



ACT
Government

ACT Health

PHD structure and business changes

Staff Consultation

31 July 2023 to 15 August 2023

Introduction

At ACT Health, we strive for a workplace where staff feel safe, valued and supported. This remains at the forefront of our minds as we've designed our new structures.

Population Health Division (PHD) is recognised for:

- creating meaningful outcomes for the Canberra community – with a focus on long term health solutions. We do this by being tuned into and responsive to the needs of our community.
- being leaders and experts in our fields - holding a plethora of knowledge, skillsets and capabilities.
- building successful and rewarding careers.
- having a dynamic culture – where people are recognised and celebrated for their diversity, knowledge and professional contributions.

We are a successful Division. To ensure our continued success we need to position ourselves to meet the evolving expectations of Government and the community.

A case for change

As all staff would be aware, we've been deep diving into our business planning this year. We've made a real effort to set our shared vision, create our identity and articulate who we are and what we do.

We have been reviewing all parts of the division with a lens across the priority work we need to deliver on. We're having open conversations about realignment and recognise that finalising the realignment process will give us the clear air to allow us to capitalise on the business planning and prioritisation work we have undertaken and strongly head toward our shared vision, established in the Divisional business plan, and deliver on our key priorities. We have also considered the impact of the COVID-19 pandemic and how it's changed the way that international and Australian jurisdictions respond to public health emergencies.

The 2023-24 budget provided funding for enhanced support for the future management of public health and communicable disease threats, including COVID-19 – providing an opportunity for us to better plan for future pandemics, manage potential public health threats and develop new ways of collecting and analysing information and data while also preparing response actions for infectious disease outbreaks. This has also informed changes to our divisional structures.

We've looked at all leadership positions, work priorities, team structures, operations and processes – including what's needed to ensure we remain influential health system leaders.

Important synergies across different areas of the division and opportunities for improvement have been surfaced supporting cases for change. This is about:

- maximising the skillsets, expertise and capabilities available.
- aligning programs of work with the right leaders and achieving better outcomes for government, our work and people.

- providing staff and teams more clarity on our priorities, the work we need to deliver – as well as roles and responsibilities.
- making sure we are maximising our existing resources and target these resources to the right priorities.
- empowering teams while enhancing learning and development opportunities and increasing job satisfaction.
- nurturing our organisational culture and ensuring everyone can contribute to a work place we want for ourselves and each other.

This is not about reducing FTE or loss of jobs.

What we have heard?

The ACTPS survey results were circulated for staff on 26 June 2023, and we saw some great positives which related to the cohesion within teams, quality improvements that have been made, and the great services we provide. We also heard that there were some areas for improvement, which included:

- better understanding of our priorities
- better workload management
- stronger clarity of roles
- need to build organisational trust and provide job security
- improved change management practices
- team performance and supervisor performance.

Following the implementation of the realignment in November 2022, a PHD Realignment Implementation Advisory Group was established in December 2022 to oversee implementation and ongoing improvements to the PHD organisational structure, serving as a conduit for continued staff feedback and advice to the Executive team. The Advisory Group included representation from each branch within the Division. The Advisory Group has been reporting back to the Executive team on a monthly basis. Staff were provided with the opportunity to give further feedback through an online portal established since March 2023, and in late May to early June 2023 a staff survey was also undertaken.

The Advisory Group provided a preliminary report to the Division's Executive Team on 20 June 2023 on the staff survey results, in addition to the monthly reports on the feedback received through the online portal.

The feedback from the ACTPS and Realignment surveys, as well as feedback from the online portal and provided directly to Executive staff have guided the thinking on the proposed new structure. Observations and discussions provided during the business planning and prioritisation sessions that commenced in February, have also informed the proposed new structure.

A copy of the feedback reports for the ACTPS Staff Survey and the PHD Realignment feedback survey are available at [Attachments A and B](#).

What's changing?

A new Executive Structure

In order to ensure an optimal leadership structure that reflects the significant strategic, policy, regulatory, operational and preparedness functions associated with public health, a new Executive structure has been agreed by the Head of Service for PHD.

The temporary Executive Group Manager role will be made permanent, replacing one of the Executive Branch Manager positions once transition has occurred.

The Executive Group Manager will:

- have Executive oversight of all governance activities to ensure robust, flexible and sustainable systems within PHD;
- be the Executive lead for service and program delivery within the NGO sector through large-scale commissioning, contracts and sector grants;
- oversee the Population Health and Alcohol, Tobacco and Other Drug policy teams (note that an interim Executive Branch Manager will oversight policy functions while transition to the new structure occurs); and
- lead higher risk projects when this increased level of management is necessary.

The Executive Group Manager position will have a sizing exercise undertaken, and long-term recruitment will occur later this year.

The Executive Branch Managers for Health Protection (HP), Research, Programs and Services (RPS), and Preparedness, Planning and Surveillance (PPS) remain in place, noting that sizing and recruitment actions need to be undertaken for some of these positions.

The Executive Branch Manager, Population Health Policy will remain in place for the coming months while we implement changes following this consultation, after which time this position will end.

Adjustments to our Divisional Structure

This strategic and intentional program of change will help us to enhance business delivery and maximise the expertise of the division. Accomplishing this within the bounds of our current resourcing will require resilience and flexibility to meet evolving priorities in partnership with our stakeholders.

We have already commenced changes to enhance and maximise our expertise, with the integration of the Health Emergency Management Unit (HEMU) and the Public Health Response and Capability team in the new Preparedness, Planning and Surveillance Branch. This change in reporting took effect as of 26 July 2023 and the new team is already working together to identify synergies and alignments to enhance our planning and preparedness functions.

This paper and the attached organisation charts set out other changes which are being proposed with the aim of building on our abilities and aligning functions. These include:

- The ACTGAL team will change reporting lines and become part of RPS, reporting to the EBM.

- There is an opportunity to align the operational pre-clinical research laboratories with ACTGAL to reduce duplication, increase efficiency, standardise governance and improve support for staff within a strong operational and scientific community across both areas.
- The Alcohol, Tobacco and Other Drugs, and Population Health Policy teams will report directly to the EGM.
- Business Management and the Office of the Chief Health Officer also report directly to the EGM.
- Business Analyst and Project Officer positions from Health Risk Facilities and Radiation Safety will shift to Business Management, as the role and functions of those positions more closely align with the current and planned systems work of this team.
- The Public Health Regulation team will change reporting lines and report directly to the EBM, HP. However, one position will be aligned within the Alcohol, Tobacco and Other Drugs team to continue STIBBV policy work given key alignment in these two work areas, and the shared responsibility for Commissioning work.
- The Surveillance and Data and Public Health Response teams in the Communicable Disease Control (CDC) section and the PPS Branch share many similar functions and activities, and hence it is proposed that these teams integrate within the PPS Branch. The Immunisation Section, to be led by a Senior Director, will become a stand-alone section recognising the complex and expanding responsibilities and will remain in HP, reporting to the EBM.

The changes outlined above are primarily reporting line changes and roles are expected to remain the same, with possible minor changes to responsibilities. Any changes to roles will be discussed and negotiated with staff. For the most part, the majority of people in the division will be unaffected in their day-to-day work.

In addition to the already noted feedback and recognising the more significant impact on CDC, the Executive have met with senior leaders of CDC and the new Epidemiology, Surveillance and Reporting Team in PPS to discuss the alignment of shared functions. The advice provided from these meetings has been considered in the structure proposed.

We'll likely experience more challenges as we move along– and we won't get everything right – but that's why recalibration and evaluation is so important. We will continue listening. You'll continue to have opportunities to share your views and feedback. The information you provide will help us ensure we're on track to achieve our intended outcomes.

Branch and section naming will be considered following the finalisation of the new structure, acknowledging that some of these changes may result in the need for rebranding to best reflect the nature of work performed by areas.

A proposed updated structure is available for staff review at [Attachment C](#).

Following consultation, the intention is to implement the agreed final structure by 4 September 2023.

What remains the same?

The amazing work done to date on our deep dive business planning. While some changes will be needed to update and align this work based on the proposed structural changes, this work will be key to guiding our work over the next 12 months.

The respectful and kind nature that we embody in our daily interactions with each other, and our 'can-do' attitude, motivation to explore new ideas, and take measured risks.

Our need to remain connected – to work together, planning and codesigning our future as a cohesive team. The encouragement and empowering of staff to make new connections - collaborate, innovate and look for more efficient ways of working.

Our ability to achieve results for the ACT community, and our interesting, valuable and rewarding work – that keeps people in the division, and equally attracts people to it.

Accommodation and seating arrangements

The importance of sustaining and enhancing operational capabilities is a key consideration for any changes to accommodation requirements for specific teams.

For many in the division, there will be no immediate change to the accommodation and seating arrangements that are in place now (and have been since 1 May 2023). The current ACT Health Directorate accommodation roster system provides that PHD staff can work at Bowes Street from Monday to Wednesday.

Where changes to seating arrangements are needed, this will be discussed with teams by the relevant EBM. Staff are encouraged to express their views through consultation activities. You can also speak to your manager if you have any questions.

For specific teams, a combination of working from Bowes Street, Howard Florey Centenary House, Holder and from home each week may be considered.

Further changes to accommodation arrangements for both Bowes and Holder may be introduced in future once the longer-term ACT Health-wide arrangement for staff accommodation is finalised in the coming months.

Details of the Directorate's hybrid and flexible working arrangements can be found on the [ACT Health intranet](#).

Staff consultations

Please be assured that we are listening deeply and genuinely. It's important that, as a division, we acknowledge that we have collectively been through an extended period of change and uncertainty.

We held individual consultations prior to the integration of HEMU and PHRAC to ensure that staff were comfortable with this merger and had the opportunity to raise any concerns. Similarly, as

outlined above, the relevant EBMs met with senior leaders of CDC and the new Epidemiology and Reporting Team in PPS to discuss the alignment of functions of these teams to further support thinking around structure. Staff are now encouraged to provide their views within the current consultation process.

During the week of 24 July, verbal briefings were provided to the majority of staff through the EBMs and the Senior Leadership team.

While there may be further refinements to division structures made over time, our intent is moving forward in a way that stabilises our structures and provides staff an ability to settle in their teams with clarity and clear direction.

We will continue seeking staff views on how best to ensure that there is strong and ongoing interaction, engagement and collaboration across teams, branches, and the division. It's important that all staff get involved and play an active role in how we design our division. These activities help us to understand your concerns, what we are doing well and how we can improve.

What staff need to do

Please make time to review this consultation paper carefully. Consider the proposed structure and business changes in the context of the division's vision and mission statement and how they may impact your team's work, priority deliverables and the outcomes needed by government.

Your views are important and we welcome your feedback on the proposed revised structure – these can be sent to phdconsultationfeedback@act.gov.au. Submissions will be accepted until close of business Tuesday 15 August.

Staff can also provide feedback through the ACT Health Directorate Human Resources team, or to your union representative if you prefer.

The feedback you provide will be considered carefully by the Executive team, and a summary document will be developed to support feedback to staff. Individual staff feedback will be held confidentially and not shared broadly.

Please reach out to the Executive team or your direct manager if you have any questions.

Staff supports

We acknowledge that change can be uncomfortable. Some areas will feel the change more than others. Times of change can have impacts on your mental health and wellbeing. Please take the time to look after yourself, and talk to friends, family and work colleagues about how you are feeling.

We are cognisant of how people maybe feeling and want to acknowledge the uncertainty that some people have been experiencing. If you need to, please talk with your manager or use the EAP processes which the Directorate has in place.

You can access more support through the resources available at [Wellbeing at Work \(sharepoint.com\)](#).

If you need more information, please speak to your manager and/or relevant Executive. You can also email phdconsultationfeedback@act.gov.au. Information updates, as needed, will be communicated through divisional meetings, such as online forums, emails and via team meetings and emails.

Attachments

Attachment A – Staff Survey results

Attachment B – Realignment Checkpoint survey results

Attachment C – Proposed new organisational structure