

# Frequently asked questions

## About the plan

### 1. How does DDH plan to build a strong future for our people, consumers, and the community?

Focus on improved patient flow and access.

We are the main provider of acute/critical care in our region, so we must drive improved processes to ensure the flow of patients is optimised. We need to build better pathways of care and enhance our partnered approach with other agencies.

Increasing our focus on our people.

We know we need to put our people at the centre of what we do, so they can focus on our core business. We will invest more effort in managing the physical and emotional demands of working in health, promoting better connections between us, and finding more ways to work effectively together. We will also be more focused on listening and responding to what is going on. Continuing to build the skills of our line managers is a priority.

Establishing (and marketing) ourselves as an organisation that values the experience of our people.

We need to be able to make informed decisions about actions that will help us attract the right people and enhance the experience of those already working with us. We are working on refining our talent acquisition strategies and to provide more engaging, safe and positive work environments.

Realigning our organisation for the future.

The realignment of organisational portfolios aims to bring together key elements of our organisation more effectively to drive improved business processes and performance, and remove barriers. It does this by grouping professional-support functions, and redistributing some services for operational efficiency, so they can focus in a concentrated way on work that will enable operational and frontline delivery.

### 2. Why is change necessary for DDH?

In the 13 years since Darling Downs Health became an independent statutory authority, we have grown from a large rural focused health service, to a tertiary centre with a large catchment and significant breadth of services.

The way we work does not position us well for the future and we need to better align our functions and services to ensure we are well positioned as we transform, expand and grow.

### 3. What are the specific problems we are addressing?

#### i. Extreme demand

The demand impacting our operating environment is extreme. Increases in patient acuity and presentations to our Emergency Departments; increases in long-stay patient numbers; and persistent workforce supply issues all contribute to the demands our people feel at the frontline. The situation is further exacerbated by challenges within the national health system for aged care and NDIS.

## ii. Maturity | size, scale and complexity

We are a rapidly transforming business and our size, scale and complexity are continuing to grow. We need to continue evolving and maturing so we are in a position to respond, refocus and adapt our services to meet future demand.

## iii. Fragmented systems and processes and a lack of a digital framework

We have a range of systems and manual processes still in place that do not set us up well for the future. We also have an opportunity to use data analytics and insights to drive our decision making.

## iv. The experience of our people

The environment we have been working in has meant our people have been more inclined to feel worn out physically and emotionally; disconnected; unheard and undervalued. At the same time, they are frustrated by our lack of agility, flexibility and willingness to adapt for the future.

## 4. What are the risks of not changing?

Feedback from our people tells us our current environment and ways of working have made us reactionary, siloed, fragmented and people dependent. Our people feel our strategic focus has not been strong and that our leaders have been stuck in hands-on duties.

Not changing means we will continue this way, bolting things together without thoughtful design and without underpinning our decisions with good business analytics.

We know this is not good for our people and it does not set us up well to deal with the demands and complexity of what is ahead.

## 5. Is this change for change's sake?

No. With our size, scale and complexity now, we can no longer "weather the storm", it is simply not sustainable nor viable and it's not good for our people.

Change is important in driving improved business flow and performance and enabling us to re-focus on our core business.

## 6. How do these changes align with our longer-term strategy?

Our executive worked together to explore our current situation, and agreed that operating at our size, scale and complexity in the future will require:

- a clear plan
- focused leadership
- an operating model that removes barriers and creates better business processes
- a willingness to build flexibility and agility in our ways of working
- discipline, order and clear agreed processes.

## 7. Why is the realignment right?

The realignment is the first step in redesigning how we work across all divisions and will enable us to become more streamlined and sophisticated in the way we operate. By becoming more mature in our approaches, we will be able to create efficiencies (particularly from within our support divisions) that will flow through to frontline services with the aim to remove barriers and produce cost savings. This will give us scope to redirect effort and savings to where they are most needed across the service.

## 8. Why does the blending of functions in the division of Allied Health and Community Service make sense?

Prior to the realignment, a number of community based services already existed within the Allied Health division, however the naming of the division didn't reflect this. The addition of other community services into the Allied Health and Community Services division brings together like-functions for improved operational efficiency. Together, these community-oriented services will be able to focus in a concentrated way on the proactive work they do in enabling patient flow.

The community functions in Allied Health and Community Services are led by a range of different professions and continue to consist of multiple disciplines.

## 9. How will the implementation of the changes be managed?

Now a final decision about the change has been made, a detailed [implementation plan](#) has been created. This plan proposes timelines for a phased implementation of the realignments.

## 10. Will there be further changes?

Possibly. This is the first significant organisational change we have made since our inception as a HHS 13 years ago. If these changes do not deliver on our expectations, we will review them, but only once we have given them time and only by basing our decisions on informed data and experiences. Likewise, if the problems we need to address change, the solutions we need to address them may need to alter as well.

## 11. What is the proposed timeline for change?

The phases for this change are as follows:

### i. Announcement (5 June)

Change was announced by Chief Executive via email and All Staff Forum.

### ii. Consultation and listening (5 – 20 June)

Conversations have occurred at a division level and people were invited to ask questions and share their feedback. Over 130 contributions were received, providing a wealth of thoughtful insights and ideas about how we can continue to make meaningful change.

### iii. Decision making (23 June – 25 July)

The feedback received has been considered by the Executive in final decision making. The final decision was announced via an All Staff Forum and email on 28 July.

### iv. Implementation (28 July)

An implementation plan has been developed which details how the changes are proposed to be implemented. Feedback is invited about the proposed plan which can be found [here](#).

The implementation plan proposes a phased approach and details a three staged process for implementation.

As we work through the implementation plan we will work alongside our people and support them as they transition through the changes. Further details about our listening approach can be found [here](#).

## 12. How will this change process change our mindset of 'just getting things done'?

We know we must change the long-standing hustle and 'just getting it done' approach that has been ingrained in our organisation. With our size, scale and complexity now, it is not sustainable, viable or good for our people. We must change!

To break out of this, it will be important that we align around the direction and the key aspects of change we are driving. Working together and identifying barriers that create better organisational efficiencies and flow will be key, as will the work we do to increase the focus on our people.

There will be many aspects to this that will be part of our work together in coming weeks, months and years! As one person said in their feedback about the changes:

"It is crucial that this change approach is maintained at all levels and within all groups of DDH regardless of how hard this is to do.

Consistency, adherence and not losing sight of the goal will be key!"

## 13. How will we know that the change is successful?

We will know the change has been successful when we begin seeing results such as:

- more sustainable bed capacity
- improved patient flow and business processes
- easing of workforce pressures
- improved relationship with Commonwealth partners, and more streamlined pathways for patients to aged care and NDIS systems
- improved digital capability and decision making from data and insights
- improved patient access and flow
- our people feeling less exhausted, more connected and with an increased ability to focus on proactive areas of activity

## What change will mean for our people

### 14. What will this change mean for me?

The changes we are making are intended to remove barriers and impact our people positively overall.

The realignment of our organisational structure will mean different things for different people. If you are impacted by the realignment your line manager and senior leaders in your division will have spoken directly with you. It is normal for you to continue to have questions, and we want you to be able to have these answered. Beyond the support provided by your line manager, there are a range of additional supports available to assist you. Find out more about these supports [here](#).

### 15. Will there be job losses or redundancies offered?

There will be no job losses and no redundancies. This change is about ensuring our resources are aligned appropriately to better support improvement across our organisation.

### 16. Will any of the changes impact where I work, where I sit or where I park?

Most of our people will remain working in their current location. There are, however, a very small number of people for whom this may change. The Executive is currently working through potential changes to ensure that accommodation options are fit for purpose and enable enhanced flow of work. The outcome will be communicated with you. In the first instance, please reach out to the line manager of the team to which your role is moving for clarification.

### 17. Will my role or responsibilities change as part of this process?

The way we are organised doesn't position us well for the future. Better aligning our functions and services will ensure we are better positioned as we transform, expand and grow and this means some people will experience changes in responsibilities. Your line manager will have spoken with you if your role and responsibilities will be changing.

### 18. Will I have a new manager or new team?

While most people will experience very little change, some of our people may have a new manager or new team. Newly created teams have been designed to remove barriers and help the organisation improve business flow. If your team structure will change, your line manager will have spoken with you.

### 19. What happens if I am in a temporary role or higher duties? Does it automatically end when a decision is made about the business case for change?

There will be no impact on temporary or higher duties employment, and arrangements will continue as usual until agreed end dates.

### 20. Will I be able to maintain my flexible work arrangements if my role is moving?

All flexible work arrangements are about finding balance between the unique needs of our people and the needs of the organisation. Darling Downs Health supports flexible work arrangements, and all employees have the right to make requests about where, when and how they work.

Existing flexibility arrangements will be accommodated as far as possible but may need to be reviewed and assessed for their fit for new work environments.

People are encouraged to speak with their new line managers about their needs.

Line managers are encouraged to support the needs of their people and find appropriate balances between their needs and the needs of the organisation.

### 21. Will my position title be changed?

There are a small number of roles where responsibilities have changed, and these position titles will need to be updated to better define the role and reduce confusion. Line Managers will speak to these people individually.

## Questions and feedback

### 22. How do I ask questions about the implementation of the change?

It is normal for you to have questions, and we want you to be able to have these answered. Your line manager should be your first port of call to ask questions or to discuss how you will be impacted during the implementation of the change. Find out more about how to ask questions and provide formal feedback [here](#).

### 23. Can I continue to provide feedback about the implementation of the change?

If you have feedback or concerns about the implementation of the change, we encourage you to raise these at a local level. For questions that are unable to be answered at a local level please email [DDHPeopleMatter@health.qld.gov.au](mailto:DDHPeopleMatter@health.qld.gov.au).

### 24. How will the organisation continue to listen?

Darling Downs health is working to improve its approach to employee listening by finding more continuous ways to engage with our people to understand their experiences, needs and perspectives.

A fact sheet has been developed that outlines the approaches we have been taking to date, and how we intend to listen in the future. Find out more [here](#).

## Supporting our people

### 25. How will our people be supported to transition through change?

We know that people can experience a broad range of emotions during change processes. People may feel pleased they have been heard and that change is on the way. Others may feel sad that friends or colleagues have been affected or are moving to other divisions.

The organisation will continue to support people through their transition process in the following ways:

- a. Our EAP provider Converge International will again be providing Navigating Change Workshops. These are in addition to the workshops which were offered in June. Find out more [here](#).
- b. Individual Employee Assist sessions through our regular EAP offering. These sessions will be offered throughout the change phases. Find out more [here](#).

#### Change takes time

We know that doing change well takes time and that's why we will take a phased approach to implementing the changes over coming months.

### 26. Who can I talk to if I have concerns about how the change is impacting me?

Your line manager should be your first port of call to raise any concerns or to discuss how the change is impacting you. Our senior leaders and the executive will also be available, as are members of the People and Culture team. Our Employee Assistance Provider, Converge International is also available for support, and will be running Employee Assist sessions throughout the transition phases of this change. Find out more [here](#).

## 27. How do I get more information?

A dedicated page has been established to communicate key information. You can find it [here](#).

Beyond that, your line manager will also be a key contact for progress reports and key information. If you need information please ask your line manager in the first instance. For questions that are unable to be answered at a local level please email: [ddhpeoplesmatter@health.qld.gov.au](mailto:ddhpeoplesmatter@health.qld.gov.au)

## 28. Will support for line managers be provided to help them manage change effectively?

The Leading Change workshops which were offered for Line managers in June will be re-offered in coming months. The workshops are facilitated by our EAP provider Converge International.

Line managers are also able to access one-on-one *Manager Assist sessions* which provide confidential coaching and advisory services for managers supporting people through change. Find out more [here](#).

## 29. Will you make this information available to people on leave or on secondment?

Yes. Line managers in all divisions are asked to share information with people who are on leave or away on secondment. It is important that all our people are included.

## Engaging with unions

### 30. Will the unions be consulted about the change?

Yes. Darling Downs Health is committed to our partnership with relevant unions and to ensuring we meet our industrial obligations. Unions have been notified and sent details about the proposed changes and the implementation plan. The Business Case for Change was also tabled for discussion at the June Health Consultative Forum. Union feedback on the proposal was considered by the Executive in final decision making. You are encouraged and supported to liaise with your union at any point during the implementation process.

## Recruitment

### 31. Will the change mean we need to pause on recruitment to roles?

Recruitment will need to be considered on a case-by-case basis, however, it may be necessary to pause recruitment for some roles.

### 32. When will new executive director roles be advertised?

All Executive roles undergo external evaluation to assess their classification level by Mercer (Australia) Pty Ltd. The Director General of Queensland Health must approve the classification outcome of the new executive director roles. These steps are in train and once complete, the roles will be advertised via an open merit process to employ the right people to lead the important work of these new divisions.

## Getting involved

### 33. How can I get involved?

You can help this change process in the following ways:

- Direct people to these FAQ's and the [Building a stronger future](#) resource page, for accurate information about the change.
- Only share accurate information about the changes and don't engage in stories or gossip.
- Encourage people to ask questions of their line manager about the change, or to ask their question via the [ddhpeoplesmatter@health.qld.gov.au](mailto:ddhpeoplesmatter@health.qld.gov.au)

## Next steps

### 34. What happens next?

The process for us to transition through the announced changes has been divided into five phases.

#### Phase 1 – Planning and Getting Ready

This involved the Executive team working together with a small project group, to plan, organise and get ready to share the business case for change.

#### Phase 2 – Announcement (5 June 2025)

This involved an announcement via email and an All Staff Forum, briefing our people and other stakeholders.

#### Phase 3 – Consult and listen (5-20 June)

Involved talking with and supporting our people, making ourselves available to answer questions, listening to your views and concerns and gathering and theming your feedback.

#### Phase 4 – Decision (23 June - 25 July)

The Executive has taken your feedback into account in making their final decision. The final decision was communicated both by email and via an All Staff Forum. A phased implementation plan has been developed, see [here](#) for details.

#### Phase 5 – Transition (28 July onward)

Working through the [implementation plan](#) and taking action to support and work along-side our people as they transition through the changes.

#### Staff forums and other communication

There will be a series of staff forums to provide updates on progress and other communication throughout the transition and implementation process.