

## Private and Confidential

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Mr Michael Kerley  
Organiser SLHD  
Health Services Union

By Email: [Michael.Kerley@hsu.asn.au](mailto:Michael.Kerley@hsu.asn.au)

Dear Mr Kerley,

### **Restructure of the Patient Administration and Ambulatory Care Departments at Canterbury Hospital**

I wish to advise that the Canterbury Hospital (TCH) has conducted a review into the Patient Administration Department and the Ambulatory Care Department and will be progressing with the following arrangements:

#### **1. Combine the Patient Administration and Ambulatory Care Department at TCH to be the Patient Administrative Services Department**

The review into the Administration Department and the Ambulatory Care Department was completed to ensure current staffing levels are appropriate to provide optimal administrative services to patients, staff and visitors at TCH.

It was identified that there are similarities and synergies across the two departments with regard to the staffing roles and responsibilities, workload, administrative tasks and business processes whereby combining the two departments would create efficiencies at TCH.

The restructure will not impact on continued employment of any current staff, however, as part of the restructure there are several changes to roles, which are outlined in this letter.

#### **2. Regrade and rename the Patient Registration Manager (PRM) to be the Patient Administrative Services Manager (PASM) and remove the Ambulatory Care Business Manager (ACBM)**

With the combining and rename of the departments, the Patient Registration Manager (PRM) will be renamed the Patient Administrative Services Manager (PASM) and will be regraded from a Health Service Manager Level 1 to a Level 2. The regrade will allow for greater capacity for the PASM to provide a more strategic and analytical role, to support administrative initiatives, improvements, and efficiencies across the hospital.

As the PRM position has been vacant since the resignation of the previous incumbent, there will be no impact on current staff.

The ACBM Position (Health Services Manager Level 2) was implemented in 2021 as a temporary position following a review into the governance arrangements and capacity within Ambulatory Care Services at TCH. As it is a temporary position, this will not be extended at the conclusion of the current incumbents' contract.

The current responsibilities of the ACBM will be absorbed into the role of the PASM and an Outpatient Department Clerical Supervisor (Admin Officer Level 4) will also be established.

**3. Regrade and rename 1.0FTE Outpatient Department (OPD) Clerical Staff to be the Outpatient Department Clerical Supervisor**

As the ACBM will be removed, 1.0FTE OPD Clerical Staff (Admin Officer Level 2) will be converted to be the OPD Clerical Supervisor (Admin Officer Level 4). The conversion of 1.0FTE in the OPD Clerical staff portfolio to the supervisor position will not impact on continued employment of any current staff.

The introduction of the OPD Clerical Supervisor (AO4) will provide operational management of administrative duties, support staff management, provide supervision over the OPD Clerical staff to continue the work embedded by the ACBM, and ensure business processes continue to work toward meeting the NSW Health Management of Outpatient (Non-Admitted) Services Guideline.

**4. Regrade and rename 1.0FTE ED Clerical Staff to be the ED and Switchboard Clerical Supervisor and remove the AES (Admissions, Emergency and Switchboard) Shift**

The introduction of the ED and Switchboard Clerical Supervisor (Admin Officer Level 5) is aimed at improving efficiency of ED Clerical and Switchboard Staff by supporting the management of the 24-hour roster, enhancing staff performance and culture, coordination and supervision of day-to-day duties and training, sick call and overtime management, and management of the ED Clerical casual pool. The introduction of a supervisor position for is consistent with similar administrative staffing structures at Concord and Royal Prince Alfred Hospitals'.

This position will replace 1.0FTE of ED Clerical Staff, specifically the AES shift. The removal of the AES shift will not impact on continued employment of any current staff. The hospital will continue to staff full-time and part-time staff to their rostered hours. Benchmarking against other clerical staffing at other EDs and a review into the AES shift identified that the current level of administrative support and the introduction of a supervisor will ensure that the workload of the AES shift once deleted will be managed within available resources.

A memo to all staff within the Patient Administration and Ambulatory Care Departments to advise of the restructure has been distributed on 30 October 2023. Should you wish to discuss this further, please do not hesitate to call me on 9153 2064.

Yours sincerely,



Michael Morris  
General Manager  
Canterbury Hospital  
Date: 30/10/23