

# Proposed Implementation Plan

## Darling Downs Hospital and Health Service

Building a stronger future for our people, consumers and community

### 1. Business Case for Change

This document provides an overview of the implementation process for organisational realignment proposed in the Business Case for Change (BCfC) for Darling Downs Hospital and Health Service: Building a stronger future for our people, consumers and community.

This document supports the consultation process and invites feedback from affected employees and relevant unions in accordance with government policy and relevant industrial obligations.

On 5 June 2025, the Health Service Chief Executive (HSCE) presented the BCfC to Darling Downs Hospital and Health Service (Darling Downs Health) employees at an All-Staff Forum, proposing the realignment of functions within Darling Downs Health divisions. Individual meetings were conducted to notify significantly affected employees of the proposals and the BCfC was subsequently shared with all employees and relevant unions. Consultation formally commenced on 5 June 2025.

A dedicated [resource centre](#) was developed and launched to keep employees informed on the proposal and to provide further support to both employees and leaders throughout the change process.

Employees were encouraged to ask questions and seek clarity around the proposal through their senior leaders and a dedicated central email account ([ddhpeoplematter@health.qld.gov.au](mailto:ddhpeoplematter@health.qld.gov.au)).

Stakeholders were invited to provide feedback through MS Forms or by email to the dedicated central email account.

The BCfC was also tabled as a matter for discussion at the Darling Downs Health Consultative Forum by the HSCE on 20 June 2025.

The consultation period closed on 20 June 2025.

Darling Downs Health received over 130 pieces of feedback through MS forms and the central email account. As well as feedback about the specific proposed changes, feedback was submitted more broadly regarding the plan for building a stronger future. All feedback was collated and presented to the Executive Leadership Team (ELT) who considered and deliberated each insight to reconsider the proposals made in the BCfC for their appropriateness and suitability in overcoming the 3 key challenges outlined in the BCfC. The feedback and suggestions were tested against the design principles and ultimately, the ELT reached a decision on each proposal.

An overview of the feedback provided and consideration of the ELT is [available](#).

The decision was made to progress with Option 2 of the BCfC, however as a result of the feedback some adjustments to the changes in Option 2 of the BCfC have been made.

The position holders of the roles either no longer affected or affected differently have been consulted with prior to the release of this decision and implementation plan.

## 2. Organisational Change

The BCfC detailed the background and need for change at Darling Downs Health.

The current organisational structure and new organisational structure is available from the [resource centre](#).

As a result of the decision made to implement Option 2 (with adjustments) it is anticipated that the organisational change will:

- Directly impact 4 positions which will be abolished. Two Executive positions (vacant) will be repurposed to lead the two newly created divisions. The two impacted Executive Support Officers of those positions will undertake Executive Support Officer positions within the new divisions.
- Directly impact 40 positions, through a change of reporting line and division.
- Directly impact 21 positions, through a change of function responsibility, including direct reports.
- Directly impact 9 positions, through a change of reporting line, division and function responsibility.
- Directly impact 391 positions, through a change of division only.

As a result of the decision made by ELT, the following changes will be implemented:

<b>Division: Toowoomba Hospital</b>	
<b>Function:</b> Telehealth <b>Current Division:</b> Nursing and Midwifery Services	Telehealth Services will be realigned from Nursing and Midwifery Services to Surgical and Cancer Services within Toowoomba Hospital.  Nurse Manager Telehealth Services will report to the Nursing Director Surgical and Cancer Services.  The Executive Director Nursing and Midwifery will no longer be responsible for Telehealth.
<b>Function:</b> Facility Services <ul style="list-style-type: none"> <li>• Catering Services</li> <li>• Ward Services</li> <li>• Hygiene Services</li> <li>• Operational Communications</li> <li>• Facility Services Training</li> </ul>	Catering, Ward and Hygiene Services, Operational Communications and Facility Services Training functions will be realigned from the Infrastructure Division to Toowoomba Hospital.  General Hands function of Ancillary Services will be realigned from the Infrastructure Division to Toowoomba Hospital.

<ul style="list-style-type: none"> <li>• Ancillary Services <ul style="list-style-type: none"> <li>» General Hands</li> <li>» Facility Services (Drivers)</li> </ul> </li> </ul> <p><b>Current Division:</b> Infrastructure</p>	<p>Facility Services (Drivers) function of Ancillary Services will be divided, with 5 FTE realigned from Ancillary Services to Linen Services.</p> <p>Director Facility Services will report to the Executive Director Toowoomba Hospital.</p> <p>Manager Ancillary Services will no longer be responsible for the Aquatic Centre.</p> <p>Supervisor Ancillary Services will no longer be responsible for the 5 FTE Facility Services (Drivers).</p> <p>Director Facility Services will no longer be responsible for linen services.</p>
<p><b>Function:</b> Security</p> <p><b>Current Division:</b> People and Culture</p>	<p>The security function will be realigned from the People and Culture Division to Toowoomba Hospital.</p> <p>Director Facility Services will be responsible for the security function.</p> <p>Security Team Leader TH and BHH, will report to the Director Facility Services.</p> <p>Manager OVP &amp; Security will no longer be responsible for the security function. The position will be retitled to Manager OVP.</p> <p>Significant feedback was received regarding security. The ELT are of the view that security governance and security oversight are different and that whilst strategic governance of security and occupational violence is best placed in the People and Culture division, the oversight of operational security elements are best located where they are needed, in operations.</p> <p>Feedback provided also suggested that the Rural Security Lead should be realigned to the Rural Division. The ELT considered the feedback and determined that the Rural Security Lead will remain with the People and Culture Division at this time, whilst governance frameworks are established for managing security of Rural Services. The structural alignment of this position will be reconsidered at a future point with a view to moving to Rural Health and Aged Care Division.</p>
<p><b>Division: Allied Health Division</b></p>	
	<p>The Executive Director Allied Health will be retitled Executive Director Allied Health and Community Services, and the division will be retitled Allied Health and Community Services</p>

<p><b>Function:</b> Oral Health</p> <p><b>Current Division:</b> Nursing and Midwifery Services</p>	<p>Oral Health function will be realigned from Nursing and Midwifery Services to Allied Health and Community Services.</p>
<p><b>Function:</b> Mobile Women's Health Services</p> <p><b>Current Division:</b> Nursing and Midwifery Services</p>	<p>Mobile Women's Health function will be realigned from Nursing and Midwifery Services to Allied Health and Community Services.</p>
<p><b>Function:</b> Nurse Navigators</p> <p><b>Current Division:</b> Nursing and Midwifery Services</p>	<p>Nurse Navigator function will be realigned from Nursing and Midwifery Services to Allied Health and Community Services.</p> <p>In consideration of feedback received, position titles of the role holders will reflect their roles as either Nurse Navigators or Midwifery Navigators.</p>
	<p>Oral Health, Mobile Women's Services and Nurse Navigators, will continue to be led by the Nursing Director Community and Oral Health Services who will report to the Executive Director Allied Health and Community Services.</p> <p>Executive Director Nursing and Midwifery will no longer be responsible for Oral Health, Mobile Women's Services and Nurse Navigators.</p> <p>Extensive feedback was provided on proposal to move the above functions to Allied Health and Community Services. Whilst the proposed change has been confirmed, details of the ELT consideration are contained within the <a href="#">feedback summary</a>.</p>
<p><b>Function:</b> Pastoral Care</p> <p><b>Current Division:</b> Toowoomba Hospital</p>	<p>Pastoral Care will be realigned from Toowoomba Hospital to Allied Health and Community Services Division.</p> <p>Pastoral Care Coordinator will report to the Executive Director Allied Health and Community Service.</p> <p>Executive Director Toowoomba Hospital will no longer be responsible for pastoral care.</p>
<p><b>Division: Medical Services</b></p>	
<p><b>Function:</b> Governance</p> <ul style="list-style-type: none"> <li>• Clinical Governance</li> <li>• Engagement</li> <li>• Quality</li> <li>• Reliability</li> <li>• Safety</li> </ul>	<p>The functions of Clinical Governance, Engagement, Quality, Reliability and Safety within Governance will be realigned from Transformation, Analytics and Governance to Medical Services.</p> <p>The positions of Admin Support Officer Director Clinical Governance, Administration Officer, Independent Patients'</p>

<p><b>Current Division:</b> Transformation, Analytics and Governance</p>	<p>Rights Advisor and Medical Administration Senior Registrar will also realign to Medical Services.</p> <p>Director Governance will report to the Executive Director Medical Services. The position will be retitled Director Clinical Governance.</p>
<p><b>Function:</b> Clinical Governance Data</p> <p><b>Current Division:</b> Transformation, Analytics and Governance</p>	<p>Clinical Governance Data function was proposed to move to Information and Business Intelligence. Feedback received suggested the position would better align with Clinical Governance due to its close alignment with the day-to-day operations of the Clinical Governance Unit. The ELT considered and further explored this proposal and agreed the function of Clinical Governance data best aligned with the Clinical Governance Unit, at this point in time. Accordingly, the position of Data Manager Clinical Governance will transition to Division of Medical Services, and report to Director Clinical Governance.</p> <p>Senior Manager ACES will no longer be responsible for Data Manager Clinical Governance.</p>
<p><b>Function:</b> Research Development &amp; Engagement</p> <p><b>Current Division:</b> Transformation, Analytics and Governance</p>	<p>Research Development and Engagement function will be realigned from Transformation, Analytics and Governance to Medical Services.</p> <p>Health Research Fellow HP Discipline will report to the Executive Director Medical Services.</p>
<p><b>Function:</b> Health Information Management</p> <ul style="list-style-type: none"> <li>• Clinical Coding</li> <li>• Information Access</li> <li>• Medical Records</li> </ul> <p><b>Current Division:</b> Finance</p>	<p>Health Information Management will be realigned from Finance Division to Medical Services.</p> <p>Director Health Information Services will report to the Executive Director Medical Services.</p> <p>Chief Finance Officer will no longer be responsible for Health Information Management.</p> <p>Significant feedback was provided on the proposal to move the Health Information Management to Medical Services, suggesting it would be better realigned to Information and Business Intelligence. Whilst the proposed change has been confirmed, details of the ELT consideration are contained within the <a href="#">feedback summary</a>.</p>
<p><b>Function:</b> Public Health and Community Medicine</p> <p><b>Current Division:</b> Nursing and Midwifery Services</p>	<p>The functions within Public Health and Community Medicine will be realigned from Nursing and Midwifery Services to Medical Services.</p> <p>Director Public Health and Community Medicine will report to the Executive Director Medical Services.</p>

	Executive Director Nursing and Midwifery Services will no longer be responsible for Public Health and Community Medicine.
<b>Division: Finance</b>	
<b>Function:</b> Activity Costing and Evaluation Service (ACES)  <b>Current Division:</b> Transformation, Analytics and Governance	The function of ACES (with the exception of the Data Manager Clinical Governance) will be realigned from Transformation, Analytics and Governance to the Finance Division.  Senior Manager ACES will report to the Chief Finance Officer.  Senior Manager ACES will no longer be responsible for data management/analytics.  Director Planning, Analytics and Programs will no longer be responsible for ACES.
<b>Division: Office of the Chief Executive</b>	
<b>Function:</b> Strategy and Planning  <b>Current Division:</b> Transformation, Analytics and Governance	The function of Strategy and Planning will be realigned from Planning, Analytics and Programs within the Division of Transformation, Analytics and Governance to the Office of the Chief Executive.  Service Planning Manager will report to the Director Office of the Chief Executive.  Director Planning, Analytics and Programs is no longer responsible for Strategy and Planning.
<b>Function:</b> Risk and Compliance  <b>Current Division:</b> Transformation, Analytics and Governance	The functions of Risk and Compliance, including Business Continuity, will be realigned from the Governance Unit within Transformation, Analytics and Governance to the Office of the Chief Executive.  Risk Manager will report to the Director Office of the Chief Executive.  Director Governance will no longer be responsible for Risk and Compliance.
<b>Division: Nursing and Midwifery Services</b>	
<b>Function:</b> Disaster Management  <b>Current Division:</b> Transformation, Analytics and Governance	The Disaster Management function will be realigned from Planning, Analytics and Programs within the Division of Transformation, Analytics and Governance to Nursing and Midwifery Services.

	<p>Through consultation, feedback was received regarding the original proposal to move the function to the Office of the Chief Executive, suggesting it may be better aligned elsewhere. Further deliberation was given to the placement of the function. The ELT deliberated that the Executive Director Nursing and Midwifery is strategically positioned to serve as the lead for emergency preparedness and health incident coordination due to their comprehensive professional oversight of frontline clinical services and their leadership role in coordinating nursing and midwifery workforce resources. Nursing and midwifery employees constitute the largest critical component of the health workforce directly involved in emergency response, patient care, and service continuity during health crises. The ELT determined that in order to support flow and the removal of barriers, the function would be best placed in Nursing and Midwifery Services.</p> <p>Emergency Preparedness and Disaster Manager and Senior Program Officer Emergency Preparedness will report to the Executive Director Nursing and Midwifery.</p> <p>Director Planning, Analytics and Programs is no longer responsible for Business Continuity and Disaster Management.</p> <p>In consideration of feedback received, the function will be titled Emergency Preparedness.</p>
<p><b>NEW Division: Commercial Management and Infrastructure</b></p>	
<p>A new Division of Commercial Management and Infrastructure will be created, led by a new position of Executive Director Commercial Management and Infrastructure.</p>	
<p>An Executive Support Officer position will be created to support the Executive Director Commercial Management and Infrastructure. The position will be filled based on preferences indicated by the two affected Executive Support Officers of Infrastructure and Transformation Analytics and Governance in the first instance (as impacted employees), followed by a closed merit process if necessary.</p>	
<p><b>Function:</b> Planning, Analytics and Programs</p> <ul style="list-style-type: none"> <li>• New Toowoomba Hospital Project</li> <li>• Strategic Projects</li> </ul> <p><b>Current Division:</b> Transformation, Analytics and Governance</p>	<p>The New Toowoomba Hospital Project and Strategic Projects within Planning, Analytics and Programs will be realigned from Transformation, Analytics and Governance to Commercial Management and Infrastructure.</p> <p>Director Planning, Analytics and Programs will report to the Executive Director Commercial Management and Infrastructure.</p>

	Director Planning, Analytics and Programs will no longer be responsible for ACES, Strategy and Planning and Business Continuity and Disaster Management.
<p><b>Function:</b> Building Rural and Remote Health</p> <p><b>Current Division:</b> Infrastructure</p>	<p>The Building Rural and Remote Health within Infrastructure will be realigned to Commercial Management and Infrastructure.</p> <p>The 5 positions currently reporting to Director Projects, Planning and Property will report to the Director Planning, Analytics and Programs.</p> <p>Director Projects, Planning and Property will no longer be responsible for Building Rural and Remote Health.</p>
<p><b>Function:</b> ieMR</p> <p><b>Current Division:</b> Infrastructure</p>	<p>The ieMR project within Infrastructure will be realigned to Commercial Management and Infrastructure.</p> <p>Clinical Director ieMR will report to the Director Planning, Analytics and Programs.</p> <p>Feedback was received that ieMR could be better placed in the division of Information and Business Intelligence, however due to the current significance of the project, the ELT determined it is best aligned to the Project Management Office.</p>
<p><b>Function:</b> Digital Hospital Program</p> <p><b>Current Division:</b> Infrastructure</p>	<p>The Digital Hospital Program within ICT, Infrastructure will be realigned to Commercial Management and Infrastructure.</p> <p>Project Digital Lead, ICT Project Lead and Principal Business Analyst will report to the Director Planning, Analytics and Programs.</p> <p>Director ICT will no longer be responsible for the Digital Hospital Program.</p>
<p><b>Function:</b> Division Coordination</p> <p><b>Current Division:</b> Transformation Analytics and Governance</p>	<p>It is proposed that Division Coordination within Transformation, Analytics and Governance will be realigned to Commercial Management and Infrastructure.</p> <p>Division Coordination Officer will report to the Director Planning, Analytics and Programs.</p>
<p>To reflect the functions within the remit of the Director Planning, Analytics and Programs, the BCfC proposed the unit would be referred to as Program Management however based on feedback received during consultation and upon consideration of the ELT, the decision was made to adjust the title of the function to Project Management in consideration of the intent of the function being to manage inter-dependent major capital programs. These programs will be centralised until the transition to 'business as usual.'</p>	

<p><b>Function:</b> Commercial Management</p> <p><b>Current Division:</b> Finance</p>	<p>The functions of Supply, Purchasing, Procurement and Contracts within Commercial Management, Finance Division will be realigned to Commercial Management and Infrastructure.</p> <p>Senior Director Commercial Management will report to the Executive Director Commercial Management and Infrastructure and be retitled to Director Commercial Management.</p>
<p><b>Function:</b> Contracts Management</p> <p><b>Current Division:</b> Infrastructure</p>	<p>Contracts Management function within Infrastructure will be realigned to Commercial Management and Infrastructure.</p> <p>Contracts Manager will report to the Director Commercial Management.</p>
<p><b>Function:</b> Facility Services</p> <ul style="list-style-type: none"> <li>• Linen Services</li> </ul> <p><b>Current Division:</b> Infrastructure</p>	<p>Linen services, within Facility Services, Infrastructure Division, will be realigned to Commercial Management and Infrastructure.</p> <p>Manager Linen Services will report to the Director Commercial Management.</p> <p>Director Facility Services will no longer be responsible for Linen Services.</p>
<p><b>Function:</b> Ancillary Services</p> <ul style="list-style-type: none"> <li>• Aquatic Centre</li> </ul> <p><b>Current Division:</b> Infrastructure</p>	<p>The Aquatic Centre within Ancillary Services, Facility Services, Infrastructure will be realigned to Commercial Management and Infrastructure.</p> <p>Aquatic Centre Manager will report to the Director Commercial Management.</p> <p>Manager Ancillary Services will no longer be responsible for the Aquatic Centre.</p>
<p><b>Function:</b> Ancillary Services</p> <ul style="list-style-type: none"> <li>• Facility Services (Drivers)</li> </ul> <p><b>Current Division:</b> Infrastructure</p>	<p>Position of Facility Services Officer is divided, with 5 FTE to be realigned from Ancillary Services to Commercial Management and Infrastructure.</p> <p>5 reallocated Facility Services Officers would report to the Manager Linen Services.</p> <p>The 5 affected employees who will be moved into the Linen Services position will be those who own a “Medium Rigid” licence due to the requirement for this licence to drive the linen vehicles.</p>
<p><b>Function:</b> Fleet</p> <p><b>Current Division:</b> Infrastructure</p>	<p>Fleet within Maintenance and Engineering, Infrastructure Division will be realigned to Commercial Management and Infrastructure.</p>

	<p>Fleet Coordinator will report to the Director Commercial Management.</p> <p>Director Maintenance and Engineering will no longer be responsible for Fleet.</p>
<p><b>Function:</b> Projects, Planning and Property</p> <p><b>Current Division:</b> Infrastructure</p>	<p>Projects, Planning and Property, Infrastructure Division will be realigned to Commercial Management and Infrastructure.</p> <p>Director Projects, Planning and Property will report to the Executive Director Commercial Management and Infrastructure.</p> <p>Director Projects, Planning and Property will no longer be responsible for Building Rural and Remote Health.</p>
<p><b>Function:</b> Maintenance and Engineering</p> <ul style="list-style-type: none"> <li>• Maintenance Planning and Compliance</li> <li>• Maintenance and Engineering</li> </ul> <p><b>Current Division:</b> Infrastructure</p>	<p>Functions within Maintenance and Engineering, Infrastructure Division and associated administration support will be realigned to Commercial Management and Infrastructure.</p> <p>Director Maintenance and Engineering will report to the Executive Director Commercial Management and Infrastructure.</p> <p>Director Maintenance and Engineering will no longer be responsible for Fleet.</p>
<b>NEW Division: Information and Business Intelligence</b>	
<p>New Division of Information and Business Intelligence is created, led by a new position of Chief Digital and Information Officer. The amendment to the proposed position title was made in consideration of feedback provided. The position will be recruited to through open merit.</p>	
<p>An Executive Support Officer position will be created to support the Chief Digital and Information Officer. The position will be filled based on preferences indicated by the two affected Executive Support Officers of Infrastructure and Transformation Analytics and Governance in the first instance (as impacted employees), followed by a closed merit process and direct matching if necessary.</p>	
<p><b>Function:</b> Information Technology</p> <ul style="list-style-type: none"> <li>• ICT Delivery</li> <li>• ICT Security and Architecture</li> <li>• ICT Operations</li> </ul> <p><b>Current Division:</b> Infrastructure</p>	<p>Functions of ICT Delivery, ICT Security and Architecture, ICT Operations and associated administration support within Information Technology will be realigned from Infrastructure to Information and Business Intelligence.</p> <p>Director ICT will report to the Chief Digital and Information Officer.</p> <p>Director ICT will no longer be responsible for the Digital Hospital Program.</p>
<p><b>Function:</b> Nursing Informatics</p>	<p>Nursing Informatics will be realigned from Nursing Professional Governance in Nursing and Midwifery Services to Information and Business Intelligence.</p>

<p><b>Current Division:</b> Nursing and Midwifery Services</p>	<p>Nursing Director Informatics and Digital Health and Nursing Director Informatics will report to the Chief Digital and Information Officer.</p> <p>Director of Nursing and Midwifery Professional Governance will no longer be responsible for Nursing Informatics.</p>
<p><b>Function:</b> Aged Care Systems</p> <p><b>Current Division:</b> RHAC/Nursing and Midwifery Services</p>	<p>Aged Care Systems will be realigned from RHAC/Nursing and Midwifery Services to Information and Business Intelligence.</p> <p>Assistant Director of Nursing Aged Care will no longer be responsible for Aged Care Systems.</p> <p>The original proposal was that the Nurse Manager Aged Care Systems would report to the Chief Digital and Information Officer, however feedback received during consultation was that the position would be better placed reporting to the Nursing Director Informatics and Digital Health. The ELT considered this feedback and agreed it would be logical for the Nurse Manager Aged Care to report to the Nursing Director Informatics and Digital Health.</p>
<p><b>Function:</b> Allied Health Informatics</p> <p><b>Current Division:</b> Allied Health</p>	<p>Allied Health Informatics function will be realigned from Allied Health to Information and Business Intelligence.</p> <p>Allied Health Workforce Development Officer Data will report to the Chief Digital and Information Officer.</p> <p>Executive Director Allied Health will no longer be responsible for Allied Health Informatics.</p>
<p><b>Function:</b> Workforce Analytics</p> <p><b>Current Division:</b> People and Culture</p>	<p>Workforce Analytics function will remain in Workforce Planning and Divisional Services, in the People and Culture Division.</p> <p>Feedback provided through the consultation identified that this position is best aligned as is to ensure flow of information and action across DDH operations. Additionally, the data this function utilises is held in the P&amp;C Division, and requires governance with P &amp; C oversight.</p>
<p><b>ABOLISHED Division: Infrastructure</b></p>	
<p><b>ABOLISHED Division: Transformation, Analytics and Governance</b></p>	
<p><b>Function:</b> Executive Leadership</p> <p><b>Current Divisions:</b> Infrastructure and</p>	<p>Executive Director Infrastructure and Executive Director Transformation, Analytics and Governance will be abolished.</p> <p>It is noted that both positions are currently occupied in an acting capacity.</p>

Transformation Analytics and Governance	
<b>Function:</b> Executive Support <b>Current Divisions:</b> Infrastructure and Transformation Analytics and Governance	Executive Support Officer (Infrastructure) and Executive Support Officer (TAG) will be abolished.

A list of positions that are directly affected is attached to this implementation plan.

Employees are encouraged to ask questions and seek clarity around the implementation throughout the consultation period. Employees are encouraged to speak to the senior leaders within their division in the first instance. Employees are also able to submit questions centrally to [ddhpeoplesmatter@health.qld.gov.au](mailto:ddhpeoplesmatter@health.qld.gov.au) using the word 'Question' in the subject line. The Health Service will respond to questions as soon as possible in order to enable employees to provide informed feedback.

### 3. Steps for Implementation

The following steps will be followed in implementing the organisational changes:

1. The ELT makes an organisational change decision and announces the decision to the organisation.
2. The implementation plan and supporting documents are released to employees and the relevant Unions.
3. The dedicated resource centre is updated with relevant documents and supports.
4. During the period of consultation, 28 July 2025 to 5 August 2025, the ELT and key management contacts welcome further feedback from directly affected employees and unions in relation to the changes, its likely effects, implementation plans and ways to avoid or minimise effects of the change.
5. The ELT will provide organisational change details to those employees likely to be directly affected and relevant unions. Where affected employees are on leave, management will make their best endeavours to communicate with the absent employee.
6. Stakeholders are invited to provide feedback by 5 August 2025. Feedback can be submitted by email to [ddhpeoplesmatter@health.qld.gov.au](mailto:ddhpeoplesmatter@health.qld.gov.au) using the word 'Feedback' in the subject line.
7. Following consideration of employee and union feedback through the consultation process, management will make a final decision on the implementation plan and proceed to implement the organisational changes. Any changes required to the implementation timelines will be communicated with affected employees.
8. Meetings will be held with directly affected employees to advise of the final decision (where necessary) and to offer avenues of support through the process. Where directly affected employees are on leave, management will make contact with affected absent employees.
9. The changes will be implemented through a phased approach.

## 4. Supporting Employees through Change

We appreciate this may be a difficult time for affected employees. The following support is available to employees:

- **Employee Assist | Individual Sessions:** Sessions are confidential and accessed through Converge, the external EAP service provider. People can talk with a qualified, experienced counsellor about support needed to assist them through the change process. Services are available 24 hours, seven days a week, 365 days a year, at no cost. Counselling services are available face to face or by telephone.
- **Navigating Workplace Change Workshop:** A 2-hour virtual workshop provided by our EAP provider Converge International designed to assist people working to transition through change processes.

For line managers, the following support is also available:

- **Manager Assist | Individual Sessions:** is a confidential coaching and advisory services for line managers offering support and advice for all aspects of leading people. Counsellors have specialist skills in change management and will provide coaching for managers who are supporting people transitioning through change.
- **Leading through Change | Line Manager Workshop:** A 2 hour virtual workshop provided by our EAP provider Converge International to assist line managers leading teams impacted by change processes.

More information about any of the offerings from Converge is available [here](#).

In addition:

- The dedicated [resource centre](#) has been updated to keep employees informed on the change and proposed implementation. Resources are available through the site to assist employees in self-managing through change.
- Frequently asked questions have been updated, included responses to commonly asked questions received through the previous consultation period.
- Availability of Senior leaders to support staff.



## 5. Timeline for Implementing Change

Due to the volume of changes, an overarching timeline is provided, followed by individual timelines per receiving Division.

### Overarching Timeline

Date/s	Action	Responsible Officer
28/0725	Decision on organisational changes made and communicated to the organisation.	HSCE
	Implementation plan released to employees and relevant unions	HSCE & Manager IR & Systems

Date/s	Action	Responsible Officer
	Dedicated resource centre updated and published	Manager Media, Comms & Engagement
	Consultation commences	N/A
28/07/25 onwards	Senior leaders communicate with their teams	All senior leaders
05/08/25	Consultation closes	N/A
06/08/25	Consideration of feedback is undertaken	ELT
11/08/25	Implementation Plan finalised. Implementation to commence.	ELT

The timelines are indicative pending feedback and further consideration. The implementation timelines have been proposed based on priority, feasibility, dependencies and implications of movements.

### Toowoomba Hospital

Date/s	Action	Responsible Officer
W/C 18/08/25	Transition of Telehealth function to Toowoomba Hospital	EDTH
W/C 18/08/25	Transition of Facilities Services function to Toowoomba Hospital (with the exception of Linen Services and Health and Wellness Centre)	EDTH
W/C 18/08/25	Transition of Security function to Facility Services	EDTH

### Commercial Management and Infrastructure

Date/s	Action	Responsible Officer
W/C 11/08/25	Creation of Commercial Management and Infrastructure (CM&I) Division <ul style="list-style-type: none"> <li>- Advertise Executive Director Commercial Management and Infrastructure</li> <li>- Temporarily occupy EDCM&amp;I with acting arrangement to enable transition of functions</li> <li>- Fill ESO through identified strategies</li> </ul>	HSCE
W/C 11/08/25	Create Project Management Office with CM&I and transition <ul style="list-style-type: none"> <li>- Director Planning, Analytics and Programs (DPAP)</li> <li>- Building Rural &amp; Remote Health function</li> <li>- ieMR Project and subsequent organisation units</li> <li>- Project Digital Lead TMP</li> <li>- ICT Project Lead TMP</li> <li>- Principal Business Analyst TMP</li> <li>- Division Coordination Officers</li> <li>- Program Lead Strategic Projects</li> <li>- New Toowoomba Hospital Project and subsequent organisation units</li> </ul>	A/EDCM&I

Date/s	Action	Responsible Officer
W/C 18/08/25 & 25/08/25	Transition Commercial Management to CM&I <ul style="list-style-type: none"> <li>- Director Commercial Management</li> <li>- Commercial Management function and subsequent organisation units</li> <li>- Contracts Manager</li> <li>- Manager Linen Services</li> <li>- Linen Services function</li> <li>- Transition 5 FTE from Facility Services Officer (Driver) to Driver Linen Services</li> <li>- Aquatic Centre Manager</li> <li>- Health &amp; Wellness Centre</li> <li>- Fleet Coordinator</li> </ul>	A/EDCM&I
W/C 18/08/25 & 25/08/25	Create Infrastructure within CM&I and transition <ul style="list-style-type: none"> <li>- Director Projects, Planning and Property</li> <li>- Projects Planning and Property function</li> <li>- Director Maintenance and Engineering</li> <li>- Maintenance and Engineering function and subsequent organisation units (with the exception of Fleet Coordinator position)</li> </ul>	A/EDCM&I

### Medical Services

Date/s	Action	Responsible Officer
W/C 11/08/25	Transition of Clinical Governance to Medical Services <ul style="list-style-type: none"> <li>- Director Clinical Governance</li> <li>- Governance Unit (with the exception of position Risk Manager) and subsequent organisation units (with the exception of Risk and Compliance Unit)</li> <li>- Data Manager Clinical Governance</li> </ul>	EDMS
W/C 11/08/25	Transition of Research Development and Engagement to Medical Services <ul style="list-style-type: none"> <li>- Health Research Fellow HP Discipline</li> <li>- Research Development &amp; Engagement Unit</li> </ul>	EDMS
W/C 25/08/25	Transition Health Information Services to Medical Services <ul style="list-style-type: none"> <li>- Director Health Information Services</li> <li>- Health Information Management function</li> </ul>	EDMS
W/C 01/09/25	Transition Public Health and Community Medicine to Medical Services <ul style="list-style-type: none"> <li>- Director Public Health and Community Medicine</li> <li>- Darling Downs Public Health Unit and subsequent organisation units</li> </ul>	EDMS

### Office of the Chief Executive

Date/s	Action	Responsible Officer
W/C 11/08/25	Transition of Risk and Compliance to the Office of the Chief Executive <ul style="list-style-type: none"> <li>- Risk Manager</li> <li>- Risk and Compliance Unit</li> </ul>	DoCE
W/C 11/08/25	Transition of Strategy and Planning to the Office of the Chief Executive <ul style="list-style-type: none"> <li>- Service Planning Manager</li> <li>- Strategy and Planning Unit</li> </ul>	DoCE

### Finance

Date/s	Action	Responsible Officer
W/C 11/08/25	Transition of ACES to Finance <ul style="list-style-type: none"> <li>- Senior Manager ACES</li> <li>- Activity &amp; Costing Evaluation Service</li> </ul>	CFO

### Nursing and Midwifery Services

Date/s	Action	Responsible Officer
W/C 11/08/25	Transition of Emergency Preparedness to Nursing and Midwifery Services <ul style="list-style-type: none"> <li>- Emergency Preparedness and Disaster Manager</li> <li>- Senior Program Officer Emergency Preparedness</li> </ul>	EDNMS

### Allied Health and Community Services

Date/s	Action	Responsible Officer
W/C 08/09/25	Transition of Community Services to Allied Health and Community Services <ul style="list-style-type: none"> <li>- Nursing Director Community and Oral Health Services</li> <li>- Community &amp; Oral Health <ul style="list-style-type: none"> <li>- Mobile Women's Health</li> <li>- Oral Health Services</li> <li>- Nurse Navigator Services</li> </ul> </li> </ul>	EDAH&CS
W/C 08/09/25	Transition Pastoral Care <ul style="list-style-type: none"> <li>- Pastoral Care Coordinator</li> </ul>	EDAH&CS

### Information and Business Intelligence

Date/s	Action	Responsible Officer
W/C 18/08/25	Creation of Information and Business Intelligence Division <ul style="list-style-type: none"> <li>- Advertise Chief Digital and Information Officer (CD&amp;IO)</li> <li>- Fill ESO through identified strategies</li> </ul>	HSCE
TBC	Upon appointment of CD&IO, transition	CD&IO

Date/s	Action	Responsible Officer
	<ul style="list-style-type: none"> <li>- Director ICT Services</li> <li>- ICT DDHHS (with the exception of Project Digital Lead, ICT Project Lead ieMR and Principal Business Analyst)</li> </ul>	
TBC	Upon appointment of CD&IO, establish Data Informatics and Analytics function <ul style="list-style-type: none"> <li>- Nursing Director Informatics &amp; Digital Health</li> <li>- Nursing Director Informatics UQ TMP</li> <li>- Allied Health Workforce Development Officer Data</li> <li>- Nurse Manager Aged Care Systems</li> </ul>	CD&IO

## 6. Providing Feedback

Stakeholders are invited to provide feedback by 5 August 2025. Feedback can be submitted by email to [ddhpeoplematter@health.qld.gov.au](mailto:ddhpeoplematter@health.qld.gov.au) using the word 'Feedback' in the subject line.

### Functional Structure

### Affected positions spreadsheet