

# Reviewing our organisational structures in Clinical Ops, ICT & People and Culture



Health  
Pathology

Frequently asked questions

November 2022

## **Q. What are we doing and why now?**

**A.** We are reviewing our organisational structures for Clinical Operations leadership, ICT, and People and Culture to ensure we have the best models in place for the continued delivery of quality, reliable and sustainable NSWHP services.

These are important steps for us now as we continue to evolve as a statewide organisation and prepare for Fusion – specifically our first statewide quality management information system and statewide laboratory information system.

The creation and implementation of these new systems will be a major transformational change to how we deliver our services, providing benefits for staff, customers, patients and the community.

Fusion isn't just about changes to our systems, workflows and procedures, it also comes at a time when the needs and expectations of our customers and communities are shifting significantly.

This means we must improve and modernise our operating model, including our organisational structures in Clinical Operations, ICT, and People and Culture to remain the provider of choice.

## **Q. Why are we doing this and what does this mean for staff?**

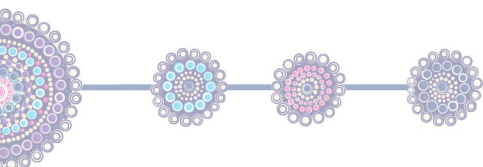
**A.** Given the highly specialised nature of work we do and evolving landscape we operate in, it's important for us to have modern workforce structures and strategies in place to help us retain our skilled and valued staff.

We want to ensure we have clearer pathways for career progression, more growth and development opportunities and better succession plans, among other things. We know from the 2022 People Matters survey results that this is also important to you.

Consultations with staff working in our Clinical Operations leadership team, ICT and P&C is underway to help us shape our future operating models and structures to ensure we remain trusted partners in health and justice.

## **Q. Will there be a reduction in roles?**

**A.** There will be no reduction in roles as a result of these reviews. In fact, it is likely we will see an increase in positions as we create the right structures that make best use of our highly skilled and experienced workforce in line with our new operating models.



## Clinical Operations leadership structure review

### Q. Does this impact all staff working in Clinical Operations?

A. No, the review only relates to our operational leadership structure for positions currently reporting to the Chief Operating Officer.

Since forming 10 years ago, NSWHP has undergone a lot of change including consolidation and standardisation to create the statewide services, solutions, processes and procedures which have shown their true value during the pandemic especially.

So, as we prepare for Fusion and become even more customer focused, forging closer relationships with Local Health Districts, we need to transition to a new Clinical Operations leadership structure to better match the evolving needs of our customers and communities.

### Q. What is likely to change in the new leadership structure for Clinical Operations?

A. We hope the review will lead to the introduction of two new Operations Director roles – one for Metropolitan and the other for Regional. These roles will both report to our Chief Operating Officer and will bring us into alignment with the Ministry of Health structures allowing us to more easily undertake targeted strategic initiatives across our vast geographical footprint.

To ensure we can continue to deliver truly local services, each Local Health District will have a Senior Operations Manager as a key contact point, who works in partnership with our Local Pathology Directors.

Senior Operations Managers will have responsibility for Clinical Operations matters and will report to their relevant Operations Director (Metro or Regional), while Local Pathology Directors will have responsibility for matters related to Clinical Governance and will continue reporting to Director of Clinical Operations.

Laboratory Managers are not in scope of this review, but some reporting lines for Laboratory Managers might change from Operations Managers to Senior Operations Manager

### Q. How will these leadership roles work with our Local Pathology Directors?

A. Transitioning to a new structure and operating model in Clinical Operations will bring closer alignment between Senior Operations Managers and Local Pathology Directors to help with:

- Greater consistency in our operational leadership structures
- Succession planning opportunities
- Holistic oversight of local pathology services and how they fit within the statewide network
- More efficiencies in local liaison and decision-making
- Focused operational support for local pathology services
- Improved responsiveness to the needs of LHDs, hospital executive and referring clinicians within the statewide network.

### Q. What happens next?

A. We are currently consulting with relevant staff within our existing clinical operations leadership team and will provide further updates as we progress.

## ICT structural review

### Q. Why is this review happening across all of our ICT teams?

A. The potential of IT to help transform the way we deliver our pathology and forensic services now and into the future is immense. We're already seeing the opportunities Fusion will bring in transforming and enhancing service delivery.

Together with the changes to our Clinical Operations Leadership Team structure, it is important we also revisit how we can best deliver ICT services.

Our staff are experts at what they do but have significant demands on their time and so we need to look at how we operate to make the best use of their time and expertise.

### Q. What are we looking to achieve through this review?

A. The changing structure we are exploring across ICT will involve:

- Changes to our executive structure with closer alignment to Clinical Operations to allow for more effective engagement with state and LHD operational management
- Greater oversight and ownership of the prioritisation and pipeline of projects with an IT component
- Establishment of new teams in Clinical IT Operations for Test and Release; Training; Core LIMS Services; and Product Teams aligned to Fusion Communities of Practice (CoPs)
- Creation of a new Clinical Systems Architect responsible for specifying work including tenders, quantity surveying
- Centralised management and administration of tools, rather than at the network level.

It will also likely result in the transfer of:

- Project and Program Managers to a new Project Management Office, which will work closely with the new ICT Executive and the Enterprise Project Management Office to support improved coordination and engagement in business case and tender development and approvals
- Help Desk Services to Service Management in line with the ServiceNow Project to reduce Level 1 support calls on Clinical IT Operations and Non-Clinical ICT technology support
- System-to-system integration services, instrument connectivity and integration services to a centralised DevOps Integrations Team
- Database and scripted data extracts (research and reporting), and Business Analysts responsibilities to our Data Insights Team.

## Human Resources / People & Culture review

### Q. What are we looking to achieve through this review?

A. The purpose of this review is to ensure we have the right structure, capabilities, roles and process to strengthen performance, navigate future workforce priorities and achieve key people-related strategic goals. Ultimately, we are seeking to ensure that Human Resources (HR)/People and Culture can continue to address complex challenges and people needs into the future in a consistent, contemporary and sustainable way.

Given the expected changes to Clinical Operations, it is also timely to review HR to ensure alignment with the new operational leadership structure.

### Q. What is the timeline?

A. Stage 1 has been completed, which focused on reviewing the current state of HR's functions, structures, and effectiveness. Through these consultations, a range of strengths and improvement opportunities have been identified.

Stage 2 is now underway, where we are focusing on consulting on the desired future state. This includes developing high level options for future structures and target operating models. This stage will be completed in November.

Stage 3 will focus on developing a more detailed design for the preferred model, along with an implementation plan. We are aiming to be able to share the preferred model and structure in mid-December, with implementation commencing early 2023.

### Q. What happens next?

A. We are currently consulting with both HR staff and teams, and customers who use HR services to inform the design of our future HR operating model, and subsequent HR structure. There are several upcoming consultations in the coming three weeks, including consultations with HR teams and customers.