

news

From: news
Sent: Thursday, 12 May 2022 3:30 PM
To: Cameron, Domanii
Cc: news
Subject: RE: Courier Mail - Consultants inquiry

Hi Dom,

Sorry for the delay.

Please attribute the following to a Queensland Health spokesperson:

System reform in any sector, let alone one as critical as health, is complex and requires significant engagement.

The work being undertaken is underpinned by the recommendations in the [Unleashing the Potential](#) report and governance advice.

This includes establishing the framework which governs and implements our reform.

The reform team is also engaging with Queensland Health's workforce to elicit ideas and opportunities, and better understand the issues and obstacles they face.

They are also investigating different models of care, workforce development processes, and funding opportunities that could be adopted to help us deliver better healthcare.

ENDS

Kind regards,



Queensland
Government

Media and Issues Team

Strategic Communication Branch | Queensland
Health

P [3708 5376](tel:37085376)
E news@health.qld.gov.au
W health.qld.gov.au
A [33 Charlotte St, Brisbane](#)

From: news <news@health.qld.gov.au>
Sent: Wednesday, 11 May 2022 6:43 PM
To: Cameron, Domanii <domanii.cameron@news.com.au>
Cc: news <news@health.qld.gov.au>
Subject: Re: Courier Mail - Consultants inquiry

No worries, we'll touch base with you tomorrow.

Cheers,
Kat

From: Cameron, Domanii <domanii.cameron@news.com.au>
Sent: Wednesday, May 11, 2022 6:29:15 PM
To: news <news@health.qld.gov.au>
Subject: Re: Courier Mail - Consultants inquiry

Hey,

No it's not. I need a bit more clarity before I write it.

Thanks,
Dom

On Wed, 11 May 2022 at 18:18, news <news@health.qld.gov.au> wrote:

Hey Dom,

Is the story running in tomorrow's paper?

Cheers,
Kat

From: Cameron, Domanii <domanii.cameron@news.com.au>
Sent: Wednesday, May 11, 2022 6:09:04 PM
To: news <news@health.qld.gov.au>
Subject: Re: Courier Mail - Consultants inquiry

Thanks Kat.

What are the other aspects? Are you able to provide further clarity tomorrow?

On Wed, 11 May 2022 at 18:05, news <news@health.qld.gov.au> wrote:

Hey Dom,

I believe there are a few aspects to it, but a large part of the reform work is tied to the unleashing the potential report (info is here: [Unleashing the Potential report charts roadmap for health reform - Ministerial Media Statements](#)).

Cheers,

Kat

From: Cameron, Domanii <domanii.cameron@news.com.au>
Sent: Wednesday, 11 May 2022 5:49 PM
To: news <news@health.qld.gov.au>
Subject: Re: Courier Mail - Consultants inquiry

Thank you for this.

Is there any more info you can provide on what the reform is? When did it start and when is it expected to finish?

On Wed, 11 May 2022 at 16:07, news <news@health.qld.gov.au> wrote:

Hi Domanii,

Below is our response.

Please attribute the following to a Queensland Health spokesperson:

We're embarking on this reform program from a clinical and governance perspective to ensure our health system is sustainable, innovative and world-class.

Our strategy from the outset has been to use external consultants to launch the program quickly and then transition to using solely Queensland Health staff.

Background – not for attribution

Queensland Health has engaged PWC and EY consulting firms to help provide this critical support. A third firm with a single contractor has been engaged, but not for consultancy work.

As part of each firm's contract with Queensland Health, it would allocate sufficient staff to manage its workload at any given time.

The system reform branch is a multidisciplinary, blended team of staff from the department, hospital and health services, Queensland Ambulance Service and external consultants, working together to achieve our goals.

There are currently 12 consultants working on level 13 of 33 Charlotte St, Brisbane. Some are part-time.

There are also 22 staff from Queensland Health, Hospital and Health Service and Queensland Ambulance Service.

All employees and contractors are required to have an access card and photo identification to enter the building for security purposes. This includes consultants based on-site.

No consultants have a car park.

ENDS

Kind regards,



Media and Issues Team

Strategic Communication Branch | Queensland Health

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W health.qld.gov.au
A [33 Charlotte St, Brisbane](https://www.health.qld.gov.au/locations/33-charlotte-st)

From: Cameron, Domanii <domanii.cameron@news.com.au>
Sent: Tuesday, 10 May 2022 2:26 PM
To: news <news@health.qld.gov.au>
Subject: Re: Courier Mail - Consultants inquiry

Thanks guys.

I understand some info might take too long to compile however surely Qld Health knows which consultants are currently working on things and what these projects are? And given the department has a budget for consultants, why can't costs be broken down?

In relation to a "small number" of consultants from three external firms working on system-wide issues at the Charlotte Street premises - how many people is this? What constitutes small? Who are the three external firms and what projects/works have they been engaged on? Have these consultants been given carparks and passes?

Can you please provide a response by 6pm today.

Thank you,

Dom

On Tue, 10 May 2022 at 13:05, news <news@health.qld.gov.au> wrote:

Hi Dom,

Below is our response.

We are unable to provide a breakdown as specific as this. To do so accurately would take several weeks as it is a manual process that requires accessing and cross-checking a range of systems and information, and potentially reviewing individual contracts for commercial-in-confidence considerations. We have neither the staff nor the time to undertake such a task.

Please note that the breakdown provided in the answer to Question on Notice number 215 includes the expenditure for not only consultants, but also contractors and professional services. This is not comparable with the breakdown (on consultants) you requested.

Please attribute the following to a Queensland Health spokesperson:

Like most major public and private organisations, we regularly engage external services, whether it be to manage workloads, effect change, or solve specific problems.

The value that consultants bring to a department as critical as Queensland Health cannot be understated.

Government departments routinely work with consultants, drawing on their expertise, international experience, and resources to develop solutions to complex challenges.

They also bring a fresh perspective to help us to deliver sustainable healthcare.

External consultants, especially those who have worked with Queensland Health previously, are also adept at commencing roles rapidly and capably.

Background:

There are currently a small number from three external firms working on system-wide issues on-site at our Charlotte St premises.

In general, external consultants who require access to the Queensland Health system may work on-site and be provided department-issued equipment including a laptop.

ENDS

From: Cameron, Domanii <domanii.cameron@news.com.au>
Sent: Sunday, 8 May 2022 1:50 PM
To: news <news@health.qld.gov.au>
Subject: Courier Mail - Consultants inquiry

Hey guys,

I have some questions below about external consultants.

1. How many external consultants are currently engaged by Queensland Health? Can you please provide a breakdown of the projects/work these consultants are engaged on, which consultants they are and how much each company is being paid.
2. Are there currently external consultants working out of Level 13 of the Health Department's building? If so, where are they from, how many people are currently working there and what projects/work are they working on?
3. How often do external consultants work inside government buildings? Do they use their own equipment?

My deadline is COB tomorrow.

Thank you,

DOMANII CAMERON

State Political Reporter

Courier Mail Sunday Mail

Cnr Mayne Road & Campbell Street Bowen Hills QLD 4006
 T 0474 812 496 or 07 3666 6826
 E domanii.cameron@news.com.au W www.couriermail.com.au

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news

From: Kyle Fogarty
Sent: Thursday, 9 June 2022 5:30 PM
To: news; Jane Martin
Cc: Kat Acampora
Subject: RE: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Brad

Thanks so much Brad.

Kyle Fogarty
 Director
 Office of the Director-General
 Queensland Health
 [REDACTED]

From: news <news@health.qld.gov.au>
Sent: Thursday, 9 June 2022 5:26 PM
To: Kyle Fogarty <[REDACTED]@health.qld.gov.au>; Jane Martin <[REDACTED]@health.qld.gov.au>
Cc: Kat Acampora <[REDACTED]@health.qld.gov.au>; news <news@health.qld.gov.au>
Subject: RE: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Hi Kyle,

Please see below. FYI – a copy of the business case for change was not provided to the journalist.

Please attribute the following to a Queensland Health spokesperson:

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The use of external consultants enabled us to launch the program quickly while developing capacity to transition this work to Queensland Health staff. The remaining work will transition to staff next week.

The business case for change proposes a streamlined organisational structure that supports a progressive and collaborative health system that responds to challenges and opportunities into the future, including the health needs of Queenslanders.

Consultation is underway to provide all of our people within the department the opportunity to have a voice in shaping the future structure and direction.

ENDS

Kind regards

Brad



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Health

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A 33 Charlotte St, Brisbane

From: Kyle Fogarty <[REDACTED]@health.qld.gov.au>
Sent: Thursday, 9 June 2022 5:24 PM
To: news <news@health.qld.gov.au>; Jane Martin <[REDACTED]@health.qld.gov.au>
Cc: Kat Acampora <[REDACTED]@health.qld.gov.au>
Subject: FW: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm
Importance: High

Hi team

Can you please urgently send me the final response for this enquiry. I need to update a HiB and distribute this tonight.

@Jane – I'll give you a buzz tomorrow about the media notification process and see how we can work to improve visibility.

Thanks
Kyle

Kyle Fogarty
Director
Office of the Director-General
Queensland Health
[REDACTED]

From: Matthew Rigby <[REDACTED]@health.qld.gov.au>
Sent: Thursday, 9 June 2022 3:23 PM
To: Kyle Fogarty <[REDACTED]@health.qld.gov.au>
Cc: Renae Tesch <[REDACTED]@health.qld.gov.au>
Subject: Fwd: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Hey Kyle - can you please arrange for the HiB to be updated on this one.

Cheers Matt

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From: Jasmina Joldic <[REDACTED]@health.qld.gov.au>
Sent: Thursday, June 9, 2022 3:15 pm
To: news <news@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>; Matthew Rigby <[REDACTED]@health.qld.gov.au>
Cc: Jane Martin <[REDACTED]@health.qld.gov.au>; Ben Armstrong <[REDACTED]@health.qld.gov.au>; news <news@health.qld.gov.au>
Subject: Re: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Thanks Brad, no need to include a specific date.

It might be worth noting that we have also continued to build a team so the work can now transition from consultants to QH staff. But I'm happy to take your advice.

Jasmina

Jasmina Joldić

From: news <news@health.qld.gov.au>
Sent: Thursday, June 9, 2022 13:38
To: Jasmina Joldic <[REDACTED]@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>; Matthew Rigby <[REDACTED]@health.qld.gov.au>
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Thanks Jasmina.

Is this response OK?

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Kind regards

Brad



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A 33 Charlotte St, Brisbane

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Thanks Brad,

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Jasmina

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Sent: Thursday, June 9, 2022 11:32:31 AM
To: Jasmina Joldic <[REDACTED]@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>; Matthew Rigby <[REDACTED]@health.qld.gov.au>
Cc: news <news@health.qld.gov.au>; Jane Martin <[REDACTED]@health.qld.gov.au>; Ben Armstrong <[REDACTED]@health.qld.gov.au>
Subject: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Good morning,

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No consultants have a car park.

@Matthew – The Courier Mail also enquired about receiving a copy of the Business Case for Change. Can you please flag this with Shaun for his approval?

Our advice would be to provide a copy with the information below for context, given the journalist would likely be able to access the document from other sources.

Please attribute to a spokesperson for Queensland Health

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Kind regards

Brad



Media and Issues Team

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P 3708 5376
 E news@health.qld.gov.au
 W health.qld.gov.au
 A 33 Charlotte St, Brisbane

From: Cameron, Domanii <domanii.cameron@news.com.au>
Sent: Thursday, 9 June 2022 9:58 AM
To: news <news@health.qld.gov.au>
Subject: Courier Mail - Qld Health reforms inquiry

Hi guys,

In relation to the responses you sent me about a month ago regarding consultants working out of Qld Health and the reforms being undertaken - do these require an update? Or are the figures/information in them still current?

Also, I understand that a business case for organisational change has been presented. Can I please get a copy of this?

Can you please provide any necessary updates by 4pm today.

Thank you,

--

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news

From: Elizabeth Whiting
Sent: Thursday, 9 June 2022 5:37 PM
To: Jasmina Joldic; news; Matthew Rigby
Cc: Jane Martin; Ben Armstrong; news
Subject: RE: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Brad

Thanks everyone for progressing this. I think its fine to leave it as is.

Kind regards

liz



Dr Elizabeth Whiting

Program Lead
 Reform Office | Strategy, Policy and Reform
 Division | Queensland Health

Geriatrician and General Physician
 The Prince Charles Hospital
 Metro North HHS

W health.qld.gov.au

A [Level 13, 33 Charlotte Street, Brisbane, Qld, 4000](mailto:health.qld.gov.au)

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From: Jasmina Joldic <health.qld.gov.au>
Sent: Thursday, 9 June 2022 3:58 PM
To: news <news@health.qld.gov.au>; Elizabeth Whiting <health.qld.gov.au>; Matthew Rigby <health.qld.gov.au>
Cc: Jane Martin <health.qld.gov.au>; Ben Armstrong <health.qld.gov.au>; news <news@health.qld.gov.au>
Subject: Re: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Thank you, would you like to be specific that they are finishing up next week?

Otherwise good to go.

Jasmina Joldic

From: news <news@health.qld.gov.au>
Sent: Thursday, June 9, 2022 3:49:26 PM
To: Jasmina Joldic <[\[REDACTED\]@health.qld.gov.au](mailto:[REDACTED]@health.qld.gov.au)>; Elizabeth Whiting <[\[REDACTED\]@health.qld.gov.au](mailto:[REDACTED]@health.qld.gov.au)>; Matthew Rigby <[\[REDACTED\]@health.qld.gov.au](mailto:[REDACTED]@health.qld.gov.au)>
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Subject: RE: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Thanks Jasmina. Below is the proposed response. Once approved, I can send it to the Minister's office:

QUESTIONS

Hi guys,

In relation to the responses you sent me about a month ago regarding consultants working out of Qld Health and the reforms being undertaken - do these require an update? Or are the figures/information in them still current?

Also, I understand that a business case for organisational change has been presented. Can I please get a copy of this?

Can you please provide any necessary updates by 4pm today.

RESPONSE

Hi Dom,

Thanks for your enquiry. Attached is a copy of the business case for change.

Please attribute the following to a Queensland Health spokesperson:

We are embarking on this reform program from a clinical and governance perspective to ensure our health system is sustainable, innovative and world-class.

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 State Political Reporter

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RTI Release

news

From: SDLO
Sent: Thursday, 9 June 2022 5:52 PM
To: Alex Mayfield; Amy Goodwin; Amy Louise Melville; Ash-Lee Rantanen; CLLO; Daniel Goodman; Darren Brown; David Harmer; David Rosengren; DL-ELT_ [REDACTED] Estimates; Genevieve Siddle; Jane Martin; [REDACTED]@ministerial.qld.gov.au; Katie Baxter; Kirsten Ram; Kyle Fogarty; Luan Sadikaj; Luke Richmond; [REDACTED]@ministerial.qld.gov.au; Matthew Rigby; Dr Michael Riordan; MinDLO; Miranda Claughton; news; Renae Tesch; Sally Gannon; Shaun Drummond; [REDACTED]@ministerial.qld.gov.au; Simone Lisa Good; Tracey Lenz; Trish Nielsen
Cc: SDLO
Subject: HIB - Consultancy Contracts
Attachments: HIB - Consultancy Contracts.docx; HIB - Consultancy Contracts.pdf
Follow Up Flag: Follow up
Flag Status: Completed
Categories: HIB

Good afternoon

Please find attached hot issues brief (HIB) regarding consultancy services.

[REDACTED] The HIB has been updated following a further media enquiry from the Courier Mail.

Kind regards
 Ash-Lee



Ash-Lee Rantanen

A/Principal Briefings and Liaison Officer
 Office of the Director-General and System Strategy
 Division | Queensland Health

[REDACTED]@health.qld.gov.au

W health.qld.gov.au

**MENTAL
 WELLBEING**

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Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

Hot Issues Brief

Details of consultancy contracts

9 June 2022

Issue:

- On 27 March 2022, a media enquiry was received from the Brisbane Times seeking a breakdown of contract details, including costs entered into by Queensland Health and consultancy firms EY, KPMG, PwC, and Deloitte. On 9 May 2022, a response was sent that provided information about the total consultancy spend across FY 2020, FY 2022, and YTD 28 February 2022 with the four consultancy firms, and providing a link to the Queensland Government Open Data Portal.
- On 8 May 2022, a further media enquiry was received from the Courier Mail seeking information about how many consultants are currently engaged by Queensland Health, and specifically, how many are working on level 13 of 33 Charlotte Street, including how often they work, and whether they use their own equipment. A general response was provided that advised that Queensland Health regularly engages external services to undertake specific bodies of work, and that where a contractor is required to access Queensland Health systems, they are provided with Queensland Health IT equipment.
- The Courier Mail was also advised in the background of the response that there are currently a handful of consultants from three external firms working on system-wide issues on-site at the Charlotte St premises.
- On 9 May, a subsequent media enquiry was received from the Courier Mail seeking additional details about the number of consultants working on level 13 of 33 Charlotte Street, which company they were employed by, the total contract cost of engaging the consultants, details about the projects they were engaged to work on, and specifically whether they were provided with access to car parks. A response was prepared advising there are 12 consultants from a combination of PwC, EY, and the Skotte Group who are engaged to work on a range of health reform projects. The response also confirmed that no consultants have a car park provided by Queensland Health.
- On 9 June, the Courier Mail sought advice from the Department about whether there was an update to the previous information provided to them on 9 May, and additionally sought a copy of the proposed business case for change. A response was provided that advised that the use of external consultants enabled the reform program to be launched quickly while developing capacity to transition this work to Queensland Health staff. The Courier Mail were also advised that remaining work will transition to Queensland Health staff next week. A copy of the proposed business case for change was not provided as this is currently subject to a consultation period.

Background:

- Under Principle 3.3 of the Queensland Procurement Policy, agencies and large statutory bodies are required to publish basic details for awarded contracts valued at \$10,000 and over, and additional contract details for awarded contracts valued at \$10 million and over, in accordance with the Procurement Guidelines: Contract Disclosure issued by the Director-General, Department of Energy and Public Works.
- The information on all awarded contracts over \$10,000 is published on the Queensland Government open data website and the dataset must include reportable contracts awarded on QTenders.

- The information published on the Queensland Government Open Data Portal is at the aggregate level under relevant categories rather than by consultancy firm due to confidentiality obligations.
- The categories include: professional and technical, financial and accounting, administration, and human resource management.
- On 17 March 2022, Ros Bates MP asked a Question on Notice (QoN 215) about any contract entered into with Deloitte by Queensland Health since 1 July 2021.
- On 19 April 2022, a response to QoN 215 was published that provided information about contracts entered into by Queensland Health with Deloitte, including a description of the work, the contract value, and contract timeframe.

Actions to date:

- Media responses have been provided to relevant journalists.

RTI Release

news

From: news
Sent: Thursday, 9 June 2022 6:32 PM
To: Jane Martin; Ben Armstrong
Cc: news
Subject: HEADS UP | HIB - Consultancy Contracts
Attachments: HIB - Consultancy Contracts.docx; HIB - Consultancy Contracts.pdf

Good evening,

Please see attached the HIB on consultancy contracts specific to the reform program. The HIB draws upon responses to recent media enquiries SCB has drafted, noting the number of consultants engaged, that QH regularly engages external services to undertake specific work and that the remaining reform program is being transitioned to internal staff next week.

Kind regards

Brad



Media and Issues Team

Strategic Communication Branch | Queensland
Health

P 3708 5376
E news@health.qld.gov.au
W health.qld.gov.au
A 33 Charlotte St. Brisbane

From: SDLO <[redacted]@health.qld.gov.au>
Sent: Thursday, 9 June 2022 5:52 PM
To: Alex Mayfield <[redacted]@health.qld.gov.au>; Amy Goodwin <[redacted]@health.qld.gov.au>; Amy Louise Melville <[redacted]@health.qld.gov.au>; Ash-Lee Rantanen <[redacted]@health.qld.gov.au>; CLLO <[redacted]@health.qld.gov.au>; Daniel Goodman <[redacted]@ministerial.qld.gov.au>; Darren Brown <[redacted]@ambulance.qld.gov.au>; David Harmer <[redacted]@health.qld.gov.au>; David Rosengren <[redacted]@health.qld.gov.au>; DL-ELT_Personal <[redacted]@health.qld.gov.au>; Estimates <[redacted]@health.qld.gov.au>; Genevieve Siddle <[redacted]@ministerial.qld.gov.au>; Jane Martin <[redacted]@health.qld.gov.au>; [redacted] <[redacted]@ministerial.qld.gov.au>; Katie Baxter <[redacted]@health.qld.gov.au>; Kirsten Ram <[redacted]@ministerial.qld.gov.au>; [redacted] <[redacted]@health.qld.gov.au>; Luan Sadikaj <[redacted]@health.qld.gov.au>; Luke Richmond <[redacted]@ministerial.qld.gov.au>; [redacted] <[redacted]@ministerial.qld.gov.au>; Matthew Rigby <[redacted]@health.qld.gov.au>; Dr Michael Riordan <[redacted]@ministerial.qld.gov.au>; MinDLO <[redacted]@health.qld.gov.au>; Miranda Claughton <[redacted]@health.qld.gov.au>; news <[redacted]@health.qld.gov.au>; Renae Tesch <[redacted]@health.qld.gov.au>; Sally Gannon <[redacted]@health.qld.gov.au>; Shaun Drummond <[redacted]@health.qld.gov.au>; [redacted] <[redacted]@ministerial.qld.gov.au>; Simone Lisa Good <[redacted]@health.qld.gov.au>; Tracey Lenz <[redacted]@ministerial.qld.gov.au>; Trish Nielsen <[redacted]@health.qld.gov.au>
Cc: SDLO <[redacted]@health.qld.gov.au>
Subject: HIB - Consultancy Contracts

Good afternoon

Please find attached hot issues brief (HIB) regarding consultancy services.

[Redacted] enquiry from the Courier Mail.

The HIB has been updated following a further media

Kind regards
Ash-Lee



Ash-Lee Rantanen

A/Principal Briefings and Liaison Officer
Office of the Director-General and System Strategy
Division | Queensland Health

[Redacted] [@health.qld.gov.au](mailto:ash.lee@health.qld.gov.au)
[Redacted]
www.health.qld.gov.au

MENTAL WELLBEING | Dear mind, remember to make time for you
Visit mentalwellbeing.initiatives.qld.gov.au

Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

RTI Released

news

From: news
Sent: Thursday, 9 June 2022 10:17 AM
To: Ben Armstrong
Cc: news
Subject: FW: Courier Mail - Qld Health reforms inquiry

Hi Ben,

Please see below from the Courier Mail.

I will chat with you when you are free.

Cheers,

Brad



Media and Issues Team

Strategic Communication Branch | Queensland
 Health

P 3708 5376
E news@health.qld.gov.au
W health.qld.gov.au
A 33 Charlotte St, Brisbane

From: Cameron, Domanii <domanii.cameron@news.com.au>
Sent: Thursday, 9 June 2022 9:58 AM
To: news <news@health.qld.gov.au>
Subject: Courier Mail - Qld Health reforms inquiry

Hi guys,

In relation to the responses you sent me about a month ago regarding consultants working out of Qld Health and the reforms being undertaken - do these require an update? Or are the figures/information in them still current?

Also, I understand that a business case for organisational change has been presented. Can I please get a copy of this?

Can you please provide any necessary updates by 4pm today.




Thank you,

--

DOMANII CAMERON
 State Political Reporter

Courier Mail Sunday Mail

Cnr Mayne Road & Campbell Street Bowen Hills QLD 4006
 T 0474 812 496 or 07 3666 6826
 E domanii.cameron@news.com.au W www.couriermail.com.au

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RTI Release

news

From: news
Sent: Thursday, 9 June 2022 11:33 AM
To: Jasmina Joldic; Elizabeth Whiting; Matthew Rigby
Cc: news; Jane Martin; Ben Armstrong
Subject: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Good morning,

Please see below the enquiry we received from the Courier Mail regarding the use of consultants working on reforms for Queensland Health and the release of the Business Case for Change document.

@Jasmina and @Elizabeth – is there an update you would like to provide to the previous response we sent to the Courier Mail?

Please attribute the following to a Queensland Health spokesperson:

We're embarking on this reform program from a clinical and governance perspective to ensure our health system is sustainable, innovative and world-class.

Our strategy from the outset has been to use external consultants to launch the program quickly and then transition to using solely Queensland Health staff.

Background – not for attribution

Queensland Health has engaged PWC and EY consulting firms to help provide this critical support. A third firm with a single contractor has been engaged, but not for consultancy work.

As part of each firm's contract with Queensland Health, it would allocate sufficient staff to manage its workload at any given time.

The system reform branch is a multidisciplinary, blended team of staff from the department, hospital and health services, Queensland Ambulance Service and external consultants, working together to achieve our goals.

There are currently 12 consultants working on level 13 of 33 Charlotte St, Brisbane. Some are part-time.

There are also 22 staff from Queensland Health, Hospital and Health Service and Queensland Ambulance Service.

All employees and contractors are required to have an access card and photo identification to enter the building for security purposes. This includes consultants based on-site.

No consultants have a car park.

@Matthew – The Courier Mail also enquired about receiving a copy of the Business Case for Change. Can you please flag this with Shaun for his approval?

Our advice would be to provide a copy with the information below for context, given the journalist would likely be able to access the document from other sources.

Please attribute to a spokesperson for Queensland Health

The business case for change proposes a streamlined organisational structure that supports a progressive and collaborative health system that responds to challenges and opportunities into the future, including the health needs of Queenslanders.

Consultation is underway to provide all of our people within the department the opportunity to have a voice in shaping the future structure and direction.

Kind regards

Brad



Media and Issues Team

Strategic Communication Branch | Queensland Health

P 3708 5376
 E news@health.qld.gov.au
 W health.qld.gov.au
 A 33 Charlotte St, Brisbane

From: Cameron, Domanii <domanii.cameron@news.com.au>
Sent: Thursday, 9 June 2022 9:58 AM
To: news <news@health.qld.gov.au>
Subject: Courier Mail - Qld Health reforms inquiry

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DOMANII CAMERON
 State Political Reporter

Courier Mail Sunday Mail

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news

From: Jasmina Joldic
Sent: Thursday, 9 June 2022 11:49 AM
To: news; Elizabeth Whiting; Matthew Rigby
Cc: news; Jane Martin; Ben Armstrong
Subject: Re: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Brad

Thanks Brad,

I would like the response to be updated in relation to consultants working on Reform. All of them are finishing up next week. Could you please draft something along those lines and run it past me again?

Jasmina

Jasmina Joldić

From: news <news@health.qld.gov.au>
Sent: Thursday, June 9, 2022 11:32:31 AM
To: Jasmina Joldić <[REDACTED]@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>; Matthew Rigby <[REDACTED]@health.qld.gov.au>
Cc: news <news@health.qld.gov.au>; Jane Martin <[REDACTED]@health.qld.gov.au>; Ben Armstrong <[REDACTED]@health.qld.gov.au>
Subject: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

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Please attribute to a spokesperson for Queensland Health

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Consultation is underway to provide all of our people within the department the opportunity to have a voice in shaping the future structure and direction.

Kind regards

Brad



Media and Issues Team

Strategic Communication Branch | Queensland Health

P 3708 5376
E news@health.qld.gov.au
W health.qld.gov.au
A 33 Charlotte St, Brisbane

From: Cameron, Domanii <domanii.cameron@news.com.au>
Sent: Thursday, 9 June 2022 9:58 AM
To: news <news@health.qld.gov.au>
Subject: Courier Mail - Qld Health reforms inquiry

Hi guys,

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Can you please provide any necessary updates by 4pm today.

Thank you,

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Courier Mail Sunday Mail

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RTI Release

news

From: news
Sent: Thursday, 9 June 2022 11:59 AM
To: Matthew Rigby
Cc: news
Subject: RE: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Thanks Matt.

Cheers,

Brad.



Queensland
Government

Media and Issues Team

Strategic Communication Branch | Queensland
Health

P 3708 5376
E news@health.qld.gov.au
W health.qld.gov.au
A 33 Charlotte St, Brisbane

From: Matthew Rigby <[REDACTED]@health.qld.gov.au>
Sent: Thursday, 9 June 2022 11:57 AM
To: news <news@health.qld.gov.au>; Jasmina Joldic <[REDACTED]@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>
Cc: news <news@health.qld.gov.au>; Jane Martin <[REDACTED]@health.qld.gov.au>; Ben Armstrong <[REDACTED]@health.qld.gov.au>
Subject: Re: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Hi Brad - that's fine for you to provide the Business Case for Change to Dom. I will let the project team know that that is happening.

Thanks Matt

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From: news <news@health.qld.gov.au>
Sent: Thursday, June 9, 2022 11:32:31 AM
To: Jasmina Joldic <[REDACTED]@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>; Matthew Rigby <[REDACTED]@health.qld.gov.au>
Cc: news <news@health.qld.gov.au>; Jane Martin <[REDACTED]@health.qld.gov.au>; Ben Armstrong <[REDACTED]@health.qld.gov.au>
Subject: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Good morning,

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Consultation is underway to provide all of our people within the department the opportunity to have a voice in shaping the future structure and direction.

Kind regards

Brad



Media and Issues Team

Strategic Communication Branch | Queensland Health

P [3708 5376](tel:37085376)

E news@health.qld.gov.au

W health.qld.gov.au

A [33 Charlotte St, Brisbane](https://www.health.qld.gov.au/locations/33-charlotte-st)

From: Cameron, Domanii <domanii.cameron@news.com.au>

Sent: Thursday, 9 June 2022 9:58 AM

To: news <news@health.qld.gov.au>

Subject: Courier Mail - Qld Health reforms inquiry

Hi guys,

In relation to the responses you sent me about a month ago regarding consultants working out of Qld Health and the reforms being undertaken - do these require an update? Or are the figures/information in them still current?

Also, I understand that a business case for organisational change has been presented. Can I please get a copy of this?

Can you please provide any necessary updates by 4pm today.

Thank you,

-

DOMANII CAMERON

State Political Reporter

Courier Mail Sunday Mail

Cnr Mayne Road & Campbell Street Bowen Hills QLD 4006

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news

From: news
Sent: Thursday, 9 June 2022 3:49 PM
To: Jasmina Joldic; Elizabeth Whiting; Matthew Rigby
Cc: Jane Martin; Ben Armstrong; news
Subject: RE: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Thanks Jasmina. Below is the proposed response. Once approved, I can send it to the Minister's office:

QUESTIONS

Hi guys,

In relation to the responses you sent me about a month ago regarding consultants working out of Qld Health and the reforms being undertaken - do these require an update? Or are the figures/information in them still current?

Also, I understand that a business case for organisational change has been presented. Can I please get a copy of this?

Can you please provide any necessary updates by 4pm today.

RESPONSE

Hi Dom,

Thanks for your enquiry. Attached is a copy of the business case for change.

Please attribute the following to a Queensland Health spokesperson:

We are embarking on this reform program from a clinical and governance perspective to ensure our health system is sustainable, innovative and world-class.

The use of external consultants enabled us to launch the program quickly while developing capacity to transition this work to Queensland Health staff. The remaining work will transition to staff from next week.

The business case for change proposes a streamlined organisational structure that supports a progressive and collaborative health system that responds to challenges and opportunities into the future, including the health needs of Queenslanders.

Consultation is underway to provide all of our people within the department the opportunity to have a voice in shaping the future structure and direction.

ENDS



**Queensland
Government**

Media and Issues Team

Strategic Communication Branch | Queensland
Health

P 3708 5376

E news@health.qld.gov.au

W health.qld.gov.au

A 33 Charlotte St, Brisbane

From: Jasmina Joldic <[REDACTED]@health.qld.gov.au>
 Sent: Thursday, 9 June 2022 3:15 PM
 To: news <news@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>; Matthew Rigby <[REDACTED]@health.qld.gov.au>
 Cc: Jane Martin <[REDACTED]@health.qld.gov.au>; Ben Armstrong <[REDACTED]@health.qld.gov.au>; news <news@health.qld.gov.au>
 Subject: Re: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Thanks Brad, no need to include a specific date.

It might be worth noting that we have also continued to build a team so the work can now transition from consultants to QH staff. But I'm happy to take your advice.

Jasmina

Jasmina Joldic
 [REDACTED]

From: news <news@health.qld.gov.au>
 Sent: Thursday, June 9, 2022 13:38
 To: Jasmina Joldic <[REDACTED]@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>; Matthew Rigby <[REDACTED]@health.qld.gov.au>
 Cc: Jane Martin <[REDACTED]@health.qld.gov.au>; Ben Armstrong <[REDACTED]@health.qld.gov.au>; news <news@health.qld.gov.au>
 Subject: RE: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Thanks Jasmina.

Is this response OK?

Please attribute the following to a Queensland Health spokesperson:

We are embarking on this reform program from a clinical and governance perspective to ensure our health system is sustainable, innovative and world-class.

The use of external consultants enabled us to launch the program quickly, and the remaining work will now transition to Queensland Health staff from next week [or do you want to include a specific date?].

Kind regards

Brad



Media and Issues Team

Strategic Communication Branch | Queensland Health

P 3708 5376
 E news@health.qld.gov.au
 W health.qld.gov.au
 A 33 Charlotte St, Brisbane

From: Jasmina Joldic <[REDACTED]@health.qld.gov.au>
 Sent: Thursday, 9 June 2022 11:49 AM

To: news <news@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>; Matthew Rigby <[REDACTED]@health.qld.gov.au>; Jane Martin <[REDACTED]@health.qld.gov.au>; Ben Armstrong <[REDACTED]@health.qld.gov.au>

Subject: Re: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Thanks Brad,

I would like the response to be updated in relation to consultants working on Reform. All of them are finishing up next week. Could you please draft something along those lines and run it past me again?

Jasmina

Jasmina Joldić

From: news <news@health.qld.gov.au>
 Sent: Thursday, June 9, 2022 11:32:31 AM
 To: Jasmina Joldic <[REDACTED]@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>; Matthew Rigby <[REDACTED]@health.qld.gov.au>
 Cc: news <news@health.qld.gov.au>; Jane Martin <[REDACTED]@health.qld.gov.au>; Ben Armstrong <[REDACTED]@health.qld.gov.au>
 Subject: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Good morning,

Please see below the enquiry we received from the Courier Mail regarding the use of consultants working on reforms for Queensland Health and the release of the Business Case for Change document.

@Jasmina and @Elizabeth – is there an update you would like to provide to the previous response we sent to the Courier Mail?

Please attribute the following to a Queensland Health spokesperson:

We're embarking on this reform program from a clinical and governance perspective to ensure our health system is sustainable, innovative and world-class.

Our strategy from the outset has been to use external consultants to launch the program quickly and then transition to using solely Queensland Health staff.

Background – not for attribution

Queensland Health has engaged PWC and EY consulting firms to help provide this critical support. A third firm with a single contractor has been engaged, but not for consultancy work.

As part of each firm's contract with Queensland Health, it would allocate sufficient staff to manage its workload at any given time.

The system reform branch is a multidisciplinary, blended team of staff from the department, hospital and health services, Queensland Ambulance Service and external consultants, working together to achieve our goals.

There are currently 12 consultants working on level 13 of 33 Charlotte St, Brisbane. Some are part-time.

There are also 22 staff from Queensland Health, Hospital and Health Service and Queensland Ambulance Service.

All employees and contractors are required to have an access card and photo identification to enter the building for security purposes. This includes consultants based on-site.

No consultants have a car park.

@Matthew – The Courier Mail also enquired about receiving a copy of the Business Case for Change. Can you please flag this with Shaun for his approval?

Our advice would be to provide a copy with the information below for context, given the journalist would likely be able to access the document from other sources.

Please attribute to a spokesperson for Queensland Health

The business case for change proposes a streamlined organisational structure that supports a progressive and collaborative health system that responds to challenges and opportunities into the future, including the health needs of Queenslanders.

Consultation is underway to provide all of our people within the department the opportunity to have a voice in shaping the future structure and direction.

Kind regards

Brad



Media and Issues Team

Strategic Communication Branch | Queensland Health

P 3708 5376
E news@health.qld.gov.au
W health.qld.gov.au
A 33 Charlotte St, Brisbane

From: Cameron, Domanii <domanii.cameron@news.com.au>
Sent: Thursday, 9 June 2022 9:58 AM
To: news <news@health.qld.gov.au>
Subject: Courier Mail - Qld Health reforms inquiry

Hi guys,

In relation to the responses you sent me about a month ago regarding consultants working out of Qld Health and the reforms being undertaken - do these require an update? Or are the figures/information in them still current?

Also, I understand that a business case for organisational change has been presented. Can I please get a copy of this?

Can you please provide any necessary updates by 4pm today.

Thank you,

DOMANII CAMERON
 State Political Reporter

Courier Mail Sunday Mail

Cnr Mayne Road & Campbell Street Bowen Hills QLD 4006
 T 0474 812 496 or 07 3566 6826
 E domanii.cameron@news.com.au W www.couriermail.com.au

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RTI Release

news

From: news
Sent: Thursday, 9 June 2022 3:56 PM
To: Martin Philip
Cc: news
Subject: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry
Attachments: business-case-for-change.pdf

Hi Marty,

Please see below the enquiry we received from the Courier Mail and the approved response, along with a copy of our business case for change.

The response confirms that the work on our reform program is now transitioning from consultants to internal staff from next week.

We are planning to send the response to the Courier Mail by 4.30pm.

QUESTIONS

Hi guys,

In relation to the responses you sent me about a month ago regarding consultants working out of Qld Health and the reforms being undertaken - do these require an update? Or are the figures/information in them still current?

Also, I understand that a business case for organisational change has been presented. Can I please get a copy of this?

Can you please provide any necessary updates by 4pm today.

RESPONSE

Hi Dom,

Thanks for your enquiry. Attached is a copy of the business case for change.

Please attribute the following to a Queensland Health spokesperson:

We are embarking on this reform program from a clinical and governance perspective to ensure our health system is sustainable, innovative and world-class.

The use of external consultants enabled us to launch the program quickly while developing capacity to transition this work to Queensland Health staff. The remaining work will transition to staff from next week.

The business case for change proposes a streamlined organisational structure that supports a progressive and collaborative health system that responds to challenges and opportunities into the future, including the health needs of Queenslanders.

Consultation is underway to provide all of our people within the department the opportunity to have a voice in shaping the future structure and direction.

ENDS

Kind regards

Brad



Media and Issues Team

Strategic Communication Branch | Queensland Health

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 W health.qld.gov.au
 A 33 Charlotte St, Brisbane

From: Cameron, Domanii <domanii.cameron@news.com.au>
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DOMANII CAMERON
 State Political Reporter

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Business Case for Change

Department of Health

1 Purpose

The business case for change proposes an organisational structure that supports a progressive and collaborative health system manager that responds to challenges and opportunities into the future.

Outlining the proposed structure changes, this business case provides all of our people within the department the opportunity to have a voice in shaping the future structure and direction.

2 Background

The department has learned many lessons responding to the COVID-19 pandemic and the potential that was unleashed. A business case for change commenced to review the department's structure to ensure it is aligned to the health system needs now and into the future.

On 2 March 2021, the Director-General announced a two-phase organisational change: phase one (functional realignment) and phase two (functional integration and consolidation) to deliver a fit-for-purpose structure, remove duplication and allow for efficiency and productivity.

The implementation of phase one commenced on 21 June 2021 and activities were completed by 30 September 2021. Phase two commenced on 25 August 2021, and in September 2021, four weeks of facilitated engagement took place to gather insights, reflections and ideas from employees. Over 6000 comments were received, analysed and distilled into seven key themes:

- clarity around functional responsibilities
- clearly articulating the system strategy
- aligning transparent governance arrangements
- optimising flexible working
- addressing the increasing pressure on the workforce
- Improving collaboration and integration between branches and divisions
- enhancing information and data sharing.

In November 2021, the Executive Leadership Team made the decision to spend more time shaping the proposal for the future of the department before proceeding with a formal business case in 2022.

The acting Director-General proposed to commence phase two of the business case for change in May 2022.

3 Vision

The department needs to lead and build sustainability for the change and challenges we are going to have inside our health system going forward. Through the COVID-19 pandemic we have demonstrated that we can rapidly respond to a challenging and changing environment. It is critical that the department continues to be responsive, and has a structure that supports the vision:

“To be a cohesive health system manager that supports the delivery of high-quality and compassionate healthcare to Queenslanders. To continue to be good stewards of health system resources by focusing on improving service delivery so that we can maintain and build confidence in the community”.

Listen to the vision by clicking on the video below: (see attachment 4 for video transcripts)



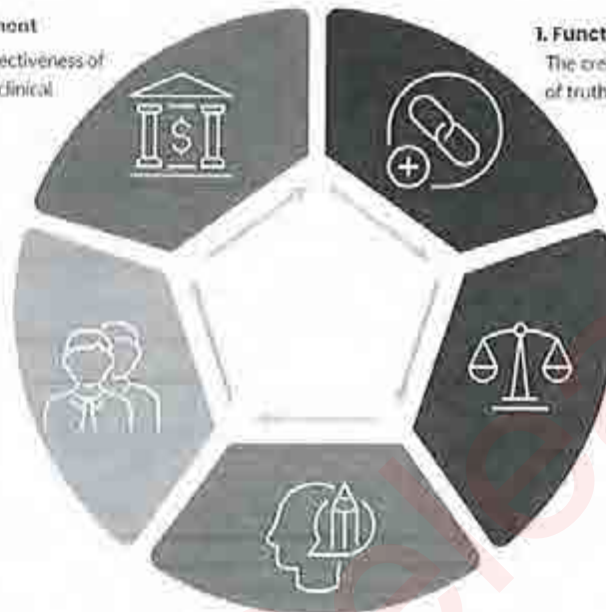
The proposed structure has been informed by the work being completed as part of the *Queensland Health System Framework for Change*. When complete, the framework for change will leverage the outcomes and findings from previous bodies of work to provide an overarching framework and foundations for strategic change in the health system. The foundation for change is built on having a functional design with the right structure, right people and right decision making in place to support the department in its role as a system leader.

4 Principles

To align with the vision for the department, there are five principles guiding the proposed changes, including how the department is structured and how we operate and behave in the system in the future:

5. Effective health capital management

Enhance the speed for delivery and the effectiveness of capital infrastructure projects to align with clinical service planning and commissioning.



1. Functions working collaboratively, not in competition

The creation of well-structured functions that allow for 'source of truth information' to be used consistently across departments.

2. Accountability in the right place

This is about ensuring that there is separation between the area that plans for the clinical service from the area that then commissions or funds activity.

3. Strong strategy and policy

The separation of responsibility for doing public policy of health (not public health policy) for Queensland. We aim to be leaders in policy and strategy at a State and Commonwealth level.

4. 'Clinical service ready' services - 'clinical services support'

Working collectively as a network rather than as different components for the HHSs to ensure we are collaboratively providing the clinical service support in the most effective way.

Listen to the guiding principles by clicking on the video below: (see attachment 4 for video transcripts)



5 Rationale for change

Over the last decade, the department has navigated constant change in how the system manager has been structured to deliver outcomes, from a centralised model to one that has devolved accountabilities and responsibilities to local hospital and health services. Phase two of the business case is about focusing on functional realignment including integration and consolidation where there is duplication of effort and inconsistency in service delivery. Integration and consolidation have been constantly raised in numerous feedback forums through phase one of the process where we have seen examples of functions not working collaboratively but working in competition and where accountability is not located logically to enable effective decision making.

We have a unique opportunity to continue the good work that we saw when we came together as a united collaborative and connected health system manager during the COVID-19 pandemic. This business case is about aligning our functions and people in a way that supports a progressive and collaborative health system manager into the future.

To achieve our vision and through applying the principles outlined above, various functions across the department are proposed to be realigned. A collaborative process of consolidation and integration will be undertaken as part of this business case to allow us to nurture the collaborative ways of working we want to achieve.

The proposed structure has been designed to address the following system manager challenges:

- duplication of effort and/or inconsistencies, which leads to an inefficient system manager
- decentralised functions, which could be delivered centrally to support greater coordination across the department
- limited availability and strategic utilisation of rich information to support transparency and real-time decision making
- process inefficiency and layered governance structures, which delay decision making.

To meet these challenges we are proposing to implement a new structure and way of working. The detail below outlines the proposed changes by each division and further position level impacts are provided in attachment 3: Impacted positions by divisions.

Summary of proposed division and branch realignments

Healthcare Purchasing and System Performance Division (HPSP)

- The Deputy Director-General HPSP position is proposed to continue to report to the Chief Operating Officer
- Funding Strategy and Intergovernmental Policy Branch is proposed to be realigned to the Strategy, Policy and Reform (SPR) Division
- System Planning Branch is proposed to be realigned to the new Clinical Planning and Service Strategy (CPSS) Division within the Clinical Strategy Branch. It is proposed it will be renamed the System Planning Unit
- Office of Rural and Remote Health is proposed to be realigned to Clinical Excellence Queensland (CEQ)
- Healthcare Analysis Team, from Healthcare Improvement Unit, CEQ is proposed to be realigned to HPSP (see CEQ table for detail)

- Statistical Services Branch, CEQ is proposed to be realigned to HPSP (see CEQ table for detail)
- Mental Health, Alcohol and Other Drugs Branch, Clinical Systems and Performance Branch is proposed to be split: (see CEQ table for detail)
 - Clinical Systems is proposed to be realigned to eHQ
 - Performance is proposed to be realigned to HPSP

Clinical Excellence Queensland Division

- The Deputy Director-General CEQ position is proposed to continue to report to the Chief Operating Officer
- The Assistant Deputy-Director General CEQ position will be abolished
- The Chief Clinical Information Officer (CCIO) position is proposed to be realigned to eHQ and report to the Deputy Director-General eHQ
- Patient Safety Quality and Improvement Service is proposed to be renamed Patient Safety and Quality
- Allied Health Professions Office of Queensland is proposed to be renamed Office of the Chief Allied Health Officer
- Mental Health, Alcohol and Other Drugs Branch:
 - Strategy and Performance Unit is proposed to be realigned to the new Clinical Planning and Service Strategy (CPSS) Division within the Clinical Strategy Branch. It is proposed to be renamed to Mental Health, Alcohol and Other Drugs Planning Unit
 - Clinical Systems and Performance Branch is proposed to be split:
 - Clinical Systems is proposed to be realigned to eHealth Queensland (eHQ)
 - Performance is proposed to be realigned to HPSP
 - Office of the Chief Psychiatrist is proposed to remain within CEQ
 - Policy team within the Legislation Unit is proposed to be realigned to the new Strategy, Policy and Reform Division
- Healthcare Improvement Unit:
 - Healthcare Analysis team is proposed to be realigned to HPSP Division
 - Health Systems Branch is proposed to be realigned to eHQ in the Digital Health Branch
 - Clinical Excellence Engage team is proposed to be realigned to the Office of the Deputy Director-General within CEQ
 - All remaining teams within the Healthcare Improvement Unit are proposed to remain with CEQ
- Statistical Services Branch is proposed to be realigned from CEQ to HPSP Division
- Office of Precision Medicine and Research is proposed to be realigned from Prevention Division (PD) to CEQ (see PD table for detail)
- Chief Medical Officer and Healthcare Regulation Branch is proposed to be realigned from the PD to CEQ (see PD table for detail)

Queensland Ambulance Service

- The Commissioner position is proposed to continue to report to the Chief Operating Officer in the future state structure
- System Planning is proposed to be realigned to CPSS within Clinical Strategy Branch

- Aeromedical and Retrieval Services and Disaster Management are proposed to be split (See PD table for detail)
 - Aeromedical and Retrieval Services realigned to QAS
 - Disaster Management to the Office of the Chief Operating Officer

Prevention Division

- The Deputy Director-General position is proposed to be abolished in the proposed future state structure
- Aeromedical and Retrieval Services and Disaster Management are proposed to be split
 - Aeromedical and Retrieval Services realigned to QAS
 - Disaster Management to the Chief Operating Officer. The Deputy Chief Health Officer Operations will remain reporting to the Chief Health Officer
- The Chief Medical Officer and Healthcare Regulation Branch are proposed to be realigned with CEQ
- Pathology Queensland and Forensic and Scientific Service is proposed to be split:
 - Pathology Queensland is proposed to be realigned with Integrated Scientific and Clinical Services Division
 - Forensic and Scientific Services is proposed to be realigned with Integrated Scientific and Clinical Services Division
- Communicable Diseases Branch is proposed to be realigned with Integrated Scientific and Clinical Services Division
- Health Protection Branch is proposed to be realigned with the Integrated Scientific and Clinical Services Division
- Office of Precision Medicine and Research is proposed to be realigned from Prevention Division to CEQ Division
- Preventive Health Branch is proposed to be realigned to Strategy, Policy and Reform Division
- Voluntary Assisted Dying Branch is proposed to be realigned to CPSS and joining the Clinical Strategy Branch and be renamed Priority Projects Unit
- Quarantine Fee Waiver Branch is to be realigned from Prevention Division to Finance Branch
- All remaining positions within PD are being realigned as per the table below (including COVID-19 Recovery, Clinical Engagement, Business Services)

Aboriginal and Torres Strait Islander Health Division

- The Deputy Director-General Aboriginal Torres Strait Islander Health Division position is proposed to continue to report to the Director-General
- The Deputy Director-General Aboriginal Torres Strait Islander Health Division position is proposed to be renamed to Chief First Nations Health Officer
- The Aboriginal Torres Strait Islander Health Division is proposed to be renamed the Office of the Chief First Nations Health Officer
- The Correspondence Coordinator position is proposed to change reporting line to the Manager, Governance, Office of the Chief First Nations Health Officer
- The Senior Project Officer position is proposed to change reporting line to the Manager, Governance, Office of the Chief First Nations Health Officer

- The Principal Policy and Planning Officer (Position Number 30492262) is proposed to change reporting line to the Manager, Cultural Reform (Position Number 32054934)
- The Investment Team is proposed to move from the Strategy Branch to the Office of the Chief First Nations Health Officer.
- The Manager, Investment Team position is proposed to change reporting line to the Director, Office of the Chief First Nations Health Officer

eHealth Queensland

- The Deputy Director-General eHQ position is proposed to report to the eHQ Board of Management
- The CCIO position is proposed to be realigned to eHQ and report to the Deputy Director-General eHQ (see CEQ table for detail)
- The following Branches will be renamed to better demonstrate their proposed focus and functions:
 - Digital Strategy and Transformation Branch is proposed to be renamed Strategy and Architecture Branch
 - Digital Solutions Delivery Branch is proposed to be renamed Delivery Services Branch
 - Technology Services Branch is proposed to be renamed Enterprise Technology Services Branch
 - Information and Technology Services Branch is proposed to be renamed Digital Health Branch
 - Corporate Services Branch is proposed to be renamed Operations and Performance Branch
- Digital Solutions Delivery Branch existing functions will be realigned to the Delivery Services Branch
- Digital Strategy and Transformation Branch existing functions will be realigned as per the following:
 - Digital Services Management is proposed to be realigned to Operations and Performance Branch
 - The Chief Information Officer Rural and Remote position is proposed to be realigned to the Enterprise Technology Services Branch
 - All remaining teams in the Digital Strategy and Transformation Branch are proposed to be realigned to Strategy and Architecture Branch
- Information and Technology Services (ITS) existing functions will be realigned as per the following:
 - ITS Delivery Office is proposed to be realigned to Delivery Services Branch
 - CISSU Service Desk team is proposed to be realigned to Enterprise Technology Services Branch
 - The Office of the General Manager Information Technology Services, including Governance, Risk and Assurance ITS, are proposed to be realigned across multiple branches (Operations and Performance Branch and Office of the Deputy Director-General).
 - All remaining teams in Information and Technology Services are proposed to be realigned to the Digital Health Branch
- Technology Services Branch existing functions will be realigned as per the following:

- ieMR Applications team is proposed to be realigned to the Digital Health Branch
- Reporting Services, currently in DAS, is proposed to be realigned to Strategy and Architecture Branch
- The RIVeR application support team, currently in DAS, is proposed to be realigned to Digital Health Branch
- All remaining teams in the Technology Services Branch are proposed to be realigned to Enterprise Technology Services Branch
- Customer Services Branch will be disbanded. The existing functions will be realigned as per the following:
 - Digital Partnerships team, including Customer Service FFS, is proposed to be realigned to Delivery Services Branch
 - Presentation and Printing team is proposed to be realigned to Enterprise Technology Services Branch
 - Service Management and Improvement team is proposed to be realigned to Enterprise Technology Services Branch
 - Digital Service Centre team is proposed to be realigned to Enterprise Technology Services Branch
 - Customer Value and Engagement team is proposed to be realigned to the Operations and Performance Branch
 - The Office of the Executive Director Customer Services will be realigned to the revised functions within the Office of the Deputy Director-General
 - The Executive Director Customer Services role is proposed to be abolished
- Health Systems Branch, within Healthcare Improvement Unit, is proposed to be realigned from CEQ to eHQ within the Digital Health Branch (see CEQ table for detail)
- Contractor Engagement Team, within Human Resources Branch, is proposed to be realigned from CSD to eHQ within the Operations and Performance Branch (see CSD table for detail)
- In addition to the above, all branches will have the following existing functions realigned as per the following:
 - Executive Director or General Manager support functions including all Branch/Business Managers, Senior Executive Support Officers and Business Support roles located in Executive Director or General Manager Offices will be centralised under the new unit 'Executive Services and Governance' in the Office of the Deputy Director-General
- Office of the Deputy Director-General, with existing functions, will remain with revised team names to reflect proposed branch structure
 - Current ODDG function is proposed to be realigned to a newly established unit Executive Services and Governance
 - Media and Communications is proposed to be renamed to Digital Performance Support
- Mental Health, Alcohol and Other Drugs Branch Clinical Systems and Performance Branch is proposed to be split: (see CEQ table for detail)
 - Clinical Systems is proposed to be realigned to eHQ
 - Performance is proposed to be realigned to HPSP

Corporate Services Division

- The Deputy Director-General CSD position is proposed to continue to report to the Director-General
- Corporate Facilities team within the previous Capital and Asset Services Branch is proposed to remain with CSD
- Investment Assurance Committee team is proposed to remain with CSD
- Workforce Strategy Branch is proposed to be realigned to the new CPSS Division
- Ethical Standards Unit within Human Resources Branch is proposed to be realigned to the Office of the Director-General (ODG) with a functional dotted reporting line to the Executive Director of the ODG
- Contractor Engagement Team, within Human Resources Branch, is proposed to be realigned from CSD to eHQ within the Operations and Performance Branch
- The interim COVID-19 Supply Chain Surety Division is proposed to be abolished and all branches within the interim division is proposed to be realigned to CSD (see CSCSD table for detail)
- The Manager Carparking is proposed to be realigned to Finance branch (see Health Capital Division for detail)

COVID-19 Supply Chain Surety Division (interim)

- The interim COVID-19 Supply Chain Surety Division is proposed to be abolished and all branches within the interim division to be realigned to CSD

COVID-19 Response Division (interim)

It is recognised that the COVID-19 Response Division (interim) will remain for the duration of the pandemic and as we transition back to normal health service operations, the following proposed changes will take effect when appropriate:

- The Chief Health Officer will lead a newly formed Office of the Chief Health Officer reporting to the Director-General
- The accountability of the COVID-19 Response Division (interim) is proposed to be split between the Chief Health Officer and the Chief Operating Officer
 - All Deputy Chief Health Officers will continue to report to the Chief Health Officer
 - All positions reporting to the COVID-19 Response System Lead will continue to report to this position. The COVID-19 Response System Lead position will report to the Chief Operating Officer
- The current Office of the Chief Health Officer is proposed to be split between the newly formed Office of the Chief Health Officer and Integrated Scientific and Clinical Services (see PD table for details)
- COVID-19 Vaccination Taskforce Branch is proposed to remain in the Office of the Chief Health Officer, in the Vaccination Branch

Strategy, Policy and Reform Division (Interim)

- The Associate Director-General SPR position is proposed to continue to report to the Director-General

- Strategic Communications Branch is proposed to remain within SPR, with the Media Unit proposed to be realigned to the Office of the Director-General
- Funding Strategy and Intergovernmental Policy Branch is proposed to be realigned from HPSP to SPR (see HPSP table for detail)
- Policy team within the Legislation Unit in Mental Health, Alcohol and Other Drugs Branch is proposed to be realigned to the new SPR (see CEQ table for detail)
- Preventive Health Branch is proposed to be realigned to SPR (see PD table for detail)
- The Office of Hospital Sustainability is proposed to be realigned to SPR (see Health Capital Division table for detail)
- System Governance Strategy Branch is proposed to be a newly created branch to provide ongoing support for the health system governance including establishing efficient governance structures and supporting integrated governance between Hospital and Health Services, Queensland Health and other statutory agencies across Queensland Government.
- Social Policy, Legislation and Statutory Agencies is proposed to be renamed to System Policy Branch

Office of the Director-General Division

- Ethical Standards Unit within Human Resources Branch is proposed to be realigned from CSD to the ODG, with a functional dotted reporting line to the Executive Director ODG (see CSD table for detail)
- Strategic Communications Branch is proposed to remain within SPR Division, with the Media Unit to be realigned to the ODG (see SPR table for details)

Health Capital Division (interim)

- The Deputy Director-General Health Capital Division is proposed to continue to report to the Director-General
- Biomedical Technology Services is proposed to be realigned to Integrated Scientific and Clinical Services
- Master planning positions are proposed to be realigned to System Planning in CPSS
- The Office of Hospital Sustainability is proposed to be realigned to SPR
- The Manager Carparking is proposed to be realigned to Finance Branch
- General
- Corporate Facilities team within the previous Capital and Asset Services Branch is proposed to remain with CSD (see CSD table for detail)
- Investment Assurance Committee team within the previous Capital and Asset Services Branch is proposed to remain with CSD (see CSD table for detail)
- The newly created Health Capital Division consists of Capital Planning, Infrastructure Delivery and Planning and Assets and Support. The interim Health Capital Division structure has been realigned as per the table outlined in attachment 3: impacted positions by divisions

Proposed new divisions and boards of management

The new divisions proposed in the future state structure are outlined below:

Clinical planning and service strategy division

The newly formed Clinical Planning and Service Strategy division (CPSS) will be led by a new Deputy Director-General position reporting to the Director-General. This new division is proposed to deliver clinical, workforce and mental health, alcohol and other drugs planning functions to improve the services available to the Queensland community.

CPSS is proposed to contain functions that plan clinical services in collaboration with HHSs and key stakeholders throughout the health system. This division will look broadly across clinical functions and demographic data, including population growth and labour demand to best inform the departments allocation of health service funding and purchasing.

CPSS is also responsible for developing preventive and rural and remote health measures to foster improved health outcomes for those who most need it. It will also be responsible for administering and governing voluntary assisted dying within Queensland, ensuring Queenslanders have access to legal means to assist the end of life.

Integrated scientific and clinical services division

The newly formed Integrated Scientific and Clinical Services Division will be led by a new General Manager position reporting to a new Integrated Scientific and Clinical Services Board of Management. Integrated Scientific and Clinical Services brings together key system support functions in the surveillance, prevention and control of communicable diseases in Queensland—leading the statewide planning and coordination of programs and services to prevent, or control, health-related diseases, and promote the overall wellbeing of Queenslanders.

- Communicable Diseases—investigating, preventing and controlling communicable diseases in Queensland.
- Health Protection—safeguarding the community from potential harm or illness, including a strong regulatory focus on environmental hazards, water quality, fluoridation, food safety and standards, radiation health and chemical safety.
- Pathology Queensland—a statewide comprehensive diagnostic pathology service, providing tailored services and support to HHSs based on clinical need.
- Forensic and Scientific Services (FSS)—providing comprehensive forensic, public health and environmental science testing, analysis and solutions. FSS investigates and responds to public health threats, epidemics, civil emergencies, criminal investigations and coronial enquiries.

Strategy, Policy and Reform Division (interim)

The newly formed SPR will be led by a new Associate Director-General position reporting to the Director-General. This division will drive the health system strategic agenda for Queensland through engaging with partners at a State and Commonwealth level.

Some key functions of SPR will range from developing policies and legislation to guide and protect the health of the community, to designing communications activities, campaigns and strategies to engage and empower Queenslanders, to leading and managing Queensland Health's system sustainability reform.

SPR leads, directs and coordinates activities to support and assist the health system to deliver safe, responsive, quality health services for Queenslanders, and is also responsible for the interaction of policy and strategy at both the State and Commonwealth Government levels.

This new division separates these functions from the current Office of the Director-General.

Health Capital Division (Interim)

The interim Health Capital division is proposed to be transitioned to a division within the new structure and be led by a new Deputy Director-General position reporting to a Health Capital Board of Management.

Health Capital Division delivers an end-to-end capital infrastructure process. This includes all capital planning, business cases, construction and maintenance programs and managing these through government processes for Queensland Health in partnership with Hospital and Health Services.

The Health Capital Division will be instrumental in transforming the department's capital infrastructure function to achieve an accelerated capital program.

Boards of management for Integrated Scientific and Clinical Services, eHealth Queensland, Health Capital

Three boards are proposed over Integrated Scientific and Clinical Services, eHealth Queensland and Health Capital Division.

Previous reviews into Queensland Health [Hunter Review (2015), Advice on Queensland Health's governance framework (2019)] have recommended the implementation of boards of management in those functions that serve a support role as a provider of key components to our system and agency.

Boards of management will seek to further embed networked governance in Queensland Health, with the Department and HHSs advancing cooperative partnerships and strive toward the achievement of collective system goals, and increased trust and reciprocity.

The board of management will be accountable for the strategy, investment decisions, operational performance and reporting against key performance indicators.

The boards will comprise representation from the Executive Leadership Team, HHSs and independent external expertise. There will be a strong emphasis on industry expertise across these boards of management to bring external perspectives in to inform how the system works.

6 Opportunity for alignment of corporate support functions

As indicated, various functions across the department are proposed to be realigned including a number of locally delivered corporate support functions. There is an opportunity for these functions to be more connected to the centre to support greater coordination across the system manager. This is especially important where a coordinated approach, facilitated by the central function, would support increased efficiency and improve outcomes for the clients those functions are established to support.

The risk with the current distribution of roles and responsibilities within corporate support functions is that there can be duplication of effort and/or inconsistencies which leads to an inefficient use of

resources. We need to look horizontally across the department to better understand how some key support and advisory functions are currently delivered to inform possible consolidation and integration into the future.

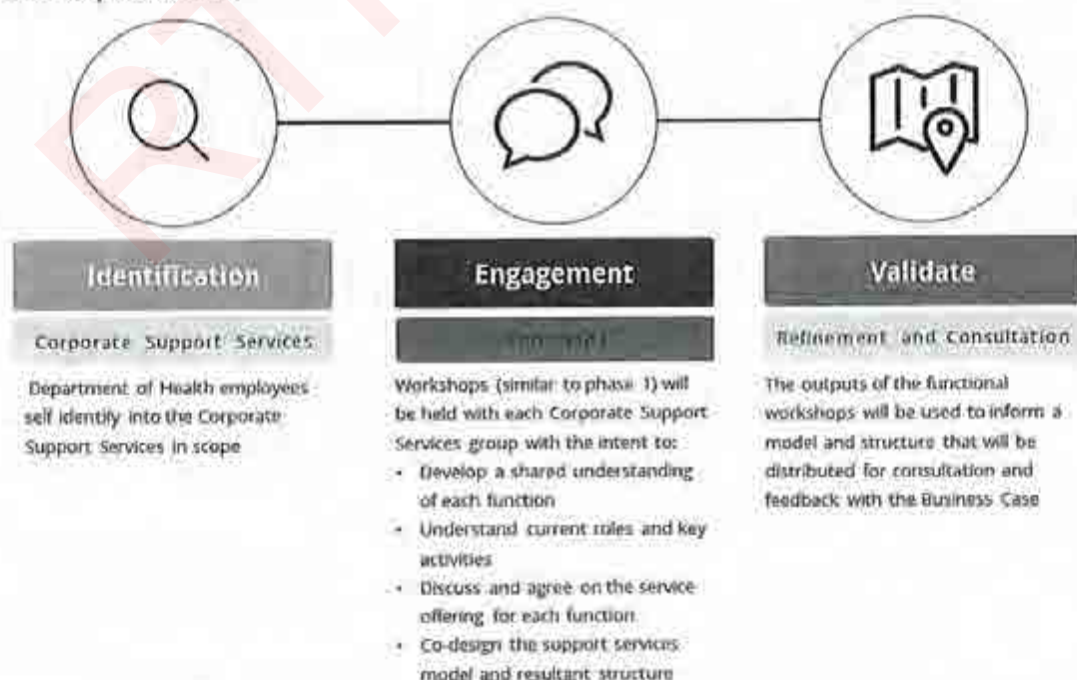
To undertake this work, during this business case consultation period, we want to consult and engage with our people that deliver these functions. We want to co-design the model and resultant structure with the aim of embedding sustainable change for these teams. During the consultation period we will run a series of workshops to undertake the design work required to inform the model for these services (similar to the approach we undertook in phase one). We then expect to be able to release the outcomes of this work when we release the business case for change decision for consultation.

Where appropriate, functions will remain geographically located where they are currently with their client area - individuals will be consulted on any proposed change to their work location.

Why explore consolidation and integration?

- With corporate functions working collaboratively as one team supporting their client areas they will be connected to a larger centralised team
- There will be greater professional development opportunities to build the capability of our people as well as promotion and career pathways
- It better connects people and functions to reduce the amount of work that is duplicated and support having a single 'source of functional truth' for information
- Build functional resilience, sustainability within the system manager and provide employees working in these functions with greater team support and development opportunities including promotion and career pathways
- Allow teams that are small in size and isolated from a central hub to grow stronger by having greater support for backfill and leave arrangements and having access to more opportunities for professional growth and learning from others by being part of a larger network.

The corporate support functions we want to consult and engage with you on include: Finance, human resource management, communication and media, analytics, business services, risk and governance. The below approach outlines how we propose to work with you on consolidation and integration for the in-scope functions:



In addition, it is essential for the business case to ensure the following:

- A commitment to employment security. The Queensland Government's Employment Security Policy clearly establishes the commitment to maximum employment security for permanent government employees, by developing and maintaining a responsive, impartial, and efficient government workforce as the preferred provider of existing services to government and the community. The Department of Health is committed to achieving both the formal objectives and overall intent of this policy
- There will be no overall decrease in the number of permanent employees
- Employees will be informed, consulted, and provided the opportunity to engage throughout the implementation process
- Employees will continue their employment under the same entitlements (and awards) that currently exist.

7 Options

There are two options to be considered:

1. No change (not recommended)
2. Proposed future state structure change

Option 1	No change
What	<ul style="list-style-type: none"> • While no change to current organisational structure is an option, findings and evidence indicate that 'no change' is not a sustainable option for the future of the Department of Health.
Scope	<ul style="list-style-type: none"> • Department of Health
Benefits	<ul style="list-style-type: none"> • Nil additional benefits. • Limitation of employee change fatigue, as there is no further organisational structure change to take place. • No disruption to employees or current work programs.
Implications	<ul style="list-style-type: none"> • Employee dissatisfaction due to an expectation of phase two changes.

Option 1	No change
Risks	<ul style="list-style-type: none"> • Missed opportunity to achieve a sustainable Department of Health structure. • Current inefficiencies and interim arrangements continue until further notice. • Employee dissatisfaction at the execution of this change process, which results in no significant change. • Loss of trust/credibility in leadership and decision makers.
Option 2 (Recommended)	Proposed future state structure
What	<ul style="list-style-type: none"> • This option proposes aligning the organisation's functions to a new structure that improves system sustainability and better enables the health system manager to respond to challenges and opportunities. • Where possible, whole branches are realigned to the proposed structure. • Changes to executive roles to align with the proposed structure. • A single source of truth for information that supports well-structured functions.

Option 2 (Recommended)	Proposed future state structure
Scope	<ul style="list-style-type: none"> • Abolish divisions and realign functions for: <ul style="list-style-type: none"> ○ Prevention Division ○ COVID-19 Supply Chain Surety Division. • <i>[Upon stand down of the pandemic]</i> Abolish division and realign branches within: <ul style="list-style-type: none"> ○ COVID-19 Response Division. • Establish new divisions/office: <ul style="list-style-type: none"> ○ Clinical Planning and Service Strategy Division ○ Integrated Scientific and Clinical Services Division ○ Office of the Chief First Nations Health Officer <i>(previously Aboriginal and Torres Strait Islander Health Division)</i>. • Convert interim division to permanent: <ul style="list-style-type: none"> ○ Health Capital Division ○ Strategy, Policy and Reform. • Realign: <ul style="list-style-type: none"> ○ Functions across the department ○ Office of the Chief Health Officer ○ Office of the Director-General ○ Office of the Chief Operating Officer. • Create three boards of management: <ul style="list-style-type: none"> ○ eHealth Queensland Board of Management ○ Health Capital Board of Management ○ Integrated Scientific and Clinical Services Board of Management.

Option 2 (Recommended)	Proposed future state structure
Benefits	<ul style="list-style-type: none"> • Fosters functional collaboration and reduces silos/isolation that lead to duplication and inefficiencies. • Reliable information is readily available from a 'single source of truth'. • Enables better collaboration between teams and functions, with employees and the organisation able to realise the benefits of working together. • Greater support and development opportunities created through resilient and sustainable functions. • Separates health system planning and funding functions so that accountabilities are more independent of one another. • Greater system collaboration in investment decisions by introducing boards of management in key areas. • Establishing a dedicated division for policy development and system strategy to collaborate at national, state and other government agency-levels. • Greater end-to-end collaboration with HHSs and key stakeholders to deliver capital infrastructure projects.
Implications	<ul style="list-style-type: none"> • Divisional leadership positions to be reviewed and evaluated in line with the proposed changes to the organisational structure. • Proposed changes to divisions may require reporting line changes. • Employees impacted by the proposed change may experience changes to senior leadership positions. • The COVID-19 Response Division will remain as an interim division for the duration of the pandemic.
Risks	<ul style="list-style-type: none"> • Possible change fatigue impacting willingness of employees to participate in engagement and consultation. • The change process, if not implemented correctly, may not resolve current issues or challenges and/or may create additional issues or challenges. • Employees disagree with the proposed change.

8 Recommendation

It is recommended that Option 2 is progressed for the following reasons:

- Strongest alignment to the overarching vision and guiding principles
- Strongest alignment to the Department of Health strategic intent
- Strongest opportunity for the overall benefits to government

9 Next steps

Date	Activity
26 May 2022	Business case for change released
26 May 2022	Consultation opens—business case for change
26 May 2022	Business case for change provided to relevant unions
1 June 2022	Virtual Town Hall with Director-General
10 June 2022	Consultation closes—business case for change
21 June 2022	Decision released

If Option 1 is pursued, then no further steps will be undertaken.

If Option 2 is pursued, the following will occur:

Date	Activity
21 June 2022	Proposed implementation plan released
21 June 2022	Consultation opens—proposed implementation plan
21 June 2022	Proposed implementation plan provided to relevant unions
29 June 2022	Virtual Town Hall with Director-General
5 July 2022	Consultation closes—Proposed implementation plan
13 July 2022	Decision released

10 Supporting employees through change

We appreciate this may be a difficult time for our people. The following support activities are offered to support employees and we encourage all of our people to seek assistance if required. Below outlines the support that is available to you.

- Benestar (Employee Assistance Service) This confidential service can be accessed through self-referral to Benestar, the external service provider. Services are available 24 hours a day, seven days per week
 - Telephone: 1300 360 364
 - Visit the Benestar website (access codes to access Benehub wellbeing resources on Benestar's website, ID: DOHQ and Token: DOHQ01)
 - Employee support and counselling – Queensland Health
- Priority one (Employee assistance service – for QAS staff only)
 - Available 24 hour a day, seven days per week
 - Telephone: 1800 805 980
- Your line manager and executive leadership team
- Your union delegates.

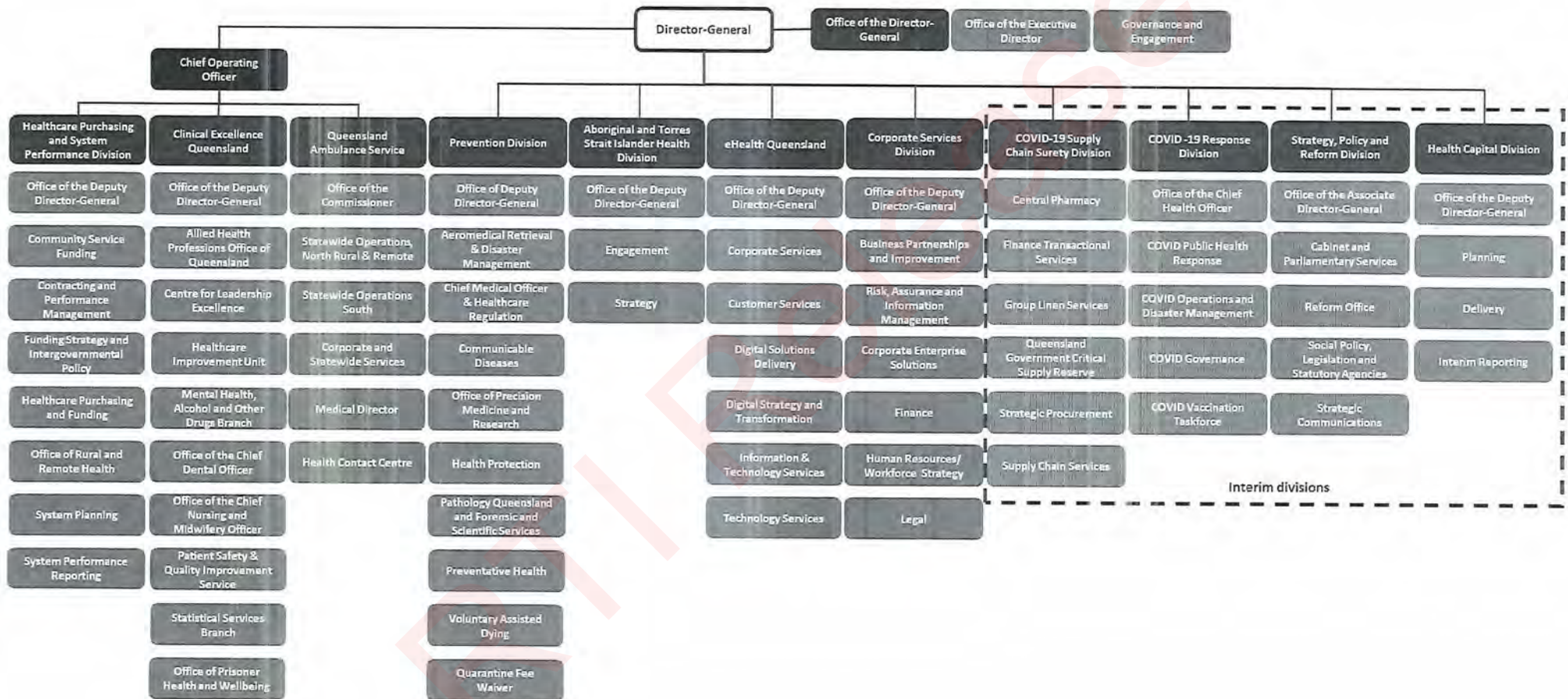
11 Feedback contacts

Genuine consultation is vitally important to ensuring that we are able to collaboratively build a future structure that is able to support us in achieving the vision for the department. The feedback that you provide will go directly to the Director-General for consideration and decision with the Executive Leadership Team where appropriate. We invite you provide your feedback by close of business on **10 June 2022** for it to be considered.

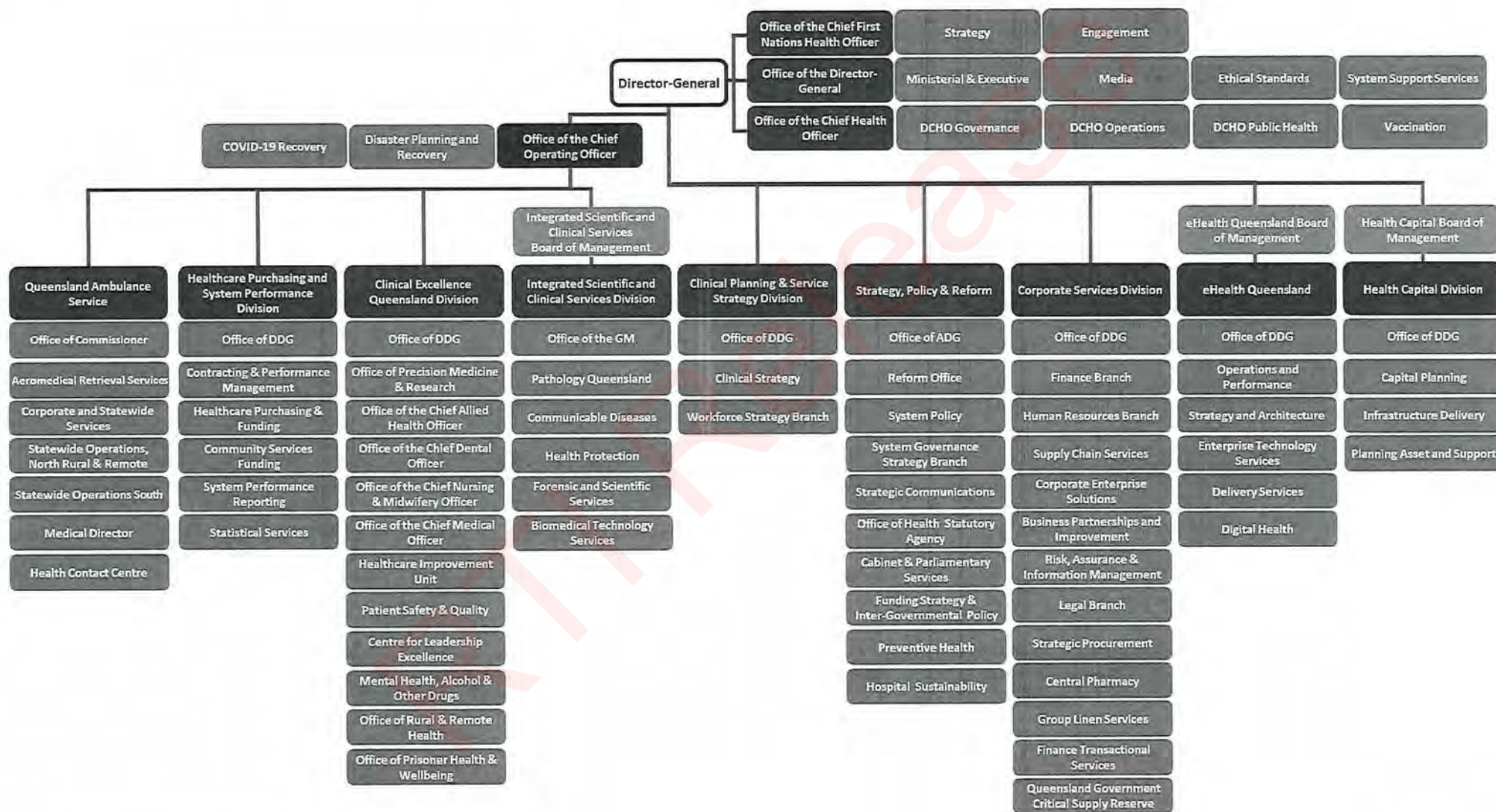
Feedback may be submitted via the online feedback form by clicking [here](#) or by email to the following address, doh-orgchange@health.qld.gov.au.

We understand that not everybody has access to a computer, we do not want to take away the opportunity for you to provide feedback. If you are unable to provide feedback electronically, talk to your line manager about accessing a printed copy of the feedback form which is located on QHEPS. Hardcopy feedback forms can be provided at request.

Attachment 1: Current organisational structure as at May 2022



Attachment 2: Proposed organisational structure



Attachment 3: Impacted positions by division

Healthcare Purchasing and System Performance Division (HPSP)

- The Deputy Director-General HPSP position is proposed to continue to report to the Chief Operating Officer
- Funding Strategy and Intergovernmental Policy Branch is proposed to be realigned to the Strategy, Policy and Reform (SPR) Division
- System Planning Branch is proposed to be realigned to the new Clinical Planning and Service Strategy (CPSS) Division within the Clinical Strategy Branch. It is proposed it will be renamed the System Planning Unit
- Office of Rural and Remote Health is proposed to be realigned to Clinical Excellence Queensland (CEQ)
- Healthcare Analysis Team, from Healthcare Improvement Unit, CEQ is proposed to be realigned to HPSP (see CEQ table for detail)
- Statistical Services Branch, CEQ is proposed to be realigned to HPSP (see CEQ table for detail)
- Mental Health, Alcohol and Other Drugs Branch, Clinical Systems and Performance Branch is proposed to be split: (see CEQ table for detail)
 - Clinical Systems is proposed to be realigned to eHealth Queensland (eHQ)
 - Performance is proposed to be realigned to HPSP

EXISTING		PROPOSED			IMPACTED POSITIONS			NEW REPORTING	
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	Change and Effect
Office of the Deputy Director-General		Healthcare Purchasing and System Performance	Office of the Deputy Director-General	Healthcare Purch & Sys Perf Div	32029519	Deputy Director-General Healthcare Purch & System Perf Div	32091131	Chief Operating Officer	Continued reporting line and role to be evaluated.
Funding Strategy and Intergovernmental Policy		Strategy, Policy and Reform	Funding Strategy and Intergovernmental Policy		32012764	Senior Director Fund Strat & Gov Policy	32091906	Associate Director-General	Change of division. New reporting line. All positions within this branch are moving.
System Planning		Clinical Planning and Service Strategy	Clinical Strategy	System Planning Unit	32011865	Senior Director Systems Planning Branch	New	New Deputy Director-General - Clinical Planning and Strategy Division	Change of division. New branch and unit name. New reporting line. All positions within this branch are moving.
Office of Rural and Remote Health		Clinical Excellence Queensland	Office of Rural and Remote Health		32074789	Executive Director Rural & Remote Health	32029518	Deputy Director-General Clinical Excellence Division	Change of division. New reporting line. All positions within this branch are moving.

Clinical Excellence Queensland Division

- The Deputy Director-General CEQ position is proposed to continue to report to the Chief Operating Officer
- The Assistant Deputy-Director General CEQ position will be abolished
- The Chief Clinical Information Officer (CCIO) position is proposed to be realigned to eHQ and report to the Deputy Director-General eHQ
- Patient Safety Quality and Improvement Service is proposed to be renamed Patient Safety and Quality
- Allied Health Professions Office of Queensland is proposed to be renamed Office of the Chief Allied Health Officer
- Mental Health, Alcohol and Other Drugs Branch:
 - Strategy and Performance Unit is proposed to be realigned to the new Clinical Planning and Service Strategy (CPSS) Division within the Clinical Strategy Branch. It is proposed to be renamed to Mental Health, Alcohol and Other Drugs Planning Unit
 - Clinical Systems and Performance Branch is proposed to be split:
 - Clinical Systems is proposed to be realigned to eHQ
 - Performance is proposed to be realigned to HPSP
 - Office of the Chief Psychiatrist is proposed to remain within CEQ
 - Policy team within the Legislation Unit is proposed to be realigned to the new Strategy, Policy and Reform Division
- Healthcare Improvement Unit:
 - Healthcare Analysis team is proposed to be realigned to HPSP Division
 - Health Systems Branch is proposed to be realigned to eHQ in the Digital Health Branch
 - Clinical Excellence Engage team is proposed to be realigned to the Office of the Deputy Director-General within CEQ
 - All remaining teams within the Healthcare Improvement Unit are proposed to remain with CEQ
- Statistical Services Branch is proposed to be realigned from CEQ to HPSP Division
- Office of Precision Medicine and Research is proposed to be realigned from Prevention Division (PD) to CEQ (see PD table for detail)
- Chief Medical Officer and Healthcare Regulation Branch is proposed to be realigned from the PD to CEQ (see PD table for detail)

EXISTING		PROPOSED			IMPACTED POSITIONS			NEW REPORTING	
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	Change and Effect
Office of the Deputy Director-General		Clinical Excellence Queensland	Office of the Deputy Director-General		32029518	Deputy Director-General Clinical Excellence Division	32091131	Chief Operating Officer	Continued reporting line and role to be evaluated.
Office of the Deputy Director-General		Clinical Excellence Queensland	Office of the Deputy Director-General		32042693	Assistant Deputy Director-General & Chief Clinical Information Officer	32029518	Deputy Director-General Clinical Excellence Division	Assistant Deputy Director-General & Chief Clinical Information Officer to be split. The Assistant Deputy Director-General is to be abolished. The Chief Clinical Information Officer reporting line change to Deputy Director-General eHealth Queensland.
Patient Safety Quality and Improvement Service		Clinical Excellence Queensland	Patient Safety and Quality						Change of branch name.
Allied Health Professions Office of Queensland		Clinical Excellence Queensland	Office of the Chief Allied Health Officer						Change of branch name.
Mental Health, Alcohol and Other Drugs	Strategy & Performance Unit	Clinical Planning and Service Strategy	Clinical Strategy	Mental Health, Alcohol and Other Drugs Planning Unit	32043932	Senior Director MHAODB	New	New Deputy Director-General - Clinical Planning and Service Strategy Division	Change of division. Change of branch and unit name. New reporting line. All positions within this branch are moving.
Mental Health, Alcohol and Other Drugs	Clinical Systems and Performance	Healthcare Purchasing and System Performance		Clinical Systems and Performance	32085742	Senior Director CSCP TMP	32029519	Deputy Director-General Healthcare Purch & System Perf Div	Change of division. New reporting line.

EXISTING		PROPOSED		IMPACTED POSITIONS			NEW REPORTING		
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	Change and Effect
Mental Health, Alcohol and Other Drugs	Clinical Systems and Performance	Healthcare Purchasing and System Performance		Clinical Systems and Performance	30474079	Manager Analysis and Accountability	32085742	Senior Director CSCP TMP	Change of division. All positions that report to this position are moving.
Mental Health, Alcohol and Other Drugs	Clinical Systems and Performance	eHealth Queensland		Clinical Systems and Performance	30474080	Manager Systems and Collections	32046150	Executive Director Digital Health	Change of division. New reporting line. All positions that report to this position are moving.
Mental Health, Alcohol and Other Drugs	Clinical Systems and Performance	eHealth Queensland		Clinical Systems and Performance	30491043	Manager Clinical System Support	32046150	Executive Director Digital Health	Change of division. New reporting line. All positions that report to this position are moving.
Mental Health, Alcohol and Other Drugs	Policy Team (under Legislation Unit)	Strategy, Policy and Reform		Policy Team	30488967	Manager Policy Team	30497027	Senior Director Strategic Policy & Legislation	Change of division. New reporting line. All positions within this branch are moving.
Healthcare Improvement Unit	Healthcare Analysis Team	Healthcare Purchasing and System Performance		Healthcare Analysis Team	30474070	Manager	30495305	Executive Director Statistical Services	Change of division. New reporting line. All positions that report to this position are moving.
Healthcare Improvement Unit	Health Systems	eHealth Queensland	Digital Health	Health Systems	32006017	Director	32046150	Executive Director Digital Health	Change of division. New reporting line. All positions within this branch are moving.
Healthcare Improvement Unit	Clinical Engagement	Clinical Excellence Queensland	Office of the Deputy Director-General	Clinical Engagement	32016032	Director	30487532	Executive Director ODDG CEQ	Change of branch. New reporting line. All positions within this branch are moving.
ODDG CEQ	ODDG CEQ	Clinical Excellence Queensland	ODDG CEQ	ODDG CEQ	32017974, 32018709, 32004229	Senior Executive Support Officers Senior Coordinator Team Leader	30487532	Director ODDG CEQ	New reporting line.
Statistical Services		Healthcare Purchasing and System Performance	Statistical Services		30495305	Executive Director Statistical Services	32029519	Deputy Director-General Healthcare Purch & System Perf Div	Change of division. New reporting line.

Queensland Ambulance Service

- The Commissioner position is proposed to continue to report to the Chief Operating Officer in the future state structure
- System Planning is proposed to be realigned to CPSS within Clinical Strategy Branch
- Aeromedical and Retrieval Services and Disaster Management are proposed to be split (See PD table for detail)
 - Aeromedical and Retrieval Services realigned to QAS
 - Disaster Management to the Office of the Chief Operating Officer

EXISTING		PROPOSED			IMPACTED POSITIONS		NEW REPORTING		
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	Change and Effect
QAS	Office of the DG								Continued reporting line.
System Planning	Queensland Ambulance Service	Clinical Planning and Service Strategy	System Planning		758931	Project Officer	32011865	Senior Director Systems Planning Branch	Change of division. New reporting line. All positions within this branch are moving.
System Planning	Queensland Ambulance Service	Clinical Planning and Service Strategy	System Planning		758932	Project Officer	32011865	Senior Director Systems Planning Branch	Change of division. New reporting line. All positions within this branch are moving.

Prevention Division

- The Deputy Director-General position is proposed to be abolished in the proposed future state structure
- Aeromedical and Retrieval Services and Disaster Management are proposed to be split:
 - Aeromedical and Retrieval Services realigned to QAS
 - Disaster Management to the Chief Operating Officer. The Deputy Chief Health Officer Operations will remain reporting to the Chief Health Officer
- The Chief Medical Officer and Healthcare Regulation Branch are proposed to be realigned with CEQ
- Pathology Queensland and Forensic and Scientific Services is proposed to be split:
 - Pathology Queensland is proposed to be realigned with Integrated Scientific and Clinical Services Division
 - Forensic and Scientific Services is proposed to be realigned with Integrated Scientific and Clinical Services Division
- Communicable Diseases Branch is proposed to be realigned with Integrated Scientific and Clinical Services Division
- Health Protection Branch is proposed to be realigned with the Integrated Scientific and Clinical Services Division
- Office of Precision Medicine and Research is proposed to be realigned from Prevention Division to CEQ Division
- Preventive Health Branch is proposed to be realigned to Strategy, Policy and Reform Division
- Voluntary Assisted Dying Branch is proposed to be realigned to CPSS and joining the Clinical Strategy Branch and be renamed Priority Projects Unit
- Quarantine Fee Waiver Branch is to be realigned from Prevention Division to Finance Branch
- All remaining positions within Prevention Division are being realigned as per the table below (including COVID-19 Recovery, Clinical Engagement, Business Services)

EXISTING		PROPOSED			IMPACTED POSITIONS			NEW REPORTING	
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	Change and Effect
Office of the Deputy Director-General	Office of the CHO & Deputy Director-General Business Svcs		Office of the Deputy Director-General	Office of the CHO & Deputy Director-General Business Svcs	32029520	CHO & Deputy Director-General Prevention Health Division TMP			Position proposed to be abolished.
Aeromedical Retrieval and Disaster Management	Retrieval Services Queensland	Queensland Ambulance Service	Aeromedical Retrieval Services	Retrieval Services Queensland	32020033	Executive Director Aeromedical Retrieval & Disaster Mgt		QAS Commissioner	Change of division. New reporting line. Position name change to remove Disaster Management. All positions within the Aeromedical Retrieval Service are moving.
Aeromedical Retrieval and Disaster Management	Disaster Management	Office of the COO	Disaster Management	Disaster Management	32031270	Deputy State Health Coordinator	32091131	Chief Operating Officer	Change of division. New reporting line. All positions within this branch are moving.
Chief Medical Officer and Healthcare Regulation	Chief Medical Officer and Healthcare Regulation	Clinical Excellence Queensland	Chief Medical Officer and Healthcare Regulation	Chief Medical Officer and Healthcare Regulation	30496685	Exec Dir CMO & Healthcare Reg Branch	32029518	Deputy Director-General Clinical Excellence Division	Change of division. New reporting line. All positions within this branch are moving.
Pathology Queensland and Forensic and Scientific Services	Pathology Queensland and Forensic and Scientific Services	Integrated Scientific and Clinical Services	Pathology Queensland	Pathology Queensland	32050916	General Manager Pathology Queensland	New	New General Manager Integrated Scientific and Clinical Services	Change to New division. New reporting line. All positions within this branch are moving.
Pathology Queensland and Forensic and Scientific Services	Pathology Queensland and Forensic and Scientific Services	Integrated Scientific and Clinical Services	Forensic and Scientific Services	Forensic and Scientific Services	30482724	Executive Forensic and Scientific Services	New	New General Manager Integrated Scientific and Clinical Services	Change to New division. New reporting line. All positions within this branch are moving.
Communicable Diseases	Communicable Diseases	Integrated Scientific and Clinical Services	Communicable Diseases	Communicable Diseases	32019944	Executive Director Communicable Diseases	New	New General Manager Integrated Scientific and Clinical Services	Change to New division. New reporting line. All positions within this branch are moving.
Communicable Diseases	Communicable Diseases	Health Support Services	Communicable Diseases	Communicable Diseases	32025796	ICT Divisional Director CDB	32019944	Executive Director Communicable Diseases	Change to New division. New reporting line.

EXISTING		PROPOSED			IMPACTED POSITIONS			NEW REPORTING	
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	Change and Effect
Health Protection	Health Protection	Integrated Scientific and Clinical Services	Health Protection	Health Protection	32074975	Executive Director HPB		New General Manager Integrated Scientific and Clinical Services	Change to New division. New reporting line. All positions within this branch are moving.
Office of Precision Medicine & Research	HIRO Leadership Team	Clinical Excellence Queensland	Office of Precision Medicine & Research		30485912	Director Health & Med Research GP Clause	32036235	Executive Director OPMR	Change of reporting line.
Office of Precision Medicine & Research	Office of Precision Medicine & Research	Clinical Excellence Queensland	Office of Precision Medicine & Research	Office of Precision Medicine & Research	32036235	Executive Director OPMR	32029518	Deputy Director-General Clinical Excellence Division	Change of reporting line. All positions within OPMR are moving.
Preventive Health	Preventive Health	Strategy, Policy and Reform	Preventive Health	Preventive Health	30499005	Exec Director Preventative Health Unit	New	New Deputy Director-General – Strategy, Policy and Reform	Change to New division. New reporting line. All positions within this branch are moving.
Voluntary Assisted Dying	Voluntary Assisted Dying	Clinical Planning and Service Strategy	Clinical Strategy	Priority Projects Unit	32083945	Project Executive Director VAD TMP	New	New Deputy Director-General - Clinical Planning and Service Strategy	Change to New division and new reporting line. All positions reporting to this position are also moving.
Quarantine Fee Waiver	Quarantine Fee Waiver	Corporate Services Division	Finance Branch	Quarantine Fee Waiver	32068514	Exec Director Quarantine Fee Recovery	30496854	Director of Revenue Strategy and Support Unit	Change of division. New reporting line. All positions reporting to this position are also moving.
Prevention Division	COVID-19 Recovery	Chief Operating Officer	COVID-19 Recovery		32085944	Registrar TMP	32090342	COVID-19 Response System Lead TMP	New reporting line.
Prevention Division	COVID-19 Recovery	Chief Operating Officer	COVID-19 Recovery		32084440	Senior Medical Officer TMP	32090342	COVID-19 Response System Lead TMP	New reporting line.
Prevention Division	Office of Precision Medicine	Clinical Excellence Queensland	Office of Precision Medicine		30462575	Manager Conversion	30485912	Director Health & Med Research GP Clause	New division. New reporting line.
Prevention Division	Clinical Engagement	Clinical Excellence Queensland	Clinical Engagement		30496245	Team Leader	32016032	Director	New division. New reporting line.
Prevention Division		Chief Operating Officer	COVID-19 Recovery		32090702	Senior Medical Officer	32090342	COVID-19 Response System Lead TMP	New division. New reporting line.
Prevention Division		Chief Operating Officer	COVID-19 Recovery		32029237	CHOB Contractor	32090342	COVID-19 Response System Lead TMP	New division. New reporting line.
Office of the Chief Health Officer		Integrated Scientific and Clinical Services	Office of the Deputy Director-General		30487590	Senior Director Office of the Chief Health Officer	New	New General Manager – Integrated Scientific and Clinical Services	New division. New reporting line. All positions reporting to this position are also moving.

Aboriginal and Torres Strait Islander Health Division

- The Deputy Director-General Aboriginal Torres Strait Islander Health Division position is proposed to continue to report to the Director-General
- The Deputy Director-General Aboriginal Torres Strait Islander Health Division position is proposed to be renamed to Chief First Nations Health Officer
- The Aboriginal Torres Strait Islander Health Division is proposed to be renamed the Office of the Chief First Nations Health Officer
- The Correspondence Coordinator position is proposed to change reporting line to the Manager, Governance, Office of the Chief First Nations Health Officer
- The Senior Project Officer position is proposed to change reporting line to the Manager, Governance, Office of the Chief First Nations Health Officer
- The Principal Policy and Planning Officer (Position Number 30492262) is proposed to change reporting line to the Manager, Cultural Reform (Position Number 32054934)
- The Investment Team is proposed to move from the Strategy Branch to the Office of the Chief First Nations Health Officer.
- The Manager, Investment Team position is proposed to change reporting line to the Director, Office of the Chief First Nations Health Officer

EXISTING		PROPOSED			IMPACTED POSITIONS			NEW REPORTING	
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	Change and Effect
Office of the Deputy Director-General		Office of First Nations Health	Office of the Chief First Nations Health Officer						Division name change.
Office of the Deputy Director-General		Office of First Nations Health	Office of the Chief First Nations Health Officer		32092687	Senior Project Officer TMP	32058379	Manager, Governance	Change of reporting line.
Office of the Deputy Director-General		Office of First Nations Health	Office of the Chief First Nations Health Officer		32061963	Correspondence Coordinator	32058379	Manager, Governance	Change of reporting line.
Engagement		Office of First Nations Health	Engagement and Monitoring						Branch name change.
Strategy		Office of First Nations Health	Strategy and Policy						Branch name change.
Strategy		Office of First Nations Health	Strategy and Policy	Cultural Reform	30492262	Principal Policy and Planning Officer	32054934	Manager, Cultural Capability	Change of reporting line.
Strategy	Investment	Office of First Nations Health	Office of the Chief First Nations Health Officer	Strategic Investment	30491435	Manager	32058565	Director, Office of the Chief First Nations Health Officer	Change of reporting line. Unit Name change.
Strategy	Investment	Office of First Nations Health	Office of the Chief First Nations Health Officer	Strategic Investment	32033064	Principal Policy and Planning Officer	30491435	Manager, Project Management Office, (Office of the Chief First Nations Health Officer)	Change of reporting line. Unit Name change.
Strategy	Investment	Office of First Nations Health	Office of the Chief First Nations Health Officer	Strategic Investment	32000384	Senior Policy and Planning Officer	30491435	Manager, Project Management Office (Office of the Chief First Nations Health Officer)	Change of reporting line. Unit Name change.

eHealth Queensland

- The Deputy Director-General eHQ position is proposed to report to the eHQ Board of Management
- The Chief Clinical Information Officer (CCIO) position is proposed to be realigned to eHQ and report to the Deputy Director-General eHQ (see CEQ table for detail)
- The following Branches will be renamed to better demonstrate their proposed focus and functions:
 - Digital Strategy and Transformation Branch is proposed to be renamed Strategy and Architecture Branch
 - Digital Solutions Delivery Branch is proposed to be renamed Delivery Services Branch
 - Technology Services Branch is proposed to be renamed Enterprise Technology Services Branch
 - Information and Technology Services Branch is proposed to be renamed Digital Health Branch
 - Corporate Services Branch is proposed to be renamed Operations and Performance Branch
- Digital Solutions Delivery Branch existing functions will be realigned to the Delivery Services Branch.
- Digital Strategy and Transformation Branch existing functions will be realigned as per the following:
 - Digital Services Management is proposed to be realigned to Operations and Performance Branch
 - The Chief Information Officer Rural and Remote position is proposed to be realigned to the Enterprise Technology Services Branch
 - All remaining teams in the Digital Strategy and Transformation Branch are proposed to be realigned to Strategy and Architecture Branch
- Information and Technology Services (ITS) existing functions will be realigned as per the following:
 - ITS Delivery Office is proposed to be realigned to Delivery Services Branch
 - CISSU Service Desk team is proposed to be realigned to Enterprise Technology Services Branch
 - The Office of the General Manager Information Technology Services, including Governance, Risk and Assurance ITS, are proposed to be realigned across multiple branches (Operations and Performance Branch and Office of the Deputy Director-General).
 - All remaining teams in Information and Technology Services are proposed to be realigned to the Digital Health Branch
- Technology Services Branch existing functions will be realigned as per the following:
 - iMR Applications team is proposed to be realigned to the Digital Health Branch
 - Reporting Services, currently in DAS, is proposed to be realigned to Strategy and Architecture Branch
 - The RIVeR application support team, currently in DAS, is proposed to be realigned to Digital Health Branch
 - All remaining teams in the Technology Services Branch are proposed to be realigned to Enterprise Technology Services Branch
- Customer Services Branch will be disbanded. The existing functions will be realigned as per the following:
 - Digital Partnerships team, including Customer Service FFS, is proposed to be realigned to Delivery Services Branch
 - Presentation and Printing team is proposed to be realigned to Enterprise Technology Services Branch
 - Service Management and Improvement team is proposed to be realigned to Enterprise Technology Services Branch
 - Digital Service Centre team is proposed to be realigned to Enterprise Technology Services Branch
 - Customer Value and Engagement team is proposed to be realigned to the Operations and Performance Branch
 - The Office of the Executive Director Customer Services will be realigned to the revised functions within the Office of the Deputy Director-General
 - The Executive Director Customer Services role is proposed to be abolished
- Health Systems Branch, within Healthcare Improvement Unit, is proposed to be realigned from CEQ to eHQ within the Digital Health Branch (see CEQ table for detail)
- Contractor Engagement Team, within Human Resources Branch, is proposed to be realigned from CSD to eHQ within the Operations and Performance Branch (see CSD table for detail)
- In addition to the above, all branches will have the following existing functions realigned as per the following:
 - Executive Director or General Manager support functions including all Branch/Business Managers, Senior Executive Support Officers and Business Support roles located in Executive Director or General Manager Offices will be centralised under the new unit 'Executive Services and Governance' in the Office of the Deputy Director-General
- Office of the Deputy Director-General, with existing functions, will remain with revised team names to reflect proposed branch structure
 - Current ODDG function is proposed to be realigned to a newly established unit Executive Services and Governance
 - Media and Communications is proposed to be renamed to Digital Performance Support
- Mental Health, Alcohol and Other Drugs Branch Clinical Systems and Performance Branch is proposed to be split: (see CEQ table for detail)
 - Clinical Systems is proposed to be realigned to eHQ
 - Performance is proposed to be realigned to HPSP

EXISTING		PROPOSED			IMPACTED POSITIONS			NEW REPORTING	
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	Change and Effect
Corporate Services		eHealth Queensland	Operations and Performance						Branch name change.
Corporate Services		eHealth Queensland	Operations and Performance		32036024	Executive Director Operations and Performance			Role title change
Corporate Services	Corporate Services Management	eHealth Queensland	ODDG	Executive Services and Governance	32031443	Branch Manager	30477034	Director Executive Services and Governance	Changed reporting line.
Corporate Services	Office of the EDCS	eHealth Queensland	ODDG	Executive Services and Governance	32053919	Senior Executive Support Officer	32002677	Branch Manager	Changed reporting line.
Corporate Services	Office of the EDCS	eHealth Queensland	ODDG	Executive Services and Governance	32082188	Business Support Officer	32031443	Branch Manager	Changed reporting line.
Customer Services					32036151	Executive Director Customer Services			Abolish position.
Customer Service	Digital Partnership Service	eHealth Queensland	Delivery Services	Digital Partnerships	30477915	Director Digital Partnerships	32036153	Executive Director Delivery Services	Changed reporting line.
Customer Service	Management and Improvement	eHealth Queensland	Enterprise Technology Services	Service Management and Improvement	30478355	Director Service Management & Improvement	32024024	Executive Director Enterprise Technology Services	Changed reporting line.
Customer Service	Presentation and Printing	eHealth Queensland	Enterprise Technology Services	Presentation and Printing	30478457	Manager Presentation	30496112	Senior Director Digital Application Serv	Changed reporting line.
Customer Service	Digital Service Centre Team	eHealth Queensland	Enterprise Technology Services	Digital Service Centre Team	30477080	Director	32024024	Executive Director Enterprise Technology Services	Changed reporting line.
Customer Service	Customer Value and Engagement	eHealth Queensland	Operations and Performance	Customer Value and Engagement	30477914	Director Customer Value and Engagement	32036024	Executive Director Operations and Performance	Changed reporting line.
Customer Service	Customer Service Management	eHealth Queensland	ODDG	Executive Services and Governance	32002677	Branch Manager	30477034	Director Executive Services and Governance	Changed reporting line.
Customer Service	Office of the Executive Director Customer Services	eHealth Queensland	ODDG	Executive Services and Governance	32052326	Business Support Officer	32031443	Branch Manager	Changed reporting line.
Customer Service	Office of the Executive Director Customer Services	eHealth Queensland	ODDG	Executive Services and Governance	32045885	Business Support Officer	32031443	Branch Manager	Changed reporting line.
Customer Service	Office of the Executive Director Customer Services	eHealth Queensland	ODDG	Executive Services and Governance	32000565	Senior Executive Support Officer	32002677	Branch Manager	Changed reporting line.
Customer Service	Office of the Executive Director Customer Services	eHealth Queensland	ODDG	Digital Performance Support	30499616	Training and Development Officer	32005730	Director Digital Performance Support	Changed reporting line.
Digital Solutions Delivery		eHealth Queensland	Delivery Services						Branch name change.
Digital Solutions Delivery		eHealth Queensland	Delivery Services		32036153	Executive Director Delivery Services			Role title change
Digital Solutions Delivery	Office of the Executive Director	eHealth Queensland	ODDG	Executive Services and Governance	32053372	Senior Business Support Officer	32031443	Branch Manager	Changed reporting line.
Digital Solutions Delivery	Office of the Executive Director	eHealth Queensland	ODDG	Executive Services and Governance	32046829	Business Support Officer	32031443	Branch Manager	Changed reporting line.

EXISTING		PROPOSED			IMPACTED POSITIONS		NEW REPORTING		
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	Change and Effect
Digital Solutions Delivery	Office of the Executive Director	eHealth Queensland	ODDG	Executive Services and Governance	32046830	Business Support Officer	32031443	Branch Manager	Changed reporting line.
Digital Solutions Delivery	Office of the Executive Director	eHealth Queensland	ODDG	Executive Services and Governance	30492797	Business Support Officer	32031443	Branch Manager	Changed reporting line.
Digital Solutions Delivery	Services Management	eHealth Queensland	ODDG	Executive Services and Governance	32010558	Business Support Officer	32031443	Branch Manager	Changed reporting line.
Digital Solutions Delivery	Office of the Executive Director	eHealth Queensland	ODDG	Executive Services and Governance	30483030	Assistant Business Support Officer	32031443	Branch Manager	Changed reporting line.
Digital Solutions Delivery	Office of the Executive Director	eHealth Queensland	ODDG	Executive Services and Governance	30499743	Senior Executive Support Officer	32002677	Branch Manager	Changed reporting line.
Digital Solutions Delivery	Office of the Executive Director	eHealth Queensland	ODDG	Executive Services and Governance	32004868	Senior Executive Support Officer	32002677	Branch Manager	Changed reporting line.
Digital Solutions Delivery	DSDB Senior Management	eHealth Queensland	ODDG	Executive Services and Governance	30472804	Branch Manager	30477084	Director Executive Services and Governance	Changed reporting line.
Digital Strategy and Transformation		eHealth Queensland	Strategy and Architecture						Branch name change.
Digital Strategy and Transformation		eHealth Queensland	Strategy and Architecture		32036150	Executive Director Strategy and Architecture			Role title change
Digital Strategy and Transformation	CDS&T Management	eHealth Queensland	Enterprise Technology Services		32047663	CIO Rural and Remote	32024024	Executive Director Enterprise Technology Services	Change of reporting line.
Digital Strategy and Transformation	Digital Services Management	eHealth Queensland	Operations and Performance	Digital Services Management	32046048	Senior Director Digital Services Mngmt	32036024	Executive Director Operations and Performance	Changed reporting line.
Digital Strategy and Transformation	CDS&T Management	eHealth Queensland	ODDG	Executive Services and Governance	30478318	Branch Manager	30477084	Director Executive Services and Governance	Changed reporting line.
Digital Strategy and Transformation	DSTB Business Support Unit	eHealth Queensland	ODDG	Executive Services and Governance	32077904	Business Support Officer	32031443	Branch Manager	Changed reporting line.
Digital Strategy and Transformation	DSTB Business Support Unit	eHealth Queensland	ODDG	Executive Services and Governance	32046840	Business Support Officer	32031443	Branch Manager	Changed reporting line.
Digital Strategy and Transformation	DSTB Business Support Unit	eHealth Queensland	ODDG	Executive Services and Governance	30499617	Senior Executive Support Officer	32002677	Branch Manager	Changed reporting line.
Information & Technology Services		eHealth Queensland	Digital Health						Branch name change.
Information & Technology Services		eHealth Queensland	Digital Health		32046150	Executive Director Digital Health			Role title Change
Information & Technology Services	ITS Delivery Office	eHealth Queensland	Delivery Services	Delivery Office	32031493	Delivery Director	32046380	Senior Director Digital Solutions	Changed reporting line.
Information & Technology Services	CISSU Service Desk	eHealth Queensland	Enterprise Technology Services	CISSU Service Desk	32011047	Team Leader Service Desk	30477080	Director Digital Service Centre	Changed reporting line.
Information & Technology Services	Governance, Risk and Assurance ITS	eHealth Queensland	Operations and Performance	Commercial Strategy	32033286	Governance and Assurance Manager	32046004	Director Commercial Strategy	Changed reporting line.
Information & Technology Services	Office of the GMITS	eHealth Queensland	ODDG	Executive Services and Governance	32033245	Business Manager	30477084	Director Executive Services and Governance	Changed reporting line.
Information & Technology Services	Office of the Executive Director Customer Services	eHealth Queensland	Delivery Services	Digital Partnerships	30480880	Application Specialist	30477915	Director Digital Partnerships	Changed reporting line.

EXISTING		PROPOSED			IMPACTED POSITIONS			NEW REPORTING	
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	Change and Effect
Information & Technology Services	Office of the Executive Director Customer Services	eHealth Queensland	Operations and Performance	ICT Contracts and Procurement	32013527	Contract Manager	32000459	Director Contracts and Procurement	Changed reporting line.
Information & Technology Services	Office of the GMITS	eHealth Queensland	Operations and Performance	Office of the Executive Director	30483824	Senior Records Officer	32031443	Branch Manager	Changed reporting line.
Information & Technology Services	Radiology Informatics Support Unit	eHealth Queensland	Operations and Performance	Risk and Audit	32000900	Digital governance, Risk and Assurance Manager	32046004	Director Commercial Strategy	Changed reporting line.
Information & Technology Services	Governance Risk & Assurance ITS	eHealth Queensland	Operations and Performance	Risk and Audit	32050184	ICT Governance Officer	72011701	Director Risk and Audit	Changed reporting line.
Information & Technology Services	Office of the GMITS	eHealth Queensland	ODDG	Executive Services and Governance	32091834	Business Support Officer	32002677	Branch Manager	Changed reporting line.
Technology Services		eHealth Queensland	Enterprise Technology Services						Branch name change.
Technology Services		eHealth Queensland	Enterprise Technology Services		32024024	Executive Director Enterprise Technology Services			Role title change
Technology Services	ieMR Applications	eHealth Queensland	Digital Health	Digital Health Solutions	32043931	Senior Director Digital Health Solutions	32046150	Executive Director Digital Health	Changed reporting line / Change role title
Technology Services	Technology Services Management Team	eHealth Queensland	ODDG	Executive Services and Governance	30472808	Branch Manager	30477084	Director Executive Services and Governance	Changed reporting line.
Technology Services	Technology Services Coordination	eHealth Queensland	ODDG	Executive Services and Governance	32053636	Senior Business Support Officer	32031443	Branch Manager	Changed reporting line.
Technology Services	Technology Services Business Support	eHealth Queensland	ODDG	Executive Services and Governance	32047768	Business Support Officer	32031443	Branch Manager	Changed reporting line.
Technology Services	Technology Services Management Team	eHealth Queensland	ODDG	Executive Services and Governance	32043544	Senior Executive Support Officer	32002677	Branch Manager	Changed reporting line.
Technology Services	Digital Application Services	eHealth Queensland	Digital Health		32080295	Technical Delivery Manager	32043931	Senior Director Digital Health Solutions	Changed reporting line.
Technology Services	Digital Application Services	eHealth Queensland	Strategy and Architecture	Reporting Services	32057218	Manager Business Intelligence and Data Analytics	32036150	Executive Director Strategy and Architecture	Changed reporting line.
Office of the Deputy Director-General		eHealth Queensland			32029674	Chief Executive Officer eHealth Qld TMP			Reporting to eHealth Queensland Board of Management
Office of the Deputy Director-General	Media and Communications	eHealth Queensland	ODDG	Digital Performance Support					Unit name change
Office of the Deputy Director-General	Media and Communications	eHealth Queensland	ODDG	Digital Performance Support	32005730	Director Digital Performance Support			Role title Change
Office of the Deputy Director-General		eHealth Queensland	ODDG	Executive Services and Governance					Unit Creation
Office of the Deputy Director-General		eHealth Queensland	ODDG	Executive Services and Governance	30477084	Director Executive Services and Governance			Role title Change

Corporate Services Division

- The Deputy Director-General CSD position is proposed to continue to report to the Director-General
- Corporate Facilities team within the previous Capital and Asset Services Branch is proposed to remain with CSD
- Investment Assurance Committee team is proposed to remain with CSD
- Workforce Strategy Branch is proposed to be realigned to the new CPSS Division
- Ethical Standards Unit within Human Resources Branch is proposed to be realigned to the Office of the Director-General (ODG) with a functional dotted reporting line to the Executive Director of the ODG
- Contractor Engagement Team, within Human Resources Branch, is proposed to be realigned from CSD to eHQ within the Operations and Performance Branch
- The interim COVID-19 Supply Chain Surety Division is proposed to be abolished and all branches within the interim division is proposed to be realigned to CSD (see CSCSD table for detail)
- The Manager Carparking is proposed to be realigned to Finance branch (see Health Capital Division for detail)

EXISTING		PROPOSED			IMPACTED POSITIONS		NEW REPORTING		
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	Change and Effect
CSD	CSD					Deputy Director-General Corp Services			Continue reporting to Director-General.
Capital and Asset Services Branch	Capital and Asset Services Branch	Health Capital Division	Capital and Asset Services Branch		32043153	Executive Director Capital & Asset Serv	New	New Deputy Director-General - Health Capital Division	Change to new division. New reporting line. All positions reporting to this position have also moved.
Capital and Asset Services Branch	Asset Property & Facilities Management (Corporate Facilities)	CSD		Asset Property & Facilities Management (Corporate Facilities)	32091406	Director Corporate Facilities	32044097	Executive Director Corporate Governance and Strategy	New reporting line. All positions reporting to this position have also moved.
Capital and Asset Services Branch	Capital Infrastructure (Investment Assurance Committee)	CSD		Asset Property & Facilities Management (Corporate Facilities)	32014469	Director Assurance Administration	32044097	Executive Director Corporate Governance and Strategy	New reporting line.
Capital and Asset Services Branch	ISIB Investment (Investment Assurance Committee)	CSD		Asset Property & Facilities Management (Corporate Facilities)	32000146	Manager	32014469	Director Assurance Administration	New reporting line.
Capital and Asset Services Branch	ISIB Investment (Investment Assurance Committee)	CSD		Asset Property & Facilities Management (Corporate Facilities)	30489068	Project Support Officer	32000146	Manager	New reporting line.
Human Resources Branch	Office of the CHRO	Clinical Planning and Service Strategy	Workforce Strategy Branch		32033370	Senior Director Workforce Strategy Branch	New	New Deputy Director-General - Clinical Planning & Service Strategy	Change to New division. New reporting line. All positions reporting to this position have also moved.
Human Resources Branch	Ethical Standards Unit	Office of the Director-General	Ethical Standards		30486092	Director Ethical Standards Unit	30479035	Director-General TMP	Change of division. New reporting line. All positions reporting to this position have also moved.
Human Resources Branch	eHQ People and Culture	eHealth Queensland	Operations and Performance	Contractor Engagement	30499489	HR Advisor (Recruit and Wforce establishment)	32000459	Director Contracts and Procurement	Change to new division. New reporting line. All positions reporting to this position have also moved.

COVID-19 Supply Chain Surety Division (interim)

- The interim COVID-19 Supply Chain Surety Division is proposed to be abolished and all branches within the interim division to be realigned to CSD

EXISTING		PROPOSED			IMPACTED POSITIONS			NEW REPORTING	
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	Change and Effect
Strategic Procurement		Corporate Services Division	Strategic Procurement						Change of division. All positions within this division have also moved.
Supply Chain Services		Corporate Services Division	Supply Chain Services						Change of division. All positions within this division have also moved.
Finance Transactional Services		Corporate Services Division	Finance Transactional Services						Change of division. All positions within this division have also moved.
Central Pharmacy		Corporate Services Division	Central Pharmacy						Change of division. All positions within this division have also moved.
Queensland Government Critical Supply Reserve		Corporate Services Division	Queensland Government Critical Supply Reserve						Change of division. All positions within this division have also moved.
Group Linen Services		Corporate Services Division	Group Linen Services						Change of division. All positions within this division have also moved.

COVID-19 Response Division (interim)

It is recognised that the COVID Response Division (interim) will remain for the duration of the pandemic and as we transition back to normal health service operations, the following proposed changes will take effect when appropriate:

- The Chief Health Officer will lead a newly formed Office of the Chief Health Officer
- The accountability of the COVID-19 Response Division is proposed to be split between the Office of the Chief Health Officer and the Chief Operating Officer
 - All Deputy Chief Health Officers will continue to report to the Chief Health Officer
 - All positions reporting to the COVID-19 Response System Lead will continue to report to this position. The COVID-19 Response System Lead position will report to the Chief Operating Officer
- The current Office of the Chief Health Officer is proposed to be split between the newly formed Office of the Chief Health Officer and Integrated Scientific and Clinical Services (see Prevention Division table for details)
- COVID Vaccination Taskforce Branch is proposed to remain in the Office of the Chief Health Officer, in the Vaccination Branch

EXISTING		PROPOSED			IMPACTED POSITIONS			NEW REPORTING	
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	Change and Effect
Office of the CHO		Office of the CHO					32029520	Chief Health Officer	New office established. New reporting line.
COVID-19 Ops & Disaster Management Branch		Office of the COO	Disaster Prevention and Response	Office of the COO	32084061	Deputy Chief Health Officer TMP	32029520	Chief Health Officer	Change of division. New branch created with change of reporting line. All positions reporting to this position have also moved.
COVID-19 Vaccination Taskforce & VCC		Office of the COO	Vaccination		32071654	State Director COVID-19 Vac Program	32029520	Chief Health Officer	Change of division. New branch created with change of reporting line. All positions reporting to this position have also moved.
COVID-19 Health System Response		Office of the COO	COVID-19 Recovery		32090342	COVID-19 Response System Lead TMP	32091131	Chief Operating Officer	Change of division. New branch created with change of reporting line. All positions reporting to this position have also moved.

Strategy, Policy and Reform Division (interim)

- The Associate Director-General SPR position is proposed to continue to report to the Director-General
- Strategic Communications Branch is proposed to remain within SPR, with the Media Unit proposed to be realigned to the Office of the Director-General
- Funding Strategy and Intergovernmental Policy Branch is proposed to be realigned from HPSP to SPR (see HPSP table for detail)
- Policy team within the Legislation Unit in Mental Health, Alcohol and Other Drugs Branch is proposed to be realigned to the new Strategy, Policy and Reform Division (see CEQ table for detail)
- Preventive Health Branch is proposed to be realigned to SPR from Prevention Division (see Prevention Division table for detail)
- The Office of Hospital Sustainability is proposed to be realigned to SPR (see Health Capital Division table for detail)
- System Governance Strategy Branch is proposed to be a newly created branch to provide ongoing support for the health system governance including establishing efficient governance structures and supporting integrated governance between Hospital and Health Services, Queensland Health and other statutory agencies across Queensland Government
- Social Policy, Legislation and Statutory Agencies is proposed to be renamed to System Policy Branch

EXISTING		PROPOSED			IMPACTED POSITIONS			NEW REPORTING	
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	Change and Effect
SPR Division						Associate Director-General			Continue to report to the Director-General
Strategic Communications Branch	Media & Issues Manager	Office of the Director General	Media	Media & Issues Manager	32075860	COVID-19 Media & Issues Manager TMP	32022913	Senior Director ODG	New branch created with change of reporting line.
Strategic Communications Branch	Media Team	Office of the Director General	Media	Media Team	32088400	Senior Media Officer TMP	32075860	COVID-19 Media & Issues Manager TMP	New branch created with change of reporting line.
SPR Division	Social Policy, Legislation, Statutory Agencies	SPR	System Policy Branch						New branch created and name change of existing branch.

Office of the Director-General Division

- Ethical Standards Unit within Human Resources Branch is proposed to be realigned from Corporate Services Division to the ODG, with a functional dotted reporting line to the Executive Director ODG (see CSD table for detail)
- Strategic Communications Branch is proposed to remain within Strategy, Policy and Reform Division, with the Media Unit to be realigned to the ODG (see SPR table for details)

EXISTING		PROPOSED			IMPACTED POSITIONS		NEW REPORTING		
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	Change and Effect
System Governance and Strategy branch	System Governance Support Unit	Office of the Director-General	System Support Services Branch	System Support Services Unit	32055886	Director System Support Services			Branch and position title name change.

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Health Capital Division (interim)

- The Deputy Director-General Health Capital Division is proposed to continue to report to the Director-General
- Biomedical Technology Services is proposed to be realigned to Integrated Scientific and Clinical Services
- Master planning positions are proposed to be realigned to System Planning in CPSS
- The Office of Hospital Sustainability is proposed to be realigned to SPR
- The Manager Carparking is proposed to be realigned to Finance branch
- Corporate Facilities team within the previous Capital and Asset Services Branch is proposed to remain with CSD (see CSD table for detail)
- Investment Assurance Committee team is proposed to remain with CSD (see CSD table for detail)
- The newly created Health Capital Division consists of Capital Planning, Infrastructure Delivery and Planning and Assets and Support. The interim health Capital Division Structure has been realigned as per the table outlined in attachment 3: structure and impacted positions by divisions

EXISTING		PROPOSED			IMPACTED POSITIONS		NEW REPORTING		Change and Effect
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	
Biomedical Technology Services		Health Support Services	Biomedical Technology Services		30486033	Executive Director BTS	New	New General Manager - Integrated Scientific and Clinical Services	Change to new division. New reporting line. All positions reporting to this position have also moved.
Health Capital Division	Capital and Asset Services Branch	Clinical Planning and Service Strategy	System Planning		30480294 32035671 32033610	Manager Principal Project Officers	32011865	Senior Director Systems Planning Branch	Change to new division. New reporting line.
Health Capital Division	Office of Hospital Sustainability	Strategy, Policy and Reform	Office of Hospital Sustainability		30484810	Director Office of Hospital Sustainability	32091906	Associate Director-General	Change to new division. New reporting line.
Health Capital Division	Office of Hospital Sustainability	Corporate Services Division	Finance Branch		30477631	Manager Carparking	30496854	Director of Revenue Strategy and Support Unit	Change to new division. New reporting line.
Health Capital Division	Delivery	Health Capital Division	Planning Asset and Support		32061598	Senior Director Asset Management	New	New Executive Director - Planning Assets & Support	New reporting line. All positions reporting to this position have also moved. The functions of this position are proposed to change and this position will be reevaluated.
Health Capital Division	Planning	Health Capital Division	Planning Asset and Support		32043638	Senior Director Engineering and Technical Services	New	New Executive Director - Planning Assets & Support	New reporting line. All positions reporting to this position have also moved.
Health Capital Division	Interim Reporting	Health Capital Division	Planning Asset and Support		32002062	Director Sustaining Capital	New	New Executive Director - Planning Assets & Support	New reporting line. All positions reporting to this position have also moved.
Health Capital Division	Planning	Health Capital Division	Infrastructure Delivery		32092756	Director, Project Delivery	New	New Executive Director - Infrastructure Delivery	New reporting line. All positions reporting to this position have also moved.
Health Capital Division	Planning	Health Capital Division	Infrastructure Delivery		32092521	Director, Satellite Hospitals Program	New	New Executive Director - Infrastructure Delivery	New reporting line. All positions reporting to this position have also moved.
Health Capital Division	Planning	Health Capital Division	Infrastructure Delivery		32091854	Senior Director Satellite Hospitals Program	New	New Executive Director - Infrastructure Delivery	New reporting line.
Health Capital Division	Delivery	Health Capital Division	Capital and Asset Services Branch		32043143	Senior Director Infrastructure Portfolio Performance	New	New Executive Director - Planning Assets & Support	Change to New division New reporting line.

EXISTING		PROPOSED			IMPACTED POSITIONS		NEW REPORTING		Change and Effect
Branch	Unit	Proposed Division	Branch	Unit	Position ID	Position Title	Position ID	Position Title	
									All positions reporting to this position have also moved (except for the IAC positions – see CSD table for detail).
Health Capital Division	Delivery	Health Capital Division	Capital Planning		32007218	Director Infrastructure Delivery	New	New Executive Director – Capital Planning	Change of division. New reporting line.
Health Capital Division	Delivery	Health Capital Division	Capital Planning		32043165	Project Director	New	New Executive Director – Capital Planning	Change to New division New reporting line. All positions reporting to this position have also moved.
Health Capital Division	Delivery	Health Capital Division	Planning Asset and Support		32042526	Principal Advisor Capital Procurement	New	New Executive Director – Planning Assets & Support	New reporting line.
Health Capital Division	Delivery	Health Capital Division	Capital Planning		30489017	Project Officer	New	New Executive Director – Infrastructure Delivery	New reporting line.
Health Capital Division	Delivery	Health Capital Division	Planning Asset and Support		30496255	Business Services Manager	32043638	Senior Director Engineering and Technical Services	New reporting line.
Health Capital Division	Delivery	Health Capital Division	Capital Planning		32002058 32014471 32024984	Director Capital Planning Unit	New	New Executive Director – Capital Planning	New reporting line.
Health Capital Division	Delivery	Health Capital Division	Capital Planning		30482073	Director Capital Project Delivery	New	New Executive Director – Capital Planning	New reporting line.
Health Capital Division	Delivery	Health Capital Division	Capital Planning		32007284	Director Infrastructure Strategy	New	New Executive Director – Capital Planning	New reporting line.
Health Capital Division	Delivery	Health Capital Division	Capital Planning		32035670	Director Project Planning	New	New Executive Director – Capital Planning	New reporting line.
Health Capital Division	Delivery	Strategy, Policy and Reform	Office of Hospital Sustainability		32066359	Senior Director Strategy and Operations	32091906	Associate Director-General	New Division. New reporting line. All positions reporting (except the Director Sustaining Capital) are moving
Health Capital Division	Delivery	Strategy, Policy and Reform	Office of Hospital Sustainability		30484810	Director Office of Hospital Sustainability	32066359	Senior Director Strategy and Operations	New Division. New reporting line. All positions reporting to this position have also moved.
Health Capital Division	Delivery	Health Capital Division	Planning Asset and Support		30481185	Senior Director Technical Assurance	New	New Executive Director – Planning Assets & Support	New reporting line.
Health Capital Delivery	Delivery	Health Capital Division	Planning Asset and Support		32043153	New Executive Director – Planning Assets & Support	New	New Deputy Director-General - Health Capital Division	Position title change.
Health Capital Delivery	Office of the DDG	Health Capital Delivery	Office of the DDG		30492613	Manager	New	New Deputy Director-General - Health Capital Division	New reporting line. New Branch name. All positions reporting to this position have also moved.

Attachment 4: Video transcripts

DG Vision Transcript

Hi. I'm Shaun Drummond, the Acting Director-General for Queensland Health.

I'm here today to talk to you in this first video message around the business case for change.

I'll be talking to you a lot through both video messages, but also town halls as we actually go through this process with our stakeholders.

Please, if you see me around the traps, call me Shaun. I prefer to be called Shaun rather than D-G. I'm a pretty informal person. And one of the things that I do pride myself on is running an open-door policy. So, if you do want to talk to me, please reach out, and there will be a lot of opportunities through this process to do that. And so, one of the things that we're going to be talking about in this first message is around our vision for Queensland Health and how will we propose a structure that is actually going to support that vision.

And then in my second video message, I'm going to talk around the principles that will actually support how we design our system.

There's been a lot of good work that has been going on and I'd like to acknowledge the contributions that you've all made through the first stage of the business case for change. And this is building on that so that we can come to a final conclusion, and that you've had fair opportunity to input, but also we all recognise this is actually going to allow us to lead and cope with and be sustainable for the change and the challenges that we're going to have inside our system going forward.

So, what is our vision?

Our vision is to be a cohesive health system that delivers high-quality and compassionate healthcare to Queenslanders.

The second part of our vision is to continue to be good stewards of health system resources by focusing on improving service delivery so that we can maintain and build confidence in the community.

All of us will actually have contact with our system either directly or through family members or friends. We see an amazing number of patients every year.

We see more than 1.2 million people through our emergency departments. We typically admit five to six thousand people across our system, into our hospitals.

Our community centres see tens of thousands of people. We are central to the health and wellbeing of our community, and our agency has got to be structured and effective in delivering what is our vision, and what is our mission, as an organisation.

Underpinning this change has to be how we are going to get the behaviours that make us a cohesive and collegiate system.

How are we going to be progressive, collegiate, cohesive?

Please bear with me, I want to talk about a concept that actually came out of, of all strange things the aviation industry in the 1980s.

And it came out of one of the Scandinavian airlines, which was in receivership at the time, and they brought on a non-airline Chief Executive and he coined this phrase, and it was 'the moment of truth'. And what he talked about was the fact that when we first meet people and when we first start engaging with people, it's a moment of truth.

It forms an enduring impression of that individual and of that organisation. And if it's a negative impression, if it's negative behaviours, then that is a filter and an overlay of every other interaction that we have with that individual, with that organisation. And when it's positive, then we look at things through the lens of generosity.

We are always going to be in a changing environment, we're always going to be pressured around the demand that our community has on us, what Government has on us, our sustainability.

And we need to be interpreting how everybody is operating in their system with a lens of generosity.

And so, one of the things that I'll be looking for in this proposed change is how do we embed those behaviours that are going to mean that our moments of truth with each other are actually positive, and that we've always got a lens of generosity with each other around how we interpret the challenges and how we are responding to our individual and our functional responsibilities.

We've got an opportunity to behave in a better and a stronger way as a system and with each other, that will make this a great place to work – for everybody.

So, 'moments of truth' will be something that you'll hear a lot from me about. The business case for change is a moment of truth for us, because every day, all of us have many moments of truth.

And this is going to be one around how do we work together to deliver something so that this is a positive process that delivers for our community, for government, for the system, and for you – who will always need that bit of discretionary effort from your colleagues who are already busy.

Because what we know is when you've got the lens of generosity and you're already busy and somebody comes to you and says, I need a hand on something, the people that you have a favourable and a constructive relationship with, you give your discretionary effort to.

So, how do we get that cohesion as a system, that collegiality, that lens of generosity that means that we always step forward for our colleagues to help them and the challenges that they have; and then when we have them, they step forward and help us?

So, thanks for listening to me today. I really look forward to continuing through these video messages and the town halls that we will have, to have a conversation with you around how we're going to be shaped, what the proposal looks like, and how are we are going to land on a structure that is going to deliver that progressive, collaborative, good organisation to work within because it's structured well, it functions well, but most importantly, the behaviours support that.

Thanks. I'll talk to you again soon.

DG Principles Transcript

Hello.

Last week I shared with you our vision to be a progressive and collaborative health system, and those 'moments of truth' that are going to underpin how we function as a system.

This week I'd like to share with you the five key principles that are going to underpin that vision and the way that we're going to take our system forward, and the importance around how we behave and operate within the system.

How do we actually make those behaviours embedded that will mean that we deliver our mission, to provide that excellent care for our community, those patients and the families that we support, but also are a strong policy engine, both for the Queensland Government, but also how we play out on the national scene?

So, these five key principles...

The first is that *functions should be working collaboratively and not in competition.*

And examples of that are where we've had analytics capacity in different parts of the organisation that are using different data sets or even the same data sets and giving us different answers when we try and analyse issues.

So, we need to make sure that all of our functions are working together and that we don't have many sources of truth on the same issue.

The second part of that is that *accountability is located logically.*

What does that actually mean? We should have a separation between the area that plans for the clinical service from the area that then commissions or funds activity.

Because you get an inherent conflict when we have the planner, the commissioner and the performance management, all located in one area.

And so, we have a number of our functions, whether it's in the eHealth area, whether it's in capital management or whether it's in those clinical and scientific support services around how they're governed and how they're managed.

And one of our recommendations that it occurred in two previous reviews, both the Hunter and the McGowan review was to have a look at how we could put 'board of management' type structures inside those functions that would allow us to integrate what we do as an agency with what we do as a clinical service provider.

So, having a look at what's the structure that can support those key functions that operate primarily in the providers of our clinical services and our scientific services, but also have agency components.

And that need to be coordinated across the whole state, but need to be responsive to, effectively the clients, which are our hospital and health services and our community. That accountability needs to align and be structured to actually support their role.

The third area is *strong strategy and policy*.

We need to be a powerhouse that supports the state, our government around what should be good health policy, how we are going to advance that, but also integrating that into the policy frameworks at a national level and between states.

You know, we often get frustrated with the difference between where we might be going at a Commonwealth level in health and what we might be doing at a state level.

So, we need a strong policy and strategy arm inside our agency that supports how we're going to push what happens on the national stage, as well as what actually happens within our state that is going to deliver the best for our community, and deliver those sustainable strong clinical services.

The fourth area is around *clinical service need versus clinical service support*.

Primarily, this deals with the fact that the majority of what we do as an agency is the delivery of clinical and scientific services.

So, in the support of the Chief Operating Officer role that we've now brought into the system, basically putting collectively together and creating a model for how they will collaborate and function as a network rather than as different components that work in silo or isolation.

We had an update to our Act a few years ago, which said the HHSs actually need to perform for the system, rather than for only their own HHS.

And part of bringing in the COO role and putting our service provider components of the agency together is to make sure that we're concentrating on how are we getting them to work together to deliver what our community needs?

The fifth area is *effective health capital management*.

So, we've had a massive increase over the last decade of our health infrastructure, yet we're not renewing it at the rate that we need for our population growth and how it's ageing. The challenges in that have been, how do we actually do detailed business cases and preliminary business cases? We repeat work and we have a very long lead in time from when we have that light bulb moment of what we need, to when we're actually in front of government saying 'here's our business case'.

And then, how do we get that out to market and deliver it in the most effective capital delivery model. Also, in that process we're actually challenging: do we need capital?

In fact, should we be using our community base? You know, we have about 12,000 beds within our system, but there's five million beds out in the community.

So, effective health capital management is not always about building a hospital bed. We do need to do that. But how are we actually going to plan and get business cases that are effective spend on money that would otherwise be in delivering infrastructure, so that the process should not be burdensome both on time but also on cost to actually deliver rapidly, when we've determined that we need an infrastructure solution, how we actually do that.

So, thank you for taking the time to listen to this message today and I look forward to continuing to give you updates and please, take this opportunity to engage with us around these principles in how you see that we're actually going to best structure the organisation and then operate it.

Because structure without having the behaviours that underpin how we will do this won't deliver what we actually need as a system.

Thanks.

news

From: news
Sent: Thursday, 9 June 2022 4:06 PM
To: Jasmina Joldic
Cc: news
Subject: RE: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Hi Jasmina,

Are you happy with reference to 'from next week' or do you prefer 'next week'? I included 'from' because that gives us flexibility if the consultants are finishing up between Mon-Fri but I can drop that if you prefer.

The use of external consultants enabled us to launch the program quickly while developing capacity to transition this work to Queensland Health staff. The remaining work will transition to staff from next week.

Kind regards

Brad



Media and Issues Team

Strategic Communication Branch | Queensland Health

P 3708 5376
E news@health.qld.gov.au
W health.qld.gov.au
A 33 Charlotte St, Brisbane

From: Jasmina Joldic <[REDACTED]@health.qld.gov.au>
Sent: Thursday, 9 June 2022 3:58 PM
To: news <news@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>; Matthew Rigby <[REDACTED]@health.qld.gov.au>
Cc: Jane Martin <[REDACTED]@health.qld.gov.au>; Ben Armstrong <[REDACTED]@health.qld.gov.au>; news <news@health.qld.gov.au>
Subject: Re: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Thank you, would you like to be specific that they are finishing up next week?

Otherwise good to go.

Jasmina Joldić
 [REDACTED]

From: news <news@health.qld.gov.au>
Sent: Thursday, June 9, 2022 3:49:26 PM
To: Jasmina Joldic <[REDACTED]@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>; Matthew Rigby <[REDACTED]@health.qld.gov.au>
Cc: Jane Martin <[REDACTED]@health.qld.gov.au>; Ben Armstrong <[REDACTED]@health.qld.gov.au>; news <news@health.qld.gov.au>
Subject: RE: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Thanks Jasmina. Below is the proposed response. Once approved, I can send it to the Minister's office:

QUESTIONS

Hi guys,

In relation to the responses you sent me about a month ago regarding consultants working out of Qld Health and the reforms being undertaken - do these require an update? Or are the figures/information in them still current?

Also, I understand that a business case for organisational change has been presented. Can I please get a copy of this?

Can you please provide any necessary updates by 4pm today.

RESPONSE

Hi Dom,

Thanks for your enquiry. Attached is a copy of the business case for change.

Please attribute the following to a Queensland Health spokesperson:

We are embarking on this reform program from a clinical and governance perspective to ensure our health system is sustainable, innovative and world-class.

The use of external consultants enabled us to launch the program quickly while developing capacity to transition this work to Queensland Health staff. The remaining work will transition to staff from next week.

The business case for change proposes a streamlined organisational structure that supports a progressive and collaborative health system that responds to challenges and opportunities into the future, including the health needs of Queenslanders.

Consultation is underway to provide all of our people within the department the opportunity to have a voice in shaping the future structure and direction.

ENDS



Queensland
Government

Media and Issues Team

Strategic Communication Branch | Queensland
Health

P 3708 5376

E news@health.qld.gov.au

W health.qld.gov.au

A 33 Charlotte St, Brisbane

From: Jasmina Joldic <[REDACTED]@health.qld.gov.au>

Sent: Thursday, 9 June 2022 3:15 PM

To: news <news@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>; Matthew Rigby <[REDACTED]@health.qld.gov.au>

Cc: Jane Martin <[REDACTED]@health.qld.gov.au>; Ben Armstrong <[REDACTED]@health.qld.gov.au>; news <news@health.qld.gov.au>

Subject: Re: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Thanks Brad, no need to include a specific date.

It might be worth noting that we have also continued to build a team so the work can now transition from consultants to QH staff. But I'm happy to take your advice.

Jasmina

Jasmina Joldić

From: news <news@health.qld.gov.au>

Sent: Thursday, June 9, 2022 13:38

To: Jasmina Joldić <[REDACTED]@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>;

Matthew Rigby <[REDACTED]@health.qld.gov.au>

Cc: Jane Martin <[REDACTED]@health.qld.gov.au>; Ben Armstrong <[REDACTED]@health.qld.gov.au>; news <news@health.qld.gov.au>

Subject: RE: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Thanks Jasmina.

Is this response OK?

Please attribute the following to a Queensland Health spokesperson:

We are embarking on this reform program from a clinical and governance perspective to ensure our health system is sustainable, innovative and world-class.

The use of external consultants enabled us to launch the program quickly, and the remaining work will now transition to Queensland Health staff from next week [or do you want to include a specific date?].

Kind regards

Brad



Queensland
Government

Media and Issues Team

Strategic Communication Branch | Queensland
Health

P 3708 5376

E news@health.qld.gov.au

W health.qld.gov.au

A 33 Charlotte St, Brisbane

From: Jasmina Joldić <[REDACTED]@health.qld.gov.au>

Sent: Thursday, 9 June 2022 11:49 AM

To: news <news@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>; Matthew Rigby

<[REDACTED]@health.qld.gov.au>

<[REDACTED]@health.qld.gov.au>; Jane Martin <[REDACTED]@health.qld.gov.au>; Ben Armstrong

<[REDACTED]@health.qld.gov.au>

Subject: Re: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Thanks Brad,

I would like the response to be updated in relation to consultants working on Reform. All of them are finishing up next week. Could you please draft something along those lines and run it past me again?

Jasmina

Jasmina Joldić

From: news <news@health.qld.gov.au>
Sent: Thursday, June 9, 2022 11:32:31 AM
To: Jasmina Joldić <[REDACTED]@health.qld.gov.au>; Elizabeth Whiting <[REDACTED]@health.qld.gov.au>; Matthew Rigby <[REDACTED]@health.qld.gov.au>
Cc: news <news@health.qld.gov.au>; Jane Martin <[REDACTED]@health.qld.gov.au>; Ben Armstrong <[REDACTED]@health.qld.gov.au>
Subject: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry and business case for change | Deadline 4pm

Good morning,

Please see below the enquiry we received from the Courier Mail regarding the use of consultants working on reforms for Queensland Health and the release of the Business Case for Change document.

@Jasmina and @Elizabeth – is there an update you would like to provide to the previous response we sent to the Courier Mail?

Please attribute the following to a Queensland Health spokesperson:

We're embarking on this reform program from a clinical and governance perspective to ensure our health system is sustainable, innovative and world-class.

Our strategy from the outset has been to use external consultants to launch the program quickly and then transition to using solely Queensland Health staff.

Background – not for attribution

Queensland Health has engaged PWC and EY consulting firms to help provide this critical support. A third firm with a single contractor has been engaged, but not for consultancy work.

As part of each firm's contract with Queensland Health, it would allocate sufficient staff to manage its workload at any given time.

The system reform branch is a multidisciplinary, blended team of staff from the department, hospital and health services, Queensland Ambulance Service and external consultants, working together to achieve our goals.

There are currently 12 consultants working on level 13 of 33 Charlotte St, Brisbane. Some are part-time.

There are also 22 staff from Queensland Health, Hospital and Health Service and Queensland Ambulance Service.

All employees and contractors are required to have an access card and photo identification to enter the building for security purposes. This includes consultants based on-site.

No consultants have a car park.

@Matthew – The Courier Mail also enquired about receiving a copy of the Business Case for Change. Can you please flag this with Shaun for his approval?

Our advice would be to provide a copy with the information below for context, given the journalist would likely be able to access the document from other sources.

Please attribute to a spokesperson for Queensland Health

The business case for change proposes a streamlined organisational structure that supports a progressive and collaborative health system that responds to challenges and opportunities into the future, including the health needs of Queenslanders.

Consultation is underway to provide all of our people within the department the opportunity to have a voice in shaping the future structure and direction.

Kind regards

Brad



Media and Issues Team

Strategic Communication Branch | Queensland
Health

P 3708 5376
E news@health.qld.gov.au
W health.qld.gov.au
A 33 Charlotte St, Brisbane

From: Cameron, Domanii <domanii.cameron@news.com.au>

Sent: Thursday, 9 June 2022 9:58 AM

To: news <news@health.qld.gov.au>

Subject: Courier Mail - Qld Health reforms inquiry

Hi guys,

In relation to the responses you sent me about a month ago regarding consultants working out of Qld Health and the reforms being undertaken - do these require an update? Or are the figures/information in them still current?

Also, I understand that a business case for organisational change has been presented. Can I please get a copy of this?

Can you please provide any necessary updates by 4pm today.

Thank you,

DOMANII CAMERON

State Political Reporter

Courier Mail Sunday Mail

Cnr Mayne Road & Campbell Street Bowen Hills QLD 4006

T 0474 812 496 or 07 3666 6826

E domanii.cameron@news.com.au W www.couriermail.com.au

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news

From: Martin Philip <[REDACTED]@ministerial.qld.gov.au>
Sent: Thursday, 9 June 2022 4:20 PM
To: news
Cc: Luke Richmond; Jill Molloy; [REDACTED]@ministerial.qld.gov.au
Subject: RE: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Brad

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.

Hi Brad, response good to go but please hold off on sending the business case itself.

Cheers



Queensland
Government

Martin Philip
 Senior Media Advisor
 Office of the Hon. Yvette D'Ath MP
 Minister for Health and Ambulance Services
 Leader of the House

email: [REDACTED]@ministerial.qld.gov.au

From: news <news@health.qld.gov.au>
Sent: Thursday, 9 June 2022 3:56 PM
To: Martin Philip <[REDACTED]@ministerial.qld.gov.au>
Cc: news <news@health.qld.gov.au>
Subject: MEDIA ENQUIRY | Courier Mail - Qld Health reforms inquiry

Hi Marty,

Please see below the enquiry we received from the Courier Mail and the approved response, along with a copy of our business case for change.

The response confirms that the work on our reform program is now transitioning from consultants to internal staff from next week.

We are planning to send the response to the Courier Mail by 4.30pm.

QUESTIONS

Hi guys,

In relation to the responses you sent me about a month ago regarding consultants working out of Qld Health and the reforms being undertaken - do these require an update? Or are the figures/information in them still current?

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ENDS

Kind regards

Brad



Media and Issues Team

Strategic Communication Branch | Queensland Health

P 3708 5376

E news@health.qld.gov.au

W health.qld.gov.au

A [33 Charlotte St, Brisbane](https://www.health.qld.gov.au/locations/33-Charlotte-St-Brisbane)

From: Cameron, Domanii <domanii.cameron@news.com.au>

Sent: Thursday, 9 June 2022 9:58 AM

To: news <news@health.qld.gov.au>

Subject: Courier Mail - Qld Health reforms inquiry

Hi guys,

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Also, I understand that a business case for organisational change has been presented. Can I please get a copy of this?

Can you please provide any necessary updates by 4pm today.

Thank you,

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