3.1 Leadership Team Models

A strong and resilient quarantine facility Leadership Team is required to collaborate across the pandemic response teams, remain current with public health emergency strategies and guide their staff teams to achieve their best for the residents. Working in the front line of a pandemic response is challenging and the workforce needs to have confidence in the sites Leadership Teams decision making and processes.

This section provides a comprehensive overview of the Leadership Team structures in a quarantine facility. It is noted this is based on a primary health approach with many health professionals forming the core leadership roles. The teams working across the facility are divided into groups representing their core functions for resident care, site infrastructure, resident supportive processes and administration.

The approach to team structures in alignment with site responsibilities will be presented by unpacking each of the leadership areas. It is noted that certain teams have also been presented in other sections of this resource including the Medical Service Leadership team in *Section 5 Health Wellbeing and Clinical Care*.

3.1.1 Leadership teams in quarantine

In the early stages of the declaration of a public health emergency, health leaders must make decisions quickly, often with limited information. Leaders of health organisations often relied on the compliance of their teams with little opportunity for work-team consultation due to focus on rapid actions to reduce the risk of disease transmission. It was therefore important that leadership teams had good communication strategies and skills to ensure their workforce had confidence in the decisions being made.

Within the CNR, the functional group leaders were represented across: Executive Director, Medical Director, Nursing Director, Quarantine Program Director, Director of Corporate Support, Service Quarantine, and Telewellbeing. Additional groups which were vital to the CNR operations included: the Department of Infrastructure Planning and Land (DIPL), NT Police, Australian Federal Police, Australian Defence Force, and contractors external to the government: cleaning and maintenance, security, and catering.

In an online survey for the Leadership Team to determine their perceptions and experiences of being in leadership roles at CNR there was a collaborative mission focus outcome of: *health, care* and *safe*. This demonstrates a focus on health and well-being as the core part of their mission with quarantine and isolation goals underpinned by the public health philosophy of protecting the community. This aligned with the Australian Health Protection Principal Committee (AHPPC) statement on National Principles for Managed Quarantine as presented:[1]

- *The priority for managed quarantine is to minimise the risk of transmission of COVID-19 and protect the Australian community. This is consistent with Australia's current strategy of suppression with a goal of no community transmission.*

- *Consistent with the AHPPC statement on continuous learning in managed quarantine for international arrivals, managed quarantine programs should apply a Framework for Continuous Quality Improvement. This should:*

    o *encourage an environment of constant vigilance*

    o *apply assurance processes with regular audits against standards for quarantine*

    o *regularly review controls and their effectiveness*

    o *share results of audits, evaluations and reviews with all states and territories to enable cross learnings.*

- *Best practice for managed quarantine should use a system based risk managed approach. This system considers risk of exposure and applies appropriate mitigations throughout the quarantine period. This includes arrival in Australia at international ports of entry, transfers and stays in quarantine facilities, and release from quarantine and return home or other location.[1]*
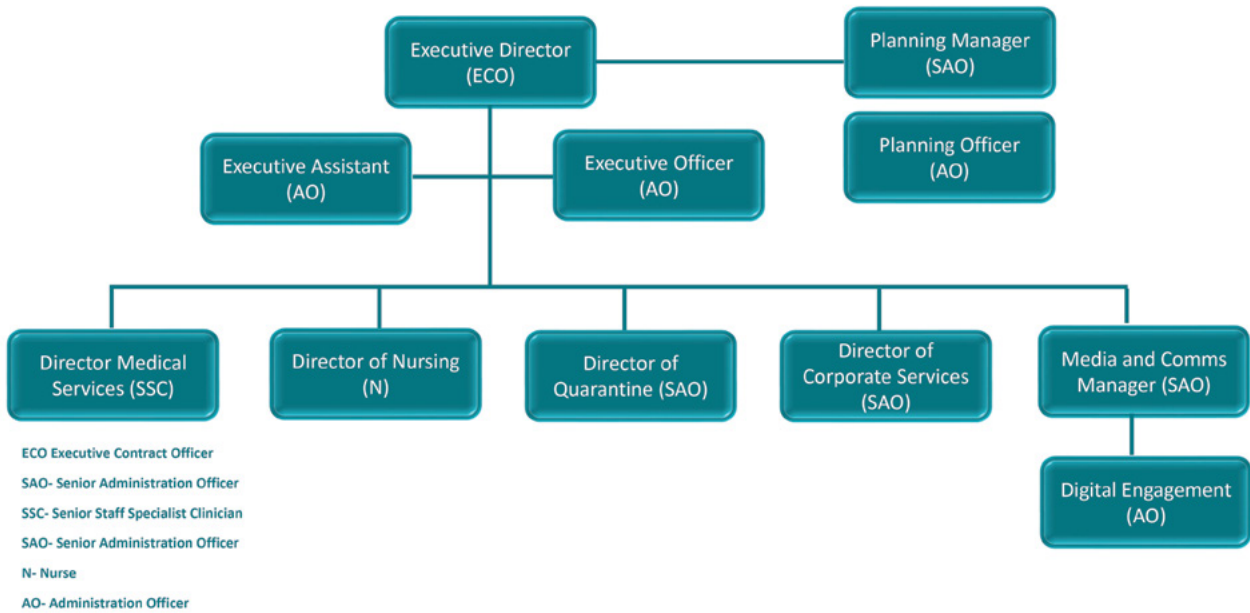
In the Leadership Team survey, people were asked to identify the main priorities of their roles. There were 15 participants and a total of 100 main priorities were identified in their responses (averages 6.6 core priorities for every leader). As seen in the table of results presented in Figure 1, the leadership teams were multitasking, with additional areas of catering and safety and quality in health care presented (not included on the survey list). The core duties centred on staff management, infection, prevention and control, communication and clinical administration.
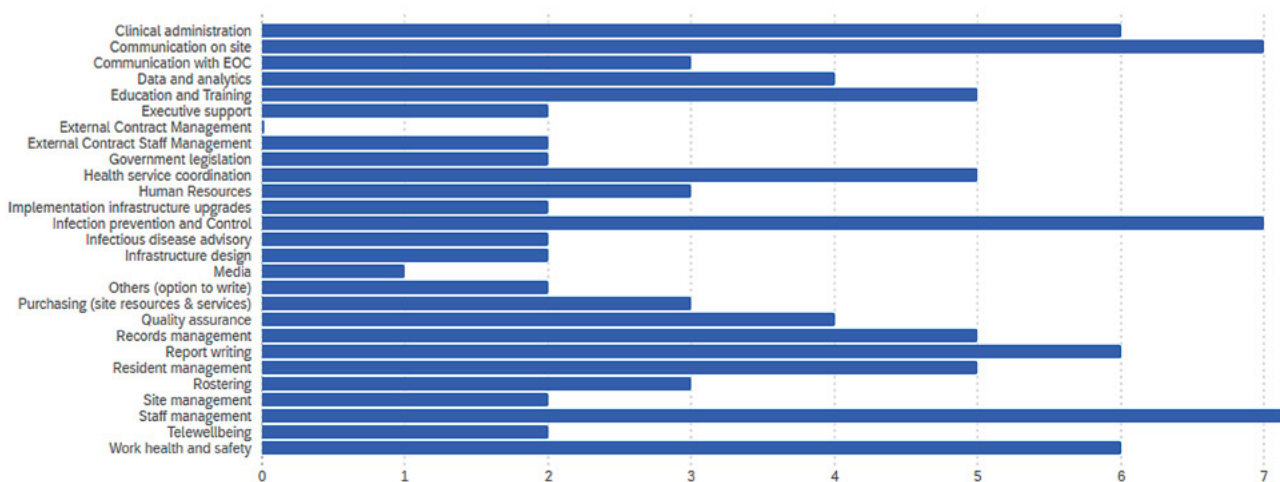
Section 3: Figure 2: CNR Leadership survey results identifying the main priorities of the roles for onsite leaders across Corporate Services, Digital Engagement, Education and Training, Executive Planning team, Finance Management, Infection Prevention and Control, Media and Comms Management, Medical Services, Nursing, Operations, Quarantine Services, Security Services, Tele Wellbeing, Work Health and Safety, Administration, Maintenance, Dispatch, Catering, Safety and Quality.

3.1.2 Executive Leadership Model


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                    ┌─────────────────┐                    ┌─────────────────┐
                    │ Executive Director │                  │ Planning Manager │
                    │      (ECO)        │                   │      (SAO)       │
                    └─────────────────┘                    └─────────────────┘
                                                            ┌─────────────────┐
         ┌─────────────────┐        ┌─────────────────┐    │ Planning Officer │
         │ Executive Assistant │     │ Executive Officer │   │      (AO)        │
         │      (AO)         │       │      (AO)        │    └─────────────────┘
         └─────────────────┘        └─────────────────┘
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| Director Medical Services (SSC) | Director of Nursing (N) | Director of Quarantine (SAO) | Director of Corporate Services (SAO) | Media and Comms Manager (SAO) |

Digital Engagement (AO)

ECO Executive Contract Officer
SAO- Senior Administration Officer
SSC- Senior Staff Specialist Clinician
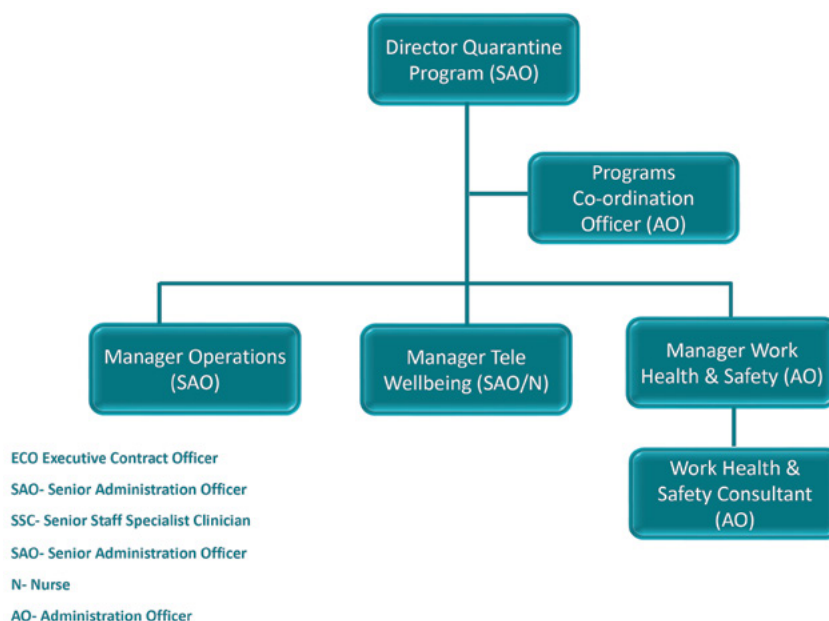SAO- Senior Administration Officer
N- Nurse
AO- Administration Officer

Section 3: Figure 3: Executive Leadership Model utlised in the Centre for National Resilience.

The executive group were based onsite and formed the main communication and strategy point for the quarantine service. They liaised with other areas of the NT pandemic response to coordinate service responses to priority situations. For example, a change in border restriction requirements will escalate the number of people requiring quarantine. However, this situation also affects many other teams of the pandemic response and thus coordinated action is required to ensure all teams are staffed and resourced to react. An outline of the different pandemic response areas for the NT has been presented in *Section 6: NT Pandemic Response Areas*. Although it is not reflected in this chart, the Executive Director was a health professional with extensive experience and knowledge of NT health systems.

Each of the Directors under the Executive Director were team leaders to another comprehensive team. The Executive Leadership Team held daily site meetings and produced the site reports (sit reps) for reporting to the Territory and Commonwealth government.

TOP END ACADEMIC HEALTH PARTNERS

3.1.3 Operations Leadership Model

ECO Executive Contract Officer
SAO- Senior Administration Officer
SSC- Senior Staff Specialist Clinician
SAO- Senior Administration Officer
N- Nurse
AO- Administration Officer

Section 3: Figure 4: Operations Leadership Model utlised in the Centre for National Resilience.

As presented in the Operations Leadership Model, this team are focused on the facility's daily operations, zone and room allocations, logistics, processes and include the Tele Wellbeing Team, warehouse/site resource management (including IPC and PPE requirements) and work health and safety. The Operations Team are one of the bigger teams onsite in regard to staff numbers and are primarily administration level roles.

Director Quarantine Program

The Director Quarantine Program as a member of the senior leadership team, had oversight of the service provision for facilities management, transport and logistics, work, health and safety, and contract management to support the effective operations of the CNR. Leading operations for the delivery of high quality, client focused, effective and efficient services. Leadership roles for this position extended to ensuring defined service quality standards, work health and safety policies and procedures relating to the work being undertaken to ensure a high quality, safe service and workplace. The management of facilities included managing Catering and Security teams and engaging relevant inter and intra sector stakeholders, to support the achievement of strategic and operational goals across a range of quarantine program functions.
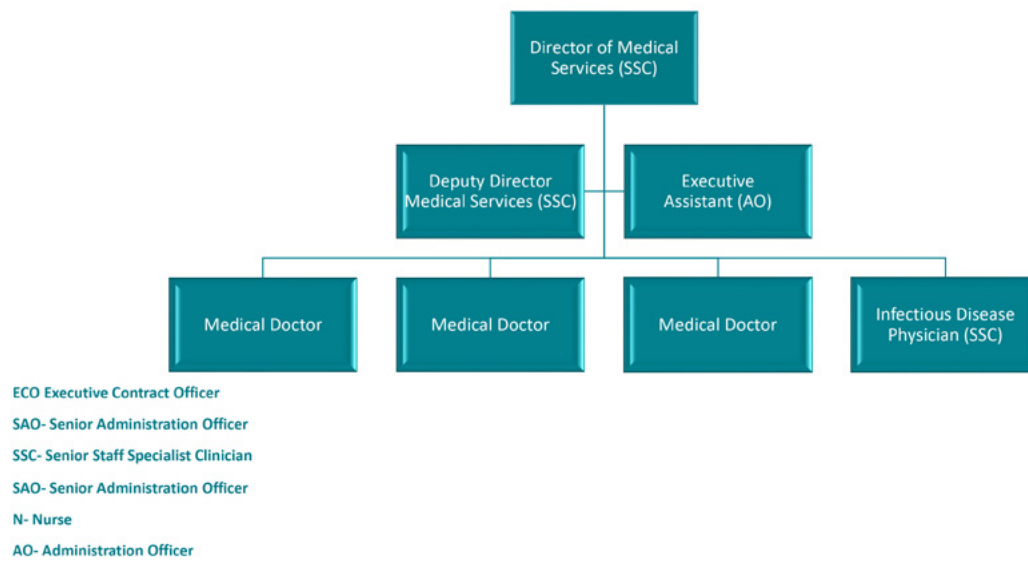
3.1.4 Clinical Leadership Model
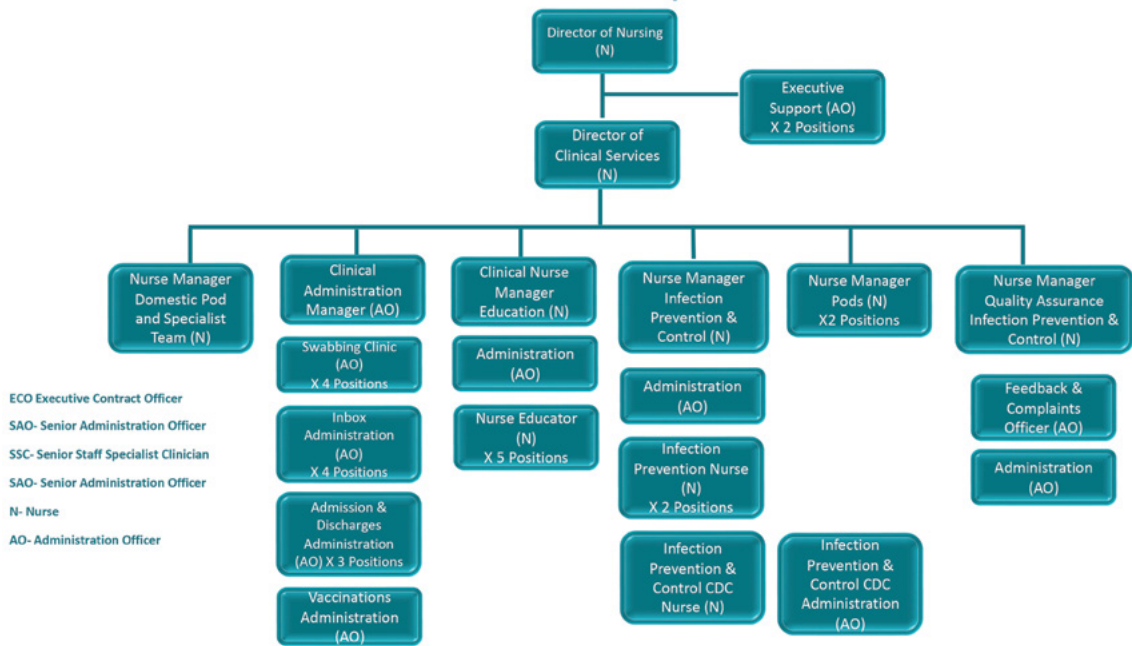
Section 3: Figure 5: Clinical Services Leadership Model utlised in the Centre for National Resilience.

The teams which fall under the Clinical Services Leadership Model include the pod/health teams responsible for the face-to-face care of residents, vaccination clinic, swabbing clinic, Specialist Team, infection prevention and control, facility education and training (and staff orientation) and site quality assurance activities. This area consisted of the largest staff body in the facility and incorporated nursing, assistant in nursing (student nurses), administration staff, interpreters and registered health professionals (physiotherapist, social work, occupational therapist, mental health and alcohol and other drug nurse specialist).

All members of this Leadership Team were located onsite and accessible and visible to their team members.

3.1.5 Medical Service Leadership Team

ECO Executive Contract Officer
SAO- Senior Administration Officer
SSC- Senior Staff Specialist Clinician
SAO- Senior Administration Officer
N- Nurse
AO- Administration Officer

Section 3: Figure 6: Medical Services Leadership Team Model utlised in the Centre for National Resilience.

The roles, structure and responsibilities of the Medical team is presented in full in *Section 5: Health, wellbeing and clinical care*. This includes:

- Primary objectives, duties and responsibilities for the Medical Team.
- Director of Medical Services role.
- Deputy Director of Medical Service role.
- General Practitioner role.
- Administering prescriptions.
- Medical referrals (internal and external).
- Issuing personal alarms.
- Working with positive residents.

TOP END ACADEMIC HEALTH PARTNERS

3.1.6 Corporate Service Model
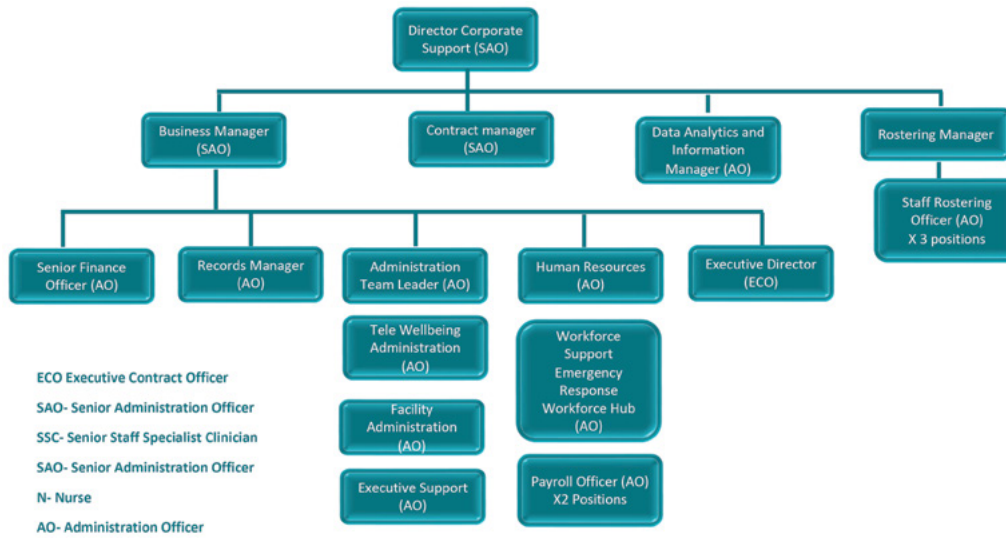
Section 3: Figure 7: Corporate Services Leadership Model utlised in the Centre for National Resilience.

Corporate services are vital for any health service provision and require a coherent team structure ensuring all essential services are covered. The Corporate Service Team are recommended to complete the standard orientation (which includes IPC and PPE practices) prior to their commencement even though their roles may not require direct resident interaction or entering a resident orange or red zone. This ensures all onsite staff are educated on safe IPC practices and understand the work environment.

Positions unique to the quarantine facility which appear in the corporate services model are the addition of the Tele Wellbeing Administration. The Tele Wellbeing team roles are outlined further in both this section (*Section 3: Health Workforce*) and *Section 4 Resident Care*.

The other positions are Workforce Support, and the Emergency Response Workforce (ERW) Hub. The ERW Hub is a recruitment team dedicated to servicing staff recruitment needs for the pandemic response teams. This position in the quarantine service is multi-focussed on staff recruitment, liaising with the ERW Hub and ensuring the quarantine facility's staff requirements are met.

3.1.7 Leadership meetings

The Leadership Team meetings are a daily morning meeting vital to overview core site functions, address any emergent issues and forward plan. These meetings need to include Team Leaders/Managers across each of the Leadership Teams (as represented in the above outlines) as well as site security, catering, cleaning, DIPL, work health and safety, defence force, Police (local and federal) and emergency operations centre.

Section 3: Table 1: Leadership meetings agenda items and examples	
Meeting topic focus	**Example in practice**
Site residents and zones	Number of residents onsite, arrivals and departure plans Zones in operation and zones undergoing maintenance
Incidents onsite	Unable to access an onsite administration building
Border Arrivals	Repatriation flight arrivals Domestic flights arriving from hot spot areas International flights- Expected group arrivals for seasonal fruit pickers Border arrivals via road, rail or sea.
Functional group updates	
Leadership	**Example in practice**
Executive Director	CHO Direction updates Incidents requiring full Leadership Team negotiation
Emergency Operations Centre	Notification of pandemic team responses which may impact the quarantine service. International, national or local pandemic responses of significance
Medical Director	Resident health issues Number and management of disease positive residents Transfers to acute care services Communicable disease incidents of concern (for example high rates of influenza in the community which may impact staffing numbers) Vaccination updates

Nursing Director	Health workforce (Pod Teams) staffing, movement and progress Red Zone update (positive resident cases) Number of positive disease cases onsite
Quarantine Program Director (Operations)	Site status in relation to rooms, residents, and zones (across humanitarian, repatriation, domestic and international) expected day overview including arrivals and departures, Quality and assets onsite reports
DIPL	Reports regarding infrastructure, site access and site roads. External fencing plans.
Director of Corporate Services	Feedback on human resources, and rostering.
Police	Residents of concern in relation to non-compliance to CHO Directions. Person refusing to leave quarantine
Security	Entry checkpoint issues (contractor staff wanting to enter the site who are not vaccinated). Reports from security stations situated at the entrance to every resident zone.
Catering	Issues with meal requests Changes of times to leave meals for residents. Identification of specific cultural groups arriving and cultural food considerations required.
Cleaning	Numbers of room out of action for cleaning Work health and safety issues for cleaning staff
Work health and safety	Ensuring CNR complies with safety standards and legislation, providing advice and reporting on work-related health and safety risks. Risk register updates.

TOP END ACADEMIC HEALTH PARTNERS