



Speech by

John-Paul Langbroek

MEMBER FOR SURFERS PARADISE

Hansard Wednesday, 30 April 2008

QUEENSLAND HEALTH INFORMATION DIVISION

Mr LANGBROEK (Surfers Paradise—Lib) (11.50 am): I refer to the health minister's comment this morning in this place that desks will be swept aside for more patient procedures. That is what he said this morning in ministerial statements implying that he is getting rid of bureaucracy. Let us have a look at recruitment in the Queensland Health Information Division. There are two new forms required for the submission of recruitment requests. The new procedures appear to be a case of bureaucracy going mad. The new approval system will add time to temporary and permanent recruitment processes by requiring sign off by all positions listed on these sheets plus those on the usual recruitment forms. Some signatures may be duplicates and in certain cases the documents may end up with over 14 signatures in total. I can hear some desks being brought back in.

Given that many positions impacted by this new process already exist and have a funding source, the process appears to go beyond the intended scope of the memo from the acting director-general that members may remember, a recent email that was causing a recruiting halt for doctors, nurses and allied health professionals due to budget overruns. It also seems unusual that the chief information officer, a senior executive within the organisation, would need to scrutinise the extensions of AO3 level staff employed in administrative roles. These new processes have not been implemented in other branches of the organisation and may be indicative of a budget overrun within the information division.

In addition to recruitment delays, the new process also has the potential to cause a lapsing of temporary contracts and the loss of existing staff. The information division's role is to deliver and maintain Queensland Health's information infrastructure and clinical applications. In a worst-case scenario, insufficient staffing within the information division could impact on the stability of clinical information systems and the availability of patient information or test results to healthcare workers. It is also worth noting that the current structure of information provision is in place due to a restructure conducted in 2005 that occurred outside of the Forster review and as the restructure was underway during the Forster report no structural changes were recommended in the final report. To my knowledge, no in-depth review of the information division has been conducted.