

Proposed Restructure Plan

Clinical Operations – Aged Care, Palliative Care and Rehabilitation
Division

Palliative Care Services

April 2024
DT24/36006

Final Draft

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1. Introduction

It has been eight years since the last formal restructure of the Illawarra Shoalhaven Local Health District (ISLHD). As part of the restructure in 2015, the Chief Executive introduced the role of the Executive Director Clinical Operations. The Clinical Operations Directorate included 6 clinical service divisions and three hospital groups, Northern Illawarra, Southern Illawarra, and Shoalhaven.

One of the six clinical service divisions was the Aged Care Division. The Division delivered the following services across the LHD:

- Aged Care,
- Rehabilitation,
- Palliative Care, and
- Aged Care Outreach.

In 2022, recognising the need to review and reset the current ISLHD structure to ensure it is fit for purpose, the Chief Executive engaged Ernst and Young (EY) to conduct a SWOT of the current state and provide recommendations for a future state design. A final report was delivered in December 2022, which assisted the Core Executive Team with the design of the Tier 2 structure. A decision was made by the Chief Executive and Core Executive to take forward the organisational changes within a Project Framework.

Phase 1 of the Organisational Design Project resulted in the realignment of services provided by Directorates with a targeted focus on drawing on synergies provided by compatible services. One of these changes resulted in the renaming of the *Mental Health and Intergenerational Wellness Directorate* to *Integrated Community Services and Mental Health (ICSMH)*.

Phase 2 of the Project involves Directorate level restructures to ensure structures are configured in a way that reflect synergies with clinical services, professional groups and the ISLHD strategy.

2. Purpose

The purpose of this restructure plan is to describe the in-principal changes proposed for the District Palliative Care Service pending robust consultation and feedback from impacted staff across the district.

The scope of this restructure plan covers the Palliative Care Services that are currently aligned in the Division of Aged Care, Palliative Care and Rehabilitation to realign to the Integrated Community Services & Mental Health Directorate.

3. Palliative Care

2.1 Current State – Service Profile

Palliative Care Services are available across the two operational Hub groups within ISLHD: (the former) Northern Illawarra and Shoalhaven across inpatient and community settings.

Specialist inpatient units are currently based at Bulli District Hospital (15 beds) and David Berry Hospital (8 beds). In the short term the services provided at BDH will be transferred to an 18 bed Acute Palliative Care Unit at Wollongong Hospital providing a Level 6 service in line with the NSW Service Capability Framework.

Palliative Care Consult services are based at TWH and SDMH and service other hospitals in their hubs.

The Community Palliative Care Service has staff based across all community health centres across the District.

Collectively across the District, palliative care services care for over 3,000 patients across inpatient and community settings each year. There are approximately 3,500 deaths in the ISLHD each year and of these, around 1,200 deaths are patients who had been cared for by a palliative care service. In a 12-month period from March 2022 to March 2023, there was 37,937 Occasions of Service (OOS), 27,227 SE and 1904.04 National Weighted Activity Unit (NWAU) for the community service. In the FY 22/23, the bereavement service had 490 OOS, 400 SE and 25 NWAU when the service was at reduced capacity.

2.2 Reason for the Restructure

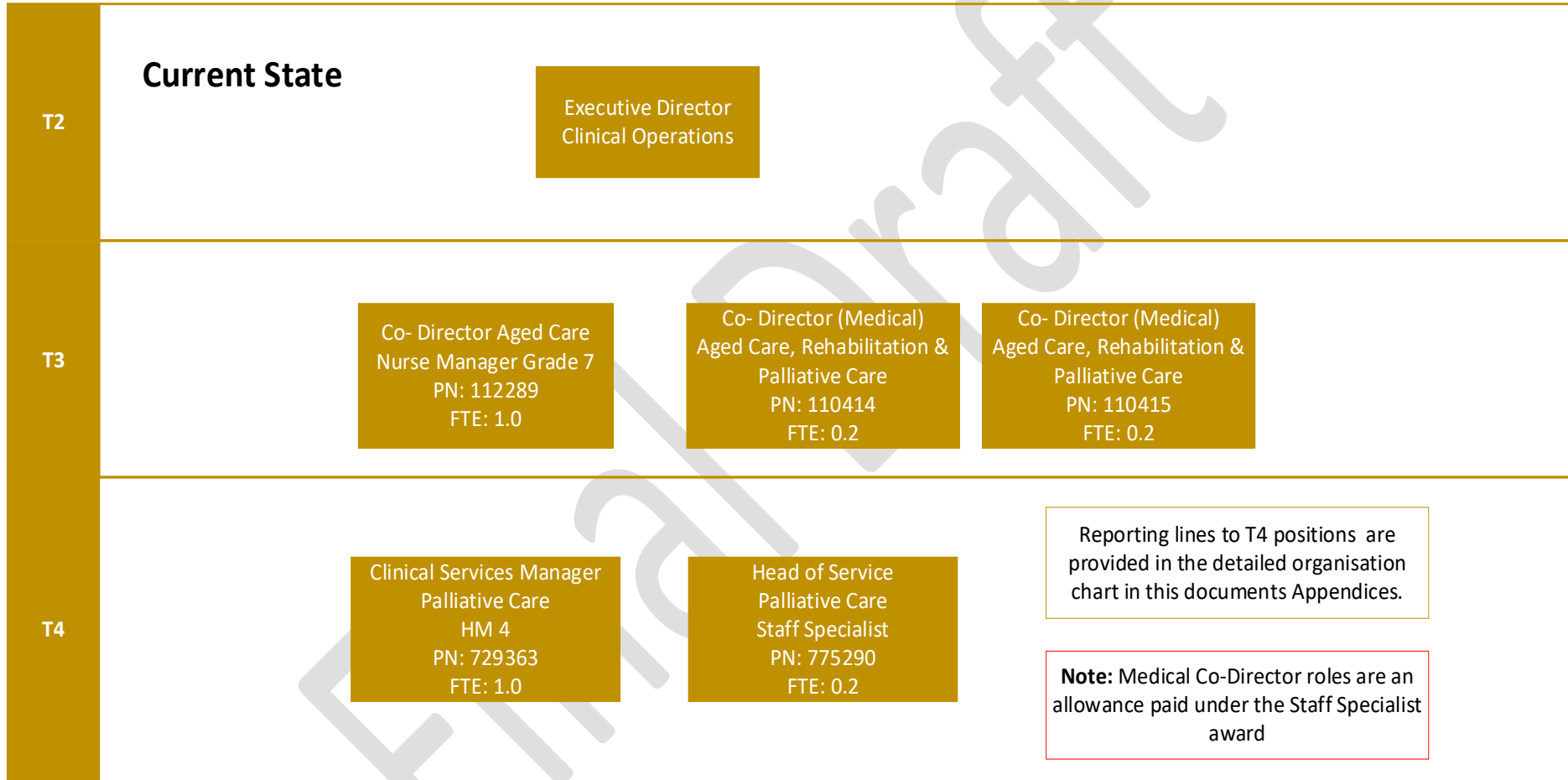
The 10-year vision for ISLHD includes an integrated healthcare system that supports people to stay healthy at their home and in their community. One of NSW Health's strategic priorities is to promote choice of care for individuals approaching the end of their life. The NSW End of Life & Palliative Care Framework 2019-2024 sets out the direction for creating a health system that supports individual preferences. The framework's actions aim to ensure all individuals have accessible and high-quality end of life and palliative care that optimises the quality of life for individuals, their families, and carers, reduces suffering and promotes dignity. The ISLHD Palliative Care Service has undertaken a significant redesign of its community model to reflect the key priorities in the framework and to integrate all elements of Palliative Care services as a cohesive service delivery model.

The final component enhancing the redesign and integration of all palliative care services is the alignment of Palliative Care Services under one Directorate and Executive leadership.

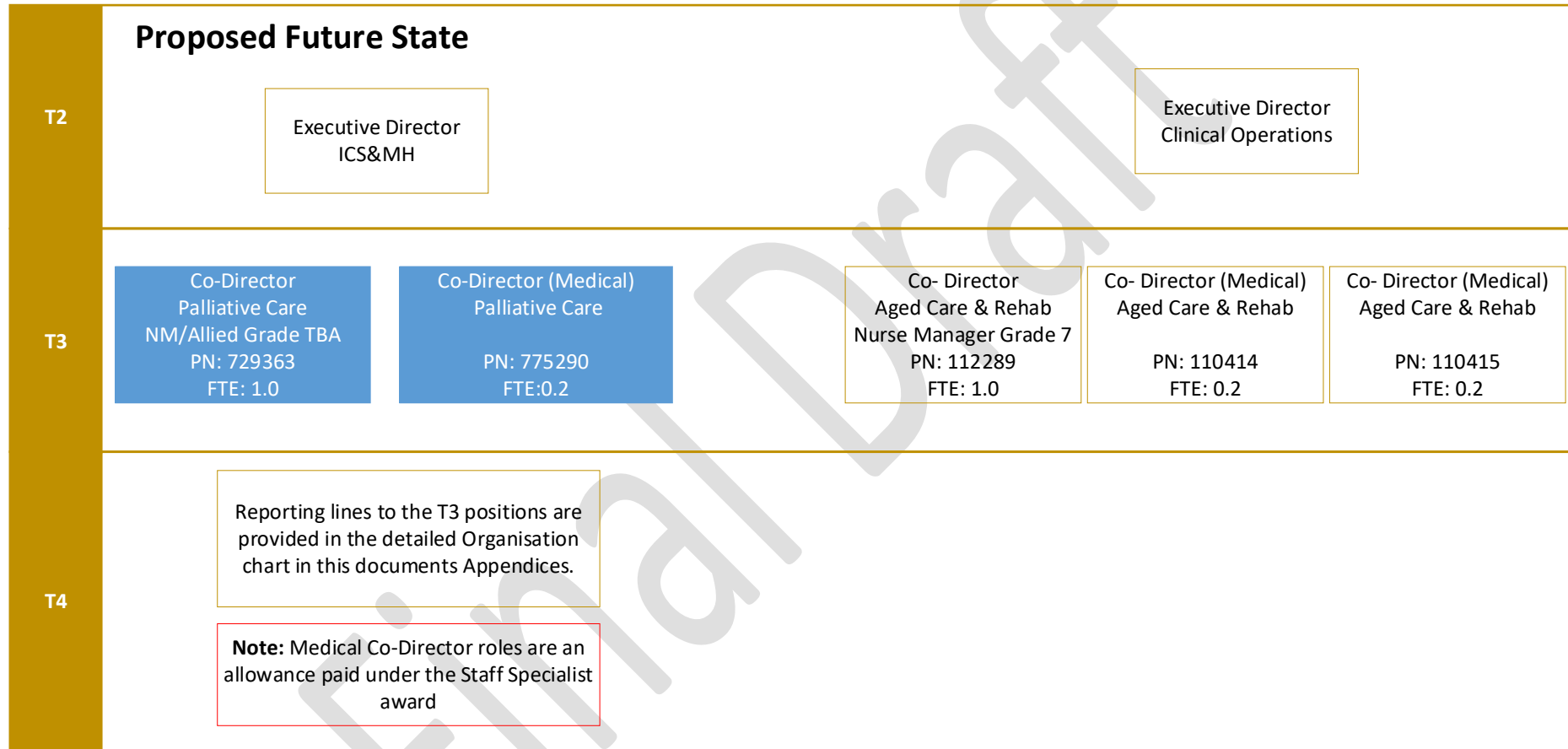
The table below outlines the proposed changes to the Palliative Care service structure, the rationale for the changes, and benefits/impacts on services.

Function/Stream/ Role	Proposed Changes	Rationale for Changes & Benefits/Impacts on Services
Palliative Care	<ul style="list-style-type: none"> • Separation of the Palliative Care Service from the current Aged Care, Palliative Care and Rehabilitation Division within Clinical Operations and realigning a new Palliative Care Division within the Integrated Community Services and Mental Health Directorate. • Establishment of the Co-Director model for Palliative Care Services. 	<ul style="list-style-type: none"> • Service alignment and efficiency gains from creating a single Division that supports the service delivery model across community and inpatient services that integrates specialist medical, nursing, and allied health clinicians. • Service strategic planning and delivery is consolidated into one integrated plan under one accountable Executive Director. • Further opportunities exist for consolidating Palliative Care operational costs and improving future funding grant management. • Creating a management scope for the Division given forecast future growth and expansion in services, including: <ul style="list-style-type: none"> ○ Increases in the Illawarra’s ageing population, forecast to be 25% by 2031, currently 19%. ○ Planned expansions of Bereavement and Volunteer Services. ○ Implementation of a Carer Program. ○ Planned increases in MoH funding for Palliative Care Services.

2.3 Palliative Care Organisational Structure – Current State



3.4 Palliative Care Organisational Structure – Proposed Future State



Position Title Change	Current State No Change	Moving into Stream	Proposed New Position
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2.5 Impacted Staff

It is proposed that the following position/s will be re-titled as part of the restructure pending consultation feedback, to align with the current Co-Director model. Further consideration is required to manage any financial impact arising from the changes. Consideration also to be given to the non-medical Co-Director role classification, Health Manager vs Nurse Manager vs, Allied Health Professional.

	Current Position Title	Current Classification	Proposed Classification	New Position Title	FTE
1.	Head of Service Palliative Care	Staff Specialist with Managerial Allowance Level 2. TBC role performance within non-clinical time	Staff Specialist with TBC Managerial Allowance Level 3	Co-Director Palliative Care Division reporting to EDICSMH	0.2
2.	Palliative Care Clinical Services Manager	HM4	NM7 / Allied Health Classification TBD	Co-Director Palliative Care Division reporting to EDICSMH	1

2.6 Current and Proposed Position Descriptions (PD)

Current Role Title and Current PD	Revised Role Title and PD
Head of Service Palliative Care	Co-Director Palliative Care Division – Medical
Palliative Care Clinical Services Manager	Co-Director Palliative Care Division – non-medical

2.7 Timetable for Implementation

Action	Date
Validation of scope	21/03/2024
In principle approval of implementation plan	21/03/2024
Impacted staff advised	29/03/2024
All communication email issued; will include a copy of the Restructure Plan and new Position Descriptions.	18/04/2024
HSU/NSWNMA/ASMOF advised of restructuring proposal for consultation with members.	18/04/2024
Meeting with Union and staff (if required).	29/04/2024

Consultation period closes – 2 weeks.	02/05/2024
New structure finalised taking account of feedback – approved by Executive Director.	19/04/2024
Team meetings held to advise/inform: <ul style="list-style-type: none"> • Overview of feedback received and reviewed during consultation period. • Outcome. • Next steps. 	15/05/2024
Individual 1:1s held with affected permanent staff – letter provided, and options discussed	N/A
Individual 1:1s held with affected temporary staff – letter provided, and options discussed	N/A
Issue details to team for candidates to apply for newly created positions via standard recruitment processes	16/05/2024
Application closed.	31/05/2024
Shortlisting completed.	07/06/2024
Interviews completed.	14/06/2024
Confirm successful candidates.	21/06/2024
Excess staff 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.	TBA
Advertise any residual vacant roles.	TBA
Final organisational charts operational.	05/07/2024

2.8 Consultation with Industrial Organisations

The Health Services Union (HSU), the New South Wales Nurses’ and Midwives’ Association (NSWNMA) and the Australian Salaried Medical Officers Federation (ASMOF) will be notified of the proposal and provided with the Restructure Consultation Paper, as well as an opportunity to comment on the proposal.

2.9 Information Sessions for Staff

This Restructure Consultation paper and the draft position descriptions will be released for consultation for two weeks. Staff that would be significantly impacted by the proposals set out in this document have been contacted individually and advised of the proposed changes. The Executive Director Clinical Operations will consider feedback from all staff members. Written feedback should be provided to Angela Park, Workforce Support Manager via email Angela.Park@health.nsw.gov.au.

2.10 Possible Effects on EEO Groups

Nil

2.11 Counselling and Vocational Assessment Services for Staff

The affected employees will be provided with support by the Workforce Support Manager during the restructure process.

Staff are reminded of the availability of the [Employee Assistance Program](#) that can be accessed by phone on 1300 687 327. The number is answered 24 hours per day, seven days per week and facilitates enquiries and booking requests.

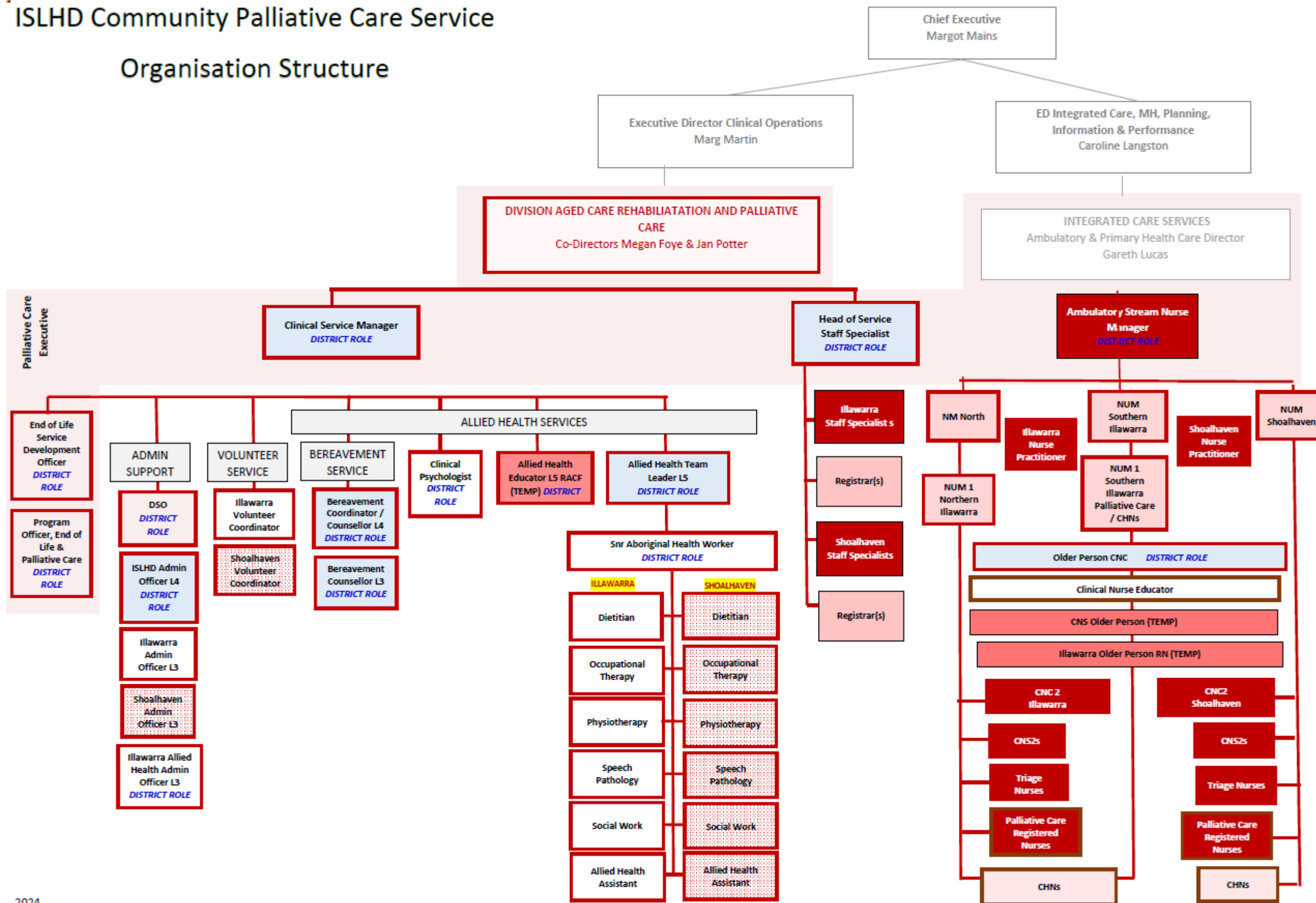
2.12 Estimated Staff Redeployment

If required, 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 Policy.

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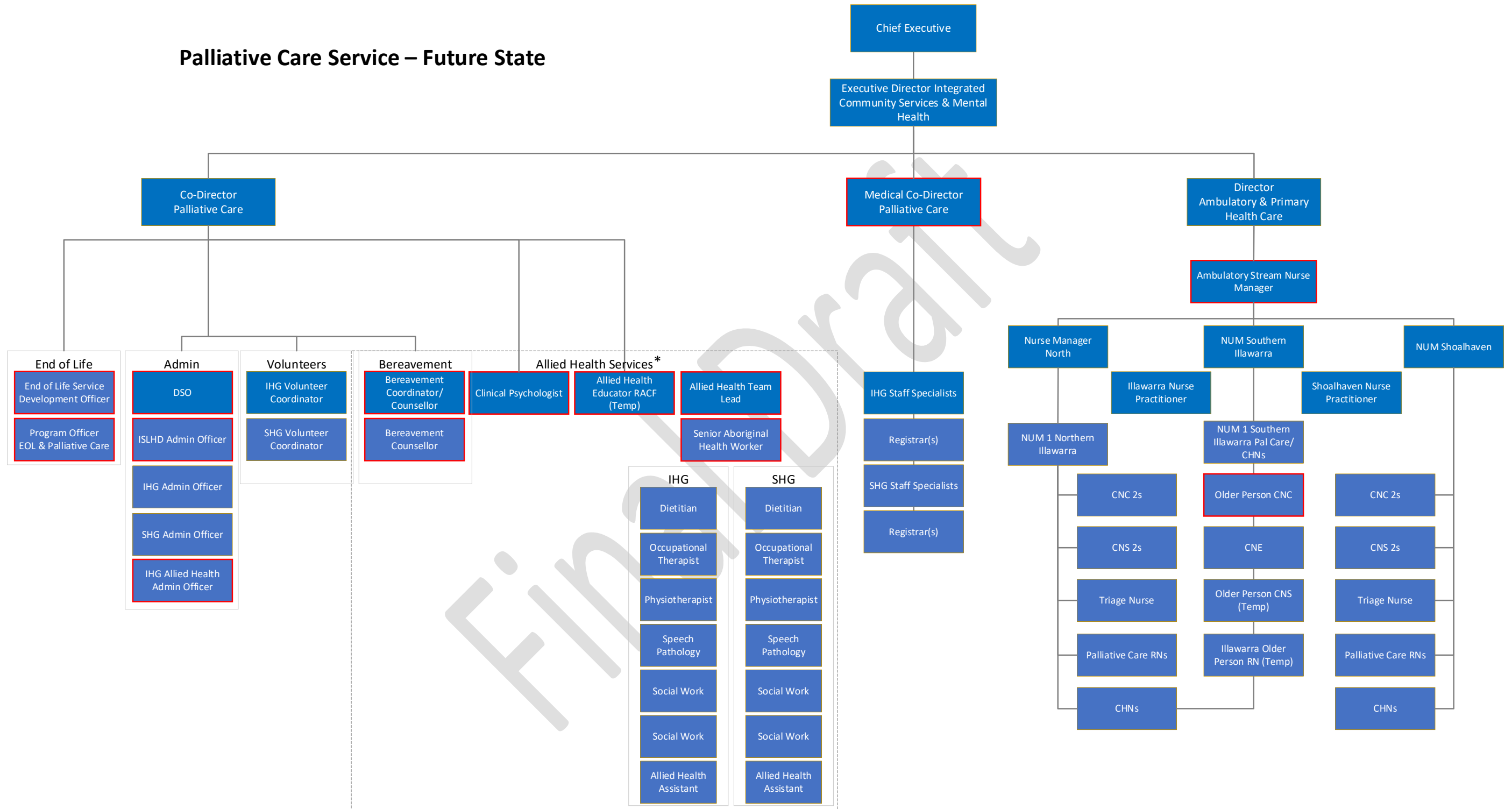
Appendices – Detailed Org Chart Current

ISLHD Community Palliative Care Service Organisation Structure



Appendices – Detailed Org Chart – Future Current

Palliative Care Service – Future State



* Allied Health Team Lead reports to Co-Director but maintains a dotted/professional line to HoD's and Executive Director Allied Health

District Role