

Frequently Asked Questions

Proposed New Ways of Working

What are the proposed changes?

The CALHN Executive Team are proposing that in order to achieve our vision of repositioning CALHN as a high-performing and accountable healthcare network, our operating model needs to change. It is proposed that our four directorates need to be replaced by eight clinical programs with a new leadership structure put in place to lead each program.

Why are these changes being proposed?

To realise our vision of repositioning CALHN as a high performing and accountable healthcare network, we need to establish new ways of working that will ensure we can deliver better patient outcomes.

Direct feedback from over 350 employees, research into ways of working at other modern health services and internal observation has demonstrated that we need to make it easy to understand who is accountable for what, ensure clinical leaders have capacity to be visible and accessible, organise ourselves to effectively collaborate across teams, specialties and disciplines and to setup leaders with the resources they need to deliver organisational outcomes.

The proposed Recovery Structure is designed to be a collaborative, multi-disciplinary model which puts the patient at the centre of everything we do.

What are the next steps?

We will commence a period of consultation, where employees and unions are encouraged to provide feedback on the proposal that will be used to inform the design of any final solution. It is anticipated that the consultation period would run for about a month, with any final design scheduled to be implemented on 1 July 2019. Feedback can be provided via email, Health.CALHNRecovery@sa.gov.au or through face to face consultation sessions (details to be scheduled soon).

Would my job change?

For majority of CALHN employees, there would be no change to their current role. For some, this change may mean that you have a new manager. The proposed change would mean that we would no longer be able to accommodate some existing directorate leadership roles, including the Clinical Services Directors, Clinical Directors, Nursing Co-Directors, Nursing Directors and Manager Business Operations. Individuals in these roles have been informed of the proposed changes and many will have the opportunity to apply for one of the new leadership positions outlined.

How has this proposal been designed?

The proposed change was designed by the CALHN CEO with support and input from the Executive Team, who utilised direct feedback from over 350 employees, research into ways of working at other modern health services and internal observation to establish the proposed solution.



Consultation

What happens during the consultation process?

During the consultation process, employees and other interested parties will have the opportunity to provide feedback about the proposed changes either face to face or via email. The schedule for face to face sessions will be released shortly, and email feedback can be sent to Health.CALHNRecovery@sa.gov.au.

How do I provide feedback on the proposed changes?

Email feedback can be sent to Health.CALHNRecovery@sa.gov.au and the schedule for face to face consultation sessions will be released shortly.

Is it possible for the proposal to change?

Yes, the purpose of consultation is to gather and consider employee and union feedback on the proposal. Feedback collected during the consultation phase may lead to changes in the proposed solution. We are committed to giving our people the opportunity to contribute to designing new solutions, so that we only introduce changes that make sense and that can be implemented at the right time.

Have the unions been notified?

CALHN is committed to working with the unions to ensure a constructive and open consultation period. To that end, we have notified the unions about the proposed changes and provided them with the relevant consultation material. We have also put together a comprehensive schedule of consultation meetings with unions and staff to ensure that we have a fully engaged consultation process – we are determined to testing the proposal to ensure that it is right for CALHN.

We have scheduled multiple dedicated meetings with the unions throughout the consultation period, and will continue to engage with the unions to discuss their feedback. If the proposal is implemented, we will continue to work with the unions, staff and all our stakeholders to ensure that the changes can be implemented smoothly and to plan.

Structure

Is the proposed operating model still considered 'Single Service, Multiple Site'?

It is important that CALHN continues to operate as a single service, operating across multiple sites to continue consistency in practice across the network and efficiency in resources. However, it is also recognised that local management, and understanding local nuances is important. The proposed structure ensures consistency in practice across the network and enables the efficient allocation of resources.

Where would decentralised clinical functions such as Patient Flow report to?

For those teams that currently sit across a number of directorates, such as the Outpatient and Patient Flow teams, you would continue working as you are at this stage. For example, if your role currently sits within Orthopaedics, you would stay within that specialty.

Outpatients is currently a combination of centralised and de-centralised reporting lines, would this change under the proposal?

Outpatients would continue to work the way they are, however during the consultation phase it will be important to establish clear lines of accountability and responsibility for outpatient services, as well as what relationships across programs need to exist to effectively deliver services.

What would the new 'Leadership, Innovation & Learning' division be responsible for?

Leadership, Innovation and Learning would be a new division consisting of the Medical Education Units (including Post Graduate Education), Nursing Education teams, the e-learning team, and the Research Office. The division is proposed to be led by a newly created Executive Director role that would have a clear focus on learning and development for all staff across CALHN and to lead innovative practice across all areas of the organisation.

Under the proposal, would we have a Director of Nursing at each site?

If the proposal goes ahead, the Executive Director Nursing would continue to undertake the Director of Nursing role at the RAH, and the Nursing Lead role based at TQEH would act as the Director of Nursing at TQEH, St Margaret's and Hampstead Rehabilitation Centre.

Proposed new roles

If the proposal is implemented, who would the new Nursing Lead and Medical Lead roles report to and what level would they be?

Professionally the Nursing Leads (proposed classification, RN5.3) would report to the Executive Director of Nursing, as per the provisions contained in their Enterprise Agreement and operationally, the Nursing Lead would report to the Manager, Clinical Program Delivery. The Medical Lead role would also report to the Manager, Clinical Program Delivery, and would also have a professional link to Executive Director Medical Services.

Could the Manager, Clinical Program Delivery role be filled by a Medical Officer?

The Manager, Clinical Program Delivery role would be classified in the Executive stream and require the incumbent to have a sound financial background and high levels of business acumen. Clinicians are welcome to apply for the role, however if successful would be classified as an Executive, not as a Medical Officer under the respective Award and Enterprise agreement.

Would Clinical Leads receive a managerial allowance?

If the proposal is implemented, and once the role description has been finalised, an assessment would then be made against the award criteria for managerial allowances to determine whether the role meets the criteria for the payment of the allowance.

Would the Manager Clinical Program Delivery roles be filled by existing staff?

Current CALHN employees would be encouraged to apply for these new roles, and an external recruitment company may also assist in finding suitable external candidates.

What would be the key impacts of the proposal?

For majority of CALHN employees, there would be no change to their current role. For some, this change may mean that you have a new manager. The proposed change would mean that we could no longer accommodate some existing directorate leadership roles, including the Clinical Services Director, Clinical Director, Nursing Co-Director, Nursing Director and Business Operations Manager. Individuals in these roles have been informed of the proposal and many would have the opportunity to apply for one of the new leadership positions outlined.