



**Health**  
Southern NSW  
Local Health District

# Southern NSW LHD

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**Operations Proposed Structure Consultation Document**

**31 October 2024**

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## Introduction

Southern NSW Local Health District (SNSWLHD) provides public health care services across regional south-east NSW. The District spans 44,534 square kilometers over seven local government areas (LGAs): Bega Valley, Eurobodalla, Goulburn-Mulwaree, Queanbeyan-Palerang Regional, Snowy Monaro Regional, Upper Lachlan and Yass Valley. SNSWLHD operates 15 health service sites including 8 acute hospitals, 3 Multi Purpose Services, 3 community health centres and 2 mental health inpatient facilities. SNSWLHD partners with ACT Health, tertiary partners and major Sydney hospitals to support local patients who require high-level specialist care.

The District has been on a significant journey to improve performance and culture and ensure that we are creating and embedding a way of working together that supports us to achieve our vision of 'supporting our communities to lead healthy lives'. Our transformation journey has focused on performance, planning and partnerships including supporting our workforce to deliver safe, sustainable, patient centred care closer to home, and a sustained and enhanced focus on improving our performance and strengthening the foundations for future sustainability.

**The next step** for the District is to propose a structure that brings together acute and community services under a single directorate model to improve the quality consistency, and equity of our health care systems to deliver strengthened functions and management structures through consolidation of services.

This will support prioritisation of working together across the whole of the system to make care seamless and accessible; realigning services to support greater effectiveness to enhance capacity; and to support sustainable service delivery models. The District will achieve this by thinking and working differently, committing to building capability and capacity across all care settings. This will support a high performing, whole of district team that operates 'Together as One'.

## Rationale for taking the next step

There is an increasing focus on strengthening services to improve outcomes and to help address demand for acute hospital services through reducing hospital admissions, readmissions, and length of stay. The District have made a clear commitment to improving the integration between hospital and out of hospital services, with a specific priority in linking hospital services and patient care in the community. This integration will continue to support improving care across settings.

The answer to the pressure on our hospitals in the District is not more hospitals. To improve the health outcomes for our communities the District is focusing on working together across our out of hospital services and hospital services to increase the treatment opportunities for patients in the community setting. This shift will free up our hospitals to treat the most acute patients who need hospital level care.

The District must capitalize on opportunities to expand the range of community services provided within considerable financial constraints.

Opportunities exist to deliver more effective, efficient, and aligned community health services by optimising service delivery; expanding services that are eligible for Activity-Based Funding (ABF); and expanding roles and accountabilities to create economies of scale. This can be achieved through:

- Restructuring of teams - changes to the organisational structure.
- Realigning and streamlining services to increase efficiency.
- Decommissioning Project Management and other roles.
- Changing the current Hospital in the Home (HiTH) model to become a District service and incorporating the Virtually enhanced Community Care (VeCC).
- Line management changes.
- Strengthening the governance and relationships, both within community health, as well as between community health and the hospital networks.
- Ensuring full alignment of the previous Monaro and Tablelands Network to the formed Inland Network.

The proposed restructure will adhere to, and reflect the NSW Government, NSW Health and Ministers' strategic priorities, Award and Policy requirements.

### Operations Directorate - Direct line report to the Executive Director of Operations

The District is proposing to implement a management model involving the introduction of two General Managers to the Operations Directorate. There will be a General Manager for Community Health and a General Manager for District Services.

It is also proposed to create a new Director of Nursing and Midwifery for Community and District Services. This position will be responsible for ensuring that Community Health District-wide workforce planning and people management strategies are in place that attract, recruit, develop and retain quality nursing and midwifery staff to provide best quality patient care. The role will provide professional leadership to the nursing professions across the Community Care and District Services reporting structure.

It is further proposed to create a new Director Corporate service that will oversee corporate services and hold functional responsibilities across corporate functions.

Whilst there will be new positions it is also proposed to realign the Director Asset services to report directly to the District Director of Finance and Performance. This will be a line management change only, no other changes.

Operations Directorate

This document will not detail the line management changes as they will be outlined in the organisational charts provided.

The table outlines the changes to the Operations Directorate:

Changes	Benefits/Impacts on Services	Staffing Impact
It is proposed to delete the Manager Operations Systems Improvement	It is proposed to create the new Director of Nursing and Midwifery for Community and District Services to support the new structure.	1 staff member affected.
It is proposed to delete the General Manager for District Wide Programs	It is proposed to create the General Manager District Services position	This position is occupied in a temporary capacity.
It is proposed to delete General Manager, Clinical and Corporate Support Services and Projects	It is proposed to create the new Director Corporate Service position	1 staff member affected.
It is proposed to delete the Manager of Community Tablelands and the Community Manager Coastal	It is proposed to create the General Manager for Community Health position	Both positions are occupied in a temporary capacity. There will be 1 staff member affected
It is proposed to realign the Director Asset Services to the Finance and Performance Directorate		This is a reporting line change.

Operations Directorate

The following positions will be new positions created:

	<b>Position Title</b>	<b>Classification</b>	<b>Location</b>	<b>FTE</b>
1.	General Manager Community Health	HSM 5	District	1.0
2.	General Manager District Services	HSM 5	District	1.0
3.	Director Nursing and Midwifery for Community and District Services	NM 6	District	1.0
4.	Director Corporate Services	HSM 6	District	1.0

The following positions are being proposed to be removed from the structure:

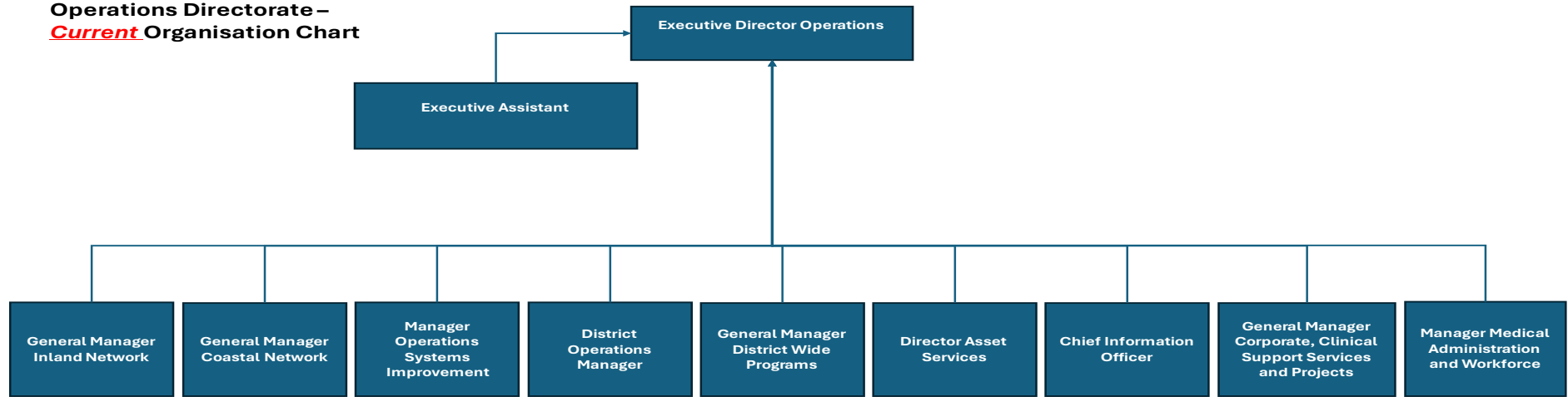
	<b>Position Title</b>	<b>Position Number</b>	<b>Proposed Classification</b>	<b>Location</b>	<b>FTE</b>
1.	General Manager Clinical and Corporate Support Services and Projects	750933	HSM 6	Queanbeyan (LHD)	1.0
2.	General Manager District Wide Programs	780368	HSM 5	Queanbeyan (LHD)	1.0
3.	Manager Operations Systems Improvement	753844	NM 6	Queanbeyan (LHD)	1.0
4.	District Service Operations Manager	779281	HSM 2	Queanbeyan (LHD)	1.0

Revised line management change - The proposed changes to the reporting lines will not have any impact on the services or locations of services:

<b>Position Title</b>	<b>Position Number</b>	<b>Current line management</b>	<b>Proposed line management</b>
Director Asset Services	210625	Executive Director Operations	Executive Director Finance and Performance

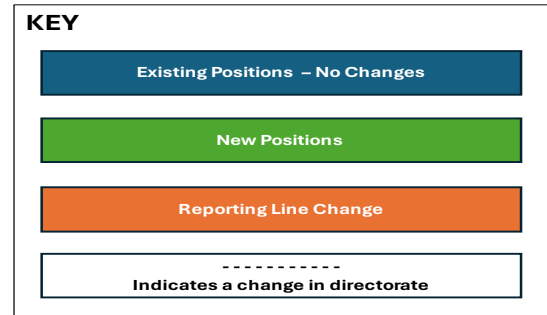
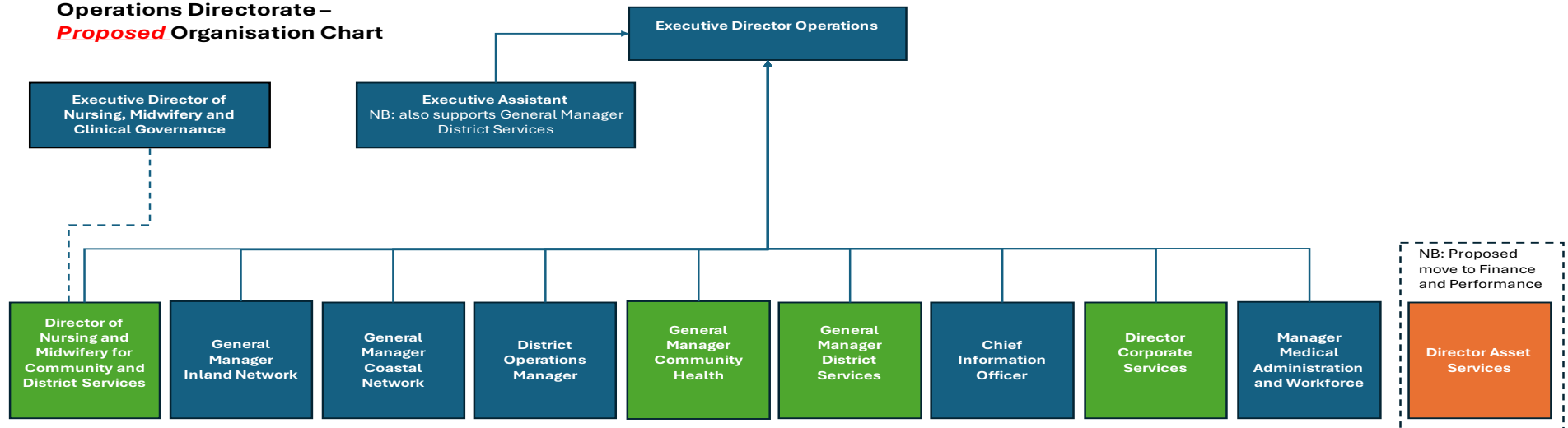
Operations Directorate

**Operations Directorate –  
*Current* Organisation Chart**



# Operations Directorate

## Operations Directorate – *Proposed* Organisation Chart





## District Services Program

The District is proposing to create better alignment of services by joining up teams to work together as one. A centralized hub is being proposed which will be known as the Single Point of Care (SPoC) Service. The SPoC is being proposed to challenge traditional ways of thinking, break down divisional silos and develop technological enablement's to better manage patient access to services and to better manage patient flow as a District Service. Staff will be collocated together where possible.

### Patient Flow Unit (PFU) and the Community Central Intake Service (CCIS) proposed changes.

The Patient Flow Unit and the Community Central Intake Service are currently managed as separate services. It is proposed to bring them together to be managed as one team.

The Director Patient Flow Unit (DPFU) provides District wide support for patients who require flow through, and in and out of the local health district (LHD) to access timely care, while also supporting clinical staff with the clinical management and access to care.

The Community Care Intake Service (CCIS) is a central entry point for referrals both internal and external. The service aims to facilitate access for patients to appropriate community health services.

By bringing these teams together the District is proposing to create a Single Point of Care (SPoC) Service.

The Single Point of Care Service will provide the community, General Practitioners (GPs) and other health care providers with a quick and easy way of referring patients to the most appropriate health service and level of care. The SPoC will:

- Provide a bookings and dispatching service for Non-emergency Patient Transport (*for patients who require transport to and from a health facility such as a hospital or rehabilitation unit and are not medically suitable for other modes of community transport.*)
- Critical care advice virtually.
- Care coordination support and critical care advice to all Emergency Department and facilities across the District.
- Final decision around movement of a patient.
- Referrals to community health services.
- Provide information and support around alternative services that would better meet the patients' needs.
- SPoC will apply a no wrong door approach when processing referrals into the service.

## Hospital in The Home (HiTH) and Virtual enabled Care Coordination (VeCC) proposed changes

HiTH and the VeCC teams are currently managed as separate services it is proposed to bring them together to be managed as one team.

There are currently 4 HiTH units across the District which are located at Queanbeyan, Goulburn, Bega and Moruya. The HiTH review undertaken in the District in October 2021 found that there is significant variation in operations and service delivery across HiTH sites. The HiTH review recommended a standardised approach to HiTH service delivery to ensure optimal patient care, staff safety and efficient utilisation of resources. The HiTH review also recommended incorporating VeCC into HiTH business as usual for all HiTH sites.

Therefore, it is proposed the HiTH clinicians at the sites will be realigned to report to the newly created District HiTH Manager and form part of the District HiTH Team. The VeCC team and the District HiTH team will come together to become one team.

*Please see attached the proposed model of Care for District HiTH.*

## Realigning and streamlining services to increase efficiency.

To streamline services, it is proposed to create a new role of General Manager District Services. This position will become responsible for the services that are provided as a District streamed service. The General Manager District Services will lead the below services:

- Single Point of Care (SPoC) Services.
- District HiTH and VeCC.
- Palliative Care Service.
- Child and Population Health (known as Priority Populations).
- Violence Abuse and Neglect.
- Cancer and Oncology services.
- Aged and Disability Program.
- Renal (strategic management).

It is proposed to realign the Renal units back to the local hospital to lead the operational business of the units. The strategic management of the units will remain with the Renal Manager to lead the implementation of a common approach to Renal Supportive Care across the units in the District.

The table below outlines the changes that will occur with the establishment of the District Services Program:

The table outlines the changes to form the District Services Directorate:

Service	Changes	Benefits/Impacts on Services	Staffing Impact
Patient Flow Unit	<p>It is proposed to delete the Manager of Patient flow, Waitlist and Whole of Health Program position.</p> <p>It is proposed to delete the Patient Transport Nurse Manager position.</p> <p>It is proposed to delete the Patient Transport Unit Nurse Unit Manager position.</p> <p>Line management change only for clinicians and team members not in the above-mentioned management roles.</p>	<p>It is proposed to create a new position, Nurse Manager (NM) of Single Point of Entry to manage the joined-up services as one and to support the implementation of SPoC.</p>	<p>1 staff member affected</p> <p>1 staff member affected</p> <p>1 staff member affected</p>
Community Central Intake Service (CCIS)	<p>It is proposed to delete the Nurse Unit Manager of the Community Central Intake Service.</p> <p>Line management change only for clinicians and team members.</p>	<p>It is proposed to create a new position, Nurse Manager (NM) of Single Point of Entry to manage the joined-up services as one and to support the implementation of SPoC (same role as identified above).</p>	<p>1 staff member affected</p>

Operations Directorate

Hospital in The Home (HiTH)	Line management change only.	<p>To address the variation in operations and service delivery across HiTH sites.</p> <p>To ensure optimal patient care, staff safety and efficient utilisation of resources and recommended in the District HiTH review 2021.</p>	Reporting line changes only from local site management to District Hospital in the Home (HiTH) and Virtually enhanced Community Care (VeCC) Manager position.
Virtual enabled Care Coordination (VeCC)	It is proposed to delete the Nurse Manager Integrated Care Initiatives (VeCC).	A new position will be created, District Hospital in the Home (HiTH) and Virtually enhanced Community Care (VeCC) Manager to manage both HiTH and VeCC to support the teams to come together as one and to meet the recommendations of the District HiTH review 2021.	1 staff member affected
Priority Populations	There is a title change to the Manager of Priority Populations to Manager Child and Population Programs		

The following positions will be new positions created:

	Position Title	Proposed Classification	Location	FTE
1.	Single Point of Care (SPoC) Manager	NM 3	District	1.0
2.	Nurse Unit Manager (NUM) of CCIS and Patient Low Unit	NUM 2	District	1.0
3.	Nurse Manager Hospital in the Home and Virtually enhanced Community Care	NUM 2	District	1.0

The following positions are being proposed to be removed from the structure:

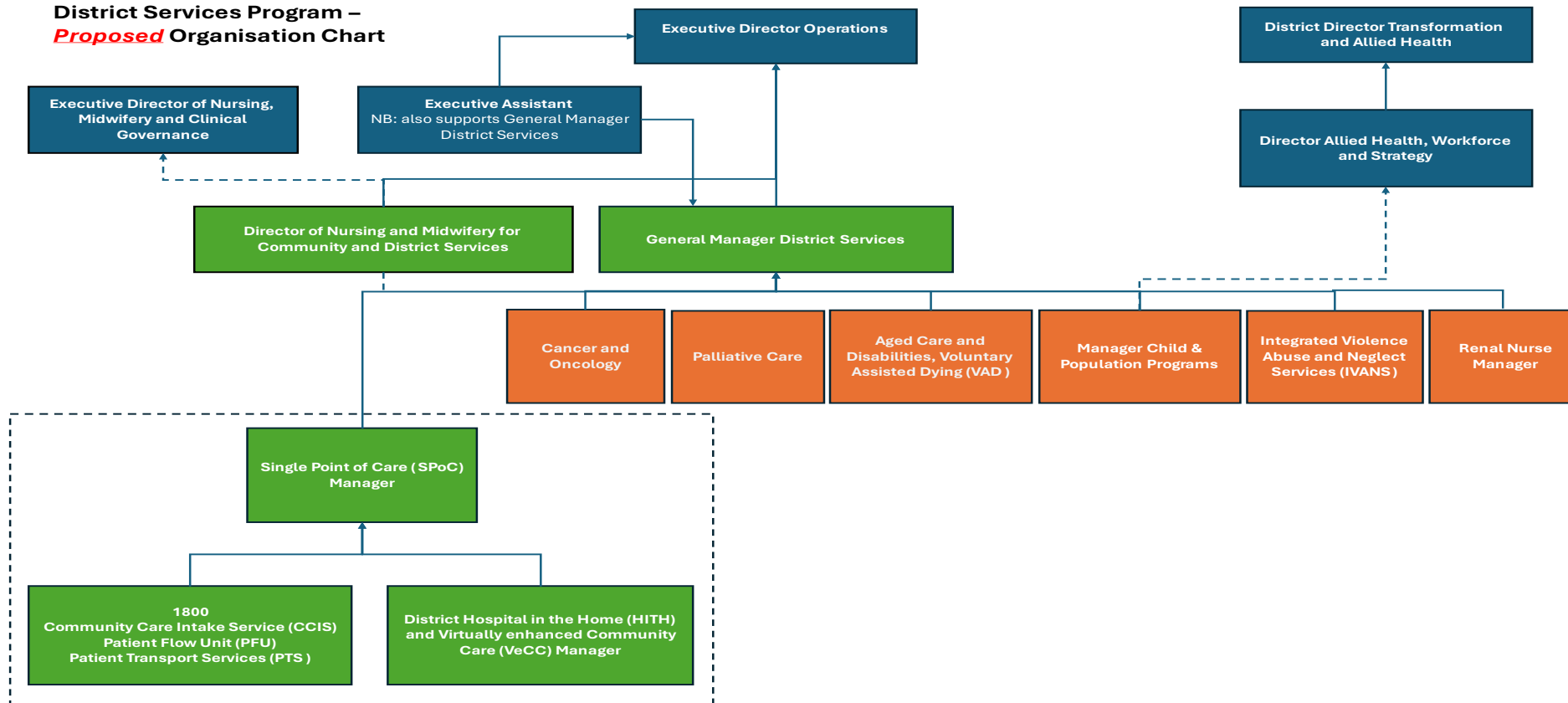
	Position Title	Position Number	Classification	Location	FTE
1.	Manager of Patient flow, Waitlist and Whole of Health Program	711905	HSM 4	Queanbeyan (LHD)	1.0
2.	Patient Transport Nurse Manager	717740	NM 1	Goulburn	1.0
3.	Patient Transport Unit Nurse Manager	712090	NUM 1	Goulburn	1.0
4.	Nurse Manager of the Community Central Intake Service	711500	NM 2	Queanbeyan (LHD)	1.0
5.	Nurse Manager Integrated Care Initiatives (VeCC)	777466	NM 3	Queanbeyan (LHD)	1.0

Revised line management change - The proposed changes to the reporting lines will not have any impact on the services or locations of services: please see the organization chart for positions who will have a line management change.

Positions currently sit across various teams within directorates. Due to this we cannot provide previous organisational charts as the spread of positions is wide and not aligned to current organisational charts. Clarification can be provided on position locations and any other details on request and all relevant information will be provided.

# Operations Directorate

## District Services Program – *Proposed* Organisation Chart



Operationally Renal to be realigned to the sites. NUM report to site DON at local sites.

**KEY**

- Existing Positions – No Changes
- New Positions
- Reporting Line Change
- Indicates a team

**Community Health Sector**

To further streamline services the General Manager for Community Health will be established and recruited. This position will oversee the community health services that are currently delivered as part of the Network structures. There will also be a new position created – Community Allied Health Manager.

The table below outlines the changes to create the realignment of Community health Services:

<b>Service</b>	<b>Changes</b>	<b>Benefits/Impacts on Services</b>	<b>Staffing Impact</b>
Community Health Sector	<p>It is proposed to delete the Manager of Community and Integrated Care – Tablelands, Monaro and Coastal</p> <p>Line management change only for service providers</p>	<p>It is proposed to recruit to the new General Manager Community Health position.</p> <p>It is proposed to recruit to a new position Community Allied Health Manager position.</p>	<p>3 positions affected.</p> <p>Please see the org chart.</p>

The following positions are currently in place or will be recruited to as part of the realignment:

	<b>Position Title</b>	<b>Proposed Classification</b>	<b>Location</b>	<b>FTE</b>
1.	Manager Community Allied Health	HSM 4		1.0
2.	Nurse Manager Community Health	NM 3		1.0
3.	Community Health Nurse Unit Manager – Inland	NUM 2		3.0
4.	Community Health Nurse Unit Manager – Eurobodalla	NUM 2		1.0
5.	Community Health Nurse Unit Manager – SERH	NUM 2		1.0
6.	Child and Family Nurse Unit Manager	NUM 2		1.0

The following positions are being proposed to be removed from the structure:

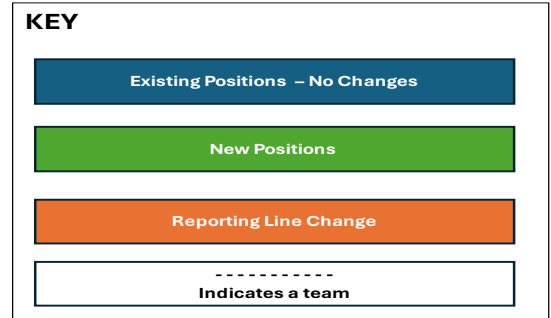
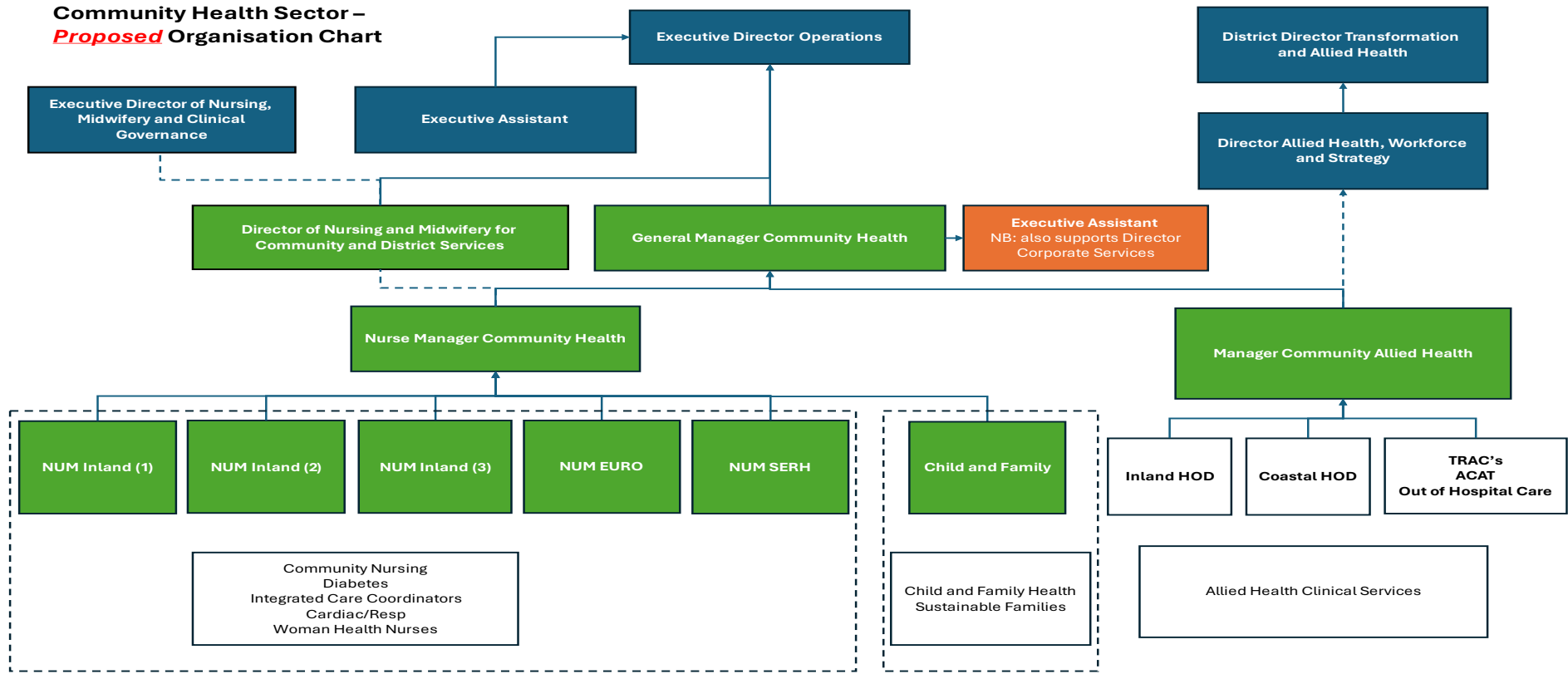
	<b>Position Title</b>	<b>Position Number</b>	<b>Classification</b>	<b>Location</b>	<b>FTE</b>
1.	Manager of Community & Integrated Care – Tableland	713832	HSM 4	Goulburn	1.0
2.	Manager of Community & Integrated Care – Coastal	713837	HSM 4	Moruya/Bega	1.0
3.	Manager of Community & Integrated Care – Monaro	713835	HSM 4	Queanbeyan/Cooma	1.0

Positions currently sit across various teams within directorates. Due to this we cannot provide previous organisational charts as the spread of positions is wide and not aligned to current organisational charts. Clarification can be provided on position locations on request and all relevant information will be provided.



Operations Directorate

**Community Health Sector –  
*Proposed* Organisation Chart**



## Corporate Services

The Director of Corporate Services will be responsible for:

- Contract management
- Security
- Sustainable environments
- Cross Border Relationships
- Service Planning
- Executive leadership (including leading Operational and Strategic Plans)
- Medical Imaging
- Health Information

It is proposed to divide the Safety and Security functions. Responsibility for Security will remain under the management of Corporate Services, and it is proposed Safety will be moved to the People and Culture Directorate.

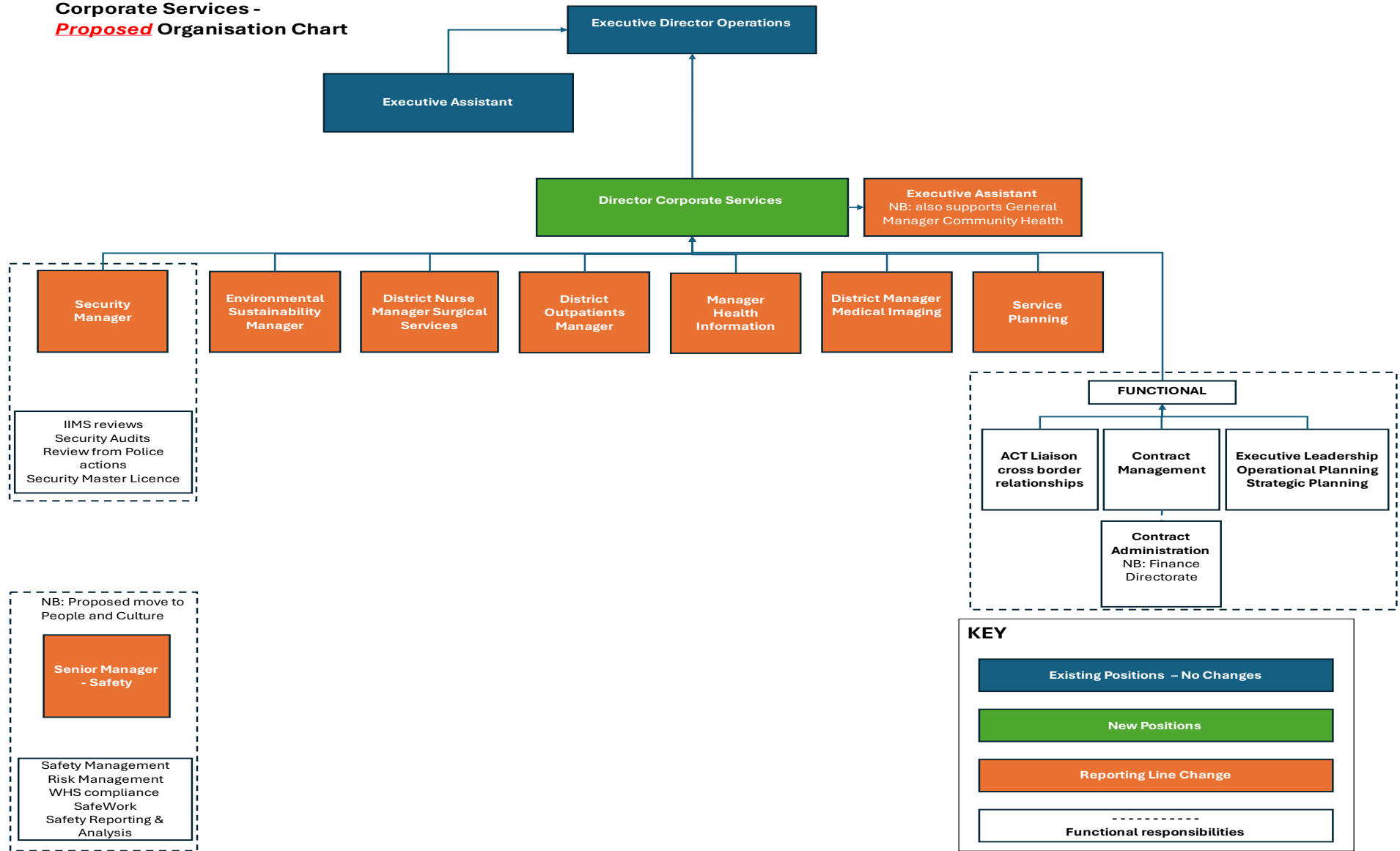
Contract Management will have strategic oversight of operational contracts across the District. Contract administration will remain within the Finance Directorate.

The table below outlines the changes to create the realignment of Corporate Services

Service	Changes	Staffing Impact
Safety and Security	It is proposed to separate safety and security. Security will remain under Corporate Services and Safety will be realigned to People and Culture.	Reporting line changes only.
Contract Management	Contract Management will have strategic oversight of operational contracts across the District.  Contract administration will remain within the Finance Directorate.	Nil

# Operations Directorate

## Corporate Services - *Proposed* Organisation Chart



## Decommissioning Project Management and other roles

As the health needs of our communities evolve, the service requirements and the delivery of services also changes. It is imperative that our structures and workforce are aligned to support these changes and needs. It is therefore proposed that some positions will no longer be required in their current format. All effort will be made to match affected staff to similar positions, however where affected staff are not matched to any vacant/new positions, they will be referred onto the Workforce Mobility Program.

The following positions are being proposed to be removed from the structure:

	Position Title	Position Number	Classification	Location	FTE
1.	TACP Project Manager	728892	HSM 3	Queanbeyan (LHD)	1.0
2.	Project Manager Paediatrics	754139	HSM 3	Queanbeyan (LHD)	1.0
3.	CIFTS Administration Officer	781414	AO 4	Goulburn	0.53

## Realignment of Tablelands and Monaro positions to the Inland Structure

The following graded positions are being proposed to be removed and re classified as per the Allied Health Award:

	Position Title	Position Number	Classification	FTE
1.	Monaro Network Head of Department Occupational Therapy	714228	Occupational Therapist Lvl 5	1.0
2.	Monaro Network Head of Department Speech Pathology	714233	Speech Pathologist Lvl 4	1.0
3.	Monaro Network Deputy Head of Department Physiotherapy	714224	Physiotherapist Lvl 3	0.79
4.	Monaro Network Head of Department Dietetics	714226	Dietitian Lvl 4	1.0
5.	Monaro Network Head of Department Social Work	714218	Social Worker Lvl 5	1.0
6.	Monaro Network Head of Department Physiotherapy	714222	Physiotherapist Lvl 5	1.0
7.	Tablelands Network Head of Department Social Work	714218	Social Worker Lvl 5	1.0
8.	Tablelands Network Head of Department Speech Pathology	714220	Speech Pathologist Lvl 4	1.0
9.	Tablelands Network HOD Dietetics	714213	Dietitian Lvl 4	0.8
10.	Tablelands Network Head of Department Occupational Therapy	714216	Occupational Therapist Lvl 5	1.0
11.	Tablelands Network Head of Department Physiotherapy	714210	Physiotherapist Lvl 6	1.0
12.	Tablelands Network Violence Abuse & Neglect (VAN) Team Leader	713622	Social Worker Lvl 5	1.0
13.	Monaro Network Violence Abuse & Neglect (VAN) Team Leader	713622	Social Worker Lvl 5	1.0

Operations Directorate

The following graded positions will be created in the Inland Network

	<b>Position Title</b>	<b>Proposed Classification</b>	<b>Location</b>	<b>FTE</b>
1.	Inland Network Head of Department Occupational Therapy	Occupational Therapy Lvl 6	Inland	1.0
2.	Inland Network Head of Department Speech Pathology	Speech Pathology Lvl 5	Inland	1.0
3.	Inland Network Head of Department Physiotherapy	Physiotherapy Lvl 6	Inland	1.0
4.	Inland Network Head of Department Social Work	Social Worker Lvl 6	Inland	1.0
5.	Inland Network Head of Department Dietetics	Dietetics Lvl 5	Inland	1.0
6.	Inland Network Violence Abuse & Neglect (VAN) Team Leader	Social Worker Lvl 6	Inland	1.0

## Implementation of the proposed future sustainable model

### Affected staff members

Individual meetings with staff members who may be affected will take place throughout the change process. The proposed changes will be managed in line with the NSW Health Policy Directive [Managing Excess Staff of NSW Health Service \(PD2012\\_021\)](#)

### Consultation methodology

This consultation period will be open to SNSWLHD staff for 4 weeks from 31 October 2024 to 28 November 2024. During the consultation period the District are seeking your consideration to the following questions:

- Do you have any concerns about the proposal? If so, what are they?
- Do you have any other feedback you would like to be considered in relation to the proposed changes?

Staff are invited to attend 2 virtual consultation meetings to be held on 5 November 2024 and 13 November 2024 to ask any questions and provide feedback.

Your written feedback to the above questions and any further feedback will be collected by email, please send responses directly to [SNSWLHD-EDO@health.nsw.gov.au](mailto:SNSWLHD-EDO@health.nsw.gov.au) by close of business 28 November 2024.

### Consultation with Industrial Organisations

The Health Services Union (HSU) and the New South Wales Nurses and Midwives' Association (NSWNMA) will be notified of the proposal and provided with the Consultation Paper, as well as an opportunity to comment on the proposal.

### Information for Staff

Staff that will be affected by the proposals set out in this document will be contacted individually and advised of the proposed changes, prior to consultation commencing.

All staff to be reminded of the support services available via the Employee Assistance Program (EAP) which is a free strictly confidential

and professional counselling service staff can access the program by contacting TELUS Health on 1300 360 364. More information is also available via the [myHub – Employee Assistance Program \(EAP\)](#).

### Estimated Staff Redeployment

Affected staff will be supported to be redeployed within the new structure or elsewhere within the District, in accordance with the [NSW Government Workforce Mobility Placement \(WMP\) Policy](#).

Advertisement for positions will be undertaken with a merit-based selection process in accordance with the NSW Health Policy Directive [Recruitment and Selection of Staff to the NSW Health Service \(PD2023\\_024\)](#):

It is our intent to engage in genuine consultation with staff and Unions.

### Restructure Timeframe

TASK	Timeframes
Consultation period with all affected staff and unions commences for 4 weeks.	31 October 2024 to 28 November 2024
Communication email issued to all affected staff and will include a copy of the following supporting documents: <ul style="list-style-type: none"> <li>• Proposed Restructure Consultation Document,</li> <li>• Proposed new Position Descriptions</li> </ul> Email will also include information regarding 2 virtual consultation meetings which affected staff can also choose to attend, to ask any questions and provide feedback.	31 October 2024
Letter sent to unions (HSU/NSWNMA/ASMOF) advising of the proposed restructure along with a copy of the email which was sent to all affected staff (including a copy of the relevant supporting documents listed above).	31 October 2024
Consultation period for 4 weeks closes	28 November 2024



New structure finalised taking account all feedback. Noting the new structure to be approved by Chief Executive (CE) prior to implementation.	12 December 2024
Virtual team meetings held to advise/inform affected staff: <ul style="list-style-type: none"> <li>• Overview of feedback received and reviewed during consultation period</li> <li>• Next steps (i.e. details of new structure, implementation plan and timeframes)</li> <li>• Copy of new implemented organisational charts shared</li> </ul>	Prior to the 12 December 2024
Individual affected staff to be provided with an affected letter, and options discussed.	12 December 2024
Affected staff to apply for newly created positions via standard recruitment processes. Process and anticipated timeframes for this process below:	Recruitment will commence January 2025
• New positions advertised	22 January 2025
• Applications closed for new positions	4 February 2025
• Shortlisting completed for new positions	11 February 2025
• Interviews completed for new positions	4 March 2025
• Confirm successful candidates to the new positions	18 March 2025
• Affected staff from who have not been appointed to another position following the restructure and the above recruitment process are to be managed in accordance with the <i>Managing Excess Staff of the NSW Health Service</i> and in accordance with the NSW Government Workforce Mobility Placement Policy.	

## Position Descriptions for new positions attached (Hyperlinks to the PDs to be included)

Position Title	Proposed Classification	Location	FTE
Single Point of Care (SPoC) Manager	NM 3	District	1.0
Nurse Unit Manager (NUM) of CCIS and Patient Low Unit	NUM 2	District	1.0
Nurse Manager Hospital in the Home and Virtually enhanced Community Care	NUM 2	District	1.0
Manager Community Allied Health	HSM 4	District	1.0
Nurse Manager Community Health	NM 3	District	1.0
Community Health Nurse Unit Manager – Inland	NUM 2	Inland	3.0
Community Health Nurse Unit Manager – Eurobodalla	NUM 2	Coast	1.0
Community Health Nurse Unit Manager – SERH	NUM 2	Coast	1.0
Child and Family Nurse Unit Manager	NUM 2	District	1.0
General Manager Community Health	HSM 5	District	1.0
General Manager District Services	HSM 5	District	1.0
Director Nursing and Midwifery for Community and District Services	NM 6	District	1.0
Director Corporate Services	HSM 6	District	1.0
Inland Network Head of Department Occupational Therapy	Occupational Therapy Lvl 6	Inland	1.0
Inland Network Head of Department Speech Pathology	Speech Pathology Lvl 5	Inland	1.0

Operations Directorate

Inland Network Head of Department Physiotherapy	Physiotherapy Lvl 6	Inland	1.0
Inland Network Head of Department Social Work	Social Worker Lvl 6	Inland	1.0
Inland Network Head of Department Dietetics	Dietetics Lvl 5	Inland	1.0
Inland Network Violence Abuse & Neglect (VAN) Team Leader	Social Worker Lvl 6	Inland	1.0