

Canberra Health Services

# Consultation Paper 1

Oral Health Services – Governance Structure



## Table of Contents

Table of Contents.....	2
1. Introduction .....	3
2. Purpose .....	3
3. Current structure and background .....	4
4. Proposed changes and rationale .....	5
5. Implementation of the proposed structure.....	6
6. Consultation methodology .....	7
Attachment A.....	8
Attachment B.....	9

## 1. Introduction

Canberra Health Services (CHS) is focussed on 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.

**Our Vision:** Creating exceptional health care together

**Our Role:** To be a Health Service that is trusted by our community

**Our Values:** Reliable, Progressive, Respectful, Kind

CHS' Oral Health Services (OHS) currently provides a range of public dental services to:

- Children under the age of 14 years who live in or attend and ACT school; and
- Young people and adults with a Concession, Pension Concession or a health care card.

Services are provided at five Community Health Centres:

- Belconnen Community Health Centre;
- City Community Health Centre;
- Gungahlin Community Health Centre;
- Phillip Community Health Centre; and
- Tuggeranong Community Health Centre.

Dental services are also provided from the Hume Health Centre (within the Alexander Maconochie Centre), and into schools, nursing homes and other identified sites via three Mobile Dental Clinics.

The range of dental services includes preventative dental interventions, health promotion, emergency dental care, restorative dental care, prosthetic dental care, and some orthodontic interventions.

## 2. Purpose

The purpose of this paper is to describe proposed changes to the governance structure, functions, and activities in OHS and to inform the consultation with staff and unions on the proposed changes.

The purpose of the proposed changes is to ensure that our services support and facilitate the patient experience and optimum patient-centred care. The proposed changes will also better align leadership functions at the senior level to continue a strong focus on operational effectiveness, efficiency, and accountability in the health services we provide to the ACT community.

**Please note:** The first phase (i.e., the purpose of this consultation) is to work collaboratively with the unions and staff to establish a governance structure that is fit for purpose. The new governance structure will define functions and responsibilities which will inform and assist with progressing the model of care. The model of care will also be consulted on in the near future, but will not form part of this initial governance structure consultation process.

## 3. Current structure and background

The CHS OHS reports to the Executive Director, Rehabilitation, Aged and Community Services (RACS) and the OHS is overseen by the Director, Oral Health Services. The Director is supported by 13 direct reports including Information Manager, Laboratory Manager, Principal Dental Assistants, Regional Managers, Senior Dentists, and Senior Dental/Oral Health Therapists.

The current organisational structure of the OHS is at [Attachment A](#).

Regional Managers oversee the management and operation of services, staff and make day-to-day operational decisions. The senior profession leads (including Principal Dental Assistants, Senior Dentists, and Senior Dental/Oral Health Therapists) provide clinical oversight and management of clinical services, clinical leadership, and professional support for their relevant professional group.

Dentists, Dental Assistants, and Dental/Oral Health Therapists working within the OHS have multiple complex reporting relationships. They report to one or more Regional Managers, and their relevant professional lead (i.e., Principal Dental Assistants, Senior Dentists, or Senior Dental/Oral Health Therapists).

In June and July of 2019, CHS People and Culture undertook a workplace culture diagnostic assessment within the OHS. The workplace culture diagnostic report identified several key themes including:

- Concerns with the OHS governance structure and Model of Care (MoC);
- Lack of clarity regarding roles and responsibilities; and
- Lack of consistent systems and management processes.

One major recommendation from the workplace culture diagnostic report was to undertake a deep-dive review of the OHS governance structure and MoC.

KPMG was selected from an open tender to undertake a review of the OHS from June 2020 to October 2020, and this included:

- a review of the governance structure;
- benchmarking oral health service delivery across national jurisdictions to determine best governance and practice; and
- a review of the processes and procedures pertaining to financial management and reporting.

All OHS staff, internal CHS stakeholders, and external stakeholders (including relevant unions, government, and non-government organisations) were invited to submit feedback to the review via written submission and/or face to face meetings.

The final KPMG report provided to the Acting Executive Director RACS included, at its core, a focus on patient-centred care. The report also recommended an enhanced OHS governance structure and recommended a review of the current MoC, which was benchmarked across other Australian state and territory health jurisdictions to design an optimised governance structure, and model of care.

The optimised governance structure and model of care objectives will provide clearer reporting lines and responsibilities to improve service delivery and improve staff collaboration. It is also aiming to reduce waitlist times and improve the patient journey and patient experience through OHS.

## 4. Proposed changes and rationale

The proposed governance structure for OHS is at [Attachment B](#).

### 4.1 Clinical services

The proposed structure identifies clinical “streams” (Dentist, Dental Assistant, Dental Prosthetist and Dental/Oral Health Therapist), a new Central Rostering function, and new OHS Clinical Education function directly reporting to a new Clinical Director position. There are also professional support linkages for Dental Assistant, Dental Prosthetist and Dental/Oral Health Therapist streams to the Director Allied Health RACS.

### 4.2 Operations

The proposed structure shows mobile dental clinic coordination, finance, booking and scheduling, administration, patient tracking and waitlist management, and a new OHS Reception function directly reporting to the Operations management. Within OHS, the new OHS Reception was identified as a key requirement due to the complexity of oral health patients and establishing a dedicated reception service in preference to Central Health Intake (CHI) services.

### 4.3 Technical

The proposed structure shows the Dental Laboratory Technician stream, and contracts and administration directly reporting to Technical Services management.

### 4.4 Quality, performance, and planning

The proposed structure shows a new stream function of quality, performance, and planning. This would include new activities of dedicated reporting and business insights, health promotion, contract procurement, and evaluation of service planning. These quality, performance, and planning functions and activities may align under individual positions or across other positions in the clinical, operations, and technical groups.

### 4.5 Rationale for changes

The current governance structure had positive intentions to align operational management under Regional Managers, and senior profession leads (including Principal Dental Assistants, Senior Dentists, and Senior Dental/Oral Health Therapists) to provide clinical service oversight. However, this has resulted in a fractured management structure which does not support a unified ethos across the OHS. The current structure does not support the strategic objectives of services efficiency, effective performance management, and subsequently, a holistic patient experience.

This has had an unintended consequence where the separation of management has created inconsistencies and confusion within the OHS teams.

We believe that this new proposed structure is the best design for Oral Health Services to move forward with into the future.

The focus of the realignment is to have a governance structure in place that:

- supports our commitment to providing a quality, patient-centred, sustainable oral health service;
- better enhances and supports the patient journey, patient experience, and optimise waitlist times;
- streamlines reporting lines to provide greater clarity around functions, activities, roles, and responsibilities across OHS and reduces duplication;
- supports consistent, efficient, and effective clinical and operational decision-making;
- improves accountability for clinical, operational service delivery, quality and performance management, education, and professional development;
- supports the achievement of the CHS Strategic Plan, and the CHS Corporate Plan; and
- recognises and supports specific disciplines operating within OHS.

## 5. Implementation of the proposed structure

The implementation of the new structure will be subject to the consultation feedback from staff and unions. Consultation methodology is outlined in Section 6.

Consultation feedback will be collated from surveys and written submissions. Staff and union representatives will be provided with a summary of the feedback and informed of the final decision via email by 6 August 2021. CHS Corporate Plan Review Committee will also be provided with a summary of the feedback and the final decision. The implementation of the revised structure will then commence from the date of the decision.

Aligning functions, activities, and responsibilities to individual positions will require further design following this initial consultation. This will include workforce planning, position redesign, and staff transitions over the next six to twelve months.

Following the finalisation of the governance structure, the new roles and functions of the Clinical Director and Central Rostering are proposed to be the first positions to be created, duty statements designed, and recruitment completed.

To implement this new structure, most positions will be unaffected. Some current positions may be affected during the redesign of individual positions as follows:

- Partially affected positions may need to be re-aligned, and/or re-advertised and recruited;
- New positions require position creation and recruitment;
- Positions may no longer be required in their current form and abolished\*. Staff members potentially affected by these changes will be advised directly by the ED RACS.

**\*Please note:** Should positions become excess, CHS will consult further in accordance with the requirements under the relevant agreements (*Administrative and Related Classifications Enterprise Agreement 2018-2021* and/or *Health Professionals Enterprise Agreement 2018-2021*). In principle, CHS will seek to redeploy permanent officers within the OHS and RACS to avoid or minimise an excess officer situation. Should redeployment not be possible, voluntary redundancy, reduction in classification and involuntary redundancy will be considered in that order.

Further consultation opportunities will be made available to the affected staff members, and to the representatives of the unions. During the implementation of the new structure, it is anticipated that there will be opportunities for some existing staff to act in temporary positions whilst the new functions, responsibilities and positions are being established.

Regular communication activities will be maintained, and a plan will be created to ensure this is implemented. Staff will be a priority and supported through the transitions.

## 6. Consultation methodology

CHS OHS will conduct the consultation process in accordance with Section G of the relevant Enterprise Agreements. This is to ensure effective consultation, staff input, and participation in the consultation process for the changes.

We are now seeking your feedback. The consultation period commences on 13 July 2021 and will end at **5:00pm 27 July 2021**.

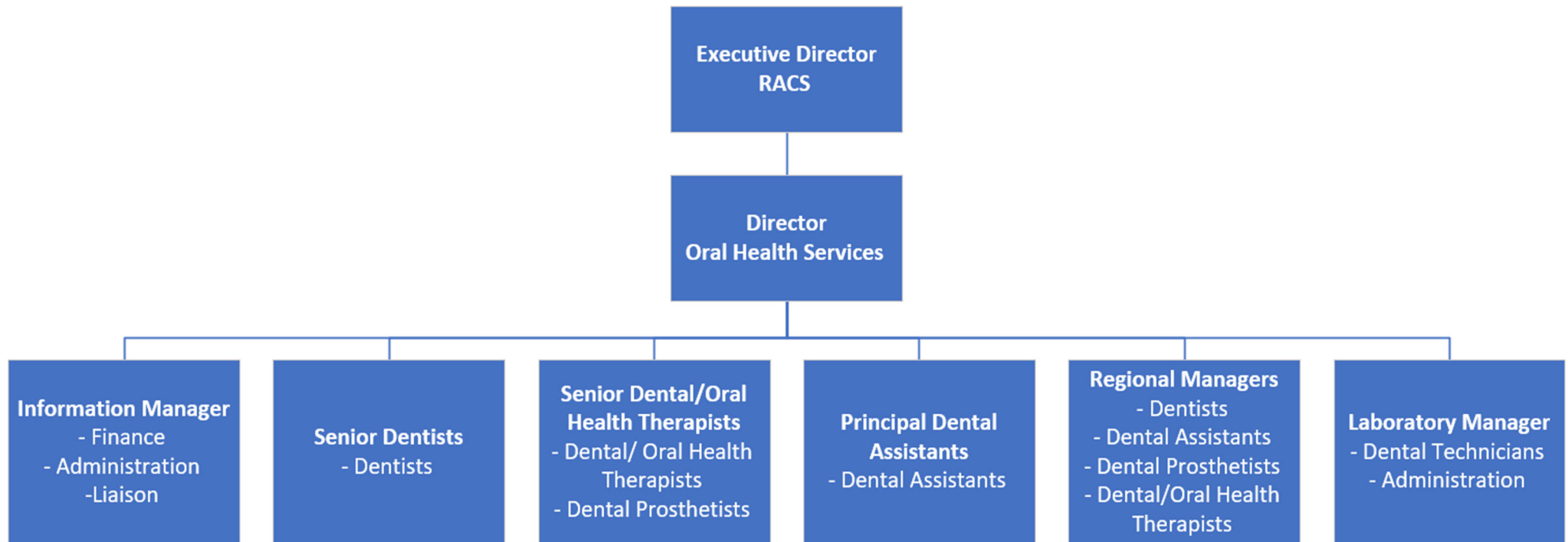
Feedback can be provided via Survey Monkey at <https://www.surveymonkey.com/r/3JXB2YY> or by email directly to [OHSReview@act.gov.au](mailto:OHSReview@act.gov.au)

In particular, we are seeking responses to the following questions:

1. In principle, do you support the proposed structure?
2. What do you think will be the positive impact brought about by the proposed structure?
3. What do you think might not have been considered in this change and why is it important?
4. Do you have any concerns about the proposal? If so, what are they?
5. Do you have any other feedback you would like to be considered in relation to this change?

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

## Attachment A





### Attachment B

