ACT Government | ACT Health

FOI18-85

[redacted]

Dear [redacted]

Freedom of information request: FOI18/85

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by ACT Health on 12 September 2018 in which you sought access to documents related to the restructure of ACT Health into two organisations.

Specifically, you are seeking:

- *"Fortnightly program status update prepared by the Transition Office for the Minister for Health and Wellbeing for the month of August 2018;*
- *Detailed briefings prepared for the Minister for Health and Wellbeing for the month of August 2018 on the transition to the new structure;*
- *Interim updates to ACT Health staff by the Interim Director-General ACT Health for the month of August;*
- *The Report prepared by Mr Robert Griew, the Principal of the Nous Group, for the Head of Service;*
- *Communications Strategy for the separation of ACT Health;*
- *The Business Models Option for the separation;*
- *Administrative arrangements for new structure as agreed to by Chief Minister and Minister for Health and Wellbeing;*
- *Memorandum of Understanding with ACT Health staff representatives as agreed to by the Minister for Health and Wellbeing;*
- *Recruitment approach as agreed to by the Minister for Health and Wellbeing;*
- *The Governance Framework as agreed to by the Minister for Health and Wellbeing;*
- *The Macro Organisational Structure for ACT Health and Canberra Hospital and Health Services."*

As the Principle Officer of ACT Health, I am authorised to make a decision on access to government information held by ACT Health.

ACT Health was required to provide a decision on your access application by 11 October 2018.

Decision on access

Searches were completed for relevant documents and eight 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 all relevant documents. The documents released to you are provided as Attachment B to this letter.

I note that the New Health Governance Arrangements for the ACT Report created by the Nous Group is now publically available on the ACT Health website. However, for your convenience I have attached a copy of the report.

Charges

Charges are not applicable to your application in accordance with 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 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 in 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.

ACT Civil and Administrative Tribunal (ACAT) review

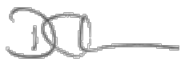
Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

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 ACT Health's processing of your request, or would like further information, please contact the FOI Coordinator on 6205 1340 or email HealthFOI@act.gov.au.

Yours sincerely



Michael De'Ath
Director-General
ACT Health

10 October 2018

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: [insert open access link]

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
[redacted]	**"I would like documents related to the restructure of ACT Health. I am seeking the following documents related to the restructure of ACT Health into two organisations namely:** **• Fortnightly program status update prepared by the Transition Office for the Minister for Health and Wellbeing for the month of August 2018;** **• Detailed briefings prepared for the Minister for Health and Wellbeing for the month of August 2018 on the transition to the new structure;** **• Interim updates to ACT Health staff by the Interim Director-General ACT Health for the month of August;** **• The Report prepared by Mr Robert Griew, the Principal of the Nous Group, for the Head of Service;** **• Communications Strategy for the separation of ACT Health;** **• The Business Models Option for the separation;** **• Administrative arrangements for new structure as agreed to by Chief Minister and Minister for Health and Wellbeing;**	**FOI18/85**

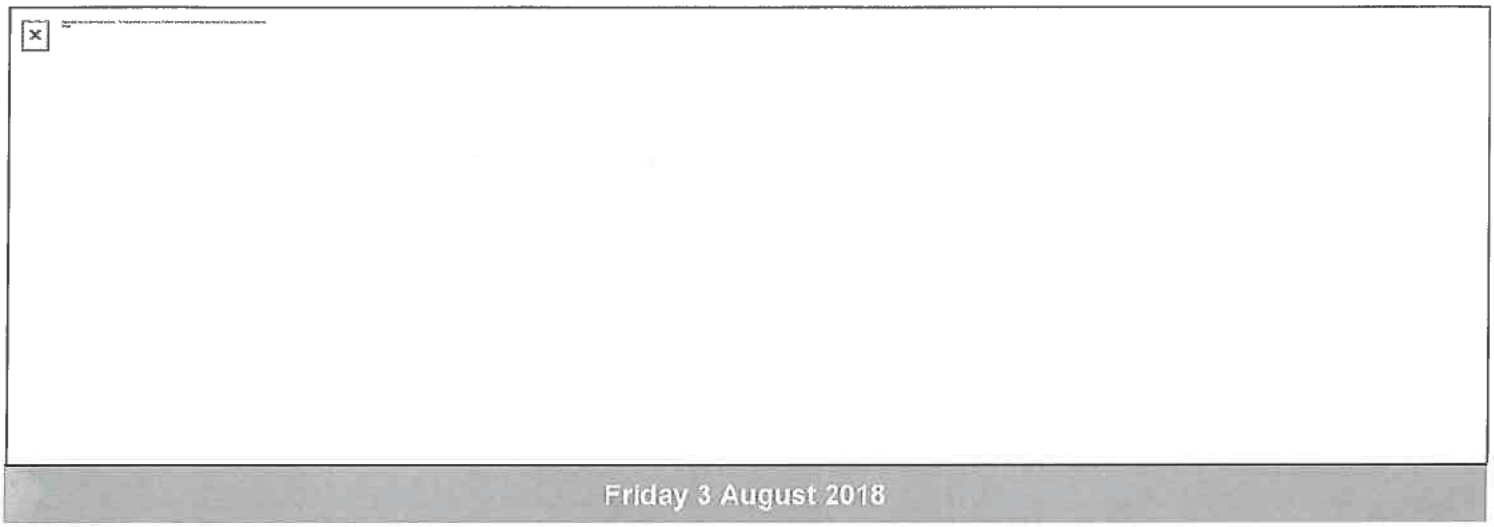
	• Memorandum of Understanding with ACT Health staff representatives as agreed to by the Minister for Health and Wellbeing; **• Recruitment approach as agreed to by the Minister for Health and Wellbeing;** **• The Governance Framework as agreed to by the Minister for Health and Wellbeing;** **• The Macro Organisational Structure for ACT Health and Canberra Hospital and Health Services."**	

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1	**1 - 3**	E-mail to all staff from the Interim Director-General – A Message from the Interim Director-General – Update on Transition	03/08/2018	Full		Yes
2	**4 - 6**	E-mail to all staff from the Interim Director-General – A Message from the Interim Director-General – Update on Transition with attachment	17/08/2018	Full		Yes
3	**7 - 8**	E-mail to all staff from the Interim Director-General – A Message	27/08/2018	Full		Yes

		from the Interim Director-General – Update on Transition				
4	**9 - 10**	E-mail to all staff from the Interim Director-General – A Message from the Interim Director-General – DG Forums	30/08/2018	Full		Yes
5	**11 - 23**	ACT Health Organisational Transition – Internal Communications Strategy	Undated	Full		Yes
6	**24 - 60**	Administrative Arrangements 2018 (No 2)	18/09/2018	Full		Yes
7	**61 - 65**	Staff Transition Process – for allocation to positions in new organisational structure	Undated	Full		Yes
8	**66 - 67**	Organisational Structure for Canberra Health Services and ACT Health Directorate	Undated	Full		Yes
Total No of Docs						
8						

Trevillian, Sarah (Health)

From: Stevenson, Nicole (Health) on behalf of DGACTHealth
Sent: Friday, 3 August 2018 2:54 PM
To: ##All Staff ACT Health
Subject: A message from the Interim Director-General - Update on Transition



Friday 3 August 2018

Good afternoon,

I know that for many of you, the main thing you want to know about the transition process is which organisation you and/or your team will be working for from 1 October 2018, when ACT Health becomes two distinct entities.

The formation of two organisations means that some of the existing functions within ACT Health will either move or be restructured, while others will be required in both organisations. Many will remain as and where they are.

We are moving closer to being able to establish this level of detail and I wanted to share with you the co-design processes we are using to help us get there.

Last month I mentioned I had begun hosting a series of workshops with the executive team.

Those workshops have helped establish the principles which are guiding the design of the two organisations. Those guiding principles are:

- There will be an increased focus on person-centred service outcomes.
- The Directorate will be focussed on whole of government health strategy and policy, assets and system performance.
- Canberra Hospitals and Health Services (CHHS) will be accountable for operational service delivery, quality and standards management.
- CHHS will be empowered with full responsibility to provide health care service delivery to national benchmarks, with transparency of end-to-end financial and service performance.

- Administrative Arrangements will provide transparency in accountabilities. Single point accountability for outcomes will be established while maintaining shared responsibility for the health system.
- Relationships with service users and service delivery partners will be clearer.
- There will be an increased focus on quality outcomes for all functions. Non-value adding activities will be eliminated where possible.
- Governance frameworks and systems will assure alignment with the approved risk appetite.
- Spans and layers of control will be optimised to be more appropriate for each organisation's size and focus.
- There will be an increased focus and importance placed on the data and information management capability.
- There will be an increased focus in leadership capability, differentiated from technical/clinical expertise.

Now that we have established the guiding principles we are moving on to the next phase of the process, which is establishing which functions are needed where.

There will be another executive workshop on 8 August 2018, which will focus heavily on the functional needs of the two organisations.

This will be followed by a Collaborative Leadership Forum on 14 August 2018. This full day workshop will be attended by the Interim Director-General, Deputy Directors-General, Executive Directors, Clinical Directors, Directors of Nursing, Directors and other nominated managers from across ACT Health.

This forum will provide senior staff with an opportunity to contribute to the organisational design and help form the basis of a draft structure to be provided to all staff for consideration.

All staff will have an opportunity to have their say on this structure.

Opportunities to provide feedback will include all staff forums and feedback boxes, which will be located various sites in the coming weeks.

I also urge you to talk to your managers and provide them with feedback.

You can also send your questions or suggestions to healthtransition@act.gov.au. The transition team will review and respond to all feedback and questions.

The Transition Office is also very close to finalising a process for the transition of staff to roles in the two new organisations. This has been developed in consultation with People and Culture and is based on processes used elsewhere in ACT Government.

I will share the process with you as soon as possible.

This is an important time for all of us as together we shape our organisations in a way that enables and empowers us to be excellent.

We must do this while always sticking to our core values of Care, Excellence, Collaboration and Integrity.

These values are what is guiding me in my work and I urge all of you to keep them front of mind as we navigate this time of change.

If you would like more information, there is a dedicated transition page on the new intranet. This will be regularly updated as new information comes to hand. I urge you to check in on it frequently.

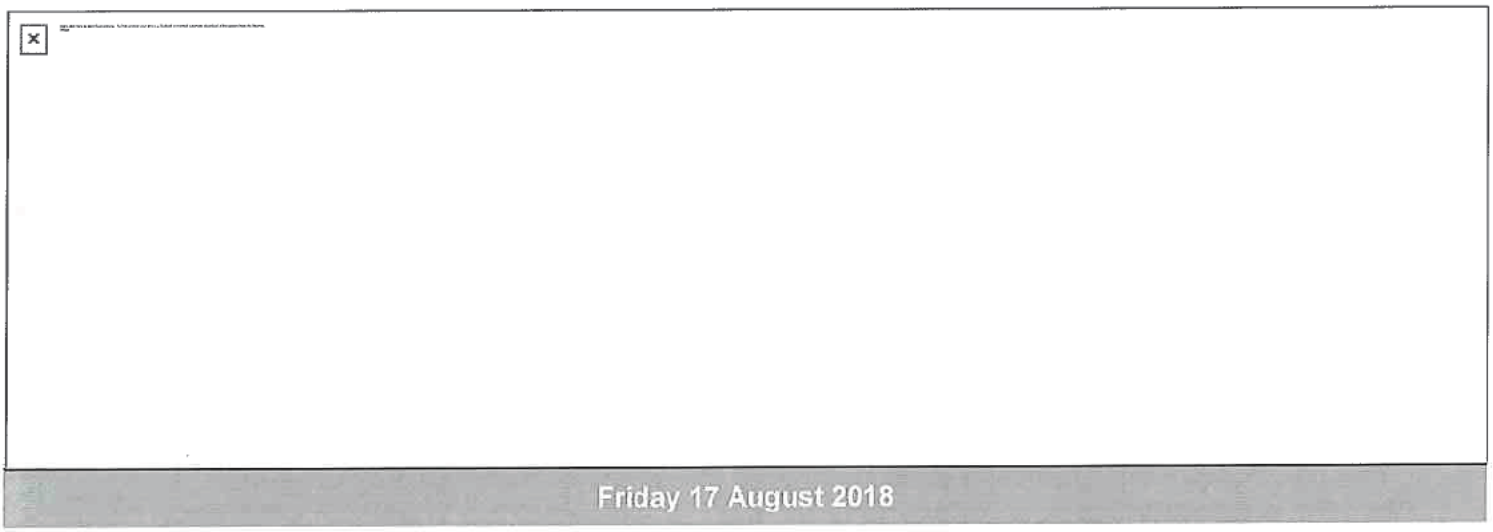
Thank you

Michael De'Ath
Interim Director-General
ACT Health
DGACTHealth@act.gov.au

www.health.act.gov.au

Trevillian, Sarah (Health)

From: Dal Molin, Vanessa (Health) on behalf of DGACTHealth
Sent: Friday, 17 August 2018 12:12 PM
To: ###All Staff, Health
Subject: A message from the Interim Director-General - Update on Transition [SEC=UNCLASSIFIED]
Attachments: Transition project overview.pdf



Friday 17 August 2018

Good afternoon,

On Tuesday, more than 140 leaders from across ACT Health came together for a collaborative leadership event at the National Museum of Australia. This was an important milestone and I thank everyone who attended for taking the time to constructively contribute to planning for our future.

There were two main themes to the day: culture and transition.

Our first aim was to build on the positive work we are doing around our organisational culture, as we move towards 1 October 2018.

Building a strong values-based culture is an essential part of our transition. To be successful, both our organisations need the right culture.

To make this happen, we need to continue creating a workplace where our shared values and beliefs underpin everything that we do.

This event was an opportunity for leaders at all levels to reflect on how we can embed a positive culture into the way we work.

Our leaders demonstrated a willingness to respectfully engage in debate as we focussed on planning the processes, functions and structures of the two organisations. This helped us to gain a greater understanding about how the organisations will interact under various scenarios. It highlighted the need for us to streamline our processes and go back to basics.

It was great to see such a diverse group of people working collaboratively to contribute to this important aspect of planning.

A draft functional design of the two new organisations - highlighting Ministry and Health Service functions, as well as those where responsibility may be shared – was discussed and refined.

This draft was prepared with significant input from the executive and stakeholders.

The feedback gathered yesterday will be used in the development of the proposed organisational structures, which you will have an opportunity to review and provide feedback on.

I have attached an overview of the transition project. It contains useful information about the transition process and the opportunities it presents.

I anticipate being able to share information about the proposed structures with you in late August, and will be hosting a number of all-staff forums to answer your questions.

In the meantime, there are a number of ways for you to provide feedback, ask questions or raise concerns.

You can contact the Transition Office with your questions or comments by emailing healthtransition@act.gov.au or calling 6207 5391. Members of the Transition Office are also available to meet with you and your team.

Feedback boxes will also be popping up in various locations over the coming weeks and an electronic feedback form is available on the dedicated transition page on the intranet. This page is being regularly updated and I encourage you to check it frequently.

This is an important time for all of us as we work together to shape the organisations in a way that enables and empowers us to be excellent.

Times of uncertainty can be challenging, I will continue to regularly communicate with you as new information comes to hand.

I also urge you to talk with your managers about the transition.

Thank you

Michael De'Ath
Interim Director-General
ACT Health
DGACTHealth@act.gov.au

ACT Government Health

TRANSITION | PROJECT OVERVIEW

CARE | EXCELLENCE | COLLABORATION | INTEGRITY

HOW CAN I KEEP INFORMED?

- Intranet updates
- Interim Director-General Bulletins
- All staff forums
- Leadership events for managers
- Team meeting discussions

HOW CAN I HAVE A SAY?

Send your thoughts or questions to healthtransition@act.gov.au

On 1 October 2018, ACT Health will become two organisations. One organisation will focus on the delivery of clinical services, and the other on strategic policy, territory-wide planning and population health.

WHAT'S THE OPPORTUNITY?

The transition provides the opportunity for:

- Renewed focus on our culture and values
- Improved patient outcomes through more efficient service delivery
- Fit for purpose organisations: one to deliver services, and the other to focus strategically and system wide
- Clearer accountabilities and a focus on improving our performance
- Quicker and more efficient decision making
- Two organisations able to focus on what they need to do
- Greater flexibility to adapt to growing population and changing healthcare needs

WHAT ARE THE PRINCIPLES?

Just like drafting plans to build a house, we need a list of requirements for the new organisations. These are our design principles:

COMMON DESIGN PRINCIPLES FOR BOTH ORGANISATIONS

- Focus on person-centred service outcomes
- Transparency in accountability, being clear who does what
- Clearer relationships with service users and partners
- Focus on quality outcomes
- Prioritise data and information management capability
- Leadership capability as well as technical expertise

FOR THE HEALTH SERVICE

- Focus on service delivery, quality and standards management
- Full responsibility to provide health care service delivery to national benchmarks
- Transparency of end-to-end financial and service performance

FOR THE MINISTRY

- A focus on whole-of-government health strategy and policy, assets and system performance
- Governance frameworks and regulation to ensure quality health outcomes

PROJECT PHASES

The phases to create our new organisations are shown below:

FORM & FUNCTION
By July 2018

An interim structure to provide:

- More stability
- Streamlined reporting lines
- Clearer accountabilities
- Position functions for smoother transition to the new organisations

PREPARE FOR TRANSITION
By end August 2018

- Establish **design principles** to define how functions will be organised to support the organisations
- Design **high level structures** to ensure the organisations have the right functions to support the services they will deliver
- Establish **Administrative Arrangements** and ensure the correct legal frameworks are in place
- Commence "**behind the scenes**" work such as creating position numbers and cost centres
- Design **staff transition** and **consultation processes**

TRANSITION TO A NEW STRUCTURE
By 1 October 2018

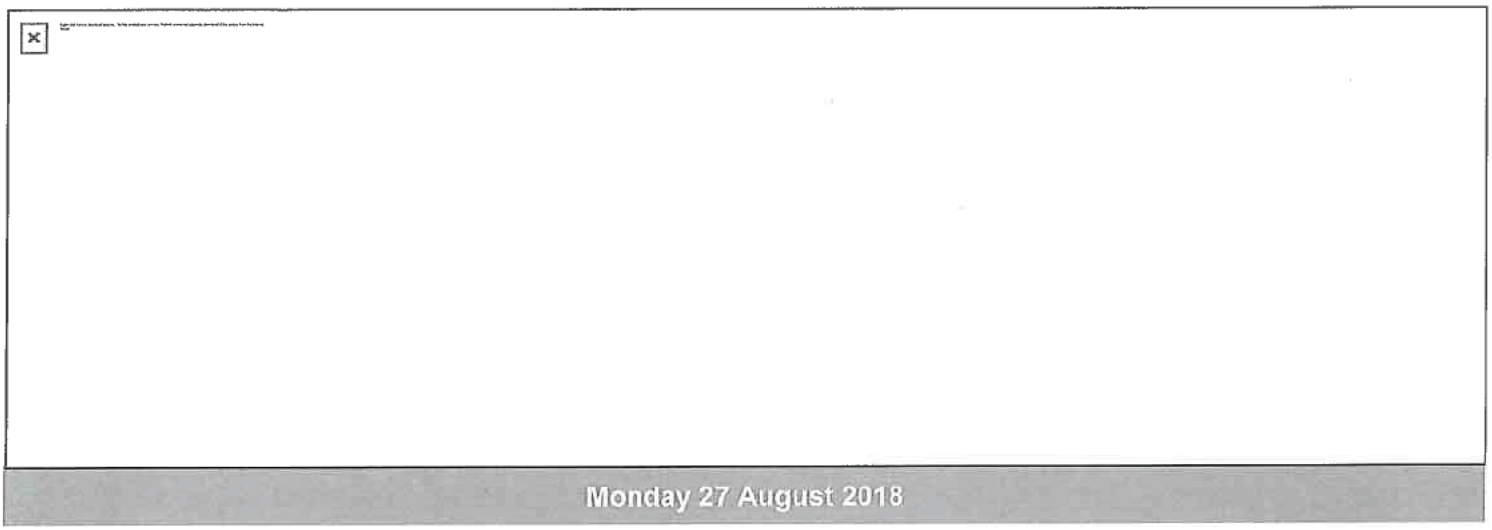
- Develop high level **structures** in more detail
- Implement **staff transition** process
- Finalise **Administrative Arrangements** and develop delegations
- **Identify facilities and logistics** needs
- **Conclude consultation**
- **Finalise "behind the scenes"** system changes
- **Conduct staff support and leadership** activities

STABILISE & REFINE
October – June 2019

- Conduct **policy and process** review
- Update and revise **contractual arrangements**
- Continue to **drive improvements**
- Conduct **staff wellbeing activities**
- Transition to **business as usual**

Trevillian, Sarah (Health)

From: Stevenson, Nicole (Health) on behalf of DGACTHealth
Sent: Monday, 27 August 2018 1:16 PM
To: ##All Staff ACT Health
Subject: A message from the Interim Director-General - Update on Transition



Monday 27 August 2018

Good afternoon,

Following the Collaborative Leadership Event, the Transition Office has been reviewing and consolidating the feedback received from leaders on the way the functions of our two organisations could be allocated. Last week, a further workshop was held with executives and senior managers from the Corporate Division, Canberra Hospital and Health Services and the Office of the Director-General.

This was to explore how the two new organisations will be supported by corporate functions. This was a great opportunity to discuss and test exactly what functions will be needed in each organisation and the best way for them to be structured.

This was a major step forward in our design work for the proposed organisational structures, which will be shared with you soon.

I will be hosting all-staff forums in early September where you will have an opportunity to ask questions about the proposed structures. Invitations to these forums will be sent out shortly.

There are many details that are being worked through to make sure the transition is seamless for our patients and stakeholders and to support you through the change. As I have said previously, for many of you, you will not experience a large change. For those areas where there will be changes, your executives and the Transition Office are working together to ensure impacts are minimised.

The Transition Office has been receiving and responding to feedback about the transition. One of the subjects that many of you are asking about is salary packing. Eligible Public Hospital and Ambulance (EPHA) Salary Packaging is available to staff who meet the requirements of the Fringe Benefits Tax exemption of the *Fringe Benefits Tax Assessment*

Act 1986 for these benefits. An all-staff email was distributed on 28 June 2018 providing information about a change of the Taxation Office's interpretation of eligibility to access this benefit.

People and Culture and ACT Shared Services are exploring any potential impact to staff as a result of the transition to two organisations. This is dependent on the details of the organisational structures being finalised. As soon as further details are known, another update will be provided to outline any impact.

There are a number of ways for you to provide feedback, ask questions or raise concerns.

You can contact the Transition Office with your questions or comments by emailing healthtransition@act.gov.au or calling 6207 5391.

There is also an electronic feedback form on the dedicated transition page on the intranet. This page is being regularly updated and I encourage you to check it frequently.

Feedback boxes will also be rotated through various locations.

I also urge you to talk with your managers about transition.

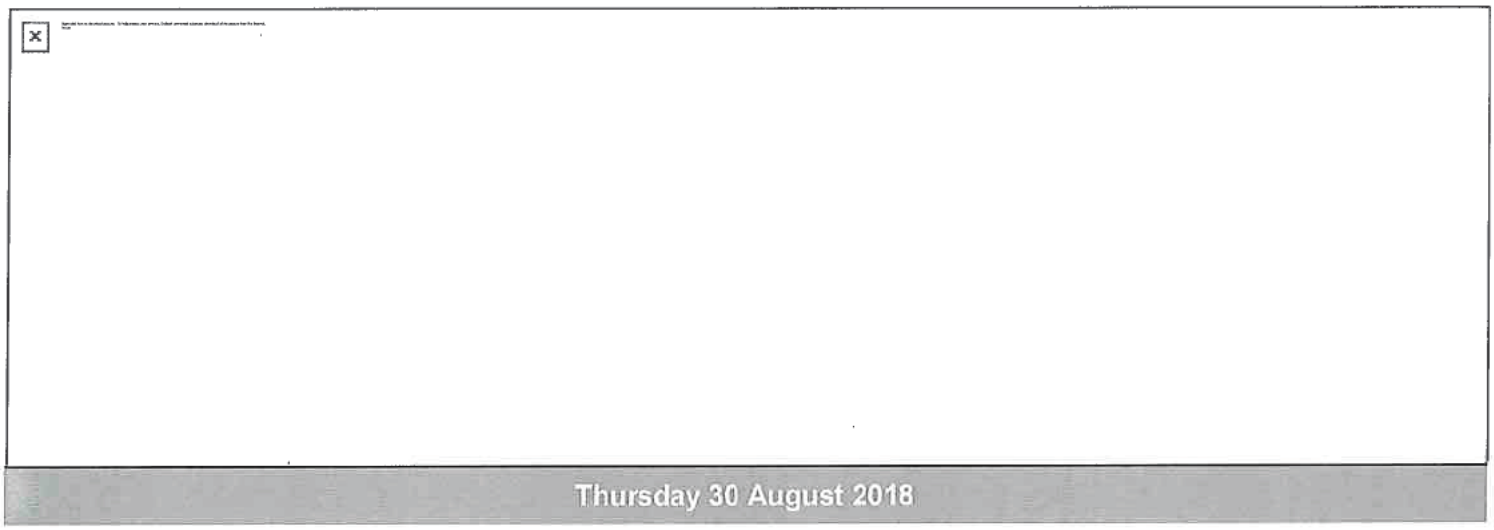
Thank you

Michael De'Ath
Interim Director-General
ACT Health
DGACTHealth@act.gov.au

www.health.act.gov.au

Trevillian, Sarah (Health)

From: Ritchie, Angela (Health) on behalf of DGACTHealth
Sent: Thursday, 30 August 2018 2:03 PM
To: ##All Staff ACT Health
Subject: A message from the Interim Director-General - DG forums [SEC=UNCLASSIFIED]



Thursday 30 August 2018

Good afternoon,

On Thursday 6 September, I will be hosting two staff forums.

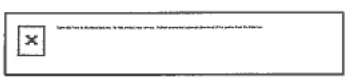
The forums are an opportunity for me to provide you with an update on the transition of ACT Health to two new organisations from 1 October 2018.

Details of the forums are provided below. I look forward to seeing you there.

Everyone is welcome however seating is limited, so please register your attendance at one of the forums via the buttons below.

DG Forum 1
Date: Thursday 6 September 2018
Time: 10:00am – 11:00am
Venue: Auditorium, Canberra Hospital

DG Forum 2
Date: Thursday 6 September 2018
Time: 11:30am – 12:30pm
Venue: Conference Room, Level 2, 2 Bowes Street



Michael De'Ath
Interim Director-General
ACT Health
DGACTHealth@act.gov.au

www.health.act.gov.au

ACT Government

ACT Health Organisational Transition

Internal Communications Strategy

1. Purpose and background

Purpose

The purpose of this strategy is to outline the communication and stakeholder engagement approach and activities that will be undertaken in relation to the ACT Health organisational transition.

Background

On 23 March 2018, the ACT Government announced a decision to separate ACT Health into two organisations:

- one organisation responsible for ACT Health's clinical operations; and
- a second organisation responsible for strategic policy and planning.

These changes are due to be implemented from 1 October 2018.

The Minister for Health and Wellbeing has publicly stated that

> *"critical to getting the reform right, is continuing to talk to the community, ACT Health's workforce and non-government partners."*

As the model and structure for the two new organisations has not yet been determined, a phased approach to communication will be required.

The initial focus of the organisational transition will be the restructure of the corporate side of the organisation, with a realignment of the clinical organisation to commence once the new CEO has been appointed.

2. Communication objectives

The objectives of this communication strategy are to:

- support ACT Health's reputation as a progressive, efficient health care system and health services provider
- create awareness and understanding of the organisational transition through provision of clear messaging about:
    - what is changing,
    - who will be impacted,
    - what these impacts might be,
    - the benefits of the transition, and
    - how transition processes will be managed.
- effectively build the case for change, including support and buy-in from stakeholders

- nurture opportunities for two-way communication between Executives, managers and their teams. This includes harnessing transparent and genuine communication to promote team cohesion, maintain levels of performance and positively influence organisational culture

- manage stakeholder expectations through consistent, clear and timely provision of information, and

- build change readiness through use of a transparent information and feedback mechanisms.

3. Target audiences and stakeholders

Target audience

Primary Internal

- Minister for Health and Wellbeing
- Minister for Mental Health
- ACT Health Executive staff
- ACT Health middle managers
- All ACT Health staff (corporate and clinical)

Primary External

- Media
- ACT Health patients/consumers/ACT community

Stakeholders

Primary External

- Unions
- Non-government peak bodies
- NGO services contracted by ACT Health
- Other ACT Government Directorates

Secondary External

- General Practice/private health service providers
- NGO services not contracted by ACT Health
- Royal Colleges/Professional Associations/Specialty bodies
- Southern NSW health service providers

A separate Stakeholder Engagement Plan has been developed to outline consultation and engagement methods.

4. Link to Government priorities

This plan links to the Government's priority area of "health and education investment" and supports the ACT Government's 10 Year Health Plan, providing the foundation for ACT Health to build a sustainable, innovative and world class heath system for the Territory.

5. Key messages

- We will be forming two organisations that will provide better health outcomes to the community. One organisation will be responsible for clinical operations and will focus on the operational delivery of quality health services to the community. The other will be responsible for strategic stewardship of the ACT's health system. It will oversee the health system as a whole and set the strategic direction for health services, as well as provide health protection services and health promotion.
- We have an opportunity to shape our organisations in a way that enables and empowers us to be excellent.
- We will be more sustainable and better able to respond to future needs as we grow in size and our population changes.
- We will provide greater autonomy and clarity by having two organisations that are appropriately resourced and focused on what they need to do.
- The organisational reform will support ACT Health's commitment to the health of our community by:
    - enabling a clearer focus on efficiency and effectiveness for clinical operations, and improving service delivery for the community; and
    - freeing up capacity within the Health Directorate to undertake core strategy and system management functions.
- Both organisations will continue ACT Health's commitment to the health of our community, specifically an approach to health that is all about person-centred care, as well as a commitment to quality, innovation, engagement and accountability.
- Staff and stakeholders will be consulted on development of a new model for the two organisations.
- Staff and stakeholders are encouraged to provide feedback and raise any concerns that they may have. All feedback will be de-identified and considered in-confidence.

The above messages will be revised and added to as the project is further scoped and developed.

6. Strategic communication approach

The communication approach for this strategy focuses primarily on the needs of ACT Health employees (staff at all levels) and its stakeholders—as listed in section 3.

The approach acknowledges the successes and strengths of the organisation—its ability to provide support and care to Canberrans—but also addresses the need to change so that by forming two organisations we can strengthen the ACT's health care system to meet the evolving and ever-increasing demands of the growing population.

Supporting large-scale organisational change frameworks and risk management plans, the communication strategy will harness genuine, transparent, communication to encourage open conversations amongst managers and their teams about transition.

The tactics used to deliver messages have been selected to meet the needs of a wired and non-wired workforce—both with varying degrees of interest and motivation to be actively involved in organisational change. The tactics address the broad varying backgrounds of ACT Health's workforce, such as clinical members and corporate teams.

Communication tactics include, but are not limited to:

- Director-General (DG) messages on transition updates
- DG Forums
- workshops with Executive staff
- high-level staff brand positioning campaign which will include a video reveal of the new organisational brands
- vox pops with Executive staff
- intranet site featuring regular content updates
- manager sharepoint portal to support effective change leadership
- anonymous feedback boxes located within Canberra Hospital, Moore Street and Bowes Street
- 'Goodbye ACT Health Party' to be held at Canberra Hospital and Bowes Street
- 'Welcome to your new organisation' packs which will include:
    - A message from the DG and the Chief Executive Officer of each organisation
    - newly branded lanyards for each organisation
    - Cupcakes featuring the new Canberra and Region Health Services logo
    - Cupcakes featuring the ACT Health logo
    - Coffee cups featuring the new Canberra and Region Health Services logo
- digital signage
- cascade briefing package from managers to staff, and
- desktop wallpaper.

Tactics will be implemented in a phased approach to ensure activities and information can be evaluated, amended and refined to meet the needs of target audiences. An 'early, open and often' approach to communication will be adopted.

Phase 1 – Prepare for and Transition to a new structure 1 July – 31 October 2018 (implement from 1 October 2018)
• Inform and raise awareness with stakeholders about the planning approach and progress status • Consult on existing and future functions • Inform stakeholders about the nature of the changes at the organisational level. Eg. model and structure for each organisation • Consult on the proposed model • Provide open and transparent information to stakeholders about feedback received • Inform stakeholders about the final model and impacts of the change at the group/individual level – eg. Who will be affected? How will processes change? How will the change be managed? How will staff will be supported? How will external stakeholders be able to engage with the new structures? • Ensure readiness for change and provide opportunities for education on changes to process and systems • Re-emphasise the case for change and positive benefits • Ensure staff are aware of the support available to them
Phase 2 – Stabilise and refine 1 Nov – 31 December 2018
• Seek feedback from internal and external stakeholders and address issues, as appropriate • Seek out, celebrate and share success stories • Reinforce channels staff can access to receive support through the change

Successful communication and engagement will depend on:

- effectively building the case for change in internal consultations and the public arena
- openly and transparently engaging with all stakeholders, and
- clear and consistent messaging throughout the transition process.

The authorised spokespersons for the transition are:

- Minister for Health and Wellbeing
- Minister for Mental Health, and
- ACT Health Interim Director-General.

7. Communication and engagement methods

This Communication Strategy is aligned with the Change Management Plan and Stakeholder Management Plan. Opportunities to leverage existing communications networks have been identified.

Internal

Audience	Communication and engagement methods
Minister for Health and Wellbeing	Ministerial/Government briefings (as required) Fortnightly status updates
Minister for Mental Health	Ministerial/Government briefings (as required)
ACT Health Executive staff	• DG Messages and Transition updates (including video and animated PowerPoint) • DG Forums • Intranet page (including 'Hot Topics' and 'FAQs' section) • SharePoint portal providing updates, discussion board and cascade briefing packs • Face-to-face forums and workshops (Transition Team and Organisation Development Unit)
ACT Health middle managers	• DG Messages and Transition updates (including video and animated PowerPoint) • DG Forums • Cascade briefing packs • Intranet page (including 'Hot Topics' and 'FAQs' section) • SharePoint portal for managers • Face-to-face forums and workshops (Transition Team and Organisation Development Unit)
All ACT Health staff (corporate and clinical)	• DG Messages and Transition updates (including video and animated PowerPoint) • DG Forums • Intranet page (including 'Hot Topics' and 'FAQs' section) • Email inbox for feedback and questions • Anonymous feedback boxes within Canberra Hospital, Moore Street and Bowes Street • High-level staff brand positioning campaign which will include a video reveal of the new organisational brands • Face-to-face forums and workshops (Transition Team) • 'Goodbye ACT Health Party' to be hosted at Canberra Hospital and Bowes Street

External

Audience	Communication and engagement methods
Media	Media briefings (as required)
ACT Health patients/consumers/ACT Health Community	• Face-to-face consultation (external consultants) • Information emails/letters • DG Forum/information sessions for external stakeholders • Individual stakeholder meetings – as requested • Email inbox for feedback and questions

8. Project management, governance and spokesperson(s)

Project Management

The overall project is being managed by the ACT Health Transition Team, including communications.

Governance

The Minister for Health and Wellbeing and the Minister for Mental Health are the ultimate decision makers for the transition reform.

An ACT Health Transition Advisory Committee has been established to guide planning and delivery of the new structure. This committee is chaired by the ACT Health Interim Director-General who will provide recommendations from the committee to the Ministers as required.

The Transition Advisory Committee is being supported by a small core Transition Team. Additional human resources, industrial relations and legal advice will be brought into the team progressively.

9. Budget

Communications will be implemented within the existing ACT Health funding envelope.

10. Monitoring and evaluation

Evaluation of the strategy will include monitoring of the following:

- feedback from the Ministers' Office
- staff feedback
- external stakeholder feedback
- intranet statistics
- timeliness of responses to email enquiries and level of follow-up required after response, and
- media monitoring - number and nature of media enquiries.

11. Action plan

Date/timing Week starting -	Channel/Activity	Theme	Audience	Responsibility
16 July 2018	DG Message (Monday)	• Form and Function Arrangements 'Go Live' • Information on accommodation changes relating to Form and Function (if any)	All staff	ODG
	Executive Transition Workshop (face-to-face)	• Leadership roles and responsibilities for transition phase (Know. Say. Do) • Proposed consultation processes • Benefits of the change (group activity) • Culture • Vision for the future	Executive staff	Transition Team and Organisational Development Unit
	Transition Update Message (Friday)	• Transition Office is in "full swing" - undertaking behind the scenes work to support the transition. o Executive workshops underway to articulate vision and culture for the future o Enabling working groups have been established to support the transition. Eg. HR, Finance o Change Management and Culture program being developed to support staff o Focus Groups being established to work with key areas to better understand their functions and future requirements for the two new organisations	All staff	Transition Team
	SharePoint Portal 'Go Live'	• Support for Managers	Managers	Transition Team and Organisational Development Unit
30 July 2018	Transition Update Message	• • Timeline and key milestones • Reveal guiding principles	All staff	Transition Team
	Intranet Update	• Preview Collaborative Leadership Forum • Anything relevant arising from executive workshops •	All staff	Transition Team

	Transition project overview one pager finalised	• Intranet FAQs update •		
30 July 2018	Transition Update Message Possibly include embedded DG announcement video	• Announcement of information relating to top level arrangements / Nous report feedback • Announcement of new intranet page and overview of content areas	All staff	Transition Team and ODG
	New Intranet Page 'Go Live'	• Content to include: o Introductory text o Weekly Question/News headline/What's happening o Resources o Hot Topics (FBT, Accommodation, Staff Allocation Process, Interim recruitment policy etc) o FAQs o Next Steps o Contact Us	All staff	Transition Team
6 Aug 2018	Transition Update Message Possibly include embedded DG announcement video	• Working group updates	All staff	Transition Team
	Digital signage (internal)	• 'Have your say' on the proposed draft structure either by emailing healthtransition@act.gov.au or in one of the anonymous feedback box.		Communications Branch
	Cascade briefing package for Managers	• Email to managers to cascade to their staff. The email will include talking points on the proposed draft structures	Managers	Transition Team
13 Aug 2018	Transition Update Message	• We welcome your feedback etc • Update on transition work	All staff	Transition Team
	Intranet Update	• Update intranet as per above information • One page project overview	All staff	Transition Team

	SharePoint Managers' Portal	• Summary of Collaborative Leadership Event presentations • Talking points for managers • FAQs	Managers	Transition Team
	Anonymous feedback box and online form	• Staff can provide feedback on the draft structure • Anonymous feedback boxes will be located within Canberra Hospital and Bowes Street • Online feedback form to be included on the Intranet page	All staff	Communications Team
20 Aug 2018	Transition Update Message	• Announcement of draft macro structure for two new organisations • Information regarding staff consultation processes	All staff	Transition Team and People and Culture
	Intranet update	• Vox pops from Collaborative Leadership Events	All staff	Communications Team
27 Aug 2018	Transition Update Message	• Reminder about available support programs Information about staff placement process	All staff	Transition Team
	Intranet Update	• Update as per above	All staff	Transition Team
3 Sept 2018	Transition Update Message Possibly include embedded DG announcement video	• Revised/final structures announced • Detailed Fringe Benefits Tax eligibility update including FAQsAccommodation changes 'heads up' (if we are able to provide at this stage)	All staff	Transition Team and ODG
	Intranet update	• As per above	All staff	Transition Team
	DG Forum	• As per above but face-to-face information provided to staff, with an opportunity for staff to ask questions	All staff	Transition Team and ODG
	Email to Unions	• Email notifying unions of communications to staff regarding all staff forum and consultation process.	Unions	Transition Team and ODG

10 Sept 2018	Transition Update Message	• Branding and names of organisations	All staff	Transition Team
17 Sept 2018	Transition Update Message		All staff	Transition Team
	Intranet Update		All staff	Transition Team
24 Sept 2018	Transition Update Message		All staff	Transition Team
	Desktop wallpaper	• Desktop wallpaper to celebrate ACT Health's achievement	All staff	Transition Team
28 Sept 2018	'Goodbye ACT Health Party'	• Celebrate ACT Health's achievements	All staff	Communications Branch
1 Oct 2018	Transition Update Message (DG Header for the Ministry) (CEO Header for Health Service)	• 'Go live' • Welcome to your new organisation	All staff	Transition Team
	Welcome to your new organisation pack	• Health Service pack to include branded lanyards, cupcakes and coffee cups. • Ministry pack to include branded lanyards and cupcakes.	All staff	Communications Branch

Additional options to consider:

- Poster type boards (photocopy areas, clinical staff rooms etc)
- Hard copy handouts for handover books (in clinical areas)
- DG Video addresses
- 'Champion' snippets or interviews etc to add a human element

Australian Capital Territory

Administrative Arrangements 2018 (No 2)

Notifiable instrument NI2018-

I make the following administrative arrangements under the *Australian Capital Territory (Self-Government) Act 1988* (Cwlth) and the *Public Sector Management Act 1994.*

Dated 18. 09. 2018

ANDREW BARR
Chief Minister

Australian Capital Territory

Administrative Arrangements 2018 (No 2)

Notifiable instrument NI2018-

made under the

Australian Capital Territory (Self-Government) Act 1988 (Cwlth) and the Public Sector Management Act 1994

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Preamble

These arrangements reflect the ACT government's commitment to the following priorities:

- health and education investment
- suburban renewal and better transport
- economic growth and diversification
- enhancing liveability and social inclusion.

Note To support the priorities, ACT Government directorates are clustered as follows:

Strengthening governance and promoting opportunity
Chief Minister, Treasury and Economic Development

Supporting our community
Community Services
Education
ACT Health
Canberra Health Services
Justice and Community Safety

Enhancing our city
Environment, Planning and Sustainable Development
Transport Canberra and City Services
Justice and Community Safety

1 Name of arrangements

These arrangements are the *Administrative Arrangements 2018 (No 2)*.

2 Commencement

These arrangements commence on 1 October 2018.

3 Definitions

In these arrangements:

Public Sector Management Act means the *Public Sector Management Act 1994*.

Self-Government Act means the *Australian Capital Territory (Self-Government) Act 1988* (Cwlth).

4 Ministers—matters allocated

For the Self-Government Act, section 43 (1), a Minister mentioned in schedule 1, column 1 is allocated responsibility for the following matters relating to the powers of the Executive:

(a) governing the Territory in relation to the matters mentioned in schedule 1, column 2 opposite the reference to the Minister;

(b) executing and maintaining the Territory enactments mentioned in schedule 2 under the reference to the Minister;

(c) exercising the powers of the Executive under the Commonwealth laws mentioned in schedule 2 under the reference to the Minister;

(d) exercising prerogatives of the Crown for the matters mentioned in paragraphs (a), (b) and (c).

5 Ministers—authority to act for one another

(1) For the Self-Government Act, section 43 (2), any Minister is authorised to act on the Chief Minister's behalf or on behalf of another Minister.

(2) Subsection (1) is subject to the Legislation Act, section 41 (Making of certain statutory instruments by Executive).

6 Administrative units—constitution and control

For the Public Sector Management Act, section 13, the administrative units mentioned in schedule 1, column 3 are established.

Note ***Establish*** includes constitute and continue in existence (see Legislation Act, dict, pt 1).

7 Administrative units—Ministers responsible and functions

For the Public Sector Management Act, section 14—

(a) a Minister mentioned in schedule 1, column 1 is allocated responsibility for the administrative unit or units mentioned in column 3 opposite the reference to the Minister; and

(b) an administrative unit mentioned in schedule 1, column 3 is allocated responsibility for—

(i) the matters mentioned in column 2 opposite the reference to the unit; and

(ii) the prerogatives of the Crown for the matters mentioned in subparagraph (i); and

(c) an administrative unit mentioned in schedule 2 is allocated responsibility for—

(i) the Territory enactments mentioned in schedule 2 under the reference to the unit; and

(ii) powers of the Executive under Commonwealth laws mentioned in schedule 2 under the reference to the unit.

8 Repeal

The *Administrative Arrangements 2018 (No 1)* (NI2018-482) are repealed.

Schedule 1 Ministers, administrative units and functions

(see ss 4-7)

column 1 Minister	column 2 matters	column 3 administrative unit
Chief Minister	Access to government information ACT Public Service Audit policy Canberra Region Joint Organisation Chief Digital Officer Communication and community engagement Council of Capital City Lord Mayors Digital strategy Government strategy and policy Integrity Commission Intergovernmental relations International engagement Sister city relationships Support to Cabinet	Chief Minister, Treasury and Economic Development Directorate
	City Renewal Authority	Environment, Planning and Sustainable Development Directorate

column 1 Minister	column 2 matters	column 3 administrative unit
Treasurer	Borrowing, funds management and infrastructure finance Budget process and financial reporting Concessions Directions relating to authorisation thresholds for land acquisition by the City Renewal Authority or Suburban Land Agency Fiscal and economic policy including competition Government accommodation and property services Government business enterprises Infrastructure planning coordination and capital works Insurance policy (including compulsory third-party and lifetime care and support scheme) Revenue Office, including administration of rental bonds Taxation and revenue policy Venues Canberra (Arboretum, Exhibition Park in Canberra, GIO Stadium, Manuka Oval, Stromlo Forest Park) including elite sporting venue agreements	Chief Minister, Treasury and Economic Development Directorate
Minister for Social Inclusion and Equality	Chief Minister's Charitable Fund and philanthropy encouragement Diversity and equal opportunity LGBTIQ affairs, policy and services Social inclusion and equality Social Inclusion Statement	Chief Minister, Treasury and Economic Development Directorate

Schedule 1 Ministers, administrative units and functions

column 1 Minister	column 2 matters	column 3 administrative unit
Minister for Trade, Industry and Investment	Aboriginal and Torres Strait Islander enterprise Aviation industry development Brand Canberra CBR Innovation Network Commissioner for International Engagement Creative industries Defence Industry Advocate Digital technology, innovation and business growth Innovation Invest Canberra Science Small Business Innovation Partnership Program Trade and export development	Chief Minister, Treasury and Economic Development Directorate
Minister for Tourism and Special Events	Hospitality Major events (Floriade, Enlighten, Innovation Festival) National cultural institution partnerships Special Events Fund Tourism policy Visit Canberra	Chief Minister, Treasury and Economic Development Directorate
Minister for Education and Early Childhood Development	Childcare services and regulation Education (including early childhood education) Government and non-government schools	Education Directorate

column 1 Minister	column 2 matters	column 3 administrative unit
Minister for Housing and Suburban Development	Homelessness services Housing policy and services Housing sector regulation Public housing asset management	Community Services Directorate
	Affordable housing Public housing renewal program Suburban land development Suburban Land Agency (with the exception of those matters assigned to the Minister for Urban Renewal)	Environment, Planning and Sustainable Development Directorate
Minister for the Prevention of Domestic and Family Violence	Family Safety (Coordinator-General)	Community Services Directorate
	Domestic Violence Agencies	Justice and Community Safety Directorate
Minister for Women	Women's affairs policy and services	Community Services Directorate
Minister for Sport and Recreation	Elite sporting performance agreements Sport and recreation Aquatic facilities management	Chief Minister, Treasury and Economic Development Directorate
	Sports ground management	Transport Canberra and City Services Directorate

Schedule 1 Ministers, administrative units and functions

column 1 Minister	column 2 matters	column 3 administrative unit
Minister for Health and Wellbeing	Acute health policy Aged care and rehabilitation policy Cancer policy Child health development Commissioning health services Community health policy and programs (excluding mental health and justice health) Drug and alcohol policy Health protection Health system policy, planning and performance monitoring Local hospital network arrangements Population health Regulation of health services	ACT Health Directorate
	Health services and facilities operated by the ACT Government	Canberra Health Services
	Healthy and active living	Chief Minister, Treasury and Economic Development Directorate
Minister for Medical and Health Research	Medical and health research policy and programs	ACT Health Directorate
Minister for Transport	Active travel (including road crossing supervision) Community transport Transport Canberra Transport planning and reform	Transport Canberra and City Services Directorate

column 1 Minister	column 2 matters	column 3 administrative unit
Minister for Higher Education	Higher education and research	Chief Minister, Treasury and Economic Development Directorate
Minister for Vocational Education and Skills	State Training Authority Vocational education and training Canberra Institute of Technology	Chief Minister, Treasury and Economic Development Directorate
Minister for Police and Emergency Services	Emergency services and policing	Justice and Community Safety Directorate
Minister for the Environment and Heritage	Environment protection policy Heritage Land management and stewardship Parks and Conservation Support to the Conservator of Flora and Fauna Water policy and water efficiency programs	Environment, Planning and Sustainable Development Directorate
Minister for Planning and Land Management	Chief engineer Government architect Parking policy Planning and development Strategic land use Survey and leasing Land release policy (including the land release program)	Environment, Planning and Sustainable Development Directorate

Schedule 1 Ministers, administrative units and functions

column 1 Minister	column 2 matters	column 3 administrative unit
Minister assisting the Chief Minister for Advanced Technology and Space Industries	Advanced technology Agricultural and environmental sciences Cyber security industries Defence industries Renewable energy industry development strategy Space industries 50th anniversary of the moon landing	Chief Minister, Treasury and Economic Development Directorate
Attorney-General	Administration of justice, civil and criminal law Electoral policy Policy relating to incorporation of associations Policy relating to liquor Policy relating to security Policy relating to the registration of land titles and tenancies Racing and gaming policy	Justice and Community Safety Directorate
Minister for the Arts and Cultural Events	ACT events fund Art and cultural policy and services Community arts facilities Community events Cultural Facilities Corporation	Chief Minister, Treasury and Economic Development Directorate
Minister for Building Quality Improvement	Building policy	Environment, Planning and Sustainable Development Directorate

column 1 Minister	column 2 matters	column 3 administrative unit
Minister for Business and Regulatory Services	Access Canberra (except in relation to work health and safety regulation) Building, utilities, land and lease regulation* Electricity and natural gas, water and sewerage industry technical regulation* Environment protection and water regulation* Fair trading and registration, inspection and regulatory services (including transport regulation and licensing)* Food safety licensing and regulation* Occupational licensing* Public unleased land regulation (permits)* Racing and gaming regulation* Registration of civil unions, domestic relationships and parentage* Regulatory reform Small business	Chief Minister, Treasury and Economic Development Directorate
* this is a matter relating to Access Canberra (see *Public Sector Management Act 1994*, s 21 (8), def ***relevant matter***, par (b)). The Minister for Business and Regulatory Services is the responsible minister for Access Canberra for this relevant matter (see *Public Sector Management Act 1994*, s21(8) def responsible minister)		
Minister for Seniors and Veterans	Seniors and ageing policy Veterans	Community Services Directorate
Minister for Climate Change and Sustainability	Climate change policy Energy policy and energy efficiency programs Government sustainability	Environment, Planning and Sustainable Development Directorate
Minister for Corrections and Justice Health	Corrective services	Justice and Community Safety Directorate
	Justice Health	Canberra Health Services

Schedule 1 Ministers, administrative units and functions

column 1 Minister	column 2 matters	column 3 administrative unit
Minister for Justice, Consumer Affairs and Road Safety	ACT Human Rights Commission Fair trading policy relating to Australian consumer law, fuel prices and licensing motor vehicle repairers Justice reinvestment Policy for administration of human rights Policy relating to civil unions Policy relating to prostitution Policy relating to retirement villages, egg labelling, sale of goods and uncollected goods Policy relating to the licensing of agents, hawkers, pawnbrokers, motor vehicle dealers, second-hand dealers and x-films Policy relating to the registration of deeds, births, deaths, parentage, marriages, civil unions, domestic relationships and charitable collections Policy relating to transport regulation and safety Reducing recidivism Restorative justice Sentence Administration Board Victims of Crime Commissioner	Justice and Community Safety Directorate
Minister for Mental Health	Mental health (Coordinator-General) Mental health policy	ACT Health Directorate
	Mental health services, facilities and programs operated by the ACT	Canberra Health Services
Minister for Aboriginal and Torres Strait Islander Affairs	Aboriginal and Torres Strait Islander affairs policy and services Aboriginal and Torres Strait Islander Elected Body secretariat	Community Services Directorate

column 1 Minister	column 2 matters	column 3 administrative unit
Minister for Disability	Disability inclusion and participation Disability policy Disability reform and services	Community Services Directorate
Minister for Children, Youth and Families	Childhood early intervention and development services Children, young people and family policy and services Children and young people protection (including youth justice) policy and services Early support for families Youth affairs policy	Community Services Directorate
Minister for Employment and Workplace Safety	Access Canberra (only in relation to work health and safety regulation) ACT Public Sector workers compensation improvement Private sector industrial relations and workers compensation Work health and safety policy Work health and safety regulation (including WorkSafe ACT)*	Chief Minister, Treasury and Economic Development Directorate
	Asbestos Response Taskforce	Environment, Planning and Sustainable Development Directorate
* this is a matter relating to Access Canberra (see *Public Sector Management Act 1994*, s 21 (8), def ***relevant matter***, par (b)). The Minister for Employment and Workplace Safety is the responsible minister for Access Canberra for this relevant matter (see *Public Sector Management Act 1994*, s21(8) def responsible minister)		
Minister for Government Services and Procurement	ACT Insurance Authority Procurement Shared services, including transactional services and ICT services	Chief Minister, Treasury and Economic Development Directorate

Schedule 1 Ministers, administrative units and functions

column 1 Minister	column 2 matters	column 3 administrative unit
Minister for Urban Renewal	Major land and property project facilitation Suburban Land Agency (as it relates to urban renewal sites including Kingston Arts precinct and Canberra Brickworks)	Environment, Planning and Sustainable Development Directorate
Minister for City Services	Footpaths Mowing and verge maintenance Municipal services Public space amenity Waste policy	Transport Canberra and City Services Directorate
Minister for Roads	Roads and bridges Stormwater	Transport Canberra and City Services Directorate
Minister for Community Services and Facilities	Community recovery policy and services Community sector policy and services Community sector reform Community facilities policy and planning Carers strategy Volunteering statement	Community Services Directorate
	Community facilities property services Community facilities charging policy	Chief Minister, Treasury and Economic Development Directorate
	Land release strategy for future community facilities	Environment, Planning and Sustainable Development Directorate

column 1 Minister	column 2 matters	column 3 administrative unit
Minister for Multicultural Affairs	Multicultural affairs policy and services	Community Services Directorate

Schedule 2 Enactments

(see s 4-7)

Part 2.1 Chief Minister, Treasury and Economic Development Directorate

Chief Minister
Annual Reports (Government Agencies) Act 2004
Auditor-General Act 1996
Australian Capital Territory (Ministers) Act 2013
Australian Capital Territory (Self-Government) Act 1988 (Cwlth)
City of Canberra Arms Act 1932
Government Agencies (Campaign Advertising) Act 2009
Inquiries Act 1991
Legislation Act 2001, chapter 5
Legislative Assembly (Broadcasting) Act 2001
Legislative Assembly (Members' Staff) Act 1989
Legislative Assembly (Office of the Legislative Assembly) Act 2012
Legislative Assembly Precincts Act 2001
Ombudsman Act 1989
Public Interest Disclosure Act 2012
Public Sector Management Act 1994
Remuneration Tribunal Act 1995
Royal Commissions Act 1991
Territory Records Act 2002

Minister for the Arts and Cultural Events
Cultural Facilities Corporation Act 1997

Minister for Sport and Recreation
Boxing Control Act 1993
Drugs in Sport Act 1999
Public Pools Act 2015

Minister for Higher Education
Training and Tertiary Education Act 2003, except section 26
University of Canberra Act 1989

Minister for Vocational Education and Skills
Building and Construction Industry Training Levy Act 1999
Canberra Institute of Technology Act 1987

Treasurer
ACTEW/AGL Partnership Facilitation Act 2000
Appropriation Acts
City Renewal Authority and Suburban Land Agency Act 2017, section 63
Competition Policy Reform Act 1996
Duties Act 1999
Election Commitments Costing Act 2012
Emergencies Act 2004, schedule 1
Financial Agreement Act 1994
Financial Management Act 1996
Financial Sector Reform (ACT) Act 1999
First Home Owner Grant Act 2000
Independent Competition and Regulatory Commission Act 1997
Land Rent Act 2008
Land Tax Act 2004

Treasurer
Legislative Assembly (Members' Superannuation) Act 1991
Lifetime Care and Support (Catastrophic Injuries) Act 2014
Payroll Tax Act 2011
Rates Act 2004
Road Transport (Third-Party Insurance) Act 2008
Taxation Administration Act 1999
Taxation (Government Business Enterprises) Act 2003
Territory-owned Corporations Act 1990
Territory Superannuation Provision Protection Act 2000
Utilities Act 2000, part 3A
Utilities (Network Facilities Tax) Act 2006

Minister for Employment and Workplace Safety
Dangerous Goods (Road Transport) Act 2009
Dangerous Substances Act 2004, except chapter 3A
Holidays Act 1958
Long Service Leave Act 1976
Long Service Leave (Portable Schemes) Act 2009
Machinery Act 1949
Scaffolding and Lifts Act 1912
Standard Time and Summer Time Act 1972
Workers Compensation Act 1951
Work Health and Safety Act 2011
Workplace Privacy Act 2011

Minister for Government Services and Procurement
Government Procurement Act 2001
Insurance Authority Act 2005

Part 2.2 ACT Health Directorate

Minister for Health and Wellbeing
Blood Donation (Transmittable Diseases) Act 1985*
Drugs of Dependence Act 1989
Epidemiological Studies (Confidentiality) Act 1992
Food Act 2001
Gene Technology Act 2003
Gene Technology (GM Crop Moratorium) Act 2004
Health Act 1993*
Health (National Health Funding Pool and Administration) Act 2013
Health Practitioner Regulation National Law (ACT) Act 2010*
Health Professionals (Special Events Exemptions) Act 2000
Health Records (Privacy and Access) Act 1997*
Human Cloning and Embryo Research Act 2004
Intoxicated People (Care and Protection) Act 1994
Medicines, Poisons and Therapeutic Goods Act 2008*
Public Health Act 1997*
Radiation Protection Act 2006*
Smoke-Free Public Places Act 2003
Smoking in Cars with Children (Prohibition) Act 2011
Supervised Injecting Place Trial Act 1999, except sections 7, 8 and 13*
Tobacco and Other Smoking Products Act 1927
Transplantation and Anatomy Act 1978*
*except to the extent that the Act relates to matters that are the responsibility of Canberra Health Services (see schedule 1)

Minister for Mental Health
Mental Health Act 2015, except pt 7.2, chapters 10 and 11 and sections 267, 268 and 269*
Mental Health (Secure Facilities) Act 2016*
*except to the extent that the Act relates to matters that are the responsibility of Canberra Health Services (see schedule 1)

Part 2.3 Canberra Health Services

Minister for Health and Wellbeing
Blood Donation (Transmittable Diseases) Act 1985*
Health Act 1993*
Health Practitioner Regulation National Law (ACT) Act 2010*
Health Records (Privacy and Access) Act 1997*
Medicines, Poisons and Therapeutic Goods Act 2008*
Public Health Act 1997*
Radiation Protection Act 2006*
Supervised Injecting Place Trial Act 1999, except sections 7, 8 and 13*
Transplantation and Anatomy Act 1978*
*to the extent that the Act relates to matters that are the responsibility of Canberra Health Services (see schedule 1)

Minister for Mental Health
Mental Health Act 2015, except pt 7.2, chapters 10 and 11 and sections 267, 268 and 269*
Mental Health (Secure Facilities) Act 2016*
*to the extent that the Act relates to matters that are the responsibility of Canberra Health Services (see schedule 1)

Part 2.4 Education Directorate

Minister for Education and Early Childhood Development
ACT Teacher Quality Institute Act 2010
Board of Senior Secondary Studies Act 1997
Children and Young People Act 2008, chapter 20
Education Act 2004
Education and Care Services National Law (ACT) Act 2011
Training and Tertiary Education Act 2003, section 26

Part 2.5 Justice and Community Safety Directorate

Attorney-General
ACT Civil and Administrative Tribunal Act 2008
Act of Settlement 1700 12 & 13 Will 3 c 2
Administration and Probate Act 1929
Administrative Decisions (Judicial Review) Act 1989
Age of Majority Act 1974
Anglican Church of Australia Constitution Act 1961
Anglican Church of Australia Constitutions Act 1902
Anglican Church of Australia Trust Property Act 1917
Anglican Church of Australia Trust Property Act 1928
Associations Incorporation Act 1991
Australian-American Educational Foundation Act 1966
Australian Capital Territory (Legislative Assembly) Act 2014
Australian Crime Commission (ACT) Act 2003
Bail Act 1992
Bill of Rights 1688 1 Will & Mary sess 2 c 2
Casino Control Act 2006
Casino (Electronic Gaming) Act 2017
Civil Law (Property) Act 2006
Civil Law (Sale of Residential Property) Act 2003
Civil Law (Wrongs) Act 2002
Commercial Arbitration Act 2017
Common Boundaries Act 1981
Confiscation of Criminal Assets Act 2003
Coroners Act 1997
Court Procedures Act 2004
Crimes Act 1900
Crimes (Assumed Identities) Act 2009
Crimes (Controlled Operations) Act 2008
Crimes (Forensic Procedures) Act 2000

Attorney-General
Crimes (Protection of Witness Identity) Act 2011
Crimes (Sentence Administration) Act 2005, part 8.1
Crimes (Sentencing) Act 2005
Crimes (Surveillance Devices) Act 2010
Criminal and Civil Justice 1351 25 Edw 3 St 5 c 4
Criminal Code 2002
Director of Public Prosecutions Act 1990
Due Process of Law Act 1354 28 Edw 3 c 3
Due Process of Law Act 1368 42 Edw 3 c 3
Electoral Act 1992
Electronic Transactions Act 2001
Enforcement of Public Interests Act 1973
Evidence Act 2011
Evidence (Miscellaneous Provisions) Act 1991
Family Provision Act 1969
Family Violence Act 2016
Forfeiture Act 1991
Free Access to Courts 1400 2 Hen 4 c 1
Freedom of Information Act 2016
Gambling and Racing Control Act 1999
Gaming Machine Act 2004
Guardianship and Management of Property Act 1991
Information Privacy Act 2014
Interactive Gambling Act 1998
Judicial Commissions Act 1994
Juries Act 1967
Jurisdiction of Courts (Cross-vesting) Act 1993
Justices of the Peace Act 1989
Land Titles Act 1925
Land Titles (Unit Titles) Act 1970
Law Officers Act 2011
Leases (Commercial and Retail) Act 2001

Attorney-General
Legal Aid Act 1977
Legal Profession Act 2006
Legislation Act 2001, except chapter 5
Limitation Act 1985
Liquor Act 2010
Listening Devices Act 1992
Lotteries Act 1964
Magistrates Court Act 1930
Magna Carta (1297) 25 Edw 1 c 29
Major Events Act 2014
Married Persons Property Act 1986
Medical Treatment (Health Directions) Act 2006
Mental Health Act 2015, pt 7.2, chapters 10 and 11 and sections 267, 268 and 269
Mercantile Law Act 1962
Notaries Public Act 1984
Nudity Act 1976
Oaths and Affirmations Act 1984
Partnership Act 1963
Perpetuities and Accumulations Act 1985
Personal Violence Act 2016
Petition of Right 1627 3 Chas 1 c 1
Pool Betting Act 1964
Powers of Attorney Act 2006
Presbyterian Church (Proposals for Union with other Churches) Act 1972
Presbyterian Church Trust Property Act 1971
Proportional Representation (Hare-Clark) Entrenchment Act 1994
Protection of Public Participation Act 2008
Public Trustee and Guardian Act 1985
Race and Sports Bookmaking Act 2001
Racing Act 1999
Referendum (Machinery Provisions) Act 1994
Residential Tenancies Act 1997

Attorney-General
Roman Catholic Church Property Trust Act 1937
Salvation Army Property Trust Act 1934
Security Industry Act 2003
Supreme Court Act 1933
Terrorism (Extraordinary Temporary Powers) Act 2006
Testamentary Guardianship Act 1984
Totalisator Act 2014
Trustee Act 1925
Trustee Companies Act 1947
Uniting Church in Australia Act 1977
Unit Titles (Management) Act 2011
Unlawful Gambling Act 2009
Utilities Act 2000, parts 11 and 12
Wills Act 1968
Witness Protection Act 1996

Minister for Corrections and Justice Health
Corrections Management Act 2007
Crimes (Sentence Administration) Act 2005, except part 8.1
Inspector of Correctional Services Act 2017

Minister for Justice, Consumer Affairs and Road Safety
Adoption Act 1993, section 104 (2)
Agents Act 2003
Births, Deaths and Marriages Registration Act 1997
Charitable Collections Act 2003
Civil Unions Act 2012
Classification (Publications, Films and Computer Games) (Enforcement) Act 1995
Co-operatives National Law (ACT) Act 2017

Minister for Justice, Consumer Affairs and Road Safety
Crimes (Restorative Justice) Act 2004
Discrimination Act 1991
Domestic Relationships Act 1994
Eggs (Labelling and Sale) Act 2001
Fair Trading (Australian Consumer Law) Act 1992
Fair Trading (Fuel Prices) Act 1993
Fair Trading (Motor Vehicle Repair Industry) Act 2010
Fuels Control Act 1979, except sections 11, 12 and 12A
Heavy Vehicle National Law (ACT) Act 2013
Human Rights Act 2004
Human Rights Commission Act 2005
Interstate Road Transport Act 1985 (Cwlth)
Interstate Road Transport Charge Act 1985 (Cwlth)
Monitoring of Places of Detention (Optional Protocol to the Convention Against Torture) Act 2018
Motor Sport (Public Safety) Act 2006
Motor Vehicle Standards Act 1989 (Cwlth)
Mutual Recognition (Australian Capital Territory) Act 1992
Official Visitor Act 2012
Parentage Act 2004
Pawnbrokers Act 1902
Registrar-General Act 1993
Registration of Deeds Act 1957
Retirement Villages Act 2012
Road Transport (Alcohol and Drugs) Act 1977
Road Transport (Driver Licensing) Act 1999
Road Transport (General) Act 1999, except sections 12, 13, 14, 19, 20 and administration provisions relating to fees and approval of forms, to the extent that they relate to a function under the road transport legislation that is the responsibility of the Minister for Roads or the Minister for Planning and Land Management
Road Transport (Public Passenger Services) Act 2001, except sections 23 and 27C
Road Transport (Public Passenger Services) Regulation 2002, except sections 70 (1) (a) and (b), 70AS and 70AAD (1) and (2)

Minister for Justice, Consumer Affairs and Road Safety
Road Transport (Safety and Traffic Management) Act 1999, except sections 5A, 18, 20, 31, 32 and division 8.4
Road Transport (Road Rules) Regulation 2017, except divisions 12.11 and 12.12 and sections 206, 207, 295A (3), 295B (3), 310 and 346A (1) and (2)
Road Transport (Safety and Traffic Management) Regulation 2017, except part 7
Road Transport (Vehicle Registration) Act 1999
Sale of Goods Act 1954
Sale of Goods (Vienna Convention) Act 1987
Sale of Motor Vehicles Act 1977
Second-hand Dealers Act 1906
Sex Work Act 1992
Spent Convictions Act 2000
Supervised Injecting Place Trial Act 1999, sections 7, 8 and 13
Traders (Licensing) Act 2016
Trans-Tasman Mutual Recognition Act 1997
Unclaimed Money Act 1950
Uncollected Goods Act 1996
Victims of Crime Act 1994
Victims of Crime (Financial Assistance) Act 2016

Minister for Police and Emergency Services
Crimes (Child Sex Offenders) Act 2005
Emergencies Act 2004, except schedule 1
Firearms Act 1996
Fuels Control Act 1979, sections 11, 12 and 12A
Prohibited Weapons Act 1996

Minister for the Prevention of Domestic and Family Violence
Domestic Violence Agencies Act 1986

Part 2.6 Environment, Planning and Sustainable Development Directorate

Chief Minister
City Renewal Authority and Suburban Land Agency Act 2017, part 2 and section 65 (when exercised in relation to areas within a declared urban renewal precinct)

Minister for Housing and Suburban Development
City Renewal Authority and Suburban Land Agency Act 2017, except part 2, section 63 and sections 39, 41, 42, 65 (when exercised in relation to matters that are the responsibility of the Minister for Urban Renewal or the Chief Minister)
Planning and Development Act 2007, chapter 23

Minister for Employment and Workplace Safety
Dangerous Substances Act 2004, chapter 3A

Minister for the Environment and Heritage
Animal Diseases Act 2005
Canberra Water Supply (Googong Dam) Act 1974 (Cwlth), sections 4, 5, 6, 6A, 7, 8, 9, 10, 11, 12, 13, 16, 17, 20, 21 and 23
Environment Protection Act 1997
Fisheries Act 2000
Hemp Fibre Industry Facilitation Act 2004
Heritage Act 2004
Lakes Act 1976
National Environment Protection Council Act 1994
Nature Conservation Act 2014

Minister for the Environment and Heritage
Pest Plants and Animals Act 2005
Plant Diseases Act 2002
Utilities Act 2000, except parts 3A, 11, 12 and 14 and sections 254 and 256 in relation to part 14 (as it relates to water)
Utilities (Technical Regulation) Act 2014 (as it relates to water)
Water Efficiency Labelling and Standards (ACT) Act 2015
Water Resources Act 2007

Minister for Climate Change and Sustainability
Climate Change and Greenhouse Gas Reduction Act 2010
Clinical Waste Act 1990
Commissioner for Sustainability and the Environment Act 1993
Electricity Feed-in (Large-scale Renewable Energy Generation) Act 2011
Electricity Feed-in (Renewable Energy Premium) Act 2008
Electricity (National Scheme) Act 1997
Energy Efficiency (Cost of Living) Improvement Act 2012
National Energy Retail Law (ACT) Act 2012
National Gas (ACT) Act 2008
Utilities Act 2000, except parts 3A, 11, 12 and 14 and sections 254 and 256 in relation to part 14 (with the exception of those sections related to water)
Utilities (Technical Regulation) Act 2014 (with the exception of those sections related to water)
Utilities (Telecommunication Installations) Act 2001

Minister for Building Quality Improvement
Architects Act 2004
Building Act 2004
Building and Construction Industry (Security of Payment) Act 2009
Construction Occupations (Licensing) Act 2004
Electricity Safety Act 1971

Minister for Building Quality Improvement
Gas Safety Act 2000
Water and Sewerage Act 2000

Minister for Planning and Land Management
Australian Capital Territory (Planning and Land Management) Act 1988 (Cwlth), sections 16, 19, 25 and 29 and part 10
Community Title Act 2001
Districts Act 2002
Enclosed Lands Protection Act 1943
Fertilisers (Labelling and Sale) Act 1904
Lands Acquisition Act 1994
Planning and Development Act 2007, except chapter 23
Public Place Names Act 1989
Public Roads Act 1902
Recovery of Lands Act 1929
Road Transport (General) Act 1999, sections 12, 13, 14, 19, 20 and administration provisions relating to fees and approval of forms, in relation to a function under the road transport legislation that is the responsibility of the Minister for Planning and Land Management
Road Transport (General) Regulation 2000, sections 13AA and 14 (1), (2) and (3) in relation to a function under the road transport legislation that is the responsibility of the Minister for Planning and Land Management
Road Transport (Road Rules) Regulation 2017, divisions 12.11 and 12.12 and sections 206 and 207
Road Transport (Safety and Traffic Management) Act 1999, division 8.4
Road Transport (Safety and Traffic Management) Regulation 2017, part 7
Stock Act 2005
Surveyors Act 2007
Unit Titles Act 2001

Minister for Urban Renewal
City Renewal Authority and Suburban Land Agency Act 2017, sections 39, 41, 42 and 65 (when exercised in relation to matters that are the responsibility of the Minister for Urban Renewal)

Part 2.7 Community Services Directorate

Minister for Housing and Suburban Development
Community Housing Providers National Law (ACT) Act 2013
Housing Assistance Act 2007

Minister for Community Services and Facilities
Working with Vulnerable People (Background Checking) Act 2011

Minister for Disability
Disability Services Act 1991

Minister for Children, Youth and Families
Adoption Act 1993, except section 104 (2)
Children and Young People Act 2008, except chapter 20
Senior Practitioner Act 2018

Minister for Aboriginal and Torres Strait Islander Affairs
Aboriginal and Torres Strait Islander Elected Body Act 2008
Native Title Act 1994

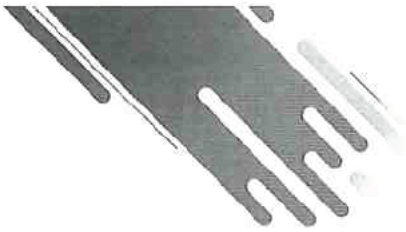
Part 2.8 Transport Canberra and City Services Directorate

Minister for City Services
Animal Welfare Act 1992
Cemeteries and Crematoria Act 2003
Domestic Animals Act 2000
Litter Act 2004
Plastic Shopping Bags Ban Act 2010
Public Unleased Land Act 2013
Tree Protection Act 2005
Trespass on Territory Land Act 1932
Utilities Act 2000, part 14 and sections 254 and 256 in relation to part 14
Veterinary Practice Act 2018
Veterinary Surgeons Act 2015
Waste Management and Resource Recovery Act 2016

Minister for Roads
Road Transport (General) Act 1999, sections 12, 13, 14, 19, 20 and administration provisions relating to fees and approval of forms, in relation to a function under the road transport legislation that is the responsibility of the Minister for Roads
Road Transport (General) Regulation 2000, sections 13AA and 14 (1), (2) and (3) in relation to a function under the road transport legislation that is the responsibility of the Minister for Roads
Road Transport (Road Rules) Regulation 2017, sections 213F, 213O, 295A (3), 295B (3), 310 and 346A (1) and (2)
Road Transport (Safety and Traffic Management) Act 1999, sections 5A, 18, 20, 31 and 32

Minister for Transport
Rail Safety National Law (ACT) Act 2014
Road Transport (Public Passenger Services) Act 2001, sections 23 and 27C
Road Transport (Public Passenger Services) Regulation 2002, sections 70 (1) (a) and (b), 70AS and 70AAD (1) and (2)

TRANSITION



ACT Government Health

ATTACHMENT B

Staff Transition Process - for allocation to positions in new organisational structure

Purpose

To provide information on the agreed process to transition staff to the two new organisations being formed through the ACT Health Transition Project.

Background

Transparent and accountable decision making will be key to the success of the transition process. One of the critical decisions regarding due process relates to the initial transfer of staff to positions across the two new organisations.

The initial focus for the transition is on the corporate, or policy, side of ACT Health, including the allocation of corporate resources to the operational health service organisation. Further changes to the operational health service organisation will commence once a new Chief Executive Officer has been appointed.

To implement the proposed organisational structures by 1 October 2018, wherever possible, entire business units will be moved to best align with the primary purpose, functions, clients and relationships of each entity.

This Staff Allocation Process will guide further work that will be undertaken post 1 October 2018 to stabilise and refine the organisations, with particular focus on corporate enabling functions required in both organisations.

Principles

The following are the underpinning principles that will be applied:

a. all existing permanent staff will be given priority for placement within the new structure in roles aligned to their skill set;

b. staff will be placed in permanent roles as far as possible - non-ongoing and temporary appointments will be minimised in favour of permanent appointments and increased organisational stability;

c. minimise disruption, anxiety and uncertainty for staff, clients and stakeholders; and

d. maximise transparency and accountability by having a procedurally fair and well communicated process.

TRANSITION

ACT Government Health

Approach to Non-Executive Staff

The formation of two distinct organisations means that that some of the existing functions within ACT Health will either move to the Health Services organisation, or be restructured within the Directorate. It is also likely that some functions will be required in both organisations to some extent. For example, finance and human resources capability will be required by both organisations, but the focus of the functions will vary from strategic to operational.

It is proposed that where complete business units remain intact, current staffing will be retained. This includes business units that are wholly moved from the directorate to the health service delivery organisation.

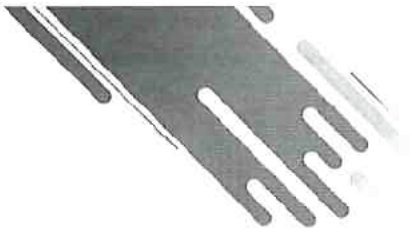
However, where business units are to be restructured or split across the two new organisations, a different process will need to apply. A number of non-SES roles will be affected and new roles may be required to be created. The following process will be followed.

Direct Matching, Internal Priority Assessment and Merit Based Selection

The transfer of permanent staff to roles in the new structure will be undertaken through one of the following means:

1. **Direct matching**
   - Staff in positions where there is a direct correlation to classification level and core duties will be directly transferred. This process will be applied where the exact number of positions is equal to current staffing.
   - When a permanent employee has been matched to a new position at level, they will be transferred. Redeployment provisions contained in the Enterprise Agreements will not apply.
   - Where there are more affected employees than vacant positions within a grade in the new structure, an internal priority assessment process will occur.
2. **Preference Allocation Process**
   - Where direct transfer of affected staff is not applicable, staff will be asked to nominate their preference for identified vacant roles they would like to be considered for. A short written statement would be considered for priority assessment by the decision maker. Staff will have at least five working days to complete their documentation.
3. **Merit based allocation/selection**
   - A merit based selection process will be undertaken to fill any permanent roles that remain unfilled following the direct transfer and preference allocation process. Staff will have at least five working days to complete their documentation.
   - The merit selection process will be undertaken in two stages in quick succession:
     1. Internally across the two organisations, permanent staff only for transfer to positions at their substantive level;
     2. Externally, advertised through a competitive merit selection process.

TRANSITION



ACT Government Health

Throughout the process, the following will apply:

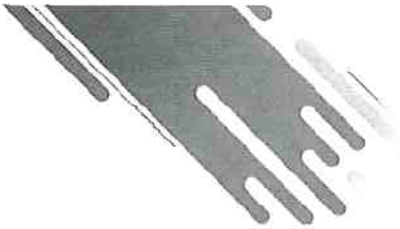
- Permanent employees will be given priority over temporary employees or those on higher duties, in order to maximise stability.
- Staff who are on higher duties, or are temporary employees, may be allowed to see through their current period of tenure depending on circumstances, but any contract extensions or new non-ongoing positions will require extensive consideration by the Transition Office before approval.
- Where possible, allocation or recruitment to senior manager and leadership positions will be undertaken first so they are in place to be involved in recruitment to lower level positions.
- The placement of all existing permanent staff within the new structure is a priority.
- Unions will be fully consulted throughout this process.

Supporting staff and managers throughout the process

Staff will need to be supported throughout the process to ensure they are engaged, stress and anxiety is minimised and they are equipped to make the change. An ongoing program of leadership and development activities is planned to support executives and managers to champion change, contribute to the process and to lead and support their staff.

Continuous and effective two way information and communication throughout the whole process is vital. A Transition Internal Communications Strategy is in place to support this process.

Support will be offered to staff who are required to nominate a preference for a role or undertake a merit selection process. This may include skills development activities such as resume writing and interview techniques. Counselling and support will also be available through the Employee Assistance Program (EAP).



Executive will be taken into consideration before a decision is made to transfer or assign the Executive.

3. Merit Selection

If there are more Executives than available positions, a merit selection process will be undertaken in accordance with the Executive recruitment process. This process will initially be limited to current ACT Health Executives impacted by a change in role. If roles are not filled through this process, a second external recruitment round will be undertaken.

Executives who are unsuccessful in securing a role in the new structure may be assigned to a position in another Directorate, or their contract ceased in accordance with the contract provisions.

Approach to Executive Staff

The following tables provide a breakdown of the current classification of ACT Health executives, and the end dates of these current contracts. There are 23 Executives, whose contracts expire on or before 31 January 2019.

The tables below include six 1.4 executives currently on short term contracts, which will expire on or before 31 January 2019; and the positions will be handed back to CMTEDD.

Classification	Number of Executives
4.3	1
3.3	2
2.3	1
2.2	19
1.4	18
1.3	1
1.2	1
Total	**43**

Contract End Date	Number of Executives
19 July 18 – 02 October 2018	10
31 January 2019	14
2020 and beyond	18
Vacancy	1
Total	**43**

The process for Executive Staff will be in line with the *Public Sector Management Act* and the ACTPS Director-General and Executive Handbook, and will follow similar principles outlined above for non-executive staff, considering the differing provisions of long term contracts made both pre and post the 1 September 2016 *Public Sector Management Act 1994* amendments, discussed below.

All Executive roles will undergo a process of job sizing to ensure the appropriate classification.

Transition of Executive staff will be made in one of three ways:

1. No change

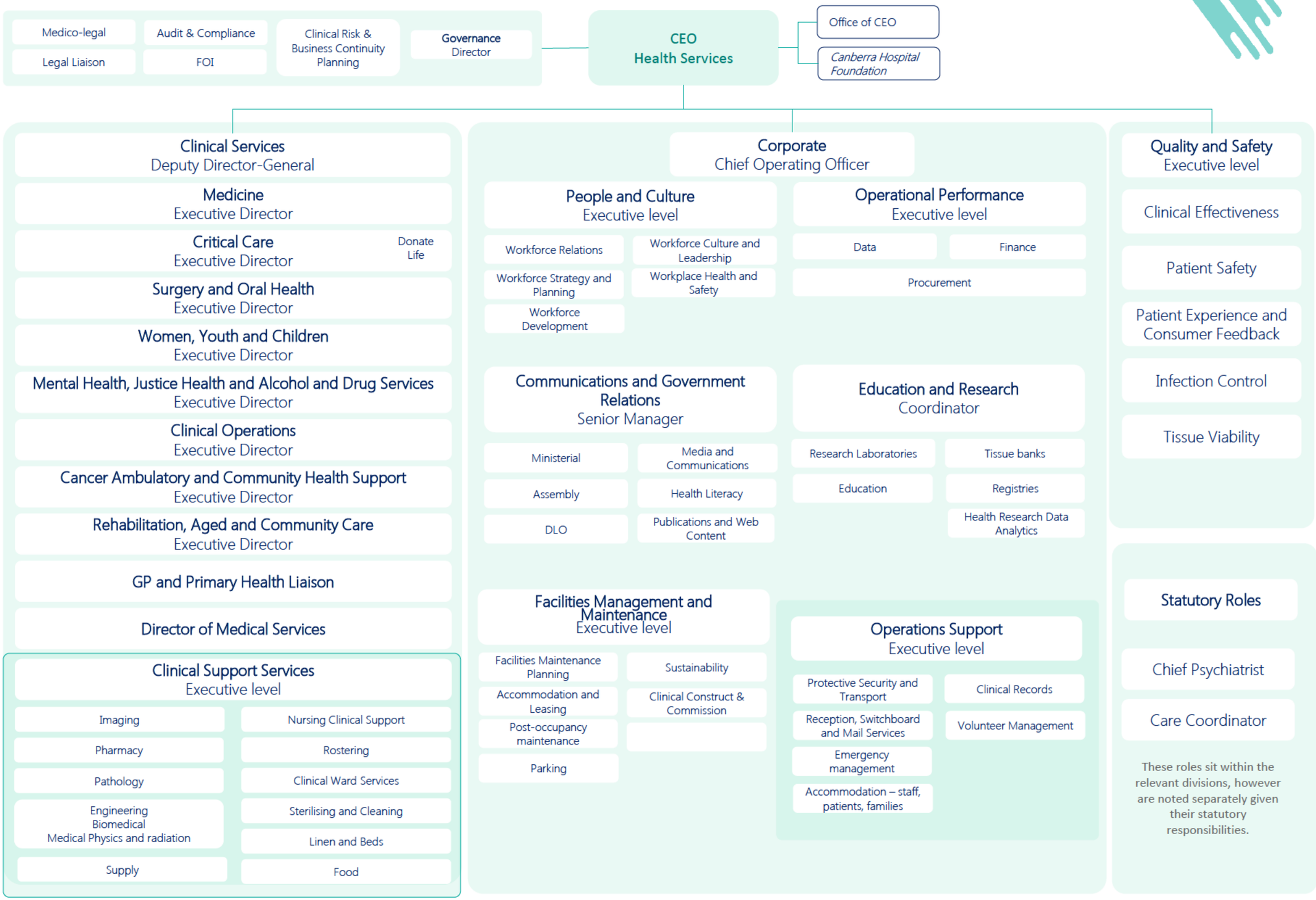
Where an Executive's job size, role and duties remain unchanged they will continue in their current position and contract.

2. Assignment

Where an Executive's duties will change as a result of the restructure, these changed arrangements may be handled by way of a change to the Statutory Employment Terms (SETs) contained in their executive contracts. Primarily these changes will be to the assigned functions and the name of the administrative unit in which the SES member is engaged. There will be no change made to remuneration or to the period for which the SES member is engaged. The Executive may be asked to nominate a preference of role.

Under section 80A of the PSM Act, the Head of Service may transfer an Executive to another position at the same level or assign the Executive to undertake other stated functions. The views of the

ATTACHMENT A:
Canberra Health Services



Note: All Executive roles will be analysed and assessed by Mercer.

ACT Health Directorate

Canberra Region Medical Education Council

Office of the Director-General
Communications and Government Relations
Governance and Risk

Health Systems, Policy and Research
Deputy Director-General

Health Services Planning and Program Performance
Executive level

- Territory Health Planning
- Program Management and Monitoring Office
- Health Insights, Data and Evaluation
- Program Performance and Outcomes

Policy, Partnerships and Programs
Executive level

- Quality Strategy
- Ngunnawal Bush Healing Farm
- A&OD Strategy and Policy
- Mental Health Policy
- Aboriginal and Torres Strait Islander Health Policy
- National and Territory Health Policy

Population and Preventive Health
Executive level

- Preventive Health Policy and Programs
- Population Health and Wellbeing Health Improvement
- Community participation and inclusion

Public Health, Protection and Regulation
Chief Health Officer

- Chief Health Officer * reports to DG
- Health Protection Services
- Health Regulation and Licensing

Health and Medical Research
Executive level

- Research strategy & priorities
- Research partnerships
- IP Management
- Research governance
- Ethics Committees
- Post Graduate Education

Professional Leadership and Education
Executive level

- Chief Medical Officer
- Chief Psychiatrist
- Chief Nursing and Midwifery Officer
- Chief Allied Health Officer
- Academic Unit GP
- Education

Corporate Services
Deputy Director-General

Strategic Finance
Executive level (CFO)

- Budget planning
- Appropriations
- Processing
- Financial governance
- National data submissions

Commissioning and Performance
Executive level

- LHN Commissioning
- Performance Monitoring

People and Culture
Executive level

- Workforce Strategy
- Workforce Development
- Employee relations and inclusion
- Health and Safety
- HR and Remuneration Policy

Digital Solutions
Executive level (CIO)

- Technology Future Capability and Governance
- Technology Operations
- Information Management

Strategic Procurement
Executive level

- Procurement Strategy and Policy
- Reporting and Contract Frameworks
- Major Procurement Support

Infrastructure Planning
Executive level

- Capital Planning
- Strategic Accommodation
- Sustainability Strategy
- Strategic Asset Framework
- Strategic Asset Management Plans

Coordinator-General
Mental Health

Communications and Government Relations
Executive level

Government Relations

- Assembly
- Cabinet
- DLO
- Ministerial
- Legislation Register

Communications

- Communication Strategy
- Internal Communications
- Media and Communications
- Community Engagement
- Online and Design

Governance and Risk
Senior Manager

- Governance & Secretariat
- Risk and Business Continuity Planning
- FOI
- Audit
- Reconciliation Action Plan
- Corporate Regulation
- Delegations Register
- Commitments Register
- Insurance and Legal Liaison Unit

Note: All Executive roles will be analysed and assessed by Mercer.

New health governance arrangements for the ACT

Chief Minister's Directorate, ACT

26 August 2018

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1 Executive Summary

The ACT health system has come a long way. The population it serves has grown and it supports the health service needs of a wider catchment. Currently, ACT Health provides services for a catchment of approximately 400,000 people in the ACT and a total catchment twice that from the surrounding Southern NSW area. Canberra now has its own medical school.

The health system has relationships with three universities and a public Vocational Education and Training provider, training health professionals and engages in world class health research. It has a vibrant and extensive sector of non-government organisations (NGOs) that provide direct services, advocate on behalf of communities and patients and also include peak bodies contributing to policy development.

In recognition of this growing sophistication and delivery, the ACT Government has decided to make changes to the structure and governance of its health system. Consistent with the direction of reform in other jurisdictions, the Government has decided to separate into two new organisations: 1. The ACT Health Directorate; 2. The provider of publicly owned clinical health services in the ACT. The second of these two new organisations will be referred to in this paper as the Health Services Organisation.

The Government wants the Health Services Organisation to have both the capacity to run the ACT's publicly owned clinical health services and the clear accountability for doing so. It also wants the ACT Health Directorate to step-up to a role that ensures the effective and efficient operation of the whole health system, including all health providers. The Government also wants stronger preventive health and health promotion outcomes across the whole of the ACT community, in both their strategic and non-clinical service provision elements.

The Chief Minister's Directorate engaged Nous Group (Nous) to advise on the governance, roles, functions and relationships across this restructured system. The aim is to ensure the ACT learns from similar reforms in other jurisdictions and adopts an approach tailored for the unique needs of the Territory.

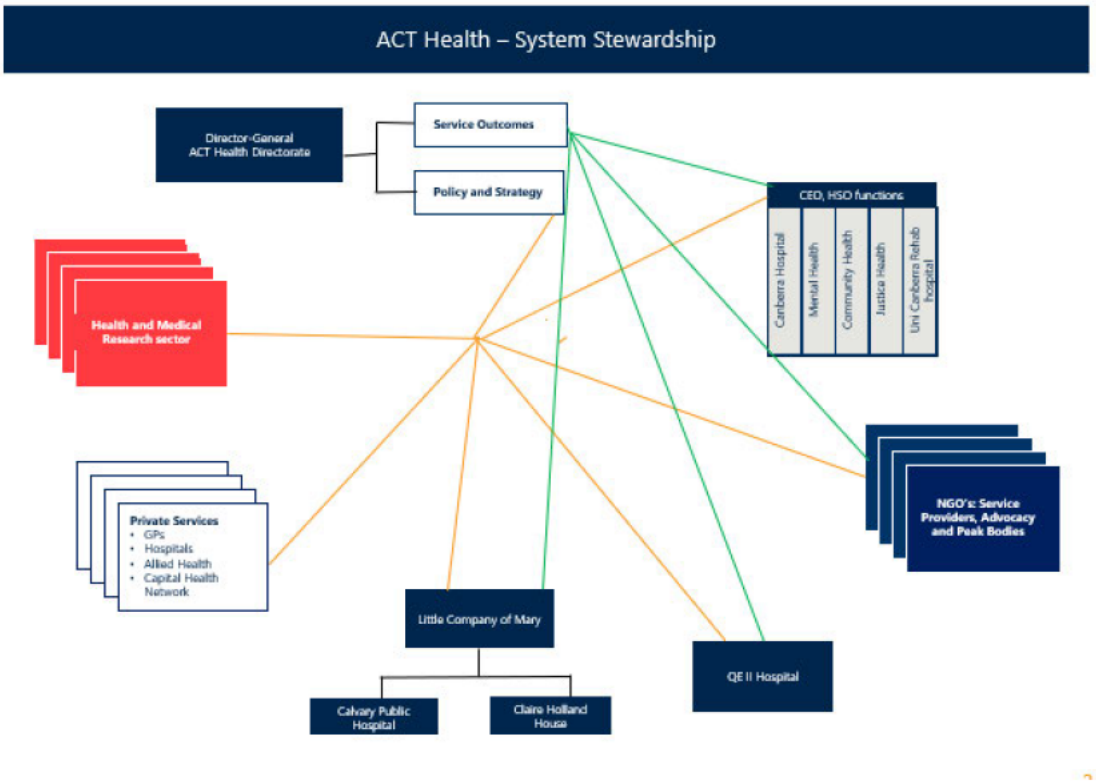
Nous adopted a three-phase approach to this engagement which included: 1. A review of arrangements in four other jurisdictions, to learn lessons from others' experiences; 2. A series of deep dive conversations with senior ACT public servants; and 3. Consultation with people from across the ACT health system including ACT Health staff.

Three diagrams summarise our thinking arising from the work undertaken.

This diagram summarises the governance relationship between the Ministers, the Directorate and the new Health Services Organisation. It illustrates the role of the ACT Health Directorate as policy adviser to

Ministers and the greater capacity and accountability of the Health Services Organisation as a provider of publicly owned clinical health services in the ACT and its wider catchment.

The ACT Health Directorate will have a view and responsibility across the ACT health system, a role designed to drive collaboration from a whole of system perspective with a responsibility for outcomes, including for the health of the ACT population. The Health Services Organisation will focus on professional, quality, efficient and effective delivery of its clinical health services. On the interaction of policy advice and operation of the publicly owned clinical service system, the heads of both new organisations will work together to provide coherent advice to ministers.



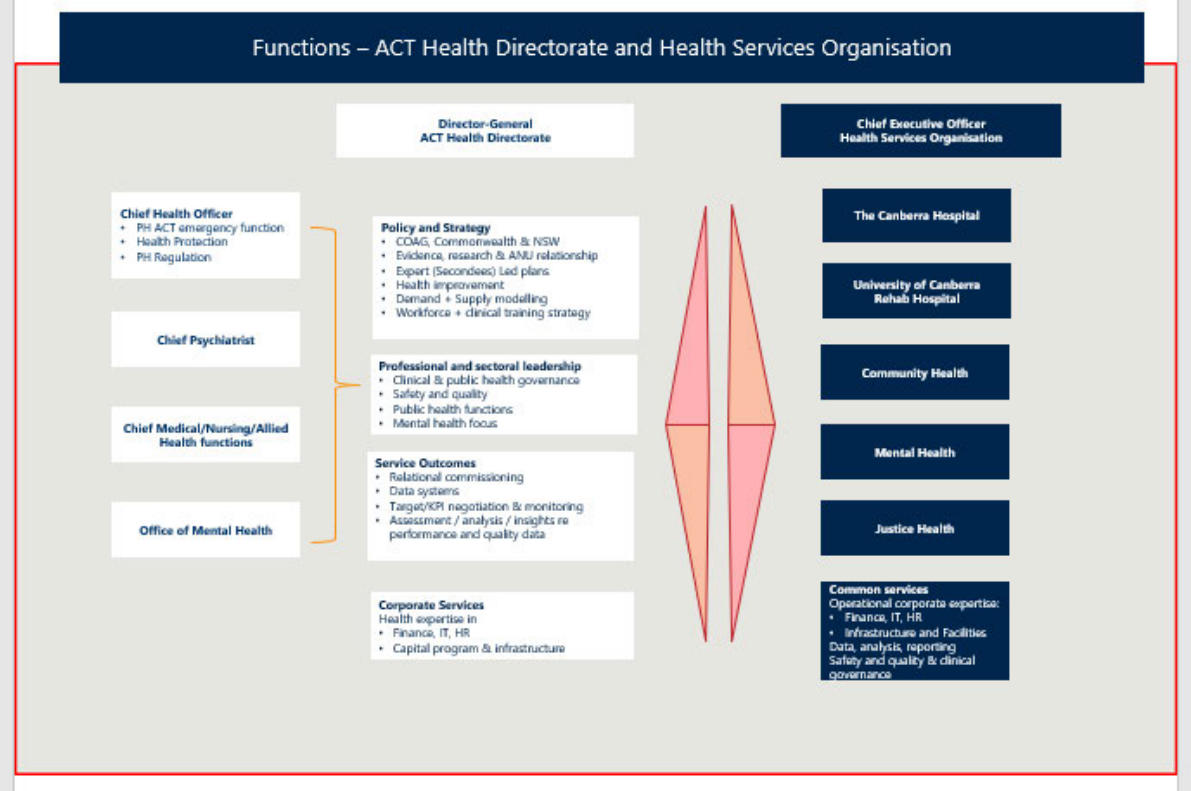
This diagram represents the dimensions of system stewardship, which is the core function of the ACT Health Directorate. There are a few points to be made.

First there are many players in the operation of the health system overall, some publicly owned by the ACT Government, some funded through ACT Health and some important players nonetheless. All are in fact connected to each other, sharing staff, patients and an interest in the health and health challenges of the ACT community.

Second the ACT Health Directorate has two kinds of lever indicated by the two-coloured lines.

The green lines indicate a set of relationships with all service providers that the ACT Health Directorate fund. These are bilateral relationships governed by Service Level Agreements. To deliver on this function the ACT Health Directorate will need exceptional analytic, health data and health system performance intelligence. This function will also need exceptional relationship management skills.

The yellow lines show the importance of leading clinicians, health professionals and other staff and stakeholders associated with services, in the formulation of policy and strategy for the ACT health system. The connection point in to the Directorate for this line is through the policy and strategy function, which supports the role of the ACT Health Directorate as the primary source of advice to ministers. The relationships are wider than just funded services and their people and are multilateral, not bilateral. The function of the ACT Health Directorate is significantly a convenorship role here, drawing on expertise and perspectives across the health sector in the ACT in the formulation of advice.



This diagram depicts the functions of the ACT Health Directorate and the new Health Services Organisation. This is not a proposed structure for either. It is a diagram representing the key functional responsibilities.

The CEO of the Health Services Organisation will have greater capacity, authority and accountability to administer the publicly owned clinical health services, including direct responsibility for ancillary and corporate service support necessary to efficiently and effectively run the services.

The ACT Health Directorate will need functions with similar titles and overlapping skillsets but focused on complementary levels of work – financial management skills to run and plan for a hospital or community health services versus strategic finance for the Directorate and system overall. Similarly, analysis and action on quality and safety issues in the health services versus system as a whole work on performance analysis and governance of quality and safety.

This will require the separation of existing units within the ACT Health Directorate.

Consultations

Following documentary review, in depth interviews and discussions with ACT public service leaders, Nous Group Principal Robert Griew conducted a series of consultations, in collaboration with the Head of the Transformation Unit in the ACT Health Directorate, Catherina O'Leary. These consultations included staff, managers, clinical leaders and other stakeholders.

The consultations largely supported the changes being made and highlighted particular areas of attention that will need to be paid during implementation. This includes the need to build capability, both in areas with new roles and in some areas, to provide a baseline of health expertise from which to move forward. A 'Consultation Report' provided at Appendix C summarises the main themes emerging from the consultations.

The consultation also underlined the importance of the Transition Team in the ACT Health Directorate, on detailed planning and communication regarding the milestones for 1 October and beyond and on the importance of proactive change management across the health system.

2 There is room to improve the ACT's current health governance structures

The ACT Health system has come a long way. The population it serves has grown and it supports the health service needs of a wider catchment. Currently, ACT Health provides services for a catchment of approximately 400,000 people in the ACT and a total catchment twice that from the surrounding Southern NSW area. Appendix A is a summary of data regarding the interaction of the Canberra health system with the NSW catchment.

Canberra now has its own medical school. The health system has relationships with three universities and a public Vocational Education and Training provider, training health professionals and engages in world class health research. It also has a significant non-government health sector and organisations representing consumers and specific communities of interest. These NGOs are engaged in direct health service provision, advocacy and there are also peak bodies for communities and groups of consumers.

This increased sophistication and a growing population places pressure on health services, so it is important to optimise health governance structures to serve the people of the ACT and patients who come from the surrounding region into the future. The ACT's unique characteristics shape health service delivery and set it apart from larger Australian jurisdictions. These include the following factors:

- notwithstanding growth and regional provision, Canberra is still in absolute terms a small, geographically concentrated population
- one large provider for most high-end health services – the Canberra Hospital
- contractual arrangements with a non-government provider of a northside public hospital – Little Company of Mary (Calvary Hospital).

These characteristics have important implications for health governance design.

Small, geographically concentrated population

Canberra's small population and geographical size sets it apart from the larger jurisdictions for several reasons. Firstly, this makes it difficult to achieve economies of scale in terms of health governance. Other jurisdictions use local health network boards across a larger service base. Canberra's smaller population requires a different approach.

Boards and other governance structures in other jurisdictions are designed to involve a community voice in service delivery across entire regions and large parts of our major cities, each with several large secondary and tertiary health services. In Canberra, the small population size limits the effectiveness of this approach, and the Minister, administrators and other key systems players already operate in close proximity to the Canberra community.

Single large tertiary hospital provider

The Canberra hospital has a critical role as the key provider of tertiary hospital services for the region. The Government aims to ensure that the new entity, the Health Services Organisation, is positioned to focus on the delivery of top quality tertiary hospital services, which will always be a focus for the city.

The aim is that this will allow the ACT Health Directorate to have a broader focus, on a range of health system stewardship responsibilities, including community-based services, prevention and health promotion.

Relationships with service providers

The contractual relationship between ACT Health and the Little Company of Mary is a further complicating factor. There is a risk of conflicts of interest between Canberra Hospital and Calvary Hospital, given the publicly owned health services' current structural connection to the Directorate.

The ACT Health Directorate needs some distance from the publicly owned health service, both to allow the health service to run itself and so it can fulfil its role as steward of the whole health system and promoter of positive health for the ACT community.

2.1 History of seeking the right balance of independence and centralisation

Like other Australian jurisdictions, governance of health services delivery in the ACT has moved over time on a centralisation/decentralisation spectrum.

In 1996, the ACT implemented a purchaser/provider model. This was in line with trends towards decentralisation both in other Australian jurisdictions and abroad. By separating the delivery of healthcare services from the underpinning strategy and policy apparatus, this model was designed to improve role clarity, increase efficiency and create clear accountability through competition.[1]

A 2002 review by Michael Reid and Associates was critical about the application of the purchaser/provider model in the ACT and recommended phasing it out. This remains the view in government. Although the ACT Government is moving to create more separation again in ACT health governance arrangements, it is not seeking a crude purchaser-provider model.

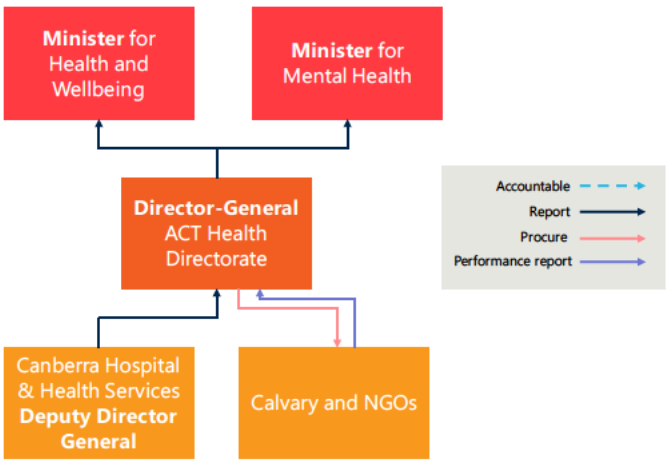
The next wave of national-level decentralisation was driven by the 2011 Council of Australian Governments (COAG) *National Health Reform Agreement* that required States to establish Local Hospital Networks (LHNs). According to the Agreement, these were designed to "decentralise public hospital management and increase local accountability to drive improvements in performance".[2] The ACT and the Northern Territory were exempted from this requirement, and instead obliged to "replicate the LHN general model so far as is practical" through parallel arrangements.[3]

The ACT Government established the ACT LHN Directorate and LHN Council in 2011. Under these arrangements, the ACT Government continued to manage system-wide public hospital service planning and performance, including the funding and provision of public hospital services and capital planning.[4] Currently, the ACT LHN Directorate is administered by the Director-General of the Health Directorate and supported by staff from the Health Directorate.[5]

2.2 Current ACT Structure and Governance

The ACT's health services delivery governance arrangements are the most centralised of the jurisdictions considered in this report (Figure 1). Canberra Hospital is the only major hospital which reports directly to a department of state.

Figure 1 | ACT health services delivery governance arrangements



[1] Michael Reid and Associates, *ACT Health Review* (2002), 5.
[2] Council of Australian Governments, *National Health Reform Agreement (2011)*, D2.
[3] Council of Australian Governments, *National Health Reform Agreement (2011)*, D28.
[4] ACT Local Hospital Network Council, *Annual Report to the ACT Minister for Health, 2012-13 Financial Year*, 4.
[5] ACT Government Health Directorate, *Annual Report 2016-17*, 365.

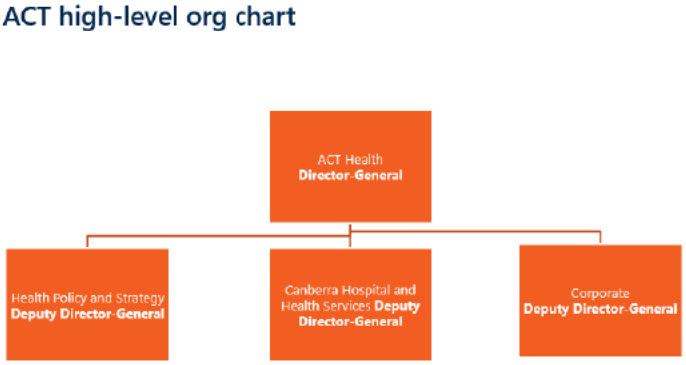
Table 1 | ACT role descriptions of key systems players[6]

Strategy and policy	ACT Health Directorate	Partners with the community and consumers for better health outcomes by: • delivering patient- and family-centred care • strengthening partnerships • promoting good health and wellbeing • improving access to appropriate health care, and • having robust safety and quality systems.[7]
	ACT Health Director-General	Leads the organisation in the delivery of its vision and its multiple roles.
Delivery	Canberra Hospital and Health Services Division	Provides acute, subacute, primary and community-based health services to the ACT and surrounding region through its key service divisions.
	Little Company of Mary	Provides public hospital services through Calvary Public Hospital – Bruce, under a contractual agreement with ACT Health.

Although we have shown the Canberra Hospital and Health Services as a separate box in Figure 1, it is in fact a part of the Directorate – a Division within it.

ACT Health's executive organisational chart comprises three divisions (Figure 2). The Canberra Hospital and Health Services Division is the largest and includes service delivery functions. The number of Deputy Directors General and Divisions was significantly greater than other ACT Government Directorates. An interim executive organisational structure has been put in place that reduces this number to three.

Figure 2 | ACT Health interim executive organisational chart



2.3 The ACT Government has decided to restructure ACT Health

The Government has decided to separate the system overview function of the Directorate from the delivery of publicly owned clinical health services in the ACT

The Government has decided to follow other jurisdictions in separating the strategic, system-wide functions from responsibility for the effective and efficient delivery of the publicly owned clinical health services, by splitting the two functions as separate Agencies under the Administrative Arrangements.

[6] ACT Government Health Directorate, *Annual Report 2016-17*, 33.

[7] ACT Government Health Directorate, *About Us* (9 March 2018). <http://health.act.gov.au/about-us>, accessed 14 May 2018.

In doing this, government is clear that it is not seeking to introduce a crude purchaser-provider structure, nor does it regard a system the size of the ACT health system as benefiting from independent and legislated Boards, for a publicly owned health services sector with only one major teaching hospital.

Instead the Government seeks:

- Greater capacity and accountability for effective and efficient clinical service provision on the part of the publicly owned health services. The name of this organisation will need to be settled. Canberra and Region Health Services had been suggested and was tested in our consultations. The possible name was very unpopular because of the ambiguity of the offer an ACT based public service can offer to the people of NSW. In this report we refer to the new organisation bringing together publicly owned clinical health services as the Health Services Organisation.
- A clearer system steward role for the Health Directorate on the health and operations of the whole health system, on non-acute, community, preventive and health promotion components of the system and on strategic advice to government. In some jurisdictions, this function is known as the Ministry of Health or the Department of Health.

3 Nous Group has been engaged to advise on governance arrangements

The Chief Minister's Directorate in the ACT engaged the Nous Group to provide advice on:

- How best to establish the governance arrangements for the ACT health system, encompassing two separate entities, the ACT Health Directorate and a Health Services Organisation (the entity delivering publicly owned clinical health services).
- Descriptions of the two new administrative units, to provide the basis of a notifiable instrument under S13(3) of the ACT Public Sector Management Act, 1994 (the Act).[8]
- The Director-General's functions which will be provided for under S19 of the Act, specifically S19(2) (b) and (c), viz, to manage the business of the administrative unit and any other functions given to the Director-General by the Minister responsible for the administrative unit or by the head of service.

3.1 There were three phases to our plan to develop advice on these questions

First, Nous researched the structural and governance arrangements in four other jurisdictions: NSW, Victoria, Queensland and Tasmania.

Second, we applied first principles thinking to the experiences of those States and in deep discussion with the Head of the ACT Public Service and the Acting Head of the ACT Health Directorate, seeking advice also from the ACT Solicitor-General and Under Treasurer.

Third, we consulted key health service groups over the last month.

[8] Relevant sections of the Act are extracted at Appendix 2.

4 Comparing across jurisdictions

We turn now to our survey of the high-level system operating in four other jurisdictions.

This review undertook a high-level analysis of the key jurisdictions to inform thinking about options for the ACT. The key features of these jurisdictions are summarised in Table 2.

Table 2 | Summary of key features of jurisdictions

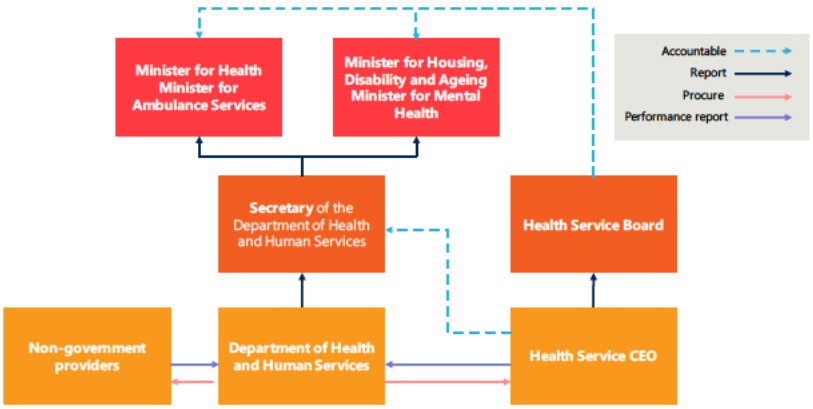
	ACT (current)	VIC	NSW	QLD	TAS
Separation between policy and delivery		✓	✓	✓	✓
Uses boards for LHN or equivalent		✓	✓	✓	
Department combines Health and Human services		✓			✓ (though changing)
LHN delivery entity is called...	Local Hospital Network Directorate	Health Service	Local Health Districts and Specialty Networks	Hospital and Health Service	Tasmanian Health Service

4.1 Victoria

The Victorian health system has the highest levels of devolved governance for healthcare delivery in Australia. The Victorian system is structured around Health Services, some of which represent a single hospital or network of hospitals. Each Health Service reports to a board which is appointed by the Governor-in-Council on recommendation of the Minister for Health. Health Services are at arm's length from government, have separate legal status and are not part of the Crown.[9] Health service delivery governance arrangements are summarised in Figure 3.

Funding for Health Services is appropriated by the Department and passes to the Health Services through the commissioning area of the Department. The Secretary has a set of reserve powers, to institute enquiries on specific issues or issue directives for specific Health Services.

Figure 3 | Victorian health services delivery governance arrangements



[9] Department of Health, *The Victorian health services governance handbook* (2013).

4.1.1 Role descriptions

Table 3 provides summary role descriptions of the key systems players in the Victorian health system.

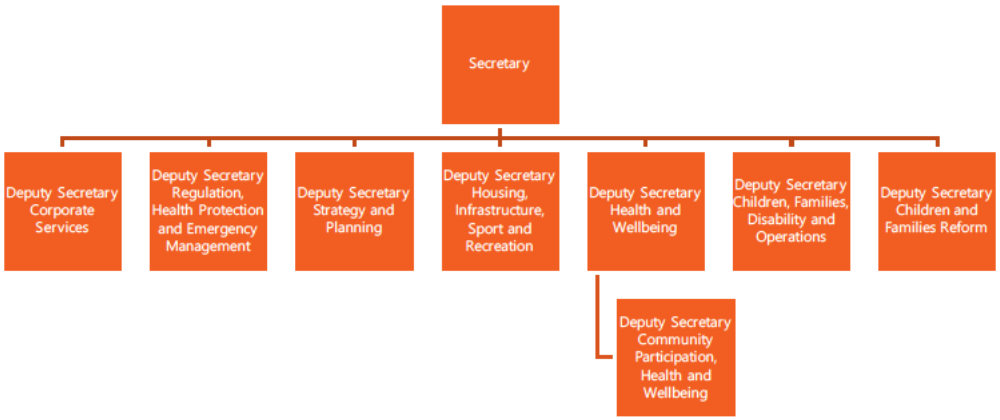
Table 3 | Victorian role descriptions of key systems players

Policy and strategy	**Victorian Department of Health and Human Services**	Responsible for developing and delivering policies, programs and services that support the health, wellbeing and safety of all Victorians.[10]
	Secretary of the Victorian Department of Health and Human Services	Leads the Executive Board and is responsible for setting strategic direction and management of the department.[11] Also has a set of reserve powers to order reviews or issue directives for specific Health Services.
Delivery	**Health Service Boards**	Accountable to the Minister for Health for the service's performance. Each Health Service board steers its entity on behalf of the Minister and in accordance with government policy. Board members do not participate in the day-to-day management of the health service. Health Service boards: • govern health services • develop strategies • oversees financial and service performance • respond and adapt to challenges such as population and changing demographics • meet regulatory and government policy requirements and standards.[12]
	Health Service CEO	Appointed by and reports to the board. Responsible for the day-to-day management of the Health Service.

4.1.2 Department structures

Victoria has a joint Health and Human Services Department, with eight deputy secretaries reporting to the Secretary. Figure 4 summarises the executive-level structure of the Department.

Figure 4 | Victorian Department of Health and Human Services executive organisational chart



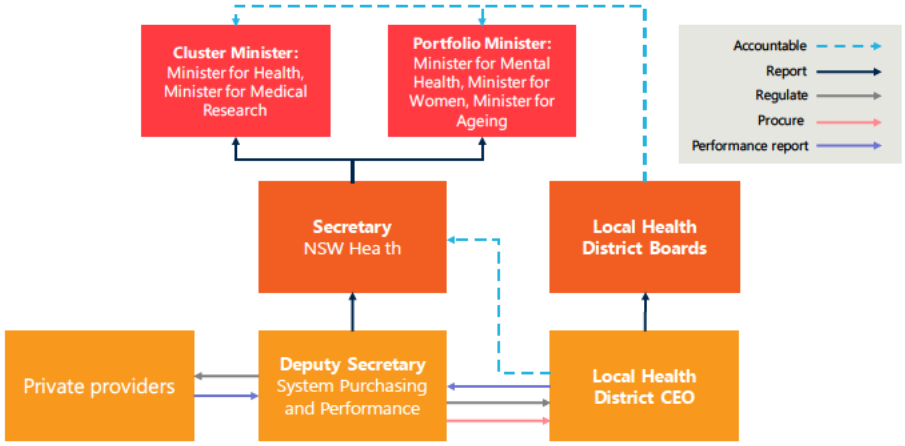
[10] Victorian Department of Health and Human Services, *Annual report 2016-17*, 7.
[11] Health and Human Services, *Our Secretary* (9 March 2018). < https://dhhs.vic.gov.au/our-secretary >, accessed 14 May 2018.
[12] Health Victoria, *About health service boards in Victoria* (9 March 2018). < https://www2.health.vic.gov.au/hospitals-and-health-services/boards-and-governance/about-health-boards>, accessed 14 May 2018.

4.2 New South Wales

The New South Wales health system provides services through a network of 15 Local Health Districts (LHDs) and two specialist networks. These are established as individual statutory corporations which are responsible for managing public hospitals and health institutions within define geographical areas. LHD board members and chairs are appointed by the Minister. The LHD Chief Executive Officer (CEO) is appointed by the LHD Board in concurrence with the Secretary of NSW Health.[13] These arrangements are summarised in Figure 5.

Funding for LHDs is appropriated by the Ministry and passes to the LHDs with oversight from the Chief Financial Officer and the Deputy Director General responsible for the accountability and performance of the LHDs. LHD CEOs have an accountability to the Secretary of NSW Health and meet in a first-tier governance committee with the Secretary and all other LHD CEOs.

Figure 5 | NSW health services delivery governance arrangements



[13] NSW Health, *Corporate Governance and Accountability Compendium (2018)*, 1.2.4.

4.2.1 Role descriptions

Table 4 summarises the role descriptions for key systems players in NSW.

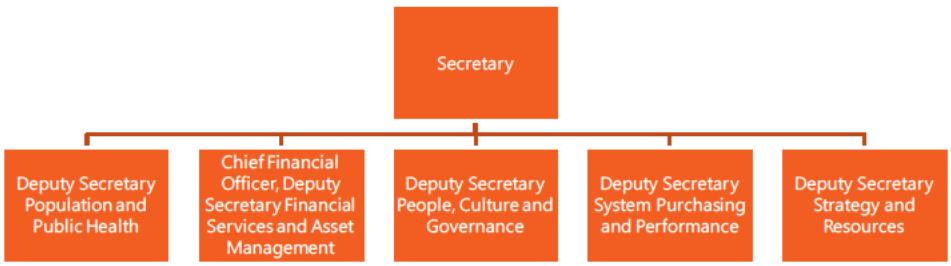
Table 4 | NSW role descriptions of key systems players

Policy and strategy	**NSW Ministry of Health**[14]	The NSW Ministry of Health supports the executive and statutory roles of the Health Cluster and Portfolio Ministers. The NSW Ministry of Health also has the role of 'system manager' in relation to the NSW public health system, which operates more than 230 public hospitals, as well as providing community health and other public health services, for the NSW community through a network of local health districts, specialty networks and non-government affiliated health organisations, known collectively as NSW Health. The Ministry of Health guides the development of services and investments in the NSW public health system to ensure that the health priorities of the Government's NSW are achieved for the community of NSW.
	Secretary, NSW Health[15]	The Secretary has overall responsibility for the management and oversight of NSW Health. The Secretary chairs key management meetings for the system including the NSW Health Senior Executive Forum and the Executive Leadership Team. The NSW Health Senior Executive Forum brings together Chief Executives from across the health system, while the Executive Leadership Team is a smaller group comprising of the NSW Ministry of Health Executive and Chief Executives from so called "pillar organisations". Both groups are critical in considering issues of health system-wide interest, including the NSW Health budget, development and implementation of health policy and monitoring of health system performance.
Delivery	**Local Health Districts and Specialty Networks**[16]	Each LHD Board or Specialty Health Network Board is responsible for establishing and oversighting an effective governance and risk management framework for the network, setting its strategic directions, ensuring high standards of professional and ethical conduct are maintained, involving providers and the community in decisions that affect them, monitoring the service delivery and financial performance of the network against its targets and holding the network chief executive accountable for their performance.

4.2.2 NSW Health structures

NSW Ministry of Health is led by a Secretary with five Deputy Secretary-level reports. Figure 6 summarises the executive-level structure of the Ministry.

Figure 6 | NSW Ministry of Health executive organisational chart



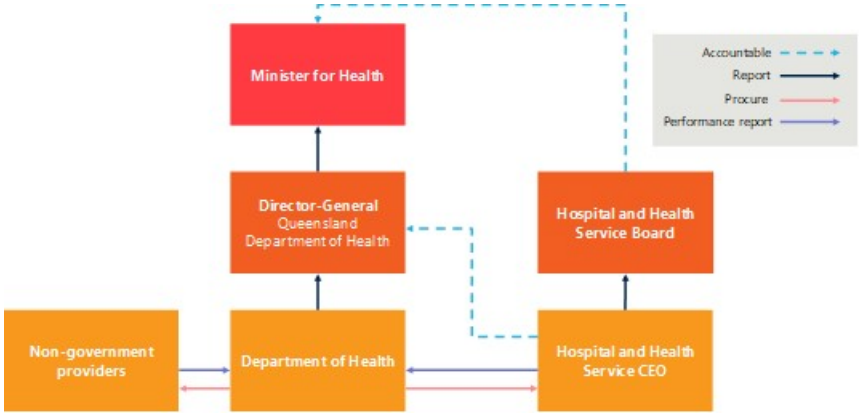
[14] NSW Health, *Our structure (November 2017)*, <http://www.health.nsw.gov.au/about/nswhealth/Pages/structure.aspx>, accessed 29 May 2018.
[15] NSW Health, *Our structure (November 2017)*, <http://www.health.nsw.gov.au/about/nswhealth/Pages/structure.aspx>, accessed 29 May 2018.
[16] NSW Health, *About local health district and specialty network boards (January 2017)*, <http://www.health.nsw.gov.au/lhd/boards/Pages/about-lhd-boards.aspx>, accessed 29 May 2018.

4.3 Queensland

Public health services in Queensland are provided through 16 Hospital and Health Services (HHS). These are statutory bodies, each governed by a Hospital and Health Board. Some public health services are also provided by private providers.[17]

The overall management of the public healthcare system is the responsibility of the Department of Health, through the Director-General. HHSs are responsible for the delivery of health services in their local area. The Department is responsible for purchasing services and ensuring the needs of the broader population are met, while the HHSs are responsible for local service delivery.[18] Figure 7 provides an overview of health services delivery governance arrangements. HHS funding is appropriated by Queensland Health and then allocated to HHSs.

Figure 7 | Queensland health services delivery governance arrangements



4.3.1 Role descriptions

Table 5 provides a provides summary role descriptions of the key systems players in the Queensland health system.

[17] Queensland Health, *Queensland Health organisational structure (15 December 2017),* < https://www.health.qld.gov.au/system-governance/health-system/managing/org-structure>, accessed 29 May 2018
[18] Queensland Health, *Handbook for Queensland Hospital and Health Board Members (2016)*, 6.

Table 5 | Role descriptions of key players

Policy and strategy	**Queensland Department of Health**	The Department of Health's role includes, but is not limited to: • Providing strategic leadership and direction for health through the development of policies, legislation and regulations • Developing state-wide plans for health services, workforce and major capital investment • Managing major capital works for public sector health service facilities • Purchasing health services • Supporting and monitoring the quality of health service delivery • Delivering specialised health services, providing ambulance, health information and communication technology and state-wide health support services.[19]
	Director-General	The HHB Act outlines the functions and powers of the system manager with overall system management responsibility resting with the Department. This responsibility is discharged through the Director-General. The Department, as system manager, is responsible for sole management of the relationship with HHSs to ensure a single-point of accountability in the state for public hospital performance, performance management and planning.
Delivery	**Hospital and Health Boards (HHB)**	Responsible for providing strategic direction and leadership and ensuring HHS compliance with standards and legal requirements. HHBs have responsibility for decision making relating to: • the structure of their organisation • how services are delivered in their local area • providing performance data to the department • establishing systems which support monitoring of performance • entering into a service agreement with the Director-General.[20]
	Hospital and Health Service (HHS) CEO	Accountable for ensuring patient safety through the effective executive leadership and management of all hospital and health services, as well as any applicable support functions located within their HHS. Typical key accountabilities include: • supporting the HHB in developing and implementing a vision and strategy for the HHS and ensuring this is aligned to the Minister's letter outlining delivery priorities • establishing and leading a high quality executive team responsible for providing leadership and direction for all of the HHS's facilities and ensuring the delivery of effective, efficient and economical healthcare • ensuring ongoing development of the organisation and promoting a culture of learning, innovation, research and development • ensuring a strong culture of, and commitment to, safety and quality across the HHS to underpin health service delivery • ensuring risk, compliance and governance frameworks operate effectively across the HHS • providing strategic advice to the HHB to enhance decision making • ensuring resources are planned, allocated and evaluated to meet service agreement requirements • establishing a workforce vision, strategies and plans that reflect the workforce needs of the HHS • ensuring clinicians, consumers and the community are involved in health service planning and evaluation through the implementation of robust engagement strategies.

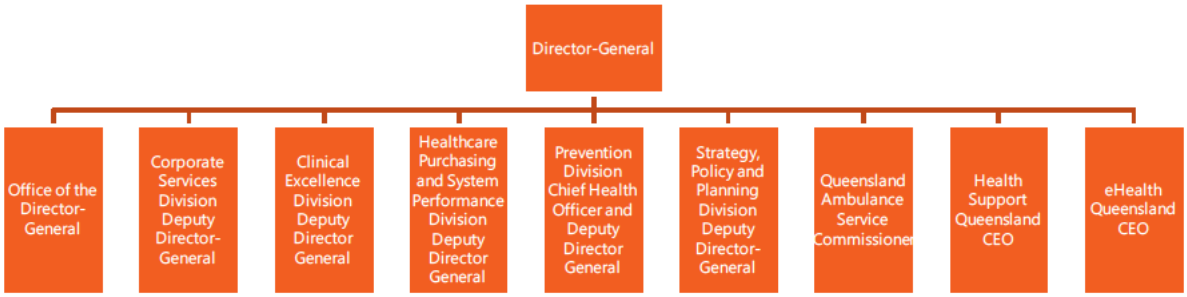
[19] Queensland Department of Health, *Department of Health Annual Report* 2016-17, 9.

[20] Queensland Health, *Handbook for Queensland Hospital and Health Board members* (2016), 12.

4.3.2 Department structures

The Queensland Department of Health is led by a Director-General. Beneath the Director-General are nine direct reports. Figure 8 summarises the Department's executive-level structure.

Figure 8 | Queensland Department of Health executive organisational chart

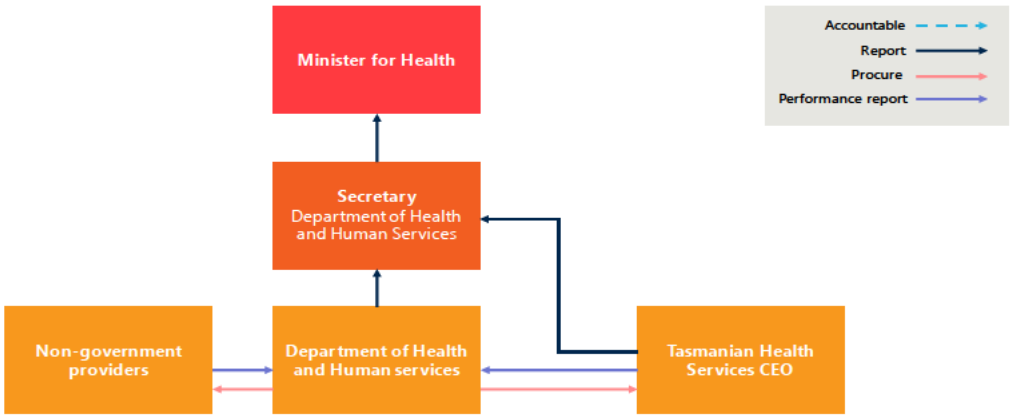


4.4 Tasmania

Tasmanian health services governance has undergone significant changes in recent years. As part of the *One Health System* reform program, in 2015 Tasmania consolidated its three Health Organisations (LHN-equivalent) into the Tasmanian Health Service (THS). Until recently, the THS was guided by a Governing Council which is appointed by the Minister for Health. Funding for THS is appropriated by the Department and passes to the THS through the Department.

In the last month, Tasmania has legislated to remove the Governing Council. THS continues as a separate organisation under legislation. Although the details of arrangements are still being finalised, there remains a separation between system stewardship and service operations, albeit that the head of the THS is now responsible to the Secretary of the Department rather than a Board for the performance of the THS.

Figure 9 | Tasmanian health services delivery governance arrangements



4.4.1 Role descriptions

Table 6 | Tasmanian role descriptions of key systems players, as we understand them at this point of development. This is a recent and still evolving reform.

Policy and strategy	**Tasmanian Department**	The Department has an important role as a steward and strategic partner in health services delivery as system manager. The roles and responsibilities of system management stretch across operational and departmental groups. System management's key elements include: • describing and enacting the strategic direction of the health services systems • monitoring and oversight of the health services systems • planning and purchasing of services • continuous improvement in the quality of care and service provision • performance management of service providers • intergovernmental relations • contract management • industrial relations, and • planning and purchasing of capital resources.[21]
	Secretary	The core elements of the Secretary role are: • principal portfolio adviser to their Ministers, Premier and the Government • Agency head • the custodian of an apolitical public service and the integrity of interactions between the Agency and implementation of policy and the political process and • leading and managing Commonwealth/State issues within the portfolio.
Delivery	**Tasmanian Health Service Executive**	The THS Executive is responsible for the administration and management of the THS.[22] The Executive is appointed by and responsible to the Secretary of the Department.

4.4.2 Department structures

The Tasmanian Department did comprise six Groups reporting to the Secretary. These too are changing however, as human service functions are being relocated within the Administrative arrangements of the Tasmanian government.

[21] Department of Health and Human Services, *Annual Report 2016-17*, 12.

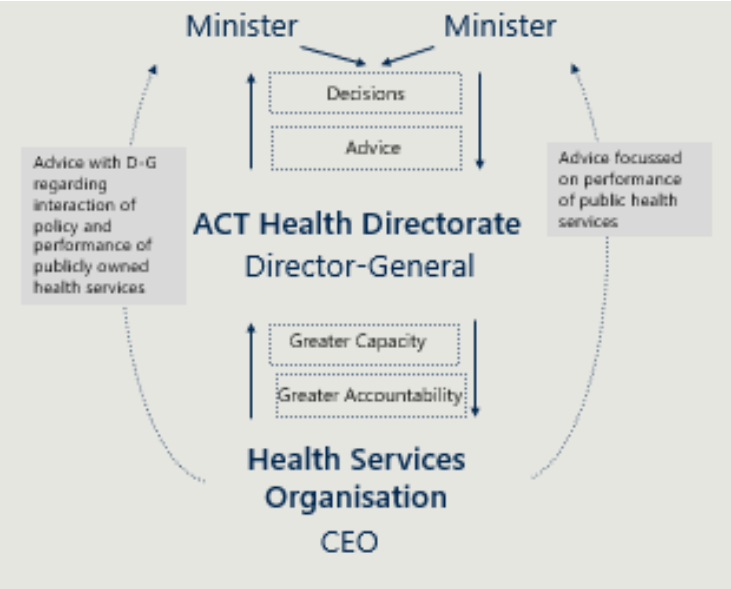
[22] Tasmanian Health Service Bill 2018 (Tas), clause 27.

5 Our advice

5.1 High level governance model

At the highest level, the diagram below outlines the governance relationship between the ACT Health Directorate and the Health Services Organisation.

Figure 10 | Model's Governance Relationships



Key features of the model are as follows. These will be reflected in the roles and functions prescribed for the heads of the two entities by the Health Minister and in a protocol between them. This protocol will need to be negotiated to the satisfaction of both Ministers and the Head of Service.

- The head of the ACT Health Directorate should be known as the Director-General and the head of the Health Services Organisation should be known as its CEO.
- The ACT Health Directorate will be the principal source of policy advice to the Ministers and the Ministers will issue decisions through the Director-General of the Directorate.
- The advice provided by the CEO of the Health Services Organisation to Ministers will relate to the performance of their Health Service. Advice from the Health Services Organisation CEO will be a key part of the material on which the Director-General will provide policy advice to the Ministers.
- On the interaction of policy advice and operation of the publicly owned clinical service system, the heads of both new organisations will work together to provide coherent advice to ministers.
- The CEO of the Health Services Organisation will be accountable for health service effectiveness, efficiency, quality and safety.
- The Health Services Organisation will receive their funding through the ACT Health Directorate, as do other health service providers, but the amount will be transparent and decided by government, on advice from the Director-General of the ACT Health Directorate.
- The CEO of the Health Services Organisation will provide policy and budget proposals to the Director-General. In the Budget process each year all bids will be provided to the Ministers, within the overall portfolio budget bid, with advice regarding priorities and provisions from the Director-General of the ACT Health Directorate.
- Funding to the Health Services Organisation will be provided via the ACT Health Directorate but will be transparent as a separate appropriation, being a specified appropriation provided via the Directorate.

- The Director-General will raise concerns regarding performance first with the CEO of the Health Services Organisation. If concerns persist the Director-General will have the responsibility, following consultation with the CEO, to provide advice with recommended actions, regarding health performance issues (such as clinical standards) to the Minister, or regarding personnel or financial management issues to the ACT Head of Service (as the employer of both the Director-General and the CEO).

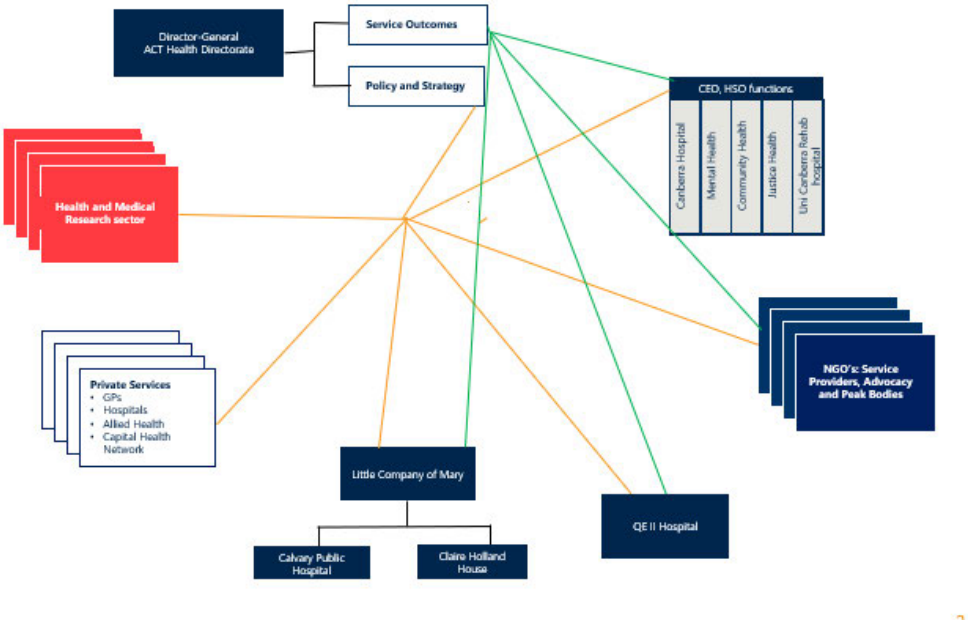
5.2 High level functional overview

Nous Group undertook high level design discussions re the functions of both the ACT Health Directorate and those of the new Health Services Organisation.

5.2.1 System stewardship functions

There are many players in the operation of the health system overall, some publicly owned by the ACT Government, some funded through ACT Health and some important players nonetheless. All are in fact connected to each other, sharing staff, patients and an interest in the health and health challenges of the ACT community.

Figure 11 | ACT Health – System Stewardship



The ACT Health Directorate has two kinds of lever indicated by the two-coloured lines.

The green lines indicate a set of relationships with all service providers that the ACT Health Directorate fund. These are bilateral relationships governed by Service Level Agreements. To deliver on this function the ACT Health Directorate will need exceptional analytic, health data and health system performance intelligence. This function will also need exceptional relationship management skills

The yellow lines show the importance of leading clinicians, health professionals and other staff and stakeholders associated with services, in the formulation of policy and strategy for the ACT health system. The connection point in to the Directorate for this line is through the policy and strategy function, which supports the role of the ACT Health Directorate as the primary source of advice to ministers.

The relationships are wider than just funded services and their people and are multilateral, not bilateral. The function of the ACT Health Directorate is significantly a convenorship role here, drawing on expertise and perspectives across the health sector in the ACT in the formulation of advice.

There will also be several key whole of system governance committees that will be essential to make the system work overall. These fora will be needed to ensure a high level of whole of system strategy and

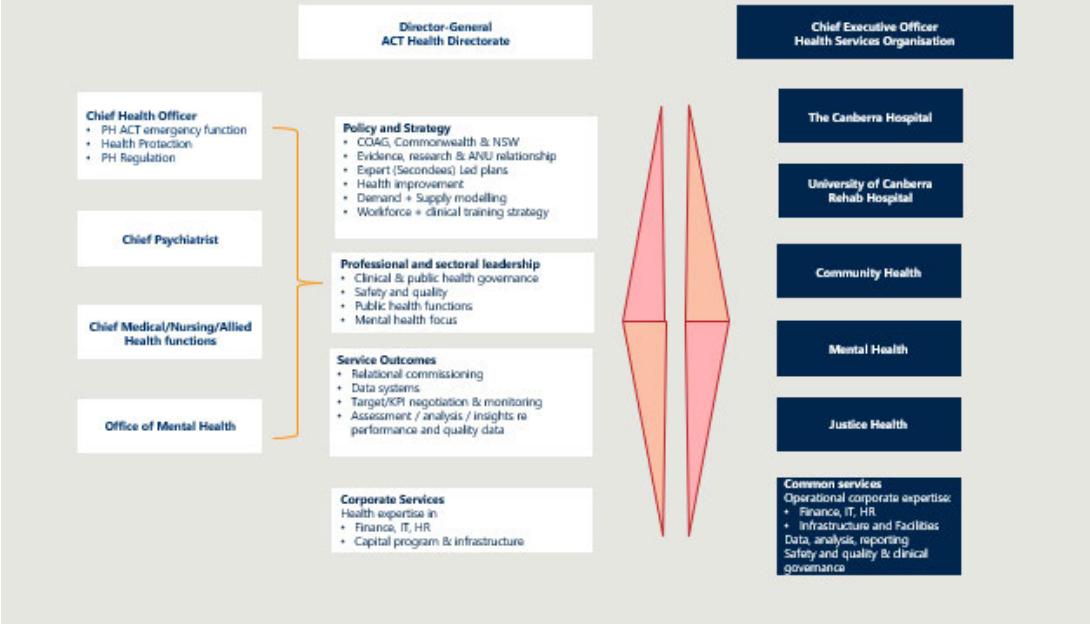
coordination which cannot be delivered by fiat from the ACT Health Directorate. Leaders from across services and advocates for patients, the community and the professions need to be able to work together to develop and gain a sense of ownership of these areas. Examples include:

- Service coordination across government and non-government providers, especially for patients with chronic conditions, probably co-convened by the Chief Medical Officer in the Directorate and the CEO of the Health Services Organisation.
- Clinical workforce planning, across all sectors, including public, private and non-government.
- Public health leadership network, including relevant clinical, community and research expertise, and to support public health emergency management.
- Standards, quality, accreditation of ACT services, with an emphasis on supporting clinician led quality processes and transparency re progress, risks, mitigations and accountabilities.
- Research and evidence, proactively engaging clinical leaders, the research community, advocacy groups and policy leads across the ACT Health Directorate.
- IT & systems, with a clear emphasis on supporting both service operations and data capture to support strategic planning and accountability.
- Capital and Infrastructure program planning.

5.2.2 Functional separation of the ACT Health Directorate and the Health Services Organisation

This diagram depicts the functions of the Health Directorate and the new Health Services Organisation. This is not a proposed structure for either. It is a diagram representing the key functional responsibilities.

Figure 12 | Functions - ACT Health Directorate & Health Services Organisation



The CEO of the Health Services Organisation will have greater capacity, authority and accountability to administer the publicly owned clinical health services, including direct responsibility for ancillary and corporate service support necessary to efficiently and effectively run the services.

The ACT Health Directorate will need functions with similar titles and overlapping skillsets but focused on complementary levels of work – financial management skills to run and plan for a hospital or community health services versus strategic finance for the Directorate and system overall. Similarly, analysis and action on quality and safety issues in the health services versus system as a whole work on performance analysis and governance of quality and safety.

This will require the separation of existing units within the ACT Health Directorate.

We turn now to more detailed analysis of each of the two new organisations and their heads in detail.

5.3 ACT Health Directorate

An overview of the functions and responsibilities of the ACT Health Directorate is provided below. The functions relate both to the parts of the health system directly funded by the ACT government and those funded from other sources. It also relates both to the parts of the health system owned by the ACT Government and those owned by private for profit and private not for profit organisations. The ACT Health Directorate has a system steward role for the ACT health system, as a whole.

Specific responsibilities of the ACT Health Directorate include:

Policy and Strategy

- Prepare, coordinate and, subject to clearance arrangements, provide policy advice to Ministers, on both portfolio specific and Territory wide policy questions
- Managing the relationship with COAG Health Ministers, the Commonwealth Health Department and other state and territory jurisdictions, especially NSW.
- Gathering evidence and supporting relevant research and relationship with health research functions at ACT based and other research institutes. Managing the relationships with the Australian National University, the University of Canberra and the Australian Catholic University.
- Developing plans for specific health needs in the ACT, including seconding experts from across health service providers, researchers and community members.
- Developing expert led plans and strategies for the development of population health in the ACT and the prevention of disease. Health promotion is aligned with the Chief Health Officer and the health protection function in several other jurisdictions, e.g. NSW, WA and Queensland. The inclination in the ACT at present is to align health promotion with the policy and strategy function, which is an option pursued in other jurisdictions. Our advice is to ensure, if this course is taken, that preventive health and health promotion is run by qualified public health personnel, probably a public health physician, as it is a technical not a generic area of policy.
- Modelling demand for, and supply of health services.
- Leading workforce and clinical training strategy, including relationships with the three universities, the Canberra Institute of Technology (CIT) and other training providers.

Funding and monitoring health service outcomes

- Developing and administering:
    - the commissioning system through which ACT health services receive funding from the ACT government
    - key performance indicators, targets and data systems to support these and thus the key function of performance monitoring of all funded health services
    - strategies for assuring / assessing / analysing / gaining insights re performance and quality data across the ACT health system.

Health professional/specialist leadership

- Chief Medical, Psychiatrist, Nursing & Midwifery and Allied Health leadership across the ACT health system.
- Chief Health Officer functions:
    - health aspects of emergency management, especially those related to public health legislation
    - health protection – communicable disease prevention and management, environmental health and food borne disease

- public health regulation
- Coordinator General, Office for Mental Health and Wellbeing

Corporate services functions

Undertake corporate service functions to support the Directorate including:

- liaison with corporate areas of publicly owned health service providers to ensure accurate public accounts
- and likely capital & infrastructure program.

ACT Health Directorate - Director-General

The head of the ACT Health Directorate will be known as the Director-General of the ACT Health Directorate. He or she will be responsible for the administration of the purposes, functions and offices of the ACT Health Directorate, including administration of health legislation, and in addition, shall:

- Provide policy advice to Ministers under Administrative Arrangement Orders and legislative arrangements and be responsible for implementation of policy decisions.
- Be accountable for all other directions and responsibilities as per S19 of the PSM Act.

5.4 The Health Services Organisation

The purpose of Health Services Organisation is to provide high quality, efficient and effective clinical health services to residents and visitors to the ACT and to patients transferred to its care.

The scope of health services included in this administrative unit are health services owned by the ACT government.

Specific responsibilities of the Health Services Organisation include administration of the following ACT owned health services:

- The Canberra Hospital
- ACT Community Health
- Mental Health
- Justice Health
- University of Canberra Rehabilitation Hospital.

For each of these services the Health Services Organisation is responsible for:

- Efficient and effective administration of the services, including resource usage, personnel management, clinical standards, safety and quality issues.
- Negotiating a Service Level Agreement with the Directorate and reporting on resource usage, performance outcomes and KPIs under that Agreement to the Directorate.
- Administration of all essential health service support services.
- Data collection and analysis to support efficient and effective service planning, operations and reporting to the Directorate.
- Workforce planning and management, including relationship with health training providers in the ACT and beyond including the three universities, the Canberra Institute of Technology (CIT) and other training providers.
- Implementation of quality systems and reporting on quality to the Directorate.
- Contributing expert leadership, largely via secondments and part time commitments of clinical leaders and experts to specific health issues and plans in the Directorate.

Health Services Organisation CEO

The head of the new Administrative unit will be known as the Chief Executive Officer of Health Services Organisation. He or she will be responsible for the administration of the purposes, functions and offices of the unit, and in addition, shall:

- Executing operational powers to deliver the service as provided through legislation and administrative arrangements.
- Provide advice on all matters pertaining to performance of Health Services Organisation to the Director-General of the ACT Health Directorate and the Ministers, including working with the Director-General to provide coherent advice to Ministers on the interaction of policy issues and performance.
- Actively contribute to whole of system service coordination, including providing clinical experts to contribute to and lead specific health planning exercises.
- Be accountable for all other directions and responsibilities as per S19 of the Act.
- Be available to support the Director-General and ACT Health Directorate on policy and financing interactions with other jurisdictions, especially NSW and the Commonwealth.

5.5 Capability issues

In addition to roles, functions and relationships, there are a number of capabilities that need to be buttressed as discussed below.

5.5.1 The relational capability of the key personnel in the new arrangements

The Director-General of the ACT Health Directorate and the CEO of the Health Services Organisation will need executive experience, health knowledge (or ready access to expert advice), strategic and management skills. As important will be proven and top-level relationship, communication and collaboration skills. In a very real way their agencies and their individual destinies are inextricably linked.

As they administer their own specific functions, which will not always immediately align, it is crucial that each also has a clear and constructive relationship with the other. Both will need to have a strong commitment to effective relationships and collegial problem solving across the leadership of all parts of the health sector.

Where perspectives on policy and performance issues cannot be resolved, the Director-General and the CEO can involve the Head of Service, rather than relying solely on ministers.

Almost as important will be the relationship skills of key staff in the Service Outcomes function in the ACT Health Directorate, as they anchor the commissioning relationship not just with the Health Services Organisation but with all the service sectors.

5.5.2 Skills and frameworks for relational model of commissioning

The ACT tried and moved away from a purchaser-provider model of administering health services. The Government is not pursuing that model.

In other health systems where government has separated policy functions from provision functions, considerable thought has focussed on how to design the transaction between those two functions. This is to avoid the pitfalls of simplistic purchaser-provider models and to maximise system stewardship outcomes.

Consultations undertaken in this engagement highlighted the importance of, and need for, sophisticated strategies to promote a better "network effect", bringing health service providers across sectors and across the ACT together to focus on best patient care experience and most efficient care provision.

There are a number of reasons to separate policy and public sector delivery. In part because conflicts of interest between publicly owned and other service sectors are hard to manage without some separation.

But avoiding conflicts is not enough. Systems are needed that share risk and reward for collaborative behavior.[23]

Several useful articles can be found, for example on the Kings Fund website, reflecting serious effort on this challenge across the western world. The rough line of thought starts with the observation that the biggest challenges in the health system involve chronic conditions, especially when they overlap with social disadvantage – e.g. in mental health. We need providers to cooperate as much as to compete and to work across program siloes.

To avoid the pitfalls seen in other jurisdictions and apparently in the past in the ACT, the Service Outcomes function of the ACT Health Directorate needs to be tasked to aim for the most sophisticated models, which will reward risk and reward sharing and collaboration among different sectors and health service providers.

5.5.3 Capacity in the Health Services organisation

One of the ACT Government's key objectives in making this change is to give the Health Services Organisation sufficient capacity, and its CEO sufficient authority, to be able efficiently and effectively to administer its services.

There are currently a number of services and staff supporting the publicly owned services that are located in the current ACT Health Directorate. These are distinct from the high-level analysis capability needed to perform the Directorate's Service Outcomes function. They are also deeply informed by health service delivery knowledge but are focussed and aligned to support the granular operational finance, IT and HR requirements of health service delivery.

The Service Outcomes function in the ACT Health Directorate will need strong data analytics and financial analysis capability, staffed by people with strong background in health system financing. They will not do the same cost accounting that staff needed in the Health Services Organisation (or indeed other health service providers) will need. There will be people with similar qualifications and skills sets across both organisations, whose work is actually deeply complementary.

There are also essential support services, an example of which are sterilisation services, which report not to the current DDG of the Hospital and Health Service but to Corporate Services in the Directorate. A realignment of all such functions is essential to this new arrangement working.

5.5.4 Health professional knowledge to drive clinical governance and policy development

It is essential that health knowledge based in clinical, population health and research drive many aspects of thinking, planning and policy development across the health system in the ACT.

Options include secondments to, and part time work in, the ACT Health Directorate for leaders from the Health Services Organisation and other health providers. There is a facilitating role here for the chief professional officers: medical, public health (CHO), nursing and midwifery and allied health. Part of their mandate must be to draw in, and reach out to clinical, population health and research leaders across the system.

There are also functions in the ACT Health Directorate, including the health protection functions clustered around the Chief Health Officer and the preventive and health promotion strategies which also need public health technical leadership.

Chief professional leads (medical, nursing and midwifery, allied health and public health) also need to be included in top table discussions where professional knowledge and advocacy of the various professions viewpoints need to be heard.

[23] https://www.kingsfund.org.uk/sites/default/files/media/linda-hutchinson-alliance-contracting-27.03.14_0.pdf https://www.kingsfund.org.uk/publications/commissioning-contracting-integrated-care/summary http://www.who.int/contracting/events/Synthesis_EN_WEB.pdf

5.5.5 A voice for communities and consumers

In larger jurisdictions, which have chosen to create Boards for their LHNs, Boards offer a voice for stakeholders who health services are not traditionally good at listening to.

There are good reasons why smaller jurisdictions have tended not to use Boards, as explained earlier in this report.

Nonetheless all health systems need greater involvement of consumers and communities providing feedback to health providers and to the system stewards – the ACT Health Directorate. The ACT Health Directorate's website currently profiles ways for consumers to be empowered in relation to their care (including self-responsibility messages and feedback sites).[24]

One option would be to create a consumer and communities engagement committee, to develop some of the same system capability. This was a consistent theme in consultations also, with the best option probably bringing together the Director-General, with CEOs of health services across the different sectors and voices of patients and communities in the ACT.

5.5.6 Capability building, transition planning and change management

In the consultations undertaken for the project, both internal and external stakeholders stressed the need for capability development, across many areas. Consultations covered in some detail specific components of the various functions which will need to be separated to ensure both the Health Directorate and the Health Services Organisation are able to do their jobs. In some areas, this involves an apparent duplication, for example, of finance, HR or data analyst staff. However, these functions are often specific and different, in fact deeply complementary. A detailed note of consultation outcomes is at Appendix C.

The point people made is that capability rebuilding needs are significant and will take time, even before some new skills can be developed to meet the more demanding arrangements being put in place. For example, greater use of financial and activity data will require people with health service experience in the Health Services Organisation and with sophisticated analytic capability in the Service Outcomes function in the ACT Health Directorate.

It is, therefore, vitally important that:

- Expectations are clear regarding what exactly will be achieved in transition to the new arrangements by 1 October and what will be the focus of further implementation, probably over a number of years.
- There are specific plans and accountabilities for the development and implementation of these development plans.
- Specific issues impacting on business as usual are identified and addressed. An issue raised in consultations was the lead time on any variations to NGO service contracts due for renewal in July 2019, which given lead times, require negotiation to start soon. Another was the management of supplier contract to essential corporate services, which need not to be disrupted through the transition.

There are in place, of course, transition and change management plans, which are the responsibility of the Transition Team. These plans will be further developed as a result of our consultations.

It is also mission critical to be explicit in requiring demonstrated leadership from all managers and leaders, both individually and collectively across ACT Health, to support the change agenda.

[24] http://health.act.gov.au/public-information/consumers/consumer-involvement

Appendix A ACT Health System interaction with NSW regional community

Currently, ACT Health provides services for a catchment of approximately 400,000 people in the ACT and a total catchment twice that from the surrounding Southern NSW area. This includes the Southern NSW Local Health District LGAs as defined by NSW Health (Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire, Yass Valley).

Total ACT admitted activity by regional grouping

Region Grouping	Separations	% Separations
ACT	90,563	84%
SNSWLHD	13,816	13%
NSW other	3,036	3%
Other	1,002	1%
Grand Total	108,417	100%

In 2017 ACT Health commissioned specialist health economics firm Paxton Partners to review the current mix and level of services provided to NSW patients. Their report highlighted:

- Over 90% of SNSW activity is acute admitted activity.
- 92% of patients from Southern NSW were treated at the Canberra Hospital consistent with the hospital's tertiary service profile.
- The majority of Southern NSW admissions (62%) were unplanned or emergency admissions.
- Patients from Southern NSW on average stayed longer than patients from the ACT, which is largely due to the higher acuity of the Southern NSW patients as well as delays experienced in patient retrieval by the NSW Ambulance Service who must prioritise urgent cases.

Additionally the Paxton report noted that:

- At any given time approximately 35% of medical oncology, haematology and radiation oncology inpatients at the Canberra Hospital are residents to Southern NSW.
- Over the past 3 years, Southern NSW residents have accounted for 31% of total occasions of service at the Canberra Region Cancer Centre.
- NSW client admissions to the Canberra Hospital paediatric ward average 30-40% of total admissions and have increased over the last 4 years.

The majority of cross-border referrals are from Queanbeyan (35%) and Bega Valley (23%) residents.

Appendix B Public Sector Management Act 1994

13 Administrative units

(1) The Chief Minister may establish administrative units.

(2) An administrative unit is made up of the offices within the administrative unit.

(3) An instrument under subsection (1) is a notifiable instrument.

Note A notifiable instrument must be notified under the Legislation Act.

19 Directors-general functions

(1) A director-general is—

(a) responsible for leadership of an administrative unit and leadership in the service; and

(b) answerable to the Minister responsible for the administrative unit and to the head of service.

Note A director-general is engaged by the head of service under section 31 (2).

(2) A director-general has the following functions in relation to the director-general's administrative unit:

(a) to provide advice and reports to the Minister responsible for the administrative unit and the head of service on matters relating to the administrative unit;

(b) to manage the business of the administrative unit;

(c) any other function given to the director-general—

(i) by the Minister responsible for the administrative unit; or

(ii) by the head of service; or

(iii) under this Act or another territory law;

(d) to exercise a function mentioned in paragraphs (a) to (c) taking into account the responsibilities of the government as a whole, including by collaborating with other directors-general.

Note 1 ***Function*** includes authority, duty and power (see Legislation Act, dict, pt 1).

Note 2 A provision of a law that gives an entity (including a person) a function also gives the entity powers necessary and convenient to exercise the function (see Legislation Act, s 196 and dict, pt 1, def ***entity***).

(3) A director-general has the following leadership functions:

(a) to provide advice to the head of service about the development and coordination of whole-of-government strategies;

(b) to lead the implementation of whole-of-government strategies;

(c) to implement, at the direction of the head of service—

(i) strategies for the administration of the service; and

(ii) responses to critical or potentially critical issues;

(d) to work efficiently, effectively and constructively with other directors-general to ensure a whole-of-government focus and promote cooperation and collegiality within and between administrative units;

(e) to promote and uphold in the service the public sector values, the public sector principles and the conduct required of a public servant, including by personal example;

(f) any other function given to the director-general by—

(i) the Minister responsible for the administrative unit; or

(ii) the head of service.

Appendix C Consultation Report

Following documentary review, in depth interviews and discussions with ACT public service leaders, Nous Group Principal Robert Griew conducted a series of consultations, in collaboration with the Head of the Transformation Unit in the ACT Health Directorate, Catherina O'Leary. These consultations included staff, managers, clinical leaders and other stakeholders. Participants were offered a two page summary of the Interim Report submitted by Nous Group.

Consultations covered, without being limited to, the following questions:

1. What are the strengths and risks in the new arrangement, in general and for the part of the system you work in or relate to?
2. Does the possible title Canberra and Region Health Services work for the new publicly owned health services organisation?
3. Do the relationships described in the diagrams above effectively describe optimal arrangements?
4. What are some of the opportunities we need to take to keep improving performance, for example, in terms of the functions put together in the new arrangements and in terms of communication?
5. What are the most important skills and capabilities for the Directorate and Health Services Organisation to acquire, develop further or refine to make the new arrangements work?

Who we consulted:

- Senior leaders in clinical, policy and administrative streams
- Two large staff fora, including Health Directorate and Hospital and Health Services staff
- Staff unions
- Medical colleges
- Representatives of the non-government sector, including service providers, advocacy and peak bodies from within the health sector and across other sectors.

1. General comment on decision to separate:

In several of the consultations there was some initial questioning of the rationale for the separation of a strategy and stewardship role for the Health Directorate from a government owned health services provider organisation. In all the consultations, though probably not for all individuals within them, this dissipated with some discussion.

The Interim paper explained the change in terms of the increase in size and complexity of the ACT Health system and the fact that all other jurisdictions have some form of an operational / system steward split. By itself, this did not convince people in the consultations. However, when they reflected on their own analysis of problems ACT Health has been confronting most could see a case for the change. IE most could see how, properly implemented, a separation of the Directorate from a Health Service could address their own pressing concerns.

This suggests that it is important in dealings (especially with staff) to explain more concretely the gains from focussed attention on the two roles. Examples of the current challenges raised include the following. It is worth noting, this was not in answer to question being asked. People volunteered their own critique and analysis of current performance.

- The CEO, plus Executive Group, responsible for the Health Service function needs to have direct responsibility for a range of corporate elements essential to running health services. Examples of services they do not currently have sufficiently within their services include quality and safety, clinical governance, core facility services (such as sterilisation services), the components of HR & Finance services core to service operations.
- The policy, strategy, commissioning function, especially a whole of government and whole of Territory Health perspective has not, in the view of several people we consulted, been functioning optimally. Staff and managers who should be focussing on this have been overly drawn into issues in one part of the publicly owned health service, the Hospital. National priorities, such as participation in AHMAC committees, needs more focussed intellectual concentration.

- Participants could see a significant gain in a stronger focus on whole of government issues, including for example dealing with the "social determinants of health", for example, in collaboration with the Education & Housing Directorates or with all the other agencies engaged in key cross cutting areas, such as children at risk.
- Several people criticised what they believe has been an ineffective accretion of functions, resources and senior positions to the centre, not always matched by either the sophistication or stability of staff in those areas to provide a stable and clear direction for the system, especially operational areas.

Participants also raised a number of specific questions about the general question of the change. These included the following.

- *The Board question*: There was general agreement that it is not realistic to have Boards in small jurisdiction. Nonetheless, this potentially denies the ACT the benefit of a patient, community and advocacy voice in health governance. There was discussion of options across the consultations. Models for consumer, community and advocacy voice could include:
    - Some form of community advisory committee for the new health service;
    - Some form of community advisory committee for the ACT Health system as a whole; or
    - A quasi-governance mechanism, with senior whole of government members (e.g. DDGs from Treasury or Community Services, as well as community members).
- Our advice on these options would be that the two organisations already sit within a defined public sector governance framework so a shadow Board with other senior public servants on it could be quite problematic. It is also hard to see how a community advisory body specifically for the Health Service organisation does not end up as a quasi-Board, at least in the public eye.
- There could, however, be some significant gain from a forum, probably convened by the Director-General of the Directorate, with CEOs from health service providers (including the new public one) meeting with community, advocacy and patient representatives.
- There is also a related, important point in this area, which is to acknowledge, better than the two-page summary of our Interim Report did, the diversity of roles of NGOs, including clinical service provision, advocacy (both as a service for individuals and on a systemic level) and as peak voices for particular sectors. The NGO sector is not reducible to service provision.

- *Creation of a network across public, private and non-government services:* There was confusion on the part of some staff as to why other sector health services are not included in the new Health Service provider, alongside the publicly owned service providers? This was related by some to the fact that some services provided by the Little Company of Mary (LCM) and NGOs are designated public services. It also arose from staff who have been aware of tense relationships over years between the Directorate, public services and the LCM.
- One answer to this question is straightforward. It is not sound public administration to have the publicly owned beneficiary of government funding controlling funding to non-government competitors.
- While this answer is accepted by almost all who raise this question, there is, however, an underlying concern. This is the need for an improved network effect across all services, with patient journey, convenience and system efficiency being central to the functioning of this network.
- The point was made that the most cost-effective solutions and best patient journeys are often across the public-private divide and are currently lost due to poor relationship. The change proposed can help address that but only with deliberate effort to create a network effect. This will require:
    - Leadership from the Director-General of the ACT Health Directorate, the CEO of the publicly owned health services and other health service leaders,
    - Probably some cross-cutting governance mechanism, likely convened by the Chief Medical Officer in concert with senior clinicians across all sectors, plus CEOs of the various health services and
    - Very sophisticated commissioning strategies, which reward risk sharing, patient centred coordination and pursuit of system efficiency (not just individual service cost control).

- *The name of the new publicly owned health service*: We were asked to test the possible name for the publicly owned health service, Canberra and Region Health Services. No one supported the inclusion of the term "Region" in the name. This is because people are very worried about setting up some expectation that the ACT health system can guarantee, or is responsible, for what happens in Southern NSW. The most interesting conversation provoked was a group of senior clinical leaders asking if it could be possible for the ACT Government to open a dialogue with the NSW Government regarding better collaboration and common policies and protocols across the common catchment area.
- Notwithstanding this, the weight of opinion is toward either keeping the Canberra Hospital and Health Service name or some slight revision, perhaps to acknowledge more centrally the importance of community health. There are some who feel the Hospital and Health Service name implies invisibility for community health. It is likely it is not just the name that evokes this reaction but wider historical issues.
- In finalising this Report, therefore, we have used Health Services Organisation as the descriptor publicly owned health services to avoid pre-empting the choice of a name.
- *The Commissioning role*: All who raised it agreed that funding should flow to the Health Service through the ministry function and that there should be a strong and high functioning commissioning function to run this aspect of the relationship with all service providers – public, private and NGO.
- This will require entirely new level of skill and different approach in the Health Directorate. From different perspectives, stakeholders wanted to be assured that the commissioning role cannot just be a "crude purchaser-provider" function. Sophisticated, health evidenced, analytics are required, as well as top level relational capability.
- There is support for a focus on risk sharing and whole of system efficiency being built into performance incentives for all service providers, given comments raised above about the importance of creating a stronger network effect across all health service providers in the ACT.
- There is concern from the NGOs and policy staff that policy areas, who have traditionally been the go-to and anchor for sectoral organisations, not being side-lined in the new organisational structure. Success will look like a three-way relationship, between service providers, with both the relevant policy areas and the commissioning part of the new Directorate.
- To distinguish the commissioning relationships from the policy input and advising relationships, the second diagram in the two-page discussion starter paper used a solid line to denote the commissioning relationships and a dotted line to denote the advisory ones. NGOs accepted the distinction but were keen to make the point that the two kinds of relationship are equally important. I will make the lines different, solid colours in the final version.

  Relationship with Government: There was frank conversation about the need to be clear who is the policy advising voice to government, i.e. to avoid both the Health Service organisation and the Health Directorate providing competing advice to ministers. In general people (on both sides of the intended split) were comfortable with the formula outlined in the Interim Report, i.e. that advice from the Health Service organisation will be information and analysis, largely related to performance; and that advice from the Health Directorate will include policy advice.
- Staff and managers pointed out how government can assist in keeping this arrangement workable, by directing service questions through the Health Directorate and policy questions to the Health Directorate. There was support for some Protocol, agreement or other codification of such an arrangement.
- As one senior clinical manager put it, "It is operational performance that will get all of the scrutiny and questions potentially flowing to the CEOs office but the resources to answer those questions will be sitting with the DGs office, probably rightly."

2. Functional separation issues:

Notwithstanding the support for the overall direction, stakeholders raised several questions regarding the alignment of specific functions and the complexity of separating others. Some of these questions flow out of dissatisfactions with current arrangements. Some raised the inevitable choice points that confront implementation.

The following points were raised. We should note that we are not in a position to judge if all the points are accurate, but they are recorded because of the strength with which views were put.

- Some functions are in the wrong place:
    - Facilities and services – there are a whole series of services that need to move as soon as possible. Examples cited include management of sterilising resources, linen, food services, security, cleaning.
    - Clinical governance and quality management in the government health services, which needs to be run by clinicians in those services, albeit reporting progress and results to a Health Directorate overview function.
- Some functions are underdeveloped:
    - One of the functions that has not worked as well as it could (possibly because the relevant officers are distracted in the operational) is bringing together education, research and the evidence focus needed for contemporary health policy making.
- Some functions have been overdone:
    - There was quite strong criticism that there has been significant investment in system innovation, from which those who commented had not seen a sufficient return on investment. Participants acknowledged that a high degree of staff turnover and organisational change had not been conducive to this endeavour.
- Some functions are unhelpfully intertwined:
    - Chief (medical, nursing and allied health) roles are currently mixed with administrative operational leads in the Hospital. This is unusual when compared to other jurisdictions and puts unrealistic pressure on individuals to operate in intense day to day operational pressure environments while simultaneously providing leadership on a higher strategic level. These roles need to be separated.

The dimension of functional alignment that is causing the most anxiety (and which, therefore, caused the most discussion, was the degree of difficulty in separating interrelated functions for the two new organisations. There are a few, subtly different, cases here.

- *Corporate functions:*

- Plenty of participants complain that the current integrated "corporate" service units are often caught a bit between functions, without necessarily having the capabilities to serve either operational or strategic roles properly.
- They make the point that teams that have the same name in the corporate office and in a clinical service setting serve different purposes. e.g. Finance in the Directorate is about funding, longer term projection modelling, broad allocation of resources to service providers. Finance in a Health Service is about running the business and managing to the horizon, in terms both of demand and driving ongoing operational efficiencies.
- Nonetheless, they are worried about increased non-clinical cost, if efficiencies of scale are lost in creating fit for purpose finance, HR, IT, comms and data functions in both new organisations. People are also concerned at the number and capability of corporate staff to divide and assign to new and more distinct roles.
- Other areas captured in this category include:
    - Strategic data vs Operational data
    - Strategic HR and workforce planning vs operational HR and workforce planning
    - Internal communications
- IT services is similar but was singled out by some because they feel significant investment in service improvement is starting to show results. "This is an area of service delivery that has improved over the past two years."
- Similarly, people identified that a centralised data holding is an end goal, using operational source data but interrogated from both operational and strategic exerts.

- In both, the message is to embed clinical leaders and managers in design, development and project governance, while also building for whole of system functionality. The strategic functions belong to the Health Directorate but success requires embedding much of the development work in the service delivery world. Staff are needed who can ensure systems work and, therefore, that data and other raw material for health Directorate analysis and strategy is robust.
- There are serious implementation issues here. ACT Health needs to avoid "leading anyone on" that structural change will be enough. Capability issues will need to be addressed and change planned carefully to avoid any interim loss of support to either front line or strategic functions.

  - *Policy, strategy and planning functions:*

- The key point here was that the functions that form a core responsibility of the Health Directorate need to become more effective. There are a number of prerequisites.
  - Replacing lost health system expertise in those core functions.
  - Developing clever ways of drawing in expertise from the publicly owned Health Services organisation, other health service providers, research sector expertise and advocacy voices. This could involve secondments, chairing and advising of fixed term policy processes, and (for bigger exercises) governance across all sectors convened by the Health Directorate.
  - Related to this is the importance of an enriched research and evidence function, with strong connections across the clinical services of public, private and non-government sectors and others in the research, advocacy and policy communities.
  - Developing planning processes that are at once sophisticated in dealing with inherently complex problems and simple enough to allow coordination of operational planning in the publicly owned Health Services organisation and longer-term strategic planning for the whole health system in the Health Directorate.
  - This last point is not to preference the government health service provider sector but rather an acknowledgment that they are such a strong part of the health system overall that system wide health strategies and plans will not work if they are not coordinated with them.
- A strong point was made that there have been a number of policy and planning processes over the last years that have not delivered or have taken too long. Fixed timeframes supported by finite commitments from clinical, public health and research sector leaders could be much more efficient than the current practice.

  - *Two last questions re function*:
    - People pointed out that health protection and other public health functions involve direct service delivery, including regulation and management of emergencies with public health implications. They were keen to know whether this meant public health functions would be moving to the publicly owned Health Services organisation.
    - When we informed them that this is not the plan, the point was made that the papers tend to refer to "clinical services" and "services" interchangeably, whereas health services also include non-clinical services, such as public health provides. The advice here is to be more rigorous in describing clinical services as clinical services, not unintentionally excluding non-clinical services.
    - There was also some questioning of the eventual placement of health promotion and preventive health inside the Health Directorate, once public health's place there was answered. Will preventive health sit in the same structure within the Directorate as health protection? This was acknowledged and deferred, as a structural issue, ie outside the scope of this project.
    - There was also some question re the relative role of the Office for Mental Health and mental health policy work conducted in the Health Directorate. This was acknowledged and deferred, again as a structural issue.

  3. Capability issues:

As outlined already, there was a lot of questioning of current state capability in ACT Health in the consultations. When these were discussed further, in light of the separation of ACT Health into the Directorate and the publicly owned Health Services organisation, two key points emerged repeatedly.

- Restructure will not fix capability problems. As each area was talked through, participants in each discussion could generally describe how the separation of the new functions would allow for better capability definition. However, recruiting or reskilling staff with skills to do the new roles is a subsequent and separate exercise.
- Participants view the current state to be weak in many areas. They were careful not to blame staff in those areas or individual managers. The general view is that there has been a period of high turnover and structural change that has contributed to a loss of people with subject matter knowledge.
- They are, however, very concerned that this needs to be understood because the capability gain needed to deliver against the new, in some ways more ambitious, arrangement will be larger than might be expected.

Areas that participants stated were not operating fully effectively prior to the separation decision included the following: data and analysis, human resources, finance, business planning – all both at an operational and strategic level. Thus, getting both new organisations to the required capability level will be a very significant challenge.

Relational ability, especially in managing relationships with non-government sector organisations and the universities, was also raised. This will be a key component of the new commissioning function in the Health Directorate to work, not as a "crude purchaser" but as a sophisticated commissioning agent. Again NGOs, including for example from the indigenous sector (but not limited to that sector) made this point strongly.

Challenges with executive leadership, planning for and executing major change management and leading a culture of accountability were also raised as a major challenge by several participants in consultations.

In the consultations with senior Health Directorate staff we did notice a culture of senior managers feeling that processes, demands, change were things they experienced being done to them, not part of their individual and collective responsibility to lead. Attention to change leadership will be a key capability question to execute this reform.

4. Timing and implementation:

As noted above, consultation fora raised serious implementation challenges in both the near and medium term.

It is important to define what success on 1 October looks like. Presumably it might include:

- Clear functional definitions and role descriptions
- Structures for both organisations
- Staff knowing where their job will be located within the new structures
- New structural units having a clear understanding of how their tasks will differ from past tasking
- Visible movement toward senior recruitment
- Establishment of governance structures
- A vision of further change processes which will be ongoing

All of this will have been done via as visible and consultative a process as possible. If individual staff placements cannot be settled before then, clear communication and pastoral care will obviously be required. All of this was clearly high on the priority list of many staff who came to consultation fora.

It is equally important to define what cannot be achieved by 1 October, but which is, nonetheless, mission critical. Presumably this might include:

- Explicit capability and process design projects around headline needs such as commissioning, data and analytics, development of corporate functions in the two organisations, governance structures – both organisation specific and cross-cutting.

- Explicit work to improve and further redefine relationships across the entire health sector in the ACT to improve coordination and ensure other sectors are not confused by changes such as the development of a new and more sophisticated commissioning function.
- Ready admission of the continuing work that is needed, so that ACT Health and the ACT Government does not open itself up to criticism for not achieving outcomes by 1 October that were never by then achievable.

A particular concern that came up was that NGO funding contracts are due to be renewed on 1 July 2019, with a mandatory 6 months' notice of changes. Apparently, some processes have been suspended while the structural reform of ACT Health is underway.

This could leave very little or no time to consider and negotiate changes. Some forward thought is needed on handling issues such as this, for the Directorate and Government not to be criticised for not having foreseen the issue.

Similar issues were raised regarding other procurements, eg by some corporate service areas.

ACT Health cannot stop business as usual while it recreates itself. The consultations suggested that many staff and middle and senior managers are very anxious about this. This underlines the importance of high order change management and leadership capability.

This will include both strong internal and external communications, integrally connected to the change management operation. Change management of this magnitude will require its own governance that engages all requisite partners for planning, execution, messaging, and troubleshooting are all working in continuous synchrony.

It is important, in this regard, that the role of the Transformation Unit is well understood by all stakeholders. Equally it is vital that all leaders in ACT Health understand and step up to their personal and team responsibility to lead change and lead their people through change.