

SESLHD Management Reduction Strategy Restructure Consultation Paper – Phase 2A

South Eastern Sydney Local Health District



Comments or feedback on this proposal can be submitted in writing to
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Version Control

Version Number	Date (DD/MM/YYYY)	Details of Changes	Author (Name and Position Title)
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1. Introduction

On 18 September 2024, South Eastern Sydney Local Health District (SESLHD) put forward a proposal to reduce a number of management and administrative roles where it was considered that efficiencies could be gained. In doing so the proposal sought to limit impact to our frontline clinical service delivery.

The proposal was developed in direct response to the District's challenging financial position, to enable the organisation to improve our financial sustainability and continue to deliver on the *Exceptional Care, Healthier Lives* Strategic Plan 2022-25, and beyond.

Over the four week consultation period, a wealth of feedback has been provided from our staff, their representatives and stakeholders. I am grateful for the level of engagement we have received and the opportunity people have taken to provide this feedback.

Since consultation closed on 16 October, the feedback has been carefully reviewed and considered by the SESLHD Executive team. A series of decisions have been made regarding the proposal, however the review of feedback has also generated a number of significant changes to the proposal, for which further consultation is valued.

On 30 October 2024, SESLHD announced that a further one week of consultation would occur to enable our people to consider an updated proposal. This updated proposal relates to the areas of Finance, Clinical Streams and Switchboard.

This document provides an overview of the updated proposals and refers only to changes made to the original proposal. Where there are no changes to the proposals in phase 2, they are not included in this phase 2A consultation document. The [SESLHD Management Reduction Strategy Restructure Consultation Paper – Phase 2](#), should be referred to for original proposals which are proceeding as outlined.

I am committed to continuing to listen to our people to ensure the proposed changes are not only meeting our financial requirements, but are enabling ongoing service delivery in the best interests of our community.

SESLHD remains committed to matching/redeploying as many affected staff as possible and retaining the skills and experience of our valued team members. All efforts 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 to the Workforce Mobility Program.

We cannot shy away that tough decisions are required in these difficult times, however working together constructively with our values at the centre will enable us to make the best decisions that we can.

I welcome everyone's contribution as we continue with this additional week of consultation, closing on 6 November 2024. Thank you in advance for your feedback.

2. Finance Consolidation

2.1. Feedback Summary

Given the extent of change proposed, extensive feedback was received from a range of staff across the District.

The feedback themes and updated organisational charts are provided (by Finance team) below, with site/service proposed organisational charts appearing on pages 6-23.

Site based performance roles remain within site structures and are not referenced in this document.

2.2 Finance Business Partnering

Feedback received around the proposed changes to site-based finance roles and alignment into a business partnering team under the leadership of a Head of Finance Business Partnering (HM5) indicated concern that there was a reduction of 'on the ground' finance support at sites and services.

Proposed change

Reflecting the feedback, changes have been made to the proposed Finance Business Partner team, the proposed Head of Finance Business Partnering (HM5) role has been removed and site based Finance Business Partner roles retained, with a direct reporting relationship to the Director of Finance for strategic and professional direction whilst retaining a dotted reporting line to site/service General Managers to ensure the team located on site are focussed on local priorities and ensuring site/service specific knowledge is retained.

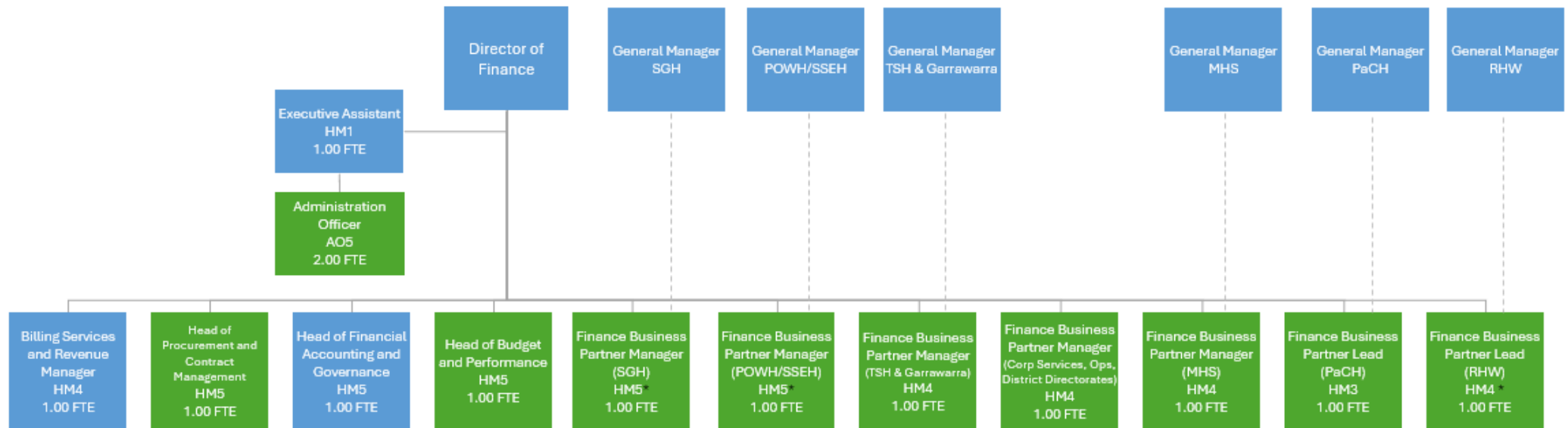
Where there is an existing site Finance lead, the incumbent will remain at their current grade and will work according to the new Business Partner Manager or Business Partner Lead role description at their site/service. As these roles are vacated over time, the new grading for those positions will become effective. Business Managers currently on-site will be assigned to equivalent roles at their current location.

The number of roles in sites and services involved in business partnering has been correlated with the existing site leadership and embedded HM3 roles. This includes a HM4 Business Partner Manager in Mental Health Services.

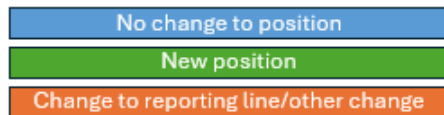
The original proposal included the transition of a HM3 role in the Research Directorate to Finance. Through feedback, it has since been identified that the requirements of the role in Research are more aligned to supporting research projects and goals, therefore the role will remain in the Research Directorate. Finance related activities such as budget setting, reporting and Business Partnering will transition into the respective finance teams.

The above-mentioned proposed changes are reflected in organisational charts from pages 7, 16 - 23.

2.2.1 Finance Business Partnering Organisational Chart



* Revised gradings come into effect upon role vacancy



2.3 Billing Services and Revenue

The proposal identified a transition of site-based revenue (Primarily Patient Liaison Officer and management roles) and cashier roles to a centralised Billing Services and Revenue team, reporting to the Billing Services and Revenue Manager (HM4).

Feedback received highlighted concerns regarding the risk to revenue and the integration of these roles with operations at sites.

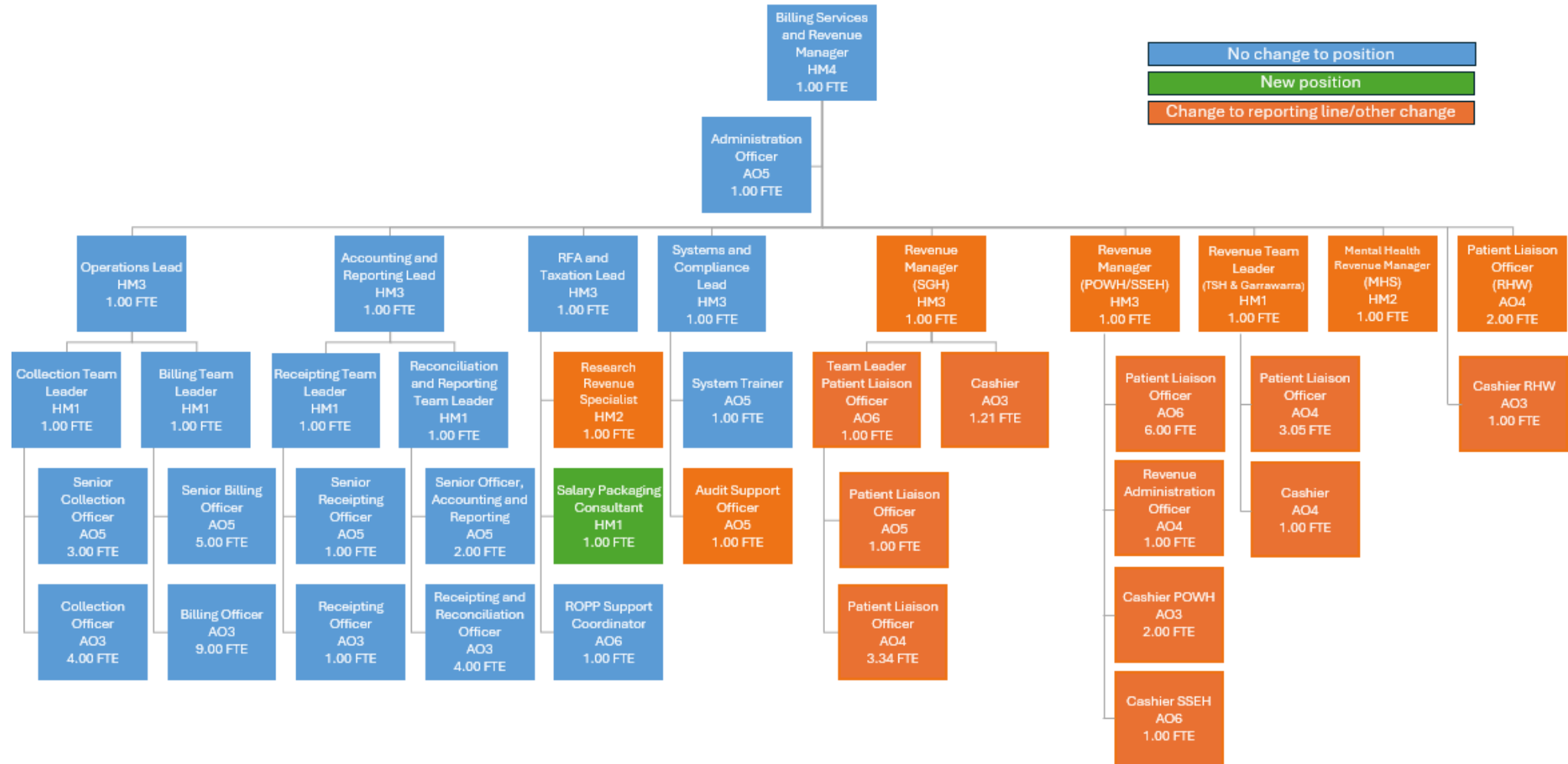
Proposed change

The Ministry of Health are delivering a change to revenue systems and processes which are expected to require changes to how the District resources and supports revenue processes. These changes are expected to be put forward for statewide staff consultation in the near future.

In order to avoid multiple team / structure changes, it is proposed to retain existing Revenue and Cashier Roles at each SESLHD site and service with a change of direct reporting line to the Manager Billing Service Centre and a dotted line to the Site / Service Business Partner Manager or Lead role to ensure alignment with local priorities.

The proposed deletion of the current **HM2 Compliance Manager** (1.0FTE) and **HM1 PBRC Administrator** (1.0 FTE) roles is proposed to proceed, along with the reduction of 0.75 FTE AO3 Billing Officer role (currently vacant).

2.3.1 Billing Services and Revenue Organisational Chart



2.4 Financial Accounting and Governance

The proposal identified the deletion of the **HM4 Accountant External Reporting & Capital (HM4)** and **Salary Packaging Manager (HM3)** roles, these are proposed to proceed.

The proposed change in structure provides for delineation of roles and responsibilities as well as pathways for development and cross skilling within the team.

A new **HM1 Salary Packaging Analyst** (1.0 FTE) role is proposed in the Billing Services and Revenue team with revised responsibilities to support Salary Packaging reporting and interaction with the service provider and align this role with the work already done in that team.

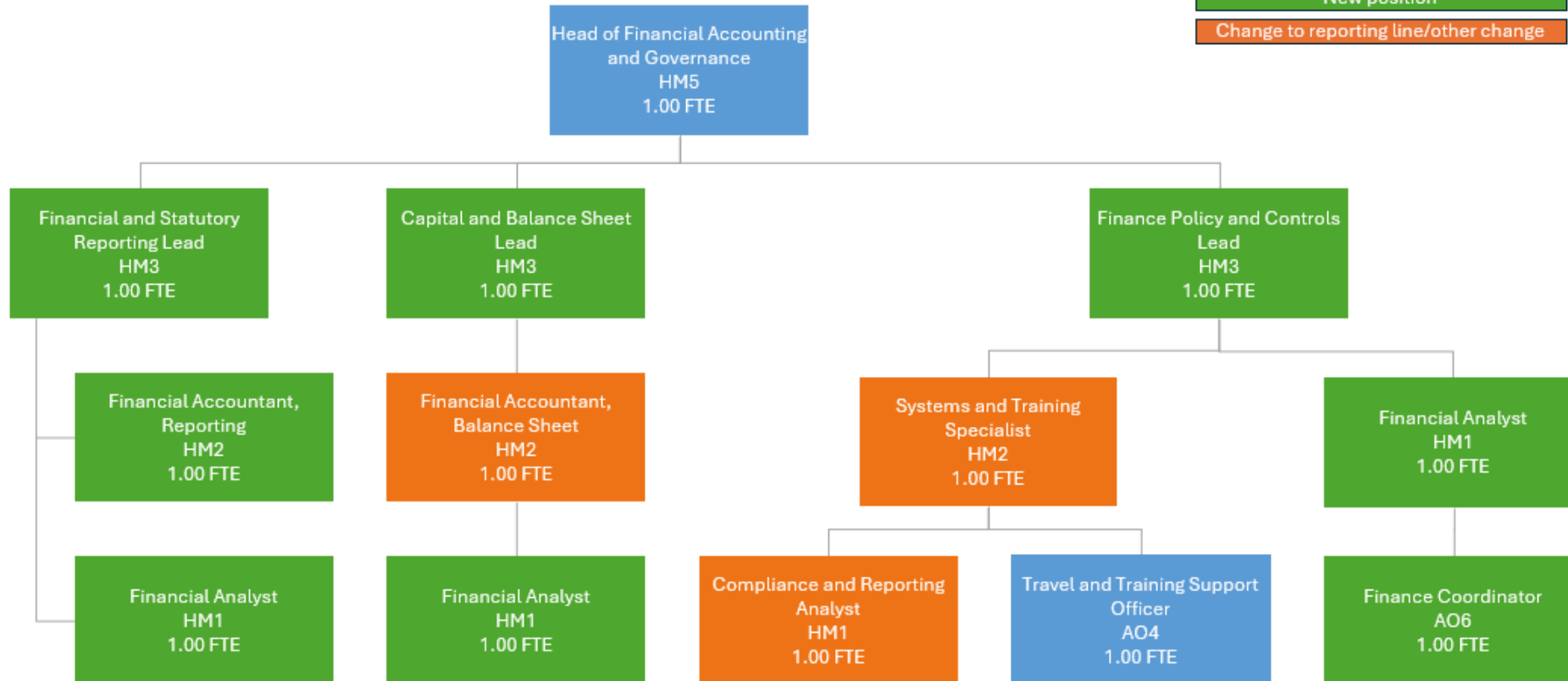
The proposal identified the deletion of the **Travel and Training Support Officer (AO4)** role, currently reporting into the Procurement team.

Feedback identified concern about the risk of the associated workload being transferred to other roles in the team, and potentially back to sites where they are not resourced to carry out these tasks.

Proposed change

Changes have been made to the proposed structure to retain the **Travel and Training Support Officer (AO4)** role. Within the updated proposal this role will now be positioned to the Financial Accounting and Governance team aligned with the movement of the team.

2.4.1 Financial Accounting and Governance Organisational Chart



2.5 Procurement

The proposal identified the creation of a new **Head of Procurement and Contract Management (HM5)** position, with the deletion of the current **Procurement Manager (HM4)** role this change is proposed to proceed.

Procurement is a critical enabler of services for SESLHD. The Ministry of Health have made significant changes in the delivery of procurement systems, contracts and services to drive value creation across NSW Health, the proposed structure reflects the strategic nature of Procurement and provides capability to support key procurement category capabilities and ensure that SESLHD meets its obligations in compliance with Procurement Policies and compliance with Statutory disclosure requirements.

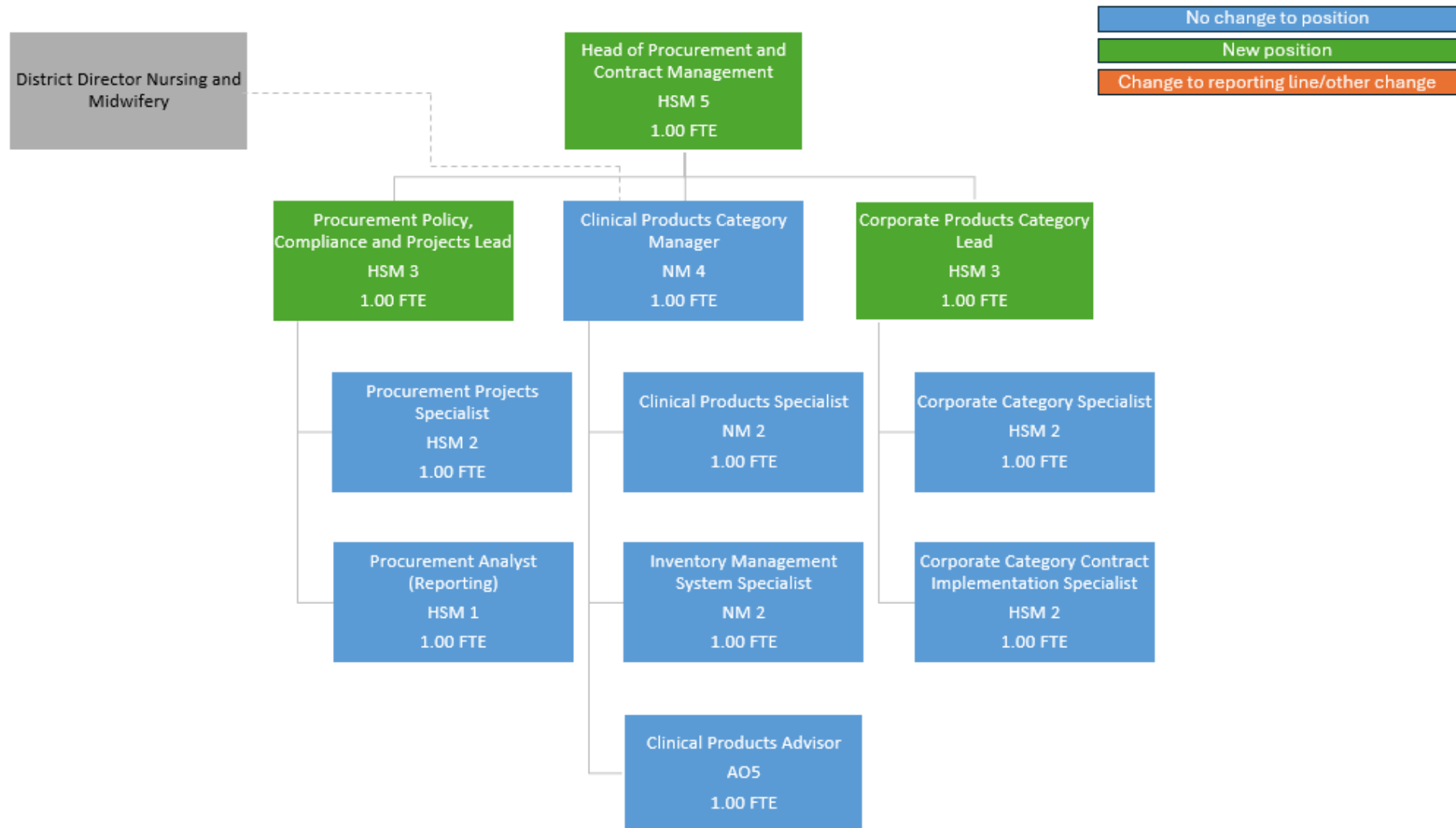
The proposal identified a change in reporting lines for the **Procurement Systems & Training Co-Ordinator (HM2)** role to the Financial Accounting and Governance team to better align functions with broader system and control functions better placed in that team from a governance perspective.

The proposal identified the deletion of the **Travel and Training Support Officer (AO4)** role, that role is proposed to be retained but has changed reporting lines into the Financial Accounting and Governance team along with the Procurement Systems & Training Co-Ordinator role noted above.

Proposed change

No changes have been made to the structure in the original proposal.

2.5.1 Procurement Team Organisational Chart



2.6 Budget and Performance

The proposal identified changes in structure to incorporate Costing roles in the Budget and Performance team to work closely with the reporting and analytics and budget management team to improve data and insights available to teams. This team will work closely with Finance Business Partner roles across SESLHD to provide consistent information and advice regarding budget and streamline reporting and analysis of financial information.

Feedback received in relation to this proposal centred on career pathways and the specific functions of roles. The proposed structure creates opportunities for capability development and progression pathways both within the team and into other roles across finance. These roles will work closely with the Finance Business Partner roles in the development of budgets and the creation of efficiency plans to drive performance improvements.

The initial proposal identified the Business Planning and Development Manager HM4 role as a role that would transition to finance. Feedback regarding this role demonstrated that significant functions of the role relate to the co-ordination and management of service providers including eHealth and local arrangements. It is proposed that the role remain in Digital Health, the scope of the role to be reviewed and finance related activities such as budget setting, reporting and Business Partnering will transition into the respective finance teams.

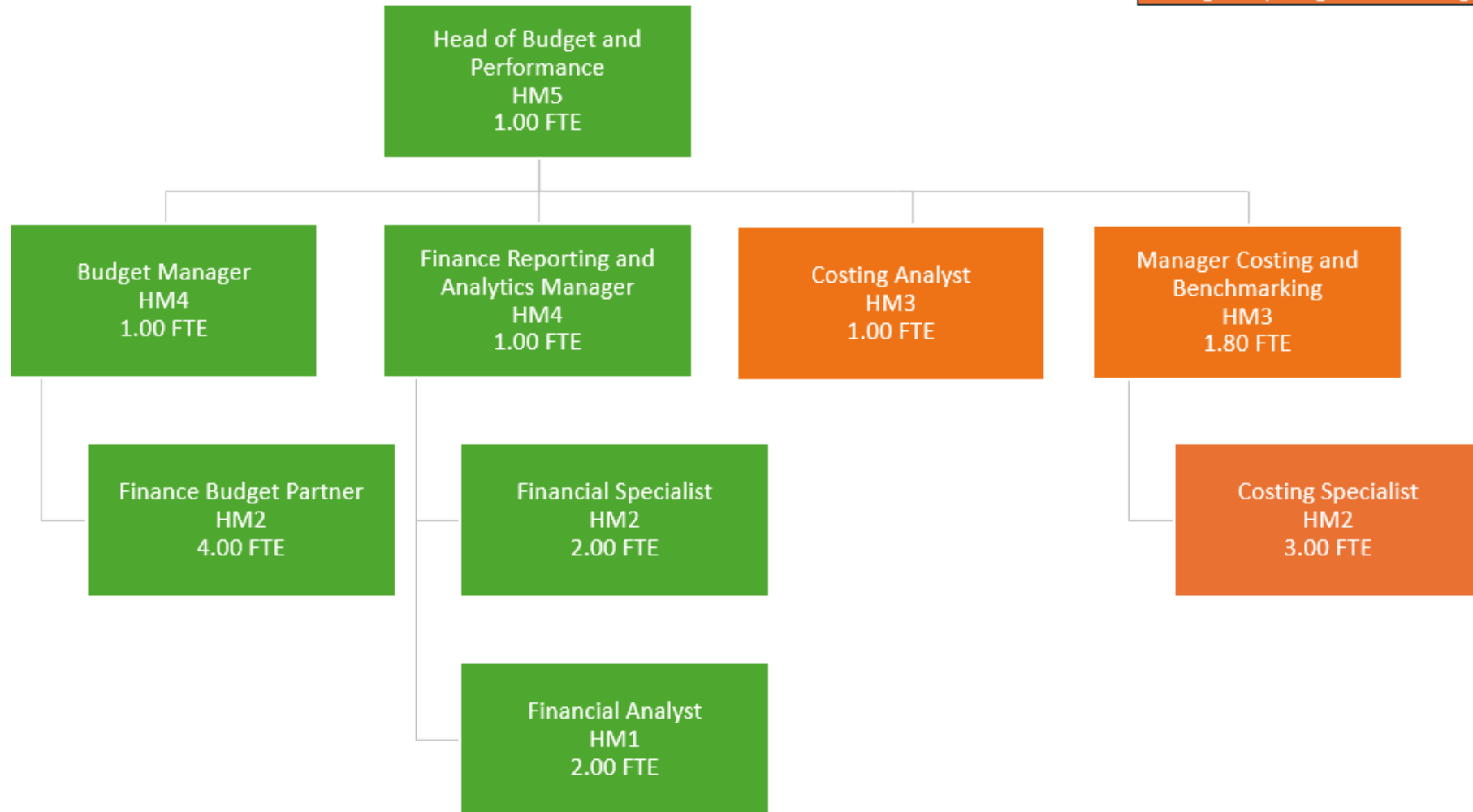
Feedback was received regarding the Financial Systems Co-Ordinator HM3 role in particular the support provided to Digital Health functions. These functions will be transitioned to Digital Health.

The Head of Budget and Performance will be responsible for the coordination and management of financial arrangements in SESLHD Service Agreements with other health entities and third parties.

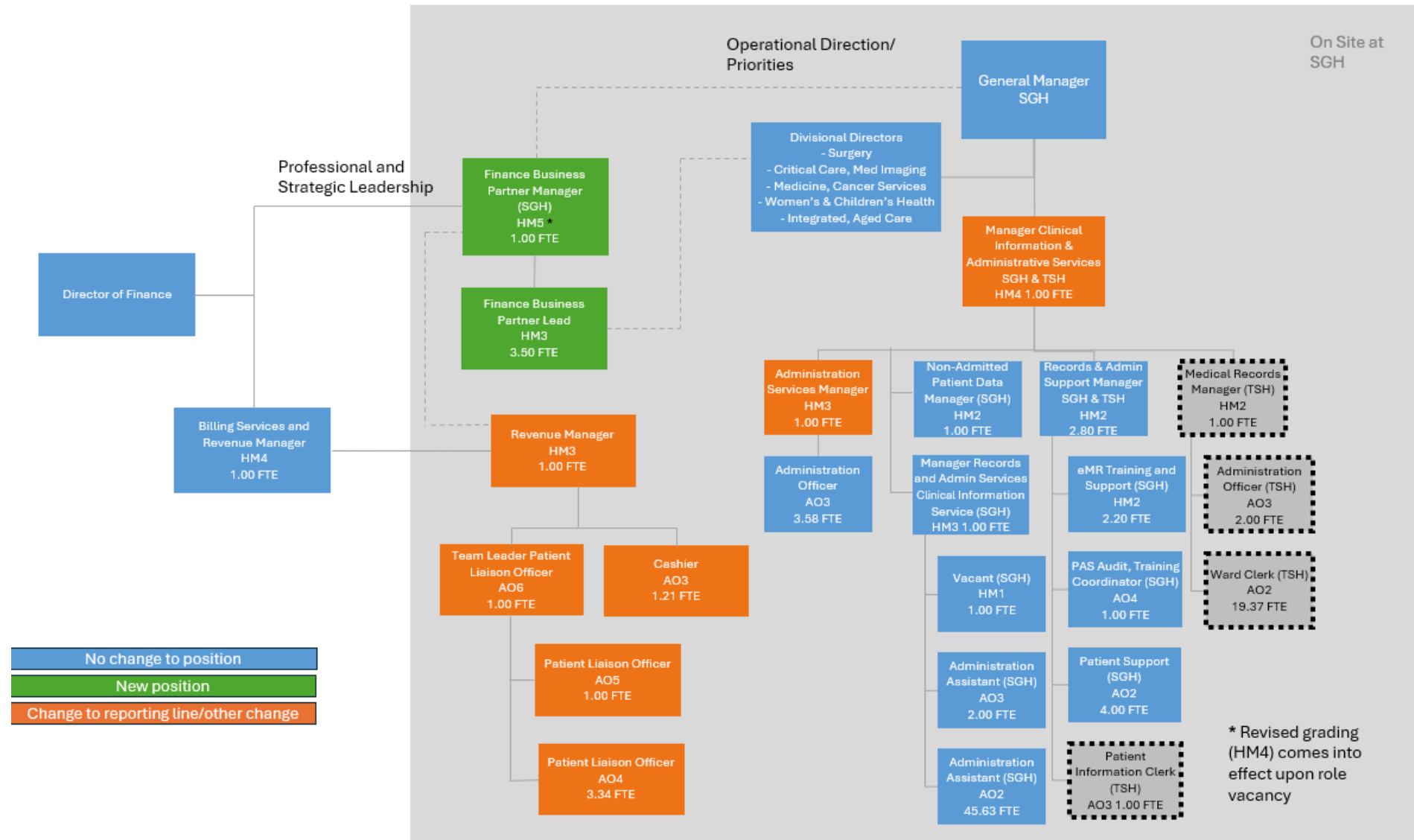
Proposed change

No changes have been made to the structure in the original proposal.

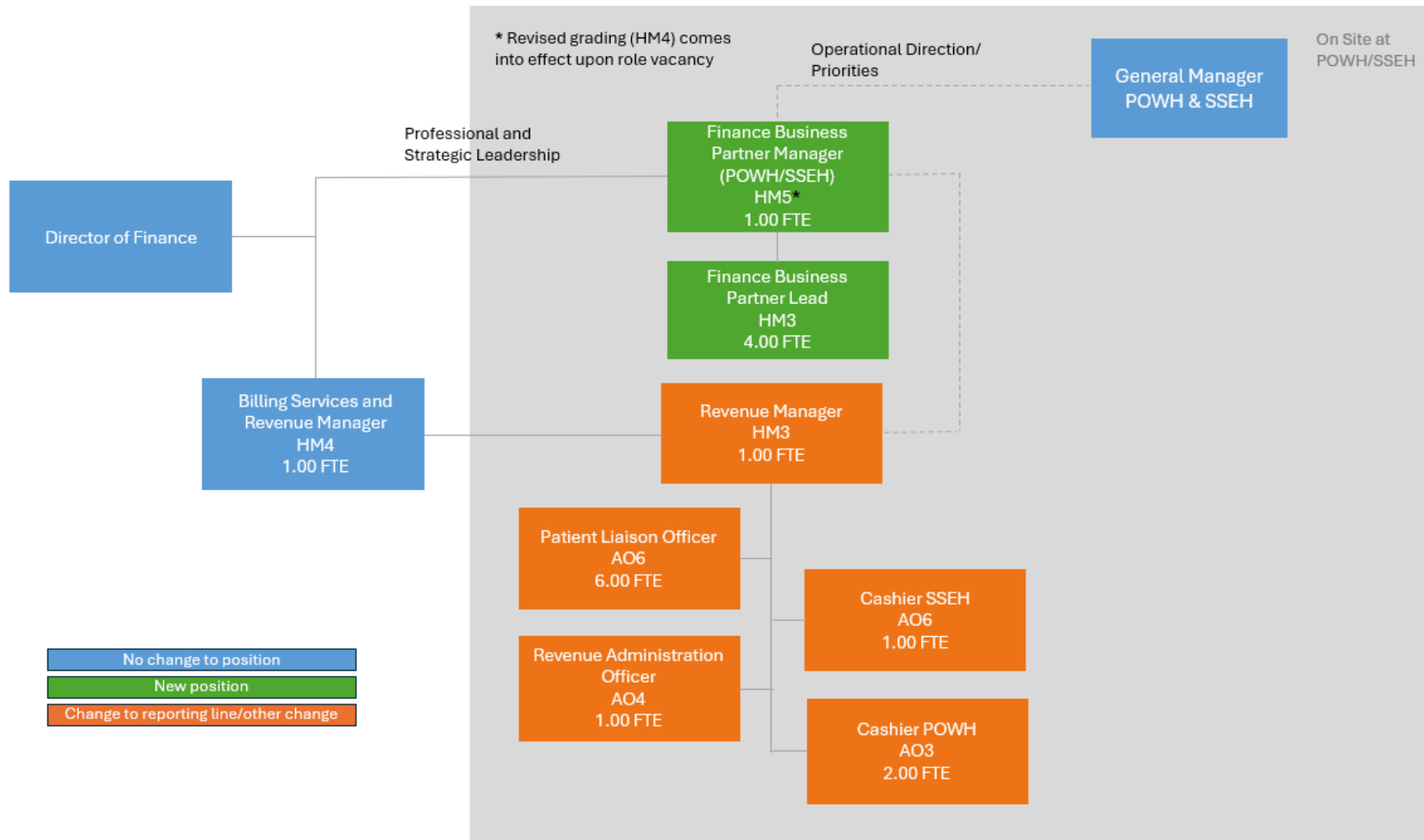
2.6.1 Budget and Performance Organisational Chart



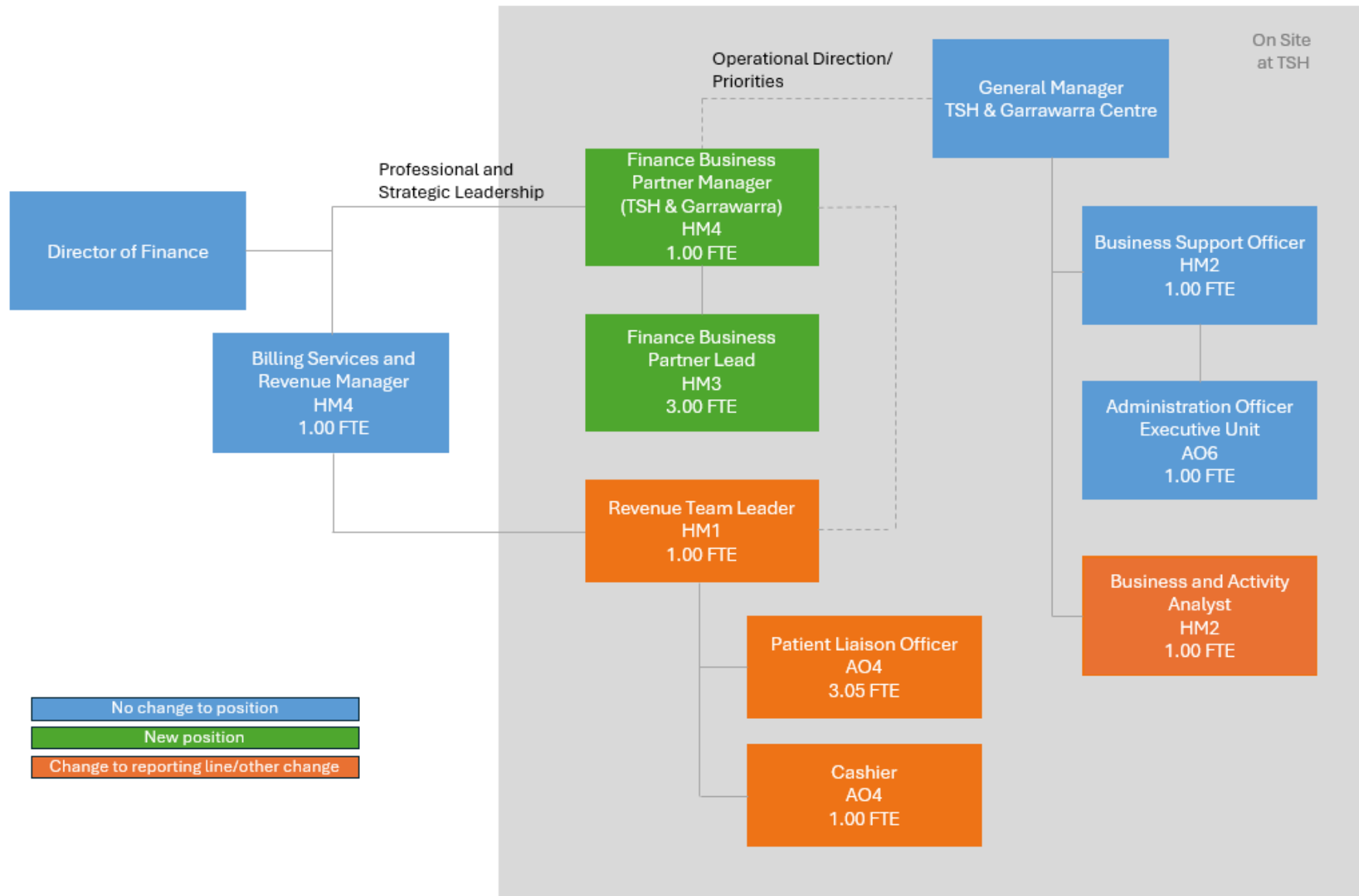
2.7 St George Hospital Finance



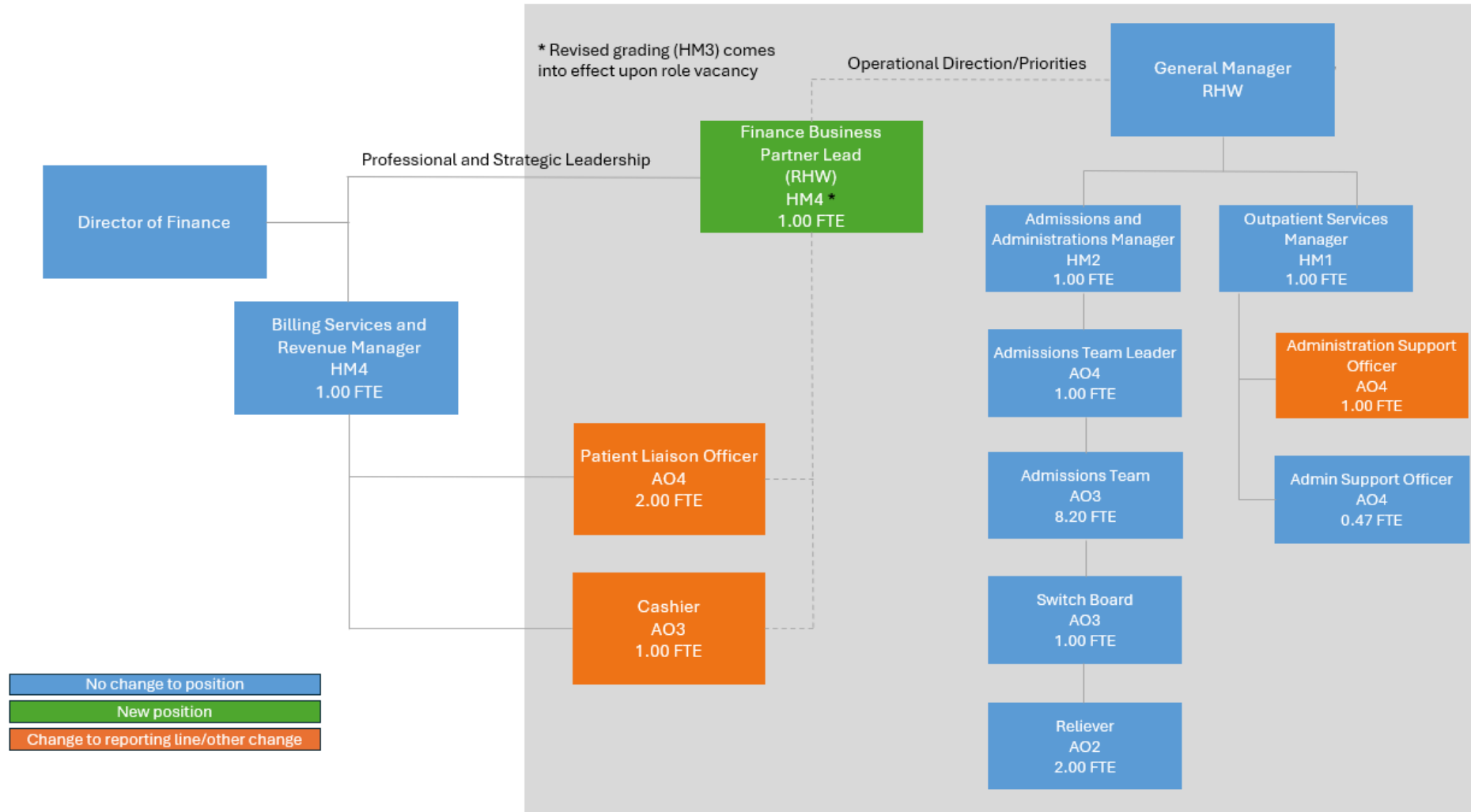
2.8 Prince of Wales & Sydney Sydney Eye Hospital Finance



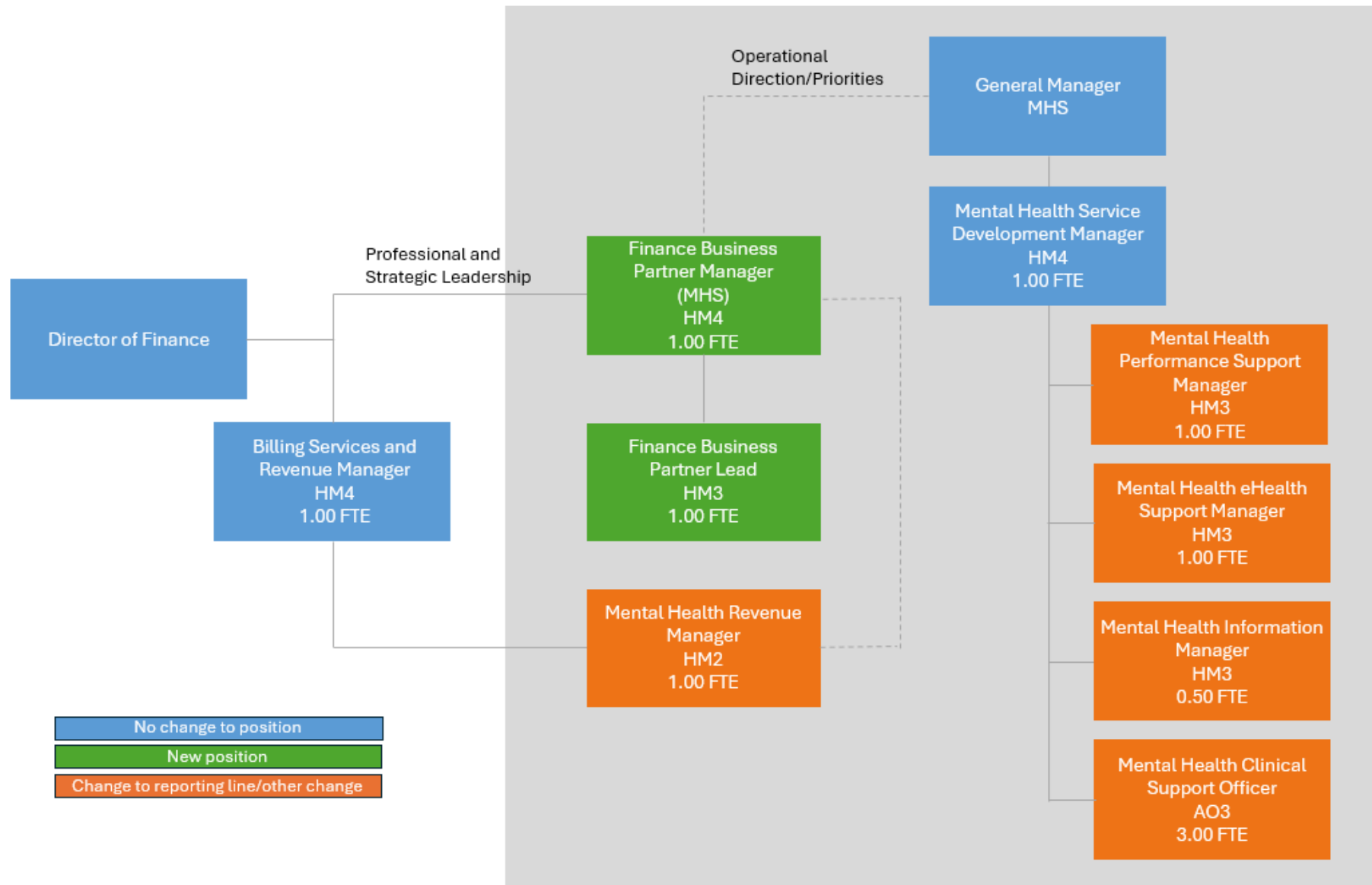
2.9 The Sutherland Hospital Finance



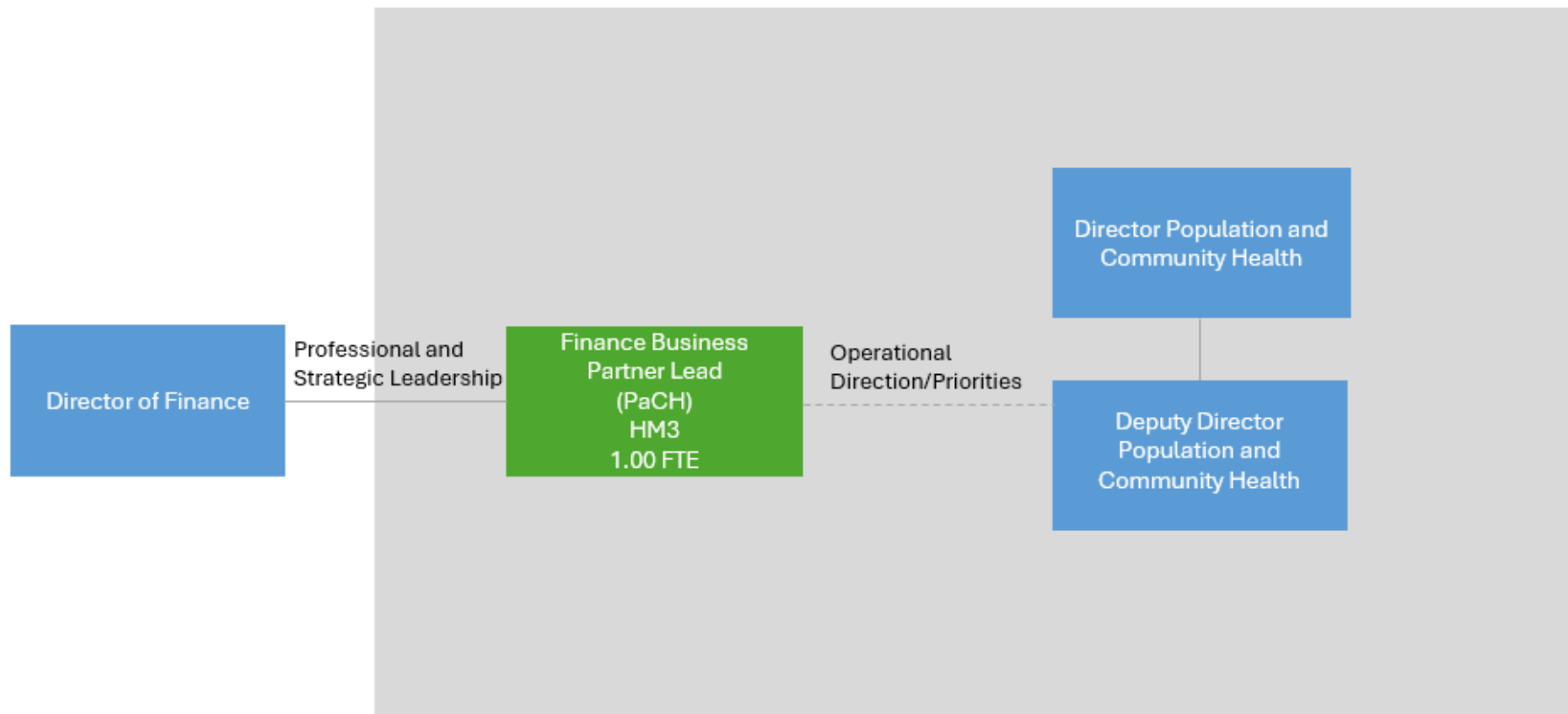
2.10 The Royal Hospital for Women Finance



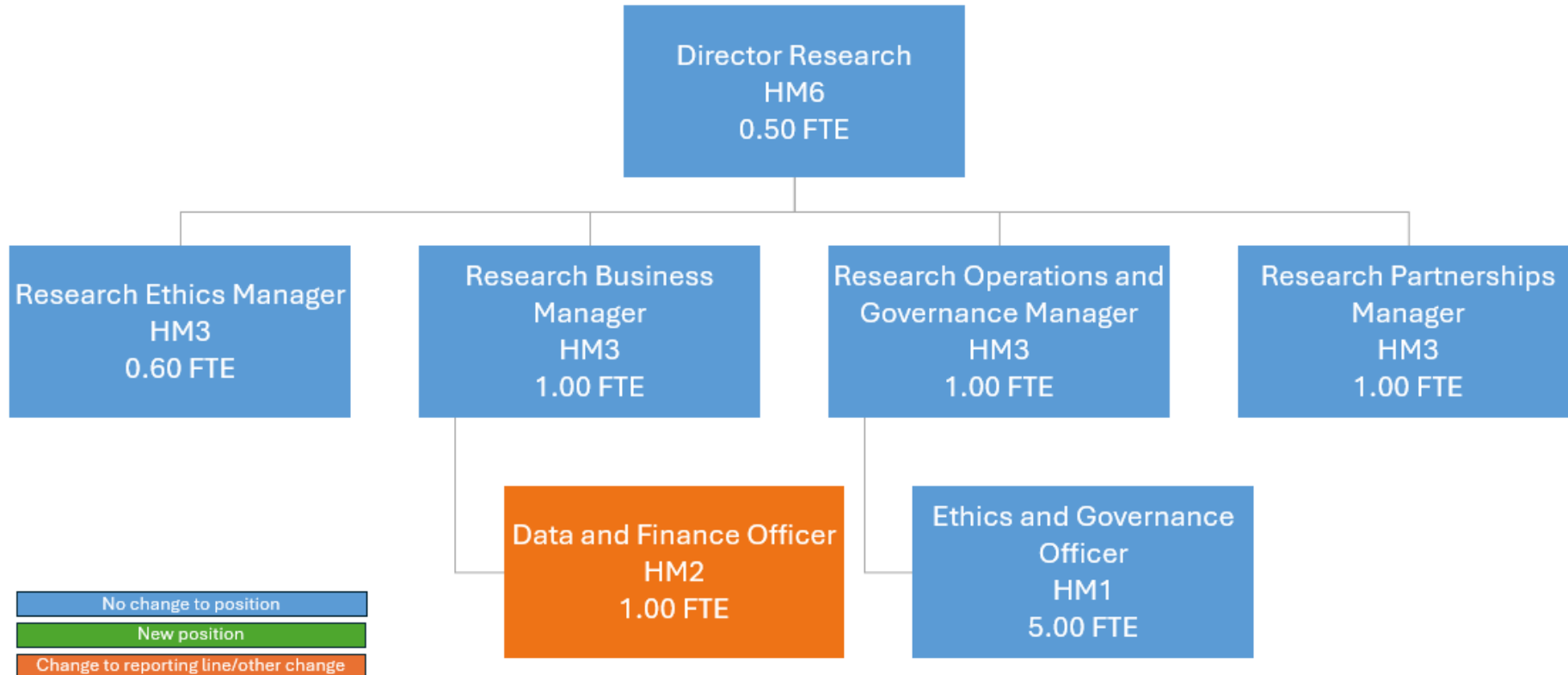
2.11 Mental Health Services Finance



2.12 Population and Community Health Finance



2.13 Research Finance



2.14 Digital Health Finance



2.15 Proposed changes to positions – Finance

Positions with Changes to Reporting Lines/Titles/Responsibilities

No.	Position Title	Summary of Proposed Change	Filled or Vacant	Incumbent affected
1	Revenue Manager SGH	Change of reporting line to Billings Services & Revenue Manager with dotted reporting line to GM	Filled	Yes
2	Revenue Manager POWH/SSEH	Change of reporting line to Billings Services & Revenue Manager with dotted reporting line to GM	Filled	Yes
3	Revenue Team Leader TSH& GC	Change of reporting line to Billings Services & Revenue Manager with dotted reporting line to GM	Filled	Yes
4	Mental Health Revenue Manager	Change of reporting line to Billings Services & Revenue Manager with dotted reporting line to GM	Filled	Yes
5	Cashier SSEH	Change of reporting line to Revenue Manager POWH/SSEH	Filled	Yes
6	Cashiers POWH	Change of reporting line to Revenue Manager POWH/SSEH	Filled	Yes
7	Patient Liaison Officers POWH	Change of reporting line for their direct manager	Filled	No
8	Cashiers & Patient Liaison Officers SGH	Change of reporting line for their direct manager	Filled	No
9	Cashiers & Patient Liaison Officers TSH	Change of reporting line for their direct manager	Filled	No
10	Head of Procurement and Contract Management	Change of title from Head of Procurement and change of responsibilities	No	No
11	Salary Packaging Consultant	Change of title from Salary Packaging & Taxation Analyst and change of responsibilities	No	No
12	Finance Business Partner Manager TSH & GC	Addition of dotted reporting line to site/facility/service GM/Director	No	No

Positions proposed to be matched

No.	New Position Title	Summary of Proposed Change
1	Finance Business Partner Manager SGH	Proposed to be matched to Director Finance, Clinical & Corporate Information SGH with dotted reporting line to GM and Divisional Director
2	Finance Business Partner Manager POWH/SSEH	Proposed to be matched to Director Finance & Performance POWH/SSEH with dotted reporting line to GM
3	Finance Business Partner Manager Mental Health Services	Proposed to be matched to Mental Health Finance & Performance Manager with dotted reporting line to GM
4	Finance Business Partner Lead PaCH	Proposed to be matched to PaCH Business Coordinator with dotted reporting line to GM
5	Finance Business Partner Lead RHW	Proposed to be matched to Director of Finance RHW with dotted reporting line to GM
6	Head of Budget & Performance	Proposed to be matched to Manager, Management Reporting & Business Partnering
7	Finance Business Partner Leads SGH	Proposed to be matched to Business Managers SGH
8	Finance Business Partner Leads POWH/SSEH	Proposed to be matched to Business Managers POWH/SSEH
9	Finance Business Partner Leads TSH & GC	Proposed to be matched to Management Accountants TSH & GC
10	Finance Business Partner Lead Mental Health	Proposed to be matched to Business Manager Mental Health
11	Finance Coordinator	Proposed to be matched to Senior Finance Officer – District Finance

Positions no longer proposed to be impacted

No.	Position Title	Summary of Proposed Change
1	Travel & Training Support Officer	No longer proposed for deletion
2	Research Business Manager	No longer included in proposed change

Positions no longer proposed to be created

No.	Position Title	Summary of Proposed Change
1	Revenue & Cashiers Lead	This position is no longer proposed to be created
2	Revenue Team Leader	This position is no longer proposed to be created
3	Cashier Team Leader	This position is no longer proposed to be created
4	Head of Business Partnering	This position is no longer proposed to be created

3. Clinical Streams

3.1 Feedback Summary

Extensive feedback was received from a range of staff across the District regarding the proposed deletion of the five Clinical Stream Manager positions.

The feedback spoke to the importance of the work undertaken by the Stream Managers, and the concern of where this work would be re-allocated to, including the potential additional workload burden to Clinical Directors and/or GMs. The feedback also highlighted the potential loss of clinical knowledge and experience, and risk to the progress achieved in some of the streams in recent years.

Some feedback referred to the important role of the Stream Managers in sponsoring a significant number of policy documents.

Additionally, the funding of the Cancer Services Stream Manager was flagged, as SESLHD receive funding from the Cancer Institute which is currently being utilised to fund this position.

Proposed change

Reflective of the feedback provided, it is proposed that the five Stream Manager roles would be retained going forward.

The positions of Manager Clinical Operations Priorities (HM5) and Administrative Officer (AO5) are proposed to be deleted, as per the original proposal. The proposed creation of the Executive Officer (HM3) is no longer required with the retention of the Stream Managers.

After consideration, the updated proposal provides for the Stream Managers reporting line to move into Strategy, Innovation and Improvement (SII), under the management of the Strategic Programs Manager (HM4). The responsibility of the clinical stream leads for the delivery of clinical priority initiatives across the district will be enhanced within the Change and Innovation pillar through the application of structured project and change management approaches, together with access to coaching and implementation expertise.

It is proposed that there would be shared accountability for the performance of the streams to better facilitate decision making and implementation of programmes of work, as reflected in Table A below.

Table B provides further description of the roles in providing tripartite leadership of the streams.

The Clinical Streams currently work in partnership with SII Change Managers or Project Officers depending on the support required for the project work being undertaken. The allocation of specific project or change resources to deliver stream priority projects will continue to be managed and allocated through the SII Change and Innovation Pillar. The Priority Project Managers embedded in the various sites and services will continue in their existing capacity, with allocation of workload from the respective GM and Executive team.

The clinical stream leads will report to the HSM4 Priority Programs Manager. To effectively accommodate this change, the current direct reports of the Priority Programs Manager will have a change of reporting line.

The HSM3 PaCH Priority project manager and the HSM3 project manager will report to the HSM4 Priority Projects Manager.

The HSM2 project officer positions will continue to report to the HSM3 project manager and will reduce from 3FTE to 2FTE with the deletion of a vacant HSM2 position.

The Sustainability Project Officer will move to Corporate Services where a large proportion of the sustainability initiatives are being undertaken.

The Radiation Safety Officer, omitted from the previous proposal will move to the Clinical Governance and Medical Services Team.

Table A

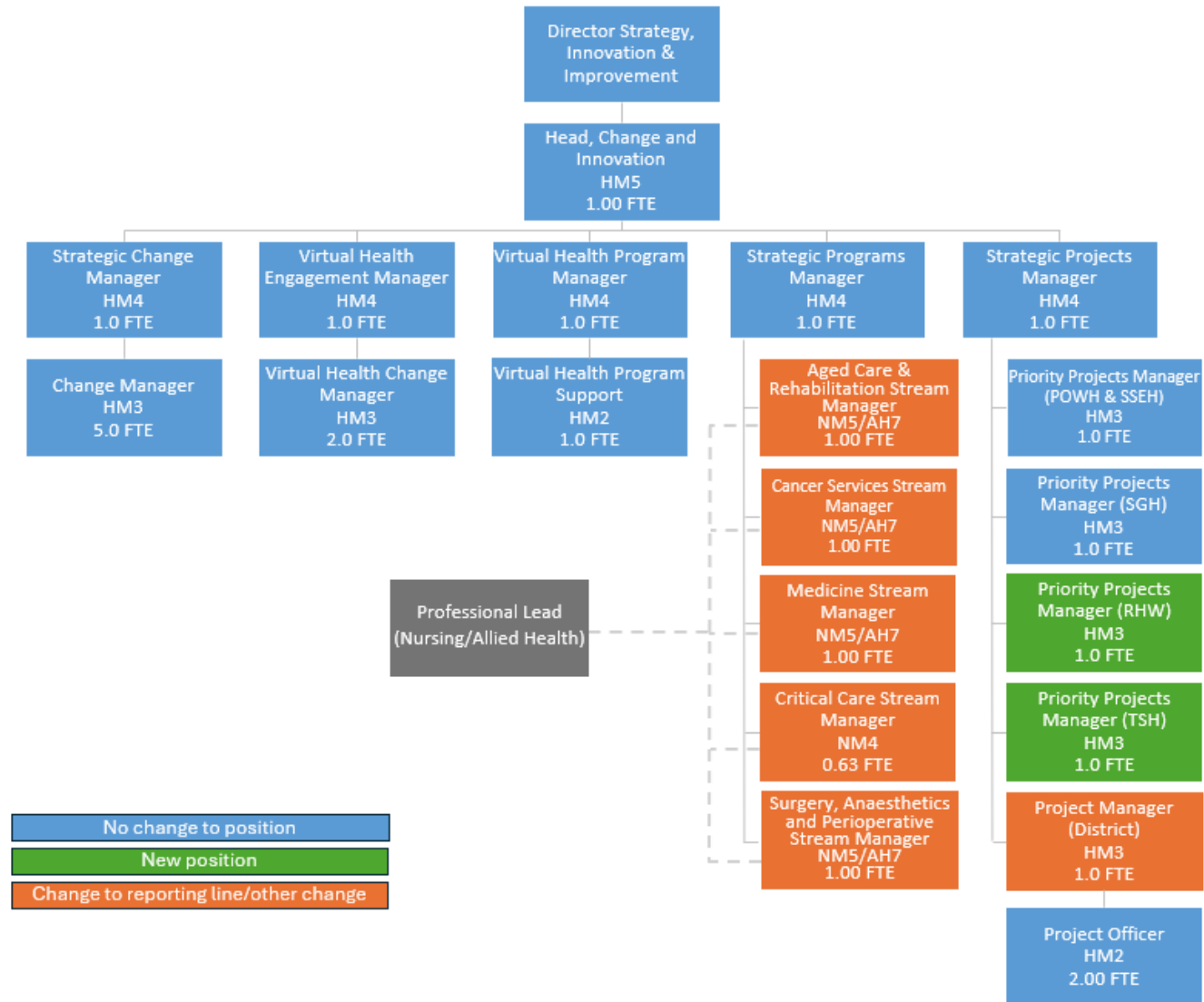
Stream	Medicine	Aged Care & Rehabilitation	Surgery, Anaesthetics & Perioperative	Critical Care	Cancer Services	Women's Health & Neonatal	Paediatrics
Stream Director	A/Prof Amany Zekry	Prof Peter Gonski	Prof Ramon Varcoe	Dr Grant Eruini-Bennett	A/Prof Winston Liauw	Dr Andrew Bisits	Dr Alys Swindlehurst
Executive Lead	General Manager/Director TBC	General Manager/Director TBC	General Manager/Director TBC	General Manager/Director TBC	General Manager/Director TBC	General Manager/Director TBC	General Manager/Director TBC
Stream Manager	Carolyn Smith, Clinical Stream Manager Medicine	Jane Trelloggen, Clinical Stream Manager Aged Care & Rehabilitation	Paul Clifford, Clinical Stream Manager Surgery, Anaesthetics & Perioperative	Suzanne Schacht, Clinical Stream Manager Critical Care	Nicola Groarke, Clinical Stream Manager Cancer Services	Robyn Gasparotto, Director of Nursing, RHW	Michelle Jubelin, Director, Child Youth and Family
Specialities *across 2 or more streams	<ul style="list-style-type: none"> • Gastroenterology • Endocrinology • Dermatology • Endoscopy • General Medicine • Rheumatology • Stroke • Immunology • Infectious Diseases • Renal / Nephrology • Neurology • Renal transplant* • Dialysis • Liver services* • Ano-rectal physiology • Respiratory <ul style="list-style-type: none"> o Respiratory Medicine o Sleep Medicine o Pulmonary Perfusion o Tuberculosis • Cardiology <ul style="list-style-type: none"> o Cardiology o Cardiac Rehab o Heart Failure o Perfusion o CCU • Advance Care planning* 	<ul style="list-style-type: none"> • Geriatric Medicine • Extended Care • Rehabilitation • Sub-acute Care • Community Health • HITH • Post-acute Care • Spinal Rehab • Spinal Medicine • Advance Care planning* 	<ul style="list-style-type: none"> • General Surgery • Orthopaedic • ENT/ Head and Neck • Neurosurgery • Hand • Hepatobiliary • Colorectal • Endocrine • Vascular • Gastrointestinal • MaxFax • Neurosurgery • Ophthalmology • Oral • Reconstructive • Spinal • Plastics • Urology • Anaesthesia • Perioperative Care • Pain Services • Peritonectomy* • Dental • Micro-surgery • Hyperbaric • Renal transplant* • Liver Services* • Breast Surgery • Cardiothoracic Surgery • Advance Care planning* 	<ul style="list-style-type: none"> • ED • Trauma Services • Toxicology • Critical Care – ICU/HDU • Advance Care planning* 	<ul style="list-style-type: none"> • Adolescent Cancer& Young Adult • Haematology + non-Malignant Haematology • Medical Oncology • Cancer Genetics • Breast Screen • Radiation Oncology • Peritonectomy* • Genetic Services • Malignant Palliative Care* • Advance Care planning* 	<ul style="list-style-type: none"> • Maternity • Gynaecology • Women's Health • Neonatal* • Advance Care planning* 	<ul style="list-style-type: none"> • Paediatrics • Neonatal*

Table B

Role	Outline
Stream Manager	<p>General Description To lead, set direction and project manage delivery of an agreed workplan for the Stream with:</p> <ul style="list-style-type: none"> • Strategic clinical support from the Clinical Director; • District executive operational support from the Executive Lead; and • Technical project management/implementation support from the SI&I line manager (excl Women and Paediatric Stream Leads) <p>In addition to project managing the delivery of an agreed Stream workplan, key functions would include:</p> <ul style="list-style-type: none"> • To co-chair the peak Stream Meeting alongside Clinical Director • Sharing and collaborating with other Stream Managers • Ensuring relevant district policies, procedures, guidelines are current • Coordinating district responses/actions to issues arising eg Ministry requests as directly allocated by ES* <p>Note that the Stream Managers who are nurses, will have a professional (dotted) reporting line to the District Director of Nursing and Midwifery.</p>
Clinical Director	<p>General Description To provide strategic clinical direction of Stream priorities and clinical support for the Stream Manager in implementing an agreed workplan for the Stream.</p> <p>Other key functions would include:</p> <ul style="list-style-type: none"> • Co-chairing Stream meetings with Executive Lead • Clinical oversight of relevant district policies, procedures and guidelines • Clinical input and advice on issues arising
Executive Lead	<p>General Description To provide District executive operational support to:</p> <ul style="list-style-type: none"> • Develop agreed priorities for the Stream reflected in an agreed workplan and • Facilitate district wide implementation of that workplan in collaboration with the Stream Manager and Clinical Director <p>Other key functions would include:</p> <ul style="list-style-type: none"> • Provides oversight with Stream Manager and Clinical Director to ensure meeting outcomes are aligned with strategic objectives • Escalating any contentious issues or barriers to successful implementation for resolution with colleagues on the District Executive, and bring any key matters for discussion to the Clinical Quality Council
SI&I Strategic Programs Manager	<p>General Description To provide technical project management/implementation support to Stream Managers (excl Women's and Paeds) as well as usual people management functions.</p> <p>The HM4 will support the project management/implementation work of the Streams in the following ways:</p> <ul style="list-style-type: none"> • Convene a regular Stream Manager team meeting (inviting also the Women and Paeds Stream Managers) to facilitate information sharing and coordination • Convene the monthly District Clinical Stream Meeting and provide the Secretariat for this meeting

	<ul style="list-style-type: none"> • Develop a collective overview of Stream priorities through review of workplans – as agreed between the Stream Manager, Clinical Director and Executive Lead - and ensure all workplans are utilised effectively in managing the program of work • Support each Stream Manager with technical skills and tools for the delivery of their workplan • Provide ongoing coaching and expert advice around project management methodologies, stakeholder management, implementation, change management and evaluation. • Ensure strategies for the continuous monitoring, evaluation and improvement of all aspects of project implementation are defined and actioned, including risk and contingency management, benefits realisation, project impact and quality measures to achieve the success of the project/s. • Coordinate other resources within SI&I to support the work of the Streams as appropriate and in discussion with the Director, SI&I/Head of Change and Innovation. <p>The HM4 will undertake people management functions in the following ways:</p> <ul style="list-style-type: none"> • Carry out usual administrative functions such as leave approvals, ensure OASV compliance, recruitment to vacant positions etc • Have regular individual meetings with direct reports and support professional development goals • Undertake annual performance reviews of Stream Managers in consultation with the Clinical Director and Executive Lead.
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3.2 Strategy, Innovation and Improvement Organisational Chart



3.3 Proposed changes to positions – Clinical Streams and Strategy, Innovation and Improvement

Positions with Changes to Reporting Lines/Titles/Responsibilities

No.	Position Title	Summary of Proposed Change	Filled or Vacant	Incumbent affected
1	Aged Care & Rehabilitation Stream Manager	Change of reporting line to Strategic Programs Manager in Strategy, Innovation & Improvement	Filled	Yes
2	Cancer Services Stream Manager	Change of reporting line to Strategic Programs Manager in Strategy, Innovation & Improvement	Filled	Yes
3	Medicine Stream Manager	Change of reporting line to Strategic Programs Manager in Strategy, Innovation & Improvement	Filled	Yes
4	Critical Care Stream Manager	Change of reporting line to Strategic Programs Manager in Strategy, Innovation & Improvement	Filled	Yes
5	Surgery, Anaesthetics & Peri-Operative Stream Manager	Change of reporting line to Strategic Programs Manager in Strategy, Innovation & Improvement	Filled	Yes
6	Radiation Safety Officer	Change of reporting line to Risk Management Lead in Clinical Governance and Medical Services	Filled	Yes
7	Priority Projects Manager (PaCH)	Change of reporting line to Strategic Projects Manager	Filled	Yes
8	Project Manager	Change of reporting line to Priority Projects Manager	Filled	Yes
9	Project Officer(s)	Change of reporting line for their direct manager	Filled	No
10	Sustainability Project Officer	Change of reporting line to General Manager, Corporate Services	Filled	Yes

Positions being deleted

No.	Position Title	Summary of Proposed Change
1	Manager Clinical Operations Priorities	Position to be deleted

No.	Position Title	Summary of Proposed Change
2	Administration Officer	Position to be deleted
3	Project Officer	Position to be deleted

Positions no longer being created

No.	Position Title	Summary of Proposed Change
1	Executive Officer District Operations	Position no longer proposed to be created

4. Corporate Services – Switchboard Operations

4.1 Feedback Summary

The original proposal put forward a number of changes in light of the fact that the scope of services provided by telecommunications and switchboard teams, their operations, technology, systems, functions, processes and inter and intra departmental workflows vary across all sites. Further, the technology, management, processes and workflow also vary between sites, except for TSH and SGH who already maintain a quasi-southern sector model using the same infrastructure, process and workflows.

To address the risks, issues and challenges that occur because of the above variation, it was proposed to consolidate switchboards into Northern and Southern Sectors. This would see a main switchboard operated from SGH for the Southern Sector, and the main switchboard operated from Randwick in the Northern Sector.

Extensive feedback was received from a range of staff across the District regarding the proposed changes to the Switchboards.

A range of feedback referred to the risk relating to the management of 2222/emergency code calls and increasing call rates year on year. The potential impact and inconvenience to patients and carers was also identified, with the telecommunications teams often being 'the face of the hospital', performing a wide array of tasks supporting hospital operations and enquiries.

Paging issues were also identified, specifically referring to the impact of incorrect speciality rosters.

Proposed change

Reflective of the feedback, the updated proposal will retain all current Telecommunications and Switchboard Operators. It is now proposed that a phased approach will enable the development, testing and validation of service and workforce models to take place. This in turn will ensure a phased transition plan which will minimise risk.

The focus over the coming six month period will involve (i) assessment of key systems and infrastructure (ii) documentation and workflow consolidation and (iii) workforce and service model development. It is expected this will take to March 2025 at which time there will be further staff consultation on the findings/outcomes and proposed next steps.

The newly created positions of Telecommunications and Switchboard Operations Manager – Northern Sector (HM3), and Telecommunications and Switchboard Operations Manager – Southern Sector (HM3) are proposed to proceed as per the original consultation paper. These positions will involve the planning and implementation of the transition plan.

4.3 Proposed changes to positions – Corporate Support Services

Positions being created

No.	Position Title	Summary of Proposed Change
1	Telecommunications and Switchboard Operations Manager – Northern Sector	Position to be created
2	Telecommunications and Switchboard Operations Manager – Southern Sector	Position to be created

Positions being deleted

No.	Position Title	Summary of Proposed Change
1	Telecommunications and Switchboard Services Manager TSH/SGH	Position to be deleted
2	Telecommunications and Switchboard Services Manager Randwick	Position to be deleted

Change of reporting lines/position titles

No.	Position Title	Summary of Proposed Change
1	Telecommunication Officer TSH/SGH	Change of title to Telecommunication and Switchboard Coordinator – Southern, and change of reporting line to Telecommunications and Switchboard Operations Manager Southern Sector
2	Telecommunication and Switchboard Services SSEH	Change of title to Telecommunication and Switchboard Coordinator – Northern, and change of reporting line to Telecommunications and Switchboard Operations Manager Northern Sector

5. Consultation Plan

Consultation will continue to occur with affected employees and with the Health Services Union, the New South Wales Nurses & Midwives Association and ASMOF, in accordance with NSW Health PD2012_021 *Managing Excess Staff of the NSW Health Service*, on release of the updated Restructure Consultation Paper.

The relevant manager will have individual discussions with all position holders who are directly affected by the proposal during the extended consultation period. There will be discussion with all affected staff to support open and transparent communication.

6. Position Descriptions

A number of position descriptions have been updated since originally released in the first consultation. Those listed below are noted to have substantive variance to the previous version. They are available for review on the [Management Reduction Strategy intranet site](#).

Directorate/Site/Service	Position Title	Grade
Finance	Head of Procurement 1fte	HM5
	Salary Packaging and Taxation Analyst 1fte	HM1

7. Restructure Timeframe – Phase 2A

Task	Documentation/Task	Timeframes (Indicative) Week Commencing
Phase 2		
Initial discussions and consultation with Executive	Meetings with Directors/General Managers	August/September 2024
Draft restructure consultation documents completed	Restructure Consultation Paper approved	13 September 2024
Consultation period with staff and unions commences	Restructure Consultation Paper and draft position descriptions	w/c 16 September 2024
Consultation period closes	-	16 October 2024
Feedback reviewed and considered	Restructure Consultation Paper Feedback from consultation	w/c 21 October
Communication of final structure and confirmed changes to positions	Meetings with impacted staff to confirm final structure and changes to positions – excluding Finance, Clinical Streams and Switchboard. Communication to wider workforce.	30 October 2024
Phase 2A		
Communication of updated proposal re. Finance, Clinical Streams and Switchboard, and commencement of one additional week consultation	Meetings with Finance, Clinical Streams and Switchboard to inform of updated proposal.	30 October 2024
Phase 2A consultation closes		6 November 2024
Written advice issued to affected staff and referral made to the Workforce Mobility Placement Program (WMP) at Premiers Department for an 8-week period	Letter to advise of 'affected status' and referral made to the Workforce Mobility Placement Program. WMP to seek suitable positions within other Government agencies	w/c 4 November 2024 (excluding Finance, Clinical Streams and Switchboard)
Communication of final structure and confirmed changes to positions re. Finance, Clinical Streams and Switchboard	Meetings with impacted staff to confirm final structure and changes to positions for Finance, Clinical Streams and Switchboard. Communication to wider workforce.	w/c 11 November 2024
Process of direct matching of affected staff to any new suitable positions in the new structure	Letter to advise of matching to position	w/c 11 November 2024
EOI process opens	EOI open to incumbents at level where there are a number of reduced positions	15 November 2024


EOI process closes		22 November
Selection process for positions commences	Assessment of applications and interviews	w/c 25 November 2024
Written advice issued to staff appointed to positions	Letter to advise of appointments	w/c 2 December 2024
Vacancies advertised		As applicable
Employees not matched to positions by WMP to be declared excess employees	Letter issued to employees offering voluntary redundancy or option to seek employment for three-month period.	After 8 weeks period from date of referral to the WMP

8. Employee Assistance Program

Staff will be reminded of the availability of the Employee Assistance Program through Converge on **1300 687 327**. This number is answered 24 hours per day, seven days per week to facilitate enquiries, booking requests and to provide assistance, counselling and support.

9. Endorsement

Executive Sponsor

Name	Tobi Wilson
Position Title	Chief Executive
Signature	
Date	30 October 2024