



Queensland Health

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Mr George O'Farrell
 A/Public Service Commissioner
 Office of Public Service Commissioner
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Dear Mr O'Farrell

Further to our recent discussions concerning proposed changes to the organisational structure of the Corporate Office for Queensland Health, I am pleased to provide you with additional information that will assist in your discussions with the Premier.

As further background, Cabinet has endorsed a Smart State 2020 Vision for Queensland Health which will see a number of significant changes to the way health services are provided into the future. These changes include issues associated with the models of care, different applications of medical technology, greater integration of care with general practice, the non-government sector and establishment of new health care disciplines in an environment that will see a higher presence of chronic disease (eg. cancer, cardiac, renal & diabetes) amongst an increasing proportion of ageing people in the community.

These challenges require significant attention & prioritisation as a matter of urgency if Queensland Health is going to adequately establish the right building blocks, systems, and workforce initiatives in the timeframes required. Accordingly, Queensland Health is implementing an Integrating Strategy & Performance Initiative (ISAP) that will guide operational planning, strategy, investment and performance management to position Queensland Health to address these challenges. Underpinning this is the implementation of a balanced scorecard approach that has been informed by a new Mission, Vision, Values Statement & Strategic Intents (see Attachment A) for Queensland Health.

As you would be aware, Health is a major priority for the Premier and the Government more generally, and this is evident with the significant investment and emphasis given to Health in the election commitments which must be delivered on time over the next three (3) years. Given this and the immediate need to re-focus the way health is administered in Queensland, it is essential that the existing organisational structure be changed urgently to re-position Queensland Health for these challenges and/or changes. The current structure (see Attachment B) is a legacy arrangement that

reflects elements from previous approaches/eras including the funder, purchaser & provider model of health administration. This has proven over time to be inflexible and insensitive to the changing approaches of healthcare delivery, as well as divisive in an organisational context.

As a result, it is proposed that Queensland Health establish an Executive Team (Attachment C) consisting of five (5) Senior Executive Directors plus myself as the Director-General. This smaller focussed group of executives will be the key leaders of the reform agenda, and in particular, the delivery/achievement of the government's election commitments. Implicit within the establishment of this team is the existence and coverage of all aspects of the healthcare system, but within a much tighter contemporary and integrated approach to service delivery. This approach will be far superior than the current structure which has fifteen (15) senior executives making up the executive team. As previously stated, this legacy structure has proven to be divisive and unworkable in achieving the outcomes required by a modern health system.

Establishment of the new executive team will be enabled with the use of existing positions that will need some re-designation and subject to the outcome of job evaluation, possibly re-classification. Other positions below the proposed executive team will change principally in relation to their reporting relationship with some alterations to the scope of services & responsibilities where necessary. It is not intended to "spill" positions but more to re-designate as necessary, and in some cases no change other than reporting arrangements. It is possible that Queensland Health could reduce its senior executive service positions by up to two (2) positions. Staff occupying these positions would be utilised in the structure until an alternative opportunity in Queensland Health or Queensland Government arises. It is not intended to terminate contracts of these staff at this time. Formal changes to positions would occur through the normal course of business between Queensland Health & the Office of Public Service Merit & Equity.

I have consulted with the senior executives in Queensland Health who are fully supportive of the need for change in this area. In fact there is overwhelming support for the proposed structure amongst the senior executives.

I am keen to progress the establishment of these new reporting arrangements on 1 July 2004. In view of this, I would be pleased if you could discuss this proposal with the Premier to seek his approval as soon as possible. I am available to assist in the briefing process with the Premier or to clarify any issues he may have in this regard.

Thank you for your urgent consideration & support.

Yours sincerely



(Dr) Steve Buckland

Director-General

07/06/2004

ATTACHMENT "A"

Our mission

Promoting a healthier Queensland

Our vision

Leaders in health – partners for life

Our values

We recognise that Queenslanders trust us to act in their interest at all times.

To fulfil our mission and sustain this trust we share four core values:

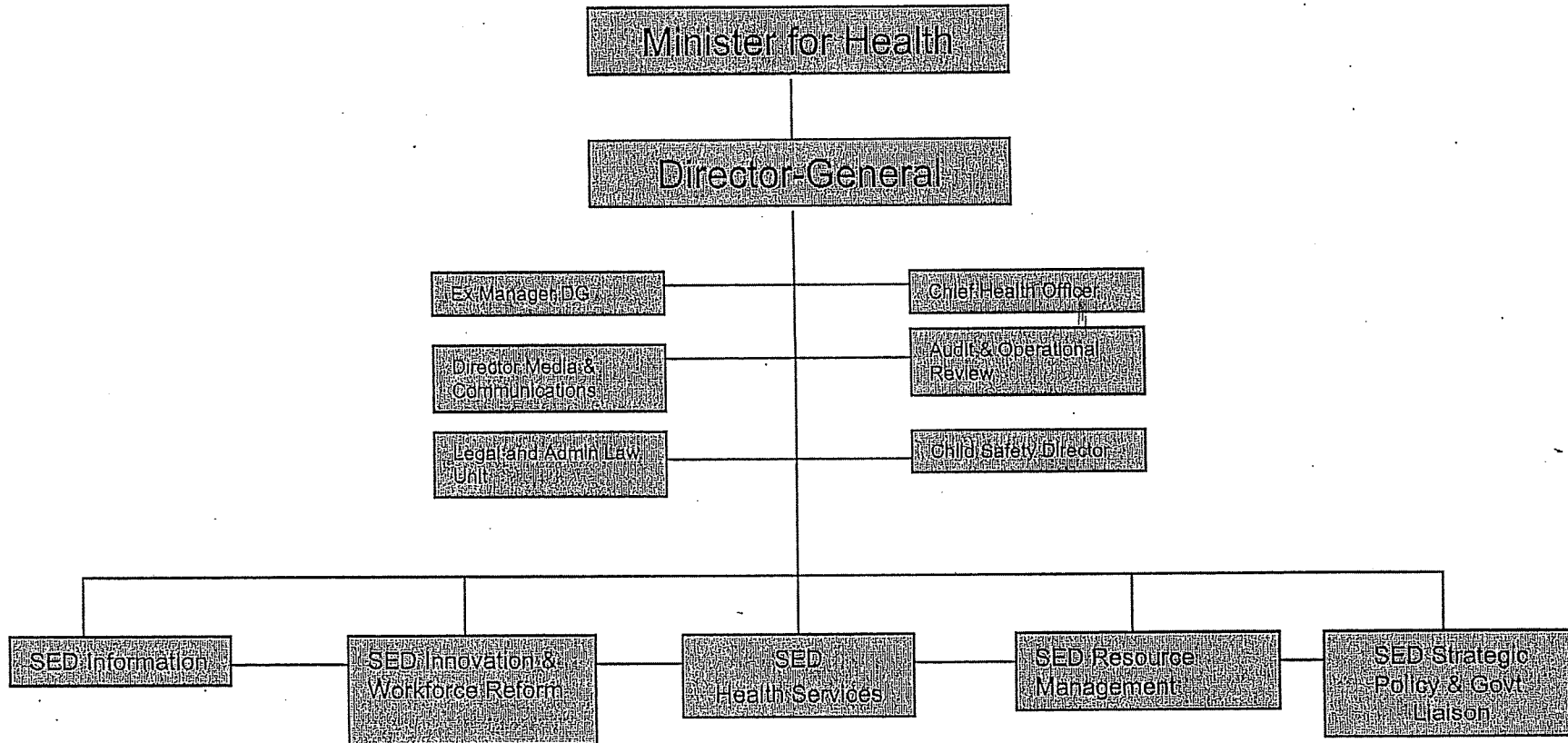
- professionalism
- teamwork
- performance accountability
- quality and recognition

Our strategic intents

We will be successful in promoting a healthier Queensland through five strategic intents:

- healthier staff
- healthier partnerships
- healthier people and communities
- healthier hospitals
- healthier resources

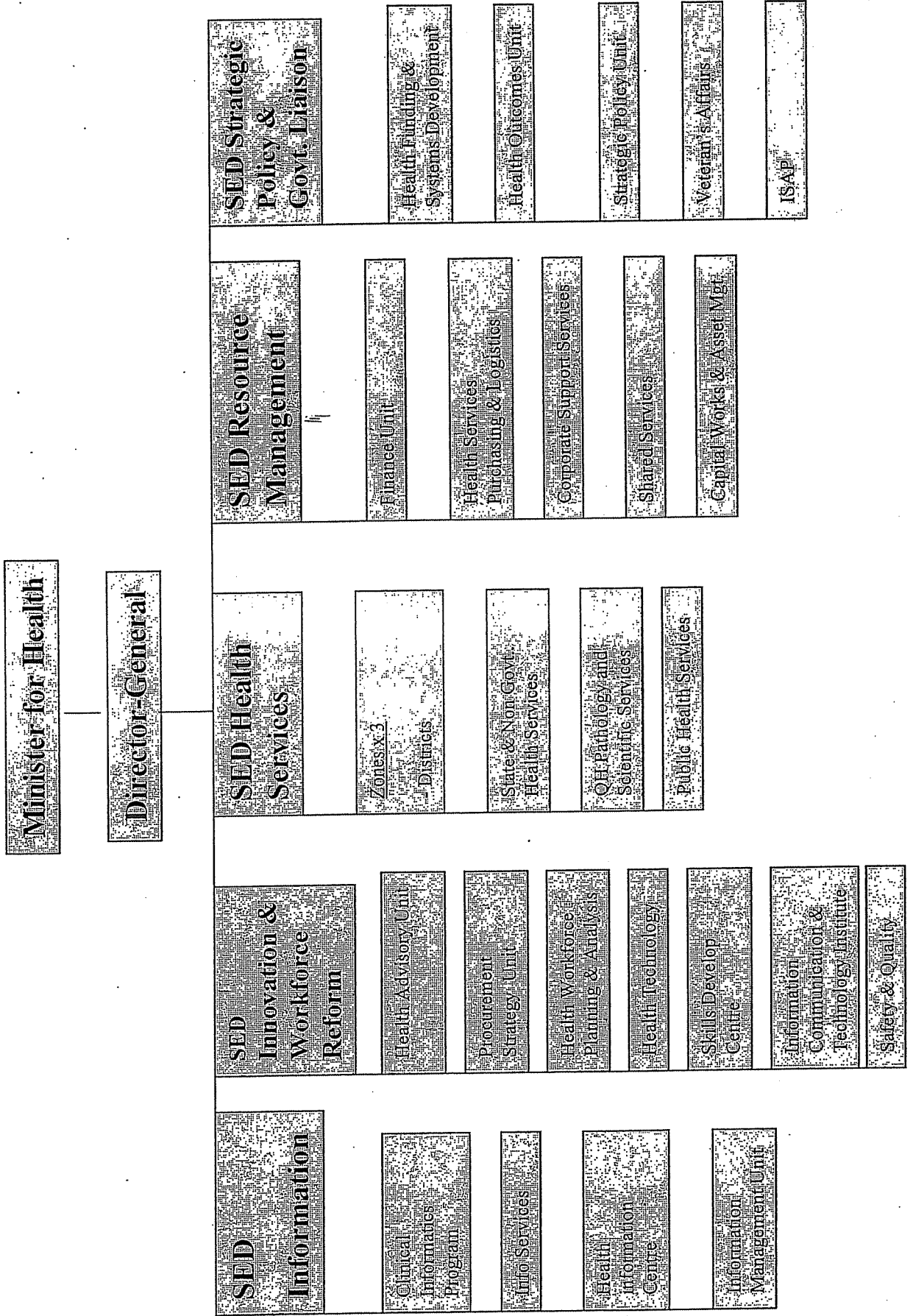
ATTACHMENT "C"



Proposed Directorates, Queensland Health

May 2004

Overview of Directorates



ATTACHMENT "C"

PROPOSED QUEENSLAND HEALTH EXECUTIVE TEAM		
POSITION TITLE	PROPOSED POSITION TYPE	SOURCE POSITION CHANGES
Senior Executive Director – Information	District Executive Service	Formerly State Manager Information Services (District Executive Service position) - Added responsibilities – Information Management, Health Information Centre & Clinical Infomatics Program.
Senior Executive Director – Innovation & Workforce Reform	District Executive Service	Formerly State Manager of Organisational Development (Senior Executive Service position) - Added responsibilities – Safety & Quality, e-Health Institute, Skills Development Centre, Procurement Strategy Unit.
Senior Executive Director – Health Services	District Executive Service	Formerly General Manager Health Services (District Executive Service position)
Senior Executive Director – Resource Management	Senior Executive Service	Formerly Director, Information & Business Management Branch (Senior Executive Service position) - Added responsibilities of Capital Works & Asset Management. Remove Information Management & Health Information Centre
Senior Executive Director – Strategic Policy & Government Liaison	Senior Executive Service	Formerly the Director of Health Strategy & Funding Branch (Senior Executive Service position) - Added responsibilities – Strategic Policy & ISAP – remove Rural Health, Aged & Community Care, Women's Health, Indigenous Health, Mental Health, Primary Health & Community Care, Child & Youth Health.

Surplus SES positions - *State Manager Organisational Development*
- *Deputy Director-General, Policy & Outcomes*