

Campus	Albury & Wodonga
Department (if applicable)	Executive
Program	Organisational Structure Realignment
Brief Description of the Change proposal	<p>With the recent release of the AWH Strategic Plan 2024-2028 and the departure of two (2) Executives there is now an opportunity to review the current Executive structure including the realignment of some divisions to ensure the successful delivery of our strategic ambitions.</p> <p>A review has been conducted on the structure which has highlighted the following considerations:</p> <ul style="list-style-type: none"> • Opportunity to reduce wage costs at the Executive level. • Realign the structure to better reflect the operational requirements. • Realign the number of reports to Executives to better balance Executive portfolios. <p>It is important to emphasise that there is only 1 Executive position being removed from the structure.</p>
Current Situation	See Appendix 1 for the current Organisational Structure and Proposed Organisational Structure.

Proposed Situation

The aim of the proposed changes within the Executive Leadership team is to create consistent alignment of portfolios to support the operational requirements and ensure the successful implementation and delivery of the strategic plan. Due to the current fiscal situation, it is important that AWH considers every position when and if they become vacant to ensure firstly whether the position is required, can it be better utilised in another part of the organisation and is the scope right for what is needed.

The change will see the current vacant Chief of Corporate Affairs position removed from the structure. The teams that currently report to this position will be redistributed to other Executive portfolios.

There is also an opportunity to realign other divisions to ensure operational alignment.

It is also an opportune time to consider the number of direct reports within the Mental Health portfolio that report directly to the Executive Director Public Health, Mental Health & Wellbeing & Chief Allied Health Officer. Currently that Executive has 17 direct reports and there are opportunities with the current vacancies to realign positions and reduce the direct reports (**See Appendix 1**).

Majority of the proposed changes are reporting line changes and title changes.

The summary of the changes is below:

Executive Portfolio	Changes
Chief Executive Officer	<i>Added</i> <ul style="list-style-type: none"> • Foundation • Strategy • Legal Counsel
Chief of Corporate Affairs	Position removed from structure
Chief Operating Officer	<i>Title change</i> -Chief Operating Officer Acute Hospital Services <i>Moved</i> <ul style="list-style-type: none"> • Pharmacy & Medical Safety Division • Support Services Division • Community Care Division • Subacute Services, HITH
Chief Medical Officer	<i>Moved</i> <ul style="list-style-type: none"> • Legal Counsel

		<p><i>Added</i></p> <ul style="list-style-type: none"> • Pharmacy & Medical Safety Division • Legal Counsel • Public Health Unit
	Executive Director Quality, Governance & Patient Experience & Chief of Nursing & Midwifery	<p><i>Added</i></p> <ul style="list-style-type: none"> • Risk
	Chief of People & Culture	<p><i>Added</i></p> <ul style="list-style-type: none"> • Communications • Portfolio change from People & Culture to People Operations
	Chief Financial Officer	<p><i>Added</i></p> <ul style="list-style-type: none"> • Performance & Business Intelligence • Corporate Records
	Chief of Infrastructure	<p><i>Added</i></p> <ul style="list-style-type: none"> • Support Services Division • Change of Title to Chief of Infrastructure and Area Support Services
	Executive Director Public Health, Mental Health & Chief Allied Health Officer	<p><i>Title change</i> – Chief Operating Officer Allied Health, Mental Health & Community Services.</p> <p><i>Moved</i></p> <ul style="list-style-type: none"> • Public Health Unit <p><i>Added</i></p> <ul style="list-style-type: none"> • Community Care Division • Subacute Services, HITH
	Mental Health	<p><i>New position/Vacant</i>-Area Director Mental & Wellbeing</p> <p><i>FTE reallocated</i> – Operations Directors Mental Health x 2 (Northern Hub & Southern Hub) to Acute Care Operations Director & Community Care Operations Director.</p>

	<p><i>New position/Vacant</i> – Rehabilitation & Residential Care Operations Director</p> <p><i>New position/Vacant</i> – Deputy Director Allied Health (Mental Health)</p> <p><i>Reporting line change</i> – Lived & Living Experience Workforce Manager</p> <p><i>Reporting line change</i> – Clinical Liaison & Governance</p> <p><i>New position/Vacant</i> – Systems & Data Manager</p> <p><i>Reporting line change</i>– AOD Nurse Practitioner moved to AOD Services</p>
<p>Benefits of proposed change (Cost Savings, etc.)</p>	<ul style="list-style-type: none"> • The removal of one vacant Executive role provides savings in wages at the Executive level. • Improved alignment with Executive portfolios to the operational requirements. • Clear reporting lines.
<p>Potential effects on employees</p> <p>Could include, but not exclusive to:</p> <ul style="list-style-type: none"> • EFT increases or decreases • Shift or penalty changes • Location changes • Should include a list of employees who are potentially impacted • Potential impact on workload • Other potential safety or wellbeing impacts on employees. 	<ul style="list-style-type: none"> • Foundation Manager position will move from Corporate Affairs to CEO Office. This position will report directly to the CEO. This role is currently vacant. • Strategy Director position will move from Corporate Affairs to the CEO Office. The position will report directly to the CEO. This role is currently vacant. • Director Pharmacy position will move from Chief Operating Officer to Chief Medical Officer. This position will report directly to the Chief Medical Officer. This position is currently filled. • Chief Operating Officer will be renamed to Chief Operating Officer Acute Hospital Services. • Executive Director Public Health, Mental Health & Wellbeing & Chief Allied Health Officer will be renamed to Chief Operating Officer Allied Health, Mental Health, and Community. • Public Health Operations Director will move from Executive Director Public Health, Mental Health & Chief Allied Health

	<p>Officer to Chief Medical Officer. This position is currently filled.</p> <ul style="list-style-type: none"> • Public Health Clinical Director will move from Executive Director Public Health, Mental Health & Chief Allied health Officer to Chief Medical Officer. This position is currently filled. • Director of Support Services will move from the Chief Operating Officer to the Chief of Infrastructure. This position is currently filled. • Director of Communications will move from the Chief of Corporate Affairs to the Chief of People & Culture. This position is currently filled. • The Director of Performance and Business Intelligence will move from the Chief of Corporate Affairs to the Chief Financial Officer. This position is currently filled. • Corporate Records Assistant will move from the Chief of Corporate Affairs to the Chief Financial Officer. This position is currently filled. • Director of Community Care will move from the Chief Operating Officer to the Chief Operating Officer Allied Health, Mental Health, and Community. This position is currently filled. • Legal Counsel will move from the Chief Medical Officer to the Chief Executive Officer. This position is currently filled. • Subacute Services Operations Manager will move from Director of Nursing Medicine Services to Director Community Care. This position is currently filled. • Manager Risk & Audit will move from the Chief of Corporate Affairs to the Executive Director Quality, Governance & Patient Experience & Chief of Nursing. This position is currently filled. • Systems & Data Manager – will move from Executive Director Public Health, Mental Health & Wellbeing & Chief Allied Health Officer to Area Director Mental Health & Wellbeing. This position is currently filled. • Clinical Liaison & Governance Manager - will move from Executive Director Public Health, Mental Health & Wellbeing & Chief Allied Health Officer to Area Director Mental Health & Wellbeing. This position is currently filled. • LLEW Manager - will move from Operations Director Northern Hub to Area Director Mental Health & Wellbeing. This position is currently filled.
--	---

	<ul style="list-style-type: none"> • Alcohol and Other Drug Nurse Practitioner will move from Executive Director Public Health, Mental Health and Wellbeing & Chief Allied Health Officer to AOD Program Manager. • New roles – Acute OD, Rehab & Residential Care OD, Community Care OD, Deputy Director Allied Health, Systems and Data Manager. These positions are vacant. • Operational Director Mental Health position has been removed but replaced with new roles. The current incumbents will be provided the opportunity to discuss the new positions. • Mental Health Operational Units re-aligned to appropriate clinical care stream. Refer to Appendix 1.
--	---

<p>Wellbeing & Safety impacts on employees (including Occupational Violence & aggression implications for employees)</p> <p>Where an OHS, safety, wellbeing or OVA is identified, a risk assessment of the potential effects of the changes on health and safety of employees should be undertaken in consultation with HSR's and the proposed mitigation actions which will be implemented to prevent such effects.</p>	<p>Change can be unsettling, and so AWH is making Bec Jhonston (Chief of People & Culture) and Paula Sutherland (Safety & Wellbeing) available to answer staff questions during the consultation process. In addition, support outside the team is available from:</p> <ul style="list-style-type: none"> - AWH Health and Wellbeing team - available during working hours – contact Manager, Paula Sutherland 0418 270 423 - Acacia – AWH Employee Assistance Program which provides external confidential professional counselling to all staff at no cost – available 24/7 - call 1300 364 273
---	---

<p>Measures to mitigate effects on employees.</p> <p>Outline the measures which will be taken to mitigate or avert the effects of the proposed change.</p>	<p>Consultation about the change in reporting arrangements with individuals and teams.</p>
<p>Communication Plan - Notification to affected employees on proposed change.</p> <p>Including notification that any affected employee will have the right to have a representative including a Union Representative or support person.</p>	<p>Individual meetings will be held with those staff that are directly impacted by the change, and teams' meetings will also be available to the teams impacted. Follow up individual meetings will be held with impacted staff once a final decision has been made.</p> <p>Individual meetings will be held with the following affected staff:</p> <ul style="list-style-type: none"> • Director Pharmacy • Public Health Unit Operations Director • Public Health Unit Clinical Director • Manager Risk & Audit • Director of Communications • Director of Performance & Business Intelligence • Director of Support Services • Director Community Care • Operations Manager Subacute Services • Clinical Liaison & Governance – Mental Health • AOD Nurse Practitioner • Operational Directors Mental Health • Lived & Living Experience Workforce Manager – Mental Health • Legal Counsel
<p>Learning and Development Plan for effected employees.</p> <p>Consideration of whether employees will need to be retrained due to the proposed changes?</p>	<p>Consideration has been given to whether any impacted staff will require further training, for the staff that are only impacted by a reporting line change, no further training is required. However, if any staff request further training that will be considered as part of the general learning & development requirements.</p>

<p>Effect of the proposed changes on other AWH services, employees, Departments, or locations?</p>	<p>The proposed changes to the reporting lines will not have any impact on the services or locations of services. As detailed above individual employees will be impacted with their direct reporting line impacting and reporting to a new Executive. There will be no change to their roles or conditions of employment. There will be no loss of jobs except for the Chief of Corporate Affairs. The change will be closely monitored through a change process with the Chief of People & Culture taking the lead. Consultation will be scheduled both for teams and individual employees.</p>
<p>Timeframes and dates for proposed changes</p> <p>In line with the relevant EBA /Award Clause around consultation design a communication timetable not exclusive to:</p> <ol style="list-style-type: none"> 1. Steps 2. Phase 3. Action 4. Timeframe (dates) <p><i>Include any details of staff / union consultation conducted to this date.</i></p>	<p>Change Impact Statement will be provided to affected employees and sent to the following on 5th April 2024</p> <ul style="list-style-type: none"> • Allied Health staff:VAHPA (josie.ackerman@vahpa.asn.au), HSU (info@HSU.ash.au), • Nursing staff: ANMF (shiggs@anmfvic.asn.au and records@anmfvic.asn.au), NSWMA (dbrown@nswnma.asn.au and gensec@nswnma.asn.au) • Medical staff: AMA (ama@ama.com.au), Australian Salaried Medical Officers Federation (asmof@asmof.org.au). • Health and Allied services: HWU (steve.mitchell@hwu.org.au) (Tracey.gaddelin@hsu.asn.au) (Shareeza.Mohammad@hsu.asn.au) • Mental Health – HACSU (ciroc@hacsu.asn.au) <p>Written response from the affected employees and /or unions is due by 22nd April 2024.</p> <p>Consultation meetings will take place between 22nd April 2024 and 26th April March 2024.</p> <p>A further AWH response will be provided by 30th April 2024.</p> <p>Meetings may be held to better understand and discuss responses and alternate proposals.</p> <p>Once the deadline for the final proposal has been passed, a decision will be made on the proposal within 14 days and communicated to affected employees and the unions.</p>

<p>Attachments</p> <p>Include any other written material relevant to the reasons for the proposed change (such as consultants reports), excluding material that is Commercial in Confidence or cannot be discussed under privacy legislation.</p>	<ul style="list-style-type: none"> • Current organisational chart • Proposed organisational chart. • Current Mental Health organisational chart. • Proposed Mental Health organisational chart.
<p>Prepared by:</p>	<p>Bec Jhonston</p>
<p>Position:</p>	<p>Chief of People & Culture</p>
<p>Date:</p>	<p>5/04/2024</p>
<p>Contact details:</p>	<p>rebecca.jhonston@awh.org.au</p>