

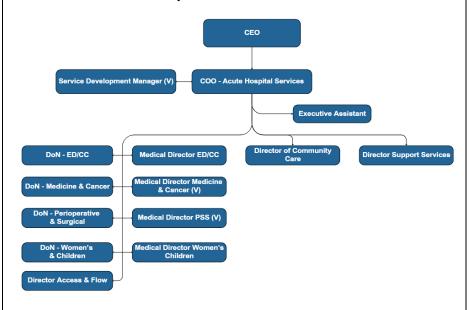
_	Albury Wodonga Health:
Campus	Albury Campus
	Wodonga Campus
	Swift Street
Danartmant	COO Acute Hospital Services Directorate:
Department	Perioperative and Surgical Services Division
(if applicable)	
Program	Perioperative and Surgical Services Division
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Duint Decembration of	Under the current budgetary constraints and the vacancy of the
Brief Description of	Director of Nursing Perioperative & Surgical Services and the very
the Change proposal	protracted vacancy in Medical Director of Perioperative & Surgical
Can be change in	Services has triggered a review of the divisions across the COO
program, production,	Acute Hospital Services. This has led to a proposed new division
organisation, physical	which sees the consolidation of services between Women's &
workplace, workplace	Children and Perioperative Services clinical divisions.
arrangements, or structure or technology	
significantly impacting	Realignment of all perioperative surgical services into the Women's
staff	& Children Division.
	Since the establishment of the operational leadership structure in
Current Situation	2020, the health care sector has undergone significant change
	through COVID and post-COVID periods, changing the ecosystem in
	which health operates. The effectiveness of senior operational
	leadership is crucial for steering the health service towards its
	strategic priorities and ensuring operational efficiency to meet the
	fiscal challenges while delivering safe, high-quality care to our
	community.
	The comment structure has been a leavenable for the development
	The current structure has been a key enabler for the development
	and maturity of AWH Senior Operational Leaders and created
	opportunities for improved career pathway, resulting in improved relationships between functional areas. This improved collaboration
	has contributed to some improvements in culture across the
	leadership team, however, stops short of embedding the
	improvements at an organisational wide level and a cross functional
	team model within and beyond the COO Divisions.
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	. There has been missed opportunities to deliver on strategic
	priorities which has led to inconsistent channelling of resources and
	pockets of legacy practices leading to inefficiencies and diminished
	accountability.
	Currently there are 16 positions which report into the Chief Or anti-
	Currently there are 16 positions which report into the Chief Operating Officer – Acute Health Services. This diminishes the time and
	availability of the COO- AHS to support Directors.
	availability of the COO- Al to to support Directors.



A more condensed leadership team and targeted strategies, leadership effectiveness, delivery of strategic goals and operational efficiencies can be realised.

It should be noted that there have been consistent and long-term vacancies within the COO Leadership Structure since 2020, despite targeted recruitment strategies, which have likely impacted on the effectiveness of the structure. This has been considered in the evaluation of the current structure.

Current COO Acute Hospital Services Structure:



Proposed Situation

This is the what, when and who.
Where the change is to

rosters or hours of work:

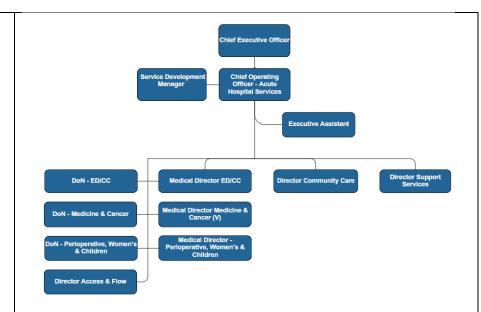
- Describe the nature of the change and when it is proposed to commence:
- Address health and safety impacts including fatigue.

The proposed structure aligns the Women's & Children's division with the Perioperative Surgical Services Division. Clinical Directors, some Nurse Unit Managers and Nurse Manager within the PSS division is proposed to report to the Director of Nursing and Midwifery – Perioperative, Women's & Children and the Medical Director Perioperative, Women's & Children.

The current vacant roles of Director of Nursing Perioperative & Surgical Services and Medical Director Perioperative & Surgical services will be removed from the structure.

Proposed COO Acute Hospital Services Structure:





The current Medical Director, Director of Nursing, Perioperative Surgical Services roles is proposed to no longer exist under the proposed structure with the Medical Director role vacant.

All existing Clinical Director roles across the Women's & Children and the Perioperative Surgical Services are proposed to remain however will report directly to the Medical Director of Perioperative, Women's & Children.

Impacted Roles:

Director of Nursing & Midwifery Women's & Children's: increase size of division and title change.

Medical Director Women's & Children: increased size of division and title change.

Nurse Manager Perioperative Surgical Services: New Reporting Line.

Nurse Unit Managers (Surgical Ward 1, Surgical Ward 2, ESAU): New Reporting Line.

CSSD Manager: New Reporting Line.

Clinical Director Anaesthetics: New Reporting Line.
Clinical Director General Surgery: New Reporting Line.

Benefits of proposed change

This is the why. (Cost Savings, etc.)

Alignment to clinical leadership structures for areas operating within the clinical context – administration and diagnostics. This will support and enable shared direction setting and delivery of strategic priorities.

Improved efficiencies and communication across functions.

Alignment of services to the flow of patients and expertise of functional teams – creating opportunity to leverage education, quality and safety and workforce development opportunities.



Potential effects on employees

Could include, but not exclusive to:

- Positions terminated
- Change in size, composition, operation or skills required,
- Change in hours worked or reduction in pay;
- Changes to classification, position description or reporting lines;
- Need for retraining or relocation to another site or other work;
- Removal of an amenity;
- Removal or reduction in job opportunities, promotion opportunities or job tenure;
- Change to rosters or hours of work.

Positions removed from organisational structure:

- Medical Director Perioperative Surgical Services
- Director of Nursing Perioperative Surgical Services

Changes to size of roles to more closely align to the workloads of other existing divisions. Minor changes to the Position Descriptions to reflect the incorporation of surgical services.

Reduced opportunities for leadership roles in the COO-AHS Directorate.



Wellbeing & Safety impacts on employees (including Occupational Violence & aggression implications for employees)

Where an OHS, safety, wellbeing or OVA is identified, a risk assessment of the potential effects of the changes on health and safety of employees should be undertaken in consultation with HSR's and the proposed mitigation actions which will be implemented to prevent such effects.

Change can be unsettling, and so AWH is making Rebecca Johnston Chief of People Operations available to answer staff questions during the consultation process. In addition, support outside the team is available from:

- AWH Health and Wellbeing team available during working hours – contact wellbeing@awh.org.au or 02 6051 7480
- Acacia AWH Employee Assistance Program which provides external confidential professional counselling to all staff at no cost – available 24/7 - call 1300 364 273

Measures to mitigate effects on employees

Outline the measures which will be taken to mitigate or avert the effects of the proposed change. For example:

- Redeployment;
- Retraining;
- Salary maintenance;
- Job sharing;
- Maintenance of accruals.

Consultation regarding the proposed changes in process and tasks.

Opportunity for internal employees to apply for positions.

Regular updates throughout the change process.

Employees may be redeployed, or salary maintained for 13 weeks to allow opportunity to apply for different roles.

Employees maintained within existing EBAs will maintain accrued leave balances.

Communication Plan -Notification to affected employees on proposed change.

Initial 1:1 meeting to be held with impacted Directors to inform of proposed changes.

Meeting with impacted Nurse Manager, Clinical Directors and Nurse Unit Managers, CSSD Manager informing of the proposed changes.

Opportunities for individual meetings for impacted employees who have concerns or questions.

Copy of CIS to be emailed to each directly impacted employee.

Regular updates via Weekly Dose of progress of consultation and proposal.



Representation rights	At any time during the consultation process you may involve your union to represent you.
Learning and Development Plan for effected employees Consideration of whether employees will need to be retrained due to the proposed changes?	The new team will receive support in the structure, communication and reporting requirements of the new structure.
Effect of the proposed changes on other AWH services, employees, Departments or locations?	Cost Centre changes to match the new structure will be required. Approval flows in relevant applications will require updating to reflect the final structure. Other Corporate Services to be informed of any changes to positions to ensure timely reallocation of business partners, etc (i.e. finance, P&C). Local and statewide interagency partners will need to be informed of any leadership changes.



Timeframes and dates for proposed changes

You **must** check the relevant EBA /Award Clause around consultation and then design a communication timetable not exclusive to:

- 1. Steps
- 2. Phase
- 3. Action
- 4. Timeframe (dates)

Carefully follow the timeframes in the EBA/Award Include any details of staff / union consultation conducted to this date.

Change Impact Statement will be provided to affected employees and sent to the following on 6 December 2024

- Nursing staff: ANMF (<u>shiggs@anmfvic.asn.au</u> and <u>records@anmfvic.asn.au</u>), NSWMA
 (<u>dbrown@nswnma.asn.au</u> and <u>gensec@nswnma.asn.au</u>)
- Medical staff: AMA (ama@ama.com.au), Australian Salaried Medical Officers Federation (asmof@asmof.org.au).
- Health and Allied services: HWU
 (steve.mitchell@hwu.org.au) (Tracey.gaddelin@hsu.asn.au)
 (Shareeza.Mohammad@hsu.asn.au)
- 1. Change Impact Statement will be provided to affected employees and sent 6 December 2024.
- 2. Written responses from the affected employees and/or unions are due by 27 December 2024.
- 3. Consultation meetings convened 21 days after Step 2 allowing for Christmas and New Year break.
- 4. Further employee response (where relevant) after the conclusion of Step 3.
- 5. Alternative proposal from employees and/or Unions 14 days after step 4.
- Employer to consider alternative proposal/s consistent with the obligation to consult, and if applicable, to arrange further meetings with employees or Unions prior to advertising outcome of consultation – 14 days after step 5.
- 7. Change will take affect after step 6.

Attachments

Include any other written material relevant to the reasons for the proposed change (such as consultants reports, before and after org charts), excluding material that is Commercial in Confidence or cannot be discussed under privacy legislation.

Position Description – Director of Nursing Position Description – Medical Director Perioperative Women's & Children's

Prepared by:

Linda Hudec Chief Operations Officer – Acute Hospital Services

Position:

Chief Operating Officer Acute Hospital Services



Date:	6/12/2024
Contact details:	Click or tap here to enter text.