3. Current model

The current organisational structure of Canberra Health Services, as at 1 October 2018, is at Attachment A. There have been no changes to: operational service delivery, models of care, quality and standards management or the CHS Corporate structure since that date.

4. Future model

4.1. Scope of the future model

For the majority of business units, roles and positions will remain the same with the only change being to reporting lines and divisions.

While it is acknowledged that further work needs to be undertaken in regard to some areas and functions across CHS, this body of work will be undertaken in the future and will be the subject of separate consultation processes. An example of this is the services we provide to our Aboriginal and Torres Strait Islander community and making sure, in partnership with the ACT Health Directorate and other health services in the Territory, that we provide the best services possible.

4.2. Benefits of the future model

As the Canberra community continues to grow, it is important that our health service grows to keep up with increasing demand and changing needs to deliver person-centred, safe and effective health care services. The creation of CHS provides an opportunity to focus on what CHS does best – provide high quality, safe and person centred health services. CHS is committed to delivering acute, sub-acute, primary and community-based health services to the ACT community while ensuring CHS has a strong focus on safety and quality, operational effectiveness, efficiency and accountability.

There have been a number of benefits identified in moving ahead with the proposed restructure including;

- Clarification of roles, functions and relationships across CHS will lead to improved performance and reduced duplication of resources.
- Continuous patient safety and quality of care improvements through effective delivery of person-centred, efficient health care. Improved accountability for operational service delivery, quality and standards management.
- Greater focus on clinical services with a more streamlined delivery of quality public health services.
- A focus on patient care and improved health outcomes for the ACT community.
- Improved focus within the corporate areas on delivering enhanced end-to-end support to clinical areas of CHS.
- Better support for CHS's commitment to providing a world-class, safe, high-quality, sustainable health system by having the right staff in the right place at the right time to deliver the right care.
- More effective and timely delivery of infrastructure, supply, workforce and finance services across CHS will support improvements to patient care.
- Improved organisational structures, governance and accountabilities to guide and support clinicians, managers and all staff to fulfil their roles to the best of their ability and in the best interest of their clients and patients.
- Having skilled and committed health professionals delivering a high quality of care by both national and international standards.
- Providing a quality health service that reflects an understanding of the diverse needs of our patients and clients

The proposed CHS realignment will support the strategic priorities of CHS to provide more effective and efficient hospital services through improving clinical and non-clinical processes across health services; and implementing and reporting on common efficiency and benchmarking standards.

4.3. Proposed changes

Further detail is provided below regarding proposed changes.

4.3.1. Chief Operating Officer

It is proposed that the Deputy Director General, Clinical will be called the Chief Operating Officer (COO) and will be able to focus on the clinical operations of the service enabling more of a focus on patient flow across CHS.

The Assistant Director of Nursing, Patient Flow will report directly to the COO and include Canberra Hospital After Hours Hospital Management functions from Nursing Clinical Support Services. All other functions currently reporting to the Chief of Clinical Operations will report directly to the COO. This will mean that there is no longer a need to also have the Chief of Clinical Operations (CCO) role and it is proposed that this role will be disestablished. All clinical Divisions will continue to report directly to the COO.

Reporting to the Chief Operating Officer will be:

- **Territory Wide Surgical Services** from Clinical Operations, see Attachment C.
- **Patient Flow and the Transit Lounge** from Clinical Operations, see Attachment C.
- **Canberra Hospital After Hours Hospital Management** from Clinical Support Services, see Attachment D.
- **Business Continuity**
- **Emergency Management**
- **Cross Boarder Relations**
- **All Clinical Divisions (other than those reporting to EDMS)**

4.3.2. Executive Director Medical Services

The Director Medical Services (DMS) role will become the Executive Director, Medical Services (EDMS). This role will provide high-level leadership, strategic direction and advocacy in the medical services across CHS and will maintain professional responsibilities for medical staff and related matters. It is proposed that this role will take on operational responsibility for Pathology, Medical Imaging, Pharmacy and Biomedical Engineering (Health Care Technology Management) as well as current functions reporting to the DMS. The realignment of these functions to the EDMS will enhance clinical oversight of these areas. The Executive Director Medical Services (EDMS) will report directly to the Chief Executive Officer (CEO).

At implementation it is proposed that the following functions will report to the EDMS:

- **Pathology Department**, from DDG Clinical
- **Medical Imaging Department**, from DDG Clinical
- **Pharmacy Department** from Clinical Support Services, see Attachment D
- **Health Care Technology Management** (formerly Biomedical Engineering) from Clinical Support Services, see Attachment D

The following functions will continue to report to the EDMS:

- GP & Primary Health
- JMO / MOSCETU
- Library

4.3.3. Executive Director Nursing and Midwifery

The Director Nursing and Midwifery (DNM) role will become the Executive Director, Nursing and Midwifery (EDNM). This role will provide high-level leadership, strategic direction and advocacy in the nursing services across CHS and will maintain professional responsibilities for nursing staff and

related matters. It is proposed that this role and will take on operational responsibility for nursing and ward support functions that currently report to Director Clinical Support Services. This will include Nursing Clinical Support and Ward Services. The Executive Director, Nursing and Midwifery (EDNM) will report directly to the Chief Executive Officer (CEO).

At implementation it is proposed that the following functions will report to the EDNM:

- **Nursing Clinical Support** from Clinical Support Services, see Attachment D including:
  - E-Rostering
  - Infection Prevention and Control
  - Nursing Support Services including:
    - IV Infusion Pump Educator
    - Tissue Viability Unit
    - Spiritual Support Services
    - N&M Resource Office
      - * Please note: Canberra Hospital After Hours Management is proposed to report to Director Patient Flow
- **Nursing Administration** including:
  - Grad Nurse Holding Pool
  - Casual AIN
- **Ward Support Services** from Clinical Support Services, see Attachment D including:
  - CH Ward Clerks including PLAT
  - Hospital Assistants
  - Wardspersons
  - Central Equipment and Courier Services

4.3.4. Director Allied Health

The Director, Allied Health (DAH) will report directly to the Chief Executive Officer, CHS. This role will provide high-level leadership, strategic direction and advocacy in the management of Allied Health services across CHS and will maintain professional responsibilities for health professional staff and related matters. In addition, the Director of Allied Health Services will lead the development of integrated approaches to service delivery through a multidisciplinary approach across the continuum of care for CHS. It is proposed that this role will take on operational responsibility for the Acute Support function currently residing in the Medicine Division which would be renamed Acute Allied Health Services.

At implementation it is proposed that the following functions will report to the DAH:

- **Acute Allied Health Services (formerly known as Acute Support Services)** from the Division of Medicine to DAH including:
  - Aboriginal Liaison
  - Exercise Physiology
  - Occupational Therapy
  - Psychology
  - Speech Pathology
  - Audiology
  - Nutrition
  - Physiotherapy
  - Social Work

The following functions will continue to report to the DAH:

- Allied Health Education
- IPL Educator
- Allied Health Assistant Coordinator
- Administration Support

4.3.5. Titles of Divisions and Units

It is proposed to rename the following Divisions and Units to better reflect the services they are proposed to provide. Further detail is provided in in the sections below to reflect why the changes to titles is proposed:

- Surgery and Oral Health to be called Surgery.
- Cancer, Ambulatory and Community Health Support to be called Cancer and Ambulatory Services (CAS).

- Rehabilitation Aged Care and Community Care to be called Community, Aged Care and Rehabilitation (CACR).
- Health Infrastructure Services to be called Infrastructure Management and Maintenance (IMM).
- Quality, Safety and Governance to be called Quality, Safety, Innovation and Improvement (QSII).
- Operational Performance to be called Finance and Business Intelligence (FBI).
- Clinical Records to be called Health Information Services
- Biomedical Engineering to be called Health Care Technology Management (HCTM).
- Acute Support Services to be called Acute Allied Health Services (AAHS).

4.3.6. Cancer and Ambulatory Support (CAS)

The following functions will continue to report to CAS:

- Ambulatory Care Support
  - Central Health Intake
  - Central Outpatients
  - Transcription
  - Strategic Support
- Immunology
- Medical Oncology
- Radiation Oncology
- Haematology
- Palliative Care
- BreastScreen ACT
- Cancer Support Services

At implementation it is proposed that the following functions will report to the Executive Director CAS:

- **Medical Physics and Radiation Engineering** from Clinical Support Services to Cancer and Ambulatory Services, see Attachment D.

Community Health Centres and the Walk-in Clinics have natural synergies with community care so it is proposed to realign these Centres from Cancer and Ambulatory Services to Community, Aged Care and Rehabilitation. Therefore, at implementation it is proposed that the following functions that currently reside within this division will report to other divisions:

- **Community Health Centres** to be realigned from Cancer and Ambulatory Services to Community, Aged Care and Rehabilitation.
- **Walk-in Centres**, to be realigned from Cancer and Ambulatory Services to Community, Aged Care and Rehabilitation.

4.3.7. Critical Care (CC)

The following functions will continue to report to CC:

- Emergency Department
- Intensive Care
- Capital Region Retrieval Service
- CC Nursing
- CC Operations

At implementation it is proposed that the following functions will report to the Executive Director CC:

- **Donate Life** from DDG Clinical.
- **ACT Trauma Unit** to Critical Care from Surgery.

At implementation it is proposed that the following functions will report to other divisions:

- **Early Recognition of the Deteriorating Patient** to the ED Quality Safety Innovation and Improvement.
- **Acute Surgical Unit** to the ED, Surgery.

4.3.8. Community, Aged Care and Rehabilitation (CACR)

The following functions will continue to report to CACR:

- Client Support Services
- CACR Allied Health and Operations
- Rehabilitation Medicine
- Geriatric Medicine
- Community Care
- CACR Nursing including
  - UCH After Hours Hospital Management

At implementation it is proposed that the following functions will report to the Executive Director CACR:

- **Community Health Centre Management** from CAS, including:
  - Belconnen Health Centre
  - City Health Centre
  - Dickson Health Centre
  - Gungahlin Health Centre
  - Phillip Health Centre
  - Tuggeranong Health Centre.
- **Walk-in Centres** from CAS:
  - Belconnen Walk-in Centre
  - Gungahlin Walk-in Centre
  - Tuggeranong Walk-in Centre
- **Dental Health Program** from Surgery

At implementation it is proposed that **UCH BGIS Contract Management** will report to IMM.

4.3.9. Medicine

The following functions will continue to report to Medicine:

- Clinical
- Gastroenterology & Hepatology
- Infectious Disease
- Chronic Disease
- Clinical Forensic Medicine
- Respiratory & Sleep Medicine
- Canberra Clinical Genomics Service
- ACT Diabetes Service
- Dermatology
- General Medicine
- Cardiology
- Endocrinology
- Neurology
- Canberra Sexual Health Clinic
- Rheumatology
- Renal
- Medicine Operations

At implementation it is proposed that **Acute Allied Health Services (formerly known as Acute Support Services)** will move from the Division of Medicine to DAH including:

- Aboriginal Liaison
- Exercise Physiology
- Occupational Therapy
- Psychology
- Speech Pathology
- Audiology
- Nutrition
- Physiotherapy
- Social Work

4.3.10. Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS)

There are no changes proposed for this Division.

4.3.11. Surgery

The following functions will continue to report to Surgery:

- Peri-operative Unit
- Department of Anaesthesia, Peri-operative Medicine & Pain Management
- Surgical Bookings/ Pre-admission Clinic
- Surgical Wards
- Clinical Chair of Surgery
- Pain Management Unit/Clinic
- Trauma and Orthopaedic Research Unit
- General Surgery
- Ophthalmology Surgery/Eye Clinic
- Neurosurgery

- Vascular Surgery
- Urology Surgery
- Cardiac Surgery/Perfusion Service
- Thoracic Surgery
- Orthopaedic Surgery
- Plastic and Reconstructive Surgery
- Oral Maxillo-Facial Surgery
- Ear, Nose and Throat Surgery
- Surgical Administration

At implementation it is proposed that the following functions will report to other divisions:

- **Dental Health** will move from the Surgery to CACR.
- **Acute Surgical Unit** will move from Critical Care to Surgery.
- **Surgical Assessment and Planning** will move from Critical Care to Surgery.

4.3.12. Women's Youth and Children (WYC)

There are no changes proposed for this Division

4.3.13. Infrastructure Management and Maintenance (IMM)

The placement of Infrastructure Management and Maintenance Division (formerly Health Infrastructure Services) in CHS as a result of the transition creates an opportunity for IMM to assume responsibility for services currently within Clinical Support Services.

The following functions will continue to report to IMM:

- Facilities Maintenance and Management
- Operations Support
- Project Delivery Tier 2 & 3
- Accommodation and Leasing
- Fleet
- Volunteer Management
- Client Services, Security & Emergency
- Mailroom Services
- Main TCH Reception
- TCH Switchboard
- Telephony Account/Mobile
- Arts Curator

At implementation it is proposed that the following functions will report to the Executive Director IMM:

- **Logistic Support Services** from Clinical Support Services, see Attachment D including:
  - Food Services,
  - Supply Services
  - Domestic and Environmental Services
  - Sterilising Services
- **UCH BGIS Contract Management** from CACR

4.3.14. Finance and Business Intelligence (FBI)

The following functions will continue to report to FBI:

- Data and Reporting
- Finance and Procurement

At implementation it is proposed that the following functions will report to the Chief Financial Officer:

- **Health Information Services (formerly Clinical Records)** from Clinical Support Services, see Attachment D

4.3.15. Quality, Safety, Innovation and Improvement (QSII)

The following functions will continue to report to QSII:

- Quality and Safety
- Governance
- Risk, Audit and Compliance

At implementation it is proposed that **Early Recognition of the Deteriorating Patient** will move from Critical Care, and report to the ED QSII.

4.3.16. People and Culture

Aligned with the decisions made leading up to transition a HR business partnership model for CHS is intended. The proposed model will provide a strong focus on partnering with leaders across CHS to build capability, improve culture, better plan our workforce and provide responsive HR services. Work on a proposed model has commenced and will be aligned with the CHS structure.

4.3.17. Units to be fully realigned to other divisions

- **Clinical Operations**

  With the movement of the functions currently reporting to the Chief of Clinical Operations to report to the COO there will be no need for this division into the future. Please see Attachment C for a full picture of the movement of functions from Clinical Operations.
  - **Patient Flow and Transit Lounge** will report to the Chief Operating Officer, see Attachment C, and
  - **Territory Wide Surgical Services** functions will report to the Chief Operating Officer, see Operating Officer, see Attachment C

  This will mean that there is no longer a need for the Chief of Clinical Operations (CCO) role and it is proposed that this role will be disestablished.

- **Clinical Support Services**

  The result of the realignment of these services to EDNM, FBI and IMM means that it is proposed that the Clinical Support Services division will not exist in its current form. Please see Attachment D for a full picture of the movement of functions from Clinical Support Services.
  - **Pharmacy** reports to the Executive Director, Medical Services, see Attachment D.
  - **Medical Physics and Radiation** reports to the Executive Director, Cancer and Ambulatory Services, see Attachment D.
  - **Director of Nursing** reports to the Executive Director, Nursing and Midwifery
  - **Clinical Records** will be known as Health Information Services and all functions report to the Chief Financial Officer see Attachment D.
  - **Canberra Hospital After Hours Hospital Management** will report to Chief Operating Officer, see Attachment D.
  - **Biomedical Engineering** to be known as Health Care Technology Management and will report to the Executive Director, Medical Services, see Attachment D.
  - **Logistic Support Services** functions will report to the Executive Director, Infrastructure Management and Maintenance, see Attachment D.

4.3.18. Current Roles

Administration functions will by and large stay with or move with the units they are currently aligned to. There will be no changes to the work arrangements of most staff beyond some realigned senior reporting lines. Some individuals may be specifically impacted and where they have already been identified they have been informed prior to the release of this paper.

There will be no job losses for non-Executive staff as a result of the realignment. Where positions are impacted, we will work with affected staff to ensure that they are able to be redeployed to similar roles and functions.

Where units are being realigned to a new Division, in the majority of cases the whole unit will move. However it is appreciated that in some cases, and particularly for some managers who have

responsibility over several units and where not all are moving, further discussion will need to occur to determine the best approach.

The focus of the proposed CHS restructure is to stabilise the CHS organisational structure which will enable a complementary realignment of Divisions and work unit reporting lines and relationships ensuring the optimal alignment of work areas.

Under the proposed CHS restructure, the position of Chief Clinical Officer and Director, Clinical Support Services will be disestablished. Most of the Executive positions are not substantively filled. Therefore, a recruitment of these positions will commence after the consultation period is finished and a structure is finalised. In the meantime, current staffing arrangements will continue.

4.3.19. Implementation of the future model

Given the scope of this restructure, Canberra Health Service (CHS) staff will be impacted to differing degrees. For the majority of teams and work areas roles and positions will remain the same with the only impact being a change in reporting lines at the senior level.

The implementation of the proposed restructure of Canberra Health Services is intended to commence on 1 March 2019.

Consultation will be undertaken prior to the implementation phase of the proposed CHS restructure followed by a review of feedback received, amendments if required to the proposed organisational structure following the consultation and feedback processes, and endorsement of the final proposed structure by the CEO.

The rationale for the restructure will be articulated and communicated to all affected staff. This will include ensuring effective messaging, feedback loops and the required reach to all relevant staff.

Roles and responsibilities will be clearly articulated and empower leaders at different levels to engage with and lead staff through the proposed CHS restructure.

Once the structure is endorsed many of the executive positions within the structure will need to be advertised and recruited to. This will occur as a matter of priority.

5. Consultation methodology

The proposals in this consultation paper have a clear purpose: to take an organisation-wide view regarding the structure of the Canberra Health Services we need in order to deliver the best support we can for our staff and clients.

To ensure effective consultation, employee participation and staff input in the consultation process for the proposed CHS Restructure CHS will conduct the consultation process in accordance with Section G of the Enterprise Agreement.

To ensure we consult effectively with Unions and staff a number of meetings will be held. These meetings will provide all parties with an opportunity to find out more about the consultation process and the proposed new structure. These meetings will be an ideal opportunity to raise any concerns staff may have and ask questions.

Feedback from staff and Unions on the proposed structure is critical to the success of the structure into the future and will assist in further shaping the final decision.

We are now seeking your feedback on the proposed CHS structure. The consultation period commences on 11 December 2018 and will end on 11 January 2019.

All written feedback will be treated as confidential.

Feedback can be provided via email to HRconsultation@act.gov.au or anonymously through survey monkey at https://www.surveymonkey.com/r/reviewoforgstructure

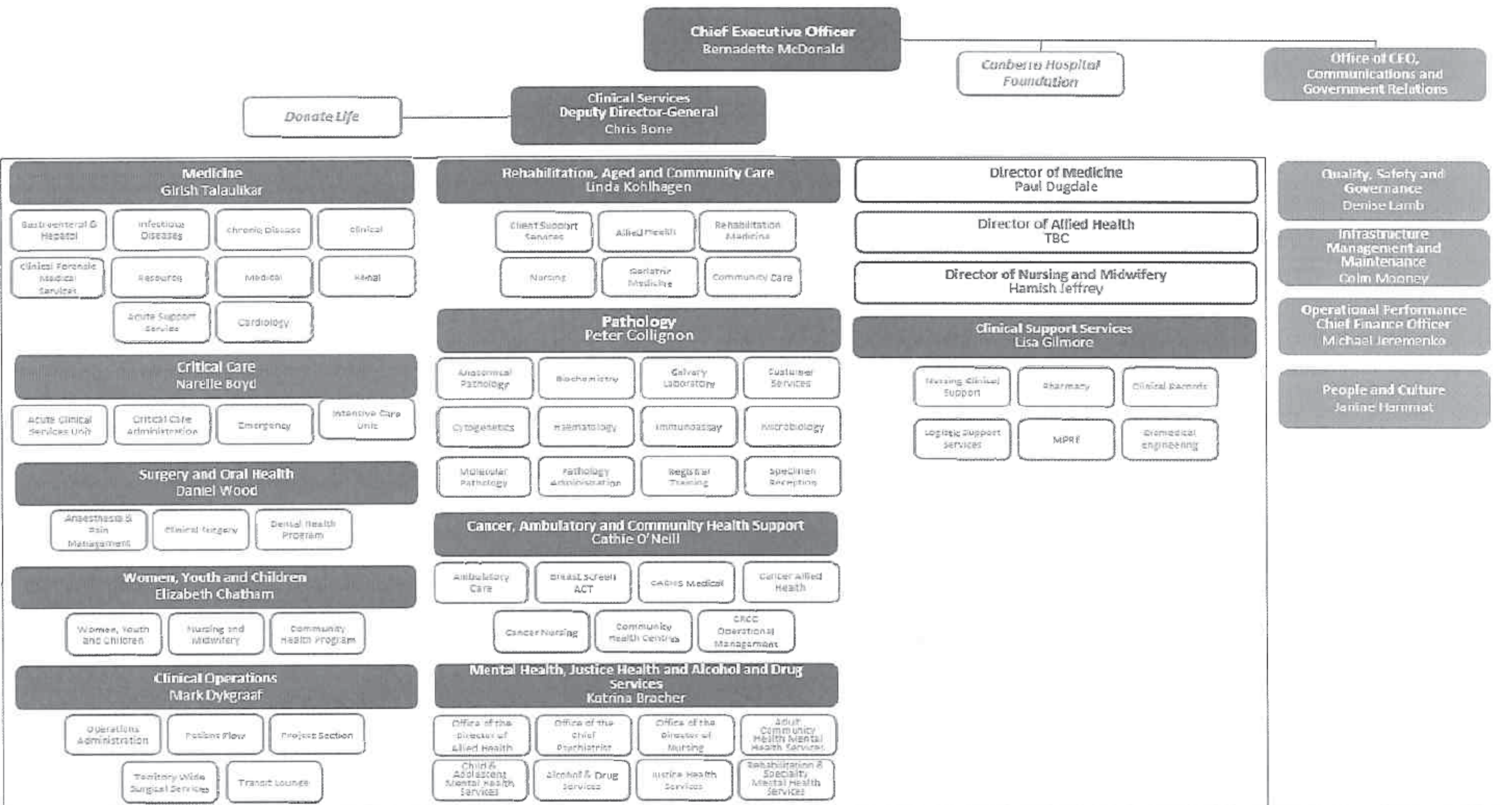
For any further information relating to the proposed restructure of Canberra Health Services and subsequent consultation process, please contact Jackie Laws on 512 49611 or via email: Jackie.laws@act.gov.au

6. References

Document	Author
ACT Health Strategic Plan	ACT Health
Clinical Services Plan	Canberra Health Services (CHS)
Relevant Enterprise Bargaining Agreements	ACT Health and CHS

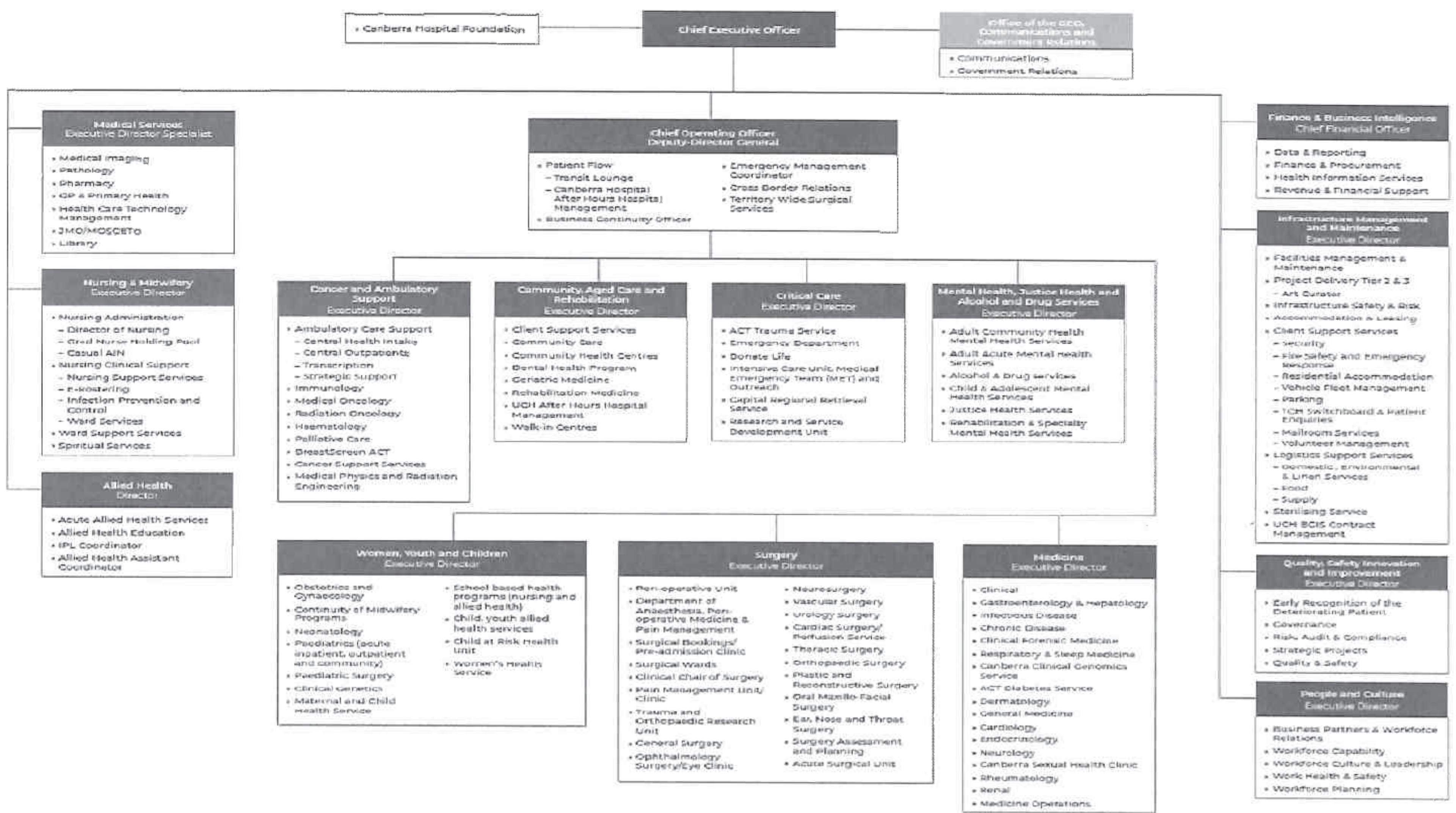
Attachment A

Current Canberra Health Services Organisational Structure



Attachment B

Proposed Canberra Health Service Organisational Structure



Attachment C

Clinical Operations Division

Attachment D

Clinical Support Services

Proposed new Section/Team reporting line