Queensland Health

Health Service Investigation – Public Health Virology Laboratory

Terms of Reference

1. Purpose

The purpose of this health service investigation (the **Investigation**) is to investigate and report on matters relating to the management, administration or delivery of public sector health services at the Public Health Virology Laboratory within Queensland Health (the **Laboratory**) specifically relating to:

1.1. the handling of material required to be contained in a PC3 or PC4 facility (the **Materials**) during the period 2015 to September 2023 (the **Relevant Period**), including, but not limited to, storage, movement, record keeping and disposal;

1.2. the decision to decommission the Laboratory as a PC4 facility on or about 2015; and

1.3. the adequacy of current clinical governance, quality assurance, laboratory processes and policy frameworks as they relate to the management of the Materials.

2. Appointment

2.1. Under section 190(1) of the *Hospital and Health Boards Act 2011* (Qld) (**HHBA**), following my assessment that they are qualified for the appointment because they have the necessary expertise or experience, I have appointed **The Honourable Martin Daubney AM KC** and **Dr Julian Druce**, as health service investigators to conduct this Investigation (**Investigators**). **The Hon Martin Daubney AM KC** will be the lead investigator for the Investigation.

2.2. The Investigators must investigate the matters outlined under paragraph 3 below 'Scope of the Investigation' in compliance with their Instrument and Conditions of Appointment and prepare a Health Service Investigation report to me in accordance with section 199 of the HHBA.

3. Scope of the Investigation

3.1. The Investigators are to investigate matters relating to the management, administration or delivery of public sector health services in the Laboratory, and in particular:

(a) assess the adequacy of the internal policies, procedures and/or guidelines in place at the Laboratory relevant to the Materials during the Relevant Period, by reference to applicable legal and regulatory requirements, including accreditation and certification requirements and other relevant standards as identified in paragraph 3.2 below;

(b) assess compliance with the internal policies, procedures and/or guidelines identified in paragraph 3.1(a) in relation to the Materials during the Relevant Period;

(c) assess whether any non-compliance with the internal policies, procedures and/or guidelines identified in paragraph 3.1(b) or any inadequacies identified in paragraph 3.1(a):

(i) resulted in an adverse impact on employee or community safety; and

(ii) indicated preventable risks and/or opportunities for improvement;

(d) determine the circumstances around the decommissioning of the Laboratory as a PC4 facility on or about 2015;

(e) identify and review the Laboratory's current clinical governance, quality assurance, and other policies, procedures and/or guidelines relevant to the management of the Materials, including proactive risk management, staff compliance with relevant training, audit and monitoring, quality improvement, incident management and assess whether those frameworks:

(i) are adopted and applied across the Laboratory;

(ii) reflect applicable legal and regulatory requirements;

(iii) are effective in proactively identifying risk;

(iv) are effective in enabling risk escalation and the reporting of issues internally and/or to relevant authorities; and

(v) are effective in resulting in appropriate actions being taken to address any issues.

3.2. In undertaking the above, the Investigators are to consider and take into account any applicable legislative and regulatory obligations, standards, best practice guidelines, accreditation and other applicable requirements e.g. Clinical Service Capability Framework, as well as approaches taken by other Australian States.

3.3. The Investigators must make findings in respect of the matters outlined in paragraph 3.1.

3.4. The Investigators are to make recommendations relating to the ways in which the matters identified in 3.1(e) may be improved. In making recommendations, the Investigators should have regard to the achievability of such recommendations.

3.5. Should the Investigators identify any other matters outside the above matters that they consider requires further consideration, the Investigators should seek further instruction from Mr Kyle Fogarty, Director, Office of the Director-General.

4. Deliverables

4.1. The Investigators are required to do the following:

(a) On or before 9 June 2025 (or as otherwise agreed by me), a draft Investigation report is to be provided to me, for consideration as to whether these Terms of Reference have been met by the report.

(b) On or before 30 June 2025 (or as otherwise agreed by me) the final Investigation Report is to be provided to me (noting that such report, or an executive summary of it, with any necessary redactions in compliance with law, may be released to the public) identifying key issues, findings and recommendations.

5. Media

5.1. Should any Investigator be approached by a representative of the media, the Investigator is to make no comment about the Investigation and refer the media representative to the Media Unit, Integrated Communications, Queensland Health, on news@health.qld.gov.au.

5.2. In addition to the requirement under 9.1, the Investigators must immediately contact the appropriate officer as provided for in 7.1 above**.**

Signed this 5th day of December 2024.

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DR DAVID ROSENGREN
DIRECTOR-GENERAL
QUEENSLAND HEALTH