



Calvary Health Care Kogarah (CHCK) Post Consultation Town Hall July 2024

Prepared by Andrea Ness, General Manager

Hospitals | Home Care | Virtual Care | Retirement Living | Residential Aged Care

Acknowledgement

We acknowledge the Traditional Custodians and Owners of the land on which we are meeting. We also acknowledge the Traditional Custodians and Owners of the lands on which all our services operate. We recognise that these Custodians have walked upon and cared for these lands for thousands of years.

We acknowledge the continued deep spiritual attachment and relationship of First Nations peoples to this country and commit ourselves to the ongoing journey of Reconciliation.

Drivers for Change

- Opportunity to strengthen our financial position with a contemporary business model
- Feedback from staff survey related to unclear future and need to focus on strategic direction
- Lack of alignment to strategic priorities - NSW Health Future Health Strategy/Calvary Strategic Intent (e.g. no one person owns non-admitted care)
- NSW Health are looking at centralising services and delivering high volume, low cost; CHCK is currently low volume and high cost therefore we need to reshape our sustainability and growth strategies
- Service Models (Rehab and Palliative Care) need to be better articulated, and models of care developed that align with contemporary healthcare delivery
- Compared to NSW Health there is inequity of staff grades and roles and responsibilities

Key Objectives



To improve patient care and experience, and define clear pathways for both patients and referrers.



To articulate a clear vision and strategy for the service.



To enable development of models of care that align our services with National, State and Calvary strategic direction and deliver care in a contemporary manner that supports sustainability and growth.

Benefits

- Services always orientated around the needs of the patient
- Realigned leadership model with clear portfolios and accountabilities
- Parity with the health system, improved recruitment and retention
- Ability to grow and move to low-cost, high-volume models
- Increased focus on flow and supporting the health system more broadly

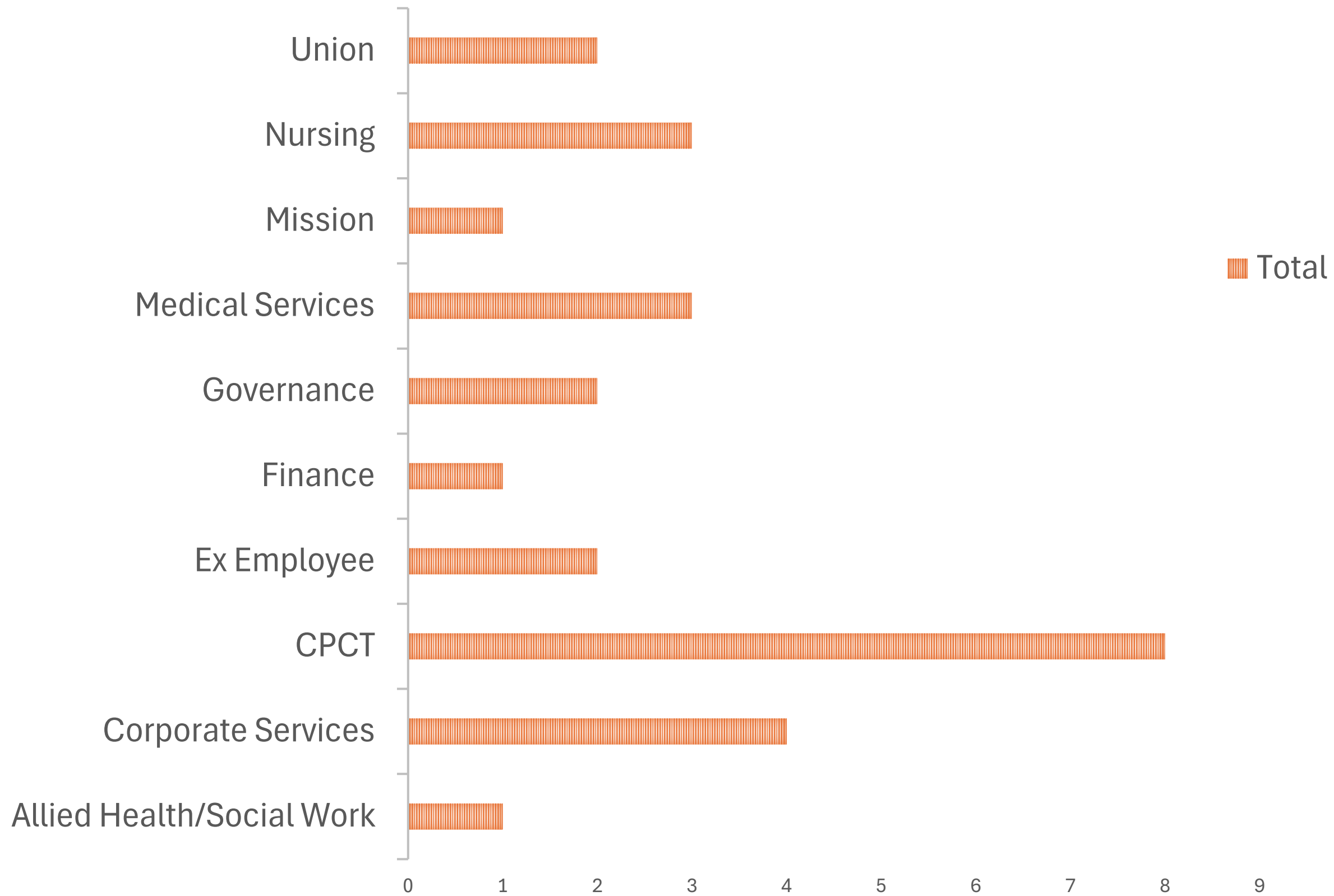
Summary of key positional changes

- **Five (5) positions no longer required** and were offered a voluntary redundancy in line with the [NSW Health Policy Directive PD2012_021 Managing Excess Staff of the NSW Health Service](#).
 - Director of Clinical Governance
 - Deputy Director of Nursing and Corporate Services
 - Senior Management Accountant (Finance Manager)
 - Fundraising Manager
 - Palliative Care Nurse Manager
- **Three (3) new positions created:**
 - Director of Finance, Business and Performance (HM5)
 - Quality & Risk Manager (HM3)
 - Palliative Care & Rehab Service Manager (NM3)
- **11 positions will have a change in scope and reporting line**
- **Approximately 42 positions will have a reporting line change only**

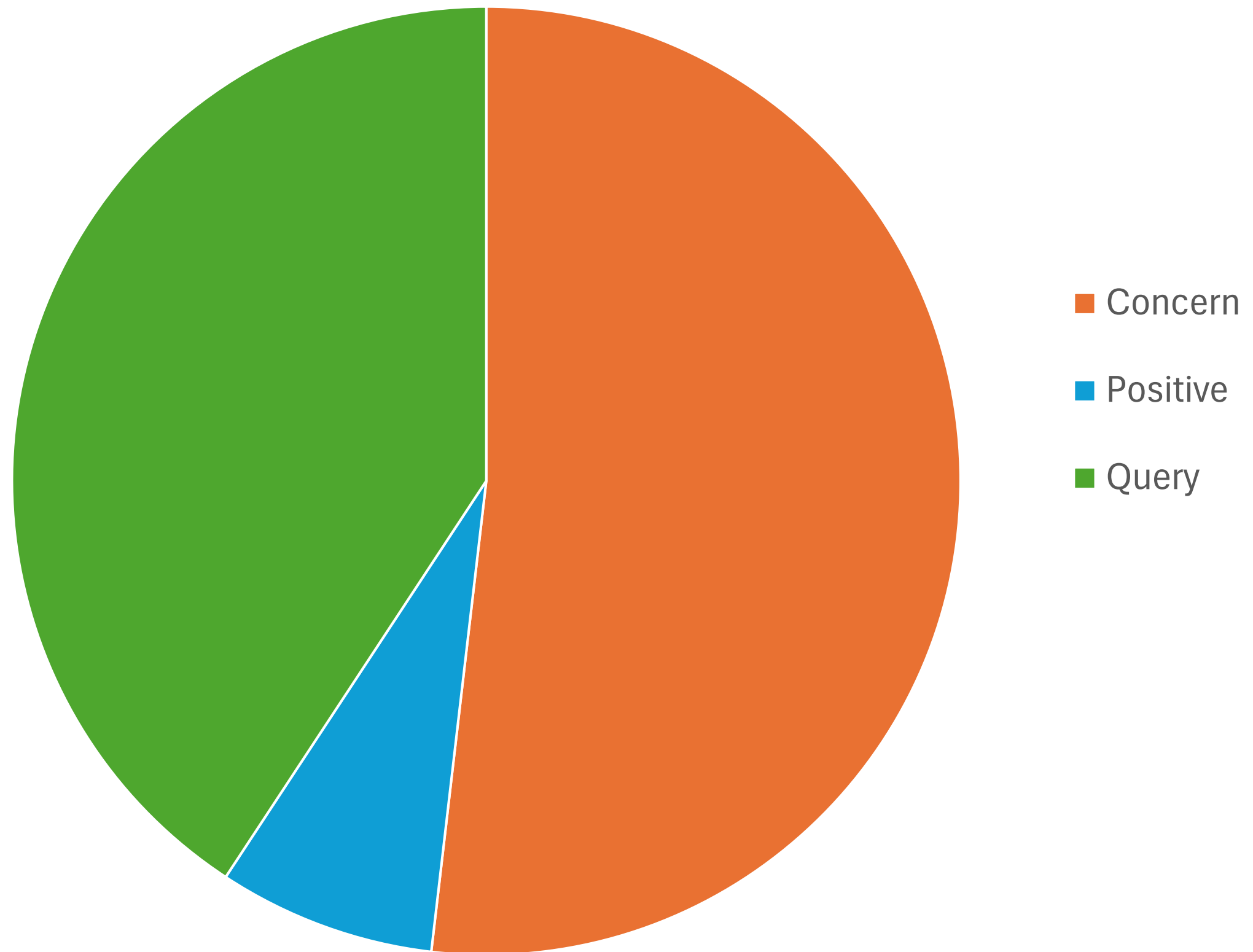
Consultation period

- Multiple staff meetings (1:1/group/town halls)
- Union meetings
- All feedback reviewed and responses sent
- 3 staff (out of 5) have accepted their Initial VR offer with a termination date of 8 July:
 - DDON
 - Fundraising Manager
 - Director of Clinical Governance
- 2 staff (out of 5) have accepted the initial VR offer with a termination date as below:
 - Nurse Manager - effective date 22 July
 - Finance Manager - effective date 2 August

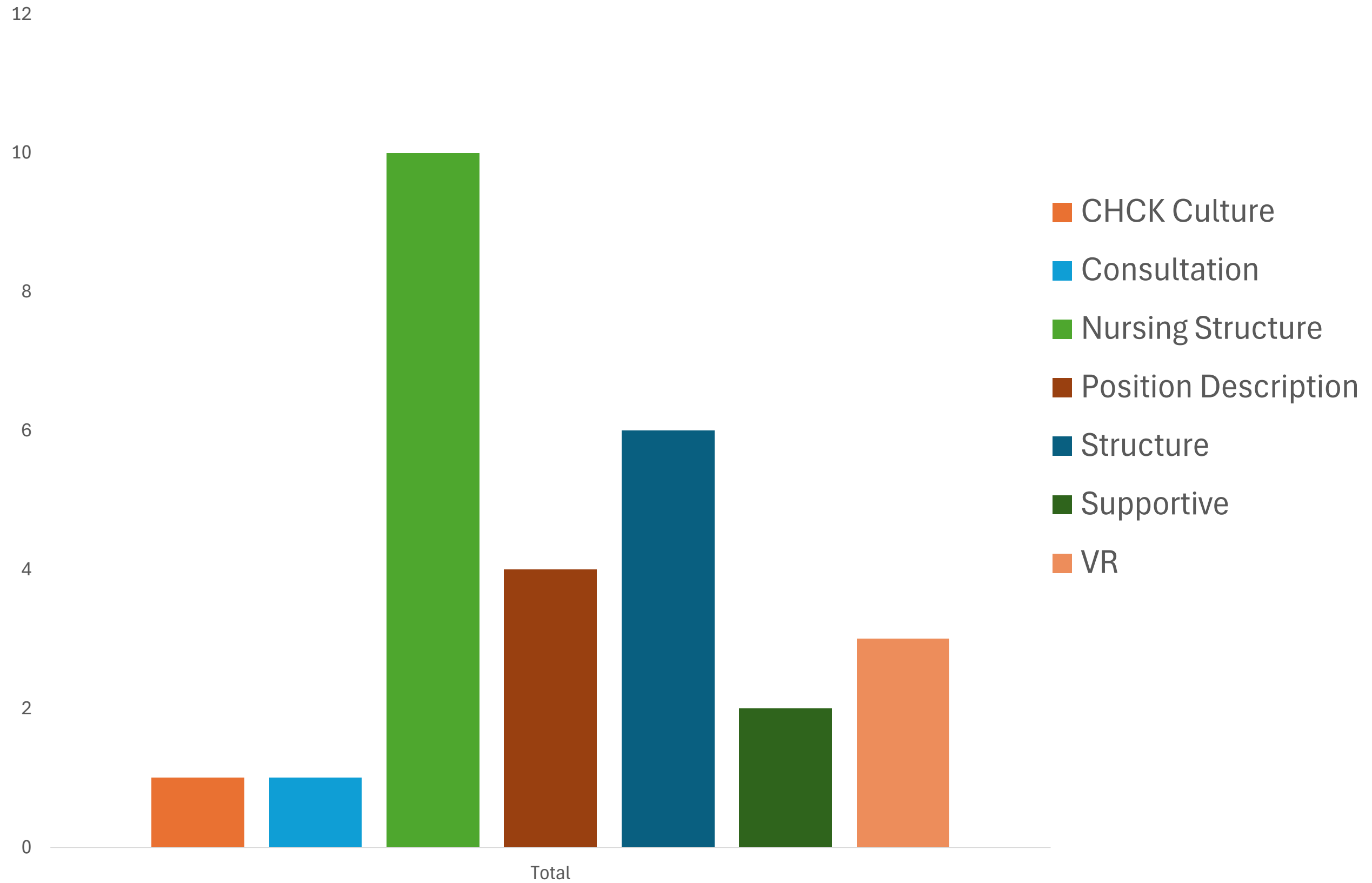
Sum of Feedback by Group



Type of Feedback



Feedback - Topic Area

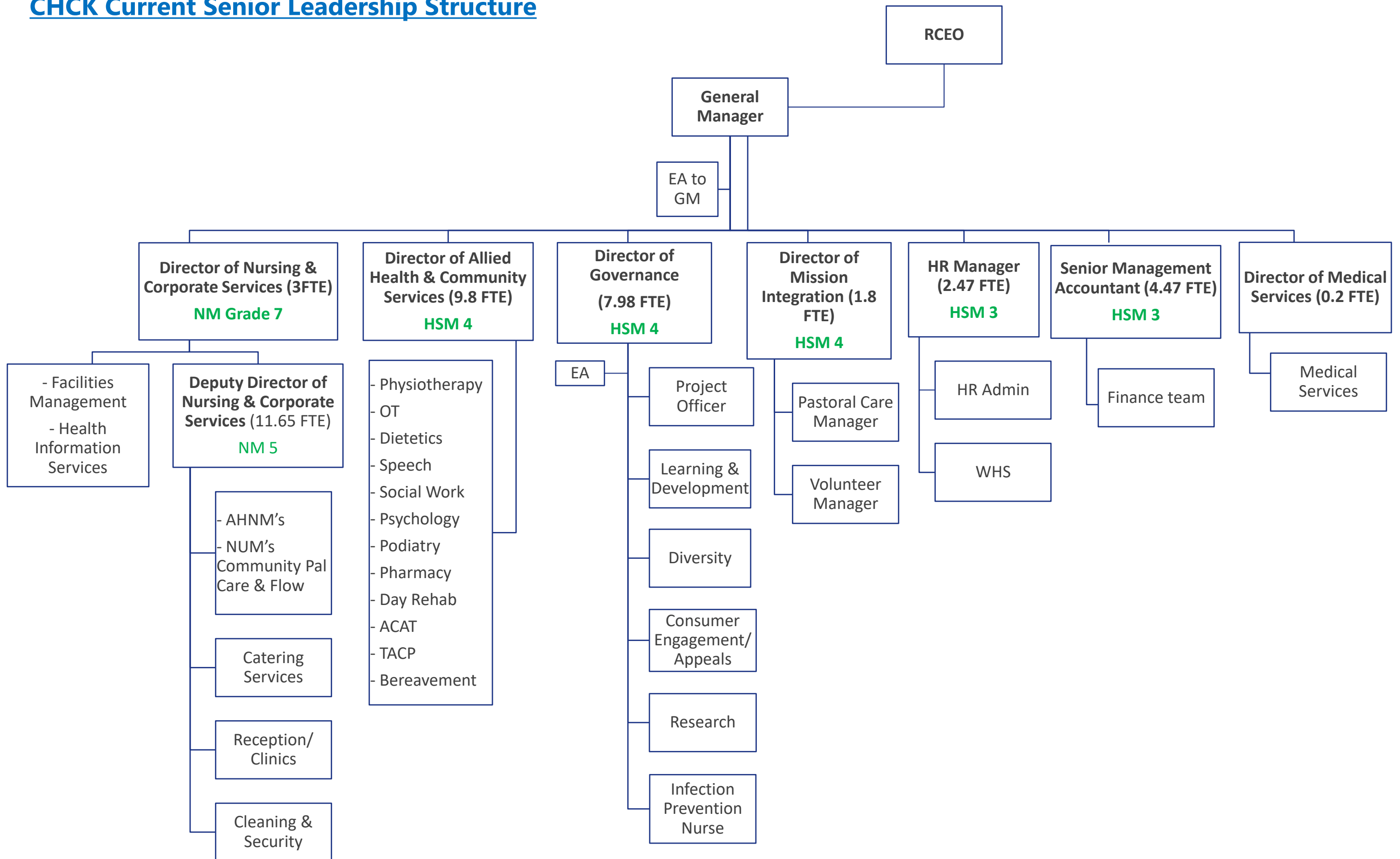


Updates to original proposal

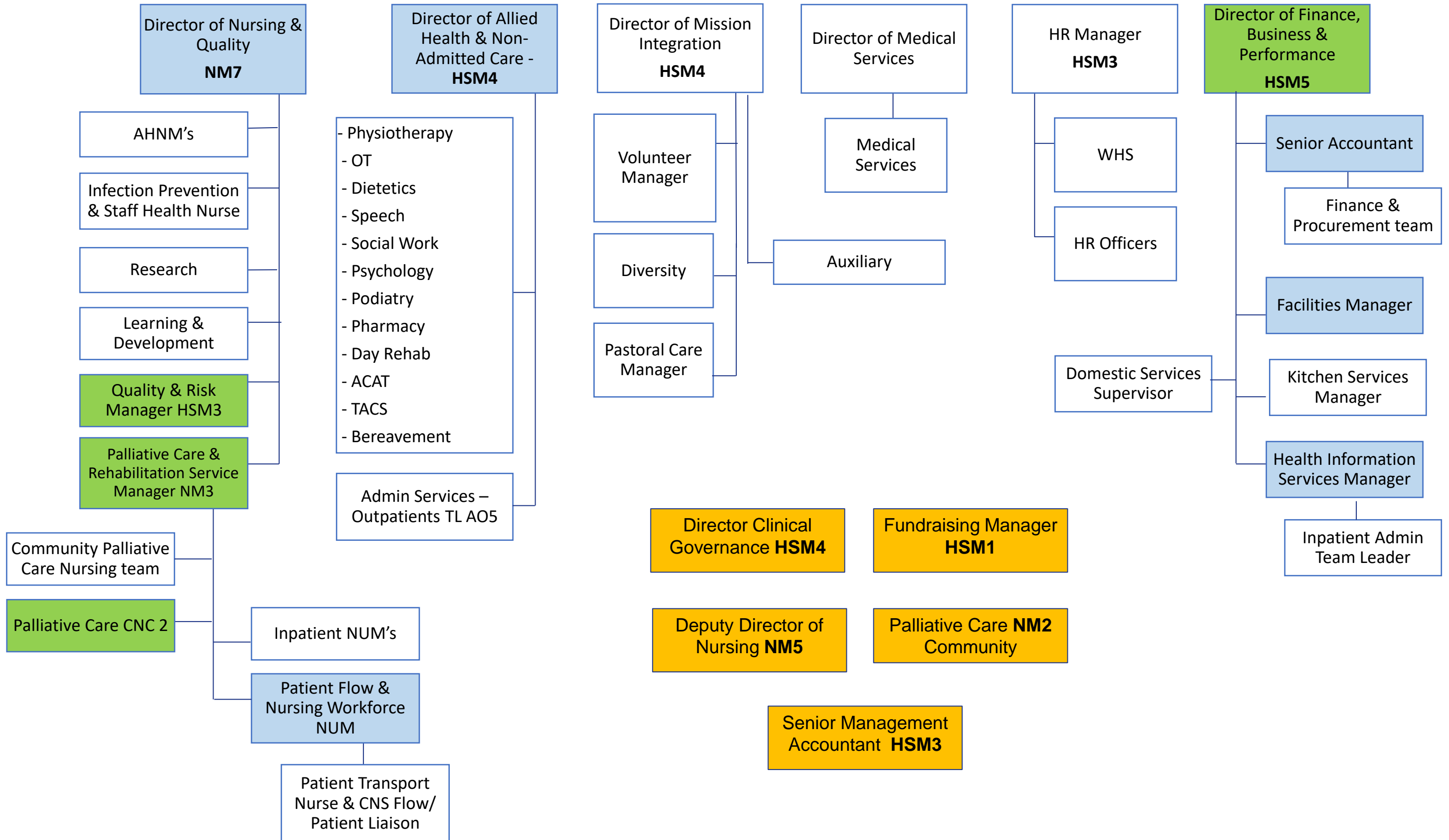
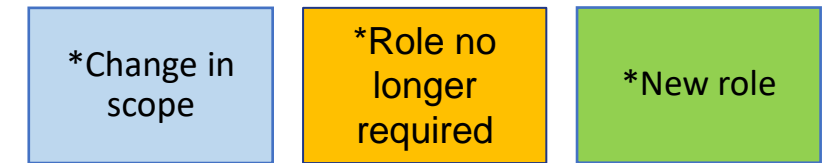
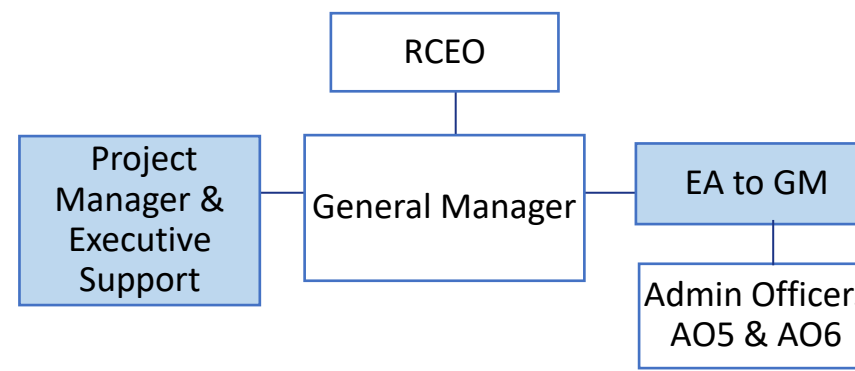
1. Bus Driver and Ambulance Driver will remain under Facilities Manager
2. Creation of a temporary Clinical Nurse Consultant (CNC) role (for six months) in Palliative Care. Position will focus on:
 - Reviewing palliative model of care across the care continuum
 - Support clinical leadership functions through the transition phase of the restructure
3. Establishment of CHCK Staff Consultative Committee



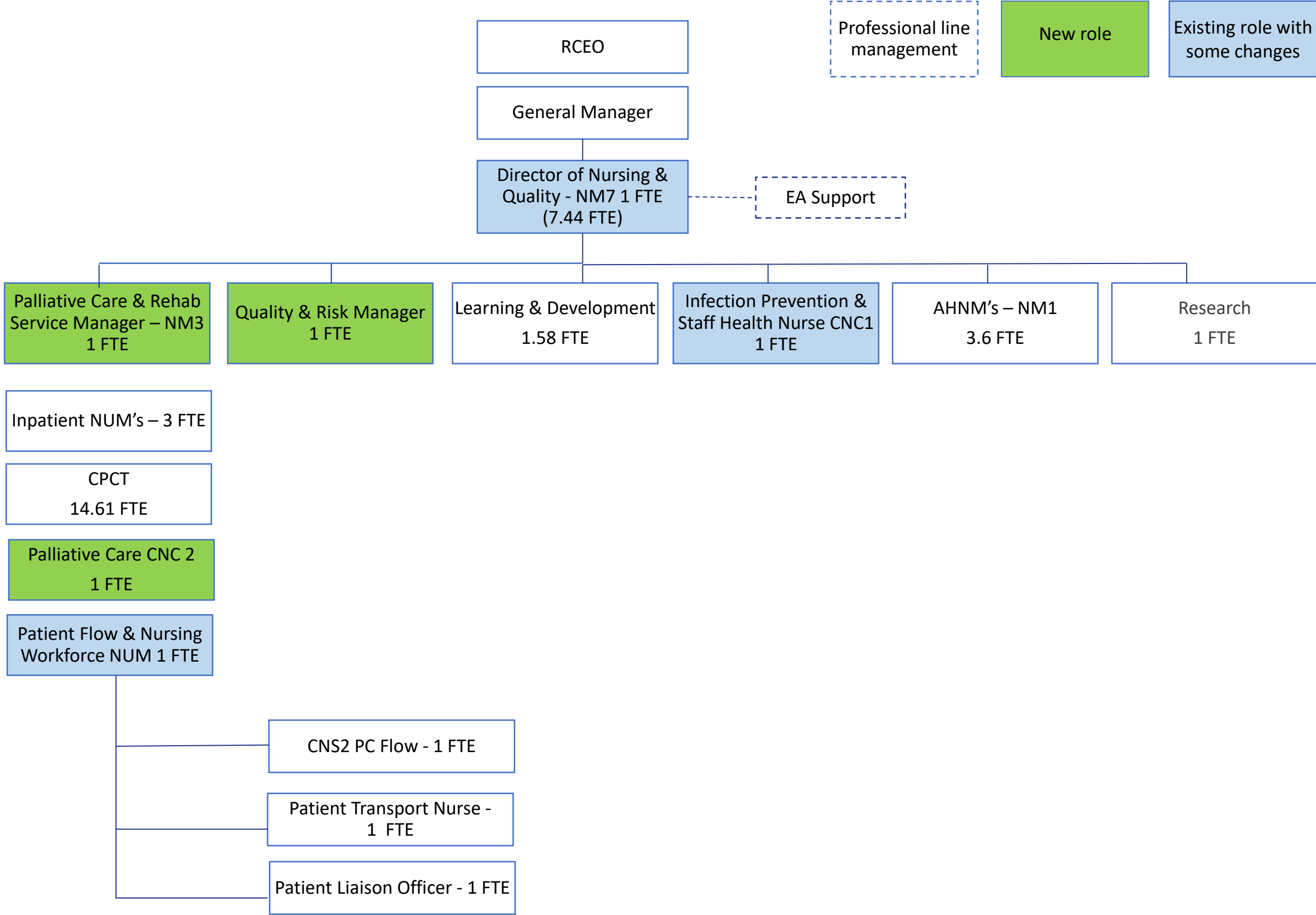
CHCK Current Senior Leadership Structure



Revised Senior Leadership Structure



Revised Nursing & Quality Structure

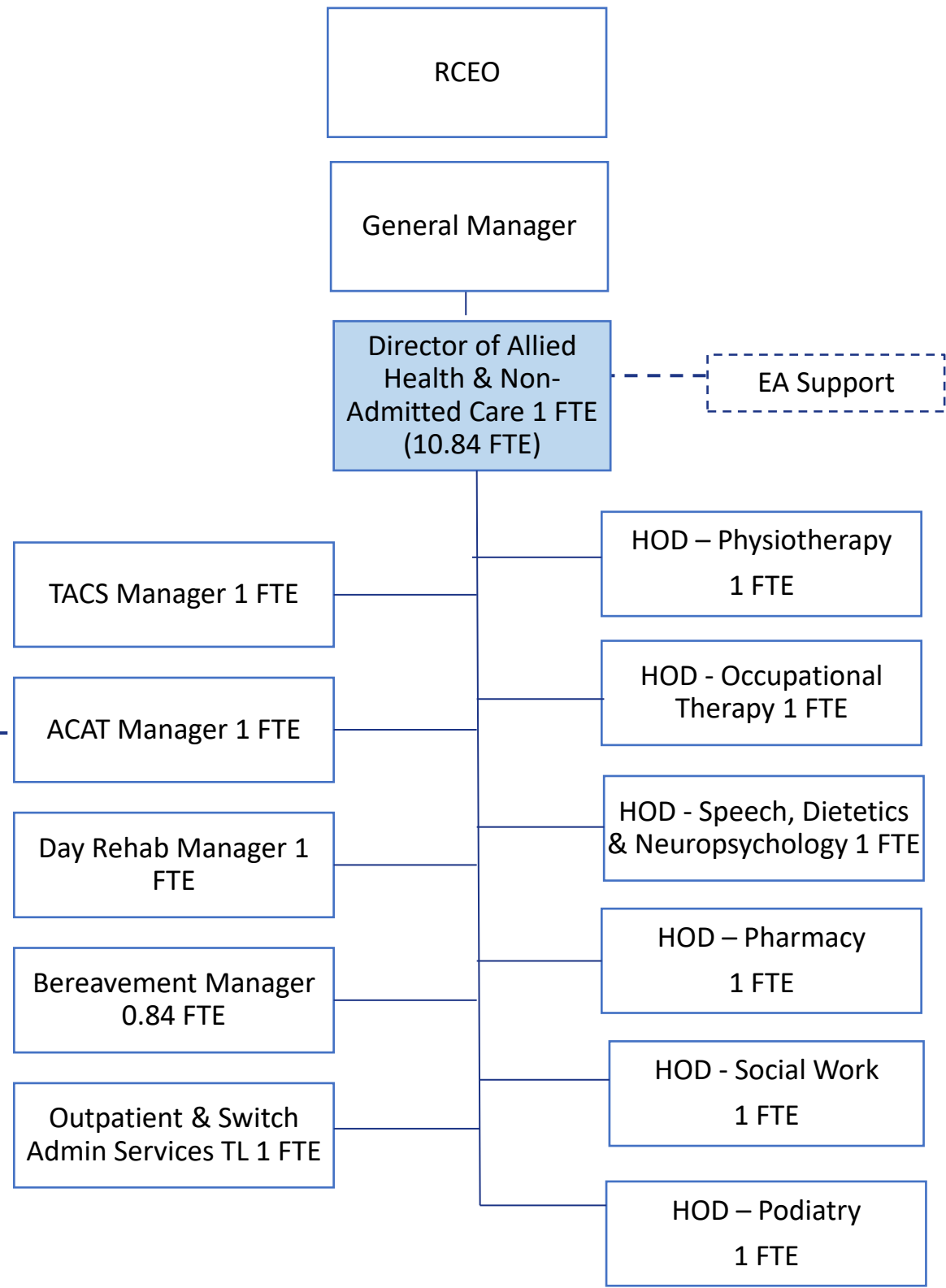


Revised Allied Health Structure

Existing role with some changes

Professional line management

Director of Nursing & Quality

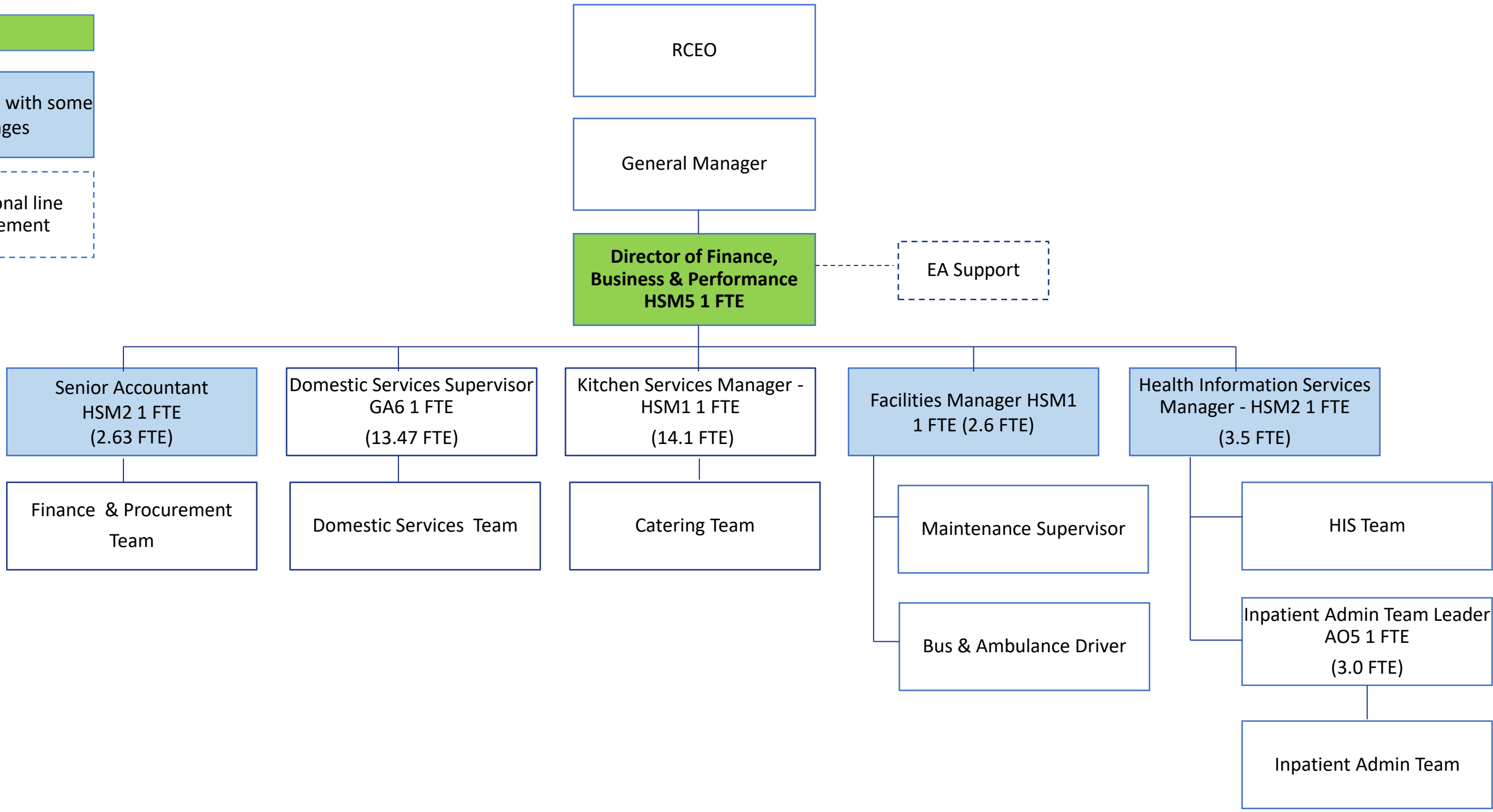


Revised Finance, Business & Performance Structure

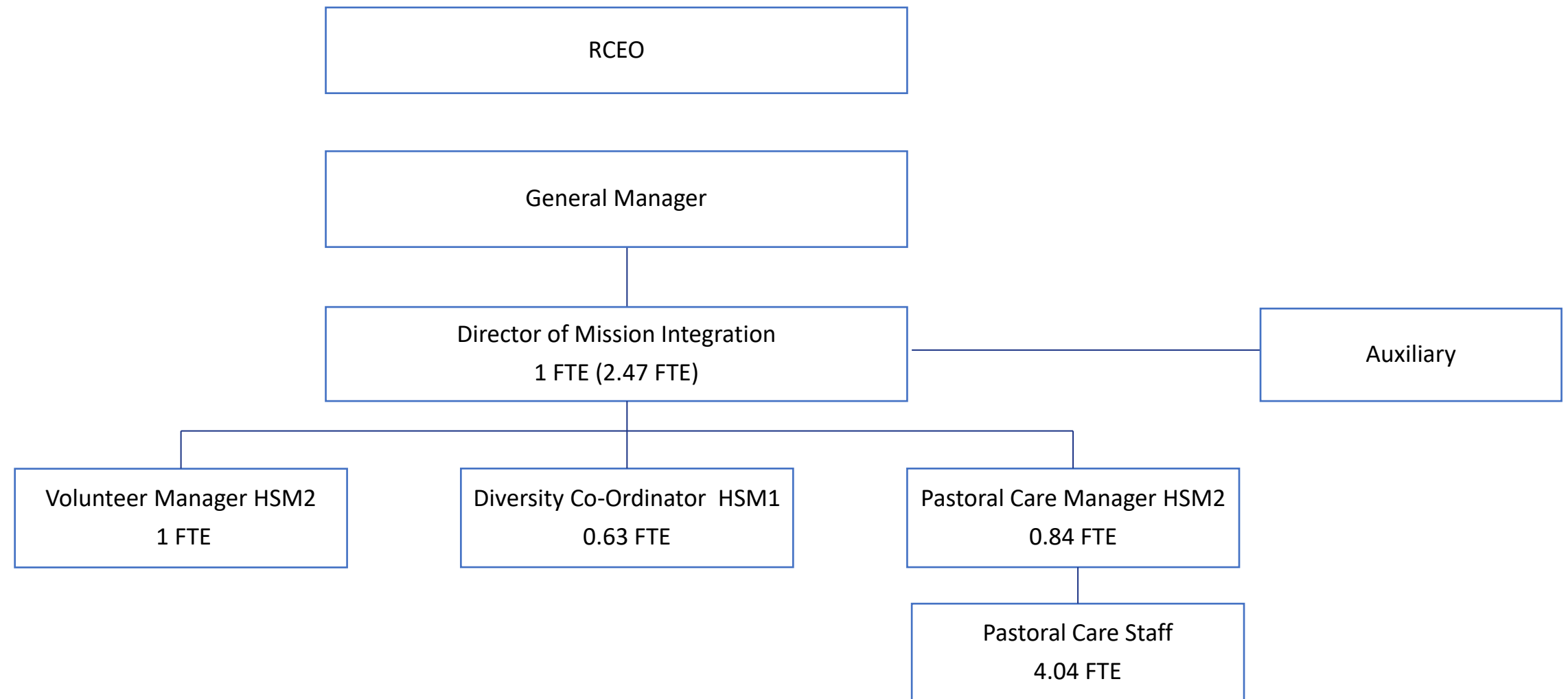
New role

Existing role with some changes

Professional line management



Revised Mission Integration



Impacted Positions

#	Current state	Proposed future state
1	Director of Nursing and Corporate Services NM 7	Title changed to Director of Nursing & Quality Removal of corporate function Change in scope to include Quality Increase from 3 FTE direct reports to 7.44 FTE direct reports
2	Director of Allied Health & Community HSM 4	Title changed to Director of Allied Health and Non-Admitted Care Additional 1 FTE direct report Admin Team Leader and responsibility for outpatients and switch admin services
3	Health Information Services Manager HSM2	Change in reporting line from Director of Nursing and & Corporate Services to Director of Finance, Business and Performance Additional 1 FTE direct report Inpatient Admin Team Leader and responsibility for inpatient admin services
6	Facilities Manager	Change of reporting line from Director Nursing & Corporate Services to Director of Finance, Business and Performance
7	Senior Accountant	Change in reporting line from Finance Manager to Director of Finance, Business and Performance Additional responsibility for 3 staff -2.63 FTE
8	EA to GM HSM 1	Change of scope with additional responsibility of 2 x FTE Administration Officers Level 5
9	Patient Flow NUM 2	Change of reporting line from Deputy Director Nursing & Corporate Services to Palliative Care & Rehabilitation Service Manager Change in title to Patient Flow & Nursing Workforce NUM Change in scope to include nursing workforce Change from 1 FTE direct report to additional 3 x direct reports
10	Project Manager	Title change to Project Manager and Executive Support Change in reporting line from Director Clinical Governance to General Manager Change of scope to include executive support to office of General Manager
11	Infection Prevention and Staff Health	Change in reporting line from Director Clinical Governance to Director of Nursing and Quality Change of scope to focus on Infection control

Positions with key reporting line changes

#	Position title	Proposed change	Filled or Vacant
1	After Hours Nurse Managers NM1	Change in reporting line from Deputy Director of Nursing and & Corporate Services to Director of Nursing and Quality	Filled
3	Research CNS 2	Change in reporting line from Director Clinical Governance to Director of Nursing and Quality	Filled
4	Community Palliative Care team	Change in reporting line from Deputy Director of Nursing & Corporate Services to Service Manager	Filled
5	Inpatient NUM's	Change in reporting line from Deputy Director of Nursing & Corporate Services to Service Manager	Filled
6	Flow NUM	Change in reporting line from Deputy Director of Nursing & Corporate Services to Service Manager	Filled
7	Pal Care Coordinator CNS 2	Change in reporting line from Pal Care NUM to Patient Flow & Nursing Workforce NUM	Filled
8	Transport Nurse EN	Change in reporting line from Facility Manager to Patient Flow & Nursing Workforce NUM	Filled
9	Outpatient & Switch Admin Team Leader	Change in reporting line from Deputy Director of Nursing & Corporate Services to DoAH (Outpatients)	Vacant
10	Inpatient Admin Team Leader	Change in reporting line from Deputy Director of Nursing & Corporate Services to HIS Manager (Inpatients)	Filled
11	EA to DCG	Change in reporting line from Director Clinical Governance to EA to GM	Filled

Positions with key changes in reporting

#	Position title	Proposed change	Filled or Vacant
13	AO5 role	Change in reporting line to EA Manager	Vacant
14	Domestic Services Manager	Change of reporting line from Deputy Director Nursing & Corporate Services to Director of Finance, Business and Performance	Filled
15	Kitchen Services Manager	Change of reporting line from Deputy Director Nursing & Corporate Services to Director of Finance, Business and Performance	Filled
16	Learning & Development Staff	Change in reporting line from Director Clinical Governance to Director of Nursing and Quality	Filled
17	CPCT Team	Change in reporting from Nurse Manager to Palliative Care & Rehab Service Manager	New role
18	Diversity Officer	Change in reporting line from Director Clinical Governance to Director of Mission Integration	Filled
19	Procurement Officer	Change of reporting line from Finance Manager to Senior Accountant	Filled
20	Finance Team	Change of reporting line from Finance Manager to Senior Accountant	Filled

New Positions

#	Position Title	Focus area
1	Director of Finance, Business and Performance (HM5)	Position focuses on driving CHCK's performance in line with strategic directions, ensuring resources are managed in an efficient and cost-effective manner and all aspects of activity and data are managed accordingly. This position reports to General Manager.
2	Quality & Risk Manager (HM3)	Position focuses specifically on management of quality and risk management across CHCK. This position reports to Director Nursing and Quality.
3	Palliative Care & Rehabilitation Service Manager (NM3)	Position coordinates both patient care and nursing services for palliative care and rehabilitation services. This position reports to Director Nursing and Quality .
4	Clinical Nurse Consultant Grade 2	CNC for Palliative Care. Provides clinical leadership across palliative care

High Level Indicative Timeline

Task	Timeframes (Indicative) Week Commencing
Consultation period closes	8 July 2024
Feedback reviewed and considered	8-12 July 2024
Union Meetings	15 July 2024
1:1 staff meetings	15 July 2024
Staff Town Halls	16 and 17 July 2024
Final Restructure consultation pack incorporating any changes identified during consultation circulated	16 July 2024
Written advice issued to affected/impacted staff – e.g. confirmation of reporting line changes and other relevant changes	24 July 2024
Vacant positions advertised/commencement of recruitment processes	From 16 July 2024
Phased approach to implementation of new structure	29 July onwards

Communication Plan

Type	Description	Method	Date	Frequency
Industrial Bodies	Inform HSU and NSWNMA of final change	Meeting	15 July	Based on Industrial Bodies requirements
Individual Staff	1:1 meeting with staff member/GM and HR (support person as requested)	Meeting	15 July	As required
Senior Leadership Team	Inform remaining SLT of proposed change	Face to face	16 July	SLT meet weekly
All Staff	Inform all staff via Town Hall <ul style="list-style-type: none"> • One in the afternoon of 16 July • One in the morning of 17 July 	Face to Face/Online	16 & 17 July	Once only
Advise unions formally of implementation of new structure	<ul style="list-style-type: none"> • Email and Letter 	Email	17 July	Once only
Distribution of Communication Pack	Change pack sent to all staff	By Email	16 July	Once only
Inform SESLHD of final structure	Final change pack to be sent	Email	17 July	Ad Hoc

Next Steps

- Meetings with key affected staff and Industrial Bodies 15 July
- Town Hall Meetings 16 & 17 July
- Change Pack and FAQ's will be sent to all staff at the end of this meeting
- Recruitment to new positions
- Phased approach to embedding new structure over the next three (3) months



Frequently Asked Questions

- **Why is this restructuring occurring happening?**
The current landscape is challenging with greater demand on the health system than ever before. We operate in a tight fiscal environment meaning we need to right size the organisation to ensure we remain viable.
- **What happens next?**
A phased approach to the new structure will be implemented over the next 2-3 months. This will be communicated with all staff.
- **How will I know if my role is impacted?**
We have met with people individually regarding the change and the process was explained in detail.
- **Will my place of work change?**
No, staff will remain at CHCK.
- **Will my line manager change?**
For some staff, yes, line manager will change, and this will be communicated with you.

Frequently Asked Questions

- **How will I be kept up to date?**
Regular updates will be provided via email.
- **When will this change take place?**
There will be a phased transition towards the new structure as key roles are recruited to. This will take place over the next 2-3 months
- **How will safe care continue to be delivered during this change?**
Patient care will always be our top priority. We will continue our daily management meetings at 0900hrs each day to ensure we are across any risks and embed a plan to manage this. Agency staff can be procured in the event this is required however there is minimal change to front line roles.
- **If I have further questions who do I contact?**
Andrea Ness, CHCK GM is available to meet with any staff. The Senior Leadership Team are available to support staff and HR is also available to answer any questions.

Support

- Andrea Ness, General Manager @ andrea.ness@health.nsw.gov.au
- Helene Delinicolis, HR Manager @ helene.delinicolis@health.nsw.gov.au
- HR @ SESLHD-CHC-Kogarah-HR@health.nsw.gov.au
- EAP will be physically on site all this week to provide support
- Should you wish to access EAP independently, you can contact Converge directly on 1300 687 327

