

Interim Public Health and COVID Response Division

Background

Since commencing in early 2020, the COVID-19 pandemic response has become a significant part of Queensland Health's business and it is foreseeable that this will continue for some time to come. It has become increasingly apparent that a formal organisational structure is necessary to sustain this aspect of the business and support the staff working on the prolonged pandemic response.

This document provides an overview of the proposal to create an interim Public Health and COVID Response Division (PHCRD). The PHCRD is being established in response to the operational and strategic challenges that have arisen as a result of delivering a sustained pandemic response. It is expected that the Division will endure for the life of the pandemic response, which is anticipated to be for a least 12 to 18 months.

Principles

- Change is focussed on strengthening public health outcomes
- Impact to staff will be minimised
- There will be no overall decrease in the number of permanent employees
- Some employees will have changed reporting lines, however individual roles and responsibilities will remain largely unchanged
- Employees will continue their employment under the same entitlements.

Objectives

- The overall COVID-19 response is streamlined, and efficiencies are created through the coordination of effort
- Interconnected activities in response to the COVID-19 pandemic benefit from enhanced visibility, oversight and management
- Consolidation of like activities enables interoperability and flexibility which promotes workforce sustainability and minimises staff burnout
- Integration of COVID-19 response functions facilitates an exchange of knowledge, learning and development opportunities
- The response to the COVID-19 pandemic is integrated and managed as core business of the organisation
- Concentration of effort achieves better public health outcomes for Queensland.

Scope

The Division will incorporate most major functions that have been stood up as part of the COVID-19 pandemic response. It is proposed that these functions are consolidated into a single division to create efficiencies and enhance coordination of effort. The alignment and consolidation of these functions will support Queensland Health to deliver the best possible health outcomes for Queenslanders.

The proposal does not seek to reverse or modify organisational changes that have been foreshadowed through the Queensland Health's *Business case for significant change*. The changes being proposed are in addition to the *Business case for significant change* however, they are noted as temporary changes to support the pandemic response. Wherever possible, processes associated with the proposed establishment of the PHCRD will align with broader processes for the *Business case for significant change*.

Benefits

The creation of the PHCRD acknowledges the ongoing effort of staff working on the response and will support their wellbeing by concentrating talent and experience in the new division. This concentration of skill and experience can be drawn upon to scale the intensity of the response in line with the shifting public health threat posed by COVID-19. This will allow Queensland Health to deliver a more agile response that also supports staff wellbeing.

Although COVID-19 will continue to impact business areas across Queensland Health the consolidation of the response into a single division will allow some divisions to pivot back to their business as usual and shift focus and effort to drive other strategic and operational deliverables. Delivering on those business as usual outcomes will become increasingly important as Queensland emerges from the pandemic

Risks

Although the existing organisational structure has delivered an effective response to date, it has become increasingly difficult to oversight the entire response as it has grown in scale and complexity. As the pandemic continues there is a risk that this lack of oversight and unrealised efficiencies will threaten the overall effectiveness of the public health response.

The establishment of the PHCRD seeks to address this risk by consolidating COVID focussed business under the Chief Health Officer (CHO) and Deputy Director-General (DDG) supported by an executive team of Deputy Chief Health Officers that oversight strategically aligned functions.

The establishment of the PHCRD will also support the commencement, in November 2021, of the new Chief Health Officer by implementing a structure that allows oversight over all aspects of the pandemic response.

Impacts

The establishment of the PHCRD will impact some business areas in the Office of the Director-General, and Prevention Division.

For the majority of impacted employees, there will be no change. Reporting lines for some senior officers will change as functions are realigned into a single division.

There is no proposal or intention to change the functions of the teams that are in scope for the realignment or to change the roles that are performed by staff within the impacted teams.

Similarly, there is no proposal to reduce the number of positions, or the number of employees engaged in delivering the response. Where there are vacant positions within a team that is in scope for consolidation into the new division, recruitment activity will continue.

The creation of the interim PHCRD will not impact on the industrial entitlements of employees.

It is proposed that there will be a small increase in head count including the creation of a new additional Deputy Chief Health Officer role and some additional leadership roles and business support and administration functions to sustain the new division and support the new organisational structure.

Summary of changes

The currently vacant Deputy CHO position will be replaced by three Deputy Chief Health Officers. This will be achieved by filling the existing Deputy CHO role, reclassifying one Deputy State Health Coordinator position, and creating one new additional position.

In the short term two of the Deputy CHOs will be appointed as Assistant Deputy Directors-General. An amendment to the *Hospital and Health Boards Act* will be progressed to enable the Assistant Deputy Directors-General to be formally appointed as Deputy CHOs.

Each of the Deputy CHOs will oversee a distinct work stream. This will form the basis for the structure of the PHCRD (refer Attachment 1). The COVID-19 vaccination response will constitute a fourth work stream and retain its existing structures and reporting lines.

Existing COVID-19 functions currently under the CHO, Deputy CHO, and Deputy State Health Coordinator including SHECC, COVID-19 Incident Management Team (COVID IMT) will be divided among the three Deputy Chief Health Officers. COVID-19 business functions that are currently in the Office of the Director-General and Prevention Division will be aligned into the three new work streams.

The roles in the Office of the CHO and Office of the Deputy CHO will remain largely unchanged although they will be consolidated into a single office and augmented with new additional business support functions to support the operation of the new division.

Areas to be realigned from the **Office of the Director-General** to PHCRD include:

- COVID Coordination Office
- Health Directions Exemption Service
- Hotel Quarantine Services
- Public Health Directions
- Response Lead – Engagement
- Response Lead – Liaison
- Response Lead – Policy

- Response Lead – Reporting

Areas to be realigned from **Prevention Division** to PHCRD include:

- Chief Health Officer COVID Office (CHO COVID and CHO Delegates)
- COVID Incident Management Team
- Health Disaster Management Unit (including the State Health Emergency Coordination Centre and associated functions)
- Office of the Deputy Chief Health Officer
- Vaccination Taskforce
- Vaccine Command Centre

A breakdown of all impacted positions is included at Attachment 2.

Consultation

An overview of the consultation and implementation plan is detailed below. Timeframes are indicative and may be subject to change.

	Anticipated timeframe	Action	Method
PHASE 1 From 16 July onwards	16/7/21	Follow up meeting with HR to confirm union consultation processes	Meeting
	16/7/21	Staff forum with ODG teams about intended appointment of Deputy CHOs	Staff forum
	16/7/21	Staff forum with Prevention Division/SHECC teams about intended appointment of Deputy CHOs	Staff forum
	19/7/21	Dr Lynne McKinlay commences as A-DDG	N/A
	19/7/21	Dr Peter Aitken commences as A-DDG	N/A
	w/o 19/7/21	Finalise Ministerial brief for amendment to Hospital and Health Boards Act to enable multiple DCHO appointments	Ministerial brief
	30/7/21	Union consultation commences - Interim PHCRD proposal distributed to unions	Meeting + email
	30/7/21	Union consultation period commences	
	30/7/21	Staff consultation commences – Interim PHCRD proposal distributed to impacted teams	Email
	30/7/21 – 13/8/21	Staff consultation period commences	
	w/o 2/8/21	Meeting with all impacted teams (all staff forum), and individual staff as required	Meeting
	9/8/21	Dr James Smith commences as DCHO	N/A

	12/8/21	Executive Leadership Team meeting – Dr Young to attend to introduce Deputy CHOs and discuss Interim PHCRD proposal	Meeting
	16-17/8/21	Collate consultation feedback and update Interim PHCRD proposal if needed	
	18/8/21	Interim PHCRD Proposal tabled at DoH Consultative Forum	Meeting
PHASE 2 23 August onwards	w/o 23/8/21	Staff forum with all impacted teams to provide final consultation outcomes and implementation timeframes	Staff forum
	w/o 23/8/21	Meetings with impacted teams to provide updates and address any specific implementation issues	Meeting
	w/o 3/9/21 onwards	Finalise operational matters New division established New reporting lines take effect Review accommodation arrangements	