

10 May 2022

Andrew Gallagher
Industrial Officer
Health Services Union

By email: HSU.Andrew.gallagher@hsu.asn.au

Dear Andrew

RE: PROPOSED ORGANISATIONAL RESTRUCTURE - CALVARY HOSPITAL BRUCE PUBLIC

This letter serves to advise the Health Services Union (HSUHSU) of a proposed change to the organisational structure at Calvary Public Hospital Bruce (CPHB) in accordance with the notice and consultation provisions under Section G1.1 of the ACTPS Support Services Enterprise Agreement 2021-2022 (SSEA).

Specifically, it is anticipated that the proposed organisational restructure would be considered a significant change as defined by Section G1.2.1 of the SSEA and accordingly, CPHB wish to initiate consultation pursuant to Section G1.1 of the SSEA.

Background Context

In September of last year, we commenced a review of CPHB to ensure the organisation is optimised for operational effectiveness, quality service delivery to patients and is aligned to the Little Company of Mary Hospital Care national strategy. We also considered as part of the review how CPHB engages with the broader ACT health system and whether opportunities exist to make that relationship more effective.

To ensure we are set up for success now and into the future, CPHB invited senior staff to engage in a consultative process to:

- a) Gain a snapshot of our people's satisfaction with how CPHB executive is structured,
- b) Obtain specific feedback into functional responsibilities across the executive to meet present and future challenges, and
- c) Identify and prioritise areas for improvement.

The consultative process we used to gather people's views included a survey of ACT regional and CPHB Executives, senior managers, and clinicians with over 50 individual one-to-one interviews, both internally and externally. Additionally, two discussions groups were conducted in November, facilitated to gain further insights into the matters under review.

The consultative process was managed through an independent third party, MC Consulting to ensure confidentiality and anonymity with the aim of encouraging individuals to participate. In addition to people providing valuable insights MC Consulting conducted a literature review to further test and validate alternative structure and reporting arrangements.

The review proposed changes and enhancements to key aspects of the CPHB executive governance and management arrangements which included;

1. Create a clearer and more accountable organisational structure with functions allocated to groups,
2. Establish clear role responsibilities for executive directors, including individual, functional, and collective responsibilities,
3. Create a performance and accountability framework to give clarity to senior managers and

clinicians on expectations and specific deliverables, and

4. Establish engagement mechanisms to regularly gain clinician input into the leadership, governance and management of the CPHB

These recommendations were made to better enable us to adapt to the changing health care environment as well as meet the anticipated population growth in the northside of the ACT.

The proposed restructure

The proposed restructure seeks to create additional streams of operation reporting to the General Manager of CHBP. It is proposed in the new structure that the CPHB Executive Leadership Team (ELT) expands from 4 to 10. Aside from operational clarity and efficiency, this expanded executive is going to provide additional management career pathways for our staff that we haven't previously been able to offer.

The proposed streams of operation and the roles reporting into the general manager are detailed in the table below:

Role	Operation
Director, Women's & Children Division	<i>Birthing Suite Ante Natal Midwifery Special Care Nursery . In patient Wards Birthing Continuity</i>
Director, Medical Division	<i>Medical Wards Medical Assessment Patient Unit Stroke Unit Zita Mary Clinic</i>
Director, & Palliative & Primary Care Division	<i>Clare Holland House Community Palliative Care HITH GRACE PEACE</i>
Director, Mental Health Division	<i>Older Persons Mental Health Unit Adult Persons Mental Health Unit ED Liaison ECT Therapy</i>
Director, Critical Care Division	<i>Emergency Department ICU Medical Imaging Coronary Care</i>
Director, Surgical Services Division	<i>Perioperative Suite Endoscopy Suite Urology Clinic Surgical Wards Breast Care Services Preadmissions Clinic Surgical Liaison & Bookings</i>
Executive Director Medical Services/ Chief Medical Officer	<i>Infection Control & Staff Health Ethics & Research Medical Administration Pastoral Care Chief Pharmacist Patient Flow</i>
Executive Director, Nursing & Midwifery	<i>Nursing & Midwifery Learning & Development Staffing Unit Clinical Learning & Development Clinical Quality & Safety</i>

Executive Director, Allied Health	<i>Speech Pathology Physiotherapy Services Social Work & Psychology Nutrition & Dietetics Occupational Therapy</i>
Executive Director, Finance & Corporate	<i>Finance & Accounting Data & Performance Supply & Procurement Hospitality Services Facilities Management Capital Projects Health Information Security Corporate Governance</i>

The variation between ‘Division Director’ and ‘Executive Director’ is to provide clear and effective performance and accountability. (A Divisional Director is account able for a clinical division and an Executive Director is accountable for a professional stream and will work across the clinical divisions.)These functions will continue to be supported by the Human Resources and Mission functions which sit outside this structure at the regional level.

The expansion of the ELT will have a flow on impact for the three Director of Nursing roles. It is proposed the Director of Midwifery, Director of Medical and Surgical and Director of Nursing, Critical Care, Mental Health and Clinical Support will be redundant. However, the employees currently in these roles have, and will be, strongly encouraged to apply for executive roles within the proposed structure.

Assistant Director of Nursing and Medical Director roles are not proposed to change.

To better detail the changes we attach a slide deck of information and proposed changes which detail the current and proposed future organisational structure.

Next Steps

Staff and Union Consultation

Under the proposed restructure the majority of staff will be unaffected and continue to perform their current duties, with the only change reflected in the new work streams and individual reporting lines.

There will be a change of executive responsibilities and a re-balancing of functions within areas of responsibility. Those directly impacted under the proposed change have been advised personally and invited to participate directly in ongoing discussions regarding the proposal, any potential impact upon them and means to mitigate any effect caused by the proposed restructure, including voluntary redundancy.

Over the coming weeks, we will be engaged in staff and union consultation with the aim of refining the organisational structure and recruitment process based on feedback. CHBP extend an invitation to HSU to participate during consultation and in doing so, provide a genuine opportunity to contribute and influence the decision making process.

All staff have and will be advised that they have the right to representation during the consultation process.

To facilitate those discussions we will issue meeting invitations to HSU from CHBP management to consider any feedback you receive from members and matters it is believed CHBP should consider regarding the proposed restructure.

Proposed Recruitment and Selection Process

All current executive positions have been vacated. Following consultation and together with clearly defined leadership and operational criteria, it is then proposed to apply a merit based selection for all available positions.

Once the structure is agreed we plan to advertise the roles listed in the table above. We strongly encourage internal candidates to apply and will be offering internal candidates’ online programs to support them in

preparing a resume and interview training.

Any impacted individuals who opt not to apply for a position under the new structure or are unsuccessful in their application will be offered redeployment and failing any available alternate positions, redundancy and an outplacement program.

Questions

Notwithstanding the obligations under the SSEA, we are always available to discuss any group or individual issues that arise during the consultation process.

Should these issues need to be discussed outside any formal meeting process, do not hesitate to contact myself or Anissa Weekes, Regional Director of People & Culture via email Anissa.Weekes@calvarycare.org.au or by mobile 0477 947 700.

We look forward to working with you on this important development.

Yours sincerely

Loch van den Berg

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