

CPBH Executive Restructure

Proposed April 2022

Calvary Bruce Public our strong history...

1979 - Calvary Bruce Public Hospital opened under an operating agreement with the Commonwealth Government with a 100 year lease.

2005 - Work with ACT Government on Calvary involvement in delivering Healthcare in the ACT

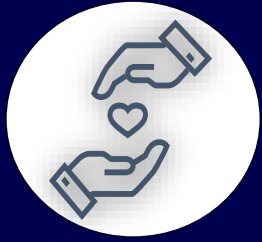
2012 – Calvary sign up to the Calvary Network Agreement with ACT Health setting in place existing Governance

2022 – Ensuring that Calvary is well positioned to deliver current commitments and grow into the future.

2020 Launch of Calvary Growth Strategy looking for future growth opportunities

Calvary Public Hospital Bruce's Journey





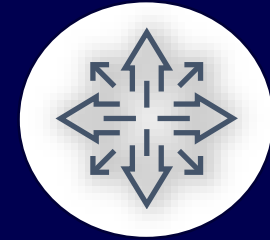
CALVARY CARE SYSTEM

- Excellent, patient focused, integrated health services
- Emphasis on innovative models of care including care in home and in the community
- Underpinned by our values: Hospitality, Healing, Stewardship, Respect



CALVARY PUBLIC HOSPITAL BRUCE

- One of the largest & most complex of Calvary services
- Needs to be well position for the future, reflective of our system of care and our growth strategy.
- Currently underperforming in KPIs (ESWL and ED wait times).
- Executive structure developed over time, not optimised.
- Feedback of underperformance

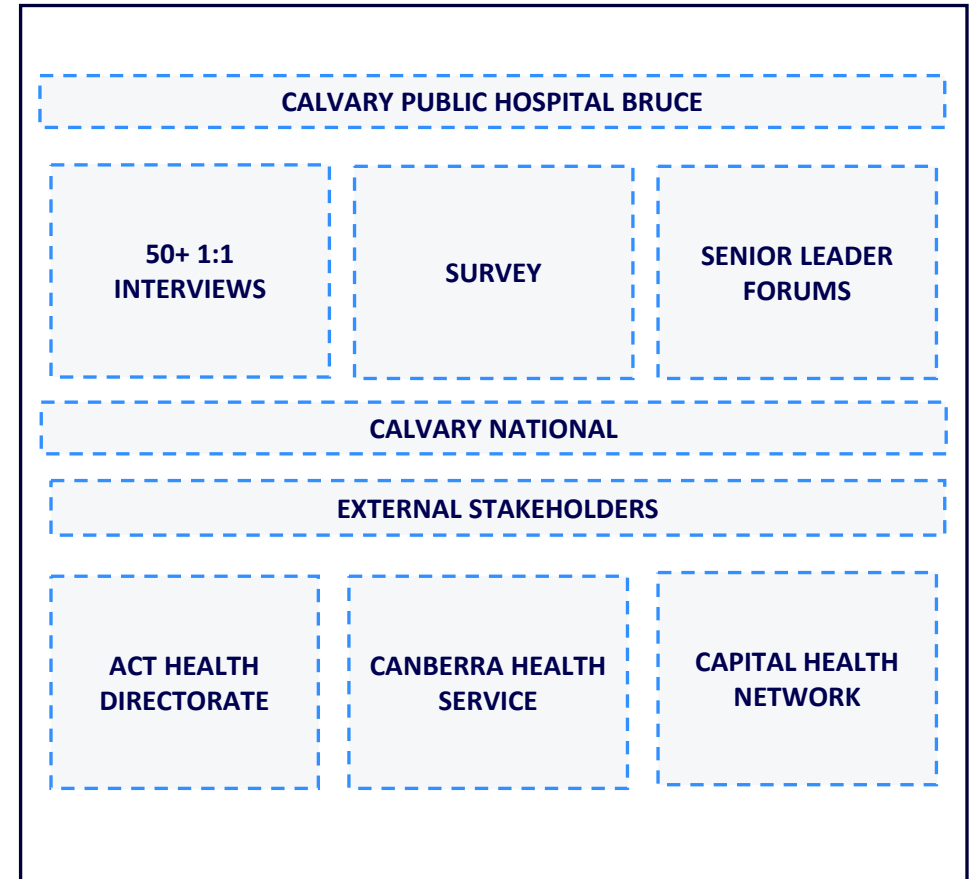


CALVARY GROWTH STRATEGY

- Calvary operations in Canberra need to be responsive to the needs of the public.
- Aligned to meet the current and future needs of the ACT Government, including Northside planning

POSITIONING OURSELVES FOR THE FUTURE

- Initiated a review of Calvary Bruce Public
- Reviewed current structure, its challenges and overall performance to enable agility, responsiveness and growth
- Advise on a contemporary Executive and reporting structure which aligns to the Calvary Growth Strategy and supports opportunity for enhanced performance & organisational growth
- Optimise operational effectiveness and quality service delivery to patients, and engage effectively with the broader ACT health system
- Review core positions to improve operational, strategic and business accountability



THE INSIGHTS

01

Current structure is characterised by **blurred, poorly defined accountabilities**

02

Multiple layers reduce agility of decision responsiveness & accountability. Creating limited capacity for high level decision making and action

03

Operational & business delegations are too high, not clear and disempowering for teams & senior leaders

04

Clinicians need to be actively engaged in governance, operational function and future strategies

05

Clinical governance processes and accountability are a major risk for the operation of the hospital and must be addressed as a priority.

06

Executive **engagement with the broader ACT Health system** is good but this must be broadened at all levels.

07

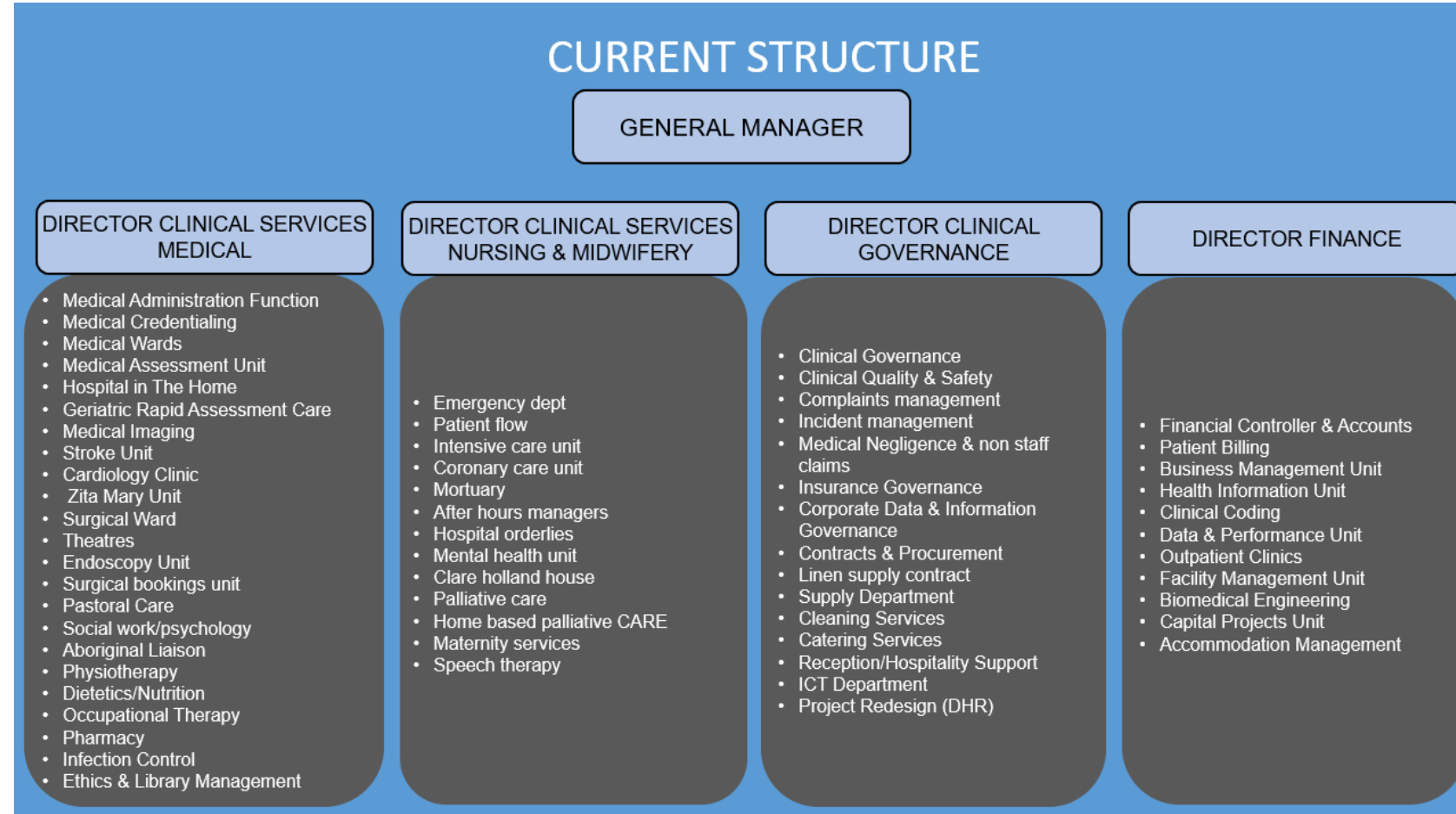
The broader **organisational & Calvary strategy drivers are not well understood** by senior staff. This can adversely affect accountability and performance.

08

Engagement with Government regarding policy, priorities & accountability for performance requires broader involvement of the Executive and senior leaders.

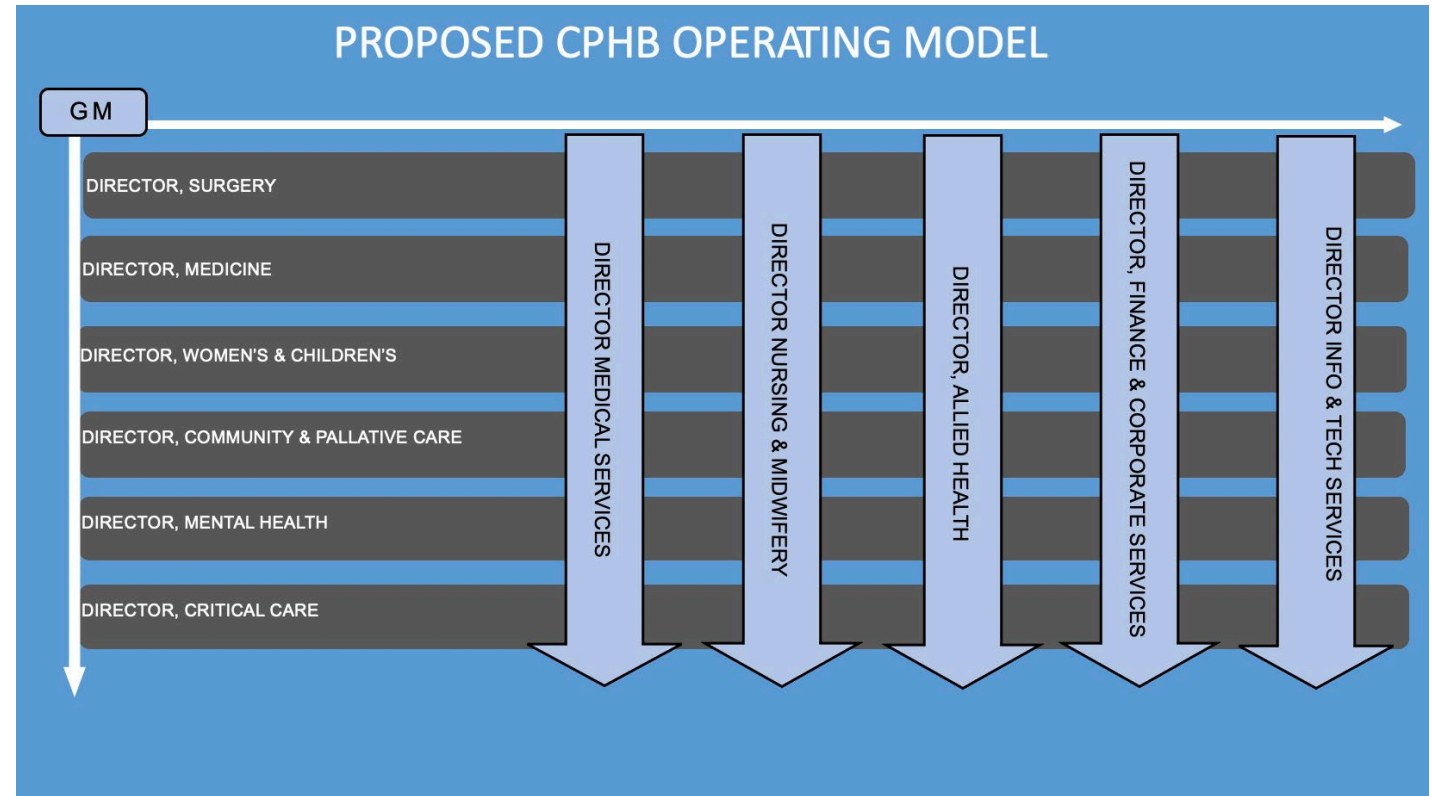
CURRENT STRUCTURE

- Doesn't support accountability
- Is not responsive to the needs of the General Manager in meeting their obligations.
- Is confusing for staff and stakeholders to engage with and know who delivers what service.
- Is not focussed on patient outcomes
- Is not positioned for future growth of the system



PROPOSED STRUCTURE

- Flatter, organisational structure with clear functional alignment
- Establish clear role responsibilities for executive directors, including individual, functional, and collective responsibilities
- Create a performance and accountability framework to give clarity to senior managers and clinicians on expectations and specific deliverables
- Establish engagement mechanisms to regularly gain clinician input into the leadership, governance and management of the CPHB



CONSULTATION

WHAT IS PROPOSED

- Majority of staff, will be unaffected and continue to perform their current duties, with the only change to them who their divisional executive is.
- There will be a change of executive responsibilities and a rebalancing of functions within areas of responsibility. A detailed map of where functions are proposed is available.
- All new executive positions will have new position descriptions that more clearly set out performance expectations and accountability for outcomes.
- All executive positions will be advertised.
- Those directly impacted have been personally informed.



CONSULTATION

KEY QUESTIONS



What areas do we need to consider further to improve our proposed structure and be well position for the growth in the future ?

How can we work with teams to create opportunities for further engagement in our proposed structure ?

What are the key areas of cultural reform that need to be considered further ?

NEXT STEPS

An Executive restructure is the starting point (not the end).

Future cultural reform is required to improve performance, accountability, delegations and decision making.

Moving to the new structure will be the first step to position us for the future.

PHASED TRANSITION

1

**CONSULTATION TO
REFINE PROPOSAL**
11 May 2022

2

**NEW STRUCTURE IN
PLACE by the end of
JULY 2022**

3

**CUTURAL AND GOVERNANCE
REFORM FROM JULY 2022**

**PROPOSED
FUNCTIONAL ORGANISATION
CHART (DETAILED)**

