

Michael Kearns
Health Services Union Organiser
E: Michael.Kearns@HSU.asn.au

Dear Michael

Re: Reporting Line Changes.

Thank you for the feedback on the reporting line changes. The District appreciates the time taken to provide the comments.

There are no job losses within the changes proposed. The role of the Executive Assistants will remain and in circumstances of the creation of a new Directorate, *District Medical Services and Clinical Governance*, both current Executive Assistants will remain. These will not be downgraded.

The Director Medical Services and Clinical Governance will be a medical practitioner. This is consistent with other similar Local Health District roles. There will be opportunities within the Directorate for a range of skills and experience.

The feedback has been collated and discussed by the Executive. Many of the comments are positive and supportive. The proposed changes will now commence. The changes to the *Directorate Medical Services and Clinical Governance* and the *Planning, Partnerships and Allied Health Directorate* will progress once the positions have been recruited.

The District will continue to provide updates on the changes. In addition, the separate process on the budget and expenditure of the District will continue to be advised and updates provided to the Health Services Union.

Thank you again for your comments and feedback and the district looks forward to the continuing involvement and feedback from the HSU.

Yours sincerely



Richard Buss
Director Workforce

Memo

2 October 2024

Office of the Chief Executive

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| To | All Staff |
| From | Tracey Maisey |
| Ref | D24/0004389 |
| Subject | Outcome of consultation re Reporting Line Changes |

Consultation with staff to provide feedback on the proposed reporting line changes has now closed. Thank you to all staff and groups that provided feedback.

We have now reviewed all feedback and made some adjustments to the proposal. These adjustments do not alter the overall principles and objectives of these changes which are aimed at aligning functions to better enable NNSWLHD to deliver on its strategic goals. These objectives include:

- enhanced clinical leadership and local talent development,
- integrated care becoming BAU through advanced community-based models of care,
- increased focus on timely and relevant business intelligence,
- simplification of decision making,
- initiatives to 'close the equity gap' and,
- maximum use of technology to enable these initiatives.

There was quite a lot of positive feedback, particularly the alignment of Health Promotion with the Aboriginal Health team and there were also some specific questions and concerns raised. These are outlined below.

Key themes noted during the feedback include:

- Role and reporting arrangements for Allied Health professionals
- Reporting of Treasury Managed Funds (TMF) Insurance and claims
- Naming of the combined services with the Aboriginal Health Directorate
- Role, scope and function of Casemix and Health Records
- Delegation levels
- Governance structure between the CE Office and Executive Assistants

Actions taken to address feedback:

- District Allied Health will see a new position created titled, "Principle Allied Health Advisor" within the *Planning, Partnerships and Allied Health Directorate*. This role will report to the Director with a governance reporting line to the Chief Executive.

A key responsibility of the role will include representation on the Quality and Safety ELT Sub-Committee and Clinical Council [yet to be established]. This will ensure that Allied Health Services are comprehensively represented across the district.

- The TMF reporting lines will be strengthened. Work has commenced on aspects of reporting and monitoring to improve any overlaps, while considering resources and organisational priorities.
- Significant feedback was received on the naming of the combined services with the Aboriginal Health Directorate. Following further consultation with key internal stakeholders, ELT have taken the decision to change the proposed name to Aboriginal Health, Oral Health and Health Promotion Directorate.
- A meeting has occurred to clarify the intent of the changes relating to Casemix and Health Records. To further refine roles and responsibilities, we will have discussions with a broader range of stakeholders once the Director Planning, Partnerships and Allied Health is appointed.
- Delegations will be amended to ensure delegation at the appropriate level based on operational requirements rather than the “Tier Level” of a position.
- Governance structures have been clarified and wording amended between the CE Office and Executive Assistants.

Timeframe for changes

The District will now focus on the implementation phase, and we will continue to provide information to staff as changes are enacted. Managers and staff of these services will be provided with the details and process for the changes.

| Date | Action |
|--|---|
| 11 November 2024 | All services that will report to the Clinical Operations Directorate will transfer |
| 25 November 2024 | Aboriginal Health, Health Promotion and Oral Health will transition to the Aboriginal Health, Oral Health and Health Promotion Directorate. |
| On appointment of the Director District Medical Services and Clinical Governance | The new District Medical Services and Clinical Governance Directorate will be formed, and units/teams which are reporting to this Directorate will transition across. |
| On appointment of the Director Planning, Partnerships and Allied Health | The new Planning Partnerships and Allied Health Directorate will be formed, and units/teams which are reporting to this Directorate will transition across. |

Consultation plays an important role in any change management process, and I again take this opportunity to thank all staff who took the time to provide feedback.

Yours sincerely



Tracey Maisey
Chief Executive