

1. *Has the District conducted a workload review where redistribution and reallocation of work will be done amongst remaining staff?*

- Following our meeting on 11 October 2024, each Service Director or General Manager has provided further information requested by the HSU detailed within the attached 'Management Review Assessment' document. This document provides further detail about the reason for the proposed position deletion being either:

a) Reduction in Work: The workload for this role has decreased significantly (e.g. due to technological advancements or a decrease in service demand); or

b) Work Redesign: The role has been adjusted or merged into a broader function as part of a service review; or

c) Work Reallocation: The tasks from this role have been redistributed among existing team members.

Further, details on how the remaining tasks will be managed will be found under the Work Distribution (column I) i.e. how tasks will be redistributed among current staff, any adjustments or changes that have been made to ensure the smooth absorption of work, or why the work is no longer needed, if applicable.

2. *Has there been a WHS risk assessment undertaken to assess increase in workload arising from deletion of FTEs.*

- Please refer to the Management Review Assessment document (column J)

3. *How the workload will be redistributed/re-allocated to create a work balance amongst the staff.*

- Please refer to the Management Review Assessment document (column I)

4. *The various initiatives mentioned in the USCC this morning which were being introduced to assist with the workload.*

- Please refer to the Management Review Assessment document (columns G and H)

5. *Please specify which duties will be managed and directed by technology and which duties will be performed by staff.*

- Please refer to the Management Review Assessment document (columns G – I)
6. *SDPR implementation for NSLHD is slated for mid-2026, who will be performing the data roles using the current system till 2026 if roles are being deleted under this restructure?*
- This is currently under assessment during the consultation period.
7. *Which roles will be managed by HealthShare/Ministry of Health/LHD under the new structure.*
- Transactional revenue, debt recovery, and system functions will be managed by HealthShare, while financial accounting and liaison functions remain with NSLHD.
8. *Is there a possibility of further job losses resulting from management review.*
- The Management Review as scoped out in the attached consultation document identifies all positions that are being proposed to be deleted, some of which are vacant.
  - Generally, where any restructure is likely to significantly impact groups of staff members, the District is committed to open and transparent consultation with both employees and the HSU. We recognise the importance of maintaining a collaborative approach in such circumstances and will ensure that all affected parties are kept informed and supported throughout any process of change. NSLHD will always endeavour to limit any staff impact wherever possible and will always explore other alternatives before proceeding.
9. *Will there be regrades or PD updates due to staff taking on additional workload? Or is the LHD planning to increase salaries within the band itself considering that the employed staff will have additional duties to perform?*
- It is not envisaged that there will be regrades or changes to PDs as a result of this change, apart from the MHDA role which will need an updated PD (see attached for details). The existing mechanisms for PD updates and regrading remain in place for NSLHD, salary increase is determined by the award and/or annual Performance Review process.

*10. Please, also confirm that no action will be taken by management, nor any progress made towards implementation of the proposed structure till the consultation period ends and all concerns have been adequately addressed.*

- NSLHD has provided the HSU with additional information. The consultation period is currently planned to end on Tuesday, 22 October (close of business) for staff. However, NSLHD will extend HSU consultation period till close of business 27 October, and that where already requested by individual staff members further meetings and discussions are occurring.

Directorate	Position Name	Award	FTE	Reason for Deletion <i>Select from drop down box below</i>	Explanation <i>Provide a brief explanation of why this reason applies.</i>	Work Distribution <i>Detail how the tasks will be redistributed or why they are no longer needed.</i>	Risk Assessment/Mitigation Strategies <i>Describe potential risks and how they will be managed.</i>	Further Review Needed <i>Yes / No - Highlight if a workload assessment or further review is needed.</i>
HKH	Wardsperson Manager	HSM1	1	Work Reallocation	Resilience funded role initiated during Covid. Funding for the role is not recurrent.	Work activities will be distributed between the existing Chief Wardsperson and the General Services Manager. The Chief Wardsperson will be responsible for the day-to-day operational functioning of the service including supervision, education, and PDRs. The General Services Manager will be responsible for the strategic professional leadership and planning of the service.	This realignment of duties/functions will be routinely monitored to ensure work load volumes are managed adequately, minimising any disruptions or service interruptions.	No - Further reviews will be conducted with the team to ensure any redistribution of work can be adequately managed.
HKH	Quality, Safety & Wellness Coordinator	HSM1	0.5	Work Reallocation	A proportion of the activities in this role are being performed across the team. The remaining activities can be re-allocated	Work activities are already shared across the Governance Team.	This realignment of duties/functions will be routinely monitored to ensure work load volumes are managed adequately, minimising any disruptions or service interruptions.	No - Further reviews will be conducted with the team to ensure any redistribution of work can be adequately managed.
HKH	Executive Assistant	A05	0.8	Work Reallocation	The manager that this role reports to does not have an EA allocation. A previous manager took an admin role from another service to create this role which did not have funding. A re-alignment of the role is required.	Work activities will be distributed across the staff group remaining with an EA role shared between 2 managers	This realignment of duties/functions will be routinely monitored to ensure work load volumes are managed adequately, minimising any disruptions or service interruptions.	No - Further reviews will be conducted with the team to ensure any redistribution of work can be adequately managed.
MHDA	MH Information Officer - excluding from union	HSM2	0.6	Reduction in Work/Program	There is increased automation in the scope of the position that is no longer required. The training component of the role is required.	This is part of a 1FTE position. The training component will be retained at 0.4FTE and be reallocated to the MHDA Learning and Capacity Team (Training and Education Team) for ongoing implementation.	The essential component of the 1FTE position has been retained.	No the PD is currently being reworked for the 0.4FTE.
MVH	Volunteer Coordinator	HSM1	0.6	Work Reallocation	Allocated activity for Volunteer Coordination are able to be accommodated within responsibility of existing management staff	Within AYAH, Volunteer Coordination will be the overall responsibility of the Service Manager, with day to day coordination shared between Nursing Unit Manager and Administrative Officer. At MVH, Volunteer Coordination will be overseen by the Director of Nursing, with coordination from the Administration Manager.	Due to the non-essential nature of volunteer coordination at AYAH, the workload is adjusted daily based on available volunteer resources and is managed flexibly within the Manager's workload, without shifting the burden to other volunteers.	No - Further reviews will be conducted with the team to ensure any redistribution of work can be adequately managed.
People & Culture	Wellbeing Coordinator	HSM1	1	Work Redesign	Focus of our resources has shifted to prioritising the implementation of the NSLHD Psychological Health and Safety Framework with an HM3 resource leading this work	HM1 work no longer required. Communication of ongoing services will be online and via intranet with staff self service where applicable e.g. Fitness Passport, and overseen by the office of the Executive Director People and Culture and Project Lead Psychological Health and Safety.	No potential risks.	No
People & Culture	Injury Management Deputy Manager	HSM3	1	Work Redesign	Focus of our resources has shifted to enhancing capacity of the HM2 positions within this service.	HM4 position has assumed managerial responsibilities.	No potential risks.	No
People & Culture	EAP Psychologist & Manager	HSM3	1	Work Reallocation	EAP Service being outsourced in full to PeopleSense our existing external provider	EAP Service being outsourced in full to PeopleSense our existing external provider	No potential risks.	No
People & Culture	EAP Counsellor	SW3	1	Work Reallocation	EAP Service being outsourced in full to PeopleSense our existing external provider	EAP Service being outsourced in full to PeopleSense our existing external provider	No potential risks.	No
People & Culture	EAP Psychologist	SPsych	0.5	Work Reallocation	EAP Service being outsourced in full to PeopleSense our existing external provider	EAP Service being outsourced in full to PeopleSense our existing external provider	No potential risks.	No
Population Health	Healthy Lifestyle – Area Program Coordinator	A05	1	Reduction in Work/Program	Program coordinator role no longer required due to implementation of online enrolment system (short term) and transition of Healthy Lifestyle program to NGO provider (longer term).	Short term casual admin support to be engaged for enrolment periods (1-2 weeks per term) during transition/phase-out of Healthy Lifestyle (until end-June 2026).	No potential risks.	No
RNS	ERIC Data Manager	HSM3	1	Work Reallocation	Currently under discussion	Currently under discussion	Currently under discussion	Yes - Further review required.
RNS	Spinal Unit and Royal Rehab Liaison Officer	HSM1	0.6	Reduction in Work/Program	Currently under discussion	Currently under discussion	Currently under discussion	Yes - Further review required.
RNS	PLO Team Leader	HSM1	1	Work Redesign	In line with the Shared patient billing proposal from the Ministry of Health, a function of this role will become obsolete. The remaining minor functions will be reallocated across the team.	The Team Leader tasks will be reallocated to the Manager, Revenue RNSH.	Manager will determine workload priorities.	No
RNS	Admin Team Leader	HSM1	1	Work Reallocation	The current portfolio for Patient Services Information Unit (PSIU) Outlying Areas Administration cost centre currently covers Clinical Services Building (CSB) and Aged Care Administration, noting it is the smallest portfolio within the PSIU structure. It has been determined that realignment can occur for these two areas into other PSIU Administrative Manager portfolios to create efficiencies within the administrative structure.	Tasks previously performed by this role will be redistributed within the PSIU Management Team and also to the 2 Team Leaders within this portfolio. There are work changes within the CSB admin areas including digitisation of antenatal records which has the removal of the satellite record (disparate approach to medical records within the unit). They have also implemented Pre-NAP registration and e-referrals which has created efficiencies within the work areas by reducing manual entry and paper driven workflows.	The Management Team and Team Leaders within the portfolio have dealt with process change over the last 6 months and will be supported to ensure their capacity and workload is within their position description and within acceptable limits.	No - Further reviews will be conducted with the team to ensure any redistribution of work can be adequately managed.
Finance & Corp Ser	Manager Fleet, Energy & Corporate Co-Ordination	HSM3	1	Reduction in Work/Program	Mandatory implementation of telematics reduces the administrative and reporting burden with the current fleet processes. As per the practice in the past year, the electric vehicle strategy and fleet reduction strategy can be supported by the role of Sustainability Projects Manager. The position is also able to support energy projects and reporting.	The Director Asset Management will manage the Fleet Manager and team directly for business as usual, and provide strategic guidance and oversight.	Low risk. The Ministry funded Coordinator Asset Management position aligns with management of the corporate coordination	No
Finance & Corp Ser	Creditors Relationship Manager	HSM1	1	Work Redesign	The Financial Accounting function no longer requires HSM1 position due to the subsidy reporting and process standardisation across NSW Health, increased automation with Fusion Cloud, implementation of the cash transformation program, centralisation of banking transactions & the vendor relationship function taken over by the shared services provider HealthShare.	The additional task will be supported by the additional capacity in the cash management team after final implementation of the cash transformation program.	Low risk, function will be aligned with the cash management team.	No
Finance & Corp Ser	Project Director	HSM4	1	Reduction in Work/Program	There are currently few capital works projects in progress compared to the normal volume. Current capital funding is limited, reflecting limited pipeline of capital projects.	The PD has some technical application in their project management skillset. There remains positions with project management experience and expertise, including the Director Capital Works. Minimal pipeline of work, therefore minimal work to be redistributed.	Low risk. Ministry funded position for asset management uplift. Proposal to recruit technical focused position providing technical capability to asset and building maintenance services, including support to the project team for future projects.	No
Finance & Corp Ser	Project Officer	HSM2	1	Reduction in Work/Program	There are currently few capital works projects in progress compared to the normal volume. Current capital funding is limited, reflecting limited pipeline of capital projects.	Positions remain which have this skill set. Minimal pipeline of work, therefore minimal work to be redistributed.	Low risk as remaining positions have skillset. Ministry funded position (Coordinator Asset Management) PD aligns with aspects of this role and can support if required, also provides for team building and succession planning	No

Operations	Manager, Care Pathways & Integration	HSM4	1	<b>Reduction in Work/Program</b>	Health Pathways budget is declining so need to reduce costs and rebalance oversight of the program with its delivery	workload will be reduced proportionally to the reduction in resourcing.	No potential risks.	No
Operations	Data Project & Support Officer	HSM2	1	<b>Work Reallocation</b>	Functions of the role to be incorporated into other positions within the service	workload will be reduced proportionally to the reduction in resourcing.	No potential risks.	No - Further reviews will be conducted with the team to ensure any redistribution of work can be adequately managed.
People & Culture (Vacant)	Recruitment Manager	HSM3	1	<b>Work Redesign</b>	Operating model for Employee Services no longer requires HM3 position due to levels of activity, process standardisation across NSW Health, increased automation, implementation of HCM (cloud) and the planned centralisation of transactions work to HSNSW along with some FTE in 2025.	2 x HM2 team leaders have assumed management responsibilities.	No potential risks.	No
People & Culture (Vacant)	Organisational Development Coordinator	HSM1	1	<b>Reduction in Work/Program</b>	Position has been vacant for some time. Work program of ODaC is being consolidated within the current and future resource envelope. Reduced administrative work across ODaC provides opportunity to consolidate this work across the remaining coordinator positions.	Position has been vacant for some time. Work program of ODaC is being consolidated within the current and future resource envelope. Reduced administrative work across ODaC provides opportunity to consolidate this work across the remaining coordinator positions.	Staff have been consulted prior to redistribution. Some work has ceased and some reallocated. No adverse feedback and workload is monitored by management ongoing.	No
RNS (Vacant)	Admin Team Leader	HSM1	0.7	<b>Reduction in Work/Program</b>	This position has been vacant for over 18 months and within this period, the duties have been reviewed and determined that they are surplus to requirements. This role was heavily involved in recruitment under the Patient Services and Information Unit (PSIU) structure however with the use of the ATF Portal and close to full recruitment, the demands are significantly less.	A significant amount of this position has been absorbed by the PSIU Manager who has taken up those remaining duties including managing the data admin team and ATF oversight.	No risk as demonstrated via the previous 18-month period.	No
RNS (Vacant)	Management Accountant	HSM3	1	<b>Reduction in Work/Program</b>		Staff are currently undertaking the work inline with business activity.	Manager will determine workload priorities.	No