



# Canberra Health Services Consultation Paper.

Quality, Safety, Innovation, and Improvement

Infrastructure and Health Support Services

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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 several 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.
- **Community health centres:** providing a range of general and specialist health services to people of all ages.
- **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.

The Quality Safety Innovation and Improvement (QSII) team at CHS provide enabling, coordination and other support services across the organisation in relation to Patient Experience, Clinical Incident Management, National Standards and Accreditation and Clinical Analytics and Insights. The team currently report to the Executive Director Nursing & Midwifery and Patient Support Services who is responsible for Nursing Administration & Support Services including Nursing & Midwifery Resource Office, NIMS/E-Rostering, Infection Prevention and Control, Tissue Viability and the Occupational Medicine Unit plus Patient Support Services including Ward Services, Ward Clerks, Hospital Assistants and the Central Equipment Pool.

The Infrastructure and Health Support Services (IHSS) team is a large team providing services across Campus Modernisation, Capital Project Delivery, Facilities Management, Food Services and Operational Support Services.

## 2. Purpose

The purpose of this paper is to describe the proposed changes to the QSII Unit and IHSS reporting lines. The proposed structure change aims to:

- Improve patient health outcomes, patient experience, quality of care and efficiency of care delivered by CHS.
- Balance executive workloads
- Achieve alignment of portfolios
- Support a sustainable staff structure allows for growth and innovation in the Nursing portfolio.
- Connect key strategic deliverables

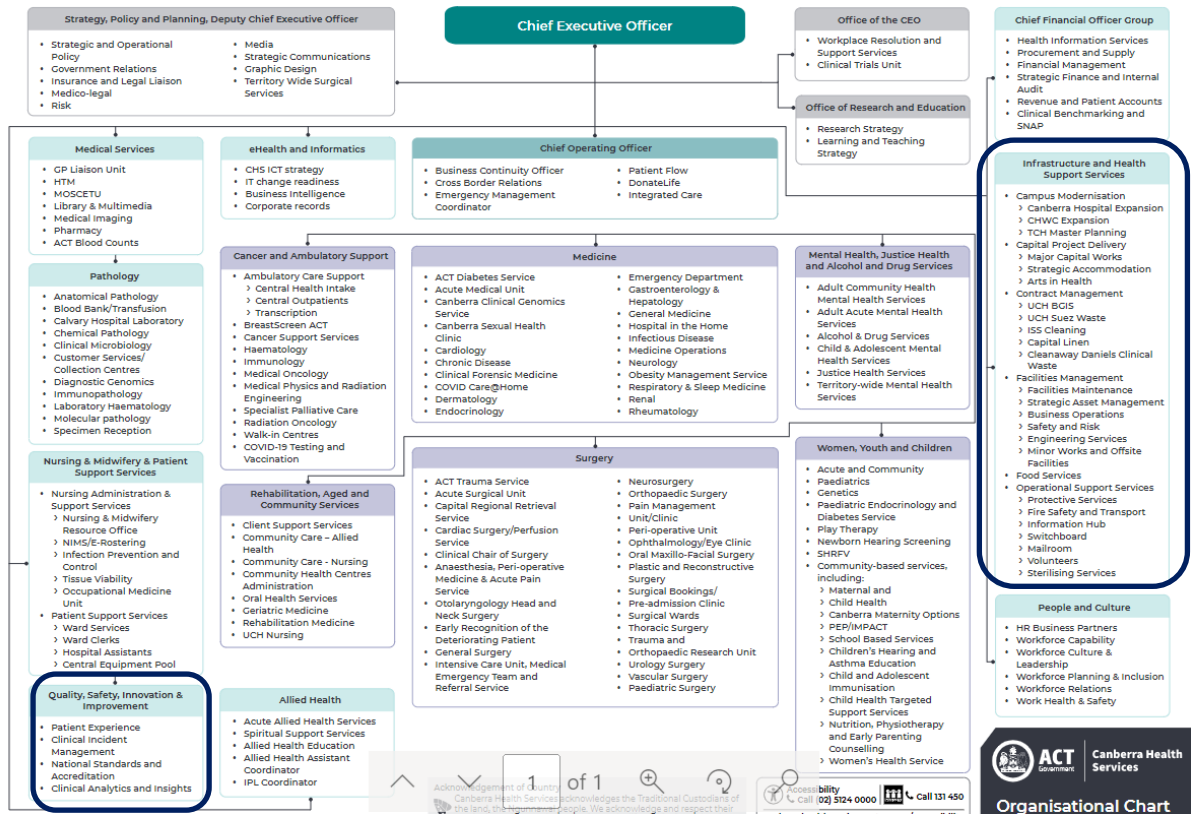
Consultation is required due to the proposed:

- Changes in the reporting line.

The proposed changes are:

- The QSII team will report to the Deputy Chief Executive Officer
- The IHSS team will report to the Deputy Chief Executive Officer

## 3. Current model



## 4. Rationale for change

### 4.1 Synergies with strategy and policy

Looking at system wide performance and the delivery of key CHS strategic items is a key role of the Deputy CEO (DCEO). The direct alignment of the DCEO reporting to the Governance Committee will also provide direct accountability of the Quality and Safety Framework to the governing body.

The Campus Modernisation program and capital developments are key strategic deliverables in the CHS Corporate plan.

### 4.2 Reduction of workload for EDNMPSS

There is a strong focus on the nursing workforce with pressures on nursing staffing across the organisation operating under numbers, and a large forward agenda with implementation of the nursing workforce plan, enterprise bargaining, a planned central nursing recruitment office, review and potential change of rostering system, round two for nurse ratios, implementation of TASC round two, review of transition to practice for nursing, introduction of the student nurse classification into practice to just name a few future projects.

Furthermore, culture survey scores for Nursing workforce are on the increase and momentum needs to be maintained.

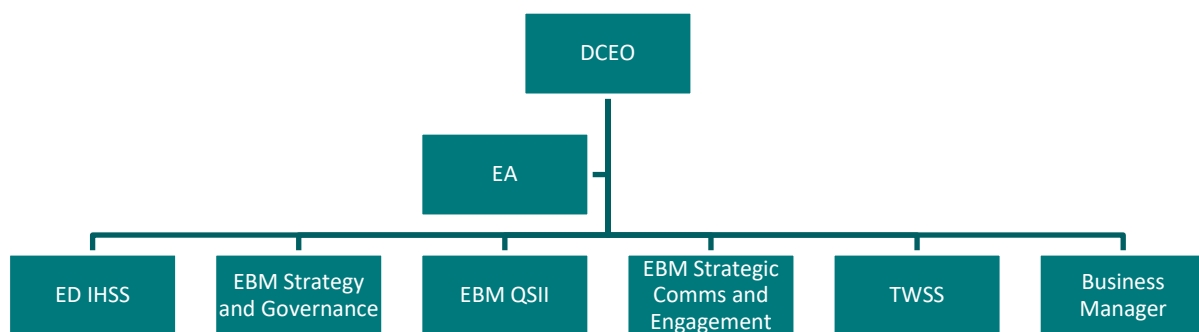
Further to this there are innovation opportunities for IPC and OMU teams.

## 5. Proposed Future model

### 5.1. Scope of the future model

In the future model the QSII Executive Branch Manager will report directly to the Deputy CEO, and there will be no other changes.

The Executive Director IHSS will also report directly to the Deputy CEO and there will be no other changes.



### 5.2. Physical design/structure

- No changes to physical design or office space layout

### 5.3. Benefits of the future model

The scope of the future model aims to:

- Improve patient outcomes, patient experience, quality of care and efficiency of care
- Ensure connection and synergies between key strategic deliverables in the CHS Strategic Plan.

### 5.4. Implementation of the future model

Following review and feedback, the proposed changes

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 as closed as per table 1:

Table 1: Proposed Structure implementation timeline

Steps	Action	Dates
1	Letter and consultation document to be provided to a Unions	11 July 2022
2	Consultation period begins with all affected staff and unions	11 July 2022
3	Consultation period ends	25 July 2022
4	Any provided suggestions from consultations will be reviewed and any changes incorporated into the final paper and it will be presented for information	1 August 2022
5	Activate change	TBC

The nominal Executive Group Manager, IHSS has been consulted on the proposed change.

The Executive Branch Manager, QSII position, is currently vacant.

## 6. Consultation methodology

Feedback can be provided via email to [Nicole.stevenson@act.gov.au](mailto:Nicole.stevenson@act.gov.au)

Feedback is due by 25 July 2022.

We are seeking responses to the following questions:

- Do you support the proposal to change the reporting line of QSII and IHSS to DCEO?
- 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 IHSS, QSII and the NMPSS portfolio?
- For any further information relating to the change and subsequent consultation process, please contact Nicole Stevenson.

## 7. References

Document	Author
<i>Canberra Health Services Strategic Plan</i>	<i>CEO, Canberra Health Services</i>
<i>Recruitment policy</i>	<i>People &amp; Culture, Canberra Health Services</i>