

Restructure – Consultation Document (Procedure reference PR2014_016)

Document control sheet

Contact for enquiries and proposed changes:

Project sponsor

Name Kingsley Waterson

Position Service Director Drug and Alcohol Service

Executive Project sponsor

Name: Andrea Taylor

Position: Director Mental Health Drug and Alcohol

Consultation

Mark Joyce	Director of Nursing MHDA NSLHD
Dr Alon Faingold	Clinical Director MHDA NSLHD
Dr Mark Montebello	Clinical Director Drug and Alcohol Service NSLHD
Julia Capper	Director Allied Health NSLHD
Sarah Eldridge-Smith	People and Culture Manager, HR Business Partner NSLHD
Elizabeth Penman	Project Manager Drug and Alcohol Service NSLHD
Anthony Piras	Manager Operations, Governance and Quality, Drug and Alcohol Services NSLHD

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Stage 1 – Scope, Plan and Approval

1.1 The Need for Change

1.1.1 Description of Service

The Northern Sydney Local Health District (NSLHD) Mental Health, Drug and Alcohol's (MHDA), Drug and Alcohol Services (DAS) are committed to supporting the improvement of the lives of consumers and their carers through engagement and reducing the harmful impacts of alcohol and other drugs on the individual, family and community. Every day all NSLHD DAS staff strive to provide empathetic, effective, and accessible services with limited resources.

NSLHD DAS comprises of inpatient, outpatient, and community service provision across the district. There is one inpatient unit and ten community teams located across the four sites Hornsby Ku-ring-gai, North Shore, Ryde, and the Northern Beaches (NB).

The services are managed by Team Leaders, Nurse Unit Managers (NUMs) and the Clinical Director as per attached organisational chart (TAB A). The Team Leaders and NUMs report to district wide DAS leadership staff to ensure alignment of services across multiple sites and locations.

1.1.2 Reason and Purpose for the Restructure

The NSLHD DAS has received additional funding of \$1.8million per annum following the Special Commission Inquiry into the Drug ICE that was completed in 2022.

NSLHD DAS submitted a successful proposal requesting enhancements to core Drug and Alcohol Service workforce, and service additions for the district. The staffing profile to be recruited through the funding has been reviewed by the DAS Executive in consultation with Service Managers, and the initial implementation plan was submitted to the Ministry of Health in July 2023.

The service enhancements include expansion to existing services as well as implementation of new positions and will require existing organisational structures to be realigned to provide for the expanded, additional services and governance.

The positions to be recruited to as part of the enhancement and additional funding include:

Position	Enhancement FTE	New Total FTE	Award	New/Enhancement
Administration Officer Team Leader	1.0	10.0	AO5	Enhancement
Consultation Liaison	1.0	4.5	CNS2	Enhancement
Co-Morbidity CNC	1.0	2.0	CNC2	Enhancement
Nurse Practitioner	1.0	2.0	NP	Enhancement
Peer Workers	1.2	1.8	HEO	Enhancement
Clinical Nurse Educator	1.0	1.0	CNE	New
Assertive Case Management	2.0	3.0	MDT	New
Aboriginal Health/ Community Counselling	2.0	2.0	MDT	New
Centralised Intake	1.0	2.0	MDT	Enhancement

Business Manager	0.6	0.6	HM03	New
Staff Specialist	0.6	6.5	SS	Enhancement
Medical Unit Director (allowance for existing position)	1.0	1.0	Allowance	New
NM2 Specialty Clinical Programs	1.0	1.0	NM2	New
Information Management and Support	0.6	1.4	HM01	New
Pharmacist	0.4	1.2	Pharm1	Enhancement
Total	15.4 FTE	40.0 FTE		

The impacted positions include:

Position	FTE	Award	Impact
Administration Assistants	10	AO4	Realigned reporting lines to Admin Team Manager
Executive Assistant (EA)	1.0	HM01	New direct report to position with creation of the admin team leader position.
Clinical Director (CD)	1.0	Staff Specialist	Restructures to include additional new positions: <ol style="list-style-type: none"> NM Specialty Clinical Programs to move current nursing direct reports to a NM reporting line and reduce direct report FTE to the CD. (Excludes nurse practitioner due to prescribing requirements) Medical Manager to manage clinical medical workforce and provide the day-to-day operational support and support the strategic direction from the DAS CD and Executive. Also reducing direct report to the CD to ensure adequate availability to support staff with significant increase in FTE through enhancements.
Medical Manager	1.0	Staff Specialist	An existing position to be updated with managerial allowance to manage clinical inpatient and community medical staff. An additional 0.6 FTE Staff Specialist enhancement is also included in the funding and proposal.
CL, SUPPS, Co-morbidity	6.7	CNS and CNC	These positions will move to reporting to the new NUM Speciality Clinical Programs from the current reporting line to the CD. This will provide greater availability and nursing specific leadership, as well as create a sense of team identity and opportunity for overlap and supporting skillsets and potential career progression.
Nurse Practitioner	1.0	NP	Enhancement funding will increase the existing NP by 1.0FTE and will work in conjunction with the existing NP to cover the North Shore and Ryde regions.

Nurse Manager 3	1.0	NM	The NM will have an additional 2.0 FTE report with the creation of the new Nurse Manager for Speciality Programs and the Clinical Nurse Educator Position.
Nurse Unit Manager 3	1.0	NUM	The existing Health Education Officer (HEO graduate) currently providing Assertive Case Management will be removed from the IDAS NUM3, restructured to be part of the ACM team, reporting to the Team Leader.
Assertive Case Management (ACM)	1.0	MDT	An existing HEO is providing a reduced ACM service currently. This position would be restructured to form part of the newly established ACM with the new funding for this service. The position currently reports to the IDAS NUM 3 and would move to the ACM Team Leader reporting line.
Allied Health Manager	1.0	HM03	Additional direct Team Leader report with the addition of an ACM Team Leader.
Manager Access, Information and Performance	0.8	HM03	Addition of 2 FTE Central Intake and 0.6 FTE Data Manager as direct reports.
Manager Operations, Governance and Quality	1.0	HM04	Addition of 0.6 FTE Business Manager as direct report.
Senior Pharmacist	0.8	Pharm3	Addition of 0.4 Pharmacist as Direct report, currently does not have direct reports.
Intake Worker	0.6	HEO	HEO currently undertaking intake. Role will need to be restructured to be a multidisciplinary intake officer position.
Clinical Nurse Specialist	1.0	CNS	Vacant position to be restructured to be a multidisciplinary intake officer position.

1.1.3 Current Structure

Please see TAB A for the current organisational structure for NSLHD DAS. Of note within the current organisational chart there are a number of temporary organisational reporting arrangements that are proposed to be addressed within the proposed restructure.

1.2 Restructure Plan

1.2.1 Proposed New Structure

Please see TAB B for the proposed organisational structure for NSLHD DAS.

Under the proposed new structure, the enhancement and additional FTE positions will be integrated within new organisational reporting lines, with additional Nurse Manager Specialty Clinical Programs, and Medical Manager positions. As the funding is to provide broad service enhancement and fill gaps in the service, it is imperative to embed the positions within a realigned organisational structure. The positions are not funded for a single service / unit, but to provide service wide enhancement.

1.2.2 Proposed Position Descriptions

By work stream the changes will be as follows:

Medical:

- Clinical Director reduction in direct reports by moving speciality nurses to new NM Specialty Clinical Programs and with the addition of Medical Manager for the medical reporting line.
- Consultation Liaison, Comorbidity and Substance Use in Pregnancy programs will be moved from the Clinical Director's reporting line to the NM Specialty Clinical Programs reporting line.
- The Clinical Director will have the addition of a second Nurse Practitioner.
- Creation of a Medical Manager will be via the addition of a management allowance to an existing position.
- Existing medical staff working in clinical operations will be realigned to report to the new Medical Manager.

Nursing:

- The Nurse Manager will have two additional direct reports with the new NM Specialty Clinical Programs and Clinical Nurse Education (CNE)
- A new CNE position will be created utilising the District standard CNE position description.
- A NM Specialty Clinical Programs position for the speciality nursing programs will be created.
- Consultation Liaison, Comorbidity and Substance Use in Pregnancy programs will be moved to the NM Specialty Clinical Programs reporting line from the Clinical Director's reporting line.
- Consultation Liaison (CL), Substance Use in Pregnancy Service (SUPS) and Co-morbidity staff will have a change in reporting line updated in the position description to that of the NM Specialty Clinical Programs
- An additional 1.0 FTE for consultation liaison, 1.0 FTE for Co-morbidity and 1.0 FTE for Nurse Practitioners will be created.
- An additional Nurse Practitioner position will be added, maintaining a reporting line to the Clinical Director due to the prescribing requirements within the role.

Allied Health

- The Allied Health Manager will have an additional 1 FTE direct reports through the addition of the Assertive Case Management (ACM) Team Leader.
- The ACM Team will be formed, with multi-disciplinary position descriptions based on comparable positions in other LHD's.
- The ACM team will have a team Leader that reports to the Allied Health Manager
- A Health Education Officer (HEO) will be realigned to the new ACM Team and will require a reviewed position description to align with the ACM model (either aligning the position description across all three FTE or updating the existing HEO position description)
- Two new Trainee Aboriginal Health Practitioner positions will be created as part of the community counselling teams. These will require the development of new position descriptions.
- Centralised Intake positions will require a revised position description to allow for the positions to be multi-disciplinary and is proposed to be restructured from a vacant Clinical Nurse Specialist position.

Non-Clinical Positions:

- The Executive Assistant will have an increase in direct reports with the addition of an Admin Team Leader and may require a revised position description to handover the general administration co-ordination to the team leader.
- An Admin Team Leader position will be created to supervise the administration team.
- The Manager Operations, Governance and Quality will require a position description update to include the newly created Business Manager position.
- A 0.6FTE Business Manager position will be created. This position will alleviate workload currently managed by the Service Director that is not formally included in their position description.
- The Manager Access, Performance and Information will have an additional 2.6 FTE direct reports with the enhancement of centralised intake and data management.

1.2.3 Impact on services and functions

Positive impacts from these changes will include increased capacity across NSLHD for community members requiring drug and alcohol services. The efficient allocation of all resources will allow NSLHD DAS to expand access, provide more specialist support, increase coordination, and connected care, and enhance evidence-based program options for treatment and support.

The service enhancements will also increase the volume of clients being seen by the service, and therefore impact the clinical and administrative workload associated with this increase in volume. It will also increase the number of cases for discussion at multi-disciplinary team meetings, requiring medical review, and either create or manage an extended client cohort with the assertive case management team.

1.2.4 Impact on employees

Many individuals impacted by the change will primarily be affected by a reporting line change only. Most of the positions will be reporting through to a newly created management position, either the Medical Manager or the NM Specialty Clinical Programs. The addition of these managers will allow

for lower-level leaders to provide increased availability and support to staff and will provide a clearer and more relevant team identity for the speciality nursing programs.

There will be increased support and career progression opportunities for staff through the specialist roles including Consultation Liaison, Co-morbidity, Nurse Practitioners, Medical Manager and Nurse Manager.

Stage 2 – Consultation

2.1 Notification to employees

Preliminary discussions were held with DAS Managers to support the initial development of the proposed restructure, including operational and budgetary considerations.

During early 2024, initial consultation commenced, including communications with DAS staff and with all Industrial Associations, advising of the proposal. Following various discussions and feedback received, it is acknowledged by NSLHD however that there were some gaps in the necessary consultative processes.

Consequently, a continuing period of consultation will be now undertaken by NSLHD. This additional consultative period will commence on 24 April 2024, and nominally conclude on 7 May 2024.

The Drug and Alcohol Service Director will provide updated notification letters and information to all affected staff and the Industrial Associations.

While some one-on-one and group / team meetings have been held to date, a further opportunity to meet and consult with the DAS executive is now available. If required, staff should contact Gerard Drinan, Senior Human Resources Business Partner, gerard.drinan@health.nsw.gov.au to arrange for a meeting. Alternately, any additional written feedback to the proposal is most welcome.

Some of the valuable initial feedback received has now been incorporated into the proposed service realignment. Individual acknowledgement of feedback received will be provided to respondents during the continuing consultation period.

2.2 Notification to Union/Industrial Bodies and other relevant parties

The relevant unions that need to be consulted include:

- NSW Nurses and Midwives Association.
- Australian Salaried Medical Officers Foundation (ASMOF).
- Health Services Union.

A letter, including this document, outlining the proposed changes in reporting lines and impact on staff has been provided. If there are any issues that arise from this, then a meeting with the relevant union may be held to understand any issues.

Stage 3 – Implementation

It is intended that the proposed changes will be implemented in a phased approach with position realignments, creation of new positions, and recruitment to occur by work stream. Where possible to enable increased support to the community through the service enhancements, positions that are enhancement only roles will be recruited first.

The table below indicates the key actions to occur and an indicative time.

Action	When
Inform staff and unions via correspondence of additional consultation period	April 2024
Staff Consultation Meetings	April/May 2024
Commence Recruitment Processes	May/June 2024

Stage 4 – Review

The review of the restructure and service enhancement will be held at twelve months post implementation to analyse whether the Service was able to restructure the service to support the sustainable widespread enhancement to the Drug and Alcohol Service provisions within NSLHD.

Attachments

TAB A – NSLHD DAS Current Organisation Chart

TAB B – NSLHD DAS Proposed Organisation Chart

TAB C – Position Descriptions