



The Sydney  
children's  
Hospitals Network

# Clinical Operations Proposed Structure Consultation Document

17 May 2023

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# Background

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The Sydney Children's Hospitals Network (SCHN) was formed in 2010 in accordance with the *Health Services Act 1997* which brought together:

- Sydney Children's Hospital, Randwick (SCH)
- Children's Hospital at Westmead (CHW)
- Newborn and Paediatric Emergency Transport Service (NETS)
- Bear Cottage
- The Children's Court Clinic

The creation of the SCHN arose from the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals in 2008. There have been subsequent reviews, including the June 2019 Review of Governance for the Sydney Children's Hospitals Network - Final Report of the Expert Panel (Alexander Review) and December 2019 Review of health services for children, young people and families within the NSW Health system (Henry Review).

The Alexander Review provided several review conclusions including:

*The need for a networked approach to the delivery of paediatric care across NSW is even more relevant in 2019 than it was in 2010*

*An organizational structure is required which acknowledges and ensures effectiveness in the core functions and roles of the two hospital site services both at the state-wide and local precinct levels. The structure must also provide more effective support for the other "non-hospital" statewide services.*

With the following recommendations for the Board:

*Require the CEO to establish an organisation change program, budget, support structure and monitoring mechanism to manage and continuously report on the design and implementation of a new organisational structure as outlined above to ensure effective engagement of stakeholders in decision making and to ensure effective ongoing communication of issues and progress of the change program. The Board should consider whether there may be a role for independent consultant support on this project given the cultural and trust issues that have emerged in the organisation in recent times.*

*The new organisational structure should include;*

- a. The creation of an Executive Director role at both the CHW and the SCH, each to be supported by a hospital level nurse leader, hospital level medical leader, hospital level allied health leader and a business support manager. Hospital Executive Directors would be members of the Executive of the SCHN and participate on organisation wide planning and decision making whilst also managing the day to day operational decisions and requirements of the hospital for which they are responsible. The role is to ensure that decisions are based in effective engagement and awareness between the Executive and the staff of the hospital for which they are responsible*

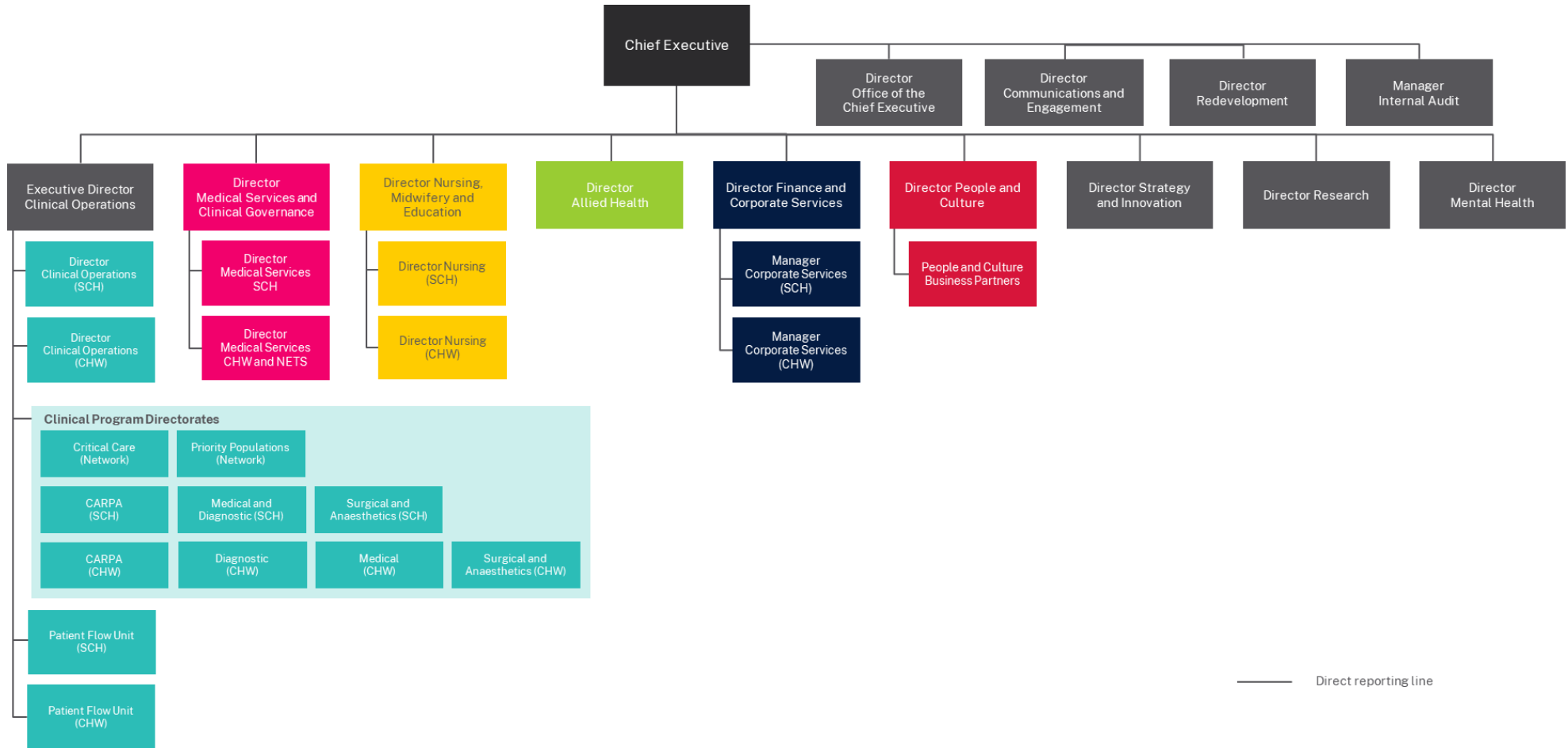
The proposed structure for the Clinical Operations Directorate has been designed in response to the recommendations outlined in these reviews, the progressive implementation of actions since that time and further organisational improvements identified, with a focus on enhancing site leadership.

More recently internal discussions have progressed to consider opportunities for clinical operations. These discussions have sought to understand the current structure, how it works, areas for improvement, any issues or limitations and the benefits a revised structure may deliver at an operational level. The following table provides an overview of reflections and feedback from the Clinical Program Directors, Heads of Department and site leadership teams.

<p>What is working well in our service</p>	<ul style="list-style-type: none"> <li>• Team work, respectful and trust within the team</li> <li>• Empowered to explore and create</li> <li>• Supportive environment</li> <li>• Collaboration and information sharing within Directorates, with the ability to focus on respective areas but look for opportunities to work together</li> </ul>
<p>What is working well in other services</p>	<ul style="list-style-type: none"> <li>• Communication – transparent communication</li> <li>• Innovative models and data analytics – supportive environment to develop new and novel services, analytics for service performance, SCHN data is not readily available to assist and inform decision making</li> <li>• Workforce – well resourced, clarity of roles, opportunity for training and development, staff recognition</li> <li>• Processes and systems – patient centred processes, supporting new managers/leaders, professional development and training, back end support (recruitment and education)</li> </ul>
<p>Opportunities for our service</p>	<ul style="list-style-type: none"> <li>• Ability to plan and strategise and be more proactive than reactive, across program planning</li> <li>• Communication and reporting lines, what to escalate vs manage locally with autonomy in roles for decision making</li> <li>• Workforce – retaining talent, culture, training opportunities for junior staff</li> <li>• Processes and systems – long and rigid recruitment processes, inconsistency between sites, working in silos, working with other functions e.g. Strategy and Innovation</li> </ul>
<p>What we would like to see for the future service</p>	<ul style="list-style-type: none"> <li>• Network approach and strong site based leadership – acknowledging not everything needs to be done as a network and importance of maintaining hospital identities</li> <li>• Sustainable and future oriented services that are data driven</li> <li>• Collaboration – greater collaboration and communication between Directorates and within the Network</li> <li>• Workforce – retention strategies and building leaders</li> <li>• Support for leaders – authority with responsibility and roles set up to succeed</li> <li>• Greater transparency and understanding of program areas and how decisions are made</li> </ul>

This feedback has helped shape and refine the management and clinical service structure considerations. The purpose of the proposed structure is to provide a consistent approach to clinical operations across the Network. Providing a structure and way of working that strengthens, promotes and enables local site management and leadership whilst also embedding a clinical stream model supporting an enhanced approach to clinical operations.

# Current organisational structure



# Case for change

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Following the Executive restructure in 2020-21 and establishment of site based Director Clinical Operations work has progressed to consider the role and function of the Clinical Operations Directorate and how this can be structured to support the organisation to provide the very best care for children, young people and their families.

The proposed structure for the Clinical Operations Directorate has considered organisational improvements identified, with a focus on enhancing site leadership as per the Henry and Alexander Reviews. It also provides alignment and a coordinated approach for the clinical operations structure across the Network.

The proposed structure has been developed with the following principles established to provide consistency and clarity for the process:

- Builds leadership capacity and capability to improve effectiveness and efficiency
- Enables the organisation to meet its performance requirements
- Promotes a positive and inclusive culture
- Enables strong local management that facilitates responsiveness and clear outcomes
- Decisions are made as close as possible to the site/service with strong business support at site/service level
- Strengthens local connection between services, patients, and communities to allow enhanced integration and improved patient flows and referrals resulting in the right care being delivered at the right time, in the right place
- Provides clear lines of operational and professional accountability
- Enhances and enables leadership, advice, and engagement from all levels and all disciplines
- Ensures clarity in corporate and clinical governance
- Reduces silos and facilitates connections between strategy, planning and operations to optimise partnerships within and across the Network and services
- Promotes a focus on wellness and wellbeing for staff, patients, and community
- Supports a sense of belonging to one unified organisation- one Network, one team providing quality healthcare

In addition to the Alexander and Henry Reviews and recommendations, information has been gathered to inform the proposed structure including:

- Analysis of what is working well at SCHN and other health services
- Identifying opportunities for improvement
- Review of organisational structures from other Local Health Districts across NSW and health services across Australia

Consistent with the principles developed, the proposed structure aims to create better alignment for clinical operations, and improved clarity of roles and resources. The structure also aims to enhance accountability and responsibility for local site leadership with a strong clinical operational model and way of working now and into the future.

Successful implementation of this structure will require integrated ownership of clinical, operational and financial objectives and outcomes, and continued collaboration within the Clinical Operations Directorate.

## Expected benefits

An overview of the expected benefits considered in developing the proposed structure are provided in this section.

### Patients

The proposed structure enables a strengthened focus on the experience, access, and quality and safety of services for children and young people and their carers. It provides improved alignment, collaboration and consistency of service provision alongside streamlined systems, governance and processes.

The proposed structure will also allow for strengthened local connections between services, children and young people, their carers and communities resulting in the right care being delivered at the right time in the right place.

## **Services**

One of the key outcomes of the proposed structure is clarity and alignment of roles, responsibilities, and accountability. Streamlined decision making, strong local management and improved connections across the Network will allow for greater effectiveness and efficiency in providing services. The streaming of clinical services will provide an improved strategic focus, and governance over policy, models of care and quality of clinical outcomes.

## **Employees**

The proposed structure is expected to support the Network to improve workplace culture and employee engagement including:

- Empowerment of employees through local decision making
- Improved collaboration and communication across sites and streams
- Improved clarity of professional and operational accountability

# Proposed structure

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## Overview

The proposed structure for the Clinical Operations Directorate is to move to a fully devolved matrix model which will comprise local site management, supported by Network wide clinical streams and Business Units.

The proposed structure has been developed to support the Network to deliver on its future strategic directions. The implementation of a Site Leadership Team provides clarity around roles, responsibilities and accountabilities for day-to-day operations. The implementation of clinical streams ensures strong governance of clinical outcomes, service delivery models and quality of care.

The creation of leadership teams across the sites and streams enables improved decision making, communication and collaboration leading to an overall improvement in operational and clinical performance and outcomes, with strengthened site leadership. In addition, the proposed structure aims to remove duplication in processes to improve efficiencies and effectiveness.

This approach builds on the Directorate structures in place across SCHN with the Business Partner model in place for Finance and Performance, and People and Culture. The Business Partner roles are designed to support and enable delivery of services in a localised, timely and efficient manner. These roles will be embedded within and support the local Site Leadership Team. Clinical governance functions and support will continue to be provided via a Network approach through the Director Medical Services and Clinical Governance portfolio.

To support the implementation of the proposed structure, roles and responsibilities around decision making, accountability and delegations will be reviewed and clearly articulated through revised role descriptions, and updates to delegation manuals and relevant policy and procedures.

Pending feedback and development of the final structure, the revised arrangements will be reviewed 12 months following implementation.

## Site Leadership

The proposed structure includes the establishment of clearer local site management with responsibility and accountability for the functional day to day operations and performance of the site. The Site Leadership Team will be accountable and responsible for operational management of clinical services including:

- Service coordination and delivery at each site
- People management for service delivery
- Financial management and performance (budget holders)
- Quality and safety for day-to-day operations.

Structure considerations:

- Each site will have a Director of Clinical Operations (DCO) who will report to the Executive Director Clinical Operations.
- For operational management and issues, the local site leadership roles for nursing, medical, and allied health will have a reporting line to the site DCO. These roles will have a professional reporting line to their respective Network Directors for professional and workforce governance.
- Each Site Leadership Team will include a Director Allied Health (new role) to oversee allied health services at each site.
- Director Nursing roles will oversee ward management at each site.
- Local site leadership will continue to be supported by a Manager Corporate Services and Manager Finance, as well as Business Partners for Finance and Performance and People and Culture, with these positions reporting directly to their functional area.
- The Site Leadership Team will work collaboratively with the Clinical Stream Leadership Team.



## Clinical Streams

Establishment of Network Clinical Streams is proposed as follows:

- Critical Care
- Diagnostics
- Integrated Care (formally CARPA)
- Medicine
- Priority Populations
- Surgical and Anaesthetics

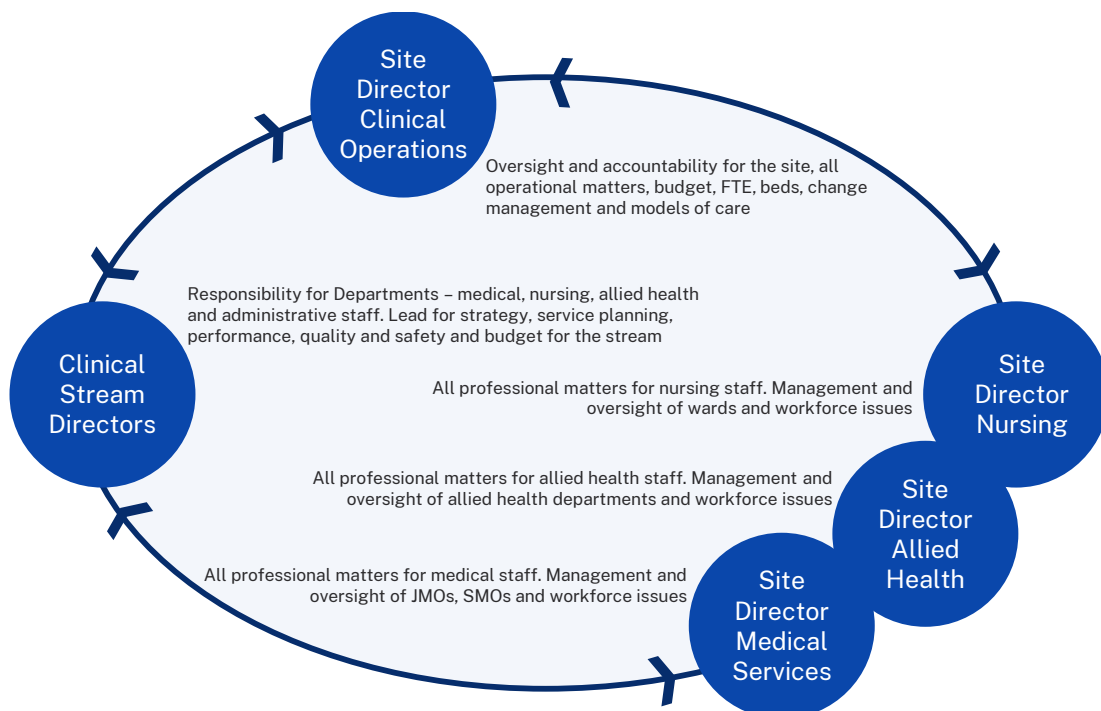
Each stream is proposed to have a Leadership Team comprised of a Clinical Stream Director (1 FTE) and a Clinical Stream Medical Director (0.5 FTE). The primary responsibilities of the Stream Leadership Team will be:

- Strategy – workforce strategy and service development
- Governance – clinical policy development and review for the services provided and models of care
- People management – staff within the clinical stream in the departments that do not fall into business units, site wards and site allied health departments
- Performance – support services and departments across the Clinical Stream to meet financial targets and key performance indicators
- Monitoring and review of quality outcomes
- Process and system improvement – supporting innovation and excellence in the delivery of high quality care for children, young people and their families

Each Clinical Stream Leadership Team will report directly to the Executive Director Clinical Operations and have joint accountability and decision making for the stream, with operational management and issues reporting line to the site DCO.

A detailed summary of proposed Departmental alignment within streams is provided (refer Attachment 1). The new Clinical Stream Director roles have been created to reflect the matrix structure approach with detailed responsibilities provided in the role descriptions (refer Attachment 2).

A summary of the decision making and reporting lines is provided in the following diagram, pending feedback and the outcome from consultation, delegations will be considered and updated to reflect any changes to the structure.



Other structure considerations:

- The site Director Nursing will manage the wards, NUMs will report to the Site Director Nursing.
- The site Director Allied Health will manage allied health departments. Allied Health leads will report to the site Director Allied Health.
- Medical professional matters will continue to be managed by the site Director Medical Services.
- Each Clinical Stream Leadership Team will continue to be resourced with administration support.
- The Medical Heads of Department within the specialities of that Stream will report to the Clinical Stream Medical Director.
- The Clinical Stream Leadership Team will work collaboratively with the Site Leadership Team.

## **Business Units**

As part of the proposed structure, it is proposed several services in the Network become or in some cases remain standalone Business Units with a clear strategy and performance criteria for the unit. In many cases these units are providers to the Network or have a statewide mandate and/or responsibilities.

The proposed and/or existing Business Units include:

- NETS
- Pharmacy
- Poisons Information Service

Business Unit leadership will continue as per current arrangements.

## **Bear Cottage**

Bear Cottage will be managed by the Medicine Clinical Stream Director, including the Network Palliative Care Department. The manager will report to the Clinical Stream Director, nursing staff will be managed by the CHW Director Nursing, and Allied Health staff will be managed by the CHW Director Allied Health. There are no changes to the roles and responsibilities only a change in reporting line.

## **The Children's Court Clinic**

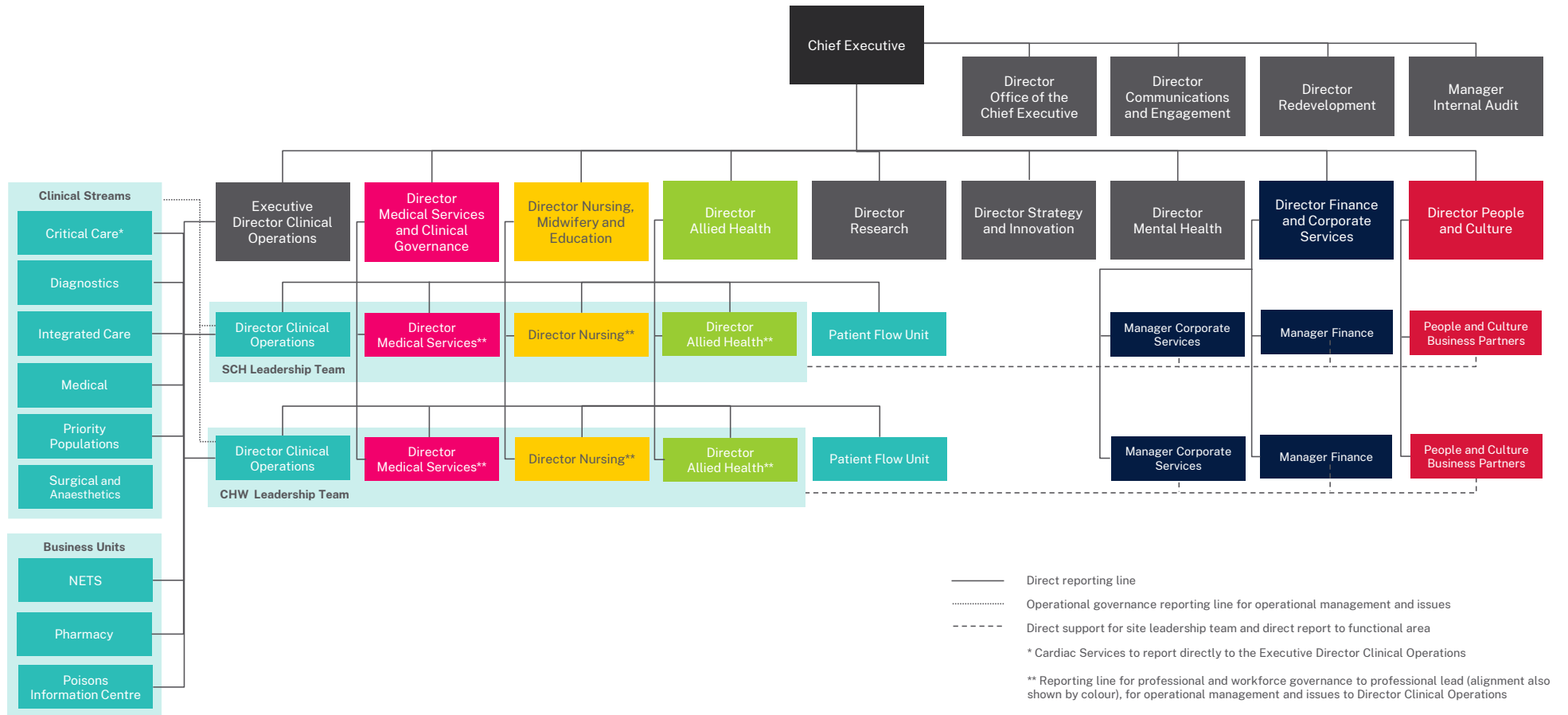
The Children's Court Clinic will be managed by the Priority Populations Clinical Stream Director. There are no changes to the roles and responsibilities.

## **Business Partners**

For the directorates providing services to the streams and Business Units, it is suggested this be done based on a full 'business partnering' approach, including Finance and Performance and People and Culture. Each stream will be supported by a Finance and Performance Business Partner, currently Clinical Finance Partner (1 FTE).

These roles will continue to report directly to their functional area where strategy and policy is set.

# Proposed organisational structure



# Proposed changes to positions

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The following section provides an overview of impacted professional groups and/or services for the proposed structure. Further details regarding roles, responsibilities and accountabilities are provided in the revised role descriptions (refer Attachment 2) for the following roles:

- Director Clinical Operations
- Director Allied Health
- Director Medical Services
- Director Nursing
- Clinical Stream Director
- Clinical Stream Medical Director

The current Clinical Programs do not exist in the proposed structure, with the operational management of services proposed to be the responsibility of the Site Leadership Team.

## Nursing

- The site Director Nursing will be part of the local Site Leadership Team and report to the DCO at site level for all operational matters/decisions.
- The site Director Nursing will report to the Director Nursing and Midwifery and Education for all other matters including professional matters and workforce issues.
- Accountability and responsibility will sit with the site Director Nursing for nursing unit performance across all KPIs including responsibility for workforce and collaborate in developing new models of care, roster management and professional development, wellbeing and issues management.

## Medical

- The Medical Heads of Department within a clinical stream will report to the Clinical Stream Medical Director.
- The site Director Medical Services will be part of the local Site Management Team and report to the DCO at site level for all operational matters/decisions.
- The site Director Medical Services will report to the Director of Medical Services and Clinical Governance for all other matters including professional matters and workforce issues.
- The site Director Medical Services will be responsible and accountable for the local site management of junior medical staff, medical input to support the patient flow team, recruitment of senior medical staff, medical training and related governance.
- Clinical Program Directors (Medical) will be replaced by Clinical Stream Medical Directors that will have Network roles and functions including strategic planning for their portfolio and ensuring outcomes from the Clinical Operational Plan.

## Allied Health

- Allied Health discipline leads at each site will report to the site Director Allied Health.
- The site Director Allied Health will be part of the local Site Management Team and report to the DCO at site level for all operational matters/decisions.
- The site Director Allied Health will report to the Network Director Allied Health for all other matters including professional matters and workforce issues.

## Scientific Officers/Technicians/Labs

There are no expected changes as part of this proposed structure for scientific officers, technicians or lab staff.

## Administration

Administration roles will continue to be provided in the proposed structure to support the Site Leadership Teams and Clinical Stream Leadership Teams. There will be no loss of administrative positions although there may be a realignment of reporting lines for some staff although no change to roles or responsibilities.

## **Corporate Services**

The Manager Corporate Services responsibilities at each site will remain unchanged with support to continue to be provided for site leadership.

## **Other staff**

Clinical Product Managers and Biomedical Engineers roles remain unchanged.

## Positions for deletion

The following positions have been identified for deletion due to changes in roles and responsibilities.

No.	Position Title	Classification	FTE	Incumbent affected
1	Director Clinical Operations (SCH)	Health Manager Level 6	1.0	Permanent appointment
2	Director Clinical Operations (CHW)	Health Manager Level 6	1.0	Permanent appointment
3	Non-Medical CPD – Priority Populations	Health Manager Level 4	1.0	Permanent appointment
4	Medical CPD – Priority Populations	Staff Specialist with Level 2 Managerial Allowance	0.2	Temporary appointment until 2 July 2023 noting the incumbent has a substantive permanent part time Staff Specialist position within SCHN
5	Non-Medical CPD – Surgical and Anaesthetics (CHW)	Nurse Manager Grade 6	1.0	Permanent appointment
6	Medical CPD – Surgical and Anaesthetics (CHW)	Staff Specialist with Level 2 Managerial Allowance	0.2	Temporary appointment until 2 July 2023 noting the incumbent has a substantive permanent full time Staff Specialist position within SCHN
7	Non-Medical CPD – Surgical and Anaesthetics - SCH	Nurse Manager Grade 6	1.0	Permanent appointment
8	Medical CPD – Surgical and Anaesthetics (SCH)	VMO	0.2 equivalent	Temporary appointment until 2 July 2023 noting the incumbent has a VMO appointment within SCHN
9	Non-Medical CPD – Critical Care Program	Nurse Manager Grade 7	1.0	Permanent appointment
10	Medical CPD – Critical Care Program	Staff Specialist with Level 2 Managerial Allowance	0.5	Temporary appointment until 2 July 2023 noting the incumbent has a substantive permanent full time Staff Specialist position within SCHN
11	Non-Medical CPD – Medical (CHW)	Nurse Manager Grade 6	1.0	Temporary appointment until 30 June 2023 noting the incumbent has a substantive permanent full time position within SCHN
12	Medical CPD – Medical (CHW)	Staff Specialist with Level 2 Managerial Allowance	0.2	Temporary appointment until 2 July 2023 noting the incumbent has a substantive permanent full time Staff Specialist position within SCHN
13	Medical CPD – Medical and Diagnostics (SCH)	Staff Specialist with Level 2 Managerial Allowance	0.2	Temporary appointment until 2 July 2023 noting the incumbent has a substantive permanent full time Staff Specialist position within SCHN

No.	Position Title	Classification	FTE	Incumbent affected
14	Non- Medical CPD – Medical and Diagnostics (SCH)	Nurse Manager Grade 6	1.0	Temporary appointment until 30 June 2023 noting the incumbent has a substantive permanent full time position within SCHN
15	Non-Medical CPD – CARPA (CHW)  Non-Medical CPD – CARPA (SCH)  A temporary Network CPD structure including a Network CPD and an Allied Health Manager is being trialed currently	Health Manager Level 4	1.0  1.0	Temporary appointment as Network CPD until 30 June 2023 noting the incumbent holds a permanent appointment as Non-Medical CPD (CHW)
16	Medical CPD – CARPA SCHN	Staff Specialist with Level 2 Managerial Allowance	0.4	Temporary appointment until 2 July 2023 noting the incumbent has a substantive permanent part time Staff Specialist position within SCHN
17	Non-Medical CPD – Diagnostics (CHW)	Health Manager Level 4	1.0	Temporary appointment until 30 June 2023 noting the incumbent has a substantive permanent full time position within SCHN
18	Medical CPD – Diagnostics (CHW)	Staff Specialist with Level 2 Managerial Allowance	0.4	Temporary appointment until 2 July 2023 noting the incumbent has a substantive permanent full time Staff Specialist position within SCHN

## Positions with changes to reporting lines

No.	Position Title	Summary of Proposed Change
1	Poisons Information Centre Director	Realignment of reporting line to Executive Director Clinical Operations

## New positions

No.	Position Title	Classification	FTE	Summary of Change
1	Director Clinical Operations	HES Band 1	2 roles at 1.0 FTE	Revised permanent roles with additional clinical operations responsibilities
2	Director Allied Health (for each site – two roles)	Allied Health Level 7 Grade 3	2 roles at 1.0 FTE	New permanent roles to form part of the Site Leadership Team at SCH and CHW.
3	Clinical Stream Director (for each stream – six roles)	Health Manager Level 5	6 roles at 1.0 FTE	New permanent roles focused on strategy, governance and monitoring and review of quality outcomes. The Diagnostic Clinical Stream Director role will be temporary for 3 years

No.	Position Title	Classification	FTE	Summary of Change
				consistent with the Clinical Stream Medical Director role.
4	Clinical Stream Medical Director (for each stream – six roles)	Staff Specialist with Level 2 Managerial Allowance	6 roles at 0.5 FTE	New roles focused on strategy, governance and monitoring and review of quality outcomes. These roles will be a 3 year appointment term.

## Recruitment and matching process

The following position matching is expected to apply, in relation to affected staff members.

No.	Position Title	Matching expected	Position matched to
1	Director Nursing (SCH)	Yes	Existing Director Nursing (SCH) for the current temporary contract period
2	Director Medical Services (SCH)	Yes	Existing Director Medical Services (SCH)
3	Director Nursing (CHW)	Yes	Existing Director Nursing (CHW)
4	Director Medical Services (CHW)	Yes	Existing Director Medical Services (CHW)

## Recruitment

The following positions will progress to a merit-based recruitment and selection process, open internally (to staff) and externally:

- Director Clinical Operations (for each site – two roles)
- Director Allied Health (for each site – two roles)
- Clinical Stream Director (for each stream – six roles)
- Clinical Stream Medical Director (for each stream – six roles)

Individual meetings with staff members who may be affected will take place throughout the change process. The proposed changes will be managed in line with the NSW Health Policy Directive Managing Excess Staff of NSW Health Service (PD2012\_021)

Permanent staff members not placed into a suitable position at the conclusion of the process may be declared excess following Ministry of Health approval in line with the NSW Health Policy Directive Managing Excess Staff of NSW Health Service (PD2012\_021).

## Consultation

This consultation period is open to SCHN staff for three weeks from 17 May 2023. The Executive Director Clinical Operations will have discussions with impacted staff during the consultation period and consider feedback. Written feedback will be collected by email, please send responses directly to [SCHN-EDCO@health.nsw.gov.au](mailto:SCHN-EDCO@health.nsw.gov.au) by close of business 7 June 2023.

The Health Services Union (HSU), the New South Wales Nurses and Midwives' Association (NSWNMA) and the Australian Salaried Medical Officers Federation (ASMOF) will be notified of the proposal and provided with the Consultation Paper, as well as an opportunity to comment on the proposal.



## Employee Assistance Program

The Employee Assistance Program (EAP) is a free strictly confidential and professional counselling service provided by the Sydney Children's Hospitals Network to all staff. Staff can access the program by contacting AccessEAP on 1800 818 728

## Timeframe

Task	Documentation/Task	Timeframes (indicative)
Consultation period with staff and unions commences	Consultation Paper and proposed role descriptions	17 May 2023
Consultation period closes	-	7 June 2023
Feedback reviewed and considered	-	7-20 June 2023
Final consultation document incorporating any changes identified during consultation circulated	Consultation Paper (Final)	21 June 2023
Request approval for creation of new roles	Brief provided to the Recruitment Committee	21 June 2023
Written advice issued to affected staff	Letter to advise of 'affected status'	21 June 2023
Recruitment and Selection	Merit-based recruitment and selection process	July - August 2023
Permanent staff not matched or appointed to positions may be declared excess following Ministry of Health approval	In line with the NSW Health Policy Directive Managing Excess Staff of NSW Health Service (PD2012_021)	July - August 2023

## Sponsor and Executive Lead

Dr Joanne Ging

Executive Director Clinical Operations

# Attachments

## Attachment 1: Proposed Clinical Streams and reporting relationships for Departments, Services and Wards

### Clinical Streams

The following table provides an overview of the proposed Clinical Streams, direct reports to the Clinical Stream Director will include administrative, allied health and nursing staff with Medical Heads of Department reporting to the Clinical Stream Medical Director.

Critical Care*	Diagnostics	Integrated Care	Medicine	Priority Populations	Surgical and Anaesthetics
Emergency Department CHW Emergency Department SCH Grace Centre for Newborn Intensive Care Paediatric ICU CHW Children's ICU SCH Organ and Tissue Donation Service	Biochemical Genetics Chemical Pathology Haematology and Blood Bank Histopathology Immunopathology Infectious Diseases and Microbiology Medical Imaging (CHW) Newborn Screening Sydney Genome Diagnostics  Cord Blood Bank SCH  Liaison with: <ul style="list-style-type: none"> <li>• NSWHP Randwick</li> <li>• Medical Imaging SCH</li> <li>• Nuclear Imaging</li> </ul>	Ambulatory Appliance Centre Chaplains Child Development Services CHISM/Weight Management External Partnerships Hearing Hospital in the Home Integrated Care Outpatient Clinics Rehabilitation Services SWISH Virtual Kids	Allergy and Immunology Bear Cottage Cord Blood Bank Dermatology Endocrine Gastroenterology General Medicine Genetics Infectious Diseases Nephrology Neurology Oncology Pain Medicine Palliative Care Respiratory Rheumatology Sleep Medicine	Aboriginal Health Adolescent Medicine Child Protection Child Wellbeing Unit Children and Young People's Sexual Assault Prevention Service Children's Court Clinic Cultural Diversity (Trapeze) Psychological Medicine Refugee Health Safety Program (New Street Services)	Anaesthetics Dental ENT General Surgery Neurosurgery Ophthalmology Orthopaedics Peri-operative Plastics and Craniofacial Randwick Operating Suite Trauma Urology

\* Cardiac Services – direct report to Executive Director Clinical Operations

## Nursing Wards

The following table provides an overview of the nursing wards proposed to be direct reports to the site Directors Nursing.

Site	Critical Care	Diagnostics	Integrated Care	Medicine	Priority Populations	Surgical and Anaesthetics
<b>CHW</b>	Emergency Department Grace Centre for Newborn Intensive Care Paediatric ICU	-	Turner Ward	Clancy Ward Edgar Stephens Ward Commercial Travelers Ward Variety Ward Camperdown Ward Oncology Treatment Centre Hunter Bailey Ward Bear Cottage	Hall Ward Wade Ward	Orthopaedics Ward Surgical Ward Clubbe Ward
<b>SCH</b>	Emergency Department Children's ICU	-	Medical Day Unit	C1 South C2 South C2 West C2 North C3 West	Saunders Ward C3 South	C1 South West

## Allied Health Services

The following allied health services are proposed to be direct reports to the site Directors Allied Health.

- Art Therapy
- Audiology
- Child Life Therapy
- Music Therapy
- Nutrition and Dietetics
- Occupational Therapy
- Orthotics
- Orthoptics

- Physiotherapy
- Psychology
- Social Work
- Speech Therapy

## **Medical Services**

Direct reports to the site Director Medical Services will continue to be Chief Resident Medical Officers and Junior Medical Officers.