethical obligations under the *Public Sector Ethics Act 1994*, members and proxies must declare any conflicts of interest and manage those in consultation with the Chair. Guidance on managing conflicts of interest can be found in *HR Policy E1 Workplace conduct and ethics* and the associated *Conflicts of interest Guideline.*

4.5. Secretariat

4.5.1.   The secretariat will prepare and circulate the meeting agenda (including supporting papers) and manage reporting requirements for the Working Group.

4.6. Reporting and recordkeeping

4.6.1.   Key actions and outcomes from each meeting will be recorded and circulated to members to support effective communication.

4.6.2.   Records of the Working Group's activities and actions will be kept in accordance with the *Public Records Act 2002* and retained in accordance with *Queensland Government's General Retention and Disposal Schedule.*

4.7. Meeting Schedule

4.7.1.   The Working Group will meet as required with the dates and times of the meetings to be determined by the Chair.

Advisory Report

Best Practice Aboriginal and Torres Strait Islander Recruitment and Retention

Queensland Health

October 2023

Everywhen

Acknowledgement

We acknowledge Aboriginal and Torres Strait Islander people as First Nations, Traditional Custodians of Australia's unceded lands and waterways. We pay our respect to Elders of the past, those of the present, and those of the future for they hold the stories, culture, and traditions of all Aboriginal and Torres Strait Islander people.

Everywhen

Introduction

Aboriginal and Torres Strait Islander employment parity is acknowledged as a cornerstone of self-determination and instrumental in transforming social and economic equity for community. Health is the largest employer of Aboriginal and Torres Strait Islander participants*(ABS 2021), and as an industry, has the opportunity to harness the existing momentum in the sector through targeted, place-based recruitment campaigns that are responsive to each HHS environment.

Whilst recruitment process and design is critical; systemic responses and strategies to support First Nations ways of knowing, doing and being directly impacts retention.

The opportunity to influence a new way of thinking and shape the value, significance, and experience of Aboriginal and Torres Strait Islander employees within the hospital environment, requires a lens of **change management**.

As each of the 16 HHS environment, geography and populations' are unique, understanding the employment landscape and contextualising recruitment methodologies to acknowledge the local environment will result in both quick wins and legacy work to enable long term access and opportunity.

The current Authorising environment requires that we re-think how we build, attract, and strengthen our First Nations workforces recognising the positive impact of employment on all other social determinants including health.

Legislative changes that saw the introduction of the **Making Tracks Together - Queensland's Aboriginal and Torres Strait Islander Health Equity Framework** have led to individual HHS Health Equity Plans centred around 6 key priority areas.

Diagram. TCHHS Health Equity Strategy 2022-25

Priority Area 6: Strengthening the Aboriginal and Torres Strait Islander workforce is central, to achieving outcomes against all other priority areas.

1. Racism and discrimination will diminish through greater exposure, less tolerance, and a willingness to call out unhealthy biases and attitudes, enhancing cultural safety of the entire workforce
2. Access to healthcare services will increase as **trust and relationships** will build to reflect the partnerships staff have with community
3. Employment is a proven measure to shift the dial in addressing the social, cultural, and economic determinants of health
4. More Aboriginal and Torres Strait Islander employees will not only increase the delivery of culturally safe and responsive healthcare services, but will role model best practice and create new ecosystem based on trust and belonging

Everywhen

5. An increase of Aboriginal and Torres Strait Islander employees working at every level of the Organisation positions opportunities to ensure their voices are intimately involved at the design, delivery and evaluation stages, ensuring true co-design.

Building localised and fit-for-purpose Aboriginal and Torres Strait Islander Employment frameworks that are contextualised to the social and cultural landscape, ensures recruitment and selection practice is enabled through sustainable relationships built on trust.

Best practice recruitment design and process is only as effective as the systems in which it operates. System responsiveness enables workforces to build momentum and generate self-determination by acknowledging one key principle:

1. **Aboriginal and Torres Strait Islander people and communities have the information and solutions needed to shape their health futures**

We have explored key considerations and visualised them in the below 'Starting with Country' framework, designed to reflect Queensland Health's current ecosystem, and outline core system aspects that contribute to contextualised, place-based recruitment. This is a strengths- based model that at its core, recognises the value of '**on country, in community knowledge** and the importance of this knowledge informing health systems and operation. The five domains- Workforce Design, Knowledge Transfer, Access and Opportunity, Strategic partnerships, Governance and Leadership, in their entirety create what we believe to be a contextualised and place-based system response to inform better recruitment and retention practices.

This model would need to be tested and validated however is based on best practice and principles that acknowledge communities hold the solutions to self-determination.
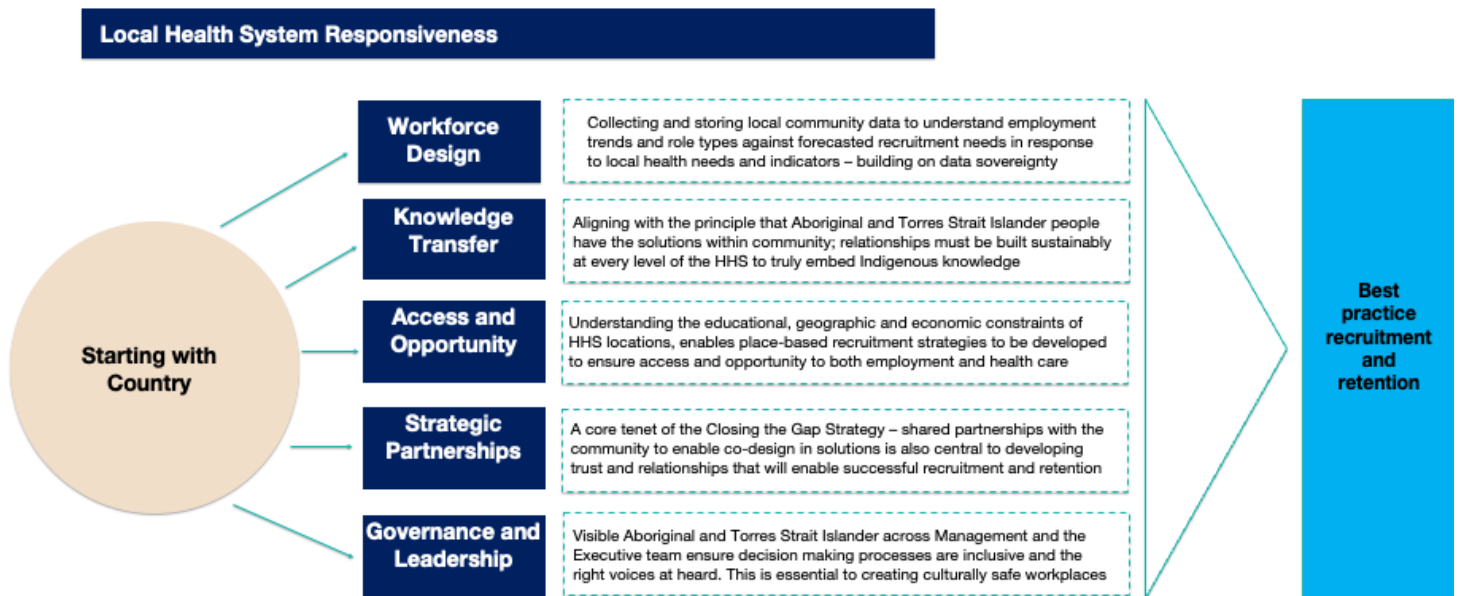
Everywhen Workforce – HHS Local Health System Responsiveness Model

Everywhen

Core Principles:

In the structuring of this advisory report, a set of core principles underpin all suggestions and recommendations in respect to building employment pathways into the health environment for Aboriginal and Torres Strait Islander peoples. We have formulated these principles based on our own research, observations and experience working across this space in regional, remote and urban settings:-

1. Aboriginal and Torres Strait Islander people and communities have the information and solutions needed to shape their health futures

   - They know what works, how and why and each community is different

2. Systems and operating models need to be responsive and contextualised to the community

3. 'Grow our own' philosophy must lead any workforce agenda

4. 'Starting with Country' is the source of truth and will revitalise connection

5. Holistic well-being is at the core of every other social determinant

6. Strategic partnerships across primary, secondary and tertiary health are critical for employment pathways

7. Health is the largest employer of Aboriginal and Torres Strait Islander people in Queensland – needs place-based and localised response and investment (*ABS 2021)*

8. Develop specific recruitment, pathway and retention strategies for Aboriginal and Torres Strait Islander leadership appointments

9. An Aboriginal and Torres Strait Islander health workforce is central to improving Aboriginal and Torres Strait Islander health outcomes

10. An Aboriginal and Torres Strait Islander workforce is the key to increased participation – who will promote it more, profile it more, ensure access to it, talk about it more, share information more, build more partnerships, increase cultural capability

11. Build on current change and greater focus and profile of client facing roles – current pilot Aboriginal and Torres Strait Islander health practitioners/workers – and focus on utilising full scope of practice

12. Cultural safety in health care is related to how it is provided and how it is experienced. Local knowledge and protocols are essential in providing place-based culturally safe health care and services

Recruitment Planning and Process

The following section outlines best practice considerations in the recruitment and retention of Aboriginal and Torres Strait Islander candidates

> Vacancy Management

1. Establish role requirements and organisational fit

➡ **What do we need from this role?**

- The use of 'targeted' and 'identified' classifications is an important consideration from the outset:
    - **Identified** – Being of Aboriginal and/or Torres Strait Islander heritage is a genuine occupational requirement for the role due to activities, delivery and interaction required
    - **Targeted** – limiting the advertising approach and application pool to Aboriginal and Torres Strait Islander applicants to meet internal diversity targets
- If there is a genuine need for cultural knowledge within the position, best practice would dictate the role is created as an Identified opportunity
- Consideration should be given to increasing the bandwidth of Aboriginal and Torres Strait Islander representation at the management and Executive levels, and what capacity and appetite there is to do this through utilising 'targeted' classifications

➡ **Are we set up to support this role?**

- Whether the position is a new opportunity or an existing role, it is essential to understand the outcomes required of the role and structure the team and unit to enable performance.
- Ensuring hiring managers are clear on expectations that support First Nations self-determination, and the structuring of work areas is critical in pre-determining role classification and advertising approaches
- If the role is required to work closely with community, it is important to understand the current status of strategic partnerships and how they can be improved/progress, as this will dictate role outcomes
- If the role is one that has been cycling through First Nations appointments with minimal to no retention of candidates on a long-term basis, exploration must be undertaken to understand the levels of system and organisational cultural capability.
    1. Why are we unable to retain candidates in this role?
    2. What do exit interviews tell us? Have we implemented any suggestions?
    3. Are the outcomes connected to the role unrealistic? Is there leadership support?
    4. Is there a resourcing issue and a resulting lack of support available?
    5. Has mentoring support been offered to the role?
    6. Are our selection techniques appropriate?

7. Have we identified any system failures that impede this role being able to carry out duties?

8. Have we assessed the cultural capability of the team?

2. Design of position descriptions

→ Do our position descriptions accurately reflect what is required of the role, and convey a respect for cultural equity?

- Any opportunities for language revitalisation and its significance in conveying cultural respect should be recognised. This could include utilising acceptable local terminology where given permission by a Traditional elder, particularly if the role is connected to a cultural program or project. At a minimum, all position descriptions (regardless of whether it is a targeted/or identified role) should include the following:

  1. Acknowledgement of First Nations people and the country on which the role will be carried out

  2. Inclusion of links to the individual HHS Health Equity Strategy – this ensures the strategic priorities are central to HHS operations and work and this is acknowledged by all employees at entry points

  3. Inclusion of Aboriginal and Torres Strait Islander artwork (QLD Health assets) – a symbolic representation that we are a culturally safe and inclusive organisation

- Queensland Public Sector Leadership competencies do not acknowledge cultural capability and maturity in leadership and this needs to be considered when drafting the competencies and responsibilities within First nations position descriptions. Wording that acknowledges Aboriginal and Torres Strait Islander ways of knowing, doing and being and the necessity of cultural knowledge in improving First Nations health outcomes must be considered and included where relevant

- If the role is required to work closely with community; call out community organisations or members with permission; this speaks to the creation of a health ecosystem and place-based strategic partnerships.

Everywhen

Advertising

3. Sourcing Methods

- Strategic sourcing consistently is the benchmark for effective Aboriginal and Torres Strait Islander recruitment. Strategic sourcing relies on connection to a wider community and network, one that builds trust and strengthens relationships over time. Building an ecosystem of readiness internally through cultural capability and workforce and externally through strong links with community will yield sustainable long-term results. This requires investment in relationships:

  1. **Relationships at the local level** – on country and in community networks. How this looks at each HHS will be different.

  Regional and remote HHS's may look to design local networks and events that 'listen' to the voice of community: -

  - Community gatherings
  - Getting to know local AMS's and ACCHO sector
  - Universities, RTO's, schools, and kindy's
  - Community support services
  - PCYC's
  - Aboriginal and Torres Strait businesses

  Urban and metro-based HHS's may look to: -

  - Design events held in tandem with the ACCHO sector focusing on Indigenous health information sessions
  - Creation of a joint mentoring network with the ACCHO sector
  - Set up of First Nations Health Workforce Committee including Indigenous Pro-Vice Chancellors and health sector leaders
  - Visibly recognising the importance of primary health care and partnerships with tertiary health care build trust and establishes pathways for staff to consider broader career development and growth

- Recognise that SEEK and SmartJobs have substantial limitations in reaching the right audience at the right time. Utilising culturally specific and relevant channels to advertise has a greater chance of reaching interested candidates. Acknowledge Aboriginal and Torres Strait Islander culture is inherently collective and oral communication and passing on of information through networks has a much greater chance of reaching the right candidate.

- Options to utilise include:

  1. National Indigenous Times
  2. Koori Mail and local newspapers
  3. Community boards in regional and remote communities

4. LinkedIN and Facebook Groups

5. Ethical Jobs

- Commit to partnerships with Aboriginal and Torres Strait Islander recruitment providers to source candidates at all levels of the Organisation. These agencies are your allies in connecting to a passive audience and network of candidates through leveraging existing relationships.

- Recognising the interdependent nature of relationships and the importance of trust in communication. Relationships will increase the probability of reaching a broad cross-section of First nations applicants, including allies who will raise awareness of the program. The closer the stakeholder to the First Nations applicant – the greater the level of trust and connection. Therefore, it is incumbent on each stakeholder to leverage proximity of surrounding stakeholders (existing employees, networks and mentoring circles to create a system of trust and partnership)

4. Advertising Content and Design

What story are we trying to tell?

- Acknowledge the importance of visuals in advertising copy – utilise authorised artwork wherever possible. Storytelling is central to Aboriginal and Torres Strait Islander culture, connection, land and spirituality. Weaving this into advertising content creates a sense of time and place and is culturally safe best practice.

- A multi-channel approach that utilises various forms of media can appeal to a broader cross section of candidates, building on the concept of see it is to be it.

Everywhen

Example: Recruitment Video for CEO of Gidgee Healing – Aboriginal and Torres Strait Islander Community Health Service in Mt Isa 2021 (Press play in middle)

- Consider the option to manage a foreseeable workforce need (ie Aboriginal and Torres Strait Islander Health Workers and Practitioners) through a targeted, culturally safe recruitment campaign that is run at peak interval points throughout the year. Everywhen (by example) have previously provided kinetic text and a showcase of face to camera interviews to support a campaign for First Nations youth justice workers in 2020.

- The frequency and timing of targeted advertising says, 'you are a part of a wider collective community', and can evoke the right emotional attraction in regard to helping and giving back to community; a fundamental motivator for Aboriginal and Torres Strait Islander candidates.

- Conduct information sessions in community, or virtual yarning sessions particularly where there will be an ongoing need for certain role types. Use these sessions as an opportunity to learn more about the community and form relationships.

5. Application Process

- A reliance on an administrative third party (i.e., QSS) to manage culturally safe communication with potential Aboriginal and Torres Strait Islander candidates will prematurely eliminate potential candidates. All Aboriginal and Torres Strait Islander candidates should have a direct response (ideally via phone call) within 7 days of application. The approach on the phone should be conversational and very much inclusive, identifying any needs or queries from the outset.

- So many poor experiences of candidates stem from lack of information on timeframes and poor communication during the process. Advertising needs to be very clear on these elements and should always include the phone number for a contact person within the HHS.

- The opportunity to describe who the individual is, their community and background is important in connecting with the applicant and recognising the inherently collective nature of First Nations culture. Connect with the 'story' and background of the applicant by specifically asking them for a 'Written Story application', asking for some detail on who they are and what strengths they could bring to the role. Ask for commentary on:

  - Where are they from?
  - Where is their family?
  - What career goals are important to them?
  - What personal strengths can they bring to the role?

- Candidate care is essential in working with Aboriginal and Torres Strait Islander candidates. A poor experience is unlikely to result in another application and the impacts on perceptions of cultural safety need to be ever-present. Contacting all candidates with an update on where the process is at, and any feedback on consideration of suitability where appropriate should be given as early as possible. These candidates are future employees.

- Incorporate flexibility into timeframes to acknowledge Aboriginal and Torres Strait Islander cultural practice and traditions including Sorry Business.

Everywhen

➤ **Does our application process contain any barriers?**

• Ensure wording is direct and provides a straightforward process for applying

• Invite questions relating to the role through direct phone contact with hiring manager or recruitment partner. Call us to yarn! Acknowledge that the quality of the first interaction will dictate whether a candidate feels culturally safe and likely to apply. 'Yarning' is an essential communication tool utilised for centuries by First Nations people to establish trust and **meaningful connection**. Calling it out directly immediately conveys an understanding of cultural safety.

• Keep the process **person and country centred.** Ask for a cover letter to be attached outlining where the candidate is from, who their family are and any related connections to the area. This articulates we are a culturally safe Organisation; we want to know more about who you are and where you are from. **Relationships before business.**

• Ask the question as a recruitment team; what is the minimum information we need to assess suitability for interview? Many government recruitment processes eliminate potential candidates at the application stage through lack of clarity and arduous application processes.

• Greater consideration to **lived experience** is now possible with the release of the Recruitment and selection directive this month (under the Public Sector Act 2022), and the move from one of merit to holistic consideration of a candidate's suitability. Calling out lived experience and potential contribution to the Organisation could be incorporated into the wording around suitability.

> Recruitment and Selection
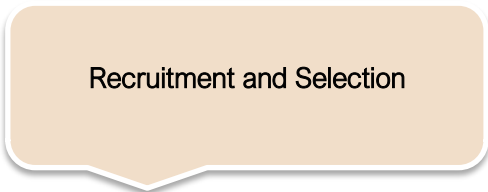
6. Cultural capability of assessors

➤ Are we explicit in placing a value on cultural knowledge and lived experience?

• Valuing the specific strengths of Aboriginal and Torres Strait Islander cultures requires a step outside western-dominated concepts of 'merit' at a particular point in time and provides an opportunity to consider the applicant journey holistically.

• Assessment has both a power and gatekeeping function, and the ability to set the tone for the candidate experience whether successful or unsuccessful. Incorporating a strengths-based approach and lens at every step of the application process, acknowledges the compounded power differentials that exist for Aboriginal and Torres Strait Islander applicants as a minority, that have historically been marginalised.

• 'Strengths based approaches are required to enable and empower Aboriginal and Torres Strait Islander people to be self-determined and participate freely, socially and in the economy. The opposite to this approach is the traditional deficit paradigm, referring to disempowering patterns of thought, language and practice that represent people in terms of deficiencies and failures'. Humanrights.gov.au 2022

• Acknowledge the cultural protocols of the region that is being recruited for, connecting in with elders and members of the community where needed

- Identify self-assessment tools for the panel as part of training to recognise unconscious bias in decision making and selection – must include self-reflective questions that enable panel members to understand where they are at on their cultural capability learning journey. As important aspect of this is **contextualising** the self-assessment tool to the work environment

- Develop an interviewer pack with relevant links to cultural capability assessments and tips for interviewing

- Ensure there is a First Nations representative on every panel

- Design the interviewing space to encourage open discussion (circular) and diminish any sense of power differential promoted through the space. A welcoming and relaxed environment is the aim

- Acknowledge differences in communication styles – providing time for silence and reflection and acknowledging lack of eye contact is not a sign of worry or disinterest

7. Use of 'Assessment' Centres / 'Yarning and selection' forums

What is the value of Assessment Centres in building a sustainable pipeline of candidates?

- Consider the use of Aboriginal and Torres Strait Islander led Assessment Centre's particularly where there is an ongoing need for a type of vacancy ie. Aboriginal and Torres Strait Islander Health Workers/Practitioners. Assessment centres are a positive opportunity for First Nations applicants to meet other people and are generally well received, due to the nature of group work and yarning.

- Competing for a voice and attention is an unintended consequence of group activities, and this barrier is amplified in a situation where employment is the goal. Design exercises that enable all candidates to contribute to common goals.

8. Design of situational, behavioural questions for interview panels

- The design and development of situational and behavioural questions are about exploring the candidate's approach and personality through a contextual lens. Scenario based questioning is important as it helps to understand the candidate's approach to problem solving and resolution.

- In working with Aboriginal and Torres Strait Islander candidates; it is important to acknowledge the natural power differentials between employer and candidate and the disproportionate response this may have on First Nations candidates regarding perception of authority and power. Breaking down this potential barrier through organic and connective discussion is an important first step in the design of interview questions.

- The development of scenario-based answers and responses (provided prior to interview) enable best responses to be designed and allow time for self-reflection.

  https://www2.gov.bc.ca/assets/gov/careers/for-job-seekers/about-competencies/indigenous-relations-competencies/irbc_sample_interview_questions.pdf

- The above link is an excellent resource from Canada outlining sample questions and context statements specifically developed to support strengths based First Nations interviewing and assessment.

- All interviewers must be trained in conversational interviewing technique to ensure they are eliciting as much information as possible at the interview stage

Everywhen

- All recruitment panels should be trained on new legislative provisions in the Queensland Public Sector Act 2022 – Chapter 3 – reframing recruitment and selection and the accompanying new Recruitment Directives released by the Public Service (October 2023).

9. Appointment Process

- Reference checks conducted with Aboriginal and Torres Strait Islander community members, need to be approached with respect and recognition of the power differential inherent in a Government employee calling community. These should be conducted orally over the phone and not a request for a written reference check. It is essential to acknowledge any literacy barriers during communication and make adjustments where necessary

- Likewise, acknowledge the historical disadvantages which may have led to premature exposure to the criminal justice system and acknowledge any concerns that are organically brought up in discussion relating to any concerns around Criminal history checks, or the need for a Blue Card

Everywhen

> ### Onboarding and Induction

10. First Impressions Count

- Onboarding and induction are critical entry points in creating an impression of cultural safety for all candidates. Leading out an onboarding process that incorporates the following elements will send a clear message of inclusion from the outset 'We are a culturally capable Organisation, and we prioritise First Nations pathways':

    1. Visible signage of First Nations history and land in the office
    2. Introduction to any Aboriginal and Torres Strait Islander leaders across the HHS
    3. Familiarisation with mentoring opportunities
    4. Role of community in service design and introduction to established relationships
    5. Introduce any known professional development pathways that will assist the candidate
    6. Work with the candidate to co-design on boarding program being sure to give **space and time** to the candidate

- Mentoring is an established best practice professional relationship that will build confidence in First Nations candidates that are willing to participate. Mentoring is an important aspect of collaborative role modelling and support for Aboriginal and Torres Strait Islander employees and can be described under the principles of reciprocity. **Reciprocal relationships** enable both participants to give and receive, whilst learning through the interaction. This principle of reciprocity is fundamental in Aboriginal and Torres Strait Islander culture; understood through a lens of interconnectedness'

"Central to reciprocity for aboriginal society is timelessness, spirit exists both now and before, creation is both a historical and current event, and the law is for both now and always, in short the interconnectedness of all things." Dr Daniele Hromek, Budawan/Yuin, Researcher and spatial designer, 2019

- For Indigenous people, mentoring is a journey focusing on the relational and communitarian rather than the success of the individual.

- This is an important feature for Aboriginal and Torres Strait Islander candidates choosing a career in Health. Placing community at the centre of an integrated health workforce ecosystem produces multiple outcomes that benefit the individual learner in their connection to the role and increases the likelihood of retention.

"The ability to make a positive contribution to Aboriginal and Torres Strait Islander health (in community) is a central enabling factor strongly connected to job satisfaction and longevity in the health workforce'. Linda D. Campos-Moreira Making a Case for Culturally Humble Leadership Practices through a Culturally Response Leadership Framework (2020)

- Keeping community networks open and available particularly in regional and remote communities is a core principle in establishing a supported ecosystem and professional pathways into Health.

Conclusion

Effective recruitment and retention processes are ultimately measured by the effectiveness of work environments that truly embed cultural safety in their attitudes and behaviours. Cultural safety whilst also a mindset, fundamentally involves acknowledging and learning about the unique First Nations experience, and key themes which contribute to Aboriginal and Torres Strait Islander sense of identity and belonging in a work environment:-

- The impact of colonisation and dispossession on social and economic equity for First Nations people
- The experiences of resulting power imbalance and privilege
- The stripping of identity in terms of language, culture, and country
- The need for restorative action across public policy to decolonise systems and structures that have embedded racism and separation at their core
- The requirement for individual and organisational activities

'Starting with Country' acknowledges the interconnectedness between the human, physical and sacred world and the importance of caring for community through all interactions.

'Country incorporates both the tangible and the intangible, for instance, all the knowledge base's and cultural practices associated with land. People are part of Country, and our identity is derived in a large way in relation to Country'   https://www.oxfam.org.au/wp-content/uploads/2015/11/2015-74-ATSI-Cultural-Protocols-update_WEB.pdf

Ensuring country and community remain central to recruitment practices and processes not only advances the likelihood of a culturally safe experience for candidates, but ensures cultural identity and knowledge live on to benefit community and inform the delivery of targeted health care and service

Everywhen
WORKFORCE

Aboriginal and Torres Strait Islander Desktop Policy Review

Torres and Cape Hospital and Health Service

Queensland Health

November 2023

Regulatory Environment

#	Instrument	Key Principles
1.	Public Sector Act 2022 QLD Application: Recruitment and Selection Directive 07/23	Chapter 2- Equity, diversity, respect, and inclusion Part 3 – Reframing of State's relationship with Aboriginal peoples and Torres Strait Islander peoples
2	Workplace Health and Safety Act 2011 QLD	Managing the risk of psychosocial hazards at work Code of Practice 2022
3	Aboriginal and Torres Strait Islander Health Workforce Queensland Health Certified Agreement (No.1) (2019) Applies to: Aboriginal and Torres Strait Islander health practitioners, health workers, mental health workers and hospital liaison workers Phase 2 Review status	25. Training Fund for hospital liaison workers 55. Workforce optimisation and creation of new Aboriginal and Torres Strait Islander health practitioner roles 56. Workforce models of care and service reform initiative to improve health outcomes 71. Recognition of workload management
4	Torres and Cape Health Equity Strategy 2022-25	Six Key priority areas
5	Anti-Discrimination Act 1991	Employers must offer equal employment opportunities
6	Human Rights Act 2019	28. Cultural Rights – Aboriginal and Torres Strait Islander peoples

Introduction

Creating culturally safe and responsive environments that promote a sense of belonging and identity, depends on a range of system and structural variables that mandate the right behaviours.

Operational policy and accompanying guidelines set the standard of behaviour and actions that enable workplaces to function in safe, effective and controlled environments. Whilst broader Workplace, Health and Safety is part of our accepted legislative and regulatory environment; the introduction of a new Code of Practice 2022– Managing the risk of Psychosocial hazards at work (commencement in 2023) under the Queensland WH&S regulations, provides greater clarity in relation to employer obligations and duties of care.

Levels of responsibility increase when factoring in broader state, national and international legislation regarding employer obligations particularly in relation to the rights of First Nations people and enterprise agreements designed to create greater parity and opportunity.

The current strategic policy environment is changing the way in which Queensland Government Departments' conduct business and provide services, emphasising an expectation of cultural capability and an acknowledgement of the system barriers that have impacted Aboriginal and Torres Strait Islander people.

Whilst operational policies have been reviewed in this report and provide a baseline of expectation; they do not address the continued systemic barriers that exist for Aboriginal and Torres Strait Islander people. The continued lack of Aboriginal and Torres Strait Islander representation at every level in the public sector is evidence that we need to do things differently.

At a baseline, the following principles must be acknowledged when formulating operational policy with a cultural lens:

- Policy must be contextualised to the local environment, with information on population demographics to ensure relevance

- Taking a trauma-informed approach when developing policy that applies to Aboriginal and Torres Strait Islander people is not utilising a deficit lens; but is a recognition of colonisation and the barriers which have prevented generations of First Nations people from accessing social and economic opportunities

- Leaders have a responsibility to build culturally capable environments that are culturally safe; if the onus rests on Leaders, they are more likely to consider Aboriginal and Torres Strait Islander candidates at the leadership level

- Policies are a guide only; the application relies on emotionally intelligent and culturally safe behaviours that seek to include; not exclude

- The inclusion of Aboriginal and Torres Strait Islander voices in the ongoing development of policy is a critical element in developing safe workplaces.

The Public Sector Act 2022 requires public services to reframe the relationships with First Nations people and recognise the importance of the right to self-determination.

Organisations are required to build culturally capable workforces by learning about the experiences and aspirations of Aboriginal peoples and Torres Strait Islander peoples, and integrating this knowledge into workplace standards, policies, practices, and attitudes.

These actions need to be designed and measured through the development of a Reframing the relationship plan.

Key Principles informing the re-design and development of B1- Recruitment and Selection Policy, in accordance with the **Public Sector Act 2022** and Recruitment and Selection Directive 07/23:-

1. Chief Executive has a responsibility to ensure the workforce and leadership of the entities are reflective of the community they serve (6.1) and recruitment and selection activities must reflect this (6.2)
2. Reframing involves:

    (a) recognising and honouring Aboriginal peoples and Torres Strait Islander peoples as the first peoples of Queensland; and

    (b) engaging in truth-telling about the shared history of all Australians; and

    (c) recognising the importance to Aboriginal peoples and Torres Strait Islander peoples of the right to self-determination; and

    (d) promoting cultural safety and cultural capability at all levels of the public sector; and

    (e) working in partnership with Aboriginal peoples and Torres Strait Islander peoples to actively promote,include and act in a way that aligns with their perspectives, in particular when making decisions directly affecting them; and

    (f) ensuring the workforce and leadership of the entities are reflective of the community they serve, having regard to chapter 2 and chapter 3, part 3; and

    (g) promoting a fair and inclusive public sector that supports a sense of dignity and belonging for Aboriginal peoples and Torres Strait Islander peoples; and

    (h) supporting the aims, aspirations and employment needs of Aboriginal peoples and Torres Strait Islander peoples and the need for their greater involvement in the public sector.

One of the best possible ways to ensure (f) is met in terms of tailored recruitment processes is to co-design individual recruitment and selection plans with a representative group led by Aboriginal and Torres Strait Islander specialists and community at each HHS location. This enables cultural capability to be embedded into pathways into the organisation and the development of inclusive values and behaviours that inform organisational culture more broadly. The collective, co-designed approach also directly addresses Priority 1,2 and 3 of the Closing the Gap Strategy.

AMS's, Elder groups and corporations and community service organisations are a primary enabler for connecting and communicating with job-seekers and community members. Together with Aboriginal businesses and organisations, they create an ecosystem of cultural support and professional guidance to drive local economic independence and wealth creation.

They also provide a powerful conduit between Aboriginal job-seekers, Aboriginal businesses, Aboriginal organisations and employment and training providers, and government agencies. Without these stakeholders, government agency connections with Aboriginal communities are limited and by extension, so is the effectiveness of recruitment.

To support best practice recruitment, systems and processes need to reflect an environment of cultural safety and growth if greater employment of Aboriginal and Torres Strait Islander, particularly at a localised level is to follow. The following review of policies has been undertaken with a cultural lens to ensure consistency across the current legislative environment in addition to the consideration of activities that will support a culturally inclusive environment.

Recruitment and Selection B1 (QH-POL-212)

#	Criteria	Key Considerations	Suggested Recommendations
1.2.1	Policy is Fit for Purpose	The policy needs to be re-written in line with provisions of the Public Sector Act 2022 and Recruitment and Selection Directive 07/23 Delete use of merit as a criteria – now focusing on suitability against skills, previous employment, potential and diversity consideration.	Insert Links to overarching legislation as a preamble: • Public Sector Act 2022 • Hospital and Health Board Act • Health Equity Strategies – individual health Equity strategies and reference Priority Reform 6 – Strengthening workforce • Workforce Establishment Management Framework • Anti-Discrimination Act 1991 Enter a section on Human Rights Compatibility under the Human Rights Act 2019
1.2.2	a) Potential result is that it disadvantages Aboriginal or Torres Strait Islander people or that the potential to result in racial discrimination	The new Public Sector Act 2022 and supporting regulations attempt to enhance the capacity of Queensland Government to create greater inclusion and diversity in their workforces through holistic assessment of applicants based on suitability rather than 'merit' alone. Attachment 1 (policy) does not go far enough under identifying the role 1.1. The onus should be on the hiring managers to document why a position that specifically requires Aboriginal and Torres Strait Islander ways of knowing, doing and being should not be identified	Create a specific section addressing the Anti-Discrimination Act 1991 specifically s25 and s105 enabling the Department to improve employment representation by creating Identified and 'targeted' and 'Identified' classification Insert: Where a role requires specific Aboriginal and Torres Strait Islander knowledge relevant to community, the role must be identified or targeted. Where the role is not identified or targeted; formal approval must be sought at Director General level to appoint Remove 'at a minimum '– advertising that is developed to attract a suitable pool of applicants, must utilise Aboriginal and Torres Strait Islander

		Current language for Advertising allows minimum effort and consideration to be incorporated into Advertising strategies	networks through specific channels, if there a genuine intent to maximise reach. Pg 8 and 9 of Advisory report.
			Consider the use of 'targeted' positions wherever possible
		Classification of roles, particularly in regional and remote areas ensure best practice and sets a precedent. This is such an accessible option to build greater First Nations participation in the health workforce, and this method is utilised	Acknowledge the need for targeted discussions for First Nations candidates that may be disrupted by required transfers and placements. This speaks to understanding the impact of colonial systems of control and the loss of autonomy in decision-making. Make sure there is Early consultation with the affected employee and two-way engagement and learning.
		Consider key criteria in assessing whether candidates should be moved and the potential for greater contribution to Aboriginal and Torres Strait Islander health in decision-making	
			Adverse information relating to an Aboriginal or Torres Strait Islander person must not disproportionately impact an employment outcome
		Rather than merit alone – recruitment processes must holistically assess suitability with consideration for :	Panels must be inclusive, culturally capable with appropriate representation of Aboriginal and Torres Strait Islander people – ideally include ACCHO sector in panels (page 11 and 12 of report)
		Previous employment	
		Potential to make a future contribution to Organisation	
		Contributions to equity, diversity, respect, and inclusion	
	b) It aligns with the aim of improving health and wellbeing of Aboriginal and Torres Strait Islander health peoples	Managers must consider the opportunity for the role to contribute structurally to broader health outcomes within the context of their operating environment	'Insert: Role design and review of description must consider opportunities to build capacity and capability at a system level that is responsive to current strategic workforce priorities'.

	c) Facilitates delivery of healthcare that understands and respects cultural differences and needs specifically those of Aboriginal and Torres Strait Islander people	Managers to question in designing roles or review PD's whether the role is culturally and contextually responsive: Agencies may advertise vacancies concurrently with referral for service-wide priority transfers, redeployment or longer-term secondments as directed by the Commission Chief Executive.	Key criteria for Managers to consider: • Is the role able to achieve the required outputs in a culturally safe and respectful manner • Are there any potential structural barriers preventing this? • Do the role requirements unduly impact First Nations employees negatively? • What do I have to put in place to ensure cultural safety? Whilst this directive may be intended to broaden scope of pool and build greater skill diversity; criteria for application to First Nations candidates should consider:- 1. Their connection to country and the need for place-based knowledge 2. The impact of sudden change on employees and their wider community obligations 3. Acknowledging this policy may contribute to attrition and candidates feeling undervalued
	d) it applies to all Aboriginal and Torres Strait Islander Health Workers and Practitioners	IMPORTANT: The Aboriginal and Torres Strait Islander health worker and health practitioner role is currently under review considering new course content and QAS/Health pilot	There are issues with Health Workers being underutilised and not working to professional or individual scope. The Aboriginal and Torres Strait islander Health worker role is undervalued and not well understood. Current project underway.
1.2.3	the wording of a policy disadvantages Aboriginal people or Torres Strait Islander people or has potential to result in racial discrimination and/or institutional racism	New directive provides for role descriptions to be designed based on an 'ability to contribute to an entity's cultural capability and or culture of respect and inclusion The language of 1.1 is not strengths based and should focus on the importance of subject matter expertise from Aboriginal and Torres Strait Islander people as a	Insert: Role design and review of description must consider opportunities to utilise direct language that enables potential applicants to demonstrate their unique skill sets. Utilise simple, direct language.

| | | critical component in ensuring best practice, and positive outcomes. | |
| | | At a system level – it is not clear whether the QSS JEMS methodology is culturally equipped to be assessing Aboriginal and Torres Strait Islander positions and requirements. Acknowledgement that this is a broader Queensland Government issue. | Consider an internal Aboriginal and Torres Strait Islander recruitment advisory group to provide oversight of all Aboriginal and Torres Strait Islander positions.

Utilise language of new Directive |

Metro North Health
| intranet

❤ OPEN
SHORTCUTS

ℹ️ **NEW! Recruitment and Selection Directive**

The new Recruitment and Selection Directive 07/23 sets out the recruitment and selection requirements to ensure a high performing, apolitical, and diverse workforce.

Read more

Health Equity and Recruitment

Metro North Health are committed to improving and sustaining employment outcomes for people from diverse backgrounds. We recognise the knowledge, insights and capabilities of Aboriginal and Torres Strait Islander peoples. Their strength, resilience and cultural competence are highly valued.

Meeting the challenges of the future will require a workforce that reflects the community that we serve. Workplaces that embrace a diverse and inclusive environment unlock new perspectives and ways of solving problems. These workplaces generate creativity and innovation and produce more sustainable and effective outcomes.

If we are to capably respond to the needs of the community, the representation of Aboriginal and Torres Strait Islander peoples must increase. We will look for opportunities to employ more Aboriginal and Torres Strait Islander people in all occupations, levels of employment and locations. Metro North Health commend the use of the Equal Opportunity measure – Aboriginal and/or Torres Strait Islander employment when recruiting.

To make genuine changes to our workforce, we must adopt a sustained cross-Government focus on strengthening cultural competence. All staff are expected to develop the skills, knowledge and practices they need to perform their duties in a culturally informed way as outlined in employee role descriptions, and per Metro North's commitment to achieving health equity.

Selection Panels

To embed the MNH Aboriginal and Torres Strait Islander Health Equity agenda, the recruitment of positions at AO8, NG10, HP6 equivalent and above must include a Cultural Capability Officer as a panel member. Please send your request for names of panel members, appropriate for your recruitment exercise, to the Aboriginal and Torres Strait Islander Health Leadership Team at A_TSILT_Exec_MNHHS@health.qld.gov.au. Once a selection panel has been established, please complete the Notification of Aboriginal and/or Torres Strait Islander Representation in Interview Panel online form via the link below.

Notification of Aboriginal and/or Torres Strait Islander representation in Interview Panel

Resources

The Aboriginal and Torres Strait Islander Recruitment Guide outlines best practice recruitment principles to ensure culturally safe and appropriate measures are used in the recruitment of Aboriginal and Torres Strait Islander peoples across Metro North Health. This document supports the health equity agenda.

Metro North Health

Aboriginal and/or Torres Strait Islander People Recruitment Guide

YOUR HEALTH.
Our purpose.

VALUES IN ACTION

Queensland Government

Identified (Genuine occupational requirement) role approval request

This form is to be completed in order to gain approval to designate a role as identified. It is to be completed by the line manager of the role, in consultation with the local People and Culture unit, and is to be forwarded to the delegate for approval. Once approved, the role can be advertised as an identified role in accordance with relevant advertising requirements. For further information refer to Identified (Lawful Discrimination) Roles under HR Policy Recruitment and Selection B1.

Aboriginal and Torres Strait Islander permanent workforce pathway

- [Aboriginal and Torres Strait Islander permanent workforce pathway (DOCX 89 kB)](#)
- [Signed Memorandum - Aboriginal and Torres Strait Islander permanent workforce pathway](#)

[VPD assessment request](#)

[VPD assessment form](#)

[TB risk assessment form 2](#)

Metro North Health

Aboriginal and/or Torres Strait Islander People Recruitment Guide

YOUR HEALTH.
Our purpose.

VALUES IN ACTION

Queensland Government

Background

The [Metro North Health Equity Strategy 2022-2025 – Our Journey Towards Health Equity](#) provides this pathway for cultural change and consists of five priority areas for inclusion in our local strategy:

1. Actively eliminate racial discrimination and institutional racism within the service.

2. Increasing access to healthcare services.

3. Delivering sustainable, culturally safe and responsive healthcare services.

4. Influencing the social, cultural and economic determinants of health.

5. Working with First Nations peoples, communities and organisations to design, deliver, monitor and review health services.

Metro North Health recognises that achieving improved health outcomes for Aboriginal and Torres Strait Islander communities requires a substantial shift to genuinely listen, understand and acknowledge the systems and our approach for the need to change.

As of 2023, Aboriginal and/or Torres Strait Islander people made up 1.6% of the Metro North workforce. Metro North Health aspire to having 5% representation of Aboriginal and/or Torres Strait Islander people in its workforce.

Metro North Health are committed to improving and sustaining employment outcomes for people from diverse backgrounds. We recognise the knowledge, insights and capabilities of Aboriginal and Torres Strait Islander peoples. Their strength, resilience and cultural competence are highly valued.

Meeting the challenges of the future will require a workforce that reflects the community that we serve. Workplaces that embrace a diverse and inclusive environment unlock new perspectives and ways of solving problems. These workplaces generate creativity and innovation and produce more sustainable and effective outcomes.

If we are to capably respond to the needs of the community, the representation of Aboriginal and Torres Strait Islander peoples must increase. We will look for opportunities to employ more Aboriginal and Torres Strait Islander people in all occupations, levels of employment and locations. Metro North Health commend the use of the Equal Opportunity measure – Aboriginal and/or Torres Strait Islander employment when recruiting.

To make genuine changes to our workforce, we must adopt a sustained cross-Government focus on strengthening cultural competence. All staff are expected to develop the skills, knowledge and practices they need to perform their duties in a culturally informed way as outlined in employee role descriptions, and per Metro North's commitment to achieving health equity.

Health Equity and Racism

Metro North Health has set out its actions and agreed key performance measures to improve Aboriginal and Torres Strait Islander people's health and wellbeing outcomes.

Racism is a key structural determinant of Aboriginal and Torres Strait Islander people's health inequity. Racism is not always conscious, explicit, or readily visible - often it is systemic. Systemic or institutional racism are forms of racism that are widely and deeply embedded in systems, laws, written or unwritten policies and well-established practices and beliefs that produce, condone, and perpetuate widespread unfair treatment, causing and/or contributing to inherited disadvantage.

It is expected that all Metro North Health staff, including the incumbent of this role as a valuable member of the Metro North workforce, contribute to the health equity agenda and meet the intent of supporting the defined six actions that specifically meet the needs of Aboriginal and Torres Strait Islander people within the National Safety and Quality Health Service Standards (NSQHS), by actively supporting the elimination of racial discrimination and institutional racism; supporting increased access to health care; influencing the social, cultural and economic determinants of health; supporting the delivery of sustainable, culturally safe and responsive health services; and recognise the importance of working with Aboriginal and Torres Strait Islander peoples, communities and organisations to design, deliver, monitor and review the health and support services we provide.

Objective

Create a culturally safe and capable workforce within Metro North Health to provide culturally appropriate care/service for Aboriginal and Torres Strait Islander consumers and promote Metro North Health as a workplace of choice for Aboriginal and Torres Strait Islander peoples.

Purpose

The Aboriginal and Torres Strait Islander Recruitment Guide outlines best practice recruitment principles to ensure culturally safe and appropriate measures are used in the recruitment of Aboriginal and Torres Strait Islander peoples across Metro North Health. This document supports the health equity agenda.

Commitment

1. Increase targeted recruitment of Aboriginal and Torres Strait Islander persons under the Anti-Discrimination Act.

2. Implement culturally responsive recruitment and advertising practices to attract Aboriginal and Torres Strait Islander talent.

3. Engage with Aboriginal and Torres Strait Islander leadership teams and key positions in the organisation to build consistency across targeted recruitment processes.

4. Deliver an exemplary level of candidate care for applicants through the recruitment process.

5. To embed the MNH Aboriginal and Torres Strait Islander Health Equity agenda with the inclusion of a Cultural Capability Officer and/or Aboriginal and Torres Strait Islander Health Leadership Team member as a panel member in all recruitment process at AO8 level equivalent and above.

Strategic alignment

- 1.3B Introduce an anti-discrimination and institutional racism statement in the Metro North Health ViA and all related documents including position descriptions, key selection criteria for staff recruitment, and interview questions.

- 4.3A Establish recruitment processes that break down barriers and promote Metro North Health as an employer of choice for Aboriginal and Torres Strait Islander people.

- 4.3C Develop strategies to ensure required representation of male and female employees (Aboriginal peoples and Torres Strait Islander peoples) to support men's and women's business in all clinical areas.

- 4.3D Create culturally appropriate interview process, supported by MN HR policy

- 4.3E Quarantine positions to increase Aboriginal and Torres Strait Islander workforce

- 4.4F Increase the Aboriginal and Torres Strait Islander workforce across the clinical and non-clinical streams including nursing navigators.

Basic principles

There are several basic principles that underpin culturally inclusive recruitment at Metro North Health.

- Culturally inclusive recruitment acknowledges cultural diversity and aims to enable all candidates to best demonstrate their capabilities. This helps employers strengthen their capacity to identify the best person for the role and build a diverse workforce. Inclusivity should apply to all aspects of recruitment from assessment and marketing to communication and candidate care.

- By applying flexibility to deliver a more inclusive process, employers allow candidates to best demonstrate their capability. Contrary to common misconception, inclusivity does not mean accepting a lower standard. Rather, it is about removing barriers to ensure each applicant can be assessed and compared fairly on merit.

- Australia is one of the most culturally diverse countries in the world. Home to the oldest continuing cultures on earth, along with a society shaped by immigration. Aboriginal and/or Torres Strait Islander peoples and communities across Australia have distinct and diverse languages and cultures. Individuals also have unique experiences and identities. It is important to recognise that while there are some common practices and requirements, there is no 'one size fits all' approach to recruitment.

- A candidate's experience throughout their recruitment should match their experience within Metro North Health. Consider cultural inclusivity within all aspects of the workplace to ensure employees are retained, engaged and empowered to succeed.

- It is important that all people involved in a process have an appropriate level of cultural competence, including HR practitioners, hiring managers, panels and delegates. While it may not be reasonable for each person to undergo formal training, Metro North Health will consider ways to build this competence. Metro North Health will also aim to ensure a common understanding of the underlying objectives and value of Aboriginal and Torres Strait Islander employment.

Identified Positions

An identified position refers to the requirements of the role. Candidates must have an understanding of the issues affecting Aboriginal and Torres Strait Islander peoples and proven culturally appropriate engagement and communication skills. These roles usually involve developing policies or program for Aboriginal and Torres Strait Islander people, or direct interaction with Aboriginal and/or Torres Strait Islander communities.

Limiting a work opportunity to a person of a particular race is generally unlawful discrimination. However, the law recognises that there are some groups who are affected by past or continuing disadvantages (and need assistance to secure work), and sometimes work must be performed by a person of a particular race (because of the nature of the work). Under the *Anti-Discrimination Act, 1991* (the Act), 'race' includes being of Aboriginal and/or Torres Strait Islander descent.

The Act sets out some circumstances, called 'exemptions' where discrimination on the basis of race can be lawful. The exemptions include:

- Genuine occupational requirement exemption (section 25)
- Equal opportunity measure exemption (section 105)

Genuine occupation requirement exemption (Section 25)

To perform this role, it is essential that the person is an Aboriginal and/or Torres Strait Islander person. It is therefore a genuine occupational requirement under section 25 of the Anti- Discrimination Act, 1991.

- A person may impose genuine occupational requirements for a position.
- This will apply where the work can only be done by a person who is Aboriginal and/or Torres Strait Islander

Equal Opportunity Measures (Section 105)

This is a program to improve the under-representation of Aboriginal and/or Torres Strait Islander people in this [industry/area…] and is an equal opportunity measure under section 105 of the Anti- Discrimination Act 1991.

Equal opportunity measure exemption (s 105) states a person may do an act to promote equal opportunity for a group of people with an attribute (such as race) if the purpose of the act is not inconsistent with the *Anti-Discrimination Act 1991*. This would apply to a program to increase the number of Aboriginal and Torres Strait Islander people in work.

The term 'identified position' is not used in the Act, however it is generally understood to mean a job where the employer identifies that it is to be filled only by a person with a particular attribute, such as race.

A vacancy advertised under the identified position measure is only open to selected eligible applicants. The measure can be applied to any job, with any classification, in any business area, to increase representation of Aboriginal and Torres Strait Islander peoples. It is not restricted to roles requiring understanding of issues affecting Aboriginal and Torres Strait Islander peoples.

Eligible applicants to roles identified under s105 are only persons:

- Of Aboriginal and/or Torres Strait Islander descent; and
- Who identify as Aboriginal and/or Torres Strait Islander person; and
- Who are accepted by their community as being an Aboriginal and/or Torres Strait Islander person.

Backfilling of roles identified under s105 of the Act
Where possible, it should be attempted to backfill an identified position with an Aboriginal and/or Torres Strait Islander person. If this is not practical without an operational impact, an identified position can be backfilled on a temporary basis by any person, following consultation with your Cultural Capability Officer.

Creating an Identified Position

Creating an Identified position follows a similar process to creating any new role with modifications.

1. Submit the Identified (lawful discrimination Role) request form. (Appendix 2).

The form will request rationale on why this position needs to be an identified role. An identified role can be justified based on a combination of factors.

Section 25
Example

- *The role is working with the Aboriginal and Torres Strait Islander community*

- *Increasing Identified positions in the MNHS is Health Equity KPI*

- *The service directly addresses one of the leading drivers of the health gap and would benefit from someone who understands the complex health issues and risk factors that impact the Aboriginal and Torres Strait Islander community.*

- *The role requires lived experience and an understanding of cultural traditions and inequities to make informed clinical decisions.*

- *The role will support clinical staff to work more confidently in delivering culturally safe care.*

- *The role requires an understanding of the relevant health issues and risk factors that impact the health gap.*

Section 105
Example

- *The measure can be applied to any job, with any classification, in any business area, to increase representation of Aboriginal and Torres Strait Islander peoples. It is not restricted to roles requiring understanding of issues affecting Aboriginal and Torres Strait Islander peoples.*

2. Update the role description to align with the Metro North Health Identified positions template

The Metro North Identified position role description template has been developed to encourage applications from Aboriginal and Torres Strait Islander peoples. If the position being identified works closely with the Aboriginal and/or Torres Strait Islander communities, it is recommended that a statement to that fact is included under the "How you will be assessed "section.

Example

- Candidates will also be assessed on their demonstrated ability to work effectively and credibly with Aboriginal and Torres Strait Islander people (including clients and carers) with a clear understanding of Aboriginal and Torres Strait Islander culture, protocols and implementation of culturally safe practice.

- Demonstrate a practical understanding of Aboriginal and Torres Strait Islander inequities, and health issues to deliver informed, evidence based culturally appropriate care.

Advertising identified positions

Approved identified roles can be advertised in line with the HR Policy B1 Recruitment and Selection. Requests to advertised identified roles on Smartjobs, Seek, or other sites are submitted via a Springboard Request to Hire.

Attach any relevant information in Step 2d: Documents to be attached

Is this an Identified/Lawful Discrimination role? [Yes ⌄] * ❓

It is mandatory to list the reason that the position is identified and targeted to Aboriginal and Torres Strait Islander applicants only.

Examples for job advertisements:

- **Genuine occupational requirement -** *To perform this role it is essential that the person is an Aboriginal and/or Torres Strait Islander person. It is therefore a genuine occupational requirement under section 25 of the Anti- Discrimination Act, 1991.*

- **Equal opportunity measure -** *This is a program to improve the under-representation of Aboriginal and/or Torres Strait Islander people in this [industry/area…] and is an equal opportunity measure under section 105 of the Anti- Discrimination Act 1991.*

Failure to recruit

It can be difficult to fill certain roles in a competitive recruitment market. The relevant facility Cultural Capability Officer, Aboriginal and Torres Strait Islander Health Leadership Team, and the Metro North Recruitment teams can assist in developing an extensive attraction campaign to support filling identified vacancies.

The reason a role has been identified will inform recruitment options if initial advertising does not find a suitable candidate. Further discussion with your Cultural Capability Officer will inform the next steps.

Candidate Care

Candidate care is fundamental to delivering a recruitment process that is culturally safe, supportive and responsive to the needs of candidates.

Create a culturally safe assessment environment

A culturally safe environment allows candidates to feel comfortable in their identity and culture. In recruitment, this is achieved through demonstrating a genuine respect for Aboriginal and Torres Strait Islander cultures, often through a combination of small gestures. Having an Aboriginal and/or Torres Strait Islander person on the recruitment panel, scheduling time before assessment to meet each candidate, and displaying an Acknowledgement of Country, are all examples of ways to contribute to a culturally safe environment. It is important that the assessment environment reflects the inclusive culture of the organisation, and that gestures are not tokenistic.

During the interview consider asking the applicant to "tell the panel members about your mob". This type of question enables the applicant to talk about attributes that they wouldn't explain while answering formal interview questions. As an example, the panel may ask "In opening our interview today we want to acknowledge the Traditional Owners and learn who *you (the applicant)* is and where your mob and/or family are from?"

Provide access to Aboriginal and Torres Strait Islander networks

Providing candidates access to Aboriginal and Torres Strait Islander support networks during assessment is one way to create culturally safe processes. Ensure that you consult with staff in your local area who identify as an Aboriginal and/or Torres Strait Islander person at all stages of the recruitment process. For example, consider inviting an Aboriginal and/or Torres Strait Islander staff member to meet candidates before the yarn. Support your identified representative to yarn with candidates before, throughout and after the assessment process.

Communicate regularly

Take time to communicate regularly with candidates throughout the process. This will keep candidates engaged and provide opportunities to ask questions, raise concerns or clarify information. Consider incorporating less formal and more personalised methods of communication, such as phone calls.

Cultural Considerations

Aboriginal and Torres Strait Islander cultures are multifaceted and diverse, reflected in people's identities, life experiences, values and behaviours. There are some common cultural considerations that agencies can apply to Aboriginal and Torres Strait Islander recruitment to create an inclusive process.

Cultural protocols

Aboriginal and Torres Strait Islander cultures have unique protocols that guide how people interact and behave. Many of these protocols may be common to those found in Western culture, however, some will differ greatly. Consider how to observe and respect these protocols, ensuring they do not impact on assessment.

Language

For some Aboriginal and Torres Strait Islander peoples from remote and regional areas, English is a second language. However, for other Aboriginal and Torres Strait Islander peoples, this is not the case. Consider how to be sensitive and considerate in communication without assuming low levels of literacy.

One example is utilising methodologies that allow candidates to demonstrate their capability using varied communication styles. In some circumstances, it may be appropriate to offer an interpreter or translator. The [Protocol on Indigenous Language Interpreting for Commonwealth Government Agencies](#) provides further information on the engagement of Aboriginal and Torres Strait Islander interpreters.

Community relationships

There are distinct Aboriginal and Torres Strait Islander communities across all regions in Australia. There are often complex relations within and between these communities, stemming from historical, cultural and social factors. Consider how to observe and acknowledge these relations, providing opportunity for candidates to raise issues if necessary.

Panel composition to promote health equity

Metro North Health requires all selection panels for roles AO8 or equivalent and higher to have a Cultural Capability Officer representative on the panel.

It is considered best practice to have an Aboriginal and/or Torres Strait Islander person on the selection panel at each stage of an Equal Opportunity measure/identified position recruitment process. It is not intended that this person be the only source of cultural understanding.

There are a number of avenues that can be used to find a suitable Aboriginal and/or Torres Strait Islander representative to participate on the selection panel. It may be possible to request nominations from the Aboriginal and Torres Strait Islander Leadership Team within Metro North Health or your facility Cultural Capability Officer. In some cases, it may be appropriate to engage an Aboriginal and/or Torres Strait Islander community member, noting that representatives do not have to be Metro North Health employees.

Ensure that all panel representatives are otherwise suitable to participate in the assessment, with appropriate experience and understanding of the required capabilities.

Pre-Employment Screening

Confirmation of Aboriginal and/or Torres Strait Islander heritage

All advertised identified vacancies include a screening questionnaire as part of the application process. There is ordinarily no obligation for an employee to share information about their Aboriginal or Torres Strait Islander status. However, for the purpose of an identified position, candidates will be required to confirm that they are an Aboriginal or Torres Strait Islander Australian in order to demonstrate that they meet the mandatory eligibility requirement. Standard questions for identified vacancies include:

1. Who's your mob?

2. Where's your country?

3. How do you contribute to your community?

Information collected about a person's racial or ethnic origin is regarded as 'sensitive information' for the purposes of the Privacy Act 1998 and employees' consent is required for the information to be collected or shared.

Identified Positions - Summary

	Occupational requirement to identify position (Section s 25)	Equal Opportunity measure to identify position (S 105)
What	A role with specific genuine occupational requirements. In this case, that the person appointed be an Aboriginal and/or Torres Strait Islander person.	A recruitment method applied to a vacancy restricting eligible applicants to those who identify as an Aboriginal and/or Torres Strait Islander person.
Use	To attract applicants who have appropriate skills, attributes and experience to work effectively on Aboriginal and/or Torres Strait Islander people's issues.	Can be applied to any ongoing, fixed term or casual vacancy, regardless of the duties. It is not restricted to jobs requiring an understanding of issues affecting Aboriginal and Torres Strait Islander peoples.
Purpose	The role requires specific understanding of the issues affecting Aboriginal and Torres Strait Islander peoples, and an ability to communicate sensitively and effectively with Aboriginal and Torres Strait Islander peoples.	To increase representation of Aboriginal and Torres Strait Islander people in our Metro North Health workforce.
Policy and Legislation	Guided by the Public Service Commission Guide with longstanding best-practice in the Queensland Public Service and consistent with the *Public Service Act, 2008*. In accordance with s 25 of the Anti-Discrimination Act, 1991 (QLD).	In accordance with s125 of the *Anti-Discrimination Act, 1991* (QLD) and the Public Service Act 2008.

References

Aboriginal and Torres Strait Islander Recruitment Guide (ttps://www.apsc.gov.au/working-aps/diversity-and-inclusion/aboriginal-and-torres-strait-islander-workforce/affirmative-measure-recruiting-aboriginal-and-torres-strait-islander-australians-guide-applicants)

Appendix 1 - Identified Position Decision Tree

Does the role require the incumbent to be Indigenous to the Aboriginal & Torres Strait community?	**YES** →
↓ **NO**	
Is this an Equal Opportunity Measure exemption (section 105) Anti-Discrimination Act 1991 for Aboriginal and/or Torres Strait Islander Peoples?	**YES** →
↓ **NO**	
Is the role part of an Aboriginal & Torres Strait Islander health service? Eg Indigenous Cardiac Outreach service	**YES** →
↓ **NO**	
Does the role identify as an opportunity to increase the number of Aboriginal and Torres Strait Islander people in Metro north to achieve targets set by Queensland Health?	**YES** →
↓ **NO**	
Does the role have contact with a high proportion of Aboriginal & Torres Strait Islander people attending the service? Eg Kidney Health Services	**YES** →
↓ **NO**	
Does the role in an area of health where there is a known high need for Aboriginal & Torres Strait Islander peoples? Eg psychological distress, hearing loss, chronic diseases	**YES** →
↓ **NO**	

Continue standard recruitment process

← **NOT FOR IDENTIFIED ROLE**

Consult with Aboriginal & Torres Strait Islander Health Unit

↓ **FOR IDENTIFIED ROLE**

Seek delegate support and endorsement

Appendix 2 – Identified Role request template

An approved request form must be provided prior to advertising any identified vacancy.

Identified role
approval request form

Identified (lawful discrimination) role approval

Request for role/s to be designated as identified

This form is to be completed in order to gain approval to designate a role as identified. It is to be completed by the line manager of the role, in consultation with the local People and Culture unit, and is to be forwarded to the delegate for approval. Once approved, the role can be advertised as an identified role in accordance with relevant advertising requirements. For further information refer to identified (Lawful Discrimination) Roles under HR Policy B1.

Line manager to complete

Role title:

Classification:

Unit/HHS

Genuine occupational requirement or equal opportunity measure?

An identified role requires a particular attribute as outlined in s7 of the *Anti-Discrimination Act 1991* for the purpose contained in s25 of that Act. Identify the genuine occupational requirement which provides the basis for the role being identified:

☐	The role involves developing or implementing policies, programs or services targeting Aboriginal and Torres Strait Islander peoples.
☐	The role involves developing or implementing policies, programs or services targeting liaison with Aboriginal and Torres Strait Islander communities.

The role may still be an identified role if it is provided as an 'equal opportunity measure' in accordance with section 105 of the *Anti-Discrimination Act 1991*.

☐	The role is identified, as an equal opportunity measure, that it is to be filled only by Aboriginal & Torres Strait Islander peoples.

Reason for your recommendation

☐	The role requires the incumbent to be Indigenous to the Aboriginal and Torres Strait Islander Community e.g., Aboriginal and Torres Strait Islander liaison role.
☐	The role is part of an Aboriginal and Torres Strait Islander Service e.g., Indigenous Cardiac Outreach Service
☐	The role has contact with a high proportion of Aboriginal and Torres Strait Islander people attending the service e.g., Kidney Health Service
☐	The role works in an area of health where there is a known high incidence of need for Aboriginal and Torres Strait Islander peoples e.g., psychological distress, hearing loss, chronic disease, mental health
☐	The role identifies as an opportunity to increase the number of Aboriginal and Torres Strait Islander people in Metro North Health to achieve targets set by Queensland Health.

Line manager details

Name Insert Name

Position Insert Position

Date Click or tap to enter a date.

Signature

Executive Director, Aboriginal and Torres Strait Islander Health A_TSILT_Exec_MNHHS@health.qld.gov.au	
☐ Supports the designation of the role as identified	☐ Not supported Comments:
Date Signature	

Delegate to complete – delegation as per Metro North HR Delegations Manual Section 3.3
Options for consideration

☐ Designate the role as identified and fill on open merit without seeking further advice

☐ Do not designate the role as identified

Reason if not approved:

Options to seek advice

☐ Seek legal advice from the Legal Unit, Metro North HHS

☐ Consult your local Human Resource unit

☐ Seek advice from the Queensland Human Rights Commission of Queensland

☐ Under s113 of the *Anti-Discrimination Act 1991* formally request from a tribunal the grant of an exemption from relevant sections of the *Anti-Discrimination Act 1991*

☐ Under s228 of the *Anti-Discrimination Act 1991*, formally request an opinion from the relevant tribunal as to whether or not the exemption contained in s25 or s105 will apply in a specific situation

Delegate approval	
Name Insert Name	
Position Insert Position	
Date Click or tap to enter a date.	
Signature	By signing you acknowledge that you hold appropriate HR delegation to make this decision.

Metro North Health key contacts

To further your knowledge and understanding of health equity, please contact your local Cultural Capability Officer or Aboriginal and Torres Strait Islander Leadership team for guidance.

People and Culture Directorate		
Recruitment Services – metronorthrecruitment@health.qld.gov.au Programs – MNValues@health.qld.gov.au AskHR – MNAskHR@health.qld.gov.au Telephone: (07) 1800 275 275		
Aboriginal & Torres Strait Islander Leadership Team		
A_TSIHU_MNHHS@health.qld.gov.au Telephone: (07) 3139 3235		
Cultural Capability Officers		
Richard Abednego	Richard.Abednego@health.qld.gov.au	Metro North Health
Geoffrey Binge	Geoffrey.Binge@health.qld.gov.au	RBWH
Jarrod Partner	Jarrod.Parter@health.qld.gov.au	STARS
Jesse Blackman	Jesse.Blackman@health.qld.gov.au	TPCH
Elwyn Henaway	Elwyn.Henaway@health.qld.gov.au	Redcliffe and Caboolture
Horace Nona	Horace.Nona@health.qld.gov.au	Community and Oral Health

Identified (Genuine occupational requirement) role approval request

This form is to be completed in order to gain approval to designate a role as identified. It is to be completed by the line manager of the role, in consultation with the local People and Culture unit, and is to be forwarded to the delegate for approval. Once approved, the role can be advertised as an identified role in accordance with relevant advertising requirements. For further information refer to identified (Lawful Discrimination) Roles under HR Policy Recruitment and Selection B1.

Line manager to complete
Role title: Classification: Unit/HHS
Genuine occupational requirement or equal opportunity measure?
An identified role requires a particular attribute as outlined in s7 of the *Anti-Discrimination Act 1991* for the purpose contained in s25 of that Act. Identify the genuine occupational requirement which provides the basis for the role being identified:
☐   The role involves developing or implementing policies, programs or services targeting Aboriginal and Torres Strait   Islander peoples.
☐   The role involves developing or implementing policies, programs or services targeting liaison with Aboriginal and Torres Strait Islander communities.
The role may still be an identified role if it is provided as an 'equal opportunity measure' in accordance with section 105 of the *Anti-Discrimination Act 1991*.
☐   The role is identified, as an equal opportunity measure, that it is to be filled only by Aboriginal & Torres Strait Islander peoples.
Reason for your recommendation
☐   The role requires the incumbent to be Indigenous to the Aboriginal and Torres Strait Islander Community e.g., Aboriginal and Torres Strait Islander liaison role.
☐   The role is part of an Aboriginal and Torres Strait Islander Service e.g., Indigenous Cardiac Outreach Service
☐   The role has contact with a high proportion of Aboriginal and Torres Strait Islander people attending the service e.g., Kidney Health Service
☐   The role works in an area of health where there is a known high incidence of need for Aboriginal and Torres Strait Islander peoples e.g., psychological distress, hearing loss, chronic disease, mental health
☐   The role identifies as an opportunity to increase the number of Aboriginal and Torres Strait Islander people in Metro North Health to achieve targets set by Queensland Health.
Line manager details
Name Insert Name
Position Insert Position
Date Click or tap to enter a date.
Signature

Metro North Health | Queensland Government

Executive Director, Aboriginal and Torres Strait Islander Health
A_TSILT_Exec_MNHHS@health.qld.gov.au

☐ Supports the designation of the role as identified   ☐ Not supported

Comments:

Signature

Date

Delegate to complete – delegation as per Metro North HR Delegations Manual Section 3.3

Options for consideration

☐   Designate the role as identified and fill on open merit without seeking further advice

☐   Do not designate the role as identified

Reason if not approved:

Options to seek advice

☐   Seek legal advice from the Legal Unit, Metro North HHS

☐   Consult your local Human Resource unit

☐   Seek advice from the Queensland Human Rights Commission of Queensland

☐   Under s113 of the *Anti-Discrimination Act 1991* formally request from a tribunal the grant of an exemption from relevant sections of the *Anti-Discrimination Act 1991*

☐   Under s228 of the *Anti-Discrimination Act 1991*, formally request an opinion from the relevant tribunal as to whether or not the exemption contained in s25 or s105 will apply in a specific situation

Delegate approval

Name Insert Name

Position Insert Position

Date Click or tap to enter a date.

Signature	By signing you acknowledge that you hold appropriate HR delegation to make this decision.

Entitlements and Initiatives for First Nations employees

Aboriginal and Torres Strait Islander Health Workforce (Queensland Health) Certified Agreement (EB1) 2019 (EB1)

The EB1 agreement covers Aboriginal and Torres Strait Islander Health Workers, Liaison Officers and Health Practitioners. It was certified in August 2020 and covers only Aboriginal and Torres Strait Islander employees I.e. an employee who does not identify can not perform the roles covered by the agreement.

EB1 provided two "Phases" for implementation.

Phase 1, outlined at Part 4 of the agreement, provided for the majority of employees to transition from the operational stream to the new interim Health Workforce stream, backdated to 1 September 2019. No employees were disadvantaged as a result of the transition into the interim Health Workforce stream and the majority of employees saw an increase to their base wage in addition to the 2.5% wage increase.

Phase 1 also provided:

Back payment of targeted training for eligible employees (clause 21)

Interim professional development arrangements for Health Practitioners and HEalth workers (including professional development allowance and leave) (clause 24).

The creation of a training fund for Liaison Officers to assist them to attain an AQF certificate or diploma relevant to their role (clause 26).

Phase 2, at Part 5 of EB1, required the parties to examine career structures and classification levels of roles, the management models within Aboriginal and Torres Strait Islander Health workforce structures, governance for workers in these roles, and career pathways within the stream. The review was required to examine roles' remuneration, qualifications, training and experience, role descriptions, and professional development and professional supervision needs.

The objectives of Phase 2 were to consider and reach consensus on the following:

- Definition of the classification stream and roles;
- Classification stream that confirms skill and knowledge requirements across the structure, recognition of qualifications and creation of appropriate career advancement pathways providing mechanisms for senior and advanced level practitioners across clinical, management, research, clinical and cultural education roles delivering culturally appropriate and safe health care;
- Mandatory qualifications and/or registration requirements;
- Movement between classification levels;
- Generic level statements, and if deemed required, other relevant/role descriptors;
- Job evaluation methodology;
- Mandatory naming conventions;
- Award coverage and requirements;
- Incentive scheme for additional and/or higher education qualifications;
- Finalised professional development and training arrangements; and
- Potential application of priority on call arrangements.

To enable the parties to be able to finalise the Phase 2 review and reach agreement before EB2 negotiations, the parties agreed to continue to operate under EB1 for an additional 12 months. To ensure employees were not disadvantaged by the delay to bargaining EB2 a HEalth Employment Directive was issued (HED 07/22) which provided employees with a 4% wage increase from 1

September 2022. In addition, eligible employees will be provided a cost of living adjustment payment (COLA Payment Year 1) if payable, based on a calculation date of 1 September 2022 to 31 August 2023. The COLA payment for EB1 employees is scheduled to be paid on 22 November 2023.

In May 2023 the parties agreed the Phase 2 Review Outcomes. The Phase 2 classification outcomes and associated entitlements will be provided via a Health EMployment Directive. The HED has now been agreed with both Unions and will be progressed to the Director-General to be issued. The HED will see Queensland Health's Health Worker workforce cemented as the highest paid in Australia. The Phase 2 outcomes will provide:

- A new classification structure which once introduced will provide many employees remuneration increases – some between 13% to 25% via the translation to the new structure.
- A new higher education incentive scheme which will provide employees who hold eligible additional qualifications with either payment progression or a new allowance
- A new professional development package
- An Education Scheme, similar to SARAS, customised for the Health Workforce to support employees to gain the mandatory qualifications required for their position or for progression to a higher level.

EB2 negotiations

Queensland Health has now commenced discussions with the unions for a replacement agreement to EB1. Key initiatives that Queensland Health would like to seek Government approval to support are as follows:

5 days paid cultural leave

The Queensland Employment Standards provide for an unpaid cultural leave entitlement of 5 days per year. The QES provision is replicated in a number of Queensland Health and public sector industrial instruments. Public Sector Special Leave Directive 05/17 does not provide a specified paid cultural leave entitlement, however limited access could be provided using the up to 5 day discretionary paid leave provision.

Queensland Health HR Policy C7 Special Leave provides the ability for employees to observe days of cultural, ceremonial, and/or religious significance with an enhanced entitlement of up to 10 days unpaid leave per annum. This entitlement is replicated in EB1.

Both TQ and AWU have included a claim for 5 days paid cultural leave. This claim was also made as part of negotiations for EB11 and HPDO however was unable to be supported.

This matter is a high priority of the Chief First Nations Health Officer and Executive Directors of Aboriginal and Torres Strait Islander Health. Informal discussion of Queensland Health's interest has occurred with Peter McKay, and formally with the PSC Special Commissioner and then Director-General of DSDSA&TSIP.

WRaP believes it is appropriate that Queensland Health be the leader in providing this entitlement as part of EB2 negotiations to recognise the cultural and traditions that are central to the Health Workforce.

A preliminary cross jurisdictional analysis reveals that other States are starting to provide an entitlement to paid cultural leave as follows:

VIC -1 day paid leave per year to participate in National Aboriginal and Islander Day Observance Committee (NAIDOC) week activities.

WA – Up to 5 days paid cultural leave per calendar year.

NSW – Up to 1 day special leave per year to participate in NAIDOC week activities.

SA Health– Up to 15 days cultural leave per year (incorporated within overarching 15 days special leave cap).

TAS – 5 days paid cultural leave per year, with bargained entitlement placed into awards.

NT – Up to 10 days paid cultural and ceremonial leave in recognition of 'the important role Aboriginal Health Practitioners play in their community, support should be provided for employees to access paid cultural leave to where an employee is necessarily required by and adheres to Aboriginal culture for ceremonial purposes and/or tradition to be absent from work for Aboriginal ceremonial purposes', 1 day pay NAIDOC week leave 'in recognition of the workforce being entirely Aboriginal Employees' , and up to 5 days paid kinship obligation leave each year for the purpose of attending Sorry Business or related purposes (which is in addition to the up to 5 days compassionate leave for a death in the immediate family/household, and up to 3 days for a death in the extended family).

Queensland Health would like to be able to recognise the importance of Aboriginal and Torres Strait Islander staff being able to meet obligations under traditional law, customary law and family obligations, and to celebrate religious and cultural observances.

Providing employees with paid leave would enable them to honour the days of cultural significance for them, support community and take care of their wellbeing.

Queensland Health suggests the paid leave be provided on the basis that wherever possible leave planning takes into account operational requirements and the needs of the service. Further that the leave is provided on a pro rata basis and does not accumulate year upon year.

HP Conversion Incentive Scheme

Queensland Health is committed to the provision of safe health care. In deciding to create the regulated Health Practitioner role in 2012, all Health Ministers greed there was a need to protect the public due to the some of the clinical tasks being undertaken by Health Workers. Registration ensures Health Practitioners are suitably trained, qualified and safe to practice, and mandates the annual requirement to undertake continuing professional development, and maintain their chosen scope of practice.

In addition, once a practitioner is registered they are able to practice anywhere in Australia. Everyone who is registered is required to meet the same standards, which is another important stop for what has to date been, and remains, highly fragmented and diverse.

Registration ultimately provides a safeguard for Queensland Health.

Queensland Health is aware there is a lot of confusion in the Health Workforce as to the role of an Aboriginal and Torres Strait Islander Health Practitioner and in particular, their scope of practice. Queensland Health is lagging behind some other States where the Health Practitioner role is now being broadly implemented. Further, there are some misunderstanding as to the work value and how it aligns to the workforce's expectations with regards to wages.

Queensland Health is keen to encourage and enable Health Workers and Liaison Officers to convert to Health Practitioners through a HP Conversion Incentive Scheme. The Scheme would be time limited to with employees to be paid $2,500 on appointment to a HP position and a further $2,500 on their 1 year anniversary with a successful PAD. Queensland Health notes union and employee expectations would need to be managed as the intention would be that this would be exclusive an EB2 activity.

Permanent Scholarship Scheme funding

In accordance with the Phase 2 outcomes, Queensland Health has agreed to provide a new Scholarship Scheme for employees covered by the Health Workforce Agreement which enables employees to access leave and financial support entitlements to undertake eligible qualifications in specified circumstances.

The dedicated Scholarship Scheme which is exclusive to the Health Workforce will be introduced to assist in addressing current workforce issues including problems filling current vacancies as a result of applicants not holding the required mandatory qualifications for the particular level.

Queensland Health considers the scholarship scheme is critical to support the phase 2 structure and it will allow the workforce to continue their journey into professionalisation. Increased education of the workforce would directly improve patient and HHS service delivery outcomes and help Queensland Meet its obligations under the *Public Sector Act 2022*, the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031, and commitments to closing the gap.

Queensland Health has available funding under EB1 to be able to commence implementation of the scholarship scheme however requires recurrent funding to ensure Queensland Health can continue to provide access to this essential scheme.

Increase to minimum recall period from 2 to 3 hours

This was not a change introduced in other agreements during this round of bargaining however a review of Queensland Health's clinical stream employee entitlements reveals all other employee groups are entitled to a minimum recall payment of 3 hours where they are recalled to work where as EB1 employees entitlement is still only a minimum 2 hour payment. This change will ensure consistency with entitlements of other clinical stream employees.

Remote package

Rural and remote entitlements are a significant feature of both TQ and AWU's logs of claims. Although Queensland Health is aware that accommodation is a primary issue, this is not something that is able to be resolved as part of enterprise bargaining. Instead, Queensland Health proposes that a remote package be considered which draws on entitlements currently provided to Health Practitioners and Nurses.

While remote packages have been developed for other employment streams to attract and retain them to work in rural and remote Queensland, the remote package for EB1 employees would be introduced to recognise the difficulties, both financial and social, of living and working in remote areas. The cost of living in rural and remote Queensland is far higher than in metropolitan areas. Due to geographic location, employees in remote areas in particular are subject increased costs for utilities, increased petrol and vehicle maintenance costs due to distances travelled or greater costs to leave the community for relief from living in remote and very remote Queensland.

In addition to the costs of living, support to allow employees relief from living and working in remote locations is a highly desirable item. Aboriginal and Torres Strait Islanders' commitment to community is supported by complex personal, family and social obligations of kinship relations that have been central to the economic, social and spiritual life of indigenous communities for may thoughts of years. This commitment to culture and community is critical to the service EB1 employees provide in remote areas, however it should be acknowledged that this commitment must be balanced with employee wellbeing and the opportunities to take a break from the community in which they live and work.

In line with the above, Queensland Health proposes a remote package that provides employees, located in locations designated as remote in accordance with the Remote Area Nursing Incentive Package (RANIP) with a minimum of five weeks annual leave. In addition, employees in the

designated remote locations would be entitled to two return flights each year to the nearest east coast provincial city.

Further, to assist with the high cost of living associated with living and working in rural and remote Queensland, employees in locations as eligible for the rural and remote allowance under HPDO will receive a fortnightly allowance in accordance with that provided to Health Practitioners and Dental Officers, paid on a pro rata basis.

In exchange, Queensland Health would require the removal of the entitlement to the locality allowance, except in instances where the locality allowance provides a more favourable entitlement.

Priority on call allowance

In accordance with clause 26.2(k) of EB1, the parties were required to consider, as part of the Phase 2 review, the potential application of priority on call arrangements.

Priority on call is provided under the HPDO agreement where an employee is instructed to be on call outside ordinary or rostered working hours and the employer requires the employee to attend to duties within 30 minutes of being called. In such circumstances the employee is paid a higher rate for being required to be available to attend work more quickly.

While priority on call did not form part of the Phase 2 outcomes, Queensland Health considers it is appropriate to provide an entitlement to this allowance as part of EB2 negotiations. This enhanced on call arrangement would be utilised most frequently in TCHHS where EB1 employees are predominantly employed.

HPDO4/EB11:

HPDO4 1.13/EB11 1.14	**Cultural Respect and Health Equity Strategy**
1.13.1/1.14.1	The parties commit to respecting cultural diversity, rights, views and expectations of Aboriginal and/or Torres Strait Islander Queenslanders in the delivery of culturally appropriate health services.
1.13.2/1.14.2	Queensland Health commits to implement the First Nations Health Equity Strategies in accordance with the HHB Act and the Hospital and Health Boards Regulation 2012.
HPDO4 4.9/EB11 9.11	**Cultural Leave**
4.9.1/9.11.1	Due to cultural obligations, an employee of Aboriginal and/or Torres Strait Islander origin may take up to five days unpaid cultural leave in each year. The entitlement will be administered in accordance with section 51 of the IR Act.
HPDO4 4.10/EB11 9.12	**Bereavement Leave for Aboriginal and/or Torres Strait Islander Employees**
4.10.1/9.12.1	Bereavement leave will also be approved in circumstances where the deceased is a person that occupied the same prominence in the employee's life as a family member. The employer will recognise employees' cultural or other significant personal circumstances such

	as recognising kinship for Aboriginal and/or Torres Strait Islander employees.

HPDO4:

8.4	**First Nations Graduate Development Program (this program is being developed by Office of the Chief Allied Health Officer, work has commenced)**
8.4.1	A new First Nations Graduate Development Program will be developed for Allied Health. The program will support a culturally safe and supported transition to employment for Aboriginal and Torres Strait Islander allied health graduates including a pathway to permanent employment.
8.4.2	The program will support eight allied health graduate training positions (temporary, identified roles) over the life of this Agreement. Existing Queensland Health employees will be prioritised for places on the graduate training pathway.
8.4.3	The program will be supported by a HP6 leadership role and AO5 program support role, based in the Office of the Chief Allied Health Officer.

Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB11) 2022 (NMEB11)

47	**Identified Aboriginal and Torres Strait Islander nursing and midwifery positions**
47.1	Wherever possible, where an identified Aboriginal and Torres Strait Islander nursing or midwifery position is vacant, it will be filled or backfilled with an employee who identifies as Aboriginal or Torres Strait Islander.
47.2	Where an identified Aboriginal and Torres Strait Islander nursing or midwifery position is unable to be filled or backfilled with an employee who identifies as Aboriginal or Torres Strait Islander, the position should not be left vacant. In these circumstances it is reasonable to employ a person who does not possess the relevant attribute, if it assists the continuity of a critical program or activity which could not otherwise be continued if the position was not filled.

47.3	Aboriginal and Torres Strait Islander cultural awareness training must be undertaken by any employee who does not identify as Aboriginal or Torres Strait Islander who backfills an identified position.
47.4	If the position cannot be filled by an employee who identifies as Aboriginal or Torres Strait Islander, a non-identified employee may be employed in the position for no longer than 12 months. The role must be advertised as vacant at least every six months, in a further attempt to attract an identified Aboriginal or Torres Strait Islander employee to the position.
47.5	The parties recognise the importance of development opportunities to enable employees who identify as Aboriginal or Torres Strait Islander to progress in their careers and will provide development opportunities wherever possible.
47.6	Identified Aboriginal or Torres Strait Islander employees will have their professional development supported at all stages of their career through effective succession planning.
47.7	The parties will review the Skills Transfer Guideline during the life of this Agreement and consider how it can be used to improve succession planning for key or identified positions.
46.3.2	**Timely resolution of workload concerns**
	(c) The parties agree the Environmental Analysis section of the BPF 6th Edition will be updated to prompt the consideration of the cultural factors that affect the role and functions of a service and the result impact, or potential impact, on the workload of Aboriginal and Torres Strait Islander employees in that service.
Schedule 8	**Midwifery Generic level statements**
	Following research conducted by JCU into what midwives do at particular levels, Queensland Health and the Queensland Nurses and Midwives' Union developed midwifery specific Generic Level Statements (GLS). GLS were developed for Grades 5 to 7 and are provided under six domains of practice. One of the domains of practice is "Culturally safe midwifery practice". While there is some specificity in this domain with regards to Aboriginal and Torres Strait Islander women and babies, cultural safety is for all cultures, not just First Nations.
34	**Variations to Award**
	The parties agree to vary Schedule 2 of the Award to include a new domain of "culturally safe nursing practice" in the Generic Level statements for nurses.

	In relation to the above commitment, Queensland Health is forming a working group to develop a new domain which will be based on the work that has been done in the midwifery GLS.

Torres and Cape Hospital and Health Service

Leading connected health care to achieve longer, healthier lives

Workforce Strategy 2021 – 2026

Right people, with the right skills, doing the right things, in the right place, at the right time

Outcomes:

- *Active commitment to improving the health of people living in the Torres Strait and Cape York*
- *Empathetically led sustainable rural and remote health workforce; fostering wellbeing, connectedness, collaboration and striving for excellence*
- *Performance and effectiveness realised through achievement of individual, work unit and HHS-wide goals*

Growing the future workforce – building local capacity and increasing the representation of Aboriginal and Torres Strait Islander people in the health workforce

Community engagement:
- Realising opportunities for secure/sustainable employment of Aboriginal & Torres Strait Islander people (in partnership with other organisations)
- Active and authentic engagement with community leaders
- High school work experience program
- Careers fairs (external and organised internally)

Traineeships:
- Increase involvement of Aboriginal & Torres Strait Islander people in formal training
- School-based traineeship program
- Explore partnerships with other departments and organisations to offer apprenticeships and traineeships

Universities & VET providers:
- Encouragement of Aboriginal & Torres Strait Islander students to explore employment opportunities with TCHHS
- Clinical placements
- Partnerships to influence education for rural and remote practice

Recruiting for today & the changing world of work

Contemporary attraction and recruitment practices:
- Value proposition – what we expect, what is on offer & knowing what you're going to

Recruitment strategies to attract Aboriginal & Torres Strait Islander people to positions across all streams

Recruitment for excellence and fit:
- Manager confidence and capability
- Contemporary job design & up-to-date role descriptions
- Looking for relevant qualifications & evidence of excellence
- Suitability for remote practice, cultural competence and commitment to health outcomes of Aboriginal & Torres Strait Islander people in the Torres and Cape

Preparation for rural and remote isolated practice:
- Tailored orientation and induction to rural and remote practice, prior to commencement

Creative responses to supply challenges:
- Collaboration with NGOs and other Government departments ie Education, QAS & Police

Building and retaining an effective, highly skilled, future focused and engaged workforce

Organisation design and development; connecting workforce with strategy

People management practices are aligned with and support the desired future:
- Succession planning and transition to retirement programs
- Consider innovative approaches to flexible work arrangements, particularly in the most challenging or remote locations

Preparation and support for remote and isolated practice
- Effective use & tailoring of TCHHS, QH, CRANA+ and other resources

Effective use of Health Practitioners and Nurse Practitioners

Highly skilled and effective leaders:
- Development programs to effectively transition remote clinicians to remote managers
- Non-clinical leadership skills identified, recruited for, performance recognised and actively managed
- Productive staff/manager relationships and recognition of high performance
- Confidence and ability to appropriately respond to inappropriate behaviour and poor performance in a timely manner

Collaboration with other departments/agencies to find creative solutions to workforce challenges

Inclusion of Aboriginal & Torres Strait Islander people:
- Aboriginal & Torres Strait Islander Leadership Forum – *nothing about us without us*
- Active and authentic inclusion of Aboriginal & Torres Strait Islander people and perspectives in decision making
- Build capability of Aboriginal & Torres Strait Islander Health Workers and implement a program to support transition to Health Practitioner

Active encouragement of and support for movement across streams, particularly of Aboriginal & Torres Strait Islander employees, and in areas of skill shortage

COURAGE	ACCOUNTABILITY	RESPECT	ENGAGE

Torres and Cape Hospital and Health Service

Workforce Strategy 2021 – 2026

Leading connected health care to achieve longer, healthier lives

Right people, with the right skills, doing the right things, in the right place, at the right time

Outcomes:
- *Active commitment to improving the health of people living in the Torres Strait and Cape York*
- *Empathetically led sustainable rural and remote health workforce; fostering wellbeing, connectedness, collaboration and striving for excellence*
- *Performance and effectiveness realised through achievement of individual, work unit and HHS-wide goals*

Responses to the challenges we face

- Leadership and high performance management development program (including clinician to manager transition, & leadership career development pathways for Aboriginal & Torres Strait Islander employees)
- Developing Aboriginal & Torres Strait Islander people for management & leadership
- Change management and change leadership skills development
- Explicit focus on living by TCHHS Values to create a shared sense of purpose, cohesion and collaboration

- TCHHS strategic workforce plan, aligned with the philosophy of the Model of Care
- TCHHS Aboriginal and Torres Strait Islander Workforce Strategy and accompanying implementation plan
- Workforce designed for the delivery of effective primary health services, and multidisciplinary ways of working
- All stream future-focused staff development strategy
- Collaborative and coordinated approach to strategy development including stream specific workforce strategies
- Service planning anticipates and includes corporate resource requirements

- Practice of evidence-based management and evidence-based strategic HRM, including effective use of data/business intelligence to inform decision-making
- Effective use of, rather than compliance with performance development and capability success processes; clarity about responsibilities, accountabilities and recognition of high performance
- Effective preparation for remote and isolated practice
- Creation of a safety culture; cultural, psychological and physical

Capabilities we need

- Ability to build productive relationships and effectively work with disagreement and conflict
- People leadership, particularly in a remote and isolated context
- Functional review, job analysis and design

- Understanding of what motivates people to change and ways of working with ambiguity and resistance
- Growth mindset & intrinsic motivation
- Strategic planning, including workforce planning
- Strategic and operational HR

- Operational management; HR, finance, assets etc
- Digital literacy
- Ability to extract and make effective use of data, and understanding of metrics and analytics

Indicators of change & success

Workforce supply
- Vacancy rates & time to fill
- Applicant quality & quantity
- Community engagement activities, including careers fairs
- Clinical placement experience
- Formal partnerships with vocational education providers, TAFE and universities (traineeships & influence of curriculum)

Workforce profile
- Increase in number of Aboriginal & Torres Strait Islander employees (all streams)
- Increase in number of Health and Nurse practitioners
- Alignment with the philosophy of the Model of Care

Skilled, and confident workforce
Participation in and satisfaction with learning & development opportunities:
- Clinical Excellence Qld (clinician leadership programs)
- Stream specific development programs and training pathways
- AO & OO Employee Training & Development Education Incentive Fund
- SARAS – particularly in areas of skills shortage
- Learning Gateway development opportunities
- Day-to-day job skills & knowledge including use of digital platforms
Effective orientation program – remote & isolated practice

Workplace climate
- Plans and initiatives developed through cross stream collaboration and engagement with staff at all levels and locations of TCHHS
- Working for Qld survey results
- Retention – reduction in number of undesirable exits
- Complaints, grievance and disciplinary rates
- Injury rates and WorkCover claims
- HHS of choice for clinical rotation
- Valued Aboriginal & Torres Strait Islander Leadership Forum

Partnerships
- Collaboration with NGOs, other agencies and departments

| COURAGE | ACCOUNTABILITY | RESPECT | ENGAGE |

Torres and Cape Hospital and Health Service

Workforce Strategy Implementation Plan 2023-2026

TCHHS Workforce Strategy 2023-2026 Implementation Framework Logic Model

TCHHS is not isolated from state, national, and global challenges facing health care systems in relation to recruitment and retention of a skilled workforce.

In 2021, the TCHHS Board directed the Hospital and Health Service (HHS) to prepare a workforce strategy. Development of a comprehensive implementation plan commenced in 2022. Qld Health is progressing several workforce initiatives as part of the HealthQ32 strategy. TCHHS Strategic Plan 2023 – 2027, Health Equity Strategy, Our Guiding Principles, the Local Area Needs Assessment and all Qld Health and TCHHS portfolio specific plans and strategies identify workforce as a critical success factor. Quantifiable and qualitative workforce-related data is evidence of the magnitude of the challenges facing TCHHS and the importance for the HHS to prioritise workforce-related initiatives. TCHHS cannot risk waiting to see if something will come up, nor can it keep doing the same things, expecting different results. Constant recruitment is not the solution; this is supported by qualitative and quantitative research. Recent history is evidence of why TCHHS must adopt a new way of looking at workforce and workforce-related matters.

Focus areas	Inputs/resources	Activities	Outputs	Outcomes (short-term)	Outcomes (long-term)
Critical enablers	Time Commitment Collaboration	Allocation & commitment of financial and non-financial resources Alignment of existing strategies and plans Alignment of operational plans	Clarity Funding allocated Identification of duplication/overlap, gaps, & inconsistencies	Improved use of time, effort & financial resources Increased effectiveness & potential for successful implementation	Clinical & non-clinical plans, strategies & initiatives developed through participation & collaboration, not in isolation
Critical skills & capabilities	Funding and associated resources for development programs: • Leadership & management • Digital literacy • Data, metrics & analytics Effective evaluation and Continuous Quality Improvement (CQI)	Leader/manager development Cultural awareness & competence Digital literacy Data-informed decision-making & evaluation of performance	Participation rates and satisfaction Success stories	Improved leadership & management skills Service levels improved Staff satisfaction improved Appreciation of & active use of data, metrics & analytics for continuous improvement Increased % of workforce who identify as Aboriginal & Torres Strait Islander across all streams Increased stability & reduction in turnover	Open-mind, open heart; 'from me to we' Anticipation of future challenges & thriving in a complex & chaotic environment Evidence-based decision-making the norm TCHHS an employer of choice Improved workforce retention Increased % of workforce identify as Aboriginal & Torres Strait Islander Culturally welcoming & safe workplace
Growing the future workforce	Funding and staffing resources to support all activities	School to employment pathways • Work experience & school-based traineeships Scholarship programs & cadetships Apprenticeships All initiatives explicitly target Aboriginal & Torres Strait Islander students	Calendar of events Work experience program Participation rates of and satisfaction Completed traineeships Scholarship program established	Conversion to employee Increase in % of workforce who identify as Aboriginal & Torres Strait Islander	Programs valued & places sought after; TCHHS becomes the employer of choice, through genuine commitment enhanced pathways to employment, particularly for Aboriginal & Torres Strait Islander people
Recruiting for today & an uncertain future	Funding and staffing resources to support non-BAU activity New technology/digital platforms & use of AI	Effective & efficient processes & practices TCHHS employee value proposition (EVP) Onboarding	Effective, equitable & inclusive processes & practices New technology/digital platforms identified EVP identified, promoted & evaluated Onboarding & orientation program for all staff & all locations	Improved recruitment practices particularly in relation to equity & inclusion Effective use of technology & digital platforms Reduced time to hire	Increased acceptance rate Increase in % job applicants who identify as Aboriginal & Torres Strait Islander
Building and retaining an engaged & highly effective workforce	Funding and staffing resources to support non-BAU activity Career development program Succession planning framework Transition to retirement program WHS Cultural Safety	Staff satisfaction & engagement • Relationship with managers • Career development • Succession planning & transition to retirement Audits, compliance & psychosocial safety Cultural Safety Committee ToR	Career development program in place Increased participation in the staff survey WHS reported incidents, sick leave and Workcover claims Cultural Safety Committee established	Increase in job applicants Increased staff satisfaction Reduction in incident rates	TCHHS an employer of choice Improved workforce retention Culturally, psychosocially & physically safe workplace in which staff thrive, not just survive

Assumptions:
- The TCHHS Board & Executive are committed to implementing the workforce strategy & accept they are responsible & accountable for implementation & outcomes
- TCHHS Board & Executive will continue to build and present the case for changes to employment arrangements, service funding & delivery models
- Financial & human resources will be committed to support implementation
- Improving TCHHS management capability through a management competency framework for remote managers will lead to increased engagement, performance & effectiveness of existing employees & attract new employees, ultimately assuring the provision of safe, high-quality & sustainable health care
- Alignment with Qld Health strategies including HealthQ32, QH Workforce Strategy 2023-32 (yet to be released) and national health workforce strategies
- Alignment with the workforce priorities identified in the TCHHS Strategic Plan 2023-2027, Health Equity Strategy, Our Guiding Principles & Local Area Needs Assessment
- Alignment with the TCHHS Aboriginal & Torres Strait Islander Workforce Plan
- TCHHS Executive understands the principles of strategic human resource management & the contribution to overall HHS performance
- Availability of skilled staff to ensure a holistic approach to strategic workforce planning
- New (& existing) remote managers with TCHHS are vulnerable and need remote & contextualised support
- Leaders & managers are sufficiently self-aware of the need for and benefit of skills development
- Skills & capabilities exist within TCHHS to ensure a holistic and contemporary approach to strategic workforce planning and the relationship with clinical care
- Transition from clinician to manager with TCHHS is often unplanned

Barriers and enablers:
- Financial and human resources to support implementation
- Board & Executive appreciation of the need to consciously own, commit, accept responsibility & be held accountable for the implementation of the plan
- Alignment with TCHHS, Qld Health & national workforce strategies & plans
- Alignment with the TCHHS Aboriginal & Torres Strait Islander Workforce Plan
- Leader/manager self-awareness of the value of prioritising continuous development of their non-clinical management skills
- Evidence-based practice; use of research & analysis of data to identify need & support workforce related strategies & initiatives
- Appetite for risk & ability to work in a highly complex environment
- Collaborative & coordinated inter-portfolio/discipline initiatives activity

Torres and Cape Hospital and Health Service

Workforce Strategy Implementation Plan 2023-2026

Growing the future workforce

The importance of pipelines and pathways to employment were universally identified critical for TCHHS.

Many of the proposed actions are already in place, or scheduled to commence in 2023:
- School to employment pathways including work experience and school-based traineeship programs
- Relationships and collaboration with post-school education providers

Focus Area	Focus	Goal	Opportunity	Key actions	Target/Measure	End date	Responsibility
Growing the future workforce	Community engagement	Careers fairs, work experience/structured work placement programs & related activity	Offer opportunities for young people from the Torres and Cape to experience the range of careers and employment opportunities with TCHHS; explicit focus on Aboriginal & Torres Strait Islander student engagement & participation	Program/calendar of events developed Work experience and non-clinical structure work placements procedure established and implemented Work experience promotional materials developed	Increase in number of students participating in the work experience program Increased in number of students who participate that identify as Aboriginal and/or Torres Strait Islander		Executive Director Workforce and Engagement Director HR Services Manager Capability, Learning and Development
	Traineeships / Scholarships / Cadetships	School-based traineeship program	Provide training and employment opportunities for school students from the Torres & Cape, giving priority to Health Worker traineeships	Commitment of funds Supporting policy, procedure & processes developed Recruitment of SBT Coordinator Recruit SBTs	• Number of SBTs in the first round • Number of SBTs who complete • Number of SBTs who convert to employee • Number of participants who identify as Aboriginal and Torres Strait Islander		Executive Director Workforce and Engagement Director HR Services Manager Capability, Learning and Development
		Scholarship program	Encourage and support high school leavers and new graduates to enter employment with TCHHS	Feasibility study completed. If feasible, program established & implemented	Number of participants Number of participants who identify as Aboriginal and Torres Strait Islander Number who complete Number who convert to employee		Health Service Chief Executive Executive Director Workforce and Engagement
			Establish a scholarship program for existing employees (Board proposal)	Feasibility study completed. If feasible, program established & implemented	New initiative • Uptake • Completion rate Conversion to employee		Health Service Chief Executive Board Secretary
			Cadetship program • Nursing initially Scope others	Nursing • Progress models being explored & possible partnerships • Targeting Aboriginal & Torres Strait Islander 2nd year nursing students Others Completion of feasibility study & decision to proceed or otherwise	New initiative • Number of Cadets • Number who identify as Aboriginal & Torres Strait Islander • Number who complete • Number who convert to employee		Executive Director Nursing and Midwifery Services DoN Clinical Education
	Universities and VET providers	Clinical placements	Provide students with high quality clinical placements	Existing feedback and quality improvement processes reviewed Feedback & evaluation processes in place	Student satisfaction levels Staff satisfaction levels Number who convert to employee Retention		Executive Director Aboriginal and Torres Strait Islander Health Executive Director Allied Health Executive Director Medical Services Executive Director Nursing and Midwifery Services
		Education & training for rural & remote practice	Seek to influence clinical education for rural & remote practice through partnerships and engagement with education providers	Annual review of priority of this objective	Number of RTO's and Universities that are engaged with TCHHS		Executive Director Allied Health Executive Director Medical Services

Torres and Cape Hospital and Health Service

Workforce Strategy Implementation Plan 2023-2026

Recruiting for today and the changing world of work

As with 'Growing the future workforce', there is a significant amount of activity in this area, particularly in nursing, with opportunities to spread this to other portfolios and streams.

Feedback consistently identified the following as areas for improvement:
- Effective recruitment and selection processes and practices
- Onboarding and induction
- Collaboration and partnerships with other government agencies
- Blended workforce models

Focus Area	Focus	Goal	Opportunity	Key actions	Target/Measure	End date	Responsibility
Recruiting for today and the changing world of work	Contemporary Attraction and Recruitment Practices	Process & practice review	To ensure recruitment and selection practices are efficient and effective	Complete review Complete process redesign Cost of recruitment to a vacancy in TCHHS determined	Time to fill Manager satisfaction Accuracy of paperwork Clicks/views that convert to application		Executive Director Workforce and Engagement Director HR Services
		Employee value proposition (EVP)	Identify and promote TCHHS EVP as part of the overarching attraction, recruitment & retention strategy	Review & build on draft nursing EVP. (CHECK SHARYN) Research, consultation & development completed.	Increased number of applications Reduction in number of job offer rejections Increased retention		Executive Director Workforce and Engagement Director HR Services Nursing Director Operational Support
	Preparation for rural and remote isolated practice	Onboarding & induction Clinical Centralised Orientation & induction	Extend the existing nursing orientation & induction program to cover all new clinicians (perm, temp & casual/agency)	Funding secured to extend to include all new clinicians in extended orientation and induction program	Participation rate Participant satisfaction Supervisor satisfaction Retention rate Exit survey		Executive Director Nursing and Midwifery Services DoN Clinical Education
		Non-clinical staff orientation & induction	Effective orientation and induction of all new non-clinical staff	Review of existing process. Redesign and develop non-clinical orientation and induction process and accompanying resources	Participation rate Participant satisfaction Supervisor satisfaction Retention rate Exit survey		Executive Director Workforce and Engagement Director HR Services
	Collaboration & partnerships	Interagency collaboration	Seek opportunities to collaborate with NGOs and other government departments such as establishing partnerships with Universities and TAFE to offer targeted placements	Annual review of priority of this objective	Dependent on annual review		Executive Director Workforce and Engagement Director HR Services

Torres and Cape Hospital and Health Service

Workforce Strategy Implementation Plan 2023-2026

Building and retaining the existing workforce

People at different levels and in different streams across TCHHS recognised that focusing on recruitment will not address the challenges the HHS faces. Data from the Staff Survey was also used to inform the activity and associated actions in this focus area.

Focus Area	Focus	Goal	Opportunity	Key actions	Target/Measure	End date	Responsibility
Employee Satisfaction & Engagement	Career development	Performance & development plans	To ensure all staff regardless of stream have an appropriate PDP in place	Review existing process Supporting resources reviewed and redesigned as needed Information sessions for all staff. All staff have a PDP in place.	PDP completion rates SARAS approvals Participation in QH and Public Service Commission development programs AO, OO & CA program access Staff survey results Retention		Executive Director Workforce and Engagement Director HR Services
	Aboriginal & Torres Strait Islander employee career development	Career pathways for Health Workers	Progression through the Health Worker career pathway	Funding for positions to be allocated Funding for training to be allocated If approved, program developed Built into PDP process All Health Worker PDPs identify a realistic and achievable career pathway	Positions filled Health Worker satisfaction with career opportunities Retention Staff survey results		Executive Director Aboriginal and Torres Strait Islander Health Director Aboriginal & Torres Strait Islander Health Unit Manager Health Worker Services
			Professional development program to build capacity to work to full scope of practice	Program designed Program commenced Program embedded in BAU	Number of participants. Participant satisfaction. Line manager satisfaction. Turnover. Staff survey results		Executive Director Aboriginal and Torres Strait Islander Health Director Aboriginal & Torres Strait Islander Health Unit Manager Health Worker Services
			Career pathways into other streams and management	Built into PDP process All Health Worker PDPs identify a realistic and achievable career pathway	Number of participants Participant satisfaction Line manager satisfaction Turnover Staff survey results		Executive Director Aboriginal and Torres Strait Islander Health Director Aboriginal & Torres Strait Islander Health Unit Manager Health Worker Services
	Succession planning & transition to retirement	Succession planning	Ensure succession strategies and plans are in place for critical positions	Overarching succession plan in place Identify critical positions across all streams and disciplines Identify skills and capabilities needed Align with PDPs and initiate career conversations with potential successors	Reduction in critical vacancies		Executive Director Workforce and Engagement Director HR Services
		Transition to retirement	Effective transition to retirement strategy aligned with PDPs and succession planning An effective TTR strategy: - paves the way for individuals to progress - includes the continued benefit of staff knowledge and expertise, which can be harnessed to mentor younger employees	Transition to retirement program established	Number of participants Participant satisfaction Line manager satisfaction Turnover		Executive Director Workforce and Engagement Director HR Services

Focus Area	Focus	Goal	Opportunity	Key actions	Target/Measure	End date	Responsibility
Staff wellbeing	Work health & safety	WHS strategy	Develop a workforce strategy that addresses WHS from a systems perspective	Identification of critical success factors and associated responses Strategy & associated implementation plan	Reported incidents that relate to systems level concerns Staff survey results		Executive Director Workforce and Engagement Director Health Safety and Wellbeing and Injury Management
		Psychosocial safety	Ensure TCHHS is a workplace that satisfies the requirements of the Work Health and Safety (Psychosocial Risks) Amendment Regulation 2022 *Note, once this is completed, psycho-social safety is included with physical safety below*	Scope of 'problem' identified Education sessions designed Establishment of the TCHHS Wellbeing Committee Education sessions provided Monitoring, reporting and evaluation framework established Implementation of the TCHHS Wellbeing Framework 2020-2025 "We Care"	Legislative compliance Participant feedback Non-Workcover psycho-social incidents reported • Number • Nature Workcover (psycho-social related matters) • Formally reported • For noting Staff survey results Effectiveness & sustainability of Wellbeing Committee		Executive Director Workforce and Engagement Director Health Safety and Wellbeing and Injury Management
		Physical (& psycho-social) safety	Ensure all staff & line managers/PCBUs take full responsibility and are accountable for the health and safety of staff in their work area	Implementation of information/education program Identification of critical success factors, risks and associated responses Information and education program designed	Participant satisfaction Reported incidents Workcover • Formally reported & for noting • Cost of premium Staff survey results		Executive Director Workforce and Engagement Director Health Safety and Wellbeing and Injury Management
	Cultural safety	Cultural Safety Committee	Establish a cultural safety committee (to be discussed/consulted with ED ATSIH)	Cultural Safety Committee established Cultural Safety Committee ToR including measures of effectiveness Recruitment of members	Number of employees who identify as Aboriginals and Torres Strait Islanders (to be discussed/consulted with ED ATSIH)		Executive Director Aboriginal and Torres Strait Islander Health Executive Director Workforce and Engagement

Critical Enablers

Focus Area	Focus	Goal	Opportunity	Key actions	Target/Measure	End date	Responsibility
Critical enablers	Alignment of strategies & operational plans	Whole of TCHHS and portfolio strategies	Ensure alignment with - the TCHHS Strategic Plan - Health Equity Strategy 2022 - 2025 - Local Area Needs Assessment 2022 - 2025 (LANA) - Clinical Services Plan 2019 - 2029	Identification of references to workforce and associated implications in all TCHHS strategies Identification of overlap, gaps and any duplicated effort, and appropriate action taken	All existing and future TCHHS-wide and portfolio related TCHHS strategies are aligned and explicitly consider each other in their development and reporting All strategies collectively contribute to the realisation of the overarching TCHHS strategy Removal of silos and increase in collaboration		Health Service Chief Executive Executive Director Strategy and Investment
		Coordination and collaboration across portfolios	Collaboration and coordination of all workforce activity and initiatives across portfolios and clinical streams	Learning and Development Advisory Group Operational Identification of roles responsible for or include a significant workforce component i.e., clinical educators, learning and development Education programs open to staff across streams	Visibility of all workforce-related development activity Reduction in duplication of effort Inter-portfolio and inter-discipline collaboration established as a business norm		Executive Director Workforce and Engagement Manager Capability, Learning & Development Allied Health Clinical Educator Health Worker Educator Nurse Education TCHHS L&D Team
		Operational planning alignment	Portfolio and team operational plans explicitly include and report on activity that contributes to the realisation of the workforce strategy	Operational planning activity commenced across all portfolio areas All plans explicitly include measures relating to the workforce strategy	Whole of executive ownership and acceptance of strategic responsibilities and accountabilities, and active engagement in the implementation of the workforce strategy		Executive Director Strategy and Investment
	Senior/middle/frontline managers	Manager development program	Build manager confidence and competence in all non-clinical areas of responsibility Planned and coordinated leadership development program implemented Program includes a mentoring arrangement	Funding secured Agreement on use of ACHSM competency framework Competency-based TNA completed Program designed Mentors identified & assigned	Number of employees completing the program Participant satisfaction Board satisfaction Alignment with PDPs Turnover rate Exit survey data Grievance & dispute rates Staff survey results Cohesive leadership, and members are active custodians of organisational culture, guiding and governing TCHHS in the desired strategic direction Continuous improvement in Staff survey results results for executives		Executive Director Workforce and Engagement Manager Capability, Learning & Development

Critical skills and capabilities

Focus Area	Focus	Goal	Opportunity	Key actions	Target/Measure	End date	Responsibility
Critical skills and capabilities	Aboriginal & Torres Strait Islander workforce development	Aboriginal & Torres Strait Islander leadership development program (to be discussed/consulted with ED ATSIH)	Targeted program as an additional component to the management development program above for current and aspiring Aboriginal & Torres Strait Islander managers Complimentary content addressing specific challenges faced by Aboriginal and Torres Strait Islander managers provided in a culturally safe and appropriate environment Program includes a mentoring arrangement Note: this is opt-in for those who feel it is of benefit	Targeted Aboriginal & Torres Strait Islander manager development program implemented Funding secured Competency framework identified TNA completed Program designed Mentors identified and assigned	Aboriginal & Torres Strait Islander managers are confident to fulfill their role when working with non-Indigenous colleagues and members of the community Number of people who complete the program Participant satisfaction Line manager satisfaction Increase in number of Aboriginal & Torres Strait Islander people in non-identified management/leadership positions Alignment with PDPs Turnover rate Exit survey data Staff survey results		Executive Director Aboriginal and Torres Strait Islander Health Executive Director Workforce and Engagement
		Aboriginal & Torres Strait Islander Health Worker and Health Practitioner career development program (to be discussed/consulted with ED ATSIH)	Career development for all Health Workers and Health Practitioners who want to pursue a clinical career pathway Provision of education and professional development to continually enhance clinical practice and advance to senior clinical levels o Clinical capability o Career progression through formal qualifications Realise intent of Aboriginal & Torres Strait Islander Workforce Strategy	Clinical career development program in place Enrolment in and commence formal training Training needs analysis Formalise and include in PDPs Ensure courses, funding and support arrangements in place for formal training	Number of people who complete the program Participant satisfaction Line manager satisfaction Evidence of career progression Alignment with PDPs Turnover rate Exit survey data Staff survey results		Executive Director Aboriginal and Torres Strait Islander Health Executive Director Workforce and Engagement Manager Health Worker Services
	Cultural Safety	Cultural awareness and competence program (to be discussed/consulted with ED ATSIH)	Actively support the delivery and continuous review of the TCHHS Cultural Practice Program Review of cultural capability framework to ensure alignment and fitness for purpose Ensure this continues and is contextualised to the local community when orienting staff who have not worked in that community before	Program is highly rated and valued by all participants Inclusive, culturally competent, and safe workplace TCHHS seen as an employer of choice for Aboriginal & Torres Strait Islander people across all streams/disciplines and levels Staff survey results	Target for 2023 is 85% completion Staff survey results		Executive Director Aboriginal and Torres Strait Islander Health Director Aboriginal and Torres Strait Islander Health

Torres and Cape Hospital and Health Service

Workforce Strategy Implementation Plan 2023-2026

Focus Area	Focus	Goal	Opportunity	Key actions	Target/Measure	End date	Responsibility
Critical skills and capabilities	Cultural Safety	Cultural Safety Training (to be discussed/consulted with ED ATSIH)	Actively support the delivery of Cultural Safety Training\n\nShared appreciation of the many ways people defines and experience cultural safety\n\nEnsure this continues when orienting staff who have not worked in that community before	Definition and scope of program determined\nFunding secured\nContent determined\nProgram designed and implemented	Target for 2023/24 is 85% completion\n\nProgram is highly rated and valued by all participants\n\nTCHHS seen as an employer of choice for Aboriginal & Torres Strait Islander people across all streams/disciplines and levels		Executive Director Aboriginal and Torres Strait Islander Health\n\nDirector Aboriginal and Torres Strait Islander Health
	Digital literacy	Digital literacy & competence program (to be discussed/consulted with EDFIDS)	Increase digital literacy and competence for all levels, streams/disciplines\nIncreased access to all TCHHS staff to appropriate technical equipment to support increased digital literacy\n\nAll levels of digital literacy & competence:\n• Software\n• Sourcing, gathering, and using data	Definition and scope of program determined\nFunding secured\nContent determined\nProgram design\nAll facilities to have access to computer workstations that are set up to enable staff to access computers and complete Teams training\nTCHHS-wide definition of digital literacy\nProgram implemented	Number of people who complete the program\nParticipant satisfaction\nLine manager satisfaction\nIncreased use of full MS Teams functionality across TCHHS\nIncreased awareness of and ability to use technology and maximise the benefits of digital ways of working		Executive Director Finance, Information and Digital Systems
		Data-informed decision-making and evaluation of performance (to be discussed/consulted with EDFIDS)	Increase skills and capabilities in the use of data, metrics and analytics to support decision-making and evaluation of portfolio and whole of TCHHS performance\n\nBusiness analysis capability\n• Understanding value of metrics and analytics\nAbility to identify, extract and use data to support decision-making and evaluation of performance	Definition and scope of program determined\nFunding secured\nSubject matter expert sourced (within QH or external)\nContent determined\nProgram design\nDevelopment program implemented	Number of people who complete the program\nParticipant satisfaction\nLine manager satisfaction		Executive Director Finance, Information and Digital Systems

Focus ONE: Fair and inclusive practices.

Goal:	Opportunity:	
Establish Torres and Cape as an employer of choice and meet workforce expectations from attraction through to employment.	Review and update the Torres and Cape recruitment processes to remove barriers for people in diversity target groups.	
	Implement simplified and contemporary attraction approaches including exploring non-traditional pipelines to access talent from diversity groups.	
	Create new opportunities for the sustainable employment of people from diversity target groups.	
Key Action:	**Responsible Owner:**	**Completion:**
1. Update Recruitment and Selection training to reflect the new changes from the directive 07/23	WE Recruitment Services	JUNE 2024
2. Educate all Hiring Manager on the new changes including how to address potential for bias and barries in recruitment selection processes	WE Recruitment Service	JUNE 2024
3. Update the role description template to reflect DEI workplace, included diversity and inclusion statements in RD's	WE Recruitment Services	MARCH 2024
4. Facilitate and promote successful traineeships	WE L&D	JANUARY 2024
5. Promote the Torres and Cape as a diverse and inclusive employer by connecting to external networks to partner and offer opportunity for employment.	DEI steering committee	JANUARY 2024

KEY ACTIONS what do they look like:

1&2 From JAN – JUN 2024 increase R&S training delivering two per month one being a refresher and the other full recruitment and selection training possible consider including F2F. Also, FEB & MAR Friday Sessions talking about all thing's recruitment – Biases & Barriers.

3. Review and update template have input DEI steering committee from and relevant departmental leads. Already working with NM Workforce.

4. Appointed new traineeship coordinator, trainees ready to start January 2024

5. Look locally at external service employment agency to open discussion around support workers via atWork Australia etc. Connecting with internal QH departments like Metro North who have engage with external agency to create employment opportunities. Work with MyPathways inform them of opportunities. Promote internal LGBTIQA+ employee network group and others.

#actionsspeaklouderthanwords

COURAGE   ACCOUNTABILITY   RESPECT   ENGAGE

Queensland Government

Focus TWO: Valuing our people.

Goal:	Opportunity:	
Build inclusive workplace cultures that support workforce flexibility and wellbeing.	Develop and implement an employee health and wellbeing framework to ensure employee health and wellbeing is prioritised.	
	Provide training and support for leaders and managers on flexibility in the workplace.	
	Build diversity, inclusion and respect in the workplace and improve the collection of diversity data.	

Key Action:	Responsible Owner:	Completion:
1. Publish a Mental Health and Wellbeing Framework.	WE WHS	MARCH 2024
2. Review Special Leave policy.	WE Employment Relations	JUNE 2024
3. Implement a campaign to increase diversity data completion rates.	DEI steering committee	JUNE 2024
4. Review insights from employee engagement surveys to inform diversity and inclusion initiatives.	DEI steering committee	JUNE 2024
5. Develop future plan for Employee Reference groups.	WE Recruitment Service	JANUARY 2024

KEY ACTIONS what do they look like:

1 Marisa Elkington currently working on the Well-being and wellness framework.
2 Explore the opportunity to have leave entitlements for foster leave, gender affirmation leave and traditional adoption leave.
3 Create a survey to all staff with suggestion, educate LM managers on you their staff should update their diversity date (email)… Spotlights…. WETALK…. Broadcast……
4 Committee to investigate data from both MyHR and Working for Queensland Survey 22/23.
5 Complete an EOI for membership, group to discuss what membership looks like.

#actionsspeaklouderthanwords

COURAGE   ACCOUNTABILITY   RESPECT   ENGAGE

Queensland Government

Focus THREE: Valuing our people.

Goal:	Opportunity:
Strengthen Torres and Cape commitment to Diversity, Equity and Inclusion and strengthen career develop opportunities for all.

~~Strengthen leadership and career development opportunities.~~ ~~Strengthen Queensland Health commitment to Diversity and Inclusion.~~ | ~~Develop and implement an Executive Development program for senior executives.~~ |
| | Develop and grow leadership capability through the implementation of leadership development programs. |
| | Create a Diversity and Inclusion Executive Leadership Team steering committee. |

Key Action:	Responsible Owner:	Completion:
1. Include Diversity and Inclusion topics and content in development programs, existing and new.	WE L&D	JUNE 2024
2. Develop plan and terms of reference for DEI ~~Executive Leadership Team steering committee.~~	WE Recruitment Services & WE ER	JANUARY 2024
3. Publish Torres and Cape Diversity, Equity and Inclusion Statement of Commitment and Diversity targets.	DEI Working Group	JANUARY 2024
4. Allyship program ??		
5.		

KEY ACTIONS what do they look like:

1   Working with learning and development to identified where quick wins can be made around including DEI content.

2   More discussion – is this action item best place here.

3   Creation from working group. See team's site.

#actionsspeaklouderthanwords

Focus FOUR: Capability development.

Goal:	Opportunity:	
Enhance workforce capability and support continuous learning and development.	Develop pathways for career development to increase workforce participation and engagement and ensure equitable access to these Pathways.	
	Get proactive about DEI training	
Key Action:		
1. Publish learning resources on the DEI TCHHS QHEPS page	WE Recruitment Services	JUNE 2024
2. Publish online self-paced diversity and inclusion training modules.	DEI Steering Committee	JUNE 2024
3. Deliver LGBTIQ+ and Disability awareness sessions.	DEI Steering Committee and WE L&D	JUNE 2024
4.		
5.		

KEY ACTIONS what do they look like:

1. Work with Emma Pawsey-Webb Online Information Officer to create DEI webpage. Using reference tools like LGBTIQA+ terminology, language, and communications guide.

2. Selected/choose existing online training packages to promote a better understanding of all priority groups including overall awareness of DEI.

3. Use current platforms like "Fruitful Fridays" / Weekly Broadcast / WETALK to promote and incorporate awareness sessions.

#actionsspeaklouderthanwords

COURAGE   ACCOUNTABILITY   RESPECT   ENGAGE

Queensland Government

Employee Accommodation

1.   Policy statement

The Torres and Cape Hospital and Health Service (TCHHS) is committed to consistent and equitable allocation of employee accommodation by establishing this Localised Policy (Policy) and associated Procedure. This Policy and associated Procedure will cover the eligibility, allocation, maintenance, and management requirements for all aspects of the provision of employee accommodation.

This policy is in accordance with:
- Queensland Health Real Property Management Policy and associated Standard.
- Queensland Health Human Resources Policy D5 – Accommodation assistance – Rural and remote incentive.
- Queensland Health Policies and Procedures concerning employee accommodation and awards.
- *Residential Tenancies and Rooming Accommodation Act 2008.*
- Residential Tenancies and Rooming Accommodation Regulation 2009.

2.   Principles

The TCHHS will apply the following key principles:

- To provide safe, comfortable, and quality accommodation to eligible employees of the TCHHS.
- To recognise the efforts of staff working in rural and remote environments.
- To meet with the recruitment and retention strategy in attracting and retaining staff with the required skills and qualifications dictated by service delivery and organisational needs.
- To ensure the accommodation allocation is undertaken with integrity, ensuring equitable principles and transparent conditions for all the TCHHS employees through a process of consultation and co-operation.
- Ensure public funds are expended efficiently and effectively.
- To comply with all relevant legislation, policies, and procedures.

3.   Scope

This Policy and associated Procedure applies to all full-time employees (permanent and temporary) working in the TCHHS. Also, organisations and individuals acting as its agents (including visiting clinicians, other partners, contractors, consultants, and volunteers).

Accommodation that is offered under Directive 01/23 Domestic Travelling and Relieving Expenses is excluded from this Policy.

In all aspects, current tenants will be subject to the terms of this Policy and associated Procedure with appropriate notice periods given.

Queensland Government

4. Content of this policy

4.1 Residential Tenancies Act and Agreements

The *Residential Tenancies and Rooming Accommodation Act 2008* (RTRA Act) is the governing legislation for the efficient and effective administration of all the TCHHS employee accommodation. This Policy aligns to the RTRA Act and the Residential Tenancies and Rooming Accommodation Regulation 2009.

All employees occupying accommodation provided by the TCHHS will be required to enter into a tenancy agreement. The employee becomes a TCHHS tenant, and the tenancy is governed by the RTRA Act.

4.2 Eligibility and accommodation assistance for employees

The TCHHS recognises that employee accommodation is key to attracting and retaining employees to the health service. Employee accommodation will be provided for eligible employees, availability permitting, in accordance with an award or administrative entitlement, a rural and remote incentive or a discretionary attraction incentive to meet operational requirements.

The following Human Resources (HR) policies relate to the provision of accommodation within the various streams of employment:

- HR policy C2 Rural and Remote Incentive Package
- HR policy D2 Travelling and Living Expenses
- HR policy D5 Accommodation Assistance – Rural and Remote Incentive
- HR policy D6 Meals and Accommodation – Other than Medical Officers
- HR policy D9 Senior medical officers in country areas
- IRM 2.2-5 Board and Lodging – Resident Medical Officers
- IRM 2.7-4 Terms and Conditions of Employment – Medical Superintendents with Right of Private & Medical Officers with Right of Private Practice
- IRM 2.7-5 Terms and Conditions of Employment – Resident Medical Officers Non-Award

In compliance with the Queensland Health HR Policy – D5 Accommodation assistance – Rural and remote incentive and C31 – Aboriginal and Torres Strait Islander health workers – Special Allowance. For eligible employees, the TCHHS will implement the following accommodation assistance options:

- When Queensland Health accommodation is provided, the accommodation charge is to be waived for a period of up to 17 months from the date of commencing duty at the centre or facility[1].

or

- When commercial rental accommodation is accessed, from 1 June 2002 an amount of $82.50 per week is to be paid for a period of up to 17 months from the date of commencing duty at the centre or facility. A rental agreement is required as evidence of commercially accessed accommodation.

or

- A special allowance is payable to eligible Aboriginal and Torres Strait Islander health workers who:

---

[1] The accommodation charge being waived for a period of up to 17 months does not re-start if you move residences or regions within TCHHS.

- o Do not qualify for an entitlement in accordance with Queensland Health HR Policy – D5 Accommodation assistance – Rural and remote incentive
- o Do not receive a locality allowance in accordance with Department of Health HR Policy C15 - Allowances. The special allowance amount from 1 September 2013 is $77.32 per fortnight.

This policy does not affect the application of the HR policy C2 Rural and Remote Incentive Package – Registered Nurses (Remote Area Nursing Incentive Package - RANIP).

The TCHHS Chief Executive (TCHHS CE) (or nominated delegate as per HR Delegations Manual) has the discretion to extend the period of accommodation assistance having regard to recruitment and retention issues. However, it is expected that in the majority of cases once the 17-month period has ended the employee will lose the entitlement of commercial rental accommodation assistance allowance, the employee will commence paying the rental charge applicable at the time or find their own accommodation.

Additional information can be found in the Employee Accommodation Procedure.

4.3 Ineligibility for employee accommodation

The TCHHS will not provide accommodation to employees who:

- Are casual staff or part-time less than 0.8 FTE.
- Were recruited from and already living in the community.
- Either they or their de facto partner own a private dwelling within fifty (50) kilometres of the employment centre or facility.
- Already have access to public or private accommodation through other organisations such as public accommodation or community housing.

Have had a change in circumstances and no longer meet the eligibility criteria. Employees that elect of their own volition to reside in their own/alternative accommodation where TCHHS accommodation is available, will not receive any compensation and may not be guaranteed future access to employee accommodation in that location.

Where employees are not entitled to an allocation of employee accommodation or accommodation assistance, the TCHHS CE may exercise discretionary power to approve circumstances that are not within the scope of this Policy and associated Procedure, including consideration of accommodation related to part-time positions, temporary staff or visiting staff.

Where the TCHHS CE (or nominated delegate as per HR Delegations Manual) provides discretionary approvals for an employee to reside in employee accommodation outside of the eligibility criteria this will be for a defined period of time up to 12 months and reviewed prior to the completion of the time period. Where the decision is made to no longer support the provision of employee accommodation, a notice period of at least 3 months will be provided to the employee to allow them to find alternative accommodation or make alternative arrangements.

Additional information can be found in the Employee Accommodation Procedure.

4.4 Allocation

Due to the complex nature of employee accommodation, it is necessary for the TCHHS to have sufficient flexibility in the allocation of accommodation to meet the varying needs of the health service and its employees, ensuring adherence to fair and equitable principles. Accommodation stock within the TCHHS varies in type, design and standard.

The Queensland Health Real Property Management Policy and associated Standard is the overriding policy directive with regard to accommodation allocation.

The TCHHS will apply the following key principles to each allocation:

- To notify the availability of suitable accommodation at the time of the request including notification to both line manager and employee of possible delay in availability.
- To prioritise the position's impact on service delivery; first consideration will be to maintain frontline services.
- To review the employee's immediate family needs, including:
    - partner
    - number of dependents, including any special needs
- To arrange, where possible, employment types together, i.e., permanent with permanent employees, short term with short term employees and similar streams, positions, e.g. nurses with nurses.
- To consider the position's shift arrangements (if applicable).
- To ensure that line managers will not be allocated accommodation together with direct reporting employees; and
- To provide families with accommodation in houses, where possible.

The TCHHS will endeavour to provide employee accommodation for the duration of the eligible employee's employment. However, the allocation of employee accommodation at the commencement of employment does not guarantee a permanent entitlement to that accommodation or the type of accommodation. Employees may be required to leave or relocate to another accommodation type due to requirements that may include but is not limited to:

- Change in demand for types of accommodation.
- The availability of accommodation stock.
- The affordability of private lease arrangements.
- Change in employee's circumstances.
- Extended periods of leave.

4.4.1 Stock

4.4.1.1 Quarters

Single staff/temporary staff or staff with a requirement to be close to the hospital may be allocated quarters style accommodation, or at a minimum will be allocated a bedroom and sole use of a bathroom, depending on accommodation stock availability.

4.4.1.2 Sole Use – Houses/Units/Duplexes

Houses are generally provided to employees with a family (i.e. partner and dependents). These are either designated two, three, or four bedrooms depending on the composition of the employee's family. Where possible, one-bedroom units/duplexes are used to cater for couples without dependants.

4.4.1.3 Shared Tenancies

Shared accommodation for single and temporary employees where quarters style accommodation is not available.

4.4.1.4. On-campus accommodation

On-campus staff accommodations are generally prioritised to accommodate employees who are rostered on shift work or who are rostered on call.

4.5 Involved costs and responsibilities

All costs and responsibilities will be detailed within the Employee Accommodation Procedure.

4.6 Provision of furniture

The TCHHS will supply all owned and leased accommodation with furniture and white goods unless the tenant agrees to relocate their own furniture. The tenant must inform the Housing Officer, with adequate notice, if they are bringing their own furniture. This will allow time to facilitate the removal/storage of existing TCHHS owned furniture. All furniture and white goods provided by the TCHHS will be subject to stocktake. Additional information can be found in the Employee Accommodation Procedure.

4.7 Changes in circumstances

If an employee has a change in circumstances or employment terms and conditions outside of their Letter of Offer, the matter will be referred to the delegate via the Housing Officer for a decision to ensure consistency with the Localised Employee accommodation Policy and this Procedure. Examples including, but not limited to, the following:

- Employees are not automatically entitled to an upgrade of accommodation when personal circumstances change e.g. due to a new partner or new children. However, employees may request a change in accommodation allocation by submitting a Change of Circumstances form (Appendix 4), setting out their change of circumstances and their new accommodation requirement to their Housing Officer within 28 calendar days of the change taking place. Any change in accommodation granted will be made in line with the Employee Accommodation Policy and this Procedure.

- Where there has been a change of circumstances e.g. the number of family occupying the tenancy due to separation or a change to dependants' status, the employee must complete the Change of Circumstances form and submit to the Housing Officer within 28 calendar days of the change taking place. Please note, this may result in a change of allocation.

- If an employee, or a de facto partner of an employee purchases a private dwelling within fifty (50) kilometres of the centre or facility whilst the employee is being provided with subsidised accommodation, they must notify the delegate via the Housing Officer within one month of the purchase.

- In situ tenants must also notify the delegate via the Housing Officer within one month of the commencement of this Policy if they or their de facto partner owns a private dwelling within fifty (50) kilometres of the employment centre or facility. The employee will be required to show cause why their tenancy should not be terminated within thirty (30) days of the notice in writing. If this is not accomplished, disciplinary action may occur.

- Changes in circumstances will not automatically mean you are eligible for a change in accommodation. It may result in no change, or there may be a property better suited to your circumstances. In instances where you are no longer eligible for accommodation, adequate notice will be provided to seek alternate accommodation.

4.8 Code of conduct

All tenants must at all times adhere to the Queensland Government Code of Conduct. Inappropriate behaviour by tenants should be reported to their Line Manager and Housing Officer.

4.9 Breach of policy

Any breach of the Localised TCHHS Employee Accommodation Policy and Procedure may result in the loss of entitlement to the provision of employee accommodation benefits. The decision to withdraw the entitlement will be at the discretion of the TCHHS CE and in line with the RTRA Act.

5. Disclaimer

Any changes to the RTRA Act will override any information contented within this Policy until an updated version is produced.

6. Responsibilities

Position	Responsibility
Executive Management Team	Endorses the Policy and any subsequent amendments.
Chief Executive	Approves the Policy and any subsequent amendments.
Executive General Manager – North and South	Ensures the implementation and the management of this Policy.
Executive Director Workforce and Engagement	Monitors the effectiveness of this Policy. Ensures this Policy and its supporting Procedure are included in the employee handbook and orientation package.
Corporate Services Director/Manager (Delegate for the purpose of this Policy)	Work with the Executive General Managers/Executive Directors to promote the intent and principles of the Policy and its supporting procedures within the TCHHS to ensure achievement of the policy objectives.
Facility Managers/Coordinators	Work with the Corporate Services Director/Manager to promote the intent and principles of the Policy and its supporting procedures within the TCHHS to ensure achievement of the policy objectives.
Housing Officers	Operationalises the management of employee accommodation in accordance with this Policy and its supporting procedures. Escalates cases to the Facility Managers/Coordinators and/or Corporate Services Director/Manager, as appropriate.
Line managers	Adhere to localised arrangements for the application of accommodation for their employees and work with the housing officer/Facility Coordinator/Operations Manager to ensure employees comply with the *Residential Tenancies and Rooming Act 2008*, Queensland Health Real Property Leases, Licences and Third-party Agreements, this Policy, and its supporting Procedure.

Position	Responsibility
Tenant (employee)	Ensures compliance with the *Residential Tenancies and Rooming Act 2008*, Queensland Health Real Property Leases, Licences and Third-party Agreements, this Policy, and its supporting Procedure.

7. Supporting documents

7.1 Legislation / standard (s)

Residential Tenancies and Rooming Accommodation Act 2008

Residential Tenancies and Rooming Regulation 2009

Fire and Emergency Services Act 1990

7.2 Other procedures, process flows and guidelines

Employee Accommodation Procedure

7.3 Forms and templates

All forms and templates are documented in the Employee Accommodation Procedure.

8. Related documents

The TCHHS Employee Accommodation Procedure

Medical Officers (Queensland Health) Award - State 2015

Nurses and Midwifes (Queensland Health) Aware – State 2015

Hospital and Health Service General Employees (Queensland Health) Award – State 2015

Health Practitioners and Dental Officers (Queensland Health) Award – State 2015

QH-IMP-353-3:2015 DH Standard – Real property leases, licences and third-party agreements 2015

C2 (QH-POL-217) Remote Area Nursing Incentive Package (RANIP)

C15 (QH-POL-099) Department of Health, HR Policy - Allowances

C31 (QH-POL-93) Aboriginal and Torres Strait Islander health workers – Special allowance

D2 (QH-POL-157) Travelling, relieving, and living expenses

D4 (QH-POL-245) Transfer and Appointment Expenses

D5 (QH-POL-096) Accommodation assistance – Rural and remote incentive 2020

D6 (QH-POL-169) Meals and Accommodation – Other Than Medical Employees

D7 (QH-Pol-156) Installation in Residences of Telecommunications Equipment - Medical

D8 (QH-Pol-448) Resident Medical Officers on Secondment or Rotation

D9 (QH-POL-446) Accommodation – Senior Medical Officers in Country Areas

IRM 2.2-5 Board and Lodging – Resident Medical Officers

IRM 2.7-4 Terms and Conditions of Employment – Medical Superintendents with Right of Private & Medical Officers with Right of Private Practice

IRM 2.7-5 Terms and Conditions of Employment – Resident Medical Officers Non-Award

Directive No.9/11 – Domestic travelling and relieving expenses 2011

Directive No.11/11 – Transfer and Appointment Expenses 2011

QH-POL-353:2015 Real Property Management

QH Employee Housing Design Standards and Guidelines 2009

Code of Conduct for the Queensland Public Service 2011

QH Government Employee Housing Management Framework

Individual Employment Contracts

9. Definition of terms

Term	Definition / explanation / details	Source
Agent (s)	A person who acts on behalf of another	
Dental Officers	Dentists	
Dependents	A dependent child (employee's/partner's child, stepchild, adopted/culturally adoption, foster child, brother or sister) who is: under 21 years old, or 21 to 24 years old and a full-time student who resides with the employee for at least 50% of the year (excluding time spent at boarding school or other educational facility) and receives less than the minimum award wage percentage for person under the age of 18. Or any age and totally and permanently disabled. Any other persons will be considered outside of this Policy and the tenant should follow the process in the Employee Accommodation Procedure to seek approval.	
Delegate	The delegate is the relevant Corporate Services Director/Manager. As described in the HR Delegations Manual.	
DoH	Department of Health	

Term	Definition / explanation / details	Source
Full time	For this Policy full time staff are defined as 0.8 FTE and above	
TCHHS	Torres and Cape Hospital and Health Service	
Medical Officers	Directors of Medical Services, Senior Medical Officers, Medical Staff Specialists, Resident Medical Officers, Visiting Medical Officers, External LOCUMS.	
Nurse/Midwife	Nursing & Midwifery Officers Grade 3 to Grade 12	
Partner	A person is your partner if you and the person are living together or usually living together and are: • Married • In a registered relationship (opposite sex or same-sex) or • In a de facto relationship A person is in de facto relationship with another person if: (a) the persons are not legally married to each other; and (b) the persons are not related by family; and (c) having regard to all the circumstances of their relationship, they have a genuine relationship that has been registered with the appropriate TCHHS Housing Management team for a minimum period of 12 months[2]; or (e) The relationship is registered per the rules of the State or Territory	
Shared accommodation	Shared tenancy arrangements may apply to single, no partner, no dependents employees unless a specific award entitlement or employment contract makes provision otherwise, and where no quarters style accommodation is available.	

---

[2] Following the completion of the 12 months period then the tenant must follow the change of circumstances process in the Employee Accommodation Procedure. Changes in circumstances will not automatically mean eligibility for a change in accommodation.

Term	Definition / explanation / details	Source
Temporary Employee	An employee who is based at a location on a temporary contract.	

10. Consultation

- TCHHS Chief Executive
- TCHHS Executive Management Team
- Corporate Services Director/Manager
- Facilities Manager/Coordinators
- Housing Officers
- Queensland Nurses and Midwifery Union
- Together Union
- Australian Workers Union
- United Workers Voice
- Construction, Forestry, Mining and Energy Union
- Electrical Trades Union
- Plumbers Union
- Australian Manufacturing Workers Union
- Legal Services – Workplace Law Team, Crown Law, Queensland Government

11. Approval governance pathway

11.1 Document author

The following officer is the author of this policy

- Project Manager (Accommodation), Asset Management

11.2 Document custodian

The following officer will have responsibility for implementation of this policy

- Executive Director, Workforce and Engagement

11.3 Endorsing committee/position

The following committee/officer will have responsibility for implementation of this policy

- TCHHS Executive Leadership Forum

11.4 Approving officer

The following officer has approved this document

- Health Service Chief Executive

Signature: _____ Date: _____

12. Effective dates

Schedule	Dates
Approval date	
Effective from	
Next date of review	
Superseded policy	Housing Allocation (26 March 2015)

13. Version control

Version	Date	Prepared by	Comments
0.1	04/01/2022	Lynsey Haaren-Shaw	First draft
0.2	14/01/2022	Lynsey Haaren-Shaw	Second draft
0.3	13/07/2022	Lynsey Haaren-Shaw	Third draft
0.4	9/08/2022	Lynsey Haaren-Shaw	Fourth draft
0.5	14/02/2023	Lynsey Haaren-Shaw	Fifth draft
0.6	10/03/2023	Lynsey Haaren-Shaw	Sixth draft
0.7	06/04/2023	Lynsey Haaren-Shaw	Document custodian reviews finished version
1.0			Approved by Executive Director

14. Evaluation strategy

Strategy	Evaluation
Risk	Consequence rating - Moderate Likelihood rating – Unlikely Overall risk rating – Medium 12
Audit strategy	Housing officers to review and monitor operational factors and provide feedback and recommendations to Executive General Managers, North and South and Executive Director, Workforce and Engagement on an on-going basis. Executive General Managers, North and South and Executive Director, Workforce and Engagement to ensure the policy is reviewed on an annual basis.
Audit tool attached	No
Audit frequency	Annually

Strategy	Evaluation
Audit responsibility	Housing Officers
Indicators/Outcomes	Number of complaints received from employees. Disruption to the efficiency and effectiveness of operational services. Unsafe staffing levels. Impact on budget/finances.

15. Document communication and implementation plan

Action	Responsible position
Identify the target group • All TCHHS employees eligible for employee accommodation or accommodation assistance.	Executive General Managers, North and South and Executive Director, Workforce and Engagement
Provide a timeline for communication and implementation milestones • Notice periods in line with RTRA Act.	Executive General Managers, North and South and Executive Director, Workforce and Engagement
Identify method of communication • It is recommended that a phased implementation of the Policy should be introduced for current eligible employees. • New staff will be advised at the time of recruitment selection.	Executive General Managers, North and South and Executive Director, Workforce and Engagement
List education and training available to support implementation • During this period, as a responsible employer, the TCHHS will provide staff education on the efficient management of electricity consumption together with a program of checking the efficient operation of air conditioners and other significant electricity consuming equipment and installations.	Housing Officers
Identify frequency of communication • As required.	Executive General Managers, North and South and Executive Director, Workforce and Engagement/Housing Officers

16. Appendices

Appendix 1 – Previous Allocations Outside of Policy

17. References

N/A

Appendix 1

Previous Allocations Outside of Policy

All allocations of accommodation that were approved outside of the Housing Allocation Policy (TCHHS-P&C-1-POL-0223) effective from 26 March 2015 are null and void from the approval date and commencement of this Policy and associated Procedure. If the allocation is still required, then the appropriate manager should follow the process detailed in the Employee Accommodation Procedure under 3.1 Ineligibility for employee accommodation section.

TCHHS Localised Procedure

TCHHS-[ ]-[ ]-[ ]-[ ]

Employee Accommodation

Printed copies are uncontrolled

1. Purpose

The purpose of this Procedure is to establish a consistent and equitable process for the determination of individual entitlement and approval processes for the provision of the Torres and Cape Hospital and Health Service (TCHHS) employee accommodation. Also, to describe the processes required for the management and administration of TCHHS employee's accommodation in a manner that is consistent with:

- The TCHHS Employee Accommodation Policy
- Queensland Health Real Property Management Policy and associated Standard.
- Queensland Health Human Resources Policy D5 – Accommodation assistance – Rural and remote incentive.
- Queensland Health Policies and Procedures concerning employee accommodation and awards.
- *Residential Tenancies and Rooming Accommodation Act 2008* (RTRA Act)
- Residential Tenancies and Rooming Accommodation Regulation 2009

This document is underpinned by a number of standards, legislation and policy that are identified within this document.

2. Scope

This Procedure applies to all TCHHS full-time employees (permanent and temporary) working in the TCHHS and all individuals acting as its agents (including visiting clinicians, other partners, contractors, consultants, and volunteers).

In all aspects, current tenants will be subject to the terms of this Procedure (unless noted in the body of this Procedure) with appropriate notice periods given.

3. Procedure

3.1 Ineligibility for employee accommodation

The TCHHS employee accommodation will not be available to employees who:

- Are casual staff or part-time less than 0.8 FTE.
- Were recruited from and already living in the community.
- Either they or their de facto partner own a private dwelling within fifty (50) kilometres of the employment centre or facility.
- Already have access to public or private housing through other organisations such as public housing or community housing.
- Have a change in circumstances and no longer meet the eligibility criteria, further information is detailed at 3.2.4 of this Procedure.

Employees that elect of their own volition to reside in their own/alternate accommodation where TCHHS accommodation is available, will not receive any compensation and may not be guaranteed future access to employee accommodation in that location.

Where employees are not entitled to an allocation of employee accommodation or accommodation assistance, Torres and Cape Hospital and Health Service Chief Executive (TCHHS CE) may exercise discretionary power to approve circumstances that are not within the scope of this Procedure and associated Policies, including consideration of accommodation related to part-time positions, temporary staff or visiting staff.

In this instance, a Discretionary Accommodation Brief (Appendix 1) must be completed by the line manager. The line manager will then escalate the brief as appropriate through the management

pathway to the Portfolio Executive Director for approval. The Executive Directors office will then submit to the TCHHS CE for review. The respond timeframe is within 14 business days of receipt by the Office of the Chief Executive.

Where the TCHHS CE provides discretionary approvals for an employee to reside in staff accommodation outside of the eligibility criteria this will be for a defined period of time up to 12 months and reviewed prior to the completion of the time period. TCHHS may also review existing staff accommodation arrangements which were in place prior to the commencement of this Policy. Where the decision is made to no longer support the provision of staff accommodation, a notice period of at least 3 months will be provided to the staff member to allow them to find alternative accommodation or make alternative arrangements.

Accommodation that is offered under Directive 9/11 Domestic Travelling and Relieving Expenses is excluded from this Procedure.

3.1.1 Eligibility criteria for employee accommodation

In line with the HR Policies stated in the Employee Accommodation Policy at 4.2. TCHHS has determined that the full-time permanent and full-time temporary staff (excluding casual or part-time staff) in the streams listed at 3.1.2 will be eligible for accommodation assistance.

In **all other cases**, as above the Discretionary Accommodation Brief (Appendix 1) must be completed by the line manager. The line manager will then escalate the brief as appropriate through the management pathway to the Portfolio Executive Director for approval. The Executive Directors office will then submit to the TCHHS CE for review, prior to advertising a vacancy.

Appointments and transfers within the TCHHS may also be subject to the provision of employee accommodation or accommodation assistance. Please refer to TCHHS-WFE-HR-PRO-0061 Relocation, transfer and appointment expenses, D4 (QH-POL-245) Transfer and Appointment Expenses and Directive 11/11 Transfer and Appointment Expenses, which detail the approved scope of accommodation and rental assistance to be followed when considering requests for appointments and transfer expenses.

3.1.2 Employee streams/classification eligible for employee accommodation

Locations: Thursday Island, Bamaga, Outer Islands PHCC Communities, Weipa, Cooktown and Southern PHCC Communities		
Employment Stream	Eligible Classification for Accommodation	Rent Payable
Administration (incl. DSO & HES)	AO6+	Yes (after 17 months)
Operational	N/A	Yes (from commencement date)
Nursing and Midwifery	NRG3+	Yes (after 17 months)
Medical Officers	All levels	No
Health Practitioners	HP3+	Yes (after 17 months)
Health Workers	HW6+	Yes (after 17 months)
Dentists	All levels	Yes (after 17 months)
HBEA – Trades	HBEA6+	Yes (after 17 months)

Location: Cairns Offices		
Employment Stream	Receive Accommodation	Rent Payable
All Streams/Staff	No	N/A

3.2 Allocation for Employee Accommodation

3.2.1 Process

The TCHHS will provide accommodation in different forms dependent on eligibility, availability and relevant locals issues that may impact the allocation. Early planning and liaison with the Housing Officers will facilitate the offer of accommodation and matching accommodation stock to employee needs.

Allocations will follow local procedures and employees are not permitted to choose their allocation. Allocations will be made in accordance with the Employee Accommodation Policy and Procedure and availability of stock. Swapping between accommodation and/or changing rooms without prior approval is not permitted. Please see section 3.2.4 for the change of circumstances process.

Where no quarters style accommodation is available then it may be necessary for employees to share accommodation. This may apply to single, no partner, no dependents employees unless a specific award entitlement or employment contract makes provision otherwise.

Principles for employee's sharing will be applied where possible and subject to available accommodation stock:
- Same gender to share where possible.
- Similar roles or rosters (i.e. shift work) to share where possible.
- Line managers and direct reports will not be accommodated in the same tenancy, where possible.
- Every effort will be made to accommodate employment types together, i.e. permanent with permanent and temporary with temporary.
- Where possible limit accommodation for shared tenancies to two bedrooms and two bathrooms for permanently appointed employees.

3.2.2 Prioritisation

Where there is insufficient accommodation for planned new arrivals, in consultation with the appropriate delegate, priority for accommodation allocation will be given to clinical/acute care/frontline personnel directly involved in patient care; then to non-acute health professionals; and finally, to any management or administrative personnel with accommodation benefit outlined in this Procedure.

3.2.3 Notification to employee

The provision of employee accommodation, the type of accommodation and the employee's contribution to the accommodation will be communicated to the employee (via line manager) before commencement. It will be considered that employee accommodation allocation is unavailable for a position where there is no specific inclusion of accommodation as a condition of employment in the employee's appointment letter.

The employee will receive a welcome pack either by email or on arrival at the employee accommodation that will contain relevant information as well as documentation that will require completion.

3.2.4 Changes in circumstances

In the event that a tenant's circumstances have changed then they must submit a change of circumstances form (Appendix 04) to the Housing Officer within 28 days of the change taking place.

Employees are not automatically entitled to a change of accommodation when personal circumstances change. A request, by way of submitting the form above, can be submitted for review.

Any change in accommodation will be made in line with the Employee Accommodation Policy and this Procedure.

3.2.5 Relocations

Where the TCHHS must move an employee to different accommodation, every effort will be made to minimise the impact on the employee and family, if applicable. Notification of the requirement to relocate will be approved by the TCHHS CE (or delegate) and will be provided to the employee in writing. All relocations will be coordinated by the Housing Officer.

TCHHS will cover the reasonable costs[1] associated with the relocation, including packing boxes and provide assistance to move belongings. If the employee has paid for internet or phone connections in their current accommodation, TCHHS will cover the costs of reconnection at the new accommodation allocation.

Where an employee would like to change accommodation or they need to due to change of circumstances, they must complete a Change in Circumstances form (Appendix 4) and submit to the Housing Officer. If approval is granted, then the employee will be expected to cover any associated costs.

Please see section 13 for notice periods required to end a general tenancy agreement or a rooming accommodation agreement.

3.2.6 Allocation entitlement during period of leave

Employees residing in TCHHS accommodation may be required to relinquish their accommodation when taking paid or unpaid leave for a period of greater than three (3) months.

If an employee is planning on accessing Maternity or Adoption leave or flexible working arrangements when returning to work, the employee needs to directly discuss their accommodation allocation and develop a plan with their line manager. Where required, a special circumstance request will need to be submitted to the respective Executive General Manager for endorsement.
 If an employee vacates a tenancy, it is the responsibility of the employee to make storage or removal arrangements for their belongings, at the employee's own expense.

> **Commented [LHS1]:** Legal position sought. Please refer to the list of questions.

3.2.7 Abandonment of employee accommodation

If TCHHS believes on reasonable grounds[2] that the tenant has abandoned the premises, TCHHS will issue an Entry notice Form 9 (Appendix 5) allowing 24 hours' notice (in rooming no notice is required) to gain access to confirm that it has been abandoned.

Once confirmed, the Housing Officer will issue an Abandonment Termination notice Form 15 (Appendix 7) to the tenant. The abandonment notice must be served to the tenant at their alternative residence or place of business. In rooming accommodation, the agreement ends once the rent paid has run out (a termination notice does not need to be served).

If the tenant does not take action within 7 days after receiving the Form 15 then it is taken that the tenant has abandoned the premises. The TCHHS may apply to a tribunal for an order under Section 357 of the Act. Once the order has been granted then TCHHS will follow Sections 363 and 364 of the Act with regards to the disposal of goods left behind on the premises.

---

[1] Reasonable costs will be based on quotes obtained by the Housing Officer to facilitate the relocation of the employee and family, if applicable.
[2] Please refer to RTRA Act 2008 section 355.

3.2.8 Allocation entitlement during secondments

Employees who do not reside in their allocated TCHHS accommodation or temporarily vacate their allocated TCHHS accommodation for greater than three (3) months due to living in other accommodation may be asked to surrender their accommodation allocation. Individual secondments will be assessed on case-by-case basis by the respective Executive General Manager, including storage arrangements.

3.2.9 Declared Health Emergency

Employees may be entitled to accommodation and associated benefits over and above the award entitlements when working in response to a declared health emergency. This is to support and acknowledge an employee's continued participation in delivering healthcare during the declared health emergency. A Discretionary Accommodation Brief (Appendix 1) must be completed by the line manager. The line manager will then escalate the brief as appropriate through the management pathway to the Portfolio Executive Director for approval. The Executive Directors office will then submit to the TCHHS CE for review.

4. Administration

4.1 *Residential Tenancies and Rooming Accommodation Act 2008*

The *Residential Tenancies and Rooming Accommodation Act 2008* (RTRA Act) is the governing legislation for the efficient and effective administration of all TCHHS employee accommodation.

All TCHHS employees occupying accommodation provided by TCHHS will be required to enter into a tenancy agreement. The employee becomes a tenant, and the tenancy is governed by the RTRA Act.

Additional information can be found at www.rta.qld.gov.au and a Pocket guide for tenants (Form 17a) (Appendix 29).

4.2 Agreements

The TCHHS will use the following Residential Tenancies Authority (RTA) documents:

Name of Agreement	When to use	Relevant Legislation
General Tenancy Agreement Form 18a (Appendix 8)	When providing long term residential accommodation to TCHHS employees (not for shared facilities).	*Residential Tenancies and Rooming Act 2008*
Entry Condition Report (general tenancies) Form 1a (Appendix 9)	Upon entry to permanent/long term residential accommodation (not for shared facilities).	*Residential Tenancies and Rooming Act 2008* (section 65)
Exit Condition Report (general tenancies) Form 14a (Appendix 10)	Upon exit of permanent/long term residential accommodation (not for shared facilities).	*Residential Tenancies and Rooming Act 2008* (section 65)
Rooming Accommodation Agreement Form R18 (Appendix 11)	When providing TCHHS employees long-term shared accommodation.	*Residential Tenancies and Rooming Act 2008*

Rooming Accommodation Condition Report (Form R1) (Appendix 12)	Upon entry and exit to long-term shared accommodation.	*Residential Tenancies and Rooming Act 2008*

The TCHHS Chief Executive (or delegate), must execute the Tenancy Agreement between the Department of Health (DoH) and the tenant. The DoH must be stated as – "The State of Queensland" (Represented by the DoH).

The fixed term agreement duration will initially be for three months for permanent employees and temporary employees with contracts over 3 months. Temporary employees with contracts less than 3 months will be given an agreement for the term of their contract. Thereafter, the agreement becomes periodic if the employee remains in the property.

The agreement is to be completed prior to receiving the keys. If an employee tenant refuses to sign the agreement, their accommodation allocation may be withdrawn.

4.3 Rent

Rent will be payable to TCHHS in compliance with the Queensland Health HR Policy – D5 Accommodation assistance – Rural and remote incentive:

- When Queensland Health accommodation is provided, the accommodation charge is to be waived for a period of up to 17 months from the date of commencing duty at the centre or facility. Further details of eligibility can be found in clause 3.1.2.

After the 17-month waived period has ended, employees will be required to pay rent in line with their award entitlement. If no award entitlement monetary value is listed, then the amount payable will be based on the QH Nurses and Midwives Award.

Employees will be requested to sign a Payroll Deduction Form (Appendix 13) to commence automatic rent deductions from their pay. This process will be monitored and managed through the Housing Officers.

If an employee requires a rental reference, due to the nature of the information generally required, the employee must contact the Housing Officers via email to request one.

Any employee recruited from outside of the community, who is not provided with accommodation according to this Procedure, will be entitled to a rental subsidy payment of $82.50 per week for up to 17 months if accessing commercial accommodation. The rental subsidy payment is only payable once the employee has provided a copy of the lease agreement showing evidence of their contribution to the rent.

Please note, the RTRA Act does not apply to boarders and lodgers.

4.3.1 Aboriginal and Torres Strait Islanders health workers – Special Allowance

A special allowance is payable to eligible Aboriginal and Torres Strait Islander health workers who:
- Do not qualify for an entitlement in accordance with Queensland Health HR Policy – D5 Accommodation assistance – Rural and remote incentive
- Do not receive a locality allowance in accordance with Department of Health HR Policy C15 – Allowances. The special allowance amount from 1 September 2013 is $77.32 per fortnight.

4.3.2 Rent Increases – All Tenancies

The TCHHS will review rental charges on an annual basis and reserves the right to increase the rental charges in line with award entitlements, under the terms of the TCHHS Accommodation Policy, Procedure and in accordance with the standard terms and processes within the *Residential Tenancies and Rooming Act 2008.*

4.4 Salary Sacrifice

Employees may choose to salary sacrifice any rent that they may be liable for under a tenancy agreement. Please contact RemServ on 1300 30 40 10 or at www.remservsalarypackage.com.au or Smart Salary on 1300 218 598 or at qld.smartsalary.com.au.

4.5 Fringe Benefits Tax (FBT)

Employees who receive TCHHS accommodation benefit may be exempt from Fringe Benefits Tax (FBT). In addition, there may be FBT implications if they receive free or subsidised fuel (electricity and gas).

It is strongly recommended all tenants seek financial advice on the FBT implications.

More information and Department of Health FBT contact details can be found in the:
Department of Health remote area concession fact sheet:
http://qheps.health.qld.gov.au/finance/taxation/docs/remote-area-concessions.pdf

4.6 Utilities

Utilities are charged in line with the entitlements of the relevant industrial awards and Queensland Health HR Policies.

4.6.1 Electricity

The TCHHS will pay all reasonable costs associated with the normal provision of residential electricity.

The TCHHS has determined that a 'reasonable' electricity usage rate is:

2500 kilowatts per quarter (10,000 kw per year)

In the event of usage in excess of 2500 kilowatts per quarter, the property may be inspected to determine energy efficiency levels.

Employees are responsible to pro-actively support energy use minimisation strategies that include:

- Turning off all lights and air conditioning units when not at the accommodation
- Maintaining air conditioning settings at 25 degrees Celsius.

TCHHS reserves the right to recoup electricity costs that exceed 'reasonable' usage. The Housing Officer will monitor electricity costs and liaise with the tenants directly.

4.6.2 Gas

The TCHHS will pay all costs associated with the normal provision of residential gas.

4.6.3 Water

The TCHHS is responsible for all water costs associated with 'reasonable usage'. If excess water charges are incurred and determined to be as a result of neglect and/or misuse, the TCHHS reserves the right to recover these costs from the tenant. This includes where tenants neglectfully fail to report above ground leaks to the housing officers promptly.

4.6.4 Telephones/Internet

Tenants are individually responsible for activating and funding their telephone/internet data requirements.

4.6.5 Keys/Remotes

If there is only one tenant, then a key for each lock will be given. If there is more than one tenant, over the age of 18 and named on the tenancy agreement then one full set of keys (e.g. for internal doors, windows) will be given and entry keys only for each other tenant.

If the keys and/or remotes are lost or damaged for any reason, notification needs to be sent to the Housing Officer. Charges may apply for the recovery or replacement of lost or damaged keys or locks. In addition, if a tenant locks themselves out after hours or at weekends and a locksmith is required then this is at the tenant's expense.

The tenant is responsible for all keys and remotes issued, and these should be kept only by the tenant (s). They should not be in the possession of any other person.

4.6.6 Changing the locks

The RTRA Act gives the tenant the right to change the locks at the property if they believe it is necessary to protect themselves or other occupants in the property from domestic and family violence. The tenant does not need to ask the TCHHS for consent to do this, but they must:

- Engage a qualified locksmith or tradesperson and pay themselves
- Provide a copy of the key or access code to the Housing Officers promptly (unless a Tribunal order states that the key not be given to the Housing Officers)
- Comply with body corporate laws or by-laws applying to the property.

If the tenant does change a lock due to domestic and family violence and a key is given to the Housing Officer, then normal process will be followed. No keys are given to any person without the tenant's agreement or a reasonable excuse. If during the duration of the tenancy the locks have been changed for any reason, then the tenant needs to liaise with the Housing Officer to ensure that the lock is acceptable to the owner of the property and that no additional work is required prior to them vacating e.g. replace back to original type of lock.

5. Use

The use of employee accommodation is solely for the purpose of residential accommodation of the employee and their families, if applicable. Employees should maintain a neat and clean appearance of the accommodation – both inside and out.

TCHHS does not allow:

- The use of the premises for illegal purposes or storage of dangerous goods[3].
- The tenant to be a nuisance by the use of the premises, including anti-social behaviour that may interfere with the reasonable peace, comfort, or privacy of a neighbour of the tenant.
- Assignment or subletting by the employee or taking on boarders in TCHHS accommodation.
- Any form of private business is not allowed to be run from the premises, unless prior approval has been granted by the appropriate delegate.
- Tenants to remove any item of furniture from the rooms/premises.
- Furniture designed for indoor use is not permitted outside.
- Any type of foil, cardboard or other unsightly materials or objects in or on the bedroom windows or common room areas.
- Do not alter window coverings (shared accommodation/quarters only).
- Any misuse of balconies, decks, and patios, all should be neat and orderly and clear of personal belongings, including no towels or washing etc (shared accommodation only).

Any alleged misuse of the accommodation provided will be investigated and could result in the TCHHS withdrawing the allocation of accommodation given to the employee.

5.1 House Sitting

TCHHS will review requests for house sitters to look after the non-shared employee accommodation whilst the employee is on leave or under special circumstances. The House Sitters Agreement (Appendix 16) is required to be forwarded to the relevant Housing Officer for approval, prior to habitation.

All House Sitter arrangements will be required to be in alignment with the established the tenant personal insurance policies. The TCHHS is not liable for any damages or accidents sustained within this agreement period.

House Sitters arrangements will be no longer than three months or the property will be processed as an abandoned and will be required to be surrendered (Refer to Section 3.2.7).

Please see Appendix 17 – TCHHS Employee Accommodation House Rules for further information.

6. Condition

6.1 Entry Condition Report (Form 1a)

An Entry Condition Report (Form 1a – Appendix 9 or Form R1 – Appendix 12) will be prepared and given to the tenant on or before the day of occupancy, as part of the Welcome Pack. The tenant must carefully inspect the accommodation and within 7 days of moving in, any damage or missing items must be reported to the Housing Officer using the Entry Condition Report (Form 1a – Appendix 9 or Form R1 – Appendix 12).

If the tenant fails to advise of any problems within this timescale, it will be taken that the tenant is satisfied with the condition of the accommodation which he or she has occupied and confirmed that the accommodation is in a good and undamaged condition. Tenants will be billed for any loss or damage not reported by them before the initial 7 days lapsed. When the tenant returns the Form 1a, the Housing Officer will discuss any necessary matters with the tenant and within fourteen (14) days the Housing Officer will make a copy of the Form 1a/Form R1 and return to the tenant.

Tenants are expected to maintain and care for the property items in the Entry Condition Report during the tenancy.

---

[3] Dangerous goods are substances and articles that have explosive, flammable, toxic, infectious, or corrosive properties. They pose a risk to public safety, property or the environment.

The Entry Condition Report must be kept for at least 1 year from when the tenancy ends.

6.2 Exit Condition Report (Form 14a)

At the end of a tenancy the tenant must leave the property in the same condition it was in at the start of the tenancy, apart from fair wear and tear. As soon as practical after the tenancy ends, the tenant is responsible to provide a copy of the completed and signed Exit Condition Report (Form 14a – Appendix 10 or Form R1 – Appendix 12) which the employee has compared to the original Entry Condition Report (Form 1a – Appendix 9 or Form R1 – Appendix 12).

When the tenant has finally vacated the accommodation, the Housing Officer will complete the Exit Condition Report, within three (3) business days. The Housing Officer must clearly mark any part of the report that they do not agree with.

If the employee has given a forwarding address, then the Housing Officer will send a copy of the report to them. The employee will be liable to rectify any discrepancies.

The Exit Condition Report must be kept for at least 1 year from when the tenancy ends.

7. Living

7.1 Cleaning and Property Damage

Tenants are responsible for maintaining the accommodation in good clean order and condition; this includes common areas such as kitchen, lounge, dining, laundry, storeroom, bathrooms, toilets, and hallways. All sole/shared/quarters accommodation will be periodically inspected throughout the tenancy. Proper care must be taken of all TCHHS accommodation, including the upkeep of any necessary pest control treatments.

Tenants must keep all walls, floors, doors, and ceilings of the premises free of nails, screws, or adhesive substances. The tenant will be charged a restoration fee at the end of the tenancy if the abovementioned areas have been damaged or need restoration.

Tenants are responsible for all damage to or loss of TCHHS property in their assigned accommodation. Removal of any TCHHS property from its designated location will be reported to the police. Tenants are also responsible for the conduct of their guests and any misconduct, injury to any person or property damage, which they cause.

Tenants are required to perform pest control, before exiting the accommodation, if during the tenancy a pet was kept at the property. Evidence of the completed pest control treatment needs to be submitted to the relevant Housing Officer. In regional areas where there is a limited pest control service, the housing management team will contact tenants to let them know when the contractor will be in the area. It will be the responsibility of the tenant to ensure that the pest control service is carried out.

If damage is found upon the exit inspection or a commercial / pet / smoke damage clean or pest control treatment is required, then the Housing Officer will liaise with the outgoing employee.

7.1.1 Quarters Accommodation

The TCHHS will provide a mop/bucket, broom, and vacuum cleaner to each quarters accommodation property. The Housing Officer will arrange for bedroom cleaning and a linen change prior to the arrival of each new tenant. Tenants are responsible for removal of rubbish on garbage collection days. Please see the laminated paper displayed on fridge.

Occupants in quarters accommodation are required to keep in their bedroom clean. Fly-in fly-out occupants will receive instructions from the Housing Officer in relation to the removal of bedding and used towels at the end of their stay.

7.2 Furniture

All TCHHS owned and leased accommodation will be supplied with furniture and white goods unless the tenant agrees to relocate their own furniture. The tenant must inform the Housing Officer, with adequate notice, if they are bringing their own furniture. This will allow time to facilitate the removal/storage of existing TCHHS owned furniture.

All furniture and white goods provided by the TCHHS (as per the entry condition report) will be subject to stocktake. The stocktake will be completed prior to the tenant moving in and on exit. All items listed on the stocktake will remain the property of the TCHHS and the tenant will be requested to reimburse[4] the TCHHS for any items not accounted for.

Tenants will be responsible for the replacement of furniture, like for like, if they have resided in the accommodation for longer than 3 years. Tenants should notify the Housing Officer, providing evidence of any purchases, to ensure that the property's entry condition report is updated to show that the furniture purchased is now the property of the tenant.

7.2.1 Quarters and Shared Accommodation – Shared accommodation will be furnished according to the TCHHS Condition Entry Report (Appendix 9), including basic furnishings, white goods, kitchen cooking utensils and linen.

Cleaning of these items are the responsibility of the tenant. Short term fly-in fly-out employees will receive instructions from the Housing Officer in relation to the removal of bedding upon departure.

Fly-in fly-out occupants will be provided with a welcome pack. Where the residence is often used by FIFO staff or is group share/batch, then the common kitchen will be supplied with dishwashing liquid, disinfectant, toilet paper, chux cloth and pot scrubber.

7.3 Asbestos

Dwellings may consist of asbestos material. Tenants are not to undertake any activity to the external or internal of the premises and private properties unless written approval has been given. Activities by the tenant consisting of sawing, drilling, water blasting, grinding or sanding structures consist of walls, ceilings, flooring, or skirting are prohibited.

7.4 Air Conditioner

Air conditioners are provided in all TCHHS employee accommodation. It is the responsibility of the tenant to ensure that the air conditioners are used in a cost-effective manner; this includes keeping the air-conditioners set at 25 degrees Celsius, keeping windows and doors closed during use and turning off the air-conditioners when leaving the accommodation.

It is also the responsibility of the tenant[5] to ensure that the inside unit filters are cleaned in air conditioners each month (only where they are accessible without using tools) and the remote-control batteries are changed regularly.

7.5 Smoking

Commented [LHS2]: Legal advice – when does accommodation become a 'residence' and can we ask employee's to replace furniture after 3 years+.

RTRA Act states –
Inclusions are everything supplied with the property for the tenant's use.
Examples: dishwasher, air conditioning, furniture, washing machine, fridge.
Inclusions should be checked at the start of the tenancy to ensure they are clean and in good working order. Their condition should be noted on the Entry condition report (Form 1a).
It is a good idea for the property manager/owner to provide copies of operating manuals to ensure the tenant knows how to use, and care for, any inclusions. The property manager/owner is responsible for keeping any inclusions in a good state of repair.

Commented [LHS3]: Legal position sought. Please refer to list of questions.

---

[4] Unless prior notification of damage and approval to dispose of the item has been granted.
[5] Excludes employees accessing accommodation for short periods of time.

Smoking is prohibited in all TCHHS employee accommodation, including on the balcony of the residence. Tenants must smoke outside and at least five (5) metres beyond the boundary of the accommodation, stairwell, garage, BBQ area or swimming pools. If smoking outside, all doors and windows must be closed.

All tenants are required to abide by the TCHHS Smoking Policy, otherwise subsequent fines and or cancellation of the Tenancy Agreement may occur. Any damage caused to the premises or inventory due to smoking will be charged to the tenant.

7.6 Fire and Evacuation

A fire and evacuation poster are to be visible in all types of accommodation, the TCHHS will provide this.

The TCHHS is responsible for ensuring that landlords have installed smoke alarms in compliance with the Smoke Alarm legislation, January 2017, and the Australian Standard 3786-2014. This includes interconnected smoke alarms in residential rental properties from 1 January 2022.

At the start of a new tenancy the TCHHS is responsible for testing, cleaning, and replacing any back up batteries in smoke alarms. During their tenancy the tenant must test, clean, and replace batteries, every 6 months. Current legislation requires that all accommodation must have operational smoke alarms fitted.

Please see the Qld Fire and Emergency Services web site for more information:
https://www.qfes.qld.gov.au/prepare/fire/smoke-alarms

Cooking is only permitted in kitchens. Cooking equipment such as hot plates, rice cookers, electric woks and fry pans are not permitted in the bedrooms. Barbeque grills, portable grills, and lighter fluid may be a fire hazard and are not permitted inside any unit or outside on balconies.

7.7 Security and Safety

All major security breaches or immediate threat concerns should be reported to the Police immediately.

Then the tenant should notify the Housing Officer and line manager as soon as practically possible.

The following must be adhered to in all accommodation:

- All houses should have exterior lighting at the front and rear of dwellings for security, all paths of travel between buildings, workplaces, carports and external building to comply with the principles of CPTED (crime prevention through environmental design) and be lit at night.
- Tenants will not provide keys to any other person for the external doors.
- Bedroom keys (if applicable) are the responsibility of the tenant and will not be given to any other person.
- Key(s) remain the property of the TCHHS and should be left with the designated officer or in the designated location notified to the tenant by the Housing Officer.
- All tenants should ensure that all external doors are locked always.
- The hiding of keys external to the property is prohibited.
- Tenants are encouraged to lock bedroom door always, if applicable.
- The TCHHS takes no responsibility for loss or damage of personal property.
- Tenants have a responsibility to be familiar with fire and emergency/evacuation procedures applicable to the on-campus staff accommodations buildings and comply will all requirements.

The DHPW Government Employee accommodation Scheme – Scales and standards of housing, the Queensland Health Housing Design Standards and Guidelines, prescribe the standards of security required for employee housing.[6]

7.8 Insurance

Employees are responsible to maintain adequate individual insurance policies for their personal affects and belongings. The TCHHS is not liable for any loss or damage incurred to any personal items throughout the tenancy.

7.9 Quarters and Shared Accommodation

For tenants living in quarters or shared accommodation, more consideration will be required to ensure that all tenants have the enjoyment of the residence. The expected responsibilities include but are not limited to:

- Undue noise is not permitted at any time. All should have quiet enjoyment of the residence.
- Consideration of other tenants must be exercised at all times and adherent to the House Rules.
- Visitors may only be entertained in the lounge room or in the tenant's allocated room.
- Visitors must vacate the premises by 11 pm.
- Overnight visitors are only allowed if consent is provided by other shared tenants.
- Where one other shared tenant does not feel safe / comfortable with overnight visitors, then overnight visitors are not permitted.
- Overnight visitors are not allowed in the quarters.
- Illegal drugs are not permitted on the premises.
- Tenants are not permitted to move, or swap allocated rooms without the permission of the Housing Officer.
- Tenants are not permitted to allow visiting family members or friends to occupy other rooms in the shared tenancy without the permission of the Housing Officer.

8. Pets

Under the RTRA Act, a pet is a domesticated animal or an animal that is dependent on a person for the provision of food or shelter and does not include a working dog or an animal prescribed by the regulation not to be a pet. Different rules apply for working dogs, which refer to assistance dogs, guide dogs or hearing dogs (as defined under the Guide, Hearing and Assistance Dogs Act 2009), corrective services dogs or police dogs. A tenant may keep a working dog at the premises without approval.

Tenants are required to perform pest control, before exiting the accommodation, if during the tenancy a pet was kept at the property. Please refer to section 7.1.

A tenant is required to seek approval to keep a pet/pets in employee accommodation, and it is a significant breach not to do so. The tenant must complete a pet approval application (appendix 18) for each pet that the tenant intends to keep at the accommodation. All applications are to be sent to the Housing Officer.

Pets are not permitted on campus, in multi-unit or shared accommodation.

---

[6] 15.03.23 - The TCHHS Security Guidelines are currently in development and will provide reference to standardisation across the HHS, once published.

If approved, then the approval may be subject to reasonable conditions as agreed between the Housing Officer and the tenant.

Examples of reasonable conditions include:

- requiring the pet to be kept outside of the rental property,
- requiring the premises to be professionally fumigated at the end of the tenancy,
- requiring the premises to be professionally cleaned or to a professional standard at the end of the tenancy.

If refused, then the refusal can only be based on specific reasons, as below, under the legislation.

Due to varying ownership of the HHS' employee accommodation premises, the final decision to refuse an application may not have been made by TCHHS. For example, the decision may have been made by Government Employee Housing or a Private Landlord.

Under the RTRA Act, the refusal of a tenant's request to keep a pet at the rental property can only be based on of the following reasons.
1. Keeping the pet would exceed a reasonable number of animals being kept at the property7.
2. The property is unsuitable for keeping the pet because of a lack of appropriate fencing, open space or another item necessary to humanely accommodate the pet.
3. Keeping the pet is likely to cause damage to the property and in addition could or would be likely to result in damage that could not practically be repaired for a cost less than the rental bond for the premises.
4. Keeping the pet would pose an unacceptable risk to the health and safety of a person, including, for example, because the pet is venomous.
5. Keeping the pet would contravene a law.
6. Keeping the pet would contravene a body corporate by-law, house rules or park rules applying to the property.
7. The tenant has not agreed to the reasonable conditions proposed by the lessor for approval to keep the pet.
8. The animal stated in the request is not a pet.
9. If the property is a moveable dwelling and keeping the pet would contravene a condition of a licence applying to the property.
10. Other grounds prescribed by regulation.

The tenant will be notified in writing within 14 days of the application being made as to whether the application has been approved, with or without reasonable conditions, or refused with the specific reason(s) stated.

TCHHS reserves the right to request a copy of the pet(s) registration(s) from the tenant.

The tenant is responsible for all nuisance, such as noise or inappropriate behaviour from the pet. The tenant must ensure that all local residences enjoy a quiet and safe environment and address any inappropriate behaviour e.g. barking or aggressive behaviour.

Also, the tenant is responsible for any damage caused by a pet/the pets kept at the employee accommodation. At the end of the tenancy, the tenant must leave the premises and inclusions, as far as possible, in the same condition they were in at the start of the tenancy. Damages to the premises or inclusions caused by a pet or other animal are not considered fair wear and tear under the RTRA Act.

---

[7] In line with local Council bylaws, Government Policies and Regulations.

9. Entry

9.1 Notice periods

The TCHHS reserves the right to enter employee accommodation to conduct inspections, viewings and for routine or emergency maintenance of the property as per the table below. The TCHHS representative can only enter the employee accommodation for a valid reason and if the correct notice (Entry forms – appendices 5 and 6) has been issued.

General Tenancies		
Inspection / Entry	**Time Frame**	**Notice Required**
Entry Condition Report (Section 6)	Prior to new tenant moving into vacant accommodation.	N/A
Routine Condition and maintenance inspections (Section 10).	3 monthly (and not within 3 months of previous entry)	7 days (written)
Follow-up inspection (to check a significant breach has been fixed) (Section 12)	24 hours	Entry must occur within 14 days of the expiry date on the Notice to Remedy Breach (Form 11 – Appendix 15)
Undertake routine repairs/maintenance (Section 11)	As required	24 hours (written) Entry can occur without notice if the property is in a remote area and there is a shortage of tradespeople.
Follow-up inspection to check on repairs undertaken (Section 11)	24 hours	Entry must occur within 14 days of the maintenance or repairs being completed.
Requested by Tenant	On request	N/A
Request by HSCE	On request	Depending on the reason
Show premises to prospective tenants	As required	A reasonable amount of time must have passed since the last entry for this reason. The tenant must have also given a Notice of Intention to Leave (Form 13 – Appendix 17) or received a Notice to leave (Form 12 – Appendix 19)
Show property to a prospective purchaser	24 hours	A reasonable amount of time must have passed since the last entry for this reason. The property manager/owner must give the tenant a Notice of lessor's intention to sell (Form 10 – Appendix 21) which must include details of how they plan to market the property.
Valuation of the premises	As required	24 hours (written)
Abandonment of premises (Section 3.2)	As required	24 hours (written) An Abandonment termination notice (Form 15 – Appendix 6) should be used to end a tenancy in this situation.
Emergency	As required	Nil
Protection of premises from further damage	As required	Nil
Exit Condition Report (Section 6)	On vacating the premises	N/A

Quarters or Shared Accommodation		
Inspection / Entry	**Time Frame**	**Notice Required**
Entry Condition Report (Section 6)	Prior to new tenant moving into vacant accommodation.	N/A
To inspect the room (general inspection)	3 monthly (and not within 1 month of previous entry)	48 hours (written)
To clean the room	As required	24 hours (written) unless written in the R18 Rooming Accommodation Agreement
To carry out pest control	As required	24 hours (written)
Follow-up inspection (to check a significant breach has been fixed) (Section 12)	24 hours	Entry must occur within 14 days of the expiry date on the Notice to Remedy Breach – R11 for rooming accommodation (Appendix 16).
Undertake routine repairs/maintenance (Section 11)	As required	24 hours (written)
Follow-up inspection to check on repairs undertaken (Section 11)	24 hours	Entry must occur within 14 days of the maintenance or repairs being completed.
Requested by Tenant	On request	N/A
Request by HSCE	On request	Depending on the reason
Show premises to prospective tenants	As required	24 hours The tenant must have also given a Resident leaving Form R13 (Appendix 18) or a Form R12 for rooming accommodation (Appendix 20).
Show property to a prospective purchaser	As required	A reasonable amount of time must have passed since the last entry for this reason. The property manager/owner must give the tenant a Notice of lessor's intention to sell (Form 10 – Appendix 21) which must include details of how they plan to market the property.
Valuation of the premises	As required	24 hours (written)
Abandonment of premises (Section 3.2)	As required	Nil
Emergency	As required	Nil
Protection of premises from further damage	As required	Nil
Exit Condition Report (Section 6)	On vacating the accommodation	N/A

Unless a mutually convenient time has been arranged with a tenant, an TCHHS Entry Notice (Appendices 5 and 6) will be issued prior to entry to the premises. Where possible, a time convenient to both parties will be arranged. If the tenant avoids or is obstructive to the request of a mutually agreeable time, the TCHHS reserves the right to enter the premises after the notice period (described above) regardless of its convenience to the tenant.

9.2 Entry times

Entry to employee accommodation must be between **8am and 6pm Monday to Saturday**. Entry is only permitted outside these hours, on a Sunday or public holiday if the tenant agrees.

10. Inspections

10.1 Routine Inspections

Routine inspections are carried out to ensure the accommodation is well cared for and to check if there are any maintenance or health and safety issues.

A routine inspection is not a housework inspection; the person inspecting the property should appreciate that people are living there. However, the tenant should have the property in a good condition on the day of inspection including a reasonable standard of cleaning.

10.2 Timeframes

Routine inspections cannot be carried out more than once every 3 months (unless the tenant agrees in writing).

The tenant must be given a minimum of 7 days' notice for entry, using an Entry Notice (Form 9) (Appendix 5) for general tenancies or 48 hours' notice for entry, using an Entry Notice (Form R9) for rooming accommodation. Entry to common areas can happen at any reasonable time.

Entry can be at a specific time or a Housing Officer can give a 2-hour window (e.g. entry to occur between 9-11am). This timeframe does not apply to other people (e.g. tradesperson or a property valuer).

10.3 Routine Inspection Checklist

The Housing Officer will provide checklists for routine inspections.

Things for the tenant to consider may include:
- cleaning and tidying the property
- routine cleaning (e.g. dusting, sweeping/vacuuming, and cleaning kitchen and bathroom surfaces)
- removing any mould from surfaces
- lawn mowing and gardening
- tidying up outside areas (e.g. decks, patios)

11. Maintenance

11.1 Accommodation Maintenance

The tenant should follow localised procedures for reporting accommodation maintenance as there are different pathways depending on the property ownership e.g. TCHHS owned or GEH owned. If any tenant needs clarity on the localised procedures, then they should seek assistance from the Housing Officer.

The TCHHS reserves the right to recoup the costs from the tenant of any repairs and maintenance due to damage or neglect of the tenant, family members and/or their visitors.

11.2 Repairs and Faults

The TCHHS Entry Condition Report outlines with an "R" the items that the TCHHS is responsible for. Proper care must be taken of all TCHHS property. If any items require repair/replacement due to damage caused by the tenant, or a visitor of the tenant, these costs will be borne by the tenant.

11.3 Garden Maintenance
It is the responsibility of tenants in sole properties to arrange for the maintenance of the lawns and gardens, including any associated fees for dumping, unless the properties are part of a larger complex of dwellings where communal gardening is arranged by the TCHHS or through TCHHS for the landlord. It will be the responsibility of the tenant to ensure they store fuel safely.

Tenants are to make sure that outside areas of the property remain aesthetically pleasing and that no rubbish or items are left lying about.

Under no circumstances are vehicles to be parked on grassed areas as this can cause damage to both the garden and the pipes and the sprinkler systems underneath. Tenants will be required to cover the cost of any such repair in such circumstances.

Quarters and Shared Accommodation – The TCHHS will be responsible for maintaining lawns and garden edging for on campus shared accommodation/off campus quarters accommodation.

12. Notice to Remedy Breach

If TCHHS believes that a tenant has breached the terms of their agreement, a Notice to Remedy Breach (Appendix 19 and 20) will be issued. The notice will explain the alleged breach and it will direct the tenant to fix the problem within the following specific timeframe:

Agreement	Breach		Timeframe
Form 18 or Form R18	Unpaid Rent		7 days (if rent has been unpaid for 7 days)
Form 18 or Form R18	General Breach		7 days

If the tenant does not agree there has been a breach, the tenant should contact the Housing Officer immediately.

13. Exiting

The Residential Tenancies and Rooming Accommodation Act 2008 states the rules for ending a General Tenancy agreement and a Rooming Accommodation agreement. Both agreements are legal contracts which can only be ended in accordance with the Act.

An agreement can end where:

- a fixed term has ended with the correct notice given
- during a periodic agreement with correct notice given
- the TCHHS and the tenant mutually agree to end the agreement in writing
- the TCHHS gives the tenant a Notice to leave – General Tenancies (Form 12 – Appendix 21) or Rooming accommodation (Form R12 – Appendix 22) – the agreement ends and the tenant leaves on the date stated in the notice
- the resident gives the TCHHS a leaving form Notice of intention to leave – General Tenancies (Form 13 – Appendix 23) or Rooming accommodation (Form R13 – Appendix 24) – the agreement ends on the date stated in the notice
- a tenant has abandoned their accommodation allocation and their rent has been used up

- a tenant gives the provider a Notice ending residency interest (domestic and family violence) (Form 20 – Appendix 25 or Form R20 – Appendix 26) – the agreement ends on the date stated in the notice however the resident can leave immediately
- a sole resident dies
- if there is a serious unremedied breach (e.g. for unpaid rent, damage to the property, illegal use of property, property owner fails to maintain property)
- the Queensland Civil and Administrative Tribunal (QCAT) makes an order terminating the agreement.
- if the property is to be sold (and the tenant is on a periodic agreement) (Form 10 – Appendix 27).

Minimum notice periods for tenant giving notice to TCHHS:

Without Grounds	General tenancy	Rooming accommodation
Periodic agreement	14 days	7 days
Fixed term agreement	the later of 14 days or the day the agreement ends (The tenancy ends on the end date of the agreement or the end date of the notice period (whichever is longer).	the later of 7 days or the day the agreement ends (The tenancy ends on the end date of the agreement or the end date of the notice period (whichever is longer).
With Grounds	**General tenancy**	**Rooming accommodation**
A tenant experiencing domestic and family violence*	7 days, but can vacate immediately	7 days, but can vacate immediately
Unremedied breach	7 days	7 days
Failure to comply with repair order	14 days	7 days
Property destroyed or made completely or partly unfit to live in	N/A	Immediately (notice must be given within 1 month of the event
Non-compliance with QCAT order	7 days	7 days
Non-liveability	The day it is given	The day it is given
Compulsory acquisition	14 days	2 weeks
Intention to sell	14 days	2 weeks
Condition of premises	14 days	2 days
Death of a sole tenant/resident	14 days (given by executor of will/next of kin)	7 days (given by executor of will/next of kin)
Death of a co-tenant/resident	14 days	7 days

Minimum notice periods for TCHHS giving notice to tenant:

Without Grounds	General tenancy	Rooming accommodation
Periodic agreement	2 months	30 days
Fixed term agreement	the later of 2 months or the day the agreement ends**	the later of 14 days or the day the agreement ends***

With Grounds	General tenancy	Rooming accommodation
Unremedied breach – rent arrears	7 days	Tenant for less than 28 days – Immediately Tenant for more than 28 days – 4 days
Unremedied breach – general	14 days	2 days
Serious breach	7 days	Immediately
Non-compliance with QCAT order	7 days	7 days
Non-liveability	The day it is given	Immediately (notice must be given within 1 month of the event)
Compulsory acquisition	2 months	8 weeks
Sale contract (periodic agreement)	4 weeks	4 weeks
Employment termination	1 month	4 weeks
Ending of accommodation assistance	4 weeks	4 weeks
Mortgagee in possession	2 months	30 days
Death of a sole tenant (parties can agree on an earlier date)	2 weeks	7 days

*Please complete a Domestic and Family Violence Report (Appendix 26) and a Notice ending tenancy interest (domestic and family violence) (Form 20 or R20) and provide it to the Housing Officer with relevant evidence.

** A Notice to leave form can be given for the end of a fixed term agreement up to one day prior to the end of the tenancy, with a minimum notice period of two months. For example, if a fixed term agreement ends on 14 November 2022 and a Notice to leave is given on 13 November 2022, tenants will have until at least 13 January 2023 (minimum two months) to vacate.

*** A Notice to leave (Form R12) can be given for the end of a fixed term agreement up to one day prior to the end of the tenancy, with a minimum notice period of fourteen days. For example, if a fixed term agreement ends on 14 November 2022 and a Notice to leave is given on 13 November 2022, tenants will have until at least 27 November 2022 (minimum 14 days) to vacate.

Line Managers need to ensure that they notify the Housing Officer as soon as they are aware an employee is leaving, this ensures that the Housing Officer is given ample notice to ensure that the HHS is compliant with the RTRA Act.

13.1 Termination of Employment

If the tenant's employment with TCHHS is terminated, then TCHHS reserves the right to end the tenant's agreement in line with the RTRA Act. As above, a period of one month notice is required. In these circumstances, the tenant is liable to cover the full cost of the rent without the accommodation assistance from the date of termination, as they are no longer an employee. TCHHS will issue the appropriate Notice to Leave form.

If the employee wishes to leave before the end of the tenancy, then a mutually agreed date can be approved by both parties and confirmed in writing.

14. Code of conduct

All tenants must at all times adhere to the Queensland Government Code of Conduct. Inappropriate behaviour by tenants should be reported to their Line Manager or Housing Officer. Any disciplinary action will be dealt with in line with the relevant HR policies.

15. Breach of policy

Any breach of the TCHHS policy and procedure may result in the loss of entitlement to the provision of employee accommodation benefits. The decision to withdraw the entitlement will be at the discretion of the TCHHS CE.

16. Complaints

The TCHHS is committed to working with you to resolve any complaints you may have regarding your accommodation.

To register a complaint or provide feedback you will be required to provide the details by submitting a Corporate Services Feedback form, so we have all the necessary information needed to begin the process for resolving complaints.

The process for handling complaints are as follows:

After a complaint has been successfully submitted, we will aim to respond within 7-10 business days. Please note, more time may be required if the matter is complex.

To obtain feedback on the status of the complaint, the tenant can contact the Housing Officer.

Any complaints which are of an HR nature will be referred to the Line Manager.

17. Disclaimer

Any changes to the RTRA Act will override any information contained within this Procedure until an updated version is produced.

18. Responsibilities

Position	Responsibility.
Executive Management Team	Endorses the Policy and any subsequent amendments.
Chief Executive	Approves the Policy and any subsequent amendments.
Executive General Manager – North and South	Ensures the implementation and the management of this Policy.
Executive Director Workforce and Engagement	Monitors the effectiveness of this Policy. Ensures this Policy and its supporting Procedure are included in the employee handbook and orientation package.

Position	Responsibility.
Corporate Services Director/Manager (Delegate for the purpose of this Policy)	Work with the Executive General Managers/Executive Directors to promote the intent and principles of the Policy and its supporting procedures within the TCHHS to ensure achievement of the policy objectives.
Facility Managers/Coordinators	Work with the Corporate Services Director/Manager to promote the intent and principles of the Policy and its supporting procedures within the TCHHS to ensure achievement of the policy objectives.
Housing Officers	Operationalises the management of employee accommodation in accordance with this Policy and its supporting procedures. Escalates cases to the Facility Managers/Coordinators and/or Corporate Services Director/Manager, as appropriate.
Line managers	Adhere to localised arrangements for the application of accommodation for their employees and work with the housing officer/Facility Coordinator/Operations Manager to ensure employees comply with the *Residential Tenancies and Rooming Act 2008*, Queensland Health Real Property Leases, Licences and Third-party Agreements, this Policy, and its supporting Procedure.
Tenant (employee)	Ensures compliance with the *Residential Tenancies and Rooming Act 2008*, Queensland Health Real Property Leases, Licences and Third-party Agreements, this Policy, and its supporting Procedure. Contacts for the Housing Management teams Northern Sector – tchhs-north-accommodation-staff@health.qld.gov.au Southern Sector (Weipa) – TCHHS-WPA-HOUSING@health.qld.gov.au Southern Sector (Cooktown) – TCHHS-CTN-HOUSING@health.qld.gov.au

19. Supporting documents

19.1 Legislation / standard/s
Residential Tenancies and Rooming Accommodation Act 2008
Residential Tenancies and Rooming Regulation 2009
Fire and Emergency Services Act 1990

19.2 Other procedures, process flows and guidelines
Employee Accommodation Policy

TCHHS Employee accommodation Q&A Information Sheet

19.3 Forms and templates
Please see appendices – section 27.

20. Related documents

The TCHHS Employee accommodation Policy

Medical Officers (Queensland Health) Award – State 2015

Nurses and Midwifes (Queensland Health) Aware – State 2015

Hospital and Health Service General Employees (Queensland Health) Award – State 2015

Health Practitioners and Dental Officers (Queensland Health) Award – State 2015

QH-IMP-353-3:2015 DH Standard – Real property leases, licences, and third-party agreements 2015

C2 (QH-POL-217) Remote Area Nursing Incentive Package (RANIP)

C15 (QH-POL-099) Department of Health, HR Policy – Allowances

C31 (QH-POL-93) Aboriginal and Torres Strait Islander health workers – Special allowance

D2 (QH-POL-157) Travelling, relieving, and living expenses

D4 (QH-POL-245) Transfer and Appointment Expenses

D5 (QH-POL-096) Accommodation assistance – Rural and remote incentive 2020

D6 (QH-POL-169) Meals and Accommodation – Other Than Medical Employees

D7 (QH-Pol-156) Installation in Residences of Telecommunications Equipment – Medical

D8 (QH-Pol-448) Resident Medical Officers on Secondment or Rotation

D9 (QH-POL-446) Accommodation – Senior Medical Officers in Country Areas

IRM 2.2-5 Board and Lodging – Resident Medical Officers

IRM 2.7-4 Terms and Conditions of Employment – Medical Superintendents with Right of Private & Medical Officers with Right of Private Practice

IRM 2.7-5 Terms and Conditions of Employment – Resident Medical Officers Non-Award

Directive No.9/11 – Domestic travelling and relieving expenses 2011

Directive No.11/11 – Transfer and Appointment Expenses 2011

QH-POL-353:2015 Real Property Management

QH Employee Housing Design Standards and Guidelines 2009

Code of Conduct for the Queensland Public Service 2011

QH Government Employee Housing Management Framework

TCHHS-WFE-HR-PRO-0061 Relocation, transfer, and appointment expenses

Individual Employment Contracts

21. Definition of terms

Term	Definition / explanation / details	Source
Acute	Committee Request: Of abrupt onset, about a disease. Acute often also connotes an illness that is of short duration, rapidly progressive, and in need of urgent care. "Acute" is a measure of the time scale of a disease and contrasts with "subacute" and "chronic."	
Non-Acute	Non-acute care refers to surgery centres, physician clinics, long-term care etc. and is defined as specialised multidisciplinary care in which the primary need for care is optimization of the patient's functioning and quality of life.	
Agent	A person who acts on behalf of another	
Dependents	The person must be aged between 0 – 18 years of age and must be the employee's/partner's child, step child, adopted child, foster child, brother or sister, or a descendant of one of these (for example, a grandchild or nephew) or be any age and totally and permanently disabled who resides with the employee for at least 50% of the year (excluding time spent at boarding school or other educational facility) and receives less than the minimum award wage percentage for person under the age of 18.	
Delegate	The delegate is the relevant Corporate Services Director/Manager. As prescribed in the HR Delegations Manual.	
DHPW	Department of Housing and Public Works	
DoH	Department of Health	
Full time	For this Procedure full time staff are defined as 0.8 FTE and above	
GEH	Government Employee Housing	
Health practitioners	Psychologists, Social Workers, Occupational Therapists, Pharmacists, Radiographers, Podiatrists, Dieticians, Nutritionists, Dental Prosthetics, Oral Health Therapists, Dental Therapists, Dental Technicians	
Health promotion officer	HP3 with post graduate diploma from University of Sydney	
Health Worker	Identifies as Aboriginal or Torres Strait Islander who possess certificates to work in various areas of Primary Healthcare. Sometimes referred to as an Aboriginal Health Worker, they usually work in Community Primary Health	
TCHHS	Torres and Cape Hospital and Health Service	
Medical Officers	Directors of Medical Services, Senior Medical Officers, Medical Staff Specialists, Resident Medical Officers, Visiting Medical Officers, External LOCUMS.	

Term	Definition / explanation / details	Source
Nurse/Midwife	Nursing & Midwifery Officers Grade 3 to Grade 12	
Partner	A person is your partner if you and the person are living together or usually living together and are: • Married • In a registered relationship (opposite-sex or same-sec) Or in a de facto relationship (opposite-sex or same-sex). De facto means 1 of 2 persons who are living together as a couple on a genuine domestic basis but who are not married to each other or related by family[8].	
Pet	A pet is a domesticated animal or an animal that is dependent on a person for the provision of food or shelter and does not include a working dog or an animal prescribed by the regulation not to be a pet.	
Properties	TCHHS owned, DoH owned, DHPW owned or private leased accommodation	
Shared Accommodation	Shared tenancy arrangements may apply to single, no partner, no dependents employees unless a specific award entitlement or employment contract makes provision otherwise, and where no quarters style accommodation is available.	
Temporary Employee	An employee who is based at a location on a temporary contract.	

22. Consultation

- TCHHS Chief Executive
- TCHHS Executive Management Team
- Housing Officers/Corporate Services Managers
- Queensland Nurses and Midwifery Union
- Together Union
- Australian Workers Union
- United Workers Voice
- Construction, Forestry, Mining and Energy Union
- Electrical Trades Union
- Plumbers Union
- Australian Manufacturing Workers Union

---

[8] 1 Queensland Act Interpretation Act 1954, section 32DA and Queensland Discrimination Law Amendment Act 2002, Part 2, Section 4.

- Legal Services – Workplace Law Team, Crown Law, Queensland Government

23. Approval governance pathway

23.1 Document author

The following officer is the author of this procedure

- Project Manager (Accommodation), Asset Management

23.2 Document custodian

The following officer will have responsibility for implementation of this procedure

- Executive Director, Workforce and Engagement

23.3 Endorsing committee/position

The following committee/officer will have responsibility for implementation of this procedure

- TCHHS Executive Leadership Forum

23.4 Approving officer

The following officer has approved this document

- Health Service Chief Executive

Signature: _____ Date: _____

24. Effective dates

Schedule	Dates
Approval date	
Effective from	
Next date of review	
Superseded procedure	Housing Allocation (26 March 2015)

25. Version control

Version	Date	Prepared by	Comments
0.1	04/01/2022	Lynsey Haaren-Shaw	First draft
0.2	14/01/2022	Lynsey Haaren-Shaw	Second draft
0.3	07/02/2022	Lynsey Haaren-Shaw	Third draft

Version	Date	Prepared by	Comments
0.4	13/07/2022	Lynsey Haaren-Shaw	Fourth draft
0.5	09/08/2022	Lynsey Haaren-Shaw	Fifth draft
0.6	14/02/2023	Lynsey Haaren-Shaw	Sixth draft
0.7	10/03/2023	Lynsey Haaren-Shaw	Seventh draft
0.8	06/04/2023	Lynsey Haaren-Shaw	Document custodian reviews finished version
1.0			Approved by Executive Director

26. Evaluation strategy

Strategy	Evaluation
Risk	Consequence rating - Moderate Likelihood rating – Unlikely Overall risk rating – Medium 12
Audit strategy	Housing officers to review and monitor operational factors and provide feedback and recommendations to Executive General Managers, North and South and Executive Director, Workforce and Engagement on an on-going basis. Executive General Managers, North and South and Executive Director, Workforce and Engagement to ensure the policy is reviewed on an annual basis.
Audit tool attached	No
Audit frequency	Annually
Audit responsibility	Housing Officers
Indicators / outcomes	Number of complaints received from employees. Disruption to the efficiency and effectiveness of operational services. Unsafe staffing levels. Impact on budget/finances.

27. Document communication and implementation plan

Action	Responsible position
Identify the target group • All TCHHS employees eligible for employee accommodation or accommodation assistance.	Executive General Managers, North and South and Executive Director, Workforce and Engagement

Action	Responsible position
Provide a timeline for communication and implementation milestones • Notice periods in line with RTRA Act.	Executive General Managers, North and South and Executive Director, Workforce and Engagement
Identify method of communication • It is recommended that a phased implementation of the policy should be introduced for current eligible employees. • New staff will be advised at the time of recruitment selection.	Executive General Managers, North and South and Executive Director, Workforce and Engagement
List education and training available to support implementation • During this period, as a responsible employer, the TCHHS will provide staff education on the efficient management of electricity consumption together with a program of checking the efficient operation of air conditioners and other significant electricity consuming equipment and installations.	Housing Officers
Identify frequency of communication • As required.	Executive General Managers, North and South and Executive Director, Workforce and Engagement/Housing Officers

28. Appendices

Appendix 01 – Discretionary Accommodation Brief
Appendix 02 – Notification of Potential Accommodation Required Form
Appendix 03 – Accommodation Request Form
Appendix 04 – Change of Circumstances Form
Appendix 05 – Entry Notice (Form 9)
Appendix 06 – Entry Notice (Form R9)
Appendix 07 – Abandonment Termination Notice (Form 15)
Appendix 08 – General Tenancy Agreement (Form 18a)
Appendix 09 – Entry Condition Report (Form 1a)
Appendix 10 – Exit Condition Report (Form 14a)
Appendix 11 – Rooming Accommodation Agreement (Form R18)
Appendix 12 – Condition Report Rooming Accommodation (Form R1)
Appendix 13 – Payroll Deduction Form
Appendix 14 – Rent Increase Notice
Appendix 15 – Key Deposit Form
Appendix 16 – House Sitters Agreement
Appendix 17 – TCHHS Employee Accommodation House Rules
Appendix 18 – Pet Approval Form
Appendix 19 – Maintenance Request Form
Appendix 20 – Notice to Remedy Breach (Form 11)
Appendix 21 – Notice to Remedy Breach (Form R11)
Appendix 22 – Notice to Leave (Form 12)
Appendix 23 – Notice to Leave (Form R12)
Appendix 24 – Notice to Intention to Leave (Form 13)
Appendix 25 – Notice to Intention to Leave – Rooming Accommodation (Form R13)

Appendix 26 – Domestic and Family Violence Report
Appendix 27 – Notice ending tenancy interest (domestic and family violence) (Form 20)
Appendix 28 – Notice ending tenancy interest (domestic and family violence) (Form R20)
Appendix 29 – Notice to Lessors Intention to Sell (Form 10)
Appendix 30 – Pocket guide to tenants (Form 17a)

29. References

N/A

Policy

TCHHS-P&C-1-POL-0223

Housing allocation

1. Policy Statement

The purpose of this Policy is to ensure agreements for employee housing are initiated in accordance with the governing Queensland Health Employee Housing Real Property Policy & Procedures and *Residential Tenancies and Rooming Accommodation Act 2008*, and to promote consistency in the provision, maintenance and management of employee housing. This Policy supplements the Essential Terms and Conditions Residential Tenancy Agreement (Tenancy Agreement) which all tenants are required to sign when they take up residence in accommodation provided by the Health Service.

2. Principles

- To provide safe, comfortable and quality housing to eligible staff of Torres and Cape Hospital and Health Service (TCHHS)
- Comply with all relevant legislation
- Recruitment and retention strategy
- Recognition of the efforts of staff working in rural and remote environment
- Equity and transparency
- Flexibility, consultation and co-operation

3. Scope

Applies to all:
- Queensland Health and Torres and Cape Hospital and Health Service employees (permanent, temporary and casual) working in the TCHHS

- Organisations and individuals acting as its agents (including Visiting Medical Officers and other partners in care, contractors, consultants and volunteers)

- Hotel/motel and overnight accommodation for travellers is specifically excluded from this Policy

- In recognition of prior housing allocations, current tenants at the commencement date of this Policy will retain a housing allocation until the end of their employment with the TCHHS. In all other aspects, current tenants will be subject to the terms of this Policy (unless noted in the body of the Policy)

Queensland Government

4. Content of this policy

4.1 Eligibility for employee housing

The TCHHS will provide housing for eligible employees, funds permitting, having regard to:

- Award/Administrative entitlement

- Remote incentive

- Discretionary attraction incentive to meet operational requirements

TCHHS accommodation will not be available to staff members who are casual, own a residence in the location of employment, or have access to public or private housing through other organisations such as public housing or community housing. No compensation will be made to employees, who elect of their own volition, to reside in their own accommodation where TCHHS accommodation is available. The provision of housing is linked to recruitment requirements and may take into account local circumstances.

4.1.1 Eligibility criteria

The following Human Resources (HR) policies relate to the provision of accommodation within the various streams of employment and are contained in the Industrial Relations Manual (IRM) Section 2.2 – Award, Non Award and Legislative Provisions and Interpretations:
HR policy D6 Meals and Accommodation – Other than Medical Officers
HR policy D5 Accommodation Assistance – Rural and Remote Incentive
HR Policy D2 – Travelling and living expenses
HR policy C2 Rural and Remote Incentive Package – Registered Nurses
http://qheps.health.qld.gov.au/hr/employment-conditions/policies/irm-index.htm

There are limited circumstances where an award entitlement creates housing eligibility, for example relieving temporary nursing. Rather the Awards address relief of, or incentives for rent payments.

Where employees are not entitled to housing under an award instrument, the HSCE may exercise discretionary power to supply subsidised housing. A summary of the award entitlements in relation to accommodation can be found in Appendix 3.
The HHS recognises that accommodation assistance may be required due to the remote location of the HHS's facilities and is used as a key recruitment and retention strategy to attract staff to the health service if:

- Relocating from outside the TCHHS to take up work with the HHS or

- Relocation from within the TCHHS region to take up work at another HHS community.

Accordingly, the TCHHS has determined that the following full time permanent and full time temporary staff (excluding casual or part-time staff), in the following streams will be eligible for housing assistance:

Location	Employment Stream	Receive Housing	Rent Payable
Thursday Island	Administration (incl. DSO & HES)	AO6+	Yes
	Operational	No	Yes
	Nursing	NRG3+	Yes
	Medical Officers	All levels	No
	Health Practitioners	HP3+	Yes
	Dentists	All levels	Yes
	HBEA - Trades	HBEA6+	Yes
Bamaga	Administration (incl. DSO & HES)	AO6+	Yes
	Operational	No	Yes
	Nursing	NRG3+	Yes
	Medical	Yes	No
	Health Practitioners	HP3+	Yes
	Dentists	All levels	Yes
	HBEA - Trade	HBEA6+	Yes
Outer Islands PHCC Communities	Administration (incl. DSO & HES)	AO6+	Yes
	Operational	No	Yes
	Nursing	NRG3+	Yes
	Medical Officers	All levels	No
	Health Practitioners	HP3+	Yes
	Dentists	All levels	Yes
	HBEA - Trades	HBEA6+	Yes
Weipa	Administration (incl. DSO & HES)	AO6+	Yes
	Operational	No	Yes
	Nursing	NRG3+	Yes
	Medical Officers	All levels	No
	Health Practitioners	HP3+	Yes
	Dentists	All levels	Yes
	HBEA - Trades	HBEA6+	Yes
Cooktown	Administration (incl. DSO & HES)	AO6+	Yes
	Operational	No	Yes
	Nursing	NRG3+	Yes
	Medical Officers	All levels	No
	Health Practitioners	HP3+	Yes
	Dentists	All levels	Yes
	HBEA - Trades	HBEA6+	Yes

Location	Employment Stream	Receive Housing	Rent Payable
Southern PHCC communities	Administration (incl. DSO & HES)	AO6+	Yes
	Operational	No	Yes
	Nursing	NRG3+	Yes
	Medical Officers	All levels	No
	Health Practitioners	HP3+	Yes
	Dentists	All levels	Yes
	HBEA - Trades	HBEA6+	Yes
Cairns Offices	All Streams/Staff	No	n/a

In **all other cases**, a business case must be prepared to demonstrate that there is an operational requirement that warrants the eligibility for housing. Incentives such as housing must always be needs-based and offered as part of a recruitment and retention strategy. The provision of housing assistance will be subject to funding and physical housing stock availability. The business case must be prepared by the relevant Line Manager in conjunction with their Executive Director or General Manager and be approved by the HSCE prior to advertising a vacancy.

4.2   Allocation of employee housing

A specific allocation policy, i.e. the Policy, is required to ensure equitable decisions can be made at a local level. These will enable the HHS to highlight and consider the application of relevant local issues and how these impact on allocation.

Due to the complex nature of employee housing, it is necessary for the HHS to have sufficient flexibility in the allocation of housing to meet the varying needs of the health service and its employees, ensuring adherence to fair and equitable principles.

4.2.1 Principles of allocation

The Queensland Health Employee Housing Real Property Policy & Procedure is the overriding policy directive with regard to housing allocation.
Early planning and liaison with the Housing Officers will facilitate the offer of housing and matching housing stock to employee needs. Line Managers should consult with the Housing Officers prior to advertising a vacancy and complete a Housing Request Form (Appendix 1).

The following principles will be applied to the allocation of housing to employees:

- The availability of suitable housing at the time of the request including notification of possible delay in availability;

- The position's impact on service delivery; first consideration will be to maintain frontline services;

- The employee's immediate family needs, including:
    - partner
    - number of dependents, including any special needs

- The position's status - where possible match length of employment types together, i.e., permanent with permanent employees, short term with short term employees

- The position's shift arrangements (if applicable)

- Avoid accommodating line managers and direct reports together; and

- Families to be accommodated in houses where possible

Housing stock within the TCHHS varies in type, design and standard.

Houses are generally provided to employees with a family (i.e. partner and dependents). These are either designated two, three or four bedrooms depending on the composition of the employee's family.

Single staff may be allocated quarters style accommodation, or at a minimum will be allocated a bedroom with ensuite, depending on housing stock availability.

Where possible, one bedroom units/duplexes are used to cater for couples without dependants. Two or three bedroom units/duplexes used to cater for couples with dependents or shared accommodation for single and temporary employees.

On-campus staff accommodations are generally prioritised to house employees who are rostered on shift work or who are rostered on call.

Employees are not permitted to choose their allocation. Allocations will be made according to this policy. Swapping between housing and/or changing rooms without prior approval is not permitted.

4.2.2 Notification of employee

The provision of accommodation, the type of accommodation and the employee's contribution to the housing will be outlined in letters of appointment. It will be considered that accommodation benefit is unavailable for a position where there is no specific inclusion of accommodation as a condition of employment in the appointment letter.

4.2.3 Short-term housing shortages

Where there is insufficient housing for planned new arrivals, priority for housing allocation will be given to clinical/acute care personnel directly involved in patient care; then to non-acute health professionals; and finally to any management or administrative personnel with housing benefit outlined in this Policy.

In the interim, alternate temporary solutions may need to be considered by through line management to the General Managers (including, but not limited to; deferred commencement, fly-in/out arrangements and/or shared accommodation).

4.2.4 Changes in circumstances

If an employee has a change to employment terms and conditions outside of their Letter of Offer, the matter will be put to the HSCE for a decision to ensure consistency with this Policy.

Employees are not automatically entitled to an upgrade of accommodation when personal circumstances change due to a new partner or new children. However, employees may request a change in housing, setting out their circumstances and their housing needs, through the Housing Officer. Any change in housing granted will be made in line with the housing allocation principles described above.
Where there has been a change in the number of family occupying the tenancy due to separation or a change to dependants' status, the employee must inform the Housing Officer immediately and this may result in a change of allocation.

Where the TCHHS moves an employee to different accommodation the TCHHS will cover reasonable associated costs. Where the employee has paid for internet or phone connections in their current accommodation and where they are moved to different accommodation the health service will cover the costs of reconnection. Where the employee chooses to move, the employee will be expected to cover any associated costs.

4.2.4 Relocations

The allocation of a residence at the commencement of employment does not guarantee a permanent entitlement to that residence. Employees may be required to be relocated due to operational requirements such as changes in demand for types of accommodation, the availability of housing stock, or the affordability of private lease arrangements.

Where an employee is relocated due to operational requirements, every effort will be made to minimise the impact to the employee and the TCHHS will cover the cost of the relocation, including packing boxes and provide assistance to move belongings. Notification of a requirement to relocate will be provided in writing to the employee. Tenants in sole tenancies must be given at least two months' notice prior to the required relocation date. Tenants in shared tenancies will be given at least 30 days' notice. The employee will be allocated two (2) working days within those timeframes to affect the move.

4.2.5 Health Service Chief Executive Authority

The HSCE has the authority to approve employee housing allocations that are not within the scope of this Policy, including consideration of housing related to part-time positions, temporary staff or visiting staff.

4.3   Administration of employee housing

4.3.1 Tenancy Agreements

The *Residential Tenancy & Rooming Accommodation Act 2008* is the governing legislation for the administration of housing in the TCHHS. This Policy aligns to the *Residential Tenancy & Rooming Accommodation Act 2008.*

All employees occupying accommodation provided by the TCHHS will be required to enter into a Tenancy Agreement (Appendix 5). Generally an agreement will be with one employee where the use of the residence is exclusive. Family members must be noted on the agreement. This agreement can also be used as an individual tenancy agreement for single accommodation, which includes a 'special condition clause' allowing the TCHHS to place other occupants in vacant bedrooms. When used for this type of accommodation, the intention is that the tenants will share the right to the common area of the premises.

The HSCE, as delegate of the Queensland Government, must execute the Tenancy Agreement between the Department of Health (DoH) and the tenant. The DoH must be stated as – "The State of Queensland" (Represented by the DoH).

The Tenancy Agreement is to be completed at the time of receiving the keys. If a tenant refuses to sign the Tenancy Agreement, their housing allocation will be withdrawn.
An inventory/condition report (Appendix 2) is to be checked and returned to the Housing Officer (or designated officer) no later than three (3) days of initial occupation of the tenancy or form the time the tenant received the report to fill out. Tenants are expected to maintain and/or replace property items in the inventory list during the tenancy.

4.3.2 Rent

Rent will be payable by TCHHS employees in compliance with Queensland Health HR Policy D5 Accommodation Assistance – Rural and Remote Incentive:

"When Queensland Health accommodation is provided, the accommodation charge (usually referred to as board) is to be waived for a period of up to 17 months from the date of commencing duty at the centre or facility".

After the 17 month waivered period has ended, employees, unless covered by an award entitlement, will be required to pay $19.00 per week rent. This amount has been based on the QH Nurses and Midwives Award – State 2012, section 12.5.2. Employees will be requested to sign a payroll deduction form to commence automatic deductions from their pay. This process will be monitored and managed by the Housing Officers. Rental payments will be reviewed annually.

Any staff member recruited from outside of the community, who is not provided with accommodation according to this policy, will be entitled to a rental subsidy payment of $82.50 per week for up to 17 months if accessing commercial accommodation. A rental agreement is required as evidence of commercially accessed accommodation. Appendix 3 outlines the various Award entitlements for subsidised accommodation.

4.3.3 Tenancy during periods of leave

Staff residing in TCHHS accommodation may be required to relinquish their accommodation when taking paid leave, for greater than twenty six (26) weeks.

Employees on unpaid leave greater than three (3) months are required to surrender their accommodation unless otherwise agreed in writing, by the HSCE.

If an employee vacates a tenancy, it is the responsibility of the employee to make storage or removal arrangements for their belongings.

4.3.4 Abandonment of employment

Abandonment of employment will immediately terminate the tenancy agreement. The TCHHS reserves the right to remove the employee's contents and store in accordance with the Act.

After three (3) months, property will be considered abandoned and the TCHHS reserves the right to dispose of property to cover costs of any removal and storage expenses incurred.

4.3.5 Secondments

Employees who do not reside in their allocated quarters/premises or temporarily vacate their allocated quarters/premises for longer than three (3) months due to living in other accommodation may be asked to surrender their accommodation. Individual secondments will be assessed on case by case basis, including storage arrangements.

4.3.6 Use of accommodation

The TCHHS does not allow:

- The practice of partners residing with TCHHS employees in shared accommodation situations, except where both are employees of the HHS. In cases where partners are both shift workers they are entitled to their own bedroom;

- Assignment or subletting by the employee or taking of boarders in TCHHS accommodation;

- The use of accommodation for purposes other than the residential accommodation of the employee and their families. Any form of private business is not allowed to be run from the premises. An exception to this is online businesses such as Avon, ENJO etc.

- The storage of dangerous goods.

4.3.7 Purchase of private dwellings

If an employee, or partner of an employee, purchases a private dwelling within fifty (50) kilometres of the employment centre, they must advise the HSCE within one month of the purchase. In situ tenants must also advise the HSCE within one month of the commencement of this Policy if they, or their partner, own a private dwelling in the employment centre. The employee will be required to show cause why their tenancy should not be terminated within thirty (30) days of the notice in writing.

4.3.8 Utilities

Utilities are charged in line with the entitlements of the relevant Industrial Awards. From the commencement of this Policy tenants in staff quarters or shared tenancies will continue to receive subsidised utilities, all other tenants will be subject to the relevant Industrial Award.

4.3.8.1 Electricity

Tenants, who have received subsidised electricity at the commencement of this Policy, may continue to receive this benefit.

In these cases the TCHHS will continue to subsidise the cost of electricity for reasonable usage. The TCHHS has determined that usage under 2500 kilowatt per quarter is considered reasonable.

Where usage over the quarterly reasonable amount is identified, the property may be inspected to determine energy efficiency levels. Excessive usage will be discussed with the tenant. Tenants are responsible to contributing to energy efficiency in their tenancies, including turning devices/lights/air-conditioners off when required. Annual electrical checks, including residual current device testing, test and tagging of electrical equipment and smoke alarm testing, will be carried out annually by the BEAM Team and DHPW.

4.3.8.2 Gas

The TCHHS will pay all costs associated with the normal provision of residential gas.

4.3.8.3 Water

The TCHHS and DHPW will pay all costs associated with the normal provision of water. In cases where premises are not individually metered such as share housing or quarters, excess water will not be passed on to the occupant/s.

In the case where excess water charges are found to be the result of neglect and/or misuse by the occupants, the TCHHS will seek restitution from the tenant.

In the case where excess water charges are found to be the result of leaking taps, broken pipes etc., the TCHHS will ensure that the problem is repaired as quickly as possible and will be responsible for the payment of all excess water charges. Note – the occupant is responsible to notify the Building Engineering and Maintenance Services (BEMS) team of any necessary plumbing repairs as soon as the problem is noticed. Failure to notify within a reasonable time will result in the occupant being responsible for any excess water charges.

4.3.9 Air conditioners

Air conditioners are provided in all TCHHS employee accommodation. It is the responsibility of the occupant to ensure that the air conditioners are used in a cost-effective manner; this includes keeping the air-conditioners set at 25 degrees Celsius, keeping windows and doors closed during use and turning off the air-conditioners when leaving the house. It is also the responsibly of the occupant to ensure that the inside unit filters are cleaned in air conditioners each month (only where they are accessible without using tools).
All air conditioners are serviced once a year by the BEMS team, the private lessor or DHPW.

4.3.10 Telephone

When moving in, each tenant is expected to carefully inspect their accommodation and complete the Entry Condition Report (Appendix 2). Within forty eight (48) hours of moving in, any damage or missing items must be reported to the Housing Officer using the Entry Condition Report. If the tenant fails to advise of any problems within forty eight (48) hours, it will be taken that the tenant is satisfied with the condition of the accommodation which he or she has occupied and confirmed that the accommodation is in a good and undamaged condition. Tenants will be billed for any loss or damage not reported by them before the initial forty eight (48) hours lapsed.

Tenants must keep all walls, floors, doors and ceilings of the premises free of nails, screws or adhesive substances. The tenant will be charged a restoration fee at the end of the tenancy if the above mentioned areas have been damaged or are in need of restoration.

For tenancies with pets, an annual carpet cleaning/pest control must be carried out annually, to a professional standards, by the tenant. The TCHHS will require evidence either by receipt of services provided by professional cleaners or through inspection.

4.3.11 Asbestos

Dwellings may consist of asbestos material. Tenants are not to undertake any activity to the external or internal of the premises unless approval has been given by the BEMS team. Activities by the tenant consisting of sawing, drilling, water blasting, grinding or sanding structures consist of walls, ceilings, flooring or skirting are prohibited.

4.3.12 Inspections / entry of the property

The TCHHS reserves the right to enter accommodation to conduct routine inspections and for routine or emergency maintenance of the property as per the below table.

Inspection / Entry	Time frame	Notice Required
Assessment of condition and maintenance	6 monthly	7 days (written)
Undertake routine repairs/maintenance	As required	24 hours (written)
Entry Condition Report	Prior to new tenant moving into vacant accommodation	N/A
Exit Condition Report	On vacating the premises	N/A
Requested by Tenant	On request	N/A
Request by HSCE	On request	Depending on the reason
Show premises to prospective tenant	As required	24 hours (written)
Valuation of the premises	As required	24 hours (written)
Abandonment of premises	As required	24 hours (written)
Emergency	As required	Nil
Protection of premises from further damage	As required	Nil

[3] http://www.psc.qld.gov.au/publications/directives/assets/2011-11-transfer-appointment-expenses.pdf

Unless a mutually convenient time has been arranged with a tenant, an Entry Notice will be issued prior to entry to the premises. Where possible, a time convenient to both parties will be arranged. If the tenant avoids or is obstructive to the request of a mutually agreeable time, the TCHHS reserves to right to enter the premises after the notice period (described above) regardless of its convenience to the tenant.

4.3.13 Key deposits

Tenant's will sign the Key Deposit Form and Payroll Deduction Form for twenty dollars ($20) on receiving a key and a further one hundred ($100) on receiving a garage remote. The Payroll Deduction Form will be disposed of once the key and/or remote has been returned to the Housing Officer. If the key and/or remote is lost or damaged for any reason, the Housing Officer will forward the signed Payroll Deduction Form to payroll for processing. The tenant is responsible for the keys and remotes issued, and these should be kept only by the tenant. They should not provide these to any person.

4.3.14 Cleaning and damage restitution fee

All tenants will be required to sign a Payroll Deduction Form when receiving the key. If damage is found upon the exit inspection or a commercial / pet / smoke damage clean is required, the Payroll Deduction Form will be sent to payroll for processing in the next pay cycle for the cost of the commercial cleaning and/or repairs to any damage.

4.3.15 Pets

4.3.15.1 Multi-unit tenancies

The Department of Housing and Public Works Government Employee Housing Scheme – Conditions of allocation, s.26, and the Queensland Health Employee Housing Real Property Policy, s 4.5.2, both state that pets are not permitted in multi-unit or shared accommodation.

4.3.15.2 House tenancies

Subject to local Government by-laws and the approval by DHPW Government Employee Housing (GEH) of an application in writing from the tenant, pets may be kept on the premises of the house dwelling of DHPW houses. Pets are to be kept external to the premises. Non-DHPW houses, permission must be obtained from HSCE prior to the relocation of the employee. Details of the pets must be provided before approval is given.
Where approval is given, tenants are responsible for any damage caused by their pet and must ensure compliance with local council regulations and the Tenancy Agreement.
Tenants are required to perform pest control at least annually to a professional standard. Tenants will be required to pay for pest control and cleaning costs when vacating the premises.

4.3.15.3 Private leased tenancies

QH enters into private lease agreements with the lessors on the TCHHS's behalf. There are no provisions for pets in the current standard header lease agreements. At the date of this policy no provisions have been made in the lease agreements for pets for all TCHHS private leased housing.

4.3.16 Smoking

Smoking is not permitted in any TCHHS accommodation, including inside or on a balcony of the residence. Tenants must smoke outside and at least five (5) meters beyond the boundary of the accommodation. Smoking is not permitted on any DoH facilities which extends to any on campus accommodation. All tenants are required to abide by the TCHHS Smoking Policy, otherwise subsequent fines and or cancellation of the Tenancy Agreement may occur. Any damage caused to the premises or inventory due to smoking will be charged to the tenant via a payroll deduction (cleaning and damage restitution fee). Please refer to the DoH information site regarding the *Tobacco and Other Smoking Products Act 1998*[10]

4.3.17 Provision of furniture

All TCHHS owned accommodation will be supplied with furniture and white goods unless the tenant agrees to relocate their own furniture. All furniture and white goods provided by the TCHHS will be subject to stocktake. The stocktake will be completed prior to the tenant moving in and on exit. All items listed on the stocktake will remain the property of the TCHHS and the tenant will be requested to reimburse the TCHHS for any items not accounted for.

4.3.17.1 Contents

Refer to the TCHHS Inventory List (Appendix 2); the cleaning of these items is the responsibility of the tenant. Items that are not replaceable i.e. the items on the Inventory List that do not contain an **"R"** are the responsibility of the tenant to replace due to wear and tear.

Replaceable items (designated with an **"R"** in the inventory list) will be repaired or replaced by the TCHHS as required. These items will be replaced if damaged due to natural weather events or are beyond fair wear and tear, and beyond useful life. Replaceable items will not be replaced due to wilful damage.

Business Rules:
- Bedrooms in shared accommodation are to be furnished the same way as a main bedroom
- Mattresses are to be replaced every 5 years, and
- Pillows are to be replaced every year for all tenancies and more frequently for shared temporary accommodation

4.3.18 Repairs / Faults / Complaints

In the first instance, repairs and faults should be reported to the Housing Officers (or designated officer) who will in turn contact the appropriate officers as per the Roles and Responsibilities outlined in this policy.

---

[1] http://qheps.health.qld.gov.au/smoke-free/html/proposed-laws.htm

The TCHHS Inventory List outlines with an **"R"** the items that the TCHHS is responsible for. If these items require repair/replacement due to damage caused by the tenant, or a visitor of the tenant, these costs will be borne by the tenant.

Complaints and enquiries should be directed / reported, via email, through the Housing Officers. Any complaints which are of an HR nature will be referred back to the Line Manager.

4.3.19 Garden maintenance

Tenants in sole tenancies will be required to arrange for the maintenance of the lawns and gardens, including any associated fees for dumping. Storage is provided at all tenancies which can be used to store equipment. It will be the responsibility of the tenant to ensure they store fuel safely. Cars are not to be parked on any grassed areas.

Tenants in shared accommodation will be provided for as described at 4.4.8 in this policy.

4.3.20 Liability for property damage

Proper care must be taken of all TCHHS property. Tenants are responsible for all damage to or loss of TCHHS property in their assigned accommodation. Removal of any HHS property from its designated location will be reported to the police. Tenants are also responsible for the conduct of their guests and any misconduct, injury to any person or property damage, which they cause.

Tenants are responsible for maintaining accommodation in good order and condition; properties will be periodically inspected throughout the tenancy. In line with Department of Housing and Public Works Government Employee Housing Scheme – Conditions of allocation and the Queensland Health Housing Real Property Policy and Procedures, employees will be liable for the cost of cleaning or repairs (beyond fair wear and tear) upon vacating TCHHS accommodation.

4.3.21 Insurance

The TCHHS does not insure tenants/employees possessions and suitable coverage is a matter for each individual tenant/employee.

4.3.22 Salary sacrifice

Employees may choose to salary sacrifice any rent that they may be liable for under a tenancy agreement. Please contact RemServ on 1300 73 66 62 or at http://www.remserv.com.au/.

4.3.23 Fringe benefits tax implications

Employees who live in TCHHS and receive a housing benefit may be exempt from Fringe Benefits Tax (FBT). In addition, there may be FBT implications if they receive free or subsidised fuel (electricity and gas).

It is strongly recommended all tenants seek financial advice on the FBT implications. More information can be found in the Department of Health remote area concession fact sheet: http://qheps.health.qld.gov.au/finance/taxation/docs/remote-area-concessions.pdf or by contacting the Department of Health FBT on http://qheps.health.qld.gov.au/finance/taxation/docs/remote-area-concessions.pdf

4.3.24 Fire and evacuation

A fire and evacuation poster is to be visible in all types of accommodation, the TCHHS will provide this. A fire blanket will be provided for each residence.

The TCHHS is responsible to have hard-wired smoke alarms installed in all accommodation and must replace prior to end of serviceable life (usually 10 years). At the start of a new tenant period the TCHHS is responsible for testing, cleaning and replacing batteries in smoke alarms. During their tenancy the tenant must test, clean and replace batteries, this is part of the monthly Security Check List sent to the tenant by the BEMS Team.

Current legislation requires that all accommodation must have operational smoke alarms fitted – this means that alarms should not be made inoperable by removing batteries. Please see the Qld Fire and Emergency Services web site for more information: https://www.qfes.qld.gov.au/communitysafety/smokealarms/

4.4 Shared tenancies

Shared tenancy arrangements may apply to single, no partner, no dependents employees unless a specific award entitlement or employment contract makes provision otherwise, and where no quarters style accommodation is available. Principles for employee's sharing will be applied where possible and subject to available housing stock:

- Same gender to share where possible.

- Similar roles or rosters (i.e. shift work) to share where possible.

- Locks on all bedroom doors.

- Line managers and direct reports will not be accommodated in the same tenancy, where possible.

- Every effort will be made to house employment types together, i.e. permanent with permanent and temporary with temporary.

- Where possible limit accommodation for shared tenancies to two bedrooms and two bathrooms for permanently appointed employees.

4.4.1 Aesthetic appearance of accommodation

Staff staying in shared tenancies are required to maintain a neat and clean appearance of the accommodation – both inside and out:

- Do not place foil, cardboard or other unsightly materials or objects in or on the bedroom windows or common room areas

- Do not alter window coverings

- Keep balconies, decks and patios neat and orderly at all times and clear of personal belongings, including   no towels or washing etc. being draped over the balcony

- Furniture designed for indoor use is not permitted outside

- Tenants are not to remove any item of furniture from the rooms

4.4.2 Cleanliness

For tenants in shared accommodation it is the responsibility of each tenant to keep the premises in a clean condition, including common areas such as kitchen, lounge, dining, laundry, storeroom, bathrooms/toilets and hallway. This includes wiping out the fridge as required and keeping oven/stove top clean.

The TCHHS will provide a mop/bucket, broom and vacuum cleaner to each shared accommodation property. The Housing Officer will arrange for bedroom cleaning and a linen change prior to the arrival of each new tenant. Tenants are responsible for removal of rubbish on garbage collection days. Please see the laminated paper displayed on fridge.

Cleaning supplies (dishwashing detergent), toilet paper and a weekly clean will be provided for premises solely allocated to short term fly-in fly-out occupants or group share/staff quarters. Occupants at fly-in fly-out or staff quarters are required to keep their bedroom clean. Fly-in fly-out occupants will remove bedding and used towels and place them in the laundry at the end of their stay.

Routine inspection (every 6 months) of all shared accommodation will occur and if a notice to remedy breach of tenancy is issued and appropriate action is not taken then the tenant will be given notice to vacate consist with the Act.
At the end of the tenancy the tenant must leave the premises in, as near as possible, a similar state as was set out in the condition report.

4.4.3 Code of conduct and illegal activity

The tenant must at all times adhere to the Queensland Government Code of Conduct. Inappropriate behaviour by tenants should be reported to their Line Manager. Responsibilities of tenants include but are not limited to:

Consideration of other tenants must be exercised at all times and adherent to the following 'House Rules':

- Undue noise is not permitted at any time. All tenants should have quiet enjoyment of the residence.

- Visitors may only be entertained in the lounge room or in the tenant's allocated room.

- Visitors must vacate the premises by 11 pm.

- Overnight visitors are only allowed if consent is provided by other shared tenants. Where one other shared tenant does not feel safe / comfortable with overnight visitors, then overnight visitors are not permitted.

- Overnight visitors are not allowed in the quarters/batch/group share accommodation.

- Illegal drugs are not permitted on the premises.

- Tenants are not permitted to move or swap allocated rooms.

- Tenants are not permitted to allow visiting family members or friends to occupy other rooms in the shared tenancy without the permission of the TCHHS.

Any disciplinary action will be dealt with via the relevant HR policies.

4.4.4 Security and Safety

The following must be adhered to in shared accommodation:

- The DHPW Government Employee Housing Scheme – Scales and standards of housing, and the State wide Queensland Health Housing Design Standards and Guidelines, prescribe the standards of security required for employee housing. All houses should have exterior lighting at the front and rear of dwellings for security, all paths of travel between building, workplaces, carports and external building to comply with the principles of CPTED (crime prevention through environmental design) and be lit at night

- Tenants will not provide keys to any other person for the external doors

- Bedroom keys (if applicable) are the responsibility of the tenant and will not be given to any other person

- Key(s) remain the property of the TCHHS and should be handed, in person, to the Housing Officer on Thursday Island and Weipa, to the Business Manager in Cooktown, to the Operations Manager in Bamaga, to the CNC on the Outer Islands and to the DON at Cape York PHCC's when vacating accommodation. Where there is a key box within the facility then keys are to be placed and left for pick up by the Housing Officer (or designated officer) if vacating after hours or on weekends

- All tenants should ensure that all external doors are locked at all times

- Tenants are encouraged to lock bedroom door at all times

- The TCHHS takes no responsibility for loss or damage of personal property

- Tenants have a responsibility to be familiar with fire and emergency/evacuation procedures applicable to the on campus staff accommodations buildings and comply will all requirements. The BEMS teams will ensure the smoke alarms are cleaned and tested annually.

4.4.5 Contents

Shared housing will be furnished according to the TCHHS inventory list (Appendix 2), including basic furnishings, white goods, kitchen cooking utensils and linen. Cleaning of these items is the responsibility of the tenant. Short term fly-in fly-out employees are required to remove the bedding from the bed and place it in the laundry upon departure for the operations staff to attend to.

Fly-in fly-out occupants will be provided with a welcome pack. Where the residence is often used by FIFO staff or is groupshare/batch, then the common kitchen will be supplied with dishwashing liquid, disinfectant, toilet paper, chux cloth and pot scrubber.

4.4.6 Cooking

Cooking is only permitted in kitchens. Cooking equipment such as hot plates, rice cookers, electric woks and fry pans are not permitted in the bedrooms. Barbeque grills, portable grills, and lighter fluid may be a fire hazard and are not permitted inside any unit or outside on room balconies.

4.4.7 Damage to property and contents

Tenants are responsible for all damage to or loss of TCHHS property in their assigned accommodation. Proper care must be taken of all TCHHS property. Tenants responsible for damage will be charged for repairs or replacement cost.

4.4.8 Garden

The TCHHS will be responsible for maintaining lawns and garden edging for on campus shared accommodation/off campus quarters accommodation.

4.4.9 Pets

Pets are not permitted in on campus, multi-unit or share accommodation, refer to section 4.3.16.

4.5   Breach of policy

Any breach of this Policy may result in loss of entitlement to the provision of accommodation. The decision to withdraw entitlement will be at the discretion of the HSCE.

5. Responsibilities

Position	Responsibility
Executive Management Team	Endorses the policy and any subsequent amendments
HSCE	Approved the policy and any subsequent amendments
Executive General Manager – North and South	• Implements and manages a property management system through the Business Managers • Manages private and government leases with the assistance of Property Services, Health Infrastructure Branch (HIB) and the Department of Housing and Public Works (DHPW) • Prepares budget estimates for the provision of employee housing • Provides the Asset Management Unit of HIB with up to date information on the employee housing portfolio on an as required basis • Oversees resolution of housing allocation.
Executive Director People and Culture	• Monitors the effectiveness of this policy through the People and Culture Governance Committee. • Ensures this Policy is included in the employee handbook and orientation package. Ensures details of accommodation and approved pets, as agreed, are included in letter of employment. • Files a copy on the employees' personnel file.

Line managers	• Line Managers to discuss with the relevant Executive Director/General Manager before the position is advertised. Determine housing entitlement according to this policy. Complete a Housing Request form (Appendix 1) detailing family composition and whether utilities and pets are included. • Advises the Housing Officers of any new staff housing requirements after the request for accommodation has been approved by the Executive General Manager. • Participates in resolution meetings for cases where suitable housing allocations cannot be met. • Participates in the resolution of any issues in relation to the accommodation tenancy. Meetings will be conducted in line with the E12 HR policy – Grievance Resolution.
Housing Officers	• Allocates housing in accordance with this Policy and escalates cases to the Executive General Managers where a suitable match cannot be met • Provides a single point of contact for employees in regard to housing maintenance matters • Maintains an up to date TCHHS Master Employee Housing Register and Key Register • Maintain records of all staff who have been allocated a housing benefit in the FBT year (April through to March) in accordance with FBT • Ensures that all occupants have signed, prior to occupation, the relevant tenancy agreement, inventory list, condition report, payroll deduction form/s, key register forms and highlighting any maintenance issues which may have not been rectified. Copies must be given to the occupant and records kept on file

	• Ensure correct rent, relevant to any award entitlement, is being paid fortnightly through the payroll deduction forms. An invoice will be raised for external contractors • Issues Notices as per the Tenancy Agreement e.g. Notice to Remedy Breach and conduct ad hoc inspections as required • Notifies the TCHHS Maintenance teams, DHPW, the private lessor or the real estate agents of any required maintenance and repairs (R&M) • Manages housing stock requirements and monitors critical dates, vacancies and tenancy details • Liaises with DHPW on GEH supplied housing lease charges • Conducts entry and exit inspections and when necessary provides a report to the line manager • Maintains and stock takes housing inventory and notifies the TCHHS Maintenance teams of any replaceable inventory that requires repairs or replacement • Manages the housing keys and the key register • Monitors and collects rent payable by tenants

Business managers	Monitors electricity usage
Asset Officers	• Maintains an accurate record of housing assets (FMPM requirement). • Assists the Housing Officers with regular stock takes and inventory (reportable assets).
Tenant (employee)	• Completes and signs all documentation upon commencement including Tenancy Agreement, transfer or establishment of electricity and telephone, completion of entry and exit condition reports, payroll deduction form/s and a key deposit form. • Ensures compliance with the Residential Tenancies and Rooming Accommodation Act 2008, Queensland Health Employee Housing Real Property Policy and Procedures and this Policy. • Reports required maintenance and damages to the Housing Officers by email at: • Northern Sector - tchhs-north-Accommodation-Staff@health.qld.gov.au • Southern Sector – tchhs-south-bems@health.qld.gov.au

6. Legislative or other Authority

- *Residential Tenancies and Rooming Accommodation Act 2008 (the Act)*
- *Fire and Emergency Services Act 1990*

7. Supporting documents

- District Health Services Employees Award – State 2012[2]

- Queensland Health Nurses and Midwives Award – State 2012, section 12.5.2[3]

- IRM 2.2-4 Accommodation – Full Time Medical Superintendents and Staff Specialists in Country Areas[4]

- Residential Tenancy and Rooming Accommodation Act 2008[5]

- Department of Housing and Public Works – Scales and standards of Housing, 2013[6]

- Department of Housing and Public Works – Conditions of Allocations, 2013 [7]

- Queensland Health Employee Housing Real Property, 2008

- Queensland Health Employee Housing Design Standards and Guidelines, 2009 [8]

- HR Policy D7 - Installation in Residence of Telecommunications Equipment – Medical [9]

- HR Policy D5 - Accommodation assistance – rural and remote incentive [10]

8. Related documents

---

[2] http://www.qirc.qld.gov.au/resources/pdf/awards/d/d0110_swc13.pdf
[3] http://www.qirc.qld.gov.au/resources/pdf/awards/q/q0090_swc13.pdf

[4] http://qheps.health.qld.gov.au/hr/employment-conditions/policies/irm/irm2-2-4.pdf

[5] https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/R/ResidTenRAA08.pdf
[6] http://www.hpw.qld.gov.au/SiteCollectionDocuments/GEHSScalesandStandards.pdf
[7] http://www.hpw.qld.gov.au/SiteCollectionDocuments/GEHSConditionsofAllocation.pdf
[8] https://www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-929.pdf
[9] https://www.health.qld.gov.au/system-governance/policies-standards/doh-policy/policy/qh-pol-156.pdf
[10] http://qheps.health.qld.gov.au/hr/employment-conditions/policies/irm/irm2-2-4.pdf

9. Definitions of terms used in this policy and supporting documents

Term	Definition / Explanation / Details	Source
Agent	A person who acts on behalf of another	
Dental Officers	Dentists	
Dependents	The person must be aged between 0 – 18 years of age and must be the employee's/partner's child, step child, adopted child, foster child, brother or sister, or a descendant of one of these (for example, a grandchild or nephew) or be any age and totally and permanently disabled who resides with the employee for at least 50% of the year (excluding time spent at boarding school or other educational facility) and receives less than the minimum award wage percentage for person under the age of 18.	
DHPW	Department of Housing and Public Works	
DoH	Department of Health	
Fly-in fly-out employee	A short term temporary tenant who is based in another location	
Full time	For the purpose of this Policy full time staff are defined as 0.8 FTE and above	
Health practitioners	Psychologists, Social Workers, Occupational Therapists, Pharmacists, Radiographers, Podiatrists, Dieticians, Nutritionists, Dental Prosthetics, Oral Health Therapists, Dental Therapists, Dental Technicians	
Health promotion officer	HP3 with post graduate diploma from University of Sydney	
Health Worker	Identifies as Aboriginal or Torres Strait Islander who possess certificates to work in various areas of Primary Healthcare. Sometimes referred to as an Aboriginal Health Worker, they usually work in Community Primary Health Care Services.	
TCHHS	Torres and Cape Hospital & Health Service	

Medical Officers	Directors of Medical Services, Senior Medical Officers, Medical Staff Specialists, Resident Medical Officers, Visiting Medical Officers, External LOCUMS.	
Midwife	A midwife who is licensed by the Australian Health Practitioner Regulation Agency (AHPRA) to practise midwifery without supervision.	
Nurse	Nursing & Midwifery Officers Grade 3 to Grade 12	
Partner	A person is considered to be your partner if you and the person are living together or usually living together and are: • married • in a registered relationship (opposite-sex or same-sex) or in a de facto relationship (opposite-sex or same-sex). De facto means 1 of 2 persons who are living together as a couple on a genuine domestic basis but who are not married to each other or related by family[1] [1] Queensland *Act Interpretation Act 1954*, section 32DA and Queensland *Discrimination Law Amendment Act 2002*, Part 2, Section 4	
Pets	Acceptable pets include: • Domesticated cat • Domesticated dog • Bird kept in cage • Small rodent kept in cage (gerbil, hamster, guinea pig, etc.) • Small reptile kept in cage (turtles, lizards, geckos, etc.) • Small fish in a fishbowl Excludes native and farm animals.	
Properties	TCHHS owned, DoH owned, DHPW owned or private leased accommodation	
Replaceable item	An item of inventory designated with an "R" on the inventory list	
Temporary employee	An employee who is based at a location on a temporary contract	

10. Consultation

- TCHHS Health Service Chief Executive
- TCHHS Executive Management Team
- Queensland Nurses Union
- Together Union
- Australian Workers Union
- Legal Services – Metro North Hospital and Health Service

11. Approval Governance Pathway

Policy Officer
Executive Director People and Culture

Policy Custodian
Executive Director People and Culture

Endorsing Committee or Position
TCHHS Executive Management Team

Approving Officer
Dr Jill Newland
Health Service Chief Executive
Torres and Cape Hospital and Health Service

The following Officer has **approved** this document

Name :   Dr Jill Newland

Position: Health Service Chief Executive

Signature: _____ *Date:*_____

12. Effective Dates

Approval date   26 March 2015
Effective from   26 March 2015
Next Date of Review   26 March 2016
Supersedes New

13. Version Control

Version	Date	Prepared by	Comments
0.1	01/12/14	Danielle Hoins	First draft
0.2	23/01/15	Danielle Hoins	Second draft in consultation with HSCE
0.3	28/01/15	Danielle Hoins	Third draft in consultation with EMT
0.4	04/02/15	Danielle Hoins	Fourth draft in consultation with HSCE
0.5	11/02/15	Danielle Hoins	Fifth draft in consultation with EMT
0.6	12/02/15	Danielle Hoins	Sixth draft in consultation with HSCE
0.7	06/03/15	Danielle Hoins	Seventh draft resulting from feedback received by staff
1.0	12/03/15	Danielle Hoins	Policy endorsed by EMT

14. Audit Strategy

Audit strategy	Housing officers to review and monitor operational factors and provide feedback and recommendations to Policy Officer on an on-going basis. Policy Officer to ensure the policy is reviewed on an annual basis.
Audit tool attached	No
Audit frequency	Annually
Audit responsibility	Housing Officers Policy Officer
Indicators / Outcomes	Lack of complaints, efficient operational procedures.

15. Appendices

Appendix 1   TCHHS Housing request form

Appendix 2   TCHHS Condition entry report / inventory list

Appendix 3   TCHHS Accommodation award entitlements

Appendix 4   Rentable subsidies payable by the TCHHS if commercial accommodation is accessed

Appendix 5   Tenancy Agreement Form

Appendix 1 TCHHS Housing request form

TCHHS HOUSING REQUEST FORM

Housing Officer:	Phone No:
Email Address:	Mobile No:

Section 1: PRELIMINARY HOUSING AVAILABILITY *Line Manager to complete prior to recruitment*	
Line Manager	
Program Area	
Cost Centre	
Position	
Line Manager Signature	Date:

Section 2: FOLLOWING RECRUITMENT *Line Manager to complete following recruitment*	
Successful Applicant Name:	
Housing Requirement For:	❏ Single ❏ Couple ❏ Children Ages of Children: ____ , ____ , ____ Gender of Children: ____ , ____ , ____ Furniture Required ❏ Yes ❏ No ❏ Pets Number and type of Pets: _____ ** IMPORTANT: It should be noted that pets are a negotiated item and dependent on availability for all housing properties.*
Status:	❏ Permanent ❏ Temporary
Expected Start Date:		**End Date:**	
Electricity	❏ Entitlement or negotiated item ❏ Employee to pay
Other Requirements	
Line Manager Signature:	Date:

Section 3: PROPOSED ALLOCATION *- return completed to Line Manager*	
Property Recommended / Comments:	
EGMS/N Signature	Date:

Appendix 2 TCHHS condition entry report / inventory list

TCHHS - Condition Entry Report/Inventory List

Address:					

Employee:					
Inspecting Officers:					
Date:			Move Out:		
ITEM	MAKE / MODEL	ASSET NO.	QUANT REQ	ACTUAL QUANT	COMMENTS/Condition
Kitchen					
Baking Tray			1		
Can Opener			1		
Coffee Mugs			4		
Coffee Plunger			1		
Crockery Set			4		Dinner & side plates, bowls - 4 of
Cutlery Set			4		Knives, Forks, Desert & Teaspoons - 4 of each
Cutting boards			2		
Dining Chairs - R			4 or 6		
Dining Table - R			1		
Dish Rack			1		
Egg flip			1		
Electric Kettle			1		
Freezer – R			1		(Outer Islands, Aurukun, Kowanyama, Pormpuraaw, Lockhart River only)
Fridge - R			1		
Frypan Stove top			1		
Glass Tumblers			4		
Grater			1		
Kitchen Tidy Bin			1		
Knives - Paring, Utility, Cooks			3		
Microwave - R			1		
Microwave Bowl			1		
Potato Masher			1		
Potato Peeler			1		
Pots with Lids			3		
Serving Spoon			1		
Stove - R			1		
Tea Towels			3		
Toaster			1		
Tongs			1		

TCHHS - Condition Entry Report/Inventory List

Address:	

Employee:	
Inspecting Officers:	
Date:	Move Out:

ITEM	MAKE / MODEL	ASSET NO.	QUANT REQ	ACTUAL QUANT	COMMENTS/Condition
Water Jug			1		
Wooden Spoons			3		
Lounge					
Air conditioner – R			1		
Coffee Table - R			1		
Lounge Suite – R			1		
Television - R			1		
Television Table - R			1		
TV Aerial			1		
Window coverings			1		
Main Bedroom					
Air conditioner - R			1		
Bedside Tables - R			2		
Mattress Protector			1		
Pillows - R			2		Replace yearly or at the beginning of each new tenant.
Pillow Protector			1		
Queen Bed - R			1		Includes Mattress
Cotton Blanket			1		
Sheet Set Queen			2		
Window coverings			1		
Bedroom 2					
Air conditioner - R			1		
Bedside Table - R			1		
Mattress Protector			1		
Pillows - R			1		Replace yearly or at the beginning of each new tenant.
Pillow Protector			1		
Cotton Blanket			1		
Sheet Set Single			1		
Single bed- R			1		Includes Mattress
Window coverings			1		
Bedroom 3					
Air conditioner - R			1		
Bedside Table - R			1		

TCHHS - Condition Entry Report/Inventory List

Address:	

Employee:	
Inspecting Officers:	

Date:			Move Out:		
ITEM	MAKE / MODEL	ASSET NO.	QUANT REQ	ACTUAL QUANT	COMMENTS/Condition
Matt Protector			1		
Pillows - R			1		Replace yearly or at the beginning of each new tenant.
Pillow Protector			1		
Cotton Blanket			1		
Sheet Set Single			1		
Single Bed - R			1		Includes Mattress
Window coverings			1		
Bathroom					
Bath Mat			1		
Hand Towel			2		
Shower Curtain			1		
Small Bin			1		
Toilet Brush & Tidy			1		
Towels			4		
Window coverings (if					
Laundry					
Broom			1		
Dryer - R			1		
Dustpan & Brush			1		
Iron			1		
Ironing Board			1		
Laundry Basket			1		
Mop & Bucket			1		
Pegs			?		
Vacuum - R			1		
Washing Mach - R			1		
Outdoors					
Door Mats			2		
Hose & Fittings (where			1		
Wheelie Bin			1		
Signature of Inspecting		Date			
Signature of Tenant		Date			

Business Rules:

- Bedrooms in shared accommodation are to be furnished the same way as a main bedroom (including queen size beds)
- Mattresses are to be replaced every 5 years
- Pillows are to be replaced yearly or at the beginning of each new tenant.

Appendix 3 TCHHS Accommodation award entitlements

Award	Employment Stream	Accommodation	Prescribed Rent Payable	IRM- HR Policy Reference
		Rental Charges =>17 months		
	Administration Stream (incl DSO) Operational Stream Nursing Stream Medical Stream HP Stream HP3 HBEA Stream DO Stream Operational Stream	All accommodation types	Free rental for first 17 months – including any stream that receives accommodation either prescribed by an award or at the discretion of the HHS	D5 – Accommodation assistance – rural and remote incentive
		Rental Charges <17 months		
Queensland Health Nurses and Midwifes Award – State 2012	FIFO Nursing (section 8.4.11)	Staff quarters	Free of charge	D2 Travelling, relieving and living expenses
	Student Nurses	Staff quarters	Free of charge	HR Policy D6 – Meals and Accommodation – other Than Medical Employees S 8.5.1
	Other Nursing positions:(not included in the above categories)	Quarters (board & lodging) Section 12.5.1	$51.70 per week	
		Quarters (lodging only) Section 12.5.2	$19.00 per week	
		Sole use accommodation for families (award silent)	Commercial community rates	HR Policy D6 – Meals and Accommodation – other Than Medical Employees s 8.1 - *Where no relevant award prescribes charges for meal & accom – charges are to be determined by the HHS related to commercial accommodation charges applicable to that standard of accom within the community*
		Sole use accommodation for singles (award silent)	Commercial community rates	HR Policy D6 – Meals and Accommodation – other Than Medical Employees s 7.3 - *Where no relevant award prescribes charges for meal & accom – charges are to be determined by the HHS related to commercial accommodation charges applicable to that standard of accom within the community*
Individual Employment Contracts	Medical Stream, HES & HSCE	Sole use House	Free of charge	IRM 2.2-4 Accommodation – Full Time Medical Superintendents and Staff Specialists in Country Areas
Senior Medical Officers' and Resident Medical Officers Award – State 2012	RMO's only	Quarters (board & lodging) Section 10.2.1	$93.75 per week	5% of L4 weekly pay rate (as at 1/7/14)
		Quarters (lodging only) Section 10.2.4	$34.45 per week	36.74% of board and lodging rate

Award	Employment Stream	Accommodation	Prescribed Rent Payable	IRM- HR Policy Reference
	Allied Health Students	Quarters	Free of charge	HR Policy D6 – Meals and Accommodation – other Than Medical Employees S 8.5.1
District Health Services Employment Award – State 2012 Clause 10.2.1	Administration stream Operational stream Professional stream Health Workers, Health Practitioners Dental Officers	Quarters (board & lodging)	$439.29 per week	HR Policy D6 – Meals and Accommodation – other Than Medical Employees S 7.3 – charges for accommodation as set out in the District Health Services Award – State apply to employees who are not covered by an Award: 49% of OO2.1 weekly pay rate (as at 1/9/14)
		Quarters (lodging only)	$153.75 per week	35% of board & lodging rate (above)
		Accommodation other than quarters (award silent)	Commercial community rates	HR Policy D6 – Meals and Accommodation – other Than Medical Employees S7.3 - Where no relevant award prescribes charges for meal & accom – charges are to be determined by the HHS related to commercial accommodation charges applicable to that standard of accom within the community

Appendix 4 Rental subsidies payable by the TCHHS if commercial accommodation is accessed

Stream	Policy	Subsidy Conditions	Subsidy Payable
All streams	HR Policy D5, s1	Apply to employees appointed or transferred to any centre in TCHHS when commercial rental accommodation is accessed, payable for up to 17 months. The employee is to have been recruited from outside the locality and it is impracticable for the employee to commute between their new place of employment and their existing residence	$82.50 per week
IHW	HR Policy C15, s2.1	Who do not qualify for an entitlement under HR Policy D5 and do not receive locality allowance	$77.32 per week

Appendix 5 Tenancy Agreement Form

https://www.rta.qld.gov.au/resources/forms/forms-for-general-tenancies/general-tenancy-agreement-form-18a

WHAT DO I NEED TO DO ONCE MY ADVERTISEMENT HAS CLOSED ON SMARTJOBS?

This checklist is a guide for Panel Chairs leading a recruitment process. Please refer to Step 1 – Step 4 on the Recruitment & Selection website **for further information.**

Action Required	Time Frame (guide only)	Tick When Completed
Convene panel • 3 members preferred (Consider gender/ cultural balance, 1 outside work unit) • Send request feedback to panel members via Springboard *(refer to Hiring Manager guide, page 2 from Recruitment)*	within 3 days of advertisement closing	☐ ☐
Shortlist All members of the panel to short list. • Convene panel to discuss final short listing. • Send list of unsuccessful / short listed candidates to recruitment to notify unsuccessful candidates. ***If no suitable candidates – complete selection report and contact recruitment to close the process down***	within 7 days of closing	☐ ☐
Arrange Interview of Shortlisted applicants • Contact via phone shortlisted applicants to arrange interview time. • Contact recruitment for email template (includes relevant documents required by candidate to fast track appointment for interview) • Prepare questions with panel members • Interview and select most meritorious candidate/s	within 2 weeks of job closing	☐ ☐ ☐ ☐
Selection Report • Prepare selection report and gather pre appointment screening documents • To delegate for signing • Once delegate has signed – notify successful candidate/s (everyone that has an interview must receive a phone call advising outcome and provide feedback if requested) • Send recruitment email advising outcome (recruitment to send follow up email)	within 1 week of interview	☐ ☐ ☐ ☐
Complete recruitment documentation • All appointment paperwork as per Appointment Paperwork Checklist to TCHHS-HR-Support • On board new employee Step 4 – Recruitment and Selection	as soon as possible	☐ ☐
COMMENTS		

Please contact your local Recruitment Unit at TCHHS-Recruitment@health.qld.gov.au if you have any questions.
Please note that this checklist is a general guide and may not suit all recruitment processes being conducted.

ROLE DESCRIPTION

Torres and Cape Hospital and Health Service

Position Details (Role Details)			
Job Reference Number		**Closing Date**	
Title (role title)		**Location**	
Salary range		**Classification**	
Division/ Hospital and Health Service		**Branch/Work Unit**	
Reports to		**No. Direct Reports**	
Status		**Online Applications**	www.smartjobs.qld.gov.au
Contact Name		**Contact Number**	

Your employer – Torres and Cape Hospital and Health Service

About Us:

TCHHS is an independent statutory authority governed by a Board and established under the Hospital and Health Boards Act 2011. It is managed from hubs in Cairns, Weipa and Thursday Island and covers an area of 129,770 square kilometres.

- ➢ The TCHHS is one of Australia's largest providers of health services to Aboriginal and Torres Strait Islander peoples.
- ➢ Provides health care to a resident population of more than 27,000 people of which 64% identify as Aboriginal and/or Torres Strait Islander.
- ➢ The northern boundary is adjacent to Papua New Guinea
- ➢ Comprises of 31 primary health care centres, 2 hospitals (Thursday Island and Bamaga), a multi-purpose health service (Cooktown) and an integrated health service (Weipa).
- ➢ Employs over 1000 people and supports a wide range of healthcare providers including outreach teams and visiting specialist services from other health services and non-government providers

For further information visit the TCHHS website

Our purpose:

Our 5 main objectives are:

- ➢ strengthen primary and public healthcare services
- ➢ enhance health and development services to support the first 2,000 days of life
- ➢ develop our workforce and promote wellbeing and safety
- ➢ have services that embody healthy minds and support people with addictions
- ➢ provide care closer to home

Our Values

COURAGE

We have the **courage** to stand up, do the right thing and respectfully express our opinions.

ACCOUNTABILITY

We demonstrate **accountability** for our actions, live up to our responsibilities and recognise that people put their trust in us.

RESPECT

We **respect** and acknowledge the diversity of our colleagues, patients, communities and partners and treat others as we would like to be treated.

ENGAGE

We recognise that to **engage** means having a positive connection to our workplace which allows everyone to feel pride and unleash their full potential.

Purpose of the role

<insert>

Key responsibilities would include, but not limited to:

This position's primary responsibilities are to ensure that comprehensive primary health care is appropriate and readily available to the members of the public through:

- Fulfil the responsibilities of this role in accordance with QPS values as outlined below.

Work Health and Safety statements – pick on that relates to this RD.

- Actively contribute to the provision of a safe and healthy workplace by following all relevant sections of the Work Health and Safety Act and Regulations (QLD) and associated codes of practice, other relevant state and federal legislation as well as TCHHS and Queensland Health workplace health and safety policies and procedures. The provision of a healthy and safe workplace within TCHHS is everyone's responsibility. (Employees in non-supervisory roles)

- Actively contribute to the provision of a safe and healthy workplace by ensuring you and your direct reports comply with all relevant sections of the Work Health and Safety Act and Regulations (QLD) and associated codes of practice, all other relevant state and federal legislation as well as all TCHHS and Queensland Health workplace health and safety policies and procedures. Where required, assist with development, review, implementation and monitoring activities related to the TCHHS Safety Management System. (Line Manager / Supervisory roles)

- Take responsibility for enacting strategies that supports a work-based culture that promotes and supports education, learning, research, workforce development, safety and quality. (Line Manager / Supervisory roles)

Quality Safety and Risk statement – pick one that relates to the RD

- Understand your broad responsibility for safety and quality in healthcare, actively participate in continuous quality and safety improvement activities within the workplace and notify a relevant clinical or non-clinical responsible officer when concerns exist about patient safety. (Employees in non-supervisory or clinical roles)

- Clinicians are responsible for the safety and quality of their own professional practice, and professional codes of conduct include requirements that align with the TCHHS Clinical Governance Framework.(Clinical Employees)

- Implement and resource effective systems for management of – quality improvement and measurement – risk management – incident management – open disclosure – feedback and complaints. Systematically monitor performance across all safety and quality systems. (Line Manager / Supervisory roles)

- Take reasonable care for your own health, safety and wellbeing and take reasonable care to ensure that your acts or omissions do not adversely affect the health, safety and wellbeing of others.
- Actively participate in a working environment supporting quality human resource management practices including employment equity, anti-discrimination, workplace health and safety and ethical behaviour.
- Employees who are appointed to the TCHHS are accountable for information security, management and appropriate use, in accordance with legislation, standards, policies and procedures.

What are we looking for?

You will be assessed on your ability to demonstrate the following key capabilities, knowledge and experience, the ideal applicant will be someone who can demonstrate the following:

- <insert>

Mandatory qualifications/professional registration/other requirements

The essential requirements for this role are:
- <insert>

Annual mandatory training requirements

Annual Mandatory training requirements for TCHHS including but not limited to:
- <take out for non-clinical roles>

Specific working conditions

- <insert>
- This position may require you to work [insert relevant roster e.g. call services, continuous shift rotations, weekend work etc] as per departmental business requirements.
- This position may require/requires the incumbent to operate a 'C' Class Drivers Licence. An appropriate licence endorsement to operate this type of vehicle is required. Proof of this endorsement must be provided before commencement of duty.
- Travel across the TCHHS may/will be a requirement of this position in commercial and/or light aircraft and 4WD vehicles.

Employee obligations

- It is a mandatory condition of employment in this role for the employee to be, and remain, vaccinated against the following vaccine preventable diseases during their employment: measles, mumps, rubella, varicella (chicken pox), pertussis (whooping cough) hepatitis B.
- Potential applicants are advised that the Commission for Children and Young People and Child Guardian Act 2000 requires Queensland Health to seek a 'working with children check'; from the Commission for Children and Young People and Child Guardian prior to appointment to this position.
- Potential applicants are advised that Section 63-1A of the Aged Care Act 1997 requires Queensland Health to seek a criminal conviction record report from the Australian Federal Police; conduct a search of bankruptcy records; and conduct previous employment and referee checks.
- Pre-employment screening, including criminal history and discipline history checks, will be undertaken on persons recommended for employment. Roles providing health, counselling and support services mainly to children will require a blue card, unless otherwise exempt.
- Employees who are appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment.

How to apply

Please submit the following for the panel to assess your suitability:

Your **resume**, including a comprehensive employment history, the qualifications you hold and the contact details for at least two referees (Referees should have a thorough knowledge of your capabilities, work performance and conduct within the previous two years).

A **short statement (Max 2 pages)** that gives details of your skills, experience and knowledge as required on the role description under the heading 'what are we looking for?'

Submit your application via www.smartjobs.qld.gov.au

- Please review the additional supporting documentation in the folder "information for applicants".
- Only those persons eligible to work in Australia may be employed by Queensland Health. Prospective employees are required to provide proof of identity and documentary evidence of their right to work in Australia.
- Hand delivered applications will not be accepted.
- Late applications cannot be submitted online. For a late application to be considered, please arrange approval and submission via the contact officer.

Additional Information

- Applications will remain current for 12 months or for the duration of the vacancy.
- Future vacancies of a temporary, full time and part time nature may also be filled through this recruitment process.
- Accommodation and access to the Remote Area Nursing Incentive Package may be available for permanent and temporary positions over 12 months for positions not residing in Cairns. <INSERT> does provide accommodation and the Remote Incentive Package is available once completion of equivalent 12 months full time hours.
- We are committed to building inclusive cultures in the Queensland public sector that respect and promote human rights and diversity.
- Applicants will be required to give a statement of their employment as a lobbyist within one month of taking up the appointment (https://www.forgov.qld.gov.au/documents/policy/lobbyist-disclosure).
- Applicants may be required to disclose any pre-existing illness or injury which may impact on their ability to perform the role. Details are available in section 571 of the Workers' Compensation and Rehabilitation Act 2003 https://www.worksafe.qld.gov.au/laws-and-compliance/workers-compensation-laws/laws-and-legislation/workers-compensation-and-rehabilitation-act-2003

The Department of Health

The Department of Health has a diverse set of responsibilities, and a common purpose of creating better health care for Queenslanders. The department is responsible for the overall management of the public health system in Queensland. We strongly believe in the need to work with people that value the goals of our organisation and who will thrive in our workplace.

To enable this vision, the Queensland Public Sector is transforming from a focus on compliance to a values-led way of working. The following five values, underpin behaviours that will support and enable better ways of working and result in better outcomes for Queenslanders.

Customers first	Ideas into action	Unleash potential	Be courageous	Empower people
Know your customers	Challenge the norm and suggest solutions	Expect greatness	Own your actions, successes and mistakes	Lead, empower and trust
Deliver what matters	Encourage and embrace new ideas	Lead and set clear expectations	Take calculated risks	Play to everyone's strengths
Make decisions with empathy	Work across boundaries	Seek, provide and act on feedback	Act with transparency	Develop yourself and those around you

Organisational Structure

<insert>

Procedure

TCHHS-[ ]-[ ]-[ ]-[ ]

Recruitment Hub – Nursing & Midwifery, Torres and Cape Hospital and Health Service

1. Purpose

The purpose of this procedure is to explain the process for engagement with the Nursing & Midwifery Recruitment Hub for both critical vacancy recruitment campaigns and filling general permanent vacancies.

2. Scope

Applies to all:

- Torres Cape Hospital and Health Service (TCHHS) nursing & midwifery staff permanent, temporary, and casual employees
- Northern PHCC – Director of Primary Health Care and Cluster Coordinators

3. Process

This procedure outlines the steps involved in relation to engaging with the Nursing & Midwifery Recruitment Hub regarding critical permanent vacancies and general permanent vacancies.

4. Nursing & Midwifery Recruitment Hub

4.1.1. Nursing & Midwifery Recruitment hub responsibilities

4.1.2. The Nursing and Midwifery Recruitment Hub works in collaboration with the Line Managers who are experiencing permanent vacancy (and difficult to recruit to permanent positions) and provides an 'end to end' recruitment package, including referral to the Centralised Orientation Nurse Educator for orientation processes, but maintaining the Administration aspect of onboarding new staff to the Centralised orientation program.

The Nursing and Midwifery Recruitment Hub team is able to discuss vacancies and the preferred recruitment strategy to move forward to fill the vacancy; this can be attended in conjunction with the TCHHS Recruitment Coordinator (if applicable).

The Nursing and Midwifery Recruitment Hub will discuss the campaign timeline and the engagement of the Nursing and Midwifery Workforce team to provide short term backfill until the position is filled.

The Nursing and Midwifery Recruitment Hub team is able to provide an 'end to end' recruitment support package to assist in filling permanent vacancy. To engage with the N&M Recruitment Hub, the Line Manager is to complete the Nursing & Midwifery Vacancy Submission form (link) and email to TCHHS-Nursing & Midwifery-Recruitment

The Nursing and Midwifery Recruitment Hub team will follow up with a telephone call to ensure all information entered is correct and discuss timelines associated with the recruitment strategy.

5. Recruitment to Permanent Vacancies

5.1.1. Recruitment - Permanent Vacancies

- Overall, Line Managers are responsible for recruiting to facility vacancies, and on notification of the vacancy and in accordance with Human Resources (HR) Policy B1, the recruitment process is to commence **immediately**. If the line manager is experiencing a

Commented [SE1]: This does not happen currently because of the deficit we have, but projected to use if N&M Recruitment Hub established permanently

Commented [SE2]: The document is provided in the folder; no link available as yet as document is not live

delay in the commencement of the recruitment process, the Nursing & Midwifery Recruitment Hub Team can be contacted as a support.

- The Nursing and Midwifery Recruitment Hub attends to rolling recruitment of hard to fill / chronic vacancy / high turnover nursing and midwifery positions:
  - o Southern Primary Health Care Centres – CN
  - o Southern PHCC – CNC
  - o Outer Islands – CNC
  - o Registered Nurse / Clinical Nurse (high turn over)
- Line Manager's are engaged and invited to participate in the recruitment process.

- The TCHHS Recruitment and TCHHS Nursing & Midwifery Recruitment Hub will email copy the TCHHS Nursing & Midwifery Resource Unit into the email when a completed package is sent to HR/payroll.

- If an area is classified as a critical vacancy, this is managed as an 'end to end' recruitment process with the TCHHS Nursing & Midwifery Recruitment Hub, in conjunction with the TCHHS Recruitment Team and associated service area(s):

  – Any position which have had two (2) unsuccessful advertisement campaigns consecutively will be directed to the TCHHS Nurse Director of Operational Support for review and recommendations. These will be considered as 'hard to fill position(s)
  – Critical vacancy definition is determined by the TCHHS Executive Director of Nursing & Midwifery Service (EDNMS) and the Northern and Southern Executive General Managers (EGMs), respectively.

6. External campaigns permanent vacancies

- In consultation with the Line Manager the Nursing and Midwifery Recruitment Hub will submit the Request to Hire (RTH) through the link on the TCHHS Recruitment and Selection intranet page. The Nursing and Midwifery Recruitment Hub will be established as a Hiring Manager to ensure access to Springboard is provided; this will assist with maintaining the streamlining of the recruitment process – The Chair of the panel sits with the Recruitment Hub Nurse Manager but the Line Manager is also given Hiring Manager access and will be the decision maker around processes, unless there is a breach in the Recruitment policy.

- The vacancy will be advertised within an agreed timeframe (as per the TCHHS Nursing & Midwifery Vacancy Submission form); three (3) weeks is the preferred but an extension of this period can be approved.

- For targeted areas of 'Hard to Fill' vacancies where a rolling recruitment campaign is required, the Nurse Manager - Nursing and Midwifery Recruitment Hub will instigate the

RTH and attend as panel Chair and make contact with all relevant panel members, maintaining communication throughout the recruitment process – see Rolling Recruitment Campaigns for critical vacancies).

Commented [SE8]: Insert link

- The Nursing and Midwifery Recruitment Hub team will provide an end-to-end recruitment package:

  – If an external vacancy to the Recruitment Hub is advertised the following will be provided in consultation with the Panel Chair / Line Manager (where interview is selected as recruitment strategy).

  Commented [SE9]: Do you want this service for internal EOIs?

  – The Panel Chair is to provide the names of the panel to the Nursing and Midwifery Recruitment Hub, and contact is made with the panel to ensure they are available for shortlisting and interviews / assessment.

- Once the advertisement is closed, the Nursing and Midwifery Recruitment Hub will:

  – An email is to be forwarded to the candidates to acknowledge receipt of their application and the expected duration of the campaign.

  Commented [SE10]: See section XXX re: candidate care process

  – Organise for the Candidate Review link from Springboard be sent to the panel members.
  – Schedule shortlisting and interview dates with the panel Chair / panel.
  – Develop an interview appointment schedule based on the dates provided and shortlisting details – confirm with panel Chair.

  Commented [SE11]: Could also be the RH as Panel Chair

  – **Once shortlisting has occurred** and a determined list of suitable candidates to take to interview (if applicable) is available, the Nursing and Midwifery Recruitment Hub will contact candidates and book interviews / assessment *(if candidate is not able to book within the required interview schedule, contact is to be made with the panel Chair to determine if appropriate to book outside the agreed schedule).*

  – N&M RH will contact the shortlisted candidate for interview; The candidate will be provided with instructions related to online interviewing (if applicable). (*There may be a need to do a 'test run' with the candidate if they are a novice user of online interviewing or to check their connection).*
  – Send correspondence to the TCHHS Recruitment Team to contact candidates not shortlisted; Springboard will be updated to identify unsuccessful candidates.
  – Interview questions will be emailed to the Chair for review before being shared with the panel. *(Interview questions can be sourced from the N&M Recruitment Hub or the Line manager may have their own).*

- An email / appointment 'holding 'time schedule will be sent to the panel members prior to the interviews with the following:

  Commented [SE12]: This enables panel members holding booked time for the appointments to be made

  – Candidate(s) CV and cover letter
  – Interview questions

  Commented [SE13]: RH has a bank of interview questions which we update and add to regularly - Panel Chair / line managers are sent questions to approve or modify

- – Collation of feedback received via the shortlisting session (obtained via Springboard – if available)
- – Schedule of interviews (breaks included)

7.   Successful Applicant

- The Panel Chair will notify the N&M Recruitment Hub of the outcome of the interviews and the number of successful applicants to take forward to offer of position (*the formal offer of position is not to be attended until all appropriate documentation is reviewed and selection report signed*).

- The Panel Chair (or delegate) completes the TCHHS Preferred Candidate – Nursing / Midwifery form where information required by myHR to commence a staff member is supplied (link)

- The Panel Chair is to attend to the selection report (this is monitored by the Recruitment Hub Team to ensure the timeframes are maintained).

  - – Once finalised, the Selection Report will be submitted to the N&M Recruitment Hub team to be forwarded to the appropriate delegate – this ensures monitoring and follow up.

- Contact is made with the preferred candidate(s) by the N&M RH team to commence the gathering of mandatory pre-employment checks for completion of the Appointment Paperwork Checklist for both Step 1 and Step 2:

  - – Regular contact is to be maintained with the Panel Chair in relation to gathering of the appointment information, issues with gathering appointment information and completion of gathering of appointment information.
  - – Regular contact is to be maintained with the preferred candidate to make them aware of where the recruitment / appointment process.
  - – RANIP / Relocation information and forms to be sent to the successful candidate (link).
  - – Relocation agreement is sent to respective EGMs for endorsement / approval.

- Once all commencement / appointment paperwork is gathered: Appointment Step 1 and Appointment Step 2 is initiated:

  - – Step 1 - N&M Recruitment Hub will provide to the TCHHS Recruitment Team; the panel chair / delegate, is to be copied into this email.
  - – Step 2 – successful candidate documentation to be uploaded onto the myHR to commence employment arrangements for the generation of the 'letter of offer' which is sent to the successful candidate(s).

Commented [SE14]: Form not yet been developed, and if RH NM is panel chair may not be required

Commented [SE15R14]: Selection report generally written by the panel NM RH

Commented [SE16]: I have not updated the online selection report information

Commented [SE17]: Include link

Commented [SE18]: We might be able to pre-empt this step if we are including sending out the required information / commencement info at time of interview and ask the candidates to return … but it will gather way too much information)

8. Commencement of successful applicant

- Commencement dates to be discussed with the potential successful applicant throughout the recruitment process. Confirmation on the commencement date to be emailed to the RH team.

- Travel information is to be gathered from the successful candidate and discussion regarding relocation assistance and RANIP entitlements:
  - If Relocation assistance is required, the Relocation Assistance Form (link) is to be completed by the successful candidate and submitted to the N&M RH team who will then send to the Line Manager for signing and on sending to the appropriate EGM (this is tracked in the N&M Recruitment Hub tracker).

- Travel is to be booked by the N&M RHT and travel information is to be communicated with both the successful candidate and the Line Manager:

  - Travel may or may not include accommodation booking.
  - Travel bookings, including accommodation, will include from home site to Cairns for Centralised Onboarding and then onto the destination site.
  - All dates to be communicated to the Line Manager and Nurse Educator Team.

- Line Manager is to book the destination site accommodation for the successful candidate.

- Line Manager is to organise the local induction.

9. Centralised Orientation and On-Boarding

9.1.1. Centralised Orientation

Commented [SE19]: We would encourage all successful perm (or temp long erm negotiated) to submit a relocation agreement for approval

- Dates for commencement preferred to align with the Centralised Orientation dates (as much as possible)

- Centralised Orientation to be discussed with the preferred candidate throughout the process

- Names of staff attending the Centralised Orientation to be communicated with the TCHHS-Nurse-Educator team in consultation with the Line Manager, and facilitation sits with the RH AO3.

- Accommodation and travel to be booked by the N&M Recruitment Hub and communicated to the successful candidate, line manager and nurse educator team.

    - Travel and accommodation (if applicable) to the destination site to be booked by N&M Recruitment Hub team.

> **Commented [SE20]:** This needs updating as we have inherited this process into the AO3 role.

9.1.2. On-Boarding (see Appendix 1)

- N&M RH will request computer access (check with successful candidate if they have been an employee with QH previously) and apply for novel username / email (if applicable) and any site-specific requirements (see appendix)

- This will be communicated with the successful applicant, and the Nurse Educator is made aware that access has been granted.

- Handover will occur to the appropriate nurse educator regarding the successful candidates (copy of CV provided).

10. Rolling Recruitment Campaigns for critical vacancies

- The rolling recruitment campaigns are designed to assist in filling of identified critical vacancy but also to assist with maintaining a flow of workforce from end of contract / resignation to a streamlined approach to onboarding from an order of merit (where applicable); or participation in a rolling recruitment campaign where a number of vacancies exist to fill the permanent vacancy.

> **Commented [SE21]:** Needs to align with new directive

- Line managers / Cluster Coordinators in the identified areas are encouraged to participate in the rolling recruitment process so that they are aware of the preferred candidates who sit active on the Order of Merit (OOM); keeping in mind the OOM has a defined lifespan of twelve (12) months:

    - The OOM will be kept and maintained by the N&M RH in consultation with the TCHHS Recruitment Team.

> **Commented [SE22]:** This has worked well for RN/CN acute positions

- Line Managers / Cluster Coordinators are able to contact the N&M RH to request candidates from the OOM to identify a selection of candidates to fill their vacancy (if available)
- Once identified, the N&M RHT will make contact with the preferred candidate and commence gathering the appointment paperwork (the Line Manager might prefer to make the initial contact with the preferred applicant but gathering of information will sit with the N&M RHT and negotiating the commencement date).

- The N&M RH will contact the TCHHS Recruitment Team and provide commencement details and submit the EMR through myHR processes.
- The N&M RH contacts the appropriate Nurse Educator and make aware of commencement date for the preferred candidate (Centralised Onboarding).

11. Post interview

- The N&M Recruitment Hub will:

  - Write the selection report and submit through Springboard (where applicable) and coordinate signatures from the panel.

  > **Commented [SE23]:** Needs updating to reflect online selection reports

  - Submit the selection report to the appropriate delegate.

  - Contact the preferred candidates and the unsuccessful candidates.

  - Collect referee reports and share with the panel.

  - Preferred candidates will have their Appointment paperwork Step 1 and Step 2 information collected and submitted to the TCHHS Recruitment Team / HR (managed on the N&M Recruitment Hub tracker).

  - Maintain contact with the Line Managers and respective DONs with any updates or concerns / issues.

11.1.1. Candidate care for critical vacancies

- The Nursing and Midwifery Recruitment Hub's priority is candidate care; contact with the candidate throughout the recruitment process is imperative to a well-informed potential

  > **Commented [SE24]:** This is the most important feature of the Recruitment Hub

staff member for TCHHS. From the initial job advertisement, the N&M recruitment campaign needs to grab the attention of the active or passive applicant.

Contact throughout the recruitment campaign, regardless of outcome will ensure candidates feel well informed and are active participants in the process.

When an application is received for a critical vacancy the N&M RH team will engage with the applicant throughout the process:

- Each applicant to the critical vacancy campaign will be contacted and the relevant Applicant Preference Table (LINK) is completed (for the panel) & an email is sent to the candidate to acknowledge receipt of their application and the expected duration of the campaign

- When unexpected delays occur throughout the process, the applicable candidate(s) are contacted to maintain communication

- When the campaign is shortlisted, contact the TCHHS Recruitment Team to send the unsuccessful candidates an email to make them aware they have been unsuccessful

- Contact is made with the shortlisted applicants to engage for interview and commencement of appointment paperwork to streamline the process

- When the selection report is approved by the delegate(s) and pre-employment checks are verified, the successful applicant(s) can be made a formal offer

- Contact is also made with the unsuccessful candidates to provide feedback regarding their unsuccessful application

- Communication is maintained with the successful candidate until handover to the receiving destination facility; this process includes:

  o Confirmation of application received and completion of the applicant preference table.
  o Interview booking.
  o Interview.
  o Outcome of interview (formal / informal communications).
  o Collection of appointment paperwork.
  o Formal offer after selection report and pre-employment checks.
  o Commencement date communication and liaison with Line Manager.
  o Liaison and communication between the successful candidate / line manager / N&M Recruitment Hub regarding destination specific information, i.e. accommodation, shopping etc.
  o Centralised orientation information / RANIP / relocation information.
  o Travel confirmations / accommodation (if applicable).
  o Destination travel information and contact details of Line Manager.

Commented [SE25]: Provide link

Commented [SE26]: See section XXX re: candidate care process

Commented [SE27]: Bespoke recruitment is hard to put into words as it is knowing your vacancies and reviewing CVs with a view of skill set but also transferable skills,

12. Responsibilities

[INSTRUCTION: Positions of staff responsible for implementing and undertaking this procedure at a local level]

Position	Responsibility
e.g. Executive Director	e.g. Oversight of compliance with this procedure
e.g. Facility/unit manager	
e.g. Team leader	
e.g. All workers (within the scope)	
All staff	

13. Supporting documents

13.1 Legislation / standard/s

[INSTRUCTION: Overarching Health Service and NSQHS or QIC Standard/s should also be included here. Seek this information from the QSR or OHS team if unsure. Modify as required]. For example: QIC Standard 1.3, relevant legislation

- Type document name and description and hyperlink related document

13.2 Other procedures, process flows and guidelines

- Process flow: Centralised Orientation & Onboarding

13.3 Forms and templates

[INSTRUCTION: Include related forms and templates developed specifically to support the implementation of this procedure].

- Type document name and description and hyperlink related document

Commented [SE28]: Hyperlinks will be provided in this section upon endorsement of procedure

14. Related documents

[INSTRUCTION: Include any related overarching documents including national, whole-of-government or Department of Health policy or standards, etc. Only documents with particular relevance or which are referenced in this procedure should be included]

- Type document name and description and hyperlink related document

15. Definition of terms

[INSTRUCTION: Copy the definitions of terms from the overarching policy and / or procedure here and include any additional terms relating specifically to this procedure]

Term	Definition / explanation / details	Source

16. Consultation

[INSTRUCTION: List position titles of key contributors of this procedure].

- Position

17. Approval governance pathway

17.1 Document author

[INSTRUCTION: Insert the name and position of the author of procedure]

The following officer is the author of this procedure

- Name of document author, position

17.2 Document custodian

[INSTRUCTION: Insert the position of the Executive Director / facility / work unit manager who will have responsibility for implementation of the procedure]

The following officer will have responsibility for implementation of this procedure

- Position

17.3 Endorsing committee/position

[INSTRUCTION: Insert name of the governing committee or position of the Executive Director]

The following committee/officer will have responsibility for implementation of this procedure

- Committee/position

17.4 Approving officer

[INSTRUCTION: Insert the name and title of the relevant Executive Director]

The following officer has approved this document

- Name of Executive Director

Signature: _____ Date: _____

18. Effective dates

Schedule	Dates
Approval date	dd/mm/yyyy
Effective from	dd/mm/yyyy
Next date of review	dd/mm/yyyy
Superseded procedure	Name of superseded document

19. Version control

Version	Date	Prepared by	Comments
0.1	dd/mm/yyyy		Name and title author of procedure
0.2	dd/mm/yyyy		Document custodian reviews finished version
1.0	dd/mm/yyyy		Approved by Executive Director

20. Evaluation strategy

[INSTRUCTION: Mandatory for all documents. This may include an audit, KPIs or measures of success to evidence implementation and sustainability of the system or process]

Strategy	Evaluation
Risk	Consequence rating Likelihood rating Overall risk rating https://qheps.health.qld.gov.au/torres-cape/html/risk-matrix *Use TCHHS risk matrix to complete above*
Evaluation strategy	Type of evaluation e.g. audit, system process review, performance monitoring • Name of audit if being used • Performance review e.g. the proportion of numerator divided by the denominator – e.g. number of patients having falls assessment • List measures of success – e.g. training records… • 12 months post implementation and thereafter minimum 2 years. • Position title e.g. Facility Line Manager
Frequency	
Evaluation responsibility	

21. Document communication and implementation plan

Action	Responsible position
Identify the target group • Insert action	
Provide a time line for communication and implementation milestones • Insert action	
Identify method of communication • Insert action	
List education and training available to support implementation • Insert action	
Identify frequency of communication • Insert action	

22. Appendices

Type appendices here

23. References

Type references here

CULTURAL PRACTICE PROGRAM PATHWAY 2012

Aboriginal and Torres Strait Islander Cultural Practice Program

Torres Strait & Northern Peninsula Area Health Service District

The Torres Strait & Northern Peninsula Area Health Service District Cultural Practice Pathway 2012 is a cycle containing 4 phases:

1. Pre-Entry Process

Pre-Entry phase provides relevant public information about the Torres Strait & Northern Peninsula Area Health Service District. It provides Pre-Entry information that is vital for anyone wanting apply for jobs within the District. This Phase acts as a filtering system, provides an opportunity for interested applicants to undergo self-analysis against the cultural criteria that is expected to work in this region - "Is this the right place for you".

2. Orientation / Induction Process

Cultural Orientation and Induction phase are Queensland Health requirements that are integrated with the District Orientation Program to provide New Employees with relevant cultural information specific to their role and their area of Service Delivery within the District.

3. Implementation / Sustainability Process

This phase of the pathway requires continuous monitoring of Service Delivery, to ensure the implementation and sustainability of culturally appropriate services within all areas of the Health Service. Continuous review of guidelines and strategies, recruitment processes and the Management of Community Feedback to ensure the Heath Service delivers culturally appropriate services unique to the Torres Strait & Northern Peninsula Area. Work in collaboration with community and in partnership other organisations.

4. Exit Process

The Exit Process provides the District with feedback from staff leaving the District. Employees leaving the District will be required to fill out an Exit Feedback form. This allows the District to identify and improve areas that are not up to standards.

CULTURAL PRACTICE PROGRAM PATHWAY 2012 FLOWCHART

Aboriginal and Torres Strait Islander Cultural Practice Program

Torres Strait & Northern Peninsula Area Health Service District

1. Pre-Entry Process

QHEPS TS&NPA HSD Website:

- *Demographics*
- *Community Profiles*
- *Linkages Eg: TSRA Cultural Protocols Guidelines etc…*
- *Invite in*
- *Is this the right place for you?*
- *Organisational Structure*
- *Cultural Practice Program(CPP)Information*
- *Job Advertisements (CPP requirements)*

A Culturally Capable

Queensland Health

4. Exit Process

- *Exit Interviews*
- *Exit Forms*
- *Feedback for Improvement in Services*

2. Orientation / Induction Process

- *Cultural Practice Program Orientation*
- *Cultural Packages (Community Specific)*
- *Torres Model of PH Care*
- *Cultural Support Information*
- *QH Cultural Capabilities Framework 2010-2033*
- *Cultural Practice Procedures Manual*

3. Implementation / Sustainability Process

- *Implementation of Cultural Practice in the workplace*
- *Provide ongoing Cultural Support*
- *Establish Mentoring Program in Communities*
- *Questionnaire / Feedback from Communities*
- *Monitor continuous cultural practices in the workplace*
- *Policy & Strategic and other Documents review and endorsement*
- *Recruitment & Retention*

Facility	Pay Stream Hierarchy
BAMAGA HOSPITAL	Managerial and Clerical
BAMAGA HOSPITAL	Medical incl VMOs
BAMAGA HOSPITAL	Nursing
BAMAGA HOSPITAL	Operational
BAMAGA HOSPITAL	A&TSI Health Workers
COOKTOWN HOSPITAL	Managerial and Clerical
COOKTOWN HOSPITAL	Medical incl VMOs
COOKTOWN HOSPITAL	Nursing
COOKTOWN HOSPITAL	Operational
COOKTOWN HOSPITAL	Trade and Artisans
COOKTOWN HOSPITAL	Health Practitioners
COOKTOWN HOSPITAL	A&TSI Health Workers
THURSDAY ISLAND HOSPITAL	Managerial and Clerical
THURSDAY ISLAND HOSPITAL	Medical incl VMOs
THURSDAY ISLAND HOSPITAL	Nursing
THURSDAY ISLAND HOSPITAL	Operational
THURSDAY ISLAND HOSPITAL	Trade and Artisans
THURSDAY ISLAND HOSPITAL	Health Practitioners
THURSDAY ISLAND HOSPITAL	Health Clinical Assistants
THURSDAY ISLAND HOSPITAL	A&TSI Health Workers
THURSDAY ISLAND HOSPITAL	A&TSI (Transition) Admin Officers
WEIPA HOSPITAL	Managerial and Clerical
WEIPA HOSPITAL	Medical incl VMOs
WEIPA HOSPITAL	Nursing
WEIPA HOSPITAL	Operational
WEIPA HOSPITAL	Health Practitioners
WEIPA HOSPITAL	A&TSI Health Workers
WEIPA HOSPITAL	A&TSI (Transition) Admin Officers
AURUKUN PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
AURUKUN PRIMARY HEALTH CARE CENTRE	Nursing
AURUKUN PRIMARY HEALTH CARE CENTRE	Operational
HOPE VALE PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
HOPE VALE PRIMARY HEALTH CARE CENTRE	Nursing
HOPE VALE PRIMARY HEALTH CARE CENTRE	Operational
HOPE VALE PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
WUJAL WUJAL PRIMARY HEALTH CARE CENTRE	Nursing
LOCKHART RIVER PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
LOCKHART RIVER PRIMARY HEALTH CARE CENTRE	Nursing
LOCKHART RIVER PRIMARY HEALTH CARE CENTRE	Operational
LOCKHART RIVER PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
KOWANYAMA PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
KOWANYAMA PRIMARY HEALTH CARE CENTRE	Nursing
KOWANYAMA PRIMARY HEALTH CARE CENTRE	Operational
PORMPURAAW PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
PORMPURAAW PRIMARY HEALTH CARE CENTRE	Nursing
PORMPURAAW PRIMARY HEALTH CARE CENTRE	Operational
PORMPURAAW PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
COEN PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
COEN PRIMARY HEALTH CARE CENTRE	Nursing
COEN PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
MERIBA MUDH HOSTEL	Operational
LAURA PRIMARY HEALTH CARE CENTRE	Managerial and Clerical

LAURA PRIMARY HEALTH CARE CENTRE	Nursing
LAURA PRIMARY HEALTH CARE CENTRE	Operational
MALAKOOLA PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
MALAKOOLA PRIMARY HEALTH CARE CENTRE	Nursing
MALAKOOLA PRIMARY HEALTH CARE CENTRE	Operational
MALAKOOLA PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
BADU ISLAND PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
BADU ISLAND PRIMARY HEALTH CARE CENTRE	Medical incl VMOs
BADU ISLAND PRIMARY HEALTH CARE CENTRE	Nursing
BADU ISLAND PRIMARY HEALTH CARE CENTRE	Operational
BADU ISLAND PRIMARY HEALTH CARE CENTRE	Health Practitioners
BADU ISLAND PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
BOIGU ISLAND PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
BOIGU ISLAND PRIMARY HEALTH CARE CENTRE	Nursing
BOIGU ISLAND PRIMARY HEALTH CARE CENTRE	Operational
BOIGU ISLAND PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
DARNLEY ISLAND PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
DARNLEY ISLAND PRIMARY HEALTH CARE CENTRE	Nursing
DARNLEY ISLAND PRIMARY HEALTH CARE CENTRE	Operational
DARNLEY ISLAND PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
DAUAN ISLAND PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
DAUAN ISLAND PRIMARY HEALTH CARE CENTRE	Operational
DAUAN ISLAND PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
COCONUT ISLAND HEALTH CENTRE	Managerial and Clerical
COCONUT ISLAND HEALTH CENTRE	Nursing
COCONUT ISLAND HEALTH CENTRE	A&TSI Health Workers
MABUIAG ISLAND PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
MABUIAG ISLAND PRIMARY HEALTH CARE CENTRE	Operational
MABUIAG ISLAND PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
MURRAY ISLAND PRIMARY HEALTH CENTRE	Managerial and Clerical
MURRAY ISLAND PRIMARY HEALTH CENTRE	Nursing
MURRAY ISLAND PRIMARY HEALTH CENTRE	Operational
MURRAY ISLAND PRIMARY HEALTH CENTRE	A&TSI Health Workers
SAIBAI ISLAND PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
SAIBAI ISLAND PRIMARY HEALTH CARE CENTRE	Nursing
SAIBAI ISLAND PRIMARY HEALTH CARE CENTRE	Operational
SAIBAI ISLAND PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
ST PAULS PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
ST PAULS PRIMARY HEALTH CARE CENTRE	Nursing
ST PAULS PRIMARY HEALTH CARE CENTRE	Operational
ST PAULS PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
WARRABER ISLAND PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
WARRABER ISLAND PRIMARY HEALTH CARE CENTRE	Nursing
WARRABER ISLAND PRIMARY HEALTH CARE CENTRE	Operational
WARRABER ISLAND PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
YAM ISLAND PRIMARY HEALTH CARE CENTRE	Nursing
YAM ISLAND PRIMARY HEALTH CARE CENTRE	Operational
YAM ISLAND PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
YORKE ISLAND PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
YORKE ISLAND PRIMARY HEALTH CARE CENTRE	Operational
YORKE ISLAND PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
NEW MAPOON HEALTH CENTRE	A&TSI Health Workers
SEISIA PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers

KUBIN PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
KUBIN PRIMARY HEALTH CARE CENTRE	Operational
KUBIN PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
UMAGICO PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
MAPOON PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
MAPOON PRIMARY HEALTH CARE CENTRE	Nursing
MAPOON PRIMARY HEALTH CARE CENTRE	Operational
MAPOON PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
THURSDAY ISLAND PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
THURSDAY ISLAND PRIMARY HEALTH CARE CENTRE	Medical incl VMOs
THURSDAY ISLAND PRIMARY HEALTH CARE CENTRE	Nursing
THURSDAY ISLAND PRIMARY HEALTH CARE CENTRE	Operational
THURSDAY ISLAND PRIMARY HEALTH CARE CENTRE	Health Practitioners
THURSDAY ISLAND PRIMARY HEALTH CARE CENTRE	Health Clinical Assistants
THURSDAY ISLAND PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
BAMAGA PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
BAMAGA PRIMARY HEALTH CARE CENTRE	Nursing
BAMAGA PRIMARY HEALTH CARE CENTRE	Operational
BAMAGA PRIMARY HEALTH CARE CENTRE	Health Practitioners
BAMAGA PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
COOKTOWN MULTI PURPOSE HEALTH SERVICE	Managerial and Clerical
COOKTOWN MULTI PURPOSE HEALTH SERVICE	Medical incl VMOs
COOKTOWN MULTI PURPOSE HEALTH SERVICE	Nursing
COOKTOWN MULTI PURPOSE HEALTH SERVICE	Operational
COOKTOWN MULTI PURPOSE HEALTH SERVICE	Trade and Artisans
COOKTOWN MULTI PURPOSE HEALTH SERVICE	Professional (Clinical)
COOKTOWN MULTI PURPOSE HEALTH SERVICE	Health Practitioners
COOKTOWN MULTI PURPOSE HEALTH SERVICE	Health Clinical Assistants
COOKTOWN MULTI PURPOSE HEALTH SERVICE	A&TSI Health Workers
WEIPA INTEGRATED HEALTH SERVICE	Managerial and Clerical
WEIPA INTEGRATED HEALTH SERVICE	Medical incl VMOs
WEIPA INTEGRATED HEALTH SERVICE	Nursing
WEIPA INTEGRATED HEALTH SERVICE	Operational
WEIPA INTEGRATED HEALTH SERVICE	Trade and Artisans
WEIPA INTEGRATED HEALTH SERVICE	Professional (Clinical)
WEIPA INTEGRATED HEALTH SERVICE	Health Practitioners
WEIPA INTEGRATED HEALTH SERVICE	Health Clinical Assistants
WEIPA INTEGRATED HEALTH SERVICE	A&TSI Health Workers
BAMAGA COMMUNITY HEALTH CENTRE	Nursing
BAMAGA COMMUNITY HEALTH CENTRE	A&TSI Health Workers
COOKTOWN COMMUNITY HEALTH	Managerial and Clerical
COOKTOWN COMMUNITY HEALTH	Nursing
COOKTOWN COMMUNITY HEALTH	Operational
COOKTOWN COMMUNITY HEALTH	Health Practitioners
COOKTOWN COMMUNITY HEALTH	Health Clinical Assistants
COOKTOWN COMMUNITY HEALTH	A&TSI (Transition) Admin Officers
DENTAL CLINIC - THURSDAY ISLAND PRIMARY HEALTH CARE CENTRE	Professional (Clinical)
THURSDAY ISLAND COMMUNITY HEALTH	Nursing
THURSDAY ISLAND COMMUNITY HEALTH	Health Practitioners
THURSDAY ISLAND COMMUNITY HEALTH	A&TSI Health Workers
WUJAL WUJAL COMMUNITY HEALTH CENTRE	Managerial and Clerical
WUJAL WUJAL COMMUNITY HEALTH CENTRE	Nursing

WUJAL WUJAL COMMUNITY HEALTH CENTRE	Operational
WUJAL WUJAL COMMUNITY HEALTH CENTRE	A&TSI Health Workers
HORN ISLAND PRIMARY HEALTH CARE CENTRE	Managerial and Clerical
HORN ISLAND PRIMARY HEALTH CARE CENTRE	Nursing
HORN ISLAND PRIMARY HEALTH CARE CENTRE	Operational
HORN ISLAND PRIMARY HEALTH CARE CENTRE	A&TSI Health Workers
BAMAGA COMMUNITY MHS	Managerial and Clerical
BAMAGA COMMUNITY MHS	Nursing
BAMAGA COMMUNITY MHS	Health Practitioners
BAMAGA COMMUNITY MHS	A&TSI Health Workers
COOKTOWN COMMUNITY MHS	Health Practitioners
THURSDAY ISLAND COMMUNITY MHS	Managerial and Clerical
THURSDAY ISLAND COMMUNITY MHS	Nursing
THURSDAY ISLAND COMMUNITY MHS	Health Practitioners
DENTAL CLINIC - COOKTOWN HOSPITAL	Professional (Clinical)
DENTAL CLINIC - COOKTOWN HOSPITAL	Health Practitioners
DENTAL CLINIC - COOKTOWN HOSPITAL	Health Clinical Assistants
THURSDAY ISLAND STATE GOVERNMENT HUB	Nursing
THURSDAY ISLAND STATE GOVERNMENT HUB	A&TSI Health Workers
COOKTOWN CORPORATE SERVICES BULDING	Managerial and Clerical
COOKTOWN CORPORATE SERVICES BULDING	Operational
COOKTOWN CORPORATE SERVICES BULDING	Health Practitioners
APLIN STREET BUILDING	Managerial and Clerical
APLIN STREET BUILDING	Nursing
APLIN STREET BUILDING	Health Practitioners
APLIN STREET BUILDING	A&TSI Health Workers
WEIPA ADMINISTRATION HUB	Managerial and Clerical
WEIPA ADMINISTRATION HUB	Health Practitioners
DRAPER STREET BUILDING - TCHHS	Managerial and Clerical
DRAPER STREET BUILDING - TCHHS	Medical incl VMOs
DRAPER STREET BUILDING - TCHHS	Nursing
DRAPER STREET BUILDING - TCHHS	Professional (Non Clinical)
DRAPER STREET BUILDING - TCHHS	Health Practitioners
DRAPER STREET BUILDING - TCHHS	A&TSI Health Workers
TORRES AND CAPE HOSPITAL AND HEALTH SERVICE COMMONWEALTH BUILDING	Managerial and Clerical
TORRES AND CAPE HOSPITAL AND HEALTH SERVICE COMMONWEALTH BUILDING	Nursing
TORRES AND CAPE HOSPITAL AND HEALTH SERVICE COMMONWEALTH BUILDING	Health Practitioners

I Occupied Headcount October	nous MOHRI Headcount October 2023
5	3
1	1
16	2
9	3
2	2
10	1
4.12	0
56.38	4
14	0
2	0
1	0
4	3
49	20
24	0
57.37	7
33	18
5	1
15.5	1
4	3
4	2
1	1
4	0
2.17	1
53	1
1	0
2.44	0
1	1
1	1
3	0
7	0
3	1
3	0
7	0
4	1
6	5
1	0
1	0
3	0
4	1
1	1
1	0
3.5	1
7	1
1	0
2.5	0
3	2
1	0
1	0
1	0
2	2
1	1
1	1
I Occupied Headcount Octobe	nous MOHRI Headcount October 2023

2	0
1	0
2	1
6	0
1	0
1	1
2	2
0.76	0
3	0
1	1
1	0
5	4
1	1
2	0
1	0
2	1
2	1
2	0
2	1
2	1
1	1
1	0
1	0
1	1
1	0
1	0
1	1
1	0
1	1
1	0
1	1
1	0
3	2
1	0
0.5	0
2	1
4	4
2	1
2	0
1	0
1	1
1	1
1	0
1	1
2	2
1	0
1	0
3	1
1	1
1	0
2	0
1	1
2	2

3	0
1	1
2	1
2	1
1	1
1	0
2	0
1	1
8	5
2	0
17	2
1	0
4	1
6	4
21	13
4	2
3	2
1	1
1	1
3	1
18.5	3
13.79	0
15.62	3
7	1
0.5	0
1	0
6.56	0
6	1
2	2
33.7	2.5
11.33	0
24.5	3
14	0
0.5	0
2	0
11.5	0
5.5	1.5
6	6
1	0
3	3
2	0
1	0
4	0
4	0
1	0
1	1
2	0
1	0
2	1
2	2
1	1
3	0

3	0
4	4
2	2
2.5	0
2	0
3	2
2	1
1	0
1	0
1	1
0.5	0
2	1
3.5	0
1	0
1	0
1	0
2	0
2	0
5	2
3	1
6	0
0.5	0
3	1
17	0
1	1
5	2
3.8	0
1	1
82	12
2	0
13.67	1
9	1
11.5	0
8	8
14	2
10	0
6	0

Facility	Sum of MOHRI Occupied Headcount October 2023
APLIN STREET BUILDING	**26**
A&TSI Health Workers	5
Health Practitioners	1
Managerial and Clerical	3
Nursing	17
AURUKUN PRIMARY HEALTH CARE CENTRE	**13**
Managerial and Clerical	3
Nursing	7
Operational	3
BADU ISLAND PRIMARY HEALTH CARE CENTR	**12.76**
A&TSI Health Workers	5
Health Practitioners	1
Managerial and Clerical	2
Medical incl VMOs	0.76
Nursing	3
Operational	1
BAMAGA COMMUNITY HEALTH CENTRE	**4**
A&TSI Health Workers	3
Nursing	1
BAMAGA COMMUNITY MHS	**5**
A&TSI Health Workers	1
Health Practitioners	1
Managerial and Clerical	2
Nursing	1
BAMAGA HOSPITAL	**33**
A&TSI Health Workers	2
Managerial and Clerical	5
Medical incl VMOs	1
Nursing	16
Operational	9
BAMAGA PRIMARY HEALTH CARE CENTRE	**12**
A&TSI Health Workers	3
Health Practitioners	1
Managerial and Clerical	4
Nursing	3
Operational	1
BOIGU ISLAND PRIMARY HEALTH CARE CENTI	**6**
A&TSI Health Workers	2
Managerial and Clerical	1
Nursing	2
Operational	1
COCONUT ISLAND HEALTH CENTRE	**3**
A&TSI Health Workers	1
Managerial and Clerical	1
Nursing	1
COEN PRIMARY HEALTH CARE CENTRE	**4**
A&TSI Health Workers	2
Managerial and Clerical	1
Nursing	1
COOKTOWN COMMUNITY HEALTH	**13**
A&TSI (Transition) Admin Officers	1
Health Clinical Assistants	1
Health Practitioners	4
Managerial and Clerical	2

Nursing	1
Operational	4
COOKTOWN COMMUNITY MHS	**0.5**
Health Practitioners	0.5
COOKTOWN CORPORATE SERVICES BULDING	**9.5**
Health Practitioners	0.5
Managerial and Clerical	3
Operational	6
COOKTOWN HOSPITAL	**91.5**
A&TSI Health Workers	4
Health Practitioners	1
Managerial and Clerical	10
Medical incl VMOs	4.12
Nursing	56.38
Operational	14
Trade and Artisans	2
COOKTOWN MULTI PURPOSE HEALTH SERVIC	**70.97**
A&TSI Health Workers	2
Health Clinical Assistants	6
Health Practitioners	6.56
Managerial and Clerical	18.5
Medical incl VMOs	13.79
Nursing	15.62
Operational	7
Professional (Clinical)	1
Trade and Artisans	0.5
DARNLEY ISLAND PRIMARY HEALTH CARE CEI	**8**
A&TSI Health Workers	2
Managerial and Clerical	2
Nursing	2
Operational	2
DAUAN ISLAND PRIMARY HEALTH CARE CENT	**3**
A&TSI Health Workers	1
Managerial and Clerical	1
Operational	1
DENTAL CLINIC - COOKTOWN HOSPITAL	**4**
Health Clinical Assistants	2
Health Practitioners	1
Professional (Clinical)	1
DENTAL CLINIC - THURSDAY ISLAND PRIMAR	**2**
Professional (Clinical)	2
DRAPER STREET BUILDING - TCHHS	**126.17**
A&TSI Health Workers	8
Health Practitioners	11.5
Managerial and Clerical	82
Medical incl VMOs	2
Nursing	13.67
Professional (Non Clinical)	9
HOPE VALE PRIMARY HEALTH CARE CENTRE	**20**
A&TSI Health Workers	6
Managerial and Clerical	3
Nursing	7
Operational	4
HORN ISLAND PRIMARY HEALTH CARE CENTR	**9.5**
A&TSI Health Workers	3
Managerial and Clerical	2

Nursing	2.5
Operational	2
KOWANYAMA PRIMARY HEALTH CARE CENTRE	**11.5**
Managerial and Clerical	1
Nursing	3.5
Operational	7
KUBIN PRIMARY HEALTH CARE CENTRE	**6**
A&TSI Health Workers	2
Managerial and Clerical	3
Operational	1
LAURA PRIMARY HEALTH CARE CENTRE	**4**
Managerial and Clerical	1
Nursing	2
Operational	1
LOCKHART RIVER PRIMARY HEALTH CARE CENTRE	**9**
A&TSI Health Workers	1
Managerial and Clerical	1
Nursing	3
Operational	4
MABUIAG ISLAND PRIMARY HEALTH CARE CENTRE	**3**
A&TSI Health Workers	1
Managerial and Clerical	1
Operational	1
MALAKOOLA PRIMARY HEALTH CARE CENTRE	**10**
A&TSI Health Workers	1
Managerial and Clerical	2
Nursing	6
Operational	1
MAPOON PRIMARY HEALTH CARE CENTRE	**5**
A&TSI Health Workers	1
Managerial and Clerical	1
Nursing	1
Operational	2
MERIBA MUDH HOSTEL	**1**
Operational	1
MURRAY ISLAND PRIMARY HEALTH CENTRE	**6**
A&TSI Health Workers	3
Managerial and Clerical	1
Nursing	1
Operational	1
NEW MAPOON HEALTH CENTRE	**1**
A&TSI Health Workers	1
PORMPURAAW PRIMARY HEALTH CARE CENTRE	**7.5**
A&TSI Health Workers	1
Managerial and Clerical	1
Nursing	2.5
Operational	3
SAIBAI ISLAND PRIMARY HEALTH CARE CENTRE	**7.5**
A&TSI Health Workers	4
Managerial and Clerical	1
Nursing	0.5
Operational	2
SEISIA PRIMARY HEALTH CARE CENTRE	**2**
A&TSI Health Workers	2
ST PAULS PRIMARY HEALTH CARE CENTRE	**6**
A&TSI Health Workers	1

Managerial and Clerical	2
Nursing	2
Operational	1
THURSDAY ISLAND COMMUNITY HEALTH	**5**
A&TSI Health Workers	2
Health Practitioners	2
Nursing	1
THURSDAY ISLAND COMMUNITY MHS	**6.5**
Health Practitioners	1
Managerial and Clerical	2
Nursing	3.5
THURSDAY ISLAND HOSPITAL	**192.87**
A&TSI (Transition) Admin Officers	1
A&TSI Health Workers	4
Health Clinical Assistants	4
Health Practitioners	15.5
Managerial and Clerical	49
Medical incl VMOs	24
Nursing	57.37
Operational	33
Trade and Artisans	5
THURSDAY ISLAND PRIMARY HEALTH CARE C	**59**
A&TSI Health Workers	21
Health Clinical Assistants	6
Health Practitioners	4
Managerial and Clerical	8
Medical incl VMOs	2
Nursing	17
Operational	1
THURSDAY ISLAND STATE GOVERNMENT HUB	**7**
A&TSI Health Workers	5
Nursing	2
TORRES AND CAPE HOSPITAL AND HEALTH SE	**30**
Health Practitioners	6
Managerial and Clerical	14
Nursing	10
UMAGICO PRIMARY HEALTH CARE CENTRE	**2**
A&TSI Health Workers	2
WARRABER ISLAND PRIMARY HEALTH CARE C	**5**
A&TSI Health Workers	2
Managerial and Clerical	1
Nursing	1
Operational	1
WEIPA ADMINISTRATION HUB	**4.8**
Health Practitioners	1
Managerial and Clerical	3.8
WEIPA HOSPITAL	**64.61**
A&TSI (Transition) Admin Officers	1
A&TSI Health Workers	1
Health Practitioners	2.44
Managerial and Clerical	4
Medical incl VMOs	2.17
Nursing	53
Operational	1
WEIPA INTEGRATED HEALTH SERVICE	**109.03**
A&TSI Health Workers	6

Health Clinical Assistants	5.5
Health Practitioners	11.5
Managerial and Clerical	33.7
Medical incl VMOs	11.33
Nursing	24.5
Operational	14
Professional (Clinical)	2
Trade and Artisans	0.5
WUJAL WUJAL COMMUNITY HEALTH CENTRE	**11**
A&TSI Health Workers	4
Managerial and Clerical	1
Nursing	3
Operational	3
WUJAL WUJAL PRIMARY HEALTH CARE CENTF	**1**
Nursing	1
YAM ISLAND PRIMARY HEALTH CARE CENTRE	**5**
A&TSI Health Workers	3
Nursing	1
Operational	1
YORKE ISLAND PRIMARY HEALTH CARE CENT	**4**
A&TSI Health Workers	2
Managerial and Clerical	1
Operational	1
Grand Total	**1063.21**

Sum of Indigenous MOHRI Headcount October 2023
4
2
1
1
0
1
0
0
1
7
4
0
2
0
0
1
3
3
0
2
1
0
1
0
11
2
3
1
2
3
7
1
1
2
2
1
2
1
1
0
0
1
0
1
0
2
2
0
0
1
1
0
0
0

0
0
0
0
1
0
1
0
8
3
0
1
0
4
0
0
10
2
1
0
3
0
3
1
0
0
3
1
1
0
1
1
0
1
0
0
0
0
0
0
0
22
8
0
12
0
1
1
6
5
0
0
1
4
2
2

0
0
2

0
1
1
2

1
0
1
1

1
0
0
2

1
0
0
1
2

1
1
0
2

1
1
0
0
2

1
1
0
0
1

1
3

2
0
1
0
1

1
2

0
0
0
2
5

4
0
0
1
2

2
2

1

1
0
0
3
2
1
0
1
0
1
0
53
1
2
3
1
20
0
7
18
1
25
13
4
1
5
0
2
0
2
2
0
2
0
2
0
1
1
4
2
1
0
1
1
1
0
4
1
1
0
0
1
1
0
13
6

1.5
0
2.5
0
3
0
0
0
5
4
1
0
0
0
0
1
1
0
0
1
0
1
0
241

TCHHS Recruitment Review - Working Group meeting 9 Nov 2023 –DATA

Pay Stream Group	MOHRI Occupied FTE	Indigenous MOHRI FTE	Indigenous FTE %
Managerial and Clerical	352.74	70.58	20.01
Medical incl VMOs	55.55	1.8	3.24
Nursing	335.9	26.25	7.81
Operational	102.99	30.07	29.20
Trade and Artisans	8	1	12.50
Professional and Technical	115.77	19.21	16.59
A&TSI Health Workforce	122.8	88.61	72.16

Indigenous MOHRI Headcount

20.98%

253.50
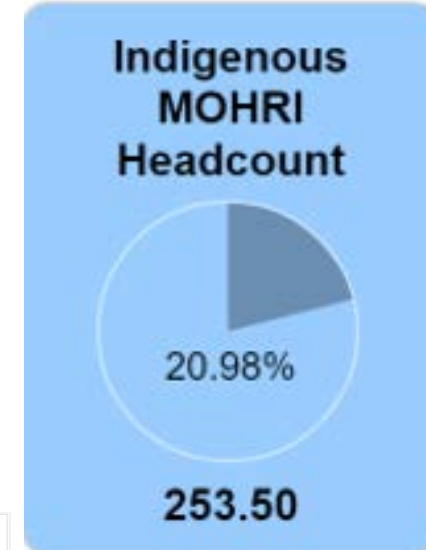
Average recruitment timeframes to fill 48-55 days

Cultural Safety

Cultural Safety

80 %

80%   15%

vs 2022 ▲ 4   Sector ▲ 12

Target 44.5%
Aspirational 68.78%
By 2026

Diversity data
reported via myHR

34.08%

CURRENT SNAP SHOT 2023: There's been 52 identified position advertised over the 12 months via internal and external methods. Out of those 52 advertised jobs 12 have been filled, 9 have been closed due to "no suitable applicant" and 19 are opened for action, with 12 still open since Feb-May. Currently 9 job ads are LIVE on the market collecting applications.

Torres and Cape
Hospital and Health Service

Queensland Health

TCHHS Recruitment Review Working Group

Working with lived experience advocates

It is recognised globally that involving people with lived experience in policy development and service delivery is best practice.

In our work it is important for us to hear, learn and be guided by the voices of our Aboriginal and Torres Strait Islander lived experience advocates. It is important we only create resources, policies and practices that are culturally responsive, safe and effective.

The TCHHS Recruitment Review Working Group (the Group) propose hearing from First Nations people with an experience of Queensland Health recruitment practices to assist in informing the Group and improving recruitment processes and practices.

The Group are intentional about caring for the wellbeing of all individuals they interact with. We acknowledge the potential for distress for people with lived experience of system-related harm, including the possibility for traumatisation and re-traumatisation of people working with the Group. Queensland health will take all efforts for this not to occur.

We also acknowledge the opportunity to create meaningful reform through ensuring Indigenous ways of knowing, doing and being are incorporated into the ways in which we build our workforce.

Our process

Lived experience advocates will be provided a range of mechanisms in which to share their experiences with the Working Group including in-person meetings, virtual meetings, written submissions of up to 1000 words, 5-10 minute video recording or 5-10 minute voice recording.

By attending a meeting or providing a submission lived experience advocates provide consent for de-identified information to be shared with the working group and key leaders within Queensland Health for the purposes of improving the recruitment and selection process.

Lived experience advocates will be provided with access to support through the Department of Health's employee assistance provider, Benestar and 13YARN. Support will also be provided by the relevant trade union. Advocates are also encouraged to bring a support person of their choosing to meetings.

Approaches to individual and group debriefing will be decided in collaboration with the advocates.

Additional information

Lived experience advocates will:

- represent First Nations Peoples

- where possible, represent a broad range of views within the cultural context of Australian First Nations Peoples, including people from a range of ages, genders, sexualities, abilities, geographical locations, and who identify as culturally and linguistically diverse

- have a commitment to improving the Queensland health system

- represent themselves as individuals and community members, not service providers

- be guided by the Working Group Terms of Reference as they engage with members to provide non-binding recommendations and/or key information to the group.

Cultural Practice Program Coordinator (AO6)
TCHHS North
(Permanent since 2018)

Born: Maitland, NSW
Grew up: Rockhampton, Central Queensland
Education: Year 12 @ the Rockhampton Girls Grammar School
Bachelor of Arts Degree in Aboriginal Affairs Administration @ 'Taskforce' City Campus, University of South Australia, Adelaide

I started here in May of 1998 at that time we were Torres Strait & Northern Peninsula Health Service District as a Medical Records Officer (AO3), Thursday Island Hospital.
At one stage, my line manager (at the time, the Health Information Manager) had asked me what I would be interested in and how the District could invest. His response to my answer left me discouraged. I had showed interest in Clinical Coding and had previous conversations with the visiting Coder about my interest. I had suggested doing courses for clinical coding and his response was "it will be a very hard course for you to do" and asked me to suggest something else.
Once accreditation was over, I was back in my substantial position as Medical Records Officer (AO3). Shortly after my return, I applied for a temporary supervisory role in Medical Records/Reception (AO4) at TI Primary Health Centre.
I stayed in that position for a while and my contract was constantly renewed & extended. There seemed to have been no consideration into advertising the permanent position.
After being in this position for a while, the then Health Information Manager approached me with correspondence he had already drafted and had asked me to sign and he pretty much never gave me an option but to relinquish my position due to my long absence in the role. At that time, I didn't understand the system and felt that that was the standardised procedure and so I signed it, not realising that I had just given up my substantive position. This was when I became a 'Surplus Officer' (a 'floater') placed in Admin positions here and there.
I took the opportunity in 2002 to act in an AO4 position - Policies & Procedures Project Officer as a part of the Quality team in preparation for the District's first Accreditation in 2002. We achieved 4 years' Accreditation that year. I then moved to acting in positions like Assets Officer, Travel Officer, Specialist Clinics Coordinator and other admin positions until the HR Manager approached me to and worked with me to find a substantive position for me.
My substantive position was a Finance Officer (AO3), a position that I never ever filled because I kept myself busy in doing higher duties, hoping that one stage, I will be successful in securing a higher permanent position as I could not see myself going back to an AO3 level. It was not until 2011 that I applied for one of the AO5 Cultural Practice Program Coordinator positions and was successful in it. However, they were Commonwealth-funded positions (temporary). It was not long until the other Coordinator left his position and the position was not filled after he left. I took on the role at an AO5 level. It was AO5 because we had 2 positions. The position throughout the State sat at an AO6 level. During my time in this temp position, I requested, through my manager, for the position to be JEMS up to AO6. Thankfully, he reviewed the situation and agreed to assist in the JEMS process. The position was JEMS-ed to an AO6 in 2015 or 2016, but was still temporary. I was constantly having to fill in Employee Movement Forms to extend the Project. Still at this time, my substantive position was Finance Officer (AO3).
It was not until 2018, through Union delegates advocating, that my position was made permanent and I went through process to make it my substantive position.

Since I started in 1998, it took me 20 years to jump from an A03 (a floater in between) to an AO6 substantive position. For me, it's disheartening to see others come and jump levels within just a year. I have been told in positions that I filled temporarily that my work performance was awesome. I have tried applying for higher positions with no luck and apparently after receiving feedback is that my scores were 'so close' to the successful applicant.
I will probably remain in AO6 for the rest of my career in TCHHS… my motivation to move forward and higher has withered away.

In regards now to the review in general. There are some pointers that I would like to suggest:

- **The TCHHS develop a 'Pre-Entry' Process as mentioned in the Cultural Practice Program Pathway (Attachment 1).** The process will act as a filtering system, providing interested applicants to undergo a self-analysis against the Cultural Criteria that is required to work in this region. "Is this the right place for me to work". If there is genuine willingness for them to learn then this process should offer the assistance available by the TCHHS to guide them through their journey in this region, whilst employed.
- **Position Descriptions to be reviewed.** Are our core values mentioned, need to be reviewed. How we advertise positions should not highlight 'paradise' but a rather 'cultural experience' in a beautiful place. For those with a passion for Indigenous Health should be supported fully for them to gain experience and hopefully see more stability in staff retention.
- **Recruitment process including the interview panel questionnaire and how applicants are rated.** There must be at least one Indigenous staff on the panel and that staff must be the most appropriate for the position. Cultural Capability Officers are to be involved in selection panels and decide on the most appropriate cultural question to ask (something that I have been involved in recently). If myself as the Indigenous Selection Panelist feel that an Indigenous applicant has potential and should be offered an interview (shortlisted) then the Panel should consider it.
- **Indigenous staff should be given the opportunity to act in Higher duties to build confidence and experience.**
- Torres Strait is small with limited jobs and it is very hard being a Torres Strait Islander who's heart is here 'at home' to build a career pathway and find at times majority of us leave our beloved home to build on our career on the Mainland.

This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.

Dear Tess,

<u>Detrimental impact of managers/leaders with no knowledge of primary health care, the role of ATSI Health Workers, and Torres Model of Care:</u>

Senior leadership members of TCHHS refuse ATSI Health Worker requests to be on the selection panel for roles that will have oversight of ATSI Health Workers.

Our members have made these requests due to the fact that managers are engaged that have no training or background in primary healthcare and yet those roles make significant decisions affecting ATSI Health Workers.

For example, the recently resigned EGM north had no health qualifications. She was a lawyer by trade and frequently referred to her legal background in conversations with Health Workers, which was perceived as an intimidatory tactic on the part of this individual.

This EGM refused all requests from Health Workers to come sit with them at the PHC to learn what they do. In/around September 2023, around the same time of the then EGM North's resignation from her role, she admitted in conversation with our members that she did not know what they did and did not know what the Torres Model of Care is, despite the fact that she was involved in key decisions further dismantling the Torres Model of Care. Given she had been employed by TCHHS for some three years at this time, such a statement was incredibly insulting, albeit not unexpected.

Given the 'interest' put forward in ATSI EB2 negotiations that Executive Directors of ATSI Health be covered by this EB, yet will not be not required to hold any of the mandatory qualifications that the workers covered by this EA must hold (ie it appears the only mandatory criteria is being indigenous and having managerial experience) our members have no faith that QH understands the need for appropriately qualified managers and leaders when it comes to the role of ATSI Health Workers and the delivery of culturally appropriate care to their peoples.

<u>Accommodation</u>

One of the AWUs ATSI Health Worker members, an elder, is homeless. Aunty is forced to sleep on couches with relatives due to the refusal of Torres and Cape HHS to honour verbal commitments made to her when she was interviewed, now over 6 years ago. When recruited, our member was living in Cairns. She was recruited to a temporarily funded position that had accommodation in the budget provided by the commonwealth government. Our member remains engaged in temporary contacts to this day, in breach of relevant legislative provisions in respect to converting non permanent employees to permanent employment.

Our member has repeatedly been informed she is not entitled to accommodation and that as she is a local (to Torres Strait) she should simply live with family. There have been times that accommodation has been provided, for example, in the period following when Aunty was living at a hostel and a male person also living at the hostel attacked her and threatened to rape her. This occurred over a weekend in approx mid 2021 and Aunty's Manager made arrangements for her to be housed in QH accommodation.

This manager was subsequently informed, in an email from the then EGM north that she had no right to make arrangements for the provision of QH accommodation being provided on an emergent basis as a result of the attack and threatened rape. Whenever the issue of accommodation is raised by Aunty or her manager, the response is that Aunty is always free to leave if she doesn't like it.

It had also been said to Aunty that if she does not drop the issue of accommodation, her temporary contract will not be renewed.

Members question what happens with the funding that is meant to be for staff accommodation with government funded programs. There are serious concerns about how TCHHS is using money that is expressly provided for staff accommodation in commonwealth government funded programs when no accommodation is provided to ATSI Health Workers.

Kind regards,

Cheri

Get Outlook for iOS
Cheri Taylor
Industrial Advocate
Queensland & NT
M: 0475 508 764 | 1800 298 753
E: cheri.taylor@awu.org.au
L 13 333 Adelaide St Brisbane

awu.org.au

Queensland Health

TCHHS Recruitment Review Working Group

Meeting – 2 November 2023

Agenda item	Notes
Purpose of the group	To review policies and practices and identify areas for improvement and to make recommendations. Are the practices, policies and procedures working well? How can we develop tools and resources to improve across the system?
Terms of Reference	One change requested to ToR – to make more explicit the group is to prepare a report and provide recommendations to the wider investigation (ACTION TR)
Approach to review of recruitment practices	Outlined by Chair Best practice advisory report prepared by Everywhen to be circulated to group members (ACTION TR) Lived experience advocates to be included in review – must be survivor led process and provide anonymous and accessible options for submissions (Action TR)
Other business	TCHHS to provide workforce data and information on local process at next meeting
Future meetings	Meetings to be minimum of 1.5 hours weekly – timeline to be deveopled and circulated (ACTION TR)

Queensland Health

TCHHS Recruitment Review Working Group

Meeting – 9 November 2023

Agenda item	Notes
Terms of Reference	Update to wording approved by group Make change to code of conduct section noting union representatives are obligated to act under their own codes (ACTION TR)
TCHHS – current recruitment practices	Process outlined by TCHHS Identify vacancy, target vacancy – consider identified vacancies, temp to perm, transfer at level etc then EOI. Market vacancy – Smart Jobs, social media, ATSI career websites, local networks. Collect applications and identify panels (ensure cultural safety) Interview if appropriate (some roles not required) and conduct other assessments Selection of preferred candidate Issues discussed: accommodation issues, small talent pools, managers are time poor, English is second language for many potential applicants.
TCHHS - workforce data	MOHRI data provided Diversity data inaccurate due to lack of completion Request to see data broken down further (ACTION SK) Sharyn Everett provided breakdown of recruitment proceed under nursing and midwifery recruitment hub
Advisory report and B1 policy review – identification of areas for improvement	Held over Selena King from Everywhen (author of report) to be invited to next meeting to discuss (ACTION TR)
Lived experience advocates – provide feedback on draft document and confirm process	Document providing guidance on process accepted by members Process to be finalised and discussed with union reps (ACTION TR)
Other business	Nil

Queensland Health

TCHHS Recruitment Review Working Group

Meeting – 15 November 2023

Agenda item	Notes
Selena king – Everywhen	- Introduction to Selena - Everywhen – 15 years of experience - Looks at recruitment from a strategic perspective - Values incorporating indigenous ways of knowing, doing and being into the recruitment process is essential for establishing strong Aboriginal and Torres Strait Islander health outcomes - Upwards of 500 touchpoints in the last 6 months in relation to barriers and enablers to best practice Aboriginal and Torres Strait Islander recruitment and retention - Currently project managing QAS/QHealth Aboriginal and Torres Strait Islander health worker and health practitioner qualification pilot program implementation
Advisory Report discussion	- Focus on 3 key metrics in building community health workforces – access, opportunity (education) and sustainability - Framework developed for report – workforce design, knowledge transfer, access and opportunity, strategic partnerships, governance and leadership - Important to 'profile' workforce – model look at ways of knowing, doing , being then look at knowledge skills and attributes needed to perform role then opportunity provided by the system to support the role - Need Aboriginal and Torres Strait Islander people involved at all levels – workforces built for community by community and with a focus on connection to country - TCHHS need to engage with community (Torres Model of Care) what's working? How can we make it better? - Data must inform changes to policy - Nursing business planning framework (BPF) could inform Aboriginal and Torres Strait Islander health worker processes (determine community needs first then resources) – it is about identifying resources to deliver a service (transferable) - Torres Model of Care – may need to be revised and revitalised
Lived experience advocates	Confirmed meeting 23 November – 1.30pm
Other business	Nil

Queensland Health

TCHHS Recruitment Review Working Group

Meeting – 23 November 2023

Agenda item	Notes
Lived experience advocate 1	This advocate had a support person with them • Employed in TCHHS approx. 8 years • Raised issue with applications to higher position to cover a period of leave which they believe they have the skills and qualifications to be successful in. Was unsuccessful twice and prior to applying a third time requested feedback on previous applications – had no response so did not apply again • Questions if she does not have the skills why there is no mentoring or training available to upskill them • Feels they see other staff change streams (out of AO stream) as they feel there are barriers to progression • Questions if panel members declare COI's when necessary as the community is very small (perceived nepotism) • Would like to see access to higher education opportunities (not only administrative courses) • Perceived lack of support for current staff as external applicants are successful in recruitment processes • Message to QH to invest in permanent staff
Lived experience advocate 2	This advocate did not have a support person with them. • This person has completed a Master of Nurse Practitioner (NP) qualification (2009-2012) as they wanted to further support young peoples sexual and reproductive health • To become a registered NP TCHHS was required to establish a credentialling committee and were advised of this in 2009 • In 2012 the committee had not been established • The person has submitted the required paperwork to APRA in 2012 • IN 2014 the person requested her own position description be developed and this was not progressed • In 2015/16 the person was told a position would be established they could sit in temporarily until it was advertised as permanent • The person felt like they were empty promises, they were provided incorrect information and no assistance and they "gave up hope". • Person was told there was an issue with credentialing – in 2017 there was a credentialling committee established however a referee report was deemed incomplete • This person has worked in sexual health for 26 years and remains as not practicing as a NP

	• The person believes they are a qualified NP who is well placed to provide culturally safe care in their own community
Lived experience advocate 3	This advocate did not have a support person with them. This person had three experiences to share with the working group – their own and those of two colleagues who asked for their experiences and reflections to be included. • Experience 1 – Nurse Navigator • Was recommended by Medical Superintendent to be promoted to Public Health Nurse • Person feels there was no consideration given to their Masters of Public Health – spoke to line manager and EDoN and they were told they would be employed at CN level although should be CNC level • Person feels there is no will to progress indigenous people in their careers • Experience 2 – Nurse who applied to be promoted to Assistant Director of Nursing • Interview panel was DoN, Acting Ass DoN, DoN business support offier and cluster co-ordinator. • The person had asked if could bring notes into the interview and was told yes they could • During the interview the person was asked if they had seen a copy of the questions prior to the interview – they confirmed they had not • The person felt the panel member was implying they had seen the questions prior to interview and therefore the process was unfair – the person feels the question was inappropriate and that it made them feel uncomfortable • The person contacted the recruitment team to ask if this was being addressed and did not receive a response • The person said the selection report was not signed by all panel members yet selection went ahead • The person felt discriminated against on the basis of their race • Experience 3 – Nurse with ancestral ties to the Torres Strait • The person is a clinical nurse with experience in chronic disease (diabetes, chronic respiratory disease etc) • Applied for clinical consultant role in TCHHS – unsuccessful and feedback that someone else was more qualified • Within 2 months of the person starting it was decided they needed a support person as there were challenges with them connecting to community members – Nurse Navigator liaison role was established – person feels there were two position to perform a role they could have done on their own • Feels the lower level roles are supressing Aboriginal People and Torres Strait Islander People
Other business	Nil

TCHHS Recruitment Review Working Group

Meeting – 30 November 2023

Agenda item	Notes
Desktop policy review	Selena King presented on the desktop policy review. • Acknowledgment of authorising environment under PSA 2022 and other legislation – breath of discretionary power • Application and implementation of the policies is most important • Policies should be contextualised for each HHS • Policies should be reviewed taking a trauma informed approach recognising the impacts of colonisation. • B1 – needs to be re-written to align with changes to the PS Act • Policy may contribute to attrition • Acknowledge recruitment is the gateway to health outcomes • Create specific section addressing Anti-Discrimination Act 1991 (s25 and s105) to improve representation • Other key issues include – cultural safety and cultural load should be acknowledged in all policies • 2 additional key policies to highlight for discussion that need re-working in Selena's opinion -job evaluation and patient travel subsidy scheme • Accommodation policy (localised draft only – not consulted yet) – needs more discretion
Desktop policy review - questions and comments	• Need more resourcing – patient travel • Accommodation local issues are overcrowding and lack of availability as well as high costs of housing • Aboriginal health workers – many vacancies because of housing issues – accommodation not available to them • Lack of interagency collaboration (housing) is local issue that becomes a wider community health issue
Draft working group report – format and recommendations	• Headings follow structure of Everywhen advisory report • Section missing – engagement of community and also accommodation needs its own section • Intent of report is to go to part 9 evaluators • Education (capability development) to be its own section • Selena to share examples of cultural safety training – cultural safety can be built into performance
Other business	Nil

Queensland Health

TCHHS Recruitment Review Working Group

Meeting – 7 December 2023

Agenda item	Notes
Draft working group report – discussion and recommendations	**Vacancy management** • use the nursing business planning framework as a tool to support all workforces/disciplines • How do we define cultural capability and cultural safety? Need to define for TCHHS communities **Advertising** • Possibility of recruitment team ensuring at least one team member is Aboriginal or Torres Strait Islander employee **Application process** • Panel member capability development **Selection** • Strengthen wording around cultural connectedness • Are there impediments to discretion around criminal history checks? None identified • Aboriginal and Torres Strait Islander representative on panels must not be tokenistic (training package to support) **Capability development** • Add in confidentiality as a learning – family accessing services Data collection – should be captured to measure changes
Other business	Nil