

Health Services Amendment Act 2006

Act No. 52 of 2006



Queensland

Health Services Amendment Act 2006

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Queensland

Health Services Amendment Act 2006

Act No. 52 of 2006

An Act to amend the *Health Services Act 1991*, and for other purposes

[Assented to 4 December 2006]

The Parliament of Queensland enacts—

1 Short title

This Act may be cited as the *Health Services Amendment Act* 2006.

2 Commencement

This Act commences on a day to be fixed by proclamation.

3 Act amended

This Act amends the Health Services Act 1991.

4 Amendment of long title

Long title, 'district health' *omit, insert*— 'health community'.

5 Amendment of s 2 (Definitions)

- (1) Section 2, definition *council— omit*.
- (2) Section 2—

insert—

commencement, for part 9, division 6, see section 83.

council means a health community council established under section 28L.

former council, for part 9, division 6, see section 83.

health executive means a person who is appointed, under section 28E, as a member of the health executive service.

health executive service means the health executive service established under section 28A.

health service area plan, for a health service area, means a plan that guides the development and delivery of public sector health services in the health service area.

performance agreement means an agreement that states the criteria against which the performance of a person in an employment position is to be assessed.

resource allocation funding model means the arrangement for funding public sector health services delivered in a health service area based mainly on the number, composition and health service needs of the area's residents.

State-wide health service, for part 3C, see section 28ZB.

State-wide health services plan means the plan that guides the development and delivery of public sector health services in Queensland.

transition period, for part 9, division 6, see section 83.

user see section 3A.'.

(3) Section 2, definition *funding arrangement*—

insert—

'(c) the resource allocation funding model.'.

6 Amendment of s 3 (Meaning of *health service*)

Section 3(2)(b)—

insert—

'(iii) the protection and promotion of health.'.

7 Insertion of new s 3A

After section 3—

insert—

'3A Meaning of *user*

(1) *User*, of a public sector health service, means an individual who uses or receives the public sector health service.

(2) An individual is not a user of a public sector health service merely because the individual arranges a public sector health service for another individual.'.

8 Amendment of s 4 (Objects of Act)

(1) Section 4(1)(a) and (b)—

renumber as section 4(1)(b) and (c).

(2) Section 4(1)—

insert—

'(a) protect and promote health; and'.

(3) Section 4(1)(b), as renumbered, 'illness'—

omit, insert—

'and control illness and injury'.

(4) Section 4(2)(b)—

omit, insert—

- (b) establishing health community councils to foster community engagement in relation to, and monitor, the delivery of public sector health services; and
- (c) requiring the chief executive to prepare and give the Minister reports about the performance of certain public sector hospitals.'.

9 Insertion of new s 4A

After section 4—

insert—

'4A Guiding principles

'The principles intended to guide the achievement of this Act's objects include the following—

- (a) the best interests of users of public sector health services should be the main consideration in all decisions and actions under this Act;
- (b) there should be a commitment to ensuring quality and safety in the delivery of public sector health services;

- (c) there should be responsiveness to the needs of users of public sector health services about the delivery of public sector health services;
- (d) information about the delivery of public sector health services should be provided to the community in an open and transparent way;
- (e) there should be a commitment to ensuring that places at which public sector health services are delivered are places at which—
 - (i) employees are free from bullying, harassment and discrimination; and
 - (ii) employees are respected and diversity is embraced;
- (f) there should be openness to complaints from users of public sector health services and a focus on dealing with the complaints quickly and transparently;
- (g) there should be collaboration with clinicians in planning, developing and delivering public sector health services;
- (h) opportunities for research and development relevant to the delivery of public sector health services should be promoted;
- (i) opportunities for training and education relevant to the delivery of public sector health services should be promoted.'.

10 Amendment of pt 2, hdg (Health service districts and areas and district health councils)

Part 2, heading, 'and district health councils'—

omit.

11 Omission of pt 2, div 1, hdg (Declaration of districts and areas and establishment of councils)

Part 2, division 1, heading—

omit.

12 Replacement of s 7, pt 2, divs 2 and 3 and pt 2, div 4, hdg

Section 7, part 2, divisions 2 and 3 and part 2, division 4, heading—

omit, insert—

'Part 2A Chief executive's responsibility and functions

'7 Functions

- (1) The chief executive has the following functions under this Act—
 - (a) providing strategic leadership and direction in relation to the delivery of public sector health services, so as to protect, promote and maintain the health of Queensland residents;
 - (b) ensuring the development of a State-wide health services plan;
 - (c) ensuring available resources for the delivery of public sector health services are used effectively and efficiently;
 - (d) entering into performance agreements with general managers appointed for health service areas;
 - (e) entering into performance agreements with health executives, other than health executives who have entered into performance agreements with general managers appointed for health service areas;
 - (f) performing other functions given to the chief executive under this Act.
- (2) In performing the functions the chief executive must have regard to the objects of, and guiding principles for, this Act.

'Part 2B General managers'.

13 Amendment of s 21A (General managers)

(1) Section 21A, heading omit, insert—

'21A Appointment of general managers'.

- (2) Section 21A(2), 'health service employee'—
 omit, insert—
 'health executive'.
- (3) Section 21A(3) and (4) *omit.*

14 Insertion of new s 21B and pt 2C, hdg

After section 21A—

insert—

'21B General manager's functions

- (1) The general manager of a health service area has the following functions—
 - (a) leading the delivery of public sector health services in the health service area to ensure the services are of high quality, safe and cost-effective;
 - (b) leading the delivery of particular public sector health services, within and outside the health service area, as directed by the chief executive;
 - (c) ensuring the development of a health service area plan for the health service area that complements the State-wide health services plan;
 - (d) allocating available resources to a public sector health service delivered in the health service area in accordance with—
 - (i) the health service area plan for the health service area; and
 - (ii) any funding arrangement for the public sector health service;

- (e) developing a health services agreement for each district situated in the health service area;
- (f) entering into a performance agreement with the manager for each district situated in the health service area;
- (g) performing other functions as directed by the chief executive.
- (2) In performing the functions, the general manager—
 - (a) is subject to the chief executive; and
 - (b) must have regard to the objects of, and guiding principles for, this Act.

'Part 2C Managers for districts'.

15 Amendment of s 22 (Managers for districts)

(1) Section 22, heading—

omit, insert—

'22 Appointment of managers for districts'.

(2) Section 22(2), 'health service employee' *omit, insert*—

'health executive'.

(3) Section 22(3) to (5) *omit*.

16 Replacement of ss 23 and 23A

Sections 23 and 23A—

omit, insert—

'23 Functions of manager for a district

(1) The manager for a district has the following functions—

- (a) managing the delivery of public sector health services in the district in accordance with the health services agreement for the district;
- (b) implementing the health service area plan for the health service area in which the district is situated, in so far as the plan relates to the district;
- (c) effectively and efficiently applying available resources for the performance of the manager's functions;
- (d) ensuring there is a system to deal with any complaints from users of public sector health services delivered in the district;
- (e) ensuring each council for the district has the administrative support services reasonably required to perform the council's functions effectively and efficiently;
- (f) giving each council for the district written reports about the quality and safety of, and access to, public sector health services delivered in the district;
- (g) performing other functions as directed by the chief executive or relevant general manager for the district.
- (2) In performing the functions, the manager—
 - (a) is subject to the chief executive and relevant general manager for the district; and
 - (b) must have regard to the objects of, and guiding principles for, this Act.
- (3) In this section—

relevant general manager, for a district, means the general manager appointed for the health service area in which the district is included.'.

17 Amendment of s 24 (Appointment of health service employees)

Section 24(1), after 'executive'—

insert—

'or the general manager appointed for a health service area'.

18 Amendment of s 26 (Basis of employment)

Section 26(2), after 'executive'—

insert—

'or the general manager appointed for a health service area'.

19 Amendment of s 27 (Directives issued by Governor in Council)

Section 27—

insert—

(4) This section does not apply to a health executive.'.

20 Amendment of s 28 (Conditions of employment)

Section 28—

insert—

(5) This section does not apply to a health executive.'.

21 Insertion of new pts 3A–3C

After section 28—

insert—

'Part 3A Health executive service

'28A Health executive service established

'The health executive service is established.

'28B Purpose of health executive service

'The health executive service is established to promote effectiveness and efficiency in the delivery of public sector health services by attracting, developing and retaining a core of mobile, highly skilled health executives.

'28C Principles of health executive service employment

'Employment in the health executive service is to be directed towards ensuring that health executives—

- (a) develop a State-wide perspective about the delivery of public sector health services; and
- (b) continue their executive development; and
- (c) develop their skills through their deployment within and outside the department.

'28D Composition of health executive service

'The health executive service consists of the following-

- (a) general managers appointed for health service areas;
- (b) managers for districts;
- (c) other persons appointed under this part as health executives.

'28E Appointment of health executives

- (1) The chief executive may appoint a person to be a health executive.
- (2) At the time of the appointment, the person must—
 - (a) be a health service employee; or
 - (b) also be appointed by the chief executive as a health service employee.

'28F Basis of employment for health executives

- (1) Each person appointed as a health executive must enter into a written contract of employment with the chief executive.
- (2) The person's conditions of employment are governed by this Act and the contract.
- (3) The contract of employment must state—
 - (a) the term, not longer than 5 years, of the person's employment; and

- (b) that, if the person's employment as a health executive continues to the end of the term, a further contract may be entered into under this section; and
- (c) the person's functions; and
- (d) that the person must meet any performance criteria set by the chief executive; and
- (e) the person's classification level, and the remuneration to which the person is entitled; and
- (f) that the person may resign by signed notice of resignation given to the chief executive at least 1 month before the notice is to take effect; and
- (g) that the person's appointment and contract of employment may be terminated by the chief executive by written notice signed by the chief executive and given to the person at least 1 month before it is to take effect.

'28G Performance review

- (1) A health executive's performance in that capacity must be reviewed, at least annually, by the chief executive.
- (2) The review must have regard to any performance criteria, including, for example, performance criteria contained in—
 - (a) the contract of employment between the chief executive and health executive; and
 - (b) the performance agreement for the relevant employment position.

'28H Exclusion of certain matters from review under other Acts

- (1) An excluded matter, or a matter affecting or relating to an excluded matter, is not an industrial matter for the *Industrial Relations Act 1999*.
- (2) However, this section has no effect on the *Industrial Relations Act 1999*, section 276.¹

¹ *Industrial Relations Act 1999*, section 276 (Power to amend or void contracts)

- (3) Without limiting subsection (1), awards and industrial agreements do not apply to a health executive.
- (4) A decision about an excluded matter can not be challenged, appealed against, reviewed, quashed, set aside, or called in question in another way, under the *Judicial Review Act 1991*.
- (5) In this section—

excluded matter means-

- (a) a decision to appoint, or not to appoint, a person as a health executive; or
- (b) the contract of employment of, or the application of this part or a provision of this part to, a health executive.

'28I Fixing of remuneration packages and classification levels for health executives

- (1) The chief executive may from time to time fix the remuneration packages for health executives and the classification levels at which they are to be employed.
- (2) In exercising the chief executive's powers under subsection (1), the chief executive must have regard to—
 - (a) despite section 27(4), any relevant directives issued under section 27; and
 - (b) the remuneration packages and classification levels for public sector employees employed in Queensland or other States; and
 - (c) the remuneration arrangements for similar private sector employees employed in Queensland.

'28J Transfer of health executives

- (1) The chief executive may transfer health executives.
- (2) The transfer of a health executive under this section—
 - (a) may involve a change in the location where the health executive performs functions; and
 - (b) has effect despite anything in the contract under which the health executive is employed.

'28K Consequence if transfer refused

- (1) If a health executive is transferred under section 28J, the transfer has effect unless the health executive establishes reasonable grounds for refusing the transfer to the satisfaction of the chief executive.
- (2) If the health executive refuses the transfer after failing to establish reasonable grounds for refusing the transfer to the chief executive's satisfaction, the chief executive may end the health executive's employment by signed notice given to the health executive.
- (3) If the health executive establishes reasonable grounds to the chief executive's satisfaction—
 - (a) the transfer is cancelled; and
 - (b) the refusal must not be used to prejudice the health executive's prospects for future promotion or advancement.

'Part 3B Health community councils

'Division 1 Establishment of health community councils

'28L Establishment

- (1) The Minister may establish as many health community councils for a district as the Minister considers appropriate for the administration of this Act.
- (2) However, there is to be at least 1 health community council for each district.

'Division 2 Functions and membership of councils

'28M Functions

'A council is an advisory body having the following functions—

- (a) undertaking community engagement activities about the health of, or health care for, the community, including, for example—
 - (i) obtaining information and feedback from users of public sector health services about public sector health service issues; and
 - (ii) considering planning proposals in relation to the delivery of public sector health services, and facilitating community debate and feedback on the proposals; and
 - (iii) advocating for users of public sector health services, so as to influence decision-making about the delivery of the services;
- (b) monitoring the quality, safety and effectiveness of public sector health services delivered in the council's district;
- (c) considering and evaluating reports about the delivery of public sector health services in the council's district;
- (d) enhancing community education about the delivery of public sector health services;
- (e) advising, and making recommendations to, the manager for the council's district about the matters mentioned in paragraphs (a) to (d);
- (f) giving the Minister, within 3 months after the end of each year, a written report on the performance of its other functions during the year;
- (g) performing other functions as directed by the Minister.

'28N Appointment of members

- (1) A council is to consist of not more than 8 members appointed by the Minister.
- (2) The Minister may only appoint as members persons nominated as suitable for appointment by the Health Quality and Complaints Commission.

Note-

It is a function of the Health Quality and Complaints Commission under the *Health Quality and Complaints Commission Act 2006*, section 16(d) to nominate to the Minister persons it considers suitable for appointment as members of councils.

- (3) A council must, if practicable, include at least 1 member who is a general practitioner.
- (4) A council must not include more than 1 member who is engaged in the delivery of public sector health services in the council's district.

'280 Chairperson of council

- (1) The Minister is to appoint a member as the chairperson of a council.
- (2) The chairperson is to preside at all meetings of the council at which the chairperson is present.
- (3) If the chairperson is not present at a meeting, a member chosen by the members present at the meeting is to preside.

'28P Term of appointment

'A member is to be appointed for a term of not more than 4 years.

'28Q Disqualification from membership

- (1) A person can not become, or continue as, a member if the person—
 - (a) is under 18 years; or
 - (b) is an insolvent under administration within the meaning of the Corporations Act, section 9; or

- (c) is convicted of an indictable offence.
- (2) In subsection (1)(c), mention of a conviction does not include a conviction that is not part of the person's criminal history.
- (3) The Minister may ask the commissioner of the police service for a written report about the person's criminal history.
- ⁽⁴⁾ If asked by the Minister, the commissioner of the police service must give the Minister a written report about the criminal history of the person, including the criminal history in the commissioner's possession or to which the commissioner has access.
- (5) In this section—

convicted, of an offence, means being found guilty of the offence, on a plea of guilty or otherwise, whether or not a conviction is recorded.

convicted of an indictable offence includes convicted of an indictable offence dealt with summarily, whether or not the Criminal Code, section 659 applies to the indictable offence.

criminal history, of a person, means the person's criminal history as defined under the *Criminal Law (Rehabilitation of Offenders) Act 1986*, other than convictions for which the rehabilitation period has expired, and has not been revived, under that Act.

Minister includes a person authorised by the Minister for this section.

'28R Vacation of office

'A member is taken to have vacated office if the member—

- (a) resigns from office by signed notice of resignation given to the Minister; or
- (b) is disqualified from holding office; or
- (c) is removed from office; or
- (d) is absent without the council's leave and without reasonable excuse from 3 consecutive meetings of the council.

'28S When notice of resignation takes effect

'A notice of resignation under section 28R(a) takes effect when the notice is given to the Minister or, if a later time is stated in the notice, the later time.

'28T Remuneration of members

'A member is entitled to be paid the fees and allowances decided by the Governor in Council.

'Division 3 Business and meetings of councils

'28U Conduct of business

'Subject to this division, a council may conduct its business, including meetings, in the way it considers appropriate.

'28V Times and places of meetings

- (1) Meetings of a council are to be held at least once every 2 months at the times and places the chairperson decides.
- (2) However, the chairperson must call a meeting of the council to consider a matter, if directed to do so by the Minister, within the period stated by the Minister.

'28W Attendance by manager

'The manager for a district must attend meetings of each council for the district.

'28X Minutes

'A council must keep minutes of its meetings.

'28Y Disclosure of interests

(1) This section applies if—

- (a) a member of a council has a direct or indirect personal interest in an issue being considered, or about to be considered, by the council; and
- (b) the interest could conflict with the proper performance of the member's duties in considering the issue.
- (2) The member must disclose the nature of the interest to a meeting of the council as soon as practicable after the member becomes aware of the possible conflict of interest.
- (3) The disclosure must be recorded in the minutes of the meeting.
- '(4) Unless the council otherwise directs, the member must not—
 - (a) be present when the council considers the issue; or
 - (b) take part in a decision of the council on the issue.
- (5) A member who makes a disclosure must not—
 - (a) be present when the council is considering whether to give a direction under subsection (4); or
 - (b) take part in the decision about giving the direction.
- (6) If, because of this section, a member is not present at a council meeting for considering or deciding an issue, but there would be a quorum if the member were present, the remaining members present are a quorum for considering or deciding the issue at the meeting.

'28Z Guidelines

- (1) The Minister may issue guidelines about a matter relating to a function of a council under section 28M.
- (2) A guideline is for the guidance of councils.
- (3) If a guideline is inconsistent with this or another Act, the Act prevails over the guideline to the extent of the inconsistency.

'28ZA Tabling of council reports

(1) This section applies to a report for a year given to the Minister by a council under section 28M(f).

(2) The Minister must table the report in the Legislative Assembly within 1 month of receiving it.

'Part 3C State-wide health services

'28ZB Definition for pt 3C

'In this part—

State-wide health service see section 28ZC.

'28ZC Establishment of State-wide health service

'The Governor in Council may, by gazette notice, establish a public sector health service (a *State-wide health service*) that is to be delivered in more than 1 district.

'28ZD State-wide health service manager

- (1) There is to be a manager appointed for each State-wide health service.
- (2) The manager is to be a health service employee.
- (3) The manager's functions in relation to the State-wide health service for which the manager is appointed are the following—
 - (a) to manage the delivery of the State-wide health service in accordance with the State-wide health service agreement for the State-wide health service;
 - (b) to implement the State-wide health services plan in relation to the delivery of the State-wide health service;
 - (c) to ensure available resources for the delivery of the State-wide health service are used effectively and efficiently;
 - (d) to perform other functions as directed by the chief executive.
- (4) In performing the functions—

- (a) the manager is subject to the chief executive; and
- (b) the manager must have regard to the objects of, and guiding principles for, this Act.
- (5) In this section—

chief executive includes a person authorised by the chief executive for this section.

State-wide health service agreement, for a State-wide health service, means an administrative arrangement between the chief executive and manager appointed under this section for the State-wide health service about the delivery of the State-wide health service in more than 1 district under the arrangement and funds for its delivery.'.

22 Amendment of s 57C (Function of chief health officer)

Section 57C, 'and mental health'—

omit, insert—

', communicable diseases, environmental health, health promotion, alcohol or tobacco consumption, and drug use'.

23 Amendment, relocation and renumbering of s 59 (Responsibility of chief executive)

(1) Section 59, heading, 'of chief executive'—

omit.

(2) Section 59—

relocate to part 2A, as inserted by this Act, and *renumber* as section 6B.

24 Insertion of new pt 9, div 6

After section 82—

insert—

'Division 6Transitional provisions for Health
Services Amendment Act 2006

'83 Definitions for div 6

'In this division-

commencement means commencement of this section.

former council, for a district, means the district health council for the district in existence immediately before the commencement.

transition period means the period from the commencement to 30 June 2007.

'84 Membership of councils

- (1) From the commencement, a council for a district consists of the existing members of the former council for the district.
- (2) An existing member holds office as a member of the council until the earlier of the following days—
 - (a) the last day of the transition period;
 - (b) if the existing member vacates office under this Act before the day mentioned in paragraph (a)—the day the existing member vacates office.
- (3) Subsection (2)(a) applies subject to the appointment of members of the council, under section 28N(1), during the transition period.
- (4) The Minister may, under this section, appoint a person to fill the office of a member of a first council if it is vacant.
- (5) Subject to subsection (3), this section has effect despite sections 28N and 28P.²
- (6) In this section—

existing member, of a former council for a district, means a person who immediately before the commencement held

² Sections 28N (Appointment of members) and 28P (Term of appointment)

office as a member of the former council for the district.

first council means a council as constituted under this section.

'85 Chairpersons of councils

- (1) From the commencement, the existing chairperson of a former council for a district is taken to be the chairperson of the council for the district as constituted under section 84.
- (2) The existing chairperson holds office as the chairperson of the council until the earlier of the following days—
 - (a) the last day of the transition period;
 - (b) if the existing member vacates office under this Act before the day mentioned in paragraph (a)—the day the existing chairperson vacates office.
- '(3) Subsection (2)(a) applies subject to the appointment of the chairperson of the council, under 28O(1),³ during the transition period.
- (4) Subject to subsection (3), this section has effect despite section 28O(1).
- (5) In this section—

existing chairperson, of a former council for a district, means the person who immediately before the commencement held office as the chairperson of the former council for the district.

'86 Amalgamation of districts during transition period

- (1) This section applies if, during the transition period, the Governor in Council
 - (a) revokes 1 or more declarations, under section 6 of the pre-amended Act, of adjoining areas of the State as health service districts (the *former districts*); and
 - (b) declares, under section 6, an area of the State comprising the areas mentioned in paragraph (a) as a health service district (the *new district*).

³ Section 280 (Chairperson of council)

- (2) The council for a former district is taken to be a council for the new district.
- (3) In this section—

pre-amended Act means this Act as in force before the commencement of the *Health Services Amendment Act 2006*, section 12.'.

25 Consequential and other amendments of Acts

The schedule amends the Acts mentioned in it.

Schedule Consequential and other amendments of Acts

section 25

Health Quality and Complaints Commission Act 2006

- Section 16(d), 'district health' omit, insert— 'health community'.
- Section 170, 'district health'—
 omit, insert—
 'health community'.
- Section 170(2)(c), '10(3) and 13.' and note—
 omit, insert—
 '28N(3) and (4) and 28Q.'⁴
- 4 Section 240—

omit.

- 5 Schedule 5, definition *district health council— omit.*
- 6 Schedule 5 insert—

⁴ *Health Services Act 1991*, sections 28N (Appointment of members) and 28Q (Disqualification from membership)

Schedule (continued)

'*health community council* means a health community council established under the *Health Services Act 1991*, section 28L.'.

Hospitals Foundations Act 1982

1 Section 4, definitions associated district health council and district health council—

omit.

2 Section 4—

insert—

'associated health community council, for an associated hospital, means a health community council for the health service district in which the hospital is situated.

health community council, for a health service district, means a health community council established under the *Health Services Act 1991*, section 28L for the health service district.'.

3 Section 4, definition *appointed member*, 'thereof ex officio'—

omit, insert—

'under section 18(3)(a)'.

4 Section 18(3)(a)—

omit, insert—

- '(a) either of the following persons—
 - (i) if there is only 1 associated health community council for the hospitals that are, or are to be, the associated hospitals for the body corporate—the

Schedule (continued)

council's chairperson or the chairperson's nominee;

(ii) if there is more than 1 associated health community council for the hospitals that are, or are to be, the associated hospitals for the body corporate—the chairperson of that one of the councils prescribed under a regulation or the chairperson's nominee;'.

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