



**ACT**  
Government

**Canberra Health  
Services**

FOI18-124

Dear [REDACTED]

**Freedom of information request: FOI18/124**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by Canberra Health Services on 9 January 2019.

In your application you requested:

*Please provide the following documents in relation to the proposed Canberra Health Services restructure between 1 October 2018 and present.*

- *CEO Messages to staff in relation the proposed restructure.*
- *Final consultation document for staff.*
- *Briefings prepared for the Minister for Health and Wellbeing or Minister for Mental Health.*
- *Communications Strategy.*
- *SES Briefing Packs.*
- *Correspondence between the office of the CEO CHS and the offices of ACT Health Director General, Minister for Health and Wellbeing or Minister for Mental Health.*
- *Letters to Unions, professional organisations and staff of CHS.*

I am an Information Officer appointed by the Director-General of ACT Health under section 18 of the Act to deal with access applications made under Part 5 of the Act.

Canberra Health Services was required to provide a decision on your access application by 7 February 2019.

Decision on access

Searches were completed for relevant documents and five documents were identified that fall within the scope of your request.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

I have decided to grant full access to four documents and partial access to one document as documents identified as relevant to your request contain information that I consider to be information that would, on balance, be contrary to the public interest to disclose under the test set out in section 17 of the Act.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- the FOI Act, Schedule 1 and Schedule 2;
- the content of the documents that fall within the scope of your request;
- the *Human Rights Act 2004*.

My reasons for deciding to grant partial access to the information in Document Number 5 of the identified documents is that the documents are composed of, or contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in these documents is personal information about individuals.

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1. I have identified that the following factor favours non-disclosure:

- Schedule 2 2.2 (ii) - prejudice the protection of an individual's right to privacy or any other right under the *Human Rights ACT 2004*.

On balance, the information identified is contrary to the public interest and I have decided not to disclose this information.

#### Charges

Processing charges are not applicable for this request under Section 107 (2) (e) of the Act.

#### Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

You may view ACT Health's disclosure log at <https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published on ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601

Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)

ACT Civil and Administrative Tribunal (ACAT) review

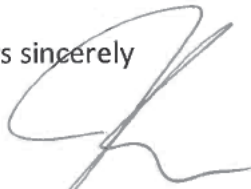
Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
Level 4, 1 Moore St  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

If you have any queries concerning the ACT Health's processing of your request, or would like further information, please contact the FOI Coordinator on 5124 9831 or e-mail [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely



Janine Hammat  
**Executive Director**  
People and Culture

31 January 2019

## FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div>	<p>Please provide the following documents in relation to the proposed Canberra Health Services restructure between 1 October 2018 and present.</p> <ul style="list-style-type: none"> <li>• CEO Messages to staff in relation the proposed restructure.</li> <li>• Final consultation document for staff.</li> <li>• Briefings prepared for the Minister for Health and Wellbeing or Minister for Mental Health.</li> <li>• Communications Strategy.</li> <li>• SES Briefing Packs.</li> <li>• Correspondence between the office of the CEO CHS and the offices of ACT Health Director General, Minister for Health and Wellbeing or Minister for Mental Health.</li> <li>• Letters to Unions, professional organisations and staff of CHS.</li> </ul>	<p>FOI18-124</p>

Document No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1	1 - 29	CEO Messages to Staff	06/11/2018 - 10/01/2019	Full		Yes
2	30 - 45	Final consultation document for staff – Canberra Health Services Proposed Structure	Undated	Full		Yes
3	46 - 53	Communication Strategy – Realignment of the Canberra Health Services Organisational Structure – Communications Action Plan	Undated	Full		Yes
4	54 - 101	SES Briefing Packs – Cascade Briefing Packs	Undated	Full		Yes
5	102 - 149	Letters to Unions, professional organisations and staff of CHS – CHS Realignment e-mails – each e-mail included a copy of the Canberra Health Service Proposed structure (folio 134 – 149)	11/12/2018	Partial	Schedule 2, section 2.2 (a) (ii)	Yes
<b>Total No of Docs</b>						
5						

**Trevillian, Sarah (Health)**

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**From:** CEOHealth  
**Sent:** Thursday, 10 January 2019 3:12 PM  
**To:** ##All Staff ACT Health  
**Subject:** A message from the CEO - Consultation on the proposed changes to our organisational structure closes tomorrow!

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## A message from the CEO

### Bernadette's Bulletin



Thursday 10 January 2018

Good afternoon,

I would like to remind you that the staff consultation process for the proposed changes to the Canberra Health Services organisational structure closes tomorrow, Friday 11 January.

If you haven't had an opportunity to consider the proposed changes I encourage you to do so, and to provide feedback by emailing [HRconsultation@act.gov.au](mailto:HRconsultation@act.gov.au) or by completing the online survey.

It is important the structure reflects the way we work now and the way we need and want to work in the future—which is why your input is critical.

For more information about the proposed changes visit the Canberra Health Services organisational structure page on Health Hub, talk to your manager or send an email to [HRconsultation@act.gov.au](mailto:HRconsultation@act.gov.au).

Bernadette  
Chief Executive Officer, Canberra Health Services  
[Bernadette.McDonald@act.gov.au](mailto:Bernadette.McDonald@act.gov.au)

[www.health.act.gov.au](http://www.health.act.gov.au)

**Trevillian, Sarah (Health)**

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**From:** CEOHealth  
**Sent:** Wednesday, 19 December 2018 3:15 PM  
**To:** ##All Staff ACT Health  
**Subject:** A message from the CEO - Staff forum video

UNOFFICIAL



## A message from the CEO

### Bernadette's Bulletin



Wednesday 19 December 2018

Good afternoon,

I recently held a number of staff forums where I gave an update on the work we are doing to settle our organisational structure.

For those of you who were unable to attend the forums, a video of one of the sessions is now available.

If you haven't already done so, I encourage you to take a look at the structure and provide feedback by emailing [HRconsultation@act.gov.au](mailto:HRconsultation@act.gov.au) or completing the online survey. **Submissions close on 11 January 2019.** All feedback will be treated in confidence.

For more information about the proposed structure, visit the HRConsultation page on Health Hub, talk to your manager or send an email to [HRconsultation@act.gov.au](mailto:HRconsultation@act.gov.au).

Bernadette  
Chief Executive Officer, Canberra Health Services  
[Bernadette.McDonald@act.gov.au](mailto:Bernadette.McDonald@act.gov.au)

[www.health.act.gov.au](http://www.health.act.gov.au)

**Trevillian, Sarah (Health)**

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**From:** CEOHealth  
**Sent:** Tuesday, 11 December 2018 3:15 PM  
**To:** CEOHealth; ##All Staff ACT Health  
**Subject:** RE: A message from the CEO - Consultation on the proposed CHS structure

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Hello all

We have heard that some people are experiencing difficulties with the online survey as referenced below.

The team are working on getting this fixed as soon as possible and I will provide advice when this has been resolved.

Apologies for the inconvenience.

Kind regards  
Nicole

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**From:** CEOHealth  
**Sent:** Tuesday, 11 December 2018 1:33 PM  
**To:** ##All Staff ACT Health <##All\_Staff\_ACT\_Health@act.gov.au>  
**Subject:** A message from the CEO - Consultation on the proposed CHS structure

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## A message from the CEO

### Bernadette's Bulletin



Tuesday 11 December 2018

Good afternoon,

This morning I held the first of two staff forums where I gave an update on the work we are doing to settle our organisational structure.

As I mentioned in my last message, I have been looking at our structure and how we can align functions to our business priorities, group similar functions together and provide more certainty and stability for staff.

Following that process, I am proposing some changes to our structure which I would like your feedback on. These are detailed in the attached document.

The proposed changes are about making sure our structure supports you in your role and allows us to do what we do best—delivering quality care.



For most of you, very little will change in terms of your business unit, role, position and work location, however some reporting lines will change. There will be no non-executive job losses under the proposed structure.

I encourage you to take a look at the structure and to provide feedback by emailing [HRconsultation@act.gov.au](mailto:HRconsultation@act.gov.au) or anonymously by completing the [online survey](#). **Submissions close on 11 January 2019**. All feedback will be treated in confidence.

For those of you who were unable to attend today's forum, there are still places available for the forum at University of Canberra Hospital this Thursday 13 December. Alternatively, the forum this morning was filmed and will be available to view on the intranet in the coming days.

For more information about the proposed structure, visit the Canberra Health Services organisational structure page on [Health Hub](#), talk to your manager or send an email to [HRconsultation@act.gov.au](mailto:HRconsultation@act.gov.au)

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[www.health.act.gov.au](http://www.health.act.gov.au)

**Trevillian, Sarah (Health)**

**From:** CEOHealth  
**Sent:** Tuesday, 11 December 2018 1:33 PM  
**To:** ##All Staff ACT Health  
**Subject:** A message from the CEO - Consultation on the proposed CHS structure  
**Attachments:** Attachment A - CHS Org Structure Consultation Document.pdf

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Canberra Health  
Services

## A message from the CEO

### Bernadette's Bulletin



Tuesday 11 December 2018

Good afternoon,

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Bernadette  
 Chief Executive Officer, Canberra Health Services  
[Bernadette.McDonald@act.gov.au](mailto:Bernadette.McDonald@act.gov.au)



# Canberra Health Services Proposed Structure

Work Area	Author(s)	Contact Details
People & Culture, Executive Unit	Jackie Laws	Ext: 79421, Jackie.laws@act.gov.au

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## 1. Introduction

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person centred care. It provides acute, sub-acute, primary and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400, 000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley.

CHS administers a range of publicly funded health facilities, programs and services including but not limited to:

- **The Canberra Hospital:** a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- **University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research:** a dedicated and purpose-built rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- **Mental Health, Justice Health, Alcohol and Drug Services** provide a range of health services from prevention and treatment through to recovery and maintenance at a number of locations and in varied environments for people suffering from mental health issues.
- **Dhulwa Secure Mental Health Unit:** a purpose designed and built facility providing clinical programs and treatment options for people suffering from acute mental health issues.
- **Six community health centres:** providing a range of general and specialist health services to people of all ages.
- **Three Walk-in Centres:** which provide free treatment for minor illness and injury.
- A range of **community based health services** including early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

CHS is a partner in teaching with the Australian National University, the University of Canberra and the Australian Catholic University.

On 1 October 2018 ACT Health transitioned into two separate organisations being the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

To enable CHS to have a strong focus on operational effectiveness, efficiency and accountability in the health services we provide, CHS is proposing a realignment of functions.

The [current organisational chart](#) and the recent [Annual Report](#) and the ACT Government [Budget Papers](#) provide more detail about CHS.

## 2. Purpose

The purpose of this paper is to describe the proposed realignment of functions in Canberra Health Services (CHS) and any associated changes to Divisions and work units across CHS.

The realignment of functions and reporting lines will give prominence to a healthcare service that is better integrated and fit for the future needs of the ACT community.

It is intended that this realignment will facilitate the refinement and stabilisation of our organisation's structure and functional accountabilities which will improve access, timeliness and the delivery of quality health services for all Canberrans and those in the surrounding region.

The document outlines proposed changes and the consultation process to be undertaken.

### 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 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 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](mailto: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](mailto:Jackie.laws@act.gov.au)

## 6. References

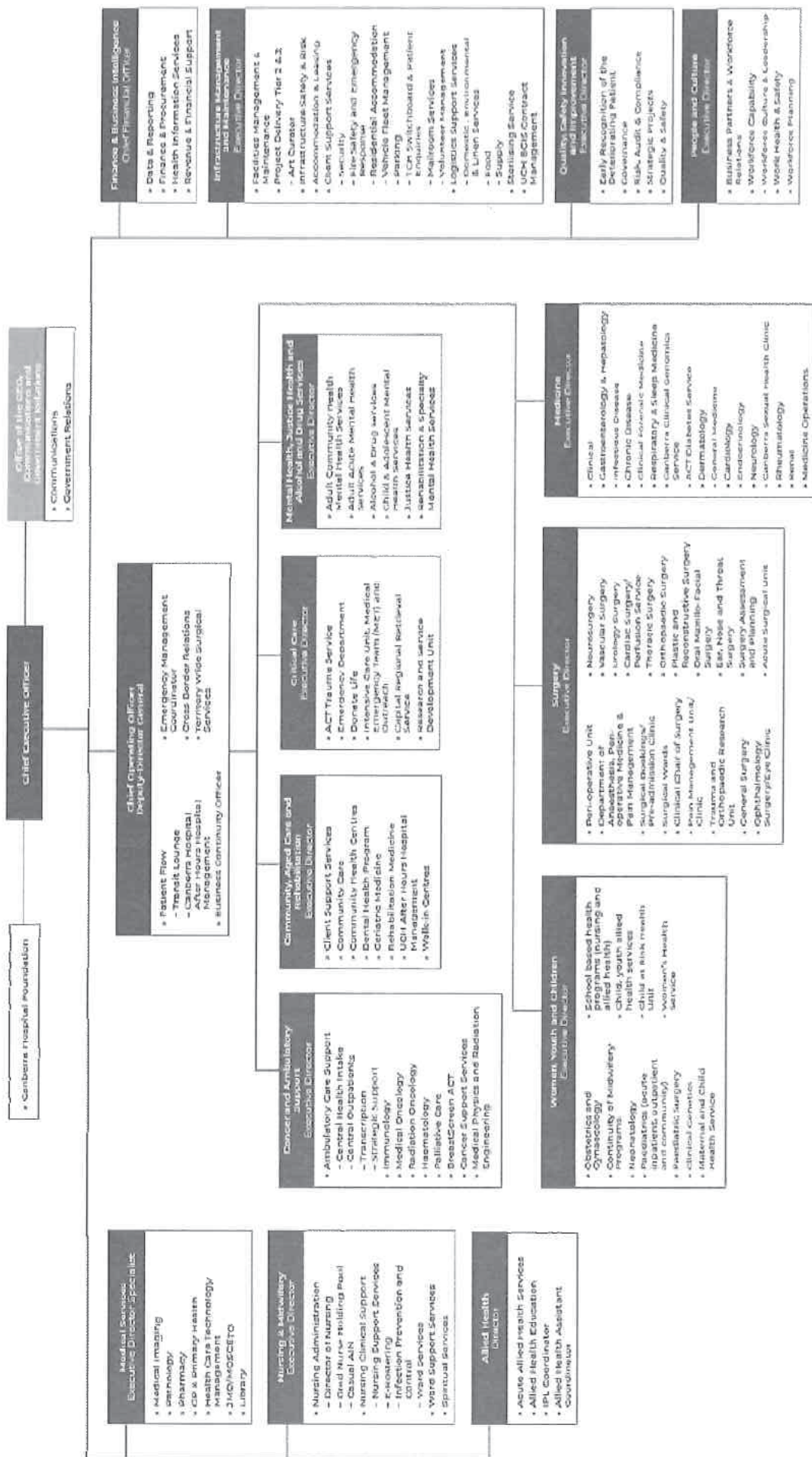
Document	Author
ACT Health Strategic Plan	ACT Health
Clinical Services Plan	Canberra Health Services (CHS)
Relevant Enterprise Bargaining Agreements	ACT Health and CHS





# Proposed Canberra Health Service Organisational Structure

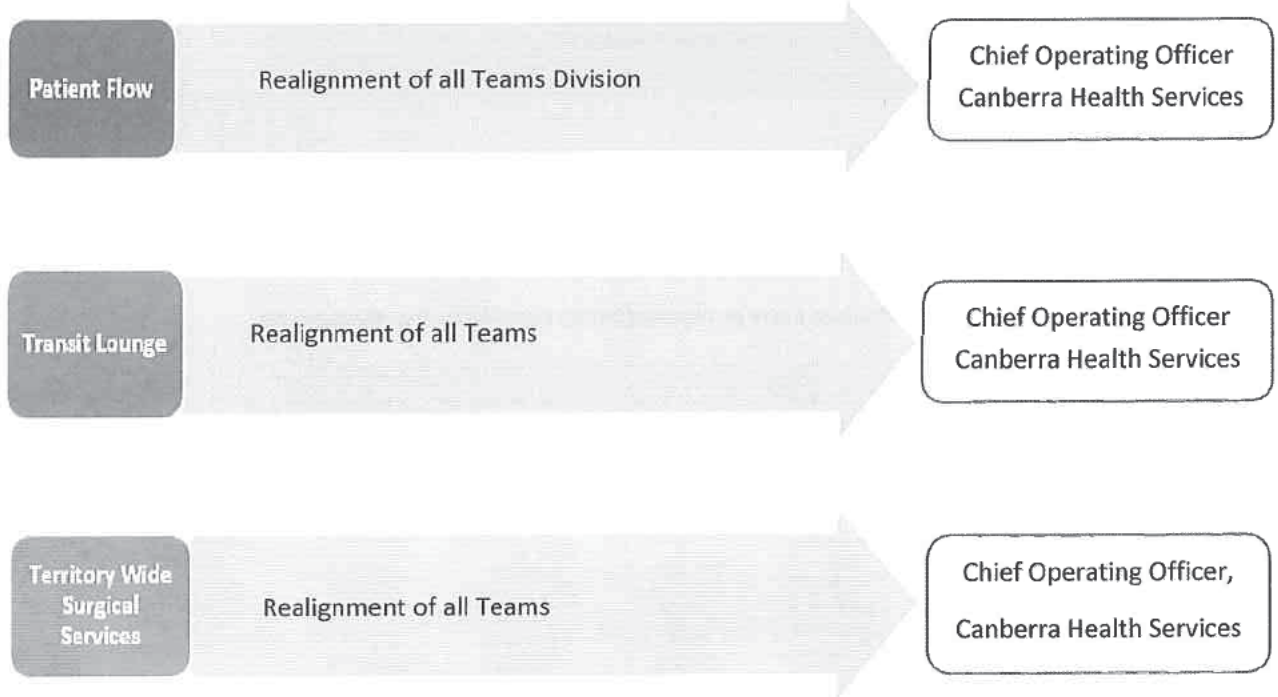
## Attachment B



Attachment C

### Clinical Operations Division

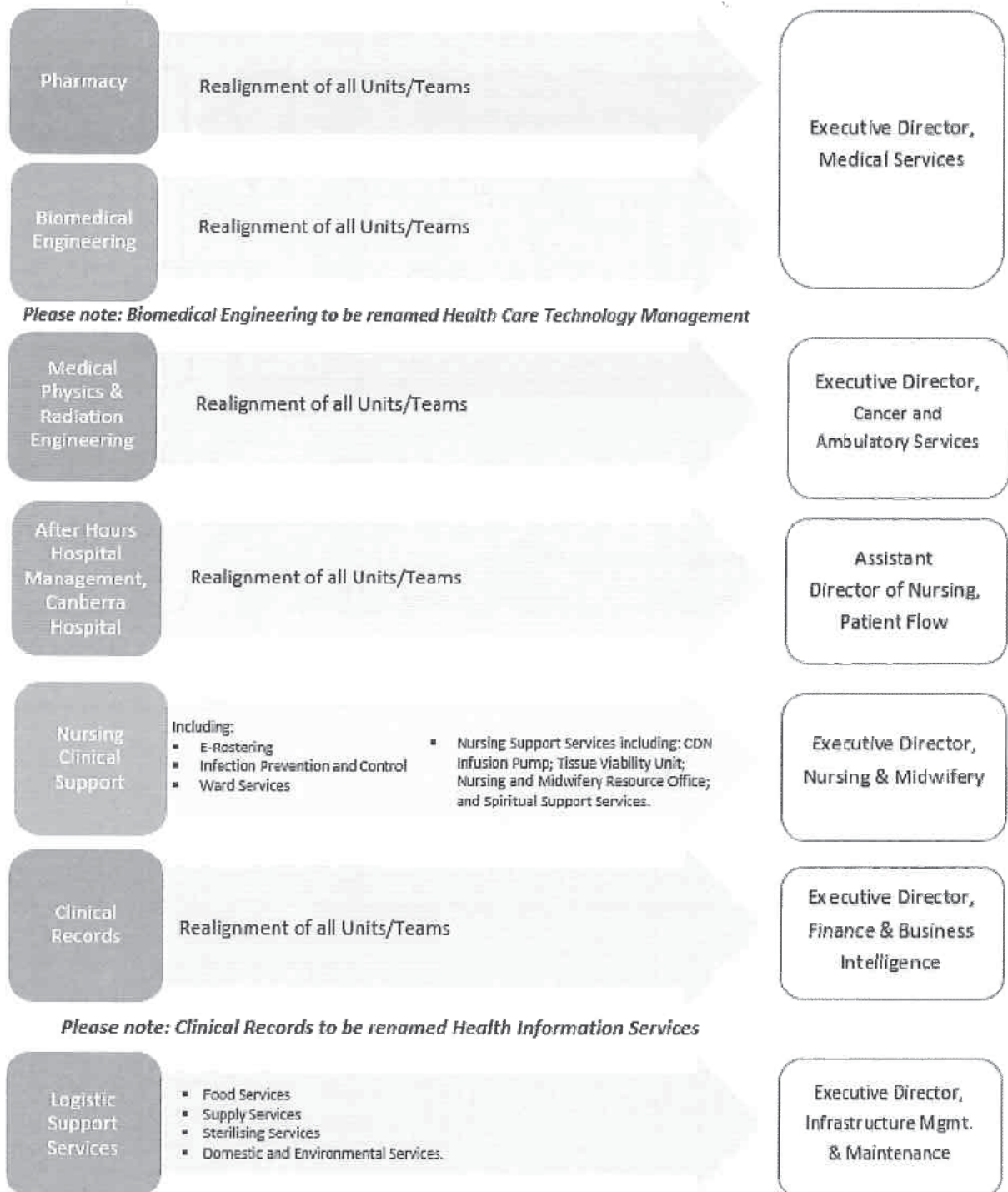
Proposed new Section/Team reporting line



Attachment D

### Clinical Support Services

Proposed new Section/Team reporting line



**Trevillian, Sarah (Health)**

---

**From:** CEOHealth  
**Sent:** Thursday, 6 December 2018 3:06 PM  
**To:** ##All Staff ACT Health  
**Subject:** A message from the CEO - Staff Forums

**Importance:** High



Canberra Health  
Services

## A message from the CEO

### Bernadette's Bulletin



Thursday 6 December 2018

Good afternoon,

Next week I will be hosting two staff forums to present to you the proposed organisational structure for Canberra Health Services.

Everyone is welcome however seating is limited, so please register your attendance at one of the forums via the buttons below. The forum in the Auditorium at Canberra Hospital will be filmed, and a video will be available on the intranet for those who are unable to attend.

#### **CEO Forum - Canberra Hospital**

Date: Tuesday 11 December 2018

Time: 11:30am – 12:00pm

Venue: Canberra Hospital Auditorium

[BOOK NOW](#)

#### **CEO Forum - University of Canberra Hospital**

Date: Thursday 13 December 2018

Time: 9:00am – 9:30am

Venue: University of Canberra Hospital, Clinical, Education & Research Centre, Group Meeting Rooms 1&2, Level 1

[BOOK NOW](#)

I look forward to seeing you all there.

Bernadette  
Chief Executive Officer, Canberra Health Services  
[Bernadette.McDonald@act.gov.au](mailto:Bernadette.McDonald@act.gov.au)



**Trevillian, Sarah (Health)**

---

**From:** CEOHealth  
**Sent:** Tuesday, 4 December 2018 6:11 PM  
**Subject:** Meeting to discuss Canberra Health Services organisational structure - Tuesday 11 December  
**Attachments:** A message from the CEO - Review of the CHS organisational structure

Good afternoon

Please find attached a staff announcement in relation to the organisational structure of Canberra Health Services (CHS). I intend to commence a consultation process in accordance with the consultation provisions in the specified Enterprise Agreements.

I wish to discuss my proposal with Unions on **Tuesday 11 December 2019** at 8:30am. Details on the location of this meeting are provided below. Please RSVP to Jackie Laws via email: [Jackie.laws@act.gov.au](mailto:Jackie.laws@act.gov.au) by 5pm, Friday 7 December 2018.

*Location: Canberra Hospital campus  
Building 24, Level 1, Meeting Room 2*

If you are unable to attend in person I can organise teleconference facilities. Alternatively if you are unavailable at this time I can organise a specific meeting with you.

In the meantime if you have any questions or concerns please contact Janine Hammat, Executive Director, People and Culture on 62051086 or via email [Janine.hammat@act.gov.au](mailto:Janine.hammat@act.gov.au).

I look forward to seeing you there.

Bernadette

Bernadette McDonald  
**Interim Chief Executive Officer**  
Canberra Health Services

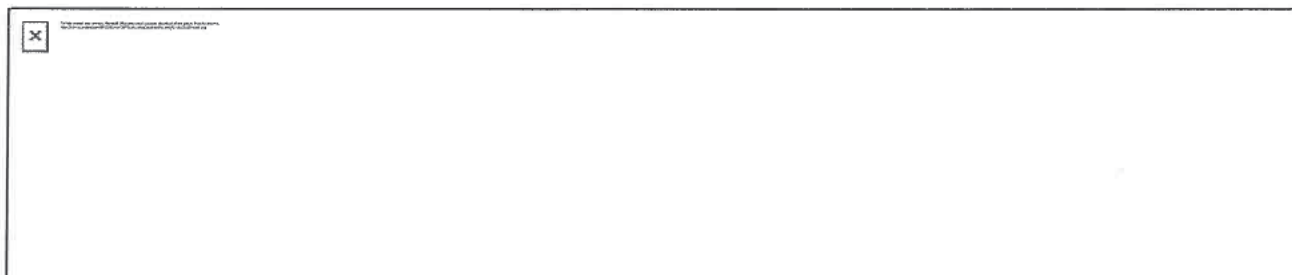
**Phone:** 02 5124 4701  
Building 24, Level 2, Canberra Hospital, Yamba Drive, Garran ACT 2605

Care | Excellence | Collaboration | Integrity

**Trevillian, Sarah (Health)**

---

**From:** CEOHealth  
**Sent:** Monday, 3 December 2018 8:13 AM  
**To:** ##All Staff ACT Health  
**Subject:** A message from the CEO - Review of the CHS organisational structure



Monday 3 December 2018

### **Our organisational structure**

Good morning,

In the coming weeks I will be taking steps to settle our organisational structure and provide certainty and stability for our staff.

As you may be aware, several corporate executive contracts within Canberra Health Services are due to expire in the coming months. To fill these positions, and in line with 1 October transition recommendations, a formal recruitment process will take place, with the positions advertised soon.

In the coming weeks, we will also look at our clinical structure and how we can make sure reporting lines at the senior level allow similar work functions to be grouped together—so that our structure makes sense in terms of how we work now and how we need to work in the future.

While I don't expect this process will result in significant changes for most of you, staff will be consulted throughout the process.

I will be hosting a number of staff forums over the next two weeks, which I encourage you to attend. More information about these forums will be provided soon.

In the meantime, if you have any questions or concerns feel free to call, email or visit me.

Bernadette

Chief Executive Officer, Canberra Health Services  
[Bernadette.McDonald@act.gov.au](mailto:Bernadette.McDonald@act.gov.au)

[www.health.act.gov.au](http://www.health.act.gov.au)

**Trevillian, Sarah (Health)**

---

**From:** CEOHealth  
**Sent:** Monday, 3 December 2018 8:13 AM  
**To:** ##All Staff ACT Health  
**Subject:** A message from the CEO - Review of the CHS organisational structure



## A message from the CEO

### Bernadette's Bulletin



Monday 3 December 2018

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In the meantime, if you have any questions or concerns feel free to call, email or visit me.

Bernadette

Chief Executive Officer, Canberra Health Services  
[Bernadette.McDonald@act.gov.au](mailto:Bernadette.McDonald@act.gov.au)

[www.health.act.gov.au](http://www.health.act.gov.au)



**Trevillian, Sarah (Health)**

**From:** CEOHealth  
**Sent:** Tuesday, 6 November 2018 1:07 PM  
**To:** ##All Staff ACT Health  
**Subject:** A message from the CEO - Key focus for the coming months



## A message from the CEO

### Bernadette's Bulletin



Tuesday 6 November 2018

Good afternoon all

Let me start by acknowledging the bushfire that has been burning since Friday. It is clear to me that this may have raised anxieties in some of you and if so, please access the support we have available to all staff through our EAP or talk with your manager. Our emergency management team were involved across the weekend closely monitoring the situation and ready to act as required. Thank you to them.

I have been here just over a month and as I meet more of our CHS team I continue to be impressed by the great care we provide and your dedication.

In this Bulletin I wanted to provide you with an update on a few key focus areas for the senior leadership team in the coming months. Our aim is to build on our solid foundation and strengthen CHS for the future.

#### Our organisational vision, values, behaviours and strategic plan

It is important that we have a clear vision for the health service for the future and identify our values and behaviours which help us to achieve the vision.

I will be seeking your input during the next few months to help shape the vision and refresh our values and behaviours. The aim of the values and behaviours refresh is to define:

- What we stand for as an organisation
- Where we want to be
- How we view ourselves
- How we want the community to view us
- What behaviours help us to achieve our vision

The senior leadership team and I will also be working closely with you to develop our new 3 year strategic plan. The plan will describe:

- What we want to achieve as a health service – key strategic objectives
- The actions we will take to achieve our objectives – key projects and initiatives
- How we will measure our achievements

There will be multiple opportunities for you to have your say into the development of the CHS 3 year strategic plan.

Other key areas for focus in the coming months include:

#### A revised organisational structure

To ensure our structure supports effective, efficient decision making, reflects our business priorities, and importantly, provides stability and certainty for staff we are in the process of reviewing the Canberra Health Services organisational structure. I do not anticipate there will be significant changes and staff will of course be consulted as part of this process. I will provide more information about this review in the coming weeks.

#### Organisational culture

As you will be aware, priority work focussed on our organisational culture continues to progress. Work on supporting respectful behaviours and responding to complaints continues. This work will remain a priority for myself, the senior leadership team and the organisation.

#### An Occupational Violence Strategy

Over the next few months, we will look to develop strategies to address occupational violence in all its forms. This week I will chair the first meeting of the working group. The working group will be responsible for developing an overarching strategy about how we will reduce the incidence of occupational violence and accompanying communication plan.

#### An Internal Communications Strategy

How we communicate across our organisation is extremely important. Our communications team has developed a strategy to improve how we spread key information across all areas for the health service. This strategy will be implemented over the coming weeks and I hope you notice an improved flow of communication very soon.

In addition to these priorities we will continue to work on our Timely Care Strategy. If you would like to be involved in our:

Timely Care Strategy – please call or email Tonia Alexander on 5124 2169 or [tonia.alexander@act.gov.au](mailto:tonia.alexander@act.gov.au)

Occupational Violence Strategy – please call or email Daniel Guthrie on 6207 8275 or [daniel.guthrie@act.gov.au](mailto:daniel.guthrie@act.gov.au)

Thank you everyone for all your hard work and dedication. As usual, feel free to call, visit or send me an email.

Have a good week  
Bernadette

# Canberra Health Services Proposed Structure

Work Area	Author(s)	Contact Details
People & Culture, Executive Unit	Jackie Laws	Ext: 79421, Jackie.laws@act.gov.au

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## 1. Introduction

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person centred care. It provides acute, sub-acute, primary and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400, 000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley.

CHS administers a range of publicly funded health facilities, programs and services including but not limited to:

- **The Canberra Hospital:** a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- **University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research:** a dedicated and purpose-built rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- **Mental Health, Justice Health, Alcohol and Drug Services** provide a range of health services from prevention and treatment through to recovery and maintenance at a number of locations and in varied environments for people suffering from mental health issues.
- **Dhulwa Secure Mental Health Unit:** a purpose designed and built facility providing clinical programs and treatment options for people suffering from acute mental health issues.
- **Six community health centres:** providing a range of general and specialist health services to people of all ages.
- **Three Walk-in Centres:** which provide free treatment for minor illness and injury.
- A range of **community based health services** including early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

CHS is a partner in teaching with the Australian National University, the University of Canberra and the Australian Catholic University.

On 1 October 2018 ACT Health transitioned into two separate organisations being the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

To enable CHS to have a strong focus on operational effectiveness, efficiency and accountability in the health services we provide, CHS is proposing a realignment of functions.

The [current organisational chart](#) and the recent [Annual Report](#) and the ACT Government [Budget Papers](#) provide more detail about CHS.

## 2. Purpose

The purpose of this paper is to describe the proposed realignment of functions in Canberra Health Services (CHS) and any associated changes to Divisions and work units across CHS.

The realignment of functions and reporting lines will give prominence to a healthcare service that is better integrated and fit for the future needs of the ACT community.

It is intended that this realignment will facilitate the refinement and stabilisation of our organisation's structure and functional accountabilities which will improve access, timeliness and the delivery of quality health services for all Canberrans and those in the surrounding region.

The document outlines proposed changes and the consultation process to be undertaken.

### 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 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
  - **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
- \* Please note: Canberra Hospital After Hours Management is proposed to report to Director Patient Flow

#### 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 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
- Risk, Audit and Compliance
- Governance

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](mailto: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](mailto: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



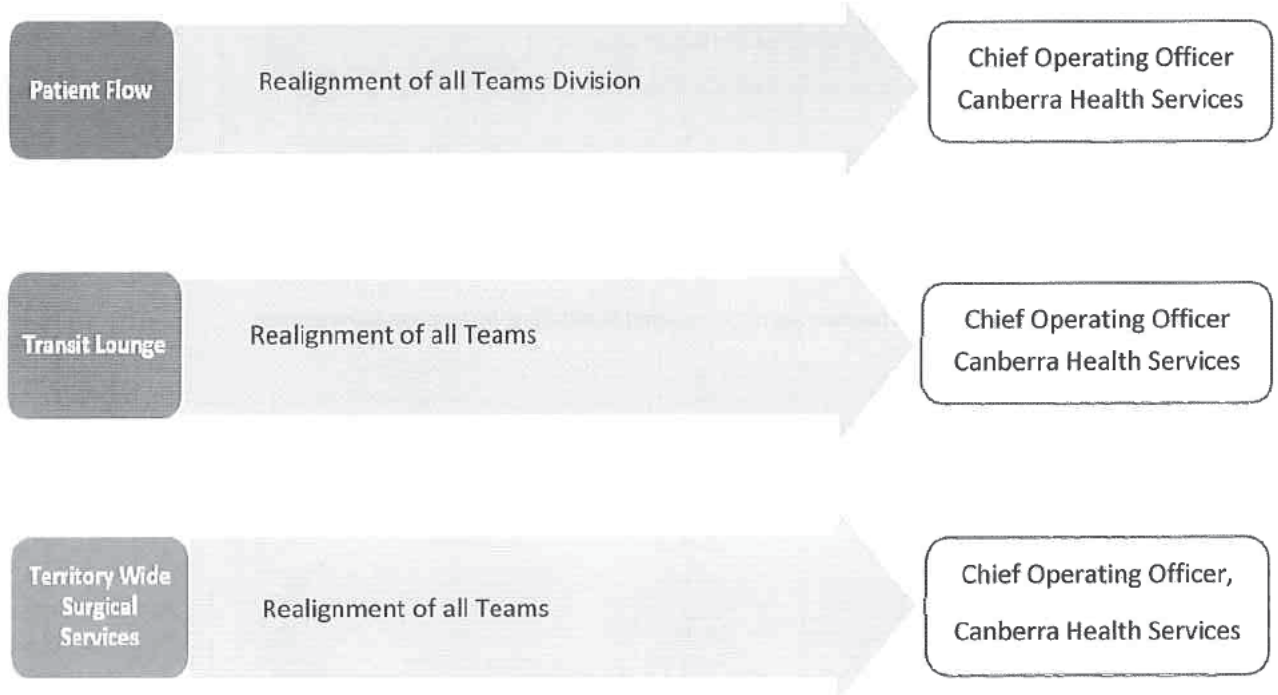




Attachment C

### Clinical Operations Division

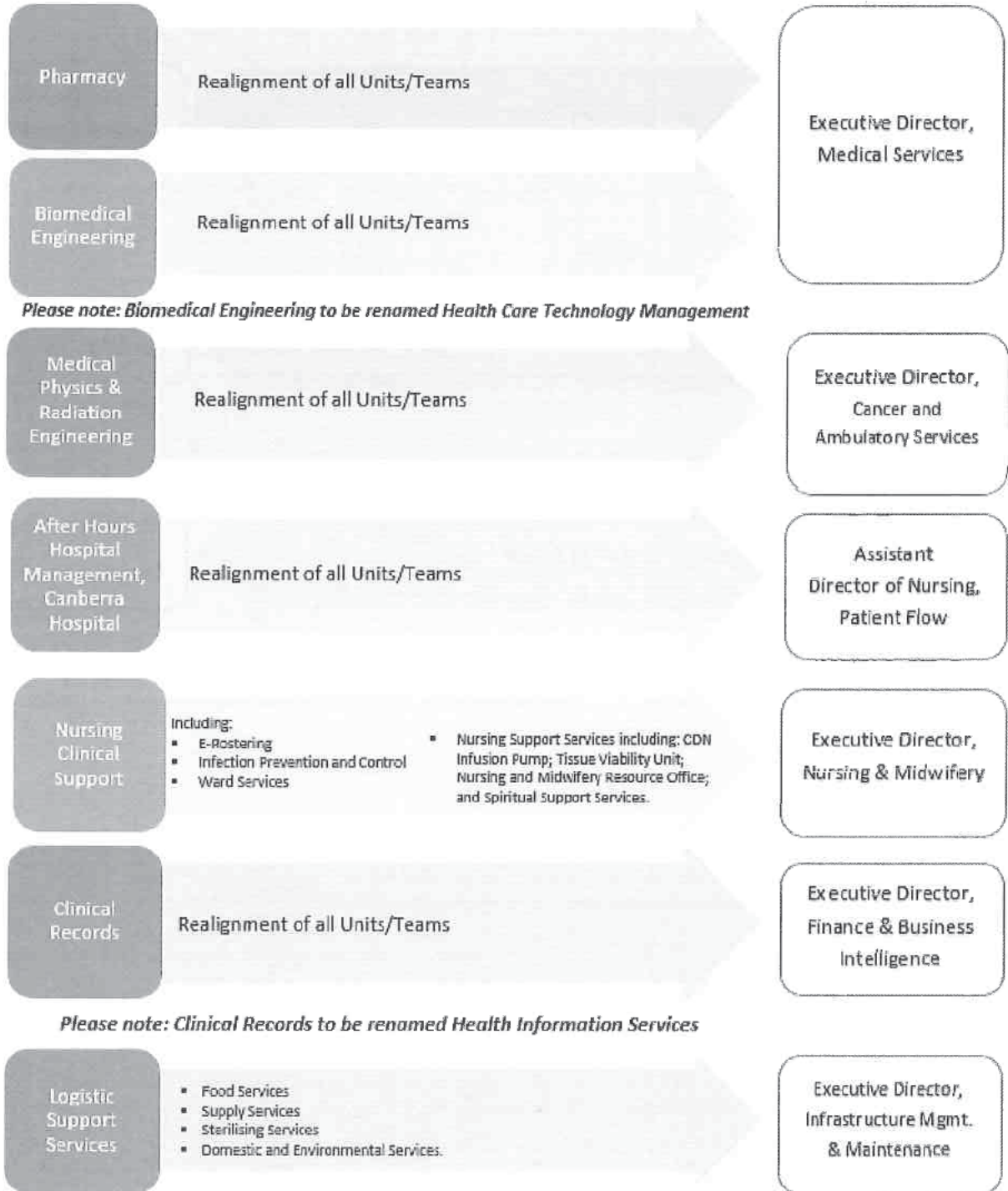
Proposed new Section/Team reporting line



Attachment D

### Clinical Support Services

Proposed new Section/Team reporting line



# Realignment of the Canberra Health Services organisational structure—communications action plan

## About Canberra Health Services

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person centred care. It provides acute, sub-acute, primary and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400,000 people. It also services the surrounding Southern New South Wales region including the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley.

CHS administers a range of publicly funded health facilities, programs and services including but not limited to:

- **The Canberra Hospital:** a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- **University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research:** a dedicated and purpose-built rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- **Dhulwa Secure Mental Health Unit:** a purpose designed and built facility providing clinical programs and treatment options for people suffering from acute mental health issues.
- **Four Walk-in Centres:** which provide free treatment for minor illness and injury.
- **Mental Health, Justice Health, Alcohol and Drug Services** provide a range of health services from prevention and treatment through to recovery and maintenance at a number of locations and in varied environments for people suffering from mental health issues.
- **Six community health centres:** providing a range of general and specialist health services to people of all ages.
- **A range of community based health services** including early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

CHS is a partner in teaching with the Australian National University, the University of Canberra and the Australian Catholic University.