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 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



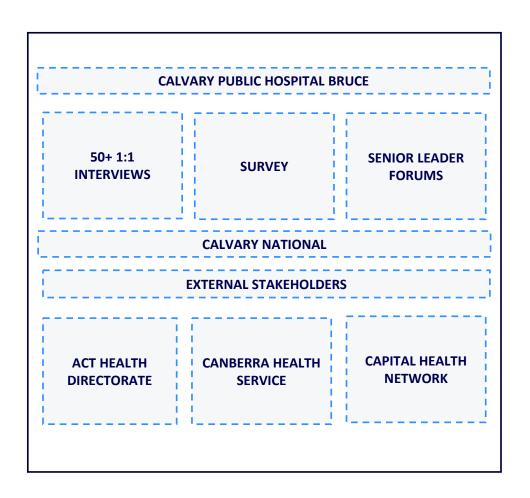
CALVARY GROWTH STRATEGY

- 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.

80

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

CURRENT STRUCTURE

GENERAL MANAGER

DIRECTOR CLINICAL SERVICES MEDICAL

- Medical Administration Function
- Medical Credentialing
- Medical Wards
- · Medical Assessment Unit
- Hospital in The Home
- · Geriatric Rapid Assessment Care
- Medical Imaging
- Stroke Unit
- Cardiology Clinic
- · Zita Mary Unit
- Surgical Ward
- Theatres
- Endoscopy Unit
- · Surgical bookings unit
- · Pastoral Care
- · Social work/psychology
- Aboriginal Liaison
- Physiotherapy
- Dietetics/Nutrition
- Occupational Therapy
- Pharmacy
- Infection Control
- Ethics & Library Management

DIRECTOR CLINICAL SERVICES NURSING & MIDWIFERY

- Emergency dept
- Patient flow
- · Intensive care unit
- · Coronary care unit
- Mortuary
- After hours managers
- Hospital orderlies
- · Mental health unit
- · Clare holland house
- Palliative care
- Home based palliative CARE
- Maternity services
- Speech therapy

DIRECTOR CLINICAL GOVERNANCE

- Clinical Governance
- · Clinical Quality & Safety
- · Complaints management
- Incident management
- Medical Negligence & non staff claims
- Insurance Governance
- Corporate Data & Information Governance
- · Contracts & Procurement
- Linen supply contract
- Supply Department
- Cleaning Services
- Catering Services
- Reception/Hospitality Support
- ICT Department
- Project Redesign (DHR)

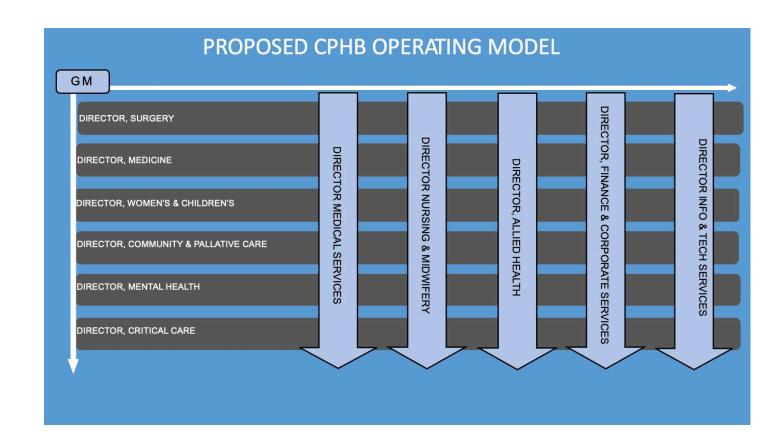
DIRECTOR FINANCE

- Financial Controller & Accounts
- · Patient Billing
- Business Management Unit
- Health Information Unit
- Clinical Coding
- Data & Performance Unit
- Outpatient Clinics
- · Facility Management Unit
- Biomedical Engineering
- · Capital Projects Unit
- Accommodation Management



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)

DRAFT: CPHB FUNCTIONAL ORGANISATIONAL CHART

Executive Support Communications ICT Project Redesign

OHR

