Strategic Reform Planning & Partnerships Directorate Future Direction and Functional Realignment Consultation Document

Phase 1 – Consultation

September 2024

Western NSW Local Health District

Acknowledgement of Country

Western NSW Local Health District acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW. We pay our respects to Elders past, present and emerging.

Contents

1   Introduction and Background

The Strategic Reform, Planning and Partnerships (SRPP) Directorate was established formally as a Directorate in 2023, bringing together a range of functions to support the Western NSW Local Health District (LHD). The Strategic Reform, Planning and Partnerships Directorate is focussed on identifying community and clinical service needs; undertaking long-term service planning; monitoring performance through data analytics and reporting products; management of data integrity and clinical coding; community engagement and evaluation. The Directorate provides service leaders across the District with key insights into service activity and performance. It is a central hub of expertise to coordinate and provide analysis of data and interpretation of information to inform performance and improvement measurement, clinical/operational decision making (including ensuring high data quality), while supporting a collaborative approach to health care planning, delivery, community engagement and evaluation across western NSW.

There are several functions of the Directorate, currently distributed across 8 teams:

- Data and information, including report development and data architecture
- Planning and service development
- Redevelopment of health services (large infrastructure projects) and change management
- Program and project management
- Health outcomes (including evaluation and population health needs assessment) and complex analytics
- Data integrity
- Clinical coding
- Performance and data analytics and data governance
- Clinical business partnership (performance, education, documentation)
- Costing
- Community engagement
- Strategic reform.

Over the past four years, and more specifically in the last two, there has been a significant change within the functions, responsibilities and complexity for the teams within the SRPP Directorate, including integration of new roles and teams. The functions of the teams with the Directorate have continually evolved to meet the needs of the organisation and the broader health system. This has included combining aligned functions into a single structure over time (Health Intelligence Unit, Planning and Service Development, Program Management Office, Community Engagement and more recently, Strategic Reform). Reporting lines and functional alignment of portfolios have been trialled over time, and opportunities for improvements and greater value have been identified. Directorate planning days have also identified opportunities for improving the work of the Directorate and ensuring the team delivers value to the organisation.

The Directorate supports Western NSW LHD (and Far West LHD) and our communities in two primary ways:

1. provision of high quality health intelligence (data, analytics, reporting and evaluation) to support operation, performance, efficacy and effective delivery of health services and;

2. positioning the health service and system well for the future to meet the needs of communities as they change.

Several functions within the Directorate contribute to achieving these objectives, and partnerships within and across the region and health system more broadly are required – including responding to reforms at a Commonwealth and State level.

Over time, the teams within the broader SRPP Directorate have strived *to create a centre of excellence for rural health intelligence, planning, evaluation and system change.* This vision remains a guiding direction.

To position the Directorate to meet the needs of the organisation, partners and communities into the future, a realignment of some functions is required. The functional realignment proposed has considered evolution of the various team functions over time, integration of teams and temporary arrangements designed to deliver greater integration and achieve improved outcomes.

The functional realignment considers how ensure the work undertaken adds value for the LHD health services, communities and partners, evolves with changing nature of the health system including the fiscal and budget context.

The most efficient management of the Directorate resources to achieve this an underpinning objective. Re-defining accountabilities within the teams will enable services to be more appropriately aligned and integrated, distributed appropriately and with sufficient agility to meet health system strategic directions and respond to the needs of rural and remote communities.

Some of these key reforms and priorities include:

- **Strategic Reform**

A priority for the organisation is a reform capability that positions Western NSW LHD well into the future to improve the delivery of health care to rural communities. While a dedicated team has been established, the function of strategic reform is supported by many roles within the Directorate. The strategic reform function is proactive forward looking, with a sound understanding of current policy directions, health reforms at a state and federal level, research and evidence relating to rural health care and the ability to develop new plans, models of care, service proposals and improvements for the Western NSW context. The primary focus will be on external, whole of system change, including work with other government and non-government agencies which are involved in the delivery of health care or have an impact on health outcomes. Maintaining strong internal relationships and coordination within the LHD is also key to achieve reform.

- **Planning for the future**

The Directorate has a crucial role in supporting planning and decision making for the future. This includes understanding the health needs of the region, population demographics and priorities, as well as leadership of detailed clinical services planning and strategic planning. As the requirements from the NSW Government and NSW Ministry of Health continue evolve and change, the Directorate must adapt to new processes and mechanisms for planning and infrastructure investment.

- **Meaningful Community Engagement**

In 2023, Western NSW Local Health District (LHD) embarked on a new program of work to build and maintain social licence with communities. The *Meaningful Engagement Strategy* (the Strategy) aims to build trust with communities; engage people in the co-design, delivery and planning of health services, and to ultimately contribute to improved health outcomes. Our directions for community engagement apply across the entire Directorate and organsiation with the intent to: proactively seek out community interests and incorporate these into decision making processes planning and service delivery; encourage innovation and flexibility in service delivery to respond to local needs; build and maintain trust with communities, including a dedicated focus on Aboriginal communities, and establish an ongoing partnership with the community. Building on this work at multiple levels, including supporting local community initiatives is a priority for the future.

- **High quality health intelligence**

The Health Intelligence Unit was established to support the strategic direction of Western NSW and Far West Local Health District through the coordination and analysis of high-quality data and interpretation of information, to inform clinical and operational decision making and health service delivery, research and evaluation. Opportunities to explore new and innovative approaches to deliver high quality and meaningful health intelligence that meets the needs of the organisation (and partners as appropriate), while building data and analytic capability across the organisation are priorities. NSW state directions and changes with the EDWARD program, improving technology and service offerings (supported through e-Health) has also required the work of the team to adapt to

these state-wide changes and work across the LHD and organisation in new ways. Opportunities for improved analytics, reporting and use of technology are an ongoing focus for the future.

- **Transforming clinical coding for the future**

Clinical coding is an essential input into the data that informs funding, planning, patient safety and quality, research and epidemiological studies. In 2024, the Ministry announced the commencement of Computer Assisted Coding. This provides an opportunity to optimise revenue, identify increasing complexities in care and support the clinical coding workforce. There is an opportunity for a stronger whole of organisation focus on coding, workforce development and greater alignment across the LHD. Clinical coding is inherently linked to the quality of the clinical documentation and activity-based funding, and these functions require closer connection into the future.

- **Health service performance**

The Service Agreement between Western NSW LHD and the NSW Ministry of Health sets out the service and performance expectations for funding and other support to ensure the provision of equitable, safe, high quality and human-centred healthcare services. In line with our requirements under the Service Agreement, the SRPP Directorate has an important role in provision of information and analytics to understand performance, drivers of performance and opportunities for improvement in service delivery and meet performance expectations.

2   Objectives

The key reasons and benefits for change include:

- Reflect the evolution of the teams within the SRPP Directorate over time, and clearly articulate the roles and functions required to deliver for the organisation and communities of Western NSW

- Building capability to enable teams to fully function as a high performing, integrated Directorate that supports the organisation and people of Western NSW

- Optimisation of functions, systems and processes to support greater effectiveness and efficiencies in the delivery of the Directorate's services, minimise duplication and ensure value for the work undertaken

- Bring together discreet functions of clinical coding into one combined unit, leveraging opportunities presented by artificial intelligence and statewide reform, supported by clinical documentation improvement programs

- Ensure the positions and structures of the Directorate can adequately deliver on the role, function and expectations for the LHD, health system and community in the current fiscal environment

- As much as practicable, improve the distribution of accountabilities and sensible alignment of portfolios and responsibilities

- Support a skilled and sustainable workforce, career development and progression

- Lead the delivery of a strategic approach to performance functions, a strengthened approach to data governance processes and subject matter expertise that protects the organisation into the future

- Increase coordination and collaboration across the data lifecycle, through to planning to implementation and evaluation

- Increase coordination and collaboration between service planning, community engagement and strategic reform to support stronger partnerships and engagement with our communities

- Maintain the Directorate as a regional centre of excellence.

3   Changes

The range of changes required to meet the Directorate objectives and reform program include:

- **Systems and process** - improved systems and process across each function – from data analytics, reporting, data integrity to planning and evaluation. Changes in the way we work; for example, increasing our role in partnerships with other organisations and communities or increasing the role of intra-organisational collaboration. Improved mechanisms for prioritising requests to the Directorate and governance of work undertaken. Work commenced in 2023 in this space and will continue to be a priority.

- **Enablers** – ensuring the Directorate continues to leverage technology, such as cloud services, and other developments to offer high quality analytics and products and improve the efficiency of work undertaken.

- **Ensuring awareness of new integrated models of care and system reforms** – the continued high focus on enhancing collaborative relationships with Government, Non-Government, Primary Health Networks and other agencies in the region.

- **Change of job roles** – the above changes, together with other opportunities for improvement and efficiency will lead to a change in the role requirements and structure of the existing staff profile in some teams.

To achieve the objectives for the Directorate, there will be change to some roles, impact to some position and functional alignment. The changes are summarised below:

➢ The Business Services and Business Support / Business Analyst functions have evolved over time with the changing directions, growth and needs of the Health Intelligence Unit. Different models and reporting lines have been tested while broader organisational realignment occurred, and many processes and systems have been improved and streamlined and form part of business as usual, and some functions are undertaken by other parts of the organisation. There will be an impact to roles in this function.

➢ The Strategic Reform Unit, developed from the former Integrated Care Strategic Initiatives Unit, requires change and updates to previous position descriptions and / or reporting line changes within the broader Directorate to meet the expectations of this function and minimise any duplication across Directorate functions. There will be an impact to some roles in this function.

➢ A new direction for community engagement endorsed by the LHD Executive and Board has seen significant change to the program of work and will require some change in role functions to deliver the expected outcomes.

➢ With the decommissioning of the Health Information Exchange (HIE) and transition to EDWARD, there will be an impact to the Data and Information team. There are some reporting line changes for the Data Integrity team.

➢ There is an impact to administrative functions in the Planning and Service Development team.

➢ Integration of clinical coding functions across the LHD into a single coding unit, linked closely to a clinical documentation and improvement focus with a change in reporting line.

The Performance and Value team will require some change to ensure delivery of a strategic approach to performance functions, team leadership for analytics and data governance.

4 Key Stages & Processes

| Stage 0
First round consultation A
3 – 8 September 2024 | Stage 1
First round consultation B
11 September – 9 October 2024 | Stage 2
Second Round Consultation
14 – 20 October 2024 | Stage 3
Implementation
25 October 2024 |
|---|---|---|---|
| **Preliminary release of proposed realignment**

The Strategic Reform, Planning and Partnerships Directorate Realignment Consultation Document released and distributed to Senior Managers in SRPP Directorate and advice provided to General Managers, Orange and Bathurst Health Service.

- Individual consultation with potentially affected staff
- Consultation meetings held with staff as appropriate / required
- Consultation feedback to be received by 8 September
- Feedback to be sent via email to: Maryanne.Hawthorn@health.nsw.gov.au
- EAP made available to staff
- Position description consultation for changing roles | **Initial release of proposed realignment for feedback**

The Strategic Reform, Planning and Partnerships Directorate Realignment Consultation Document released and distributed to:
  ➢ WNSW LHD SRPP Directorate
  ➢ WNSW LHD Executive
  ➢ Health Services Union
  ➢ NSWNMA

- Individual consultation with potentially affected staff
- Directorate briefing
- Consultation meetings held with staff as appropriate / required
- Consultation feedback to be received by 9 October 2024
- Feedback to be sent via email to: Maryanne.Hawthorn@health.nsw.gov.au
- EAP made available to staff
- Position descriptions distributed for any changing roles | **Feedback considered, proposal revised as necessary and final structure released**

- Finalisation of role changes and reporting line changes
- Budget and cost centre workforce profile aligned
- Affected staff supported in line with NSW Government Mobility Policy
- Feedback to be sent via email to: Maryanne.Hawthorn@health.nsw.gov.au
- Final structure adopted by **25 October 2024**
- Further discussion with specific affected individuals, teams and union representatives if required
- EAP services | **Structure operationalised**

- Where applicable recruitment process to commence
- Recruitment processes finalised by November 2024
- Recruitment phase will adhere to the relevant recruitment and EEO policies and procedures
- Revised structure in operation. |

5   Current Structure – Overview

The overall Directorate structure is depicted in 5.1. Individual team descriptions are detailed below.

Health Outcomes Team

The role of the Health Outcomes team is to improve health outcomes in WNSWLHD through:

- population health planning - health needs assessment, LGA profiles and other reports to track our population demographics and health priorities
- undertaking evaluation and capability building for evaluation
- supporting research.

Planning and Service Development Team

The Planning and Service Development team leads the development, management, and coordination of a wide range of strategic and service plans. The core functions of the team are:

- strategic and whole of organisation planning
- clinical services planning (Speciality)
- sub-regional and clinical service planning
- facility redevelopment and change management.

Bathurst Redevelopment Team

The Bathurst Health Service Redevelopment is a $200 million capital works project to provide new and enhanced facilities on the Bathurst Hospital campus.

The project staff, located at Bathurst Hospital, work closely with hospital staff, executive and the integrated project team coordinated by Health Infrastructure in facilitating the design and planning processes locally to co-design new and refurbished clinical and non-clinical spaces with staff, consumers, and project health planners.

The local team coordinate many of the project deliverables and coordinate sessions for LHD staff to make critical decisions regarding clinical services and ensure project timelines are met. The team also collaborate with the hospital executive and staff regarding new and evolving models of care and provide change support to teams as the project progresses.

Data and Information Team

The Data and Information team is responsible for contemporary reporting solutions, Health Information Unit (HIU) Portal, HIU Infrastructure, data architecture and data science.

There are four primary purposes for the Data and Information team:

- to maintain and enhance services, solutions and infrastructure that support the HIU's Local Reporting Platform. This includes the Edward, SQL Server including Analysis Services Cubes, PowerBI Reports, Microsoft Reporting Services and the HIU portal platform
- load, process, structure, summarise and present data either in reports or in ad-hoc data sets for business to action and analyse
- maintain and enhance the HIU Portal platform for the presentation of reporting solutions and for internal collaboration and
- provide reporting solutions that meet the business' need and are fit for purpose.

Data Integrity

Data Integrity is a concept and process that ensures the accuracy, completeness, consistency, and validity of organisations data. It ensures that accurate and correct data exists in the data bases.

The Data Integrity Team have Data Integrity Analysts and a Business Analyst.

Virtual Clinical Coding Unit

The team also includes a Virtual Clinical Coding unit.

Clinical Coding is the translation of medical terminology. It interprets information about an aspect of patient care based on established criteria, logic and conventions into a coded format that is nationally and internationally recognised. The Virtual Clinical Coding team consists of Clinical Coders and the Clinical Coding Auditor/Educator who deliver a centralised coding service for most of the District.

Performance and Value Team

The Performance and Value team is responsible for Activity Based Funding, Data Analytics, Clinical Costing, Clinical Business Partnerships and Purchasing Model. The team ensures quality data analysis, outputs, and provides comprehensive subject matter expertise to ensure data and reporting products are fit for use and facilitate organisation improvement.

Key functions:

- analysis and interpretation of data and advise on its applicability to improving organisational performance and patient outcomes.

- purchasing and activity support for informed decision making through the provision of evidence-based business intelligence.

- clinical business partnerships provide internal consultation back to the business for the purpose of improved outcomes and performance optimisation in data integrity.

- clinical costing provides patient level costing data to support improved efficiency in health care delivery.

Strategic Reform Unit

The Strategic Reform Unit aims to create a reform capability that positions WNSWLHD well into the future to improve the delivery of health care to rural communities.

The Strategic Reform Unit is an initiative-taking, forwarding looking team, with a sound understanding of current policy directions, health reforms at a state and federal level, research and evidence relating to rural health care and the ability to develop new models of care, service proposals and improvements for the Western NSW context.

Alongside these functions, a strategic PMO (Program management Office) is positioned within the unit, to assist in shaping priorities for the District as well as monitoring, reporting, and supporting implementation of these key priorities, and the strategic reform projects.

Community Engagement

Our LHD is committed to working in partnership with health consumers and communities to achieve better health together. The Community Engagement team works to build and support partnerships between the Health Service and consumers, carers, and community representatives. They actively seek the participation of consumers in assessing, planning, designing, implementing, and reviewing solutions to the problems that affect them, their families, and their communities. Consumer

representatives have opportunities to partner and collaborate at all levels of the organisation including place-based, sub-regional and organisational.

The Community Engagement team manage Engage Western NSW Health; an online engagement platform offering additional opportunities to seek consumer and community feedback. The team provides guidance for the engagement, orientation, training, and ongoing support for volunteers.

5.1 Current Structure – Strategic Reform, Planning and Partnerships Directorate

Strategic Reform Planning and Partnerships – Western NSW Local Health District

Executive Director ← **Executive Assistant**

NSW GOVERNMENT

Bathurst Redevelopment Director
- Project Officer

Manager Planning and Services Development
- Prinicpal Health Service Planner
  - Senior Health Service Planner
  - Senior Health Service Planner
  - Senior Health Service Planner
- Admin Assistant
- Redev Change Management Lead
  - EOLC / Canowindra Project Manager
  - Redev Project Officer

Manager Strategic Reform
- Strategic PMO
  - Project and Change Lead
- Program Director – Collab Commissioning
  - GP/VMO
  - Program Manager - Collab Commissioning
  - CNC
  - Aboriginal Wellbeing Coordinator
  - Program Support Officer
  - Administration Officer
- A/Manager Strategic Initiatives
  - Manager Primary Care Strategies (VACANT)
  - Senior Project Officer
  - Data Analyst (VACANT)
  - Data Analyst

Manager of Health Outcomes
- Senior Evaluation Research Officer
  - Senior Evaluation Officer
  - Senior Health Economist

Community Engagement Lead
- Manager of Community Engagement

Manager of Business Support Services (Data Integrity and Coding)
- A/Manager Clinical Coding Unit
  - Clinical Coder
  - Clinical Coder
  - Clinical Coder
  - Clinical Coder
  - Clinical Coder
  - Clinical Coder
  - Clinical Coder
  - Clinical Coder
  - Clinical Coder
  - Clinical Coder
  - Clinical Coder
- Clinical Coding Educator / Auditor
  - WNSW Trainee Clinical Coder
  - Clinical Coder
- Business Analyst
  - Data Integrity Analyst
  - Data Integrity Analyst
  - Data Integrity Analyst
  - MHDA Data Integrity Analyst

Manager of Data and Information
- Data and Integration Architect
  - Data Architect
  - Data Architect
- Data Scientist
  - Report Developer

Manager Performance and Value
- Senior Report Analyst
  - Data Analyst
  - Data Analyst
  - Data Analyst
- Senior Costing Analyst
  - Costing Analyst
- Clinical Business Partner
  - Clinical Business Partner
  - Clinical Business Partner
  - Clinical Business Partner (MHDA)

6   Proposed Structure – Overview

The following organisational charts outline the proposed structural changes associated with the SRPP Functional Realignment. This may be further refined following the consultation periods. The roles and teams affected by the changes are highlighted throughout the organisational charts; or detailed in *Section 7: Summary of impact of changes by position*.

6.1.1   Proposed Structure – SRPP Directorate

The proposed team structure redistributes the functions of data integrity and clinical coding to other teams within the Directorate – the Data and Information Team and Performance and Analytics team.

The Manager of Clinical Coding and Data Integrity (formerly Manager of Business Support) role will be removed from the SRPP structure.

The original purpose of this role was to act as Business Manager for the Health Intelligence Unit, and early development stages of the Health Intelligence Unit envisaged a significantly external facing unit beyond the LHD with many external partners. However, the scope and direction has changed over time and this function is no longer required, as evidenced by the role managing the Data Integrity team for approximately two years (and more recently, the Virtual Clinical Coding Unit) and the provision of financial business management functions through the Finance and Corporate Services Directorate.

There are strong functional alignments and collaborative work programs across the data integrity and data and information portfolios which has increased with the transition to EDWARD. Similarly, functional alignment and collaborative work occurs between the clinical coding unit and clinical business partners which has been increased in line with the increased focus on performance, documentation, coding and activity.

The change to the structure reflects evolution of these work programs (some driven by state-wide directions), improved functional alignment and efficiencies across these work streams.

The Manager of Data and Information will lead the Data Integrity team and the Manager of Performance and Analytics will lead the Virtual Clinical Coding team, supported by a leadership position across coding and clinical documentation improvement.

The Executive Assistant position description will be updated to reflect support provider to Managers across the SRPP Directorate, as well as the Executive Director.

6.1.2   Proposed Structure – Data Integrity

The Data Integrity Team will have a change in reporting line to the Manager of Data and Information.

The Business Analyst role will be removed from the SRPP structure.

The Business Analyst role was created within the original organisational structure of the Health Intelligence Unit. Early development stages of the Health Intelligence Unit envisaged

a significantly external facing unit beyond the LHD with many external partners, however, this has changed over time. The purpose of the Business Analyst role was to meet with stakeholders and develop scoping and requirements documentation for the development of reporting products. This function sits with all data analysts and the Data and Information team as a stage within the report development process. The Business Analyst role has evolved to support processes and systems in the Data Integrity team given the historical demand and risk associated in the portfolio, however, utilisation of SARA and other streamlining of systems and processes within the team means this role is no longer required.

The Data Analyst within the Strategic Reform Unit will join the Data Integrity team given the functional alignment of work and portfolios. This will be a reporting line change through to the Manager of Data and Information.

There are no other changes proposed to the Data Integrity Team.

6.1.3   Proposed Structure – Western Clinical Coding Unit

The VCCU was implemented was established in 2020 with the strategic aim of reducing utilisation of high-cost contract clinical coding resources through the provision of backfill for planned and unplanned leave across the LHD. In addition, the VCCU supports a global view of compliance, networking of clinical coders, education, quality improvement, performance auditing and succession planning. Over the past two years the VCCU has permanently increased the facilities services are provided to and improved clinical coding turnaround times.

The Virtual Clinical Coding Unit has had a temporary management structure following the integration of the Dubbo Coding Team in July 2023. An Acting Manager of the Virtual Clinical Coding Unit was established to provide day to day operational management support to the team of clinical coders (as well as coding) and allow capacity for the Clinical Coding Educator / Auditor position to delivery education and audit functions for the team.

It is proposed to develop a central Western Clinical Coding Unit, with integration of the existing facility-based coders into a single unit. The clinical business partners will also be aligned with this team, supported by a leadership position across both units, and reporting to the Manager of Performance and Analytics. The unit will be well positioned for future reforms in computer assisted coding and other transformations.

6.1.4   Proposed Structure – Data and Information Team

The Data Integrity team will join the Data and Information Team via a reporting line change.

In line with the state-wide EBI program and the impending conclusion of the HIE and ongoing evolution of the data warehouse and reporting solutions through the Ministry, the Data Architect role will be removed from the SRPP structure.

6.1.5   Proposed Structure – Performance and Analytics Team

A name change is proposed to better reflect the functions and focus of the team. The addition of the Virtual Clinical Coding Unit is proposed.

A change to the Senior Report Analyst position is proposed to better meet the performance, team leadership and data governance needs of the origination. The Senior Report Analyst role was created within the original organisational structure of the Health Intelligence Unit. This role was intended to lead the design and development of operational reporting products, however, the primary need for this position is to meet the performance, training, mentoring and team and data governance functions. Performance is a key focus for the organisation in line with the Service Agreement with the Ministry of Health. Data Governance reform has changed significantly over the last two to three years, requiring a much greater level of

subject matter expertise and advisory functions within the team. It is proposed that this role is re-positioned to meet this organisational need.

No other changes are proposed to this team.

6.1.6 Proposed Structure – Community Engagement Team

The functions of the Manager of Community Engagement role are proposed to change better meet the requirements of the Meaningful Engagement program of work and associated responsibilities needed to support delivery of the LHD community engagement directions into the future, including strong local and autonomous project management. This is likely to require a re-grade of the position.

The role is required to support strategic initiatives of the sub-regional committees, local co-design projects with communities, capability building of staff, manage online platforms for engagement and implement the broader Meaningful Engagement program. The position will continue to report to the Community Engagement Lead.

No other changes are proposed for this team.

6.1.7 Proposed Structure – Planning and Service Development Team

A name change is proposed to Planning and Redevelopment Team to more accurately reflect the work undertaken.

The Senior Administration Assistant, Planning and Service Development will be removed from the structure in line with overall efficiencies and streamlining of functions across the Directorate and LHD.

No other changes are proposed to the Planning team.

6.1.8 Proposed Structure – Bathurst Redevelopment Team

Addition of a temporary Commissioning Manager role in line with the current stage of the project as it transitions to operational commissioning over the next two to three years. The position will be funded via the HI project budget.

No other change to this team is proposed.

6.1.9 Proposed Structure – Strategic Reform Team

Updates and changes to some position descriptions and titles within the Strategic Reform team are proposed to better reflect the requirements of the Unit and strategic directions of the organisation.

One data analyst position is proposed to change reporting lines to the Data and Information Team given the focus on data integrity and reporting for this role.

One data analyst position and a senior project officer position will be removed from the structure in line with overall efficiencies and streamlining of functions across the Directorate.

There is no change proposed to the Strategic Program Management Office or Collaborative Commissioning (Care Partnership Diabetes), which is funded on a temporary basis by the Ministry of Health.

The Health Outcomes team will join the Strategic Reform Team via a reporting line change.

6.1.10 Proposed Structure – Health Outcomes Team

The functions of the Manager, Health Outcomes role will be adjusted to increase the focus on evaluation and population health needs analysis with a title change to Principal Evaluation

and Population Health Officer. The role will continue to provide and advisory and mentoring function. The Health Outcomes team members will report directly to the Manager of Strategic Reform via a reporting line change.

7 Proposed Structure – Strategic Reform, Planning and Partnerships Directorate
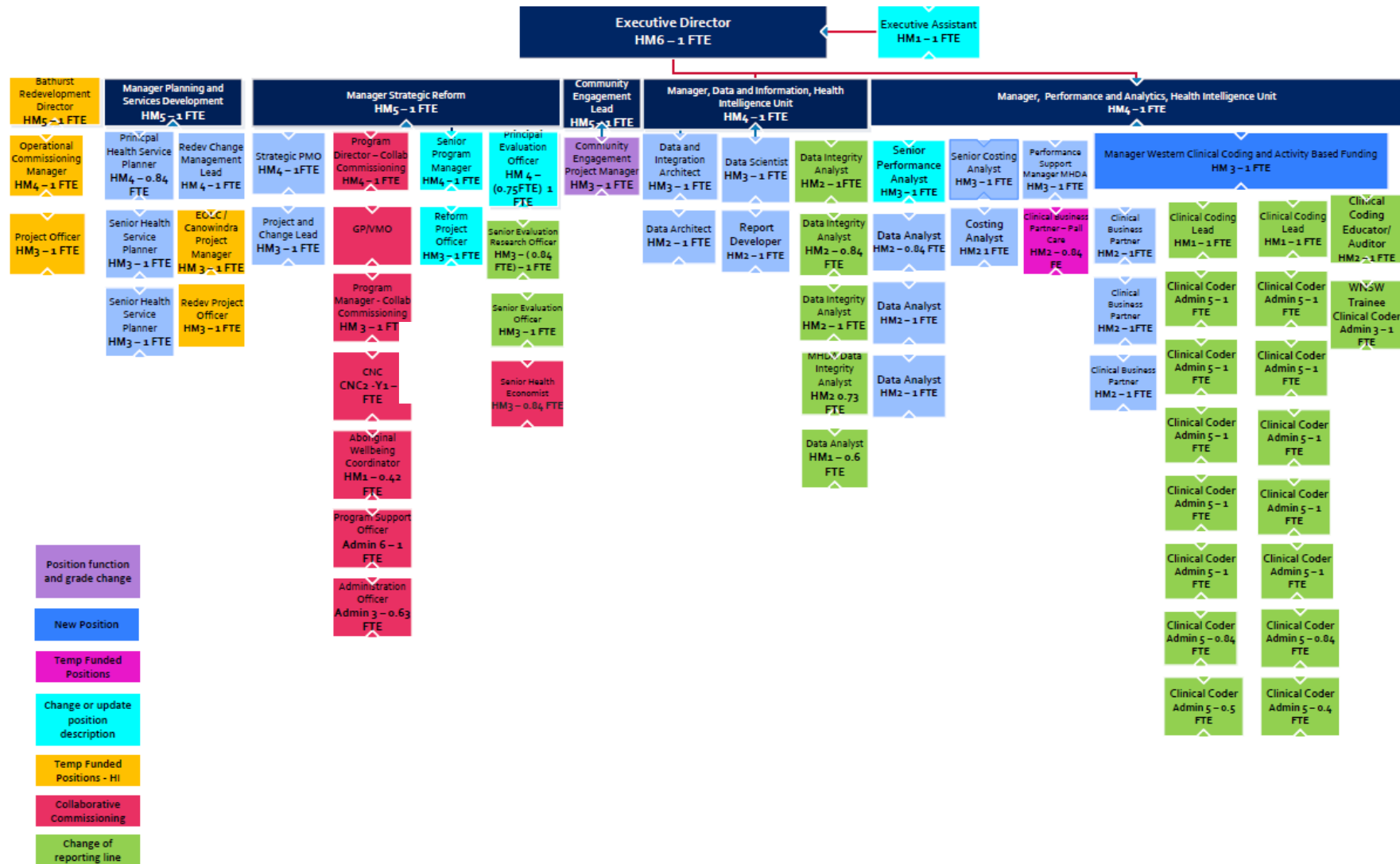
8   Summary of Impact of Functional Realignment by Position

Position	Current	Proposed Change
SRPP Leadership Team		
Manager, Data Integrity and Clinical Coding (formerly Manager, Business Support)	Reports to Executive Director	Affected. Position removed from structure.
Manager Data and Information, Health Intelligence Unit	Reports to Executive Director	Assumes responsibility for Data Integrity Team.
Manager Performance and Value	Reports to Executive Director	Assumes responsibility for Virtual Clinical Coding Team. Change to position title: Manager Performance and Analytics, Health Intelligence Unit
Manager Planning and Service Development	Reports to Executive Director	Change to position title: Manager Planning and Redevelopment
Manager Health Outcomes	Reports to Executive Director	Change in reporting line to Manager, Strategic Reform. Changes to PD and title change to Principal Evaluation and Population Health Officer
Manager Strategic Reform	Reports to Executive Director	Assumes responsibility for Health Outcomes team.
Community Engagement Lead	Reports to Executive Director	No change.
Bathurst Redevelopment Project Director	Reports to Executive Director	No change.
Executive Support Officer	Reports to Executive Director	Change to position title and description
Executive Director, Strategic Reform Planning and Partnerships	Reports to Chief Executive	No change.
Data and Information		
Data & Integration Architect	Reports to Manager, Data and Information	No change
Data Architect	Reports to Manager, Data and Information	No change
Data Architect	Reports to Manager, Data and Information	Affected. Position removed from structure
Data Scientist	Reports to Manager, Data and Information	No change
Report Developer	Reports to Manager, Data and Information	No change

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Position	Current	Proposed Change
Data Integrity		
Business Analyst	Reports to Manager, Data Integrity and Coding (previously Manager of Business Support)	Affected. Position removed from structure
Data Integrity Analyst	Reports to Manager, Data Integrity and Coding (previously Manager of Business Support)	Reporting line change to Manager, Data and Information
Data Integrity Analyst	Reports to Manager, Data Integrity and Coding (previously Manager of Business Support)	Reporting line change to Manager, Data and Information
Data Integrity Analyst	Reports to Manager, Data Integrity and Coding (previously Manager of Business Support)	Reporting line change to Manager, Data and Information
MHDA Integrity	Reports to Manager, Data Integrity and Coding (previously Manager of Business Support)	Reporting line change to Manager, Data and Information
Planning and Redevelopment		
Principal Health Service Planner	Reports to Manager, Planning and Service Development	No change
Senior Health Service Planner	Reports to Manager, Planning and Service Development	No change
Senior Health Service Planner	Reports to Manager, Planning and Service Development	No change
Administration Assistant	Reports to Manager, Planning and Service Development	Affected. Position removed from structure.
Redevelopment Change Manager	Reports to Manager, Planning and Service Development	No change
EOLC Canowindra Project Manager	Reports to Redevelopment Change Manager	No change
Redevelopment Project Officer	Reports to Redevelopment Change Manager	No change
Bathurst Redevelopment Team		
Bathurst Redevelopment Project Officer	Reports to Bathurst Redevelopment Project Director	No change
Bathurst Redevelopment Commissioning Manager	Reports to Bathurst Redevelopment Project Director	No change
Performance and Analytics Team		

Position	Current	Proposed Change
Senior Report Analyst	Reports to Manager, Performance and Value	Change to position functions and title - Senior Performance Analyst. Assumes reporting line for data analysts
Data Analyst	Reports to Manager, Performance and Value	Change to reporting line to Senior Performance Analyst
Data Analyst	Reports to Manager, Performance and Value	Change to reporting line to Senior Performance Analyst
Data Analyst	Reports to Manager, Performance and Value	Change to reporting line to Senior Performance Analyst
Senior Costing Analyst	Reports to Manager, Performance and Value	No change
Costing Analyst	Reports to Senior Costing Analyst	No change
Clinical Business Partner	Reports to Manager, Western Clinical Coding Unit	Change in reporting line to Manager, Western Clinical Coding and Activity Based Funding
Clinical Business Partner	Reports to Manager, Western Clinical Coding Unit	Change in reporting line to Manager, Western Clinical Coding and Activity Based Funding
Clinical Business Partner	Reports to Manager, Western Clinical Coding Unit	Change in reporting line to Manager, Western Clinical Coding and Activity Based Funding
Performance Manager MHDA	Reports to Manager, Performance and Value	No change
Palliative Care Clinical Business Partner (temp)	Reports to Manager, Performance and Value	No change
Virtual Clinical Coding		
Clinical Coding Educator	Reports to Manager, Data Integrity and Coding (previously Manager of Business Support)	Change in reporting line to Manager Western Clinical Coding and Activity Based Funding
Manager Clinical Coding Unit	Reports to Manager, Data Integrity and Coding (previously Manager of Business Support)	Change in title (Clinical Coding Lead) and reporting line to Manager, Western Clinical Coding and Activity Based Funding
Clinical Coder	Reports to Manager Clinical Coding Unit	No significant change – may change reporting line
Clinical Coder	Reports to Manager Clinical Coding Unit	No significant change – may change reporting line
Clinical Coder	Reports to Manager Clinical Coding Unit	No significant change – may change reporting line
Clinical Coder	Reports to Manager Clinical Coding Unit	No significant change – may change reporting line

Position	Current	Proposed Change
Clinical Coder	Reports to Manager Clinical Coding Unit	No significant change – may change reporting line
Clinical Coder	Reports to Manager Clinical Coding Unit	No significant change – may change reporting line
Clinical Coder	Reports to Manager Clinical Coding Unit	No significant change – may change reporting line
Clinical Coder	Reports to Manager Clinical Coding Unit	No significant change – may change reporting line
Clinical Coder	Reports to Manager Clinical Coding Unit	No significant change – may change reporting line
Clinical Coder	Reports to Manager Clinical Coding Unit	No significant change – may change reporting line
Clinical Coder	Reports to Manager Clinical Coding Unit	No significant change – may change reporting line
Trainee Clinical Coder	Reports to Manager Clinical Coding Unit	No significant change – may change reporting line
Community Engagement		
Manager of Community Engagement	Reports to Community Engagement Lead	Position affected. Change to position description and grade.
Health Outcomes		
Senior Evaluation Officer HM	Reports to Manager Health Outcomes	Change in reporting line to Manager, Strategic Reform
Senior Evaluation Officer	Reports to Manager Health Outcomes	Change in reporting line to Manager, Strategic Reform
Senior Health Economist –	Reports to Manager Health Outcomes	Change in reporting line to Manager, Strategic Reform
Strategic Reform Unit		
Strategic PMO	Reports to Manager Strategic Reform	No change
Project and Change Lead	Reports to Manager Strategic Reform	No change
Program Director Collab Commissioning	Reports to Manager Strategic Reform	No change
Program Manager Collab Commissioning	Reports to Director Collab Commissioning	No change

Position	Current	Proposed Change
CNC - Collab Commissioning	Reports to Director Collab Commissioning	No change
Aboriginal Wellbeing Coordinator	Reports to Director Collab Commissioning	No change
Program Support Officer	Reports to Director Collab Commissioning	No change
Admin Officer	Reports to Director Collab Commissioning	No change
A/Manager Strategic Initiatives	Reports to Manager Strategic Reform	Update to position description and title
Manager Primary Care Strategies	Reports to Manager Strategic Reform	Update to position description and title
Senior Project Officer	Reports to Manager Strategic Reform	Affected. Position removed from structure.
Data Analyst	Reports to Manager Strategic Reform	Affected. Position removed from structure.
Data Analyst	Reports to Manager Strategic Reform	Change of reporting line to Manager, Data and Information (joins Data Integrity Team) and change to position name
Clinical Coders – Orange, Bathurst, Coonamble, Bourke	Report within facility structures	Reporting line change to Manager Western Clinical Coding and Activity Based Funding
Clinical Coding Manager, Orange	Report within facility structures	Change in title (Clinical Coding Lead) and reporting line to Manager Western Clinical Coding and Activity Based Funding
Manager, Western Clinical Coding and Activity Based Funding	-	New position

Western NSW Local Health District