



# Canberra Health Services Consultation Paper

## Medical Imaging - Management Arrangements

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## Introduction

The Medical Imaging department within Canberra Health Services (CHS) is a key part of the health system offering diagnostic and therapeutic services and support to a wide range of clinical services.

Over a significant period, the department has been required to address several challenges with respect to:

- Increasing workload,
- The addition of progressive models of care, such as interventional radiology (in particular endovascular clot retrieval) and similar approaches,
- Change in hospital working patterns towards a seven-day working week, and more after-hours loading,
- The COVID pandemic,
- The introduction of a Digital Health Record, and
- Changing models and movement of services to allow for the movement to a new facility (or in fact facilities).

In addition, the department has been challenged to manage with a structural budget deficit that has affected the perception of the department (always overspent) and in turn the way in which the department views itself.

In the last quarter of calendar year 2022, an interim management structure was proposed to provide additional executive level support for the service to find its feet and to start to prosper.

## Purpose

This proposal sets out the management arrangements moving forward and seeks feedback on any issues that maybe raised as a result.

## Current (Interim) model

The interim leadership structure put in place in 2022 identified the need to have a senior manager as the single point of accountability for the department.

At the time there was some concern that the importance of clinical leadership might be downplayed in an arrangement that did not continue the existing arrangement, where a medical practitioner was required to be the single point of accountability.

## Lessons Learned in interim period

### Management Load on Medical Leadership

Given the increasing size of the department and the transition to a multi-site operational model, the complexity and operational tasks required to manage the department have reached the point where it is no longer feasible for a doctor without specific training in management, or an active interest in becoming a career manager, to run the department. In fact, the managerial and transactional content of the overarching Director role led to it being less than attractive.

The interim management structure retained a “dotted-line” reporting link from the Clinical Director to the Executive Director Medical Services, and this arrangement should conserve the ability for clinical concerns to be elevated as required.

### Operational Reform

The management functions that need to be developed and implemented over the next 12 to 24 months are significant pieces of work, including but not limited to:

- Sustainable workforce planning,
- Coordinated scheduling of all staff groups using reliable rostering solutions,
- Clinical service planning for current operational profile, and transition to new sites with additional imaging hardware,
- Operational improvement and transparent reporting, and
- Staff recruitment and support for training and development.

Getting all this work done in a way that works with staff in a constructive way is unlikely to be done well without ongoing senior management support and representation at executive level.

### Investing in Staff and Making Work Easier

At the time of the implementation of the interim leadership structure, the Francis Group were undertaking a review of staffing profiles and models of care.

The subsequent report raised several issues and offered some suggestions on how we might work differently but perhaps not to the extent the department had hoped. Building on that report, we are undertaking two multi-site visits to look at models of care in truly comparable settings. Site visits have taken place in Sydney with those in Melbourne scheduled for mid-January 2023.

Following the visits, two consultation sessions will take place. The first providing feeding back on the lessons learned and what was observed, with the second set to discuss what works for us along with how and when we may explore these in the future.

It is possible that the department might want to look at changing the accountabilities and profiles for some areas moving forward, and it will be important that a stable senior leadership structure is in place if we are to contemplate what we might do differently into the future.

If we are to make further changes within the department, it will be as a result of co-design with the staff and with the intent to make work easier, not harder, and to provide greater decision-making ability closer to the clinical interface.

## Executive Representation is Important

There is value in having the leader of Medical Imaging representing the department at an executive level, without that being diluted through a chain of command.

With the establishment of the Executive Branch Manager role in 2022 and the appointment to that role, there has been an important link formed between decision-making opportunities and operational activities. If anything, this opportunity should be expanded on if possible.

# Proposed Future model

## Changes

The current interim structure was proposed for a period of at least three months but no more than six months with a substantive change to be consulted on, and prepared for implementation, prior to the time-period elapsing.

In recognition of the lessons learned in the last 6 months, through the period of the Digital Health Record implementation, it is proposed that:

1. The Director of Medical Imaging role will be ongoing as the single point of accountability for Medical Imaging.
2. The Director of Medical Imaging role will be allocated to the Executive Branch Manager of the Medical Services Group until further notice.

## Realignment of Reporting Lines to the Director

For the purposes of confirming the interim structural arrangements as ongoing, the positions affected in that implementation are provided below.

### Affected Positions

Title	Nature of proposed change
Executive Branch Manager, Medical Services	Commences position of Director of Medical Imaging

Clinical Director, Medical Imaging	Remains Clinical Director, no change in terms or conditions. Change in subordinate reporting lines.
Personal Assistant to the Clinical Director	Personal Assistant to Clinical Director and Director of Medical Imaging
Director Allied Health, Medical Imaging	Change in reporting line – to Director of Medical Imaging
Assistant Director of Nursing, Medical Imaging	Change in reporting line – to Director of Medical Imaging
Director Operations, Medical Imaging	Change in reporting line – to Director of Medical Imaging

Organisational charts outlining the above changes can be found at [Attachment A](#).

## Implementation

The implementation timeline is provided in Table 1.

Under the Union Encouragement Policy, employees will be given full access to union officials / delegates and facilities during working hours to discuss the restructure on the provision that work requirements are not unreasonably affected.

It is envisaged the proposed structure will be implemented as soon as possible after the consultation period is closed.

*Table 1: Proposed Structure implementation timeline*

Steps	Action	Anticipated Completion Date
1	Leadership team consulted	10 January 2023
2	Letter and consultation paper to be provided to Unions and all affected staff.	20 January 2023
3	Consultation period begins with all affected staff and unions	20 January 2023
4	Consultation period ends	10 February 2023
5	Any feedback provided during consultation will be reviewed and any relevant changes incorporated into the final paper, which will then be presented for information	24 February 2023
6	Decision	03 March 2023

## Consultation

During consultation, we are seeking responses to the following questions:

- Do you have any concerns about the proposal? If so, what are they?
- Do you have any other feedback you would like to be considered in relation to the proposed changes?
- What, if any, future changes would you like considered with respect to professional roles and work arrangements?

Feedback on this paper should be provided via email to [edms@act.gov.au](mailto:edms@act.gov.au) by **COB Friday 10<sup>th</sup> February 2023**.

For any further information relating to the change and subsequent consultation process, please contact [edms@act.gov.au](mailto:edms@act.gov.au)

## Attachment A

Proposed Org Chart

