Northern NSW
Local Health District

STAFF CONSULTATION
NNSWLHD Proposed Reporting Line Changes

CONFIDENTIAL

27 August 2024 – Final - IB

Tracey Maisey
Chief Executive

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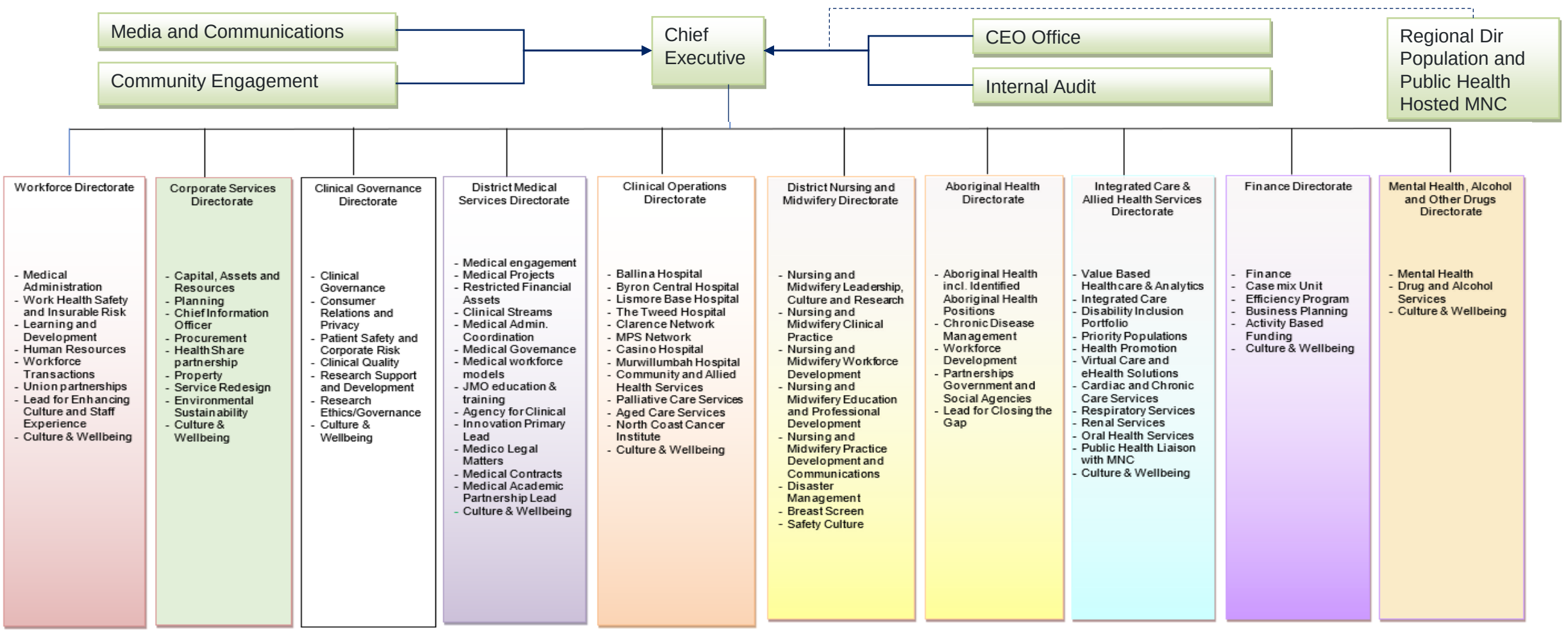
Background

Current NNSWLHD Organisational Structure and Reporting Lines - ELT



Looking to The Future…..

Future Health – Guiding the next decade of care in NSW 2022 – 2032 NSW Health Strategic Roadmap notes that:

- Activity across NSW will almost double over the next decade; people living longer with chronic and complex conditions
- Technology will advance at an exponential rate enabling innovative, flexible, patient centred models of care to be implemented
- Two-thirds of the current disease burden is due to conditions that could be managed outside a hospital setting – enhanced focus on greater home and community care would support these patients to be 'cared for in place'. This necessitates us ensuring that integrated care approaches are increasingly at the forefront of all service delivery model changes
- The 'equity and access gap' persists for Aboriginal and Torres Strait Islanders, MHAOD patients, those from lower socioeconomic backgrounds and geographically distant communities. This requires deliberate and targeted action to address this disparity
- Demand for services and increasing international competition will continue to put pressure on the available workforce – enhanced focus on retention and 'grow our own' workforce is required
- The use of accurate data, information and intelligence is a critical enabler to ensure evidence-based practice and enable timely and accurate clinical and corporate decisions; and financial sustainability – get paid for what you capture
- Enhanced collaboration and partnerships, particularly clinical partnerships, within and between organisations is required to ensure rapid response to changes within what is a complex adaptive system
- The pace of change, driven by technology, will accelerate. Structure/ processes and procedures therefore need to be adaptive, agile – incremental rather than big bang; functional alignment to expedite decision making
- NNSWLHD needs to live within the funds available through government funding or earned income. This necessitates a strong business discipline: a focus on 'living within our means', providing only those services for which we are funded for, accurately recording the services [volume, type and acuity] we do provide and ensuring we are delivering efficient and effective care

What have key stakeholders emphasised regarding opportunities for improvement?

- Enhanced delegation of authority to front line and clinical leaders – *'problem owner should have the authority to make decisions'*
- Enhanced transparency of decision making and information/ intelligence on care and cost
- Opportunity to improve 'care in place' through joined up integrated care models with primary care and NGOs
- Opportunity to improve alignment of function in specific areas and with Ministry of Health Directorates
- Increased focus required on 'grow our own talent' and retention of staff
- Not all our services are as efficient as peers, but some are more efficient
- Don't want a major change – there is enough of that already, but we do require some sensible realignment

What does this mean for NNSWLHD organisational reporting lines?

Reality	Future Reality	Response
1. Community based models	Increased need for community-based delivery models across all services	Out of Hospital / community based / integrated models should be BAU – core operational responsibility
2. Technology	Technologies [AI, ICT, personal health devices…] will drive service innovation	A focus on new and emerging technologies is required as part of enhanced innovation structures
3. Local talent development	Relative reduction in available workforce will increase state and national competition	Focus on local talent development and retention of existing staff, novel training schemes with academic partners
4. Business Intelligence	Pace of change and financial sustainability increasingly reliant on accurate information	Significantly increased focus on accurate, timely and complete data; to enable real-time intelligence
5. Clinical Leadership	Collaborative partnerships, clinical and social sector, will be required for system solutions	Enhanced delegation and authority of clinical leads, formal responsibility for external partnerships within ELT
6. Simplification	Pace of change quickens – necessitates simplification of decision making / processes	Amendment of existing reporting lines as required; alignment of functions to expedite decision making
7. Efficiency	Strong business discipline will be required to enable the LHD to meet demand within available funds	Efficient structures with staff at the right pay level for their role and responsibility
8 Equity of access	The equity gap persists for Aboriginal and Torres Strait Islanders, MHAOD patients, patients from lower socioeconomic backgrounds and geographically dispersed populations	Enable bespoke, targeted interventions through direct resource and leadership attention

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Proposed Reporting Line Changes

Proposed Changes
Integrated Care and Allied Health Services Directorate

Notes:

RED text indicates the service / function will move from this directorate to another directorate.

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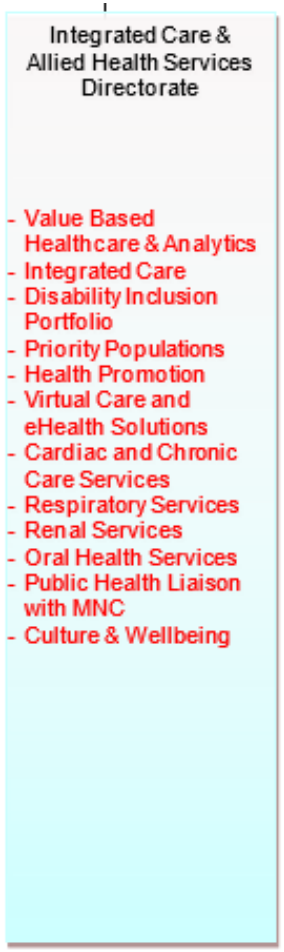

It is proposed that the Integrated Care and Allied Health Services Directorate be realigned, and the services / functions distributed to other directorates as indicated below:

- Integrated care should become 'the way we do things around here', and services should transition from development to operations to enable this to occur
- Well-being activities need to be increasingly focused on closing the equity gap, and consider the role of Primary Care
- Transformation skills and capabilities to be aligned across the LHD, which will increase the critical mass and multi-person effort on transformation; need to establish a PMO for the LHD
- Refer to table for mapping - noting this excludes functions already agreed to move as part of community restructure

Moving To	Functions
Clinical Operations	Disability Inclusion Portfolio, Renal Services - Reality 1
Aboriginal Health and Community Wellbeing	Health Promotion, Oral Health Services – Reality 1 & 8
Planning, Partnerships and Allied Health	Value Based Healthcare & Analytics, Integrated Care Initiatives (Development), Priority Populations, Virtual Care and eHealth Solutions, Cardiac & Chronic Care Services, Respiratory Services and Public Health Liaison with MNC – Reality 5 & 6
Mental Health, Alcohol and Other Drugs	Integrated Care Initiatives (BAU) – Reality 1 & 8

Proposed Reporting Line Changes
Planning, Partnerships & Allied Health Directorate

Notes:

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This new directorate will comprise of the following units and functions from other directorates to enable NNSWLHD achieve positive outcomes for future health as noted in the 2022-2032 NSW Health Strategic roadmap:

- Strategic Planning, Clinical Performance / Case mix as part of the Business Intelligence Unit.
- Allied Health Professional Lead, Health Records.
- Mid North Coast (MNC) Hosted and Held Liaison.
- Government & Social Agency Partnership Functions.
- Service Redesign & Innovation Function.
- Value Based Healthcare & Analytics, Integrated Care Initiatives (Development), Priority Populations, Virtual Care and eHealth Solutions, Cardiac & Chronic Care Services and Respiratory Services.

Proposed Changes
Clinical Governance Directorate

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Proposed to more strongly connect clinical governance with clinical professional leadership through the disestablishment of the Director Clinical Governance position and realigning this portfolio with the Executive Director, District Medical Services – new role Executive Director District Medical Services and Clinical Governance

Moving To	Functions
District Medical Services and Clinical Governance	Clinical Governance, Consumer Relations and Privacy, Patient Safety and Corporate Risk, Clinical Quality, Research Support and Development, Research Ethics / Governance, Culture & Wellbeing - Reality 5 & 6

Proposed Reporting Line Changes
District Medical Services

Notes:

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District Medical Services Directorate will be renamed District Medical Services and Clinical Governance Directorate.

Proposed to more strongly connect clinical governance with clinical professional leadership through the disestablishment of the Director Clinical Governance position and moving this portfolio to the Executive Director, District Medical Services and Clinical Governance.

The Quality Assurance Manager will be regraded to account for some additional responsibility.
Reality 5 - Clinical Leadership

District Medical Administration moved from Workforce Directorate to District Medical Services and Clinical Governance.
Reality 6 – Simplification

Proposed Reporting Line Changes
Aboriginal Health and Community Wellbeing Directorate

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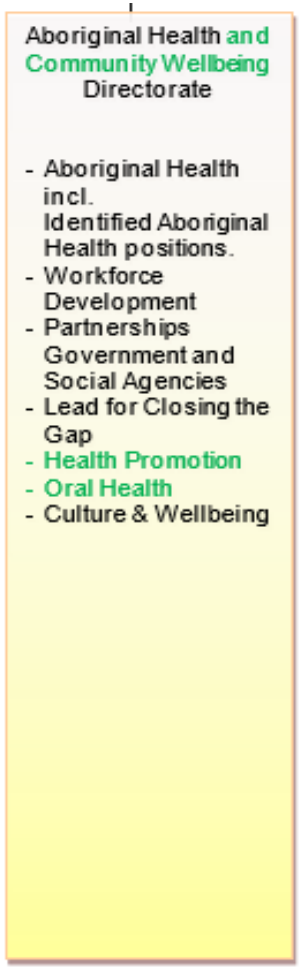

Aboriginal Health Directorate proposed to be renamed Aboriginal Health and Community Wellbeing Directorate.

It is proposed that the wellbeing services currently within the Integrated Care and Allied Health Directorate be transferred to this directorate.

This is to better enable an increased focus on equitable access for communities currently experiencing unfair disadvantage.
Reality 8 – Targeted resource to focus on addressing equity gap

Proposed Reporting Line Changes
People and Culture Directorate

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Workforce Directorate proposed to be renamed People and Culture Directorate – aligns with MOH direction.

District Medical Administration proposed to move under Executive Director, District Medical Services and Clinical Governance – aligns with core professional functions of the directorate.

TMF medical insurable risk strategic advice will be provided to the District Medical Services and Corporate Governance Directorate – the risk is broader than People and Culture.

Staff health / occupational health is aligned to the people and culture team.
Reality 6 - Simplification

Proposed Reporting Line Changes
Corporate Services Directorate

Notes:

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Corporate Services Directorate will retain the same directorate title.

Strategic Planning and Service Redesign functions proposed to move from the Corporate Services Directorate to the new Planning, Partnerships and Allied Health Directorate.

Planning, Partnerships and Allied Health to co-locate staff with skills in analytics, service redesign and planning – enhances career development pathways
Reality 4 - Business Intelligence
Reality 6 - Simplification

Chief Information Officer portfolio broadened to include all technologies
Reality 2 - Technology

Proposed Reporting Line Changes
Finance Directorate

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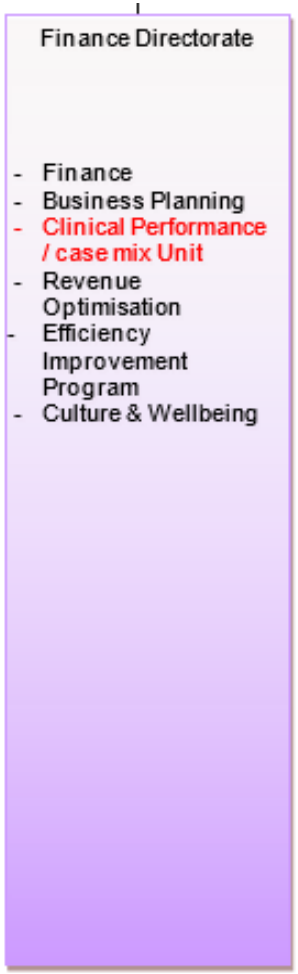

Finance Directorate will retain the same directorate title.

Strengthening analytics and the provision of information and intelligence to the Organisation is a key critical enabler

It is proposed that the Clinical Performance/Case Mix functions from the Finance Directorate be moved to the newly created Business Intelligence Unit within the Planning, Partnerships and Allied Health Directorate to enable a critical mass of analytical expertise aligned with planning and service redesign

Reality 4 - Business Intelligence

Proposed Reporting Line Changes
Clinical Operations Directorate

Notes:

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Clinical Operations Directorate will retain the same directorate title.

Integrated Care becomes core business for all service teams.
Reality 1 - Community-based models

LHD Health Information would move to Planning, Partnerships and Allied Health Directorate to align with the business intelligence team.
Reality 4 – Business Intelligence

Note:
A review of the Clinical Operations internal structure will occur within the next 6 months.

Proposed Reporting Line Changes
District Nursing and Midwifery Directorate

Notes:

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District Nursing and Midwifery Directorate will retain the same directorate title.

No proposed reporting line changes.

Although, it should be noted that the Director will be responsible for the Single Digital Patient Record (SDPR) implementation over the next 2 years.

Proposed Reporting Line Changes
Mental Health, Alcohol & Other Drugs Directorate

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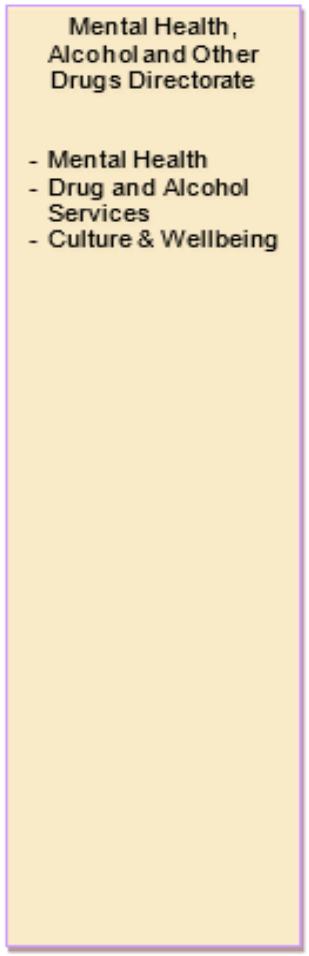
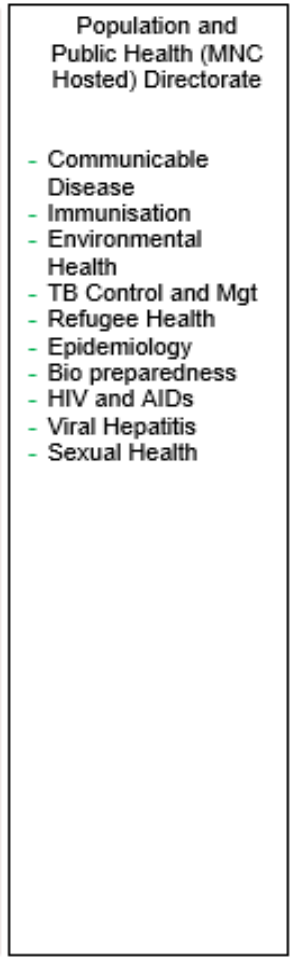


Mental Health, Alcohol & Other Drugs Directorate will retain the same directorate title.

Relevant integrated care initiatives are proposed to be relocated to MHAOD as Integrated care is a core responsibility of all services.

Reality 1 - Community-based models

Proposed Reporting Line Changes
Population and Public Health (MNC Hosted)



Population and Public Health (MNC Hosted) will retain the same directorate title.

- There are no changes to this directorate.

Proposed Reporting Line Changes
Chief Executive Office

Notes:

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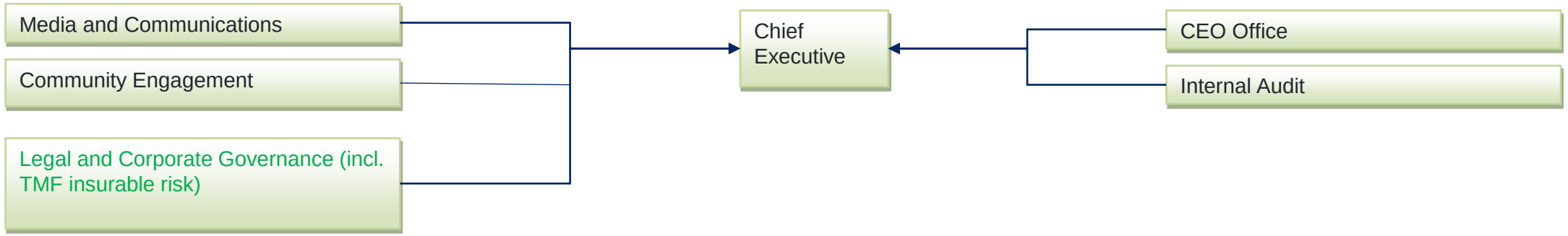
A Legal and Corporate Governance Team is established that includes responsibility for Board matters and Board secretariat functions, and regulatory compliance activities including TMF Insurable risk [Excluding Workers Compensation].

The CEO Office will provide professional oversight for the Executive Leadership Team (ELT) Executive Assistants. Reality 6 – Simplification



Proposed Structure, Portfolios and Reporting Lines NNSWLHD – All Directorates

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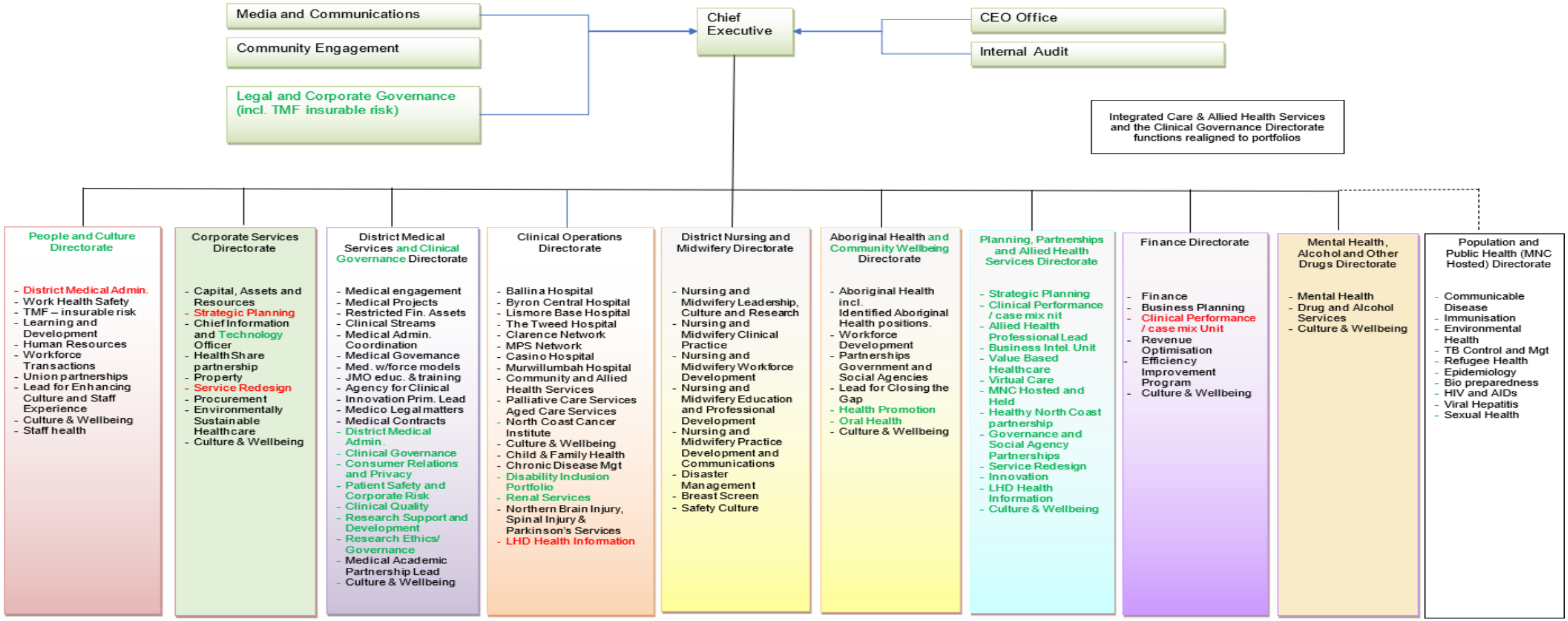

Proposed Reporting Line Change Principles

The principles agreed to in the proposed reporting line changes are as follows:

- It is proposed that most positions will be moved ‘grade to grade’ with no changes required to the grading.
- Regrades if they occur, will be by exception only.
- The only changes to job description will be to reflect the new reporting lines. There should be no requirements for any major changes to job descriptions.
- If there is any duplication of functions these will be considered after changes to reporting lines.
- All current flexible work arrangements, Temporary Individual Roster Arrangements etc. will be retained where possible.
- It is not expected that there will be any Voluntary Redundancies offered, as the changes are to the reporting lines only.
- Current geographic work locations will be retained where possible. Some office consolidation within those locations may occur to collocate teams.
- A full briefing to union partners prior to the proposed reporting line changes is occurring in various ways as part of an integrated communications program.
- Reporting line changes for the Directorate of District Medical Services and Clinical Governance and the Directorate of Planning, Partnerships and Allied Health, if supported, would commence once permanent recruitment is completed.
- Any other reporting line changes, if supported, may commence following the consultation process.

Consultation
Timelines and Feedback

The consultation document will be available for all staff via a link and the email address for all feedback is:

NNSWLHD-ReportingLines@health.nsw.gov.au

Consultation closes **Tuesday, 10 September 2024**.


NSW
GOVERNMENT