



Restructure Plan

Phase 1
Chief Information Officer

V1.0

1. Reason for ISLHD undertaking Organisation Design Activity

- It has been eight years since ISLHD has formally reviewed its organisational structure.
- An external Consultancy firm (Ernst and Young) was engaged after a thorough tender process; one of the criteria was professional experience in undertaking Organisational Reviews in the Health Sector.
- In late 2022, Ernst and Young undertook a review of the ISLHD senior management structure to ensure roles and responsibilities aligned to meet the evolving needs of the District.
- During January 2023 the Core Executive Team reviewed the recommendations and together worked through which elements might be applicable for ISLHD, and which might need some refinement to drive forward a transformation for ISLHD.
- Both anecdotal feedback and the PMES results across the District indicated opportunities to improve clarity of people's roles and responsibilities; there was also feedback that there was role overlap and confusion about accountabilities and decision-making authority.
- A Strength Weaknesses Opportunities Threats (SWOT) analysis was undertaken with the ISLHD Strategic Executive, and this also flagged some concerns in clarity of roles and organisation structure.
- As such, it was determined that an amended Organisational Structure was required to ensure that ISLHD's workforce is organised in the most efficient and effective way to meet the needs of our patients, community and workforce over the coming years.

2. ISLHD approach to delivering Organisational Design Change

- A decision has been made by the Chief Executive and Core Executive to take forward the Organisational Changes within a Project framework as it is acknowledged that this is a transformational journey for ISLHD involving the integration of structure, processes and people to support the implementation of strategy
- The delivery approach is for all the Organisational changes to be rolled-out in a Phased approach

Restructuring Plan

3. Phase 1 Scope

Phase 1 scope specific to Chief Information Officer

1. Chief Information Officer directorate name to change to Digital Health CIO
2. Change in reporting line for the following Tier 3 roles to another Directorate, with the existing Position Description and Job Title unchanged for Phase 1:
 - a. Manager Corporate Records and Archival Services moving to Finance and Corporate Services Directorate
3. Change in reporting line for the following role to the Digital Health CIO Directorate with the existing Position Description and Job title unchanged for Phase 1:
 - a. Information Management Manager (currently in ICMHPIP)
4. Create a new Director Role “Director Data and Information Management” – subject to funding approval

4. Reason for Phase 1 Chief Information Officer Restructure

Proposed Change of Directorates

ISLHD’s current structure is not configured in a way that has clear accountabilities and to meet the strategic needs for continuous improvement and high performance.

Proposed new Director Role “Director Data and Information Management”

Creation of a new role which is responsible for overseeing the management of people, processes and technologies supporting information assets.

NB creation of the role is subject to funding approval

5. Benefits or likely impact Phase 1 Chief Information Officer restructure will have on services

By moving some positions to other directorates, it will create an alignment of the work of these functions into a more logical portfolio, within which there is a span of control that enables effective leadership.

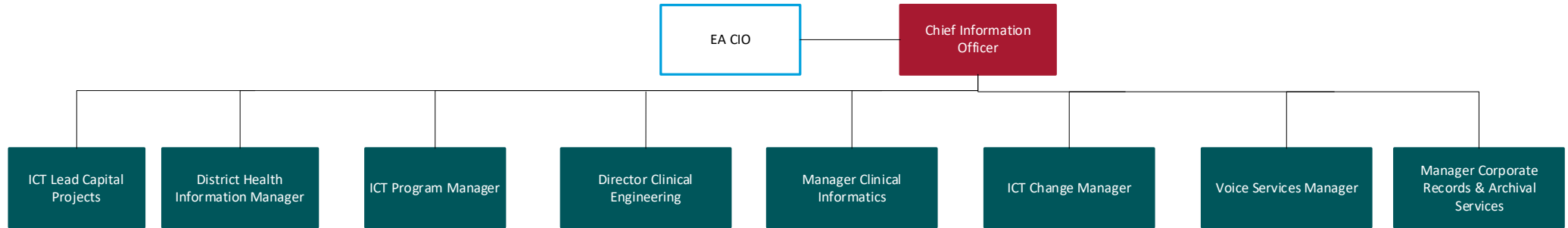
Restructuring Plan

6. Proposed Staff Change Impact

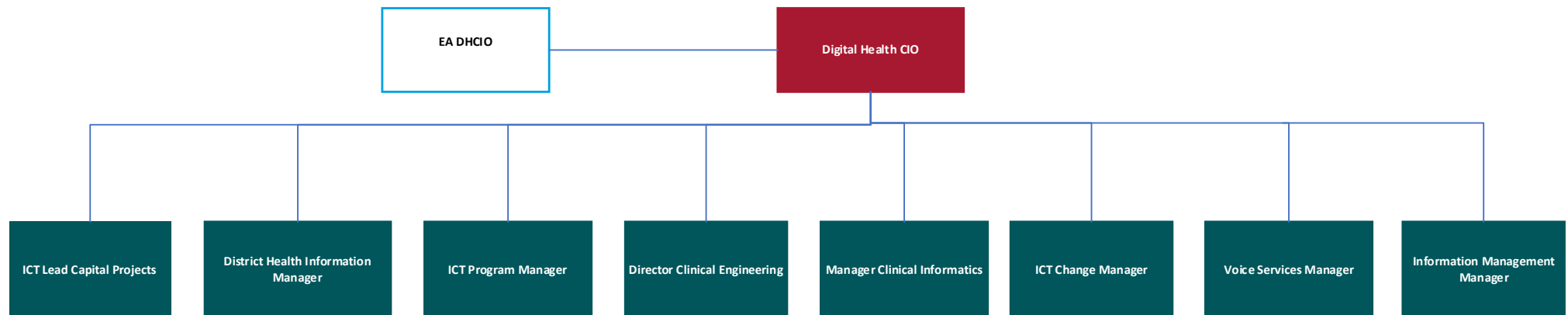
Current Position	Future Directorate	Proposed Change Impact
ICT Lead Capital Projects	Digital Health and Information	No proposed change
District Health Information Manager	Digital Health and Information	No proposed change
ICT Program Manager	Digital Health and Information	No proposed change
Director Clinical Engineering	Digital Health and Information	No proposed change
A/ Manager Clinical Informatics	Digital Health and Information	No proposed change
ICT Change Manager	Digital Health and Information	No proposed change
Voice Services Manager	Digital Health and Information	No proposed change
Manager Corporate Records and Archival Services	Finance and Corporate Services	Move to Finance and Corporate Services Directorate
EA CIO	Digital Health and Information	No proposed change

7. Current and proposed organisational charts

7.1 Current Structure



7.2 Proposed Structure



Restructuring Plan

8 Current and proposed position descriptions

It is proposed to not amend or change any position descriptions for this directorate for phase 1 of this project.

9 Proposed Timetable for implementation

Action	Date
Affected T3 staff advised at Strategic Executive	29/3/23
Tier 3 Directors advised and other affected staff	29/3/23
Unions advised of restructuring proposal for consultation with members	29/3/23
All T3 & Embedded Business Model Partners receive a copy of Restructure Plan; and affected staff receive a copy of the proposed PDs (where applicable)	30/3/23
Meeting/s with union and members (if requested)	Tbc
Meetings with staff (weekly drop in sessions)	Tbc
Consultation period closes (three weeks)	20/4/23
New structure finalised taking account of feedback	End of April
Meetings held with affected staff to advise of: <ul style="list-style-type: none">• Feedback as it relates to their role/service/function• Advise on the outcome and rationale Next steps	End of April
General Communication to all staff <ul style="list-style-type: none">• Provide an overview of feedback received and reviewed during the Consultation Period• Advise on the Outcome• Next steps	Early May
Affected staff advised formally in writing	End of April
HES position descriptions finalised based on feedback and approved by Chief Executive and confirmed with Ministry of Health to grade and establish	From May onwards

Restructuring Plan

Changed reporting lines implemented	From May onwards
New non-HES positions confirmed, graded and established	From May onwards
Affected staff assessed for suitability against new positions and mapped if appropriate	From May onwards
Vacant positions advertised as required	From May onwards
Final directorate Organisation Chart with named colleagues in roles issued to the Team	From May onwards
Excess staff managed in accordance with the Managing Excess Staff of the NSW Health Service PD2012_021	From May onwards

9.1 Consultation with industrial organisations

Unions engaged in November 2022 to let them know we commenced Organisational Design activity; Unions will be engaged in March 2023 (targeted for 29/3) to make them aware of proposed changes as part of Phase 1 and that we are entering into Formal Consultation over a 3-week period.

10 The availability of counselling and vocational assessment services for staff

The affected employees will be provided with support by the Director Workforce Relations & Development during the restructure process and will be provided with contact details for the Employee Assistance Program for counselling and vocational assistance.

11 Estimated number of staff likely to be redeployed and the number of voluntary redundancy packages that may be offered

Staff will be supported to be redeployed within the new structure or elsewhere within the District. VRs will only be offered where staff are declared excess.



Restructure Plan

Phase 1 Strategic Improvement Programs

V1.0

1. Reason for ISLHD undertaking Organisation Design Activity

- It has been seven years since ISLHD has formally reviewed its organisational structure.
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- In late 2022, Ernst and Young undertook a review of the ISLHD senior management structure to ensure roles and responsibilities aligned to meet the evolving needs of the District.
- During January 2023 the Core Executive Team reviewed the recommendations and together worked through which elements might be applicable for ISLHD, and which might need some refinement to drive forward a transformation for ISLHD.
- Both anecdotal feedback and the PMES results across the District indicated opportunities to improve clarity of people's roles and responsibilities; there was also feedback that there was role overlap and confusion about accountabilities and decision-making authority.
- A Strength Weaknesses Opportunities Threats (SWOT) analysis was undertaken with the ISLHD Strategic Executive, and this also flagged some concerns in clarity of roles and organisation structure.
- As such, it was determined that an amended Organisational Structure was required to ensure that ISLHD's workforce is organised in the most efficient and effective way to meet the needs of our patients, community and workforce over the coming years.

2. ISLHD approach to delivering Organisational Design Change

- A decision has been made by the Chief Executive and Core Executive to take forward the Organisational Changes within a Project framework as it is acknowledged that this is a transformational journey for ISLHD involving the integration of structure, processes and people to support the implementation of strategy
- The delivery approach is for all the Organisational changes to be rolled-out in a Phased approach

Restructuring Plan

3. Phase 1 Scope

Phase 1 scope specific to Strategic Improvement Programs

1. Strategic Improvement Programs (SIP) Directorate will be dissolved and the EDSIP position will be repurposed as the Executive Director People and Culture.
2. The following positions will move into the People and Culture Directorate, with the existing Position Description and Job Title unchanged for Phase 1:
 - a. Director Workforce Relations and Development
 - b. Director Staff Safety and Recovery
 - c. Director Organisational Development and Wellbeing
 - d. Executive Assistant
3. Change reporting line for the following Tier 3 roles to another Directorate:
 - a. Director Project Management Office to Strategy, Risk, Planning and Performance
 - b. Director Procurement and Supply Chain to Finance and Corporate Services Directorate
 - c. Director Engineering and Asset Management to Asset and Infrastructure Directorate
4. Change of reporting line for the following roles to the People and Culture Directorate as part of Embedded Business Partner Model, with the existing Position Description and Job title unchanged for Phase 1:
 - a. Workforce Support Managers, Coordinators and Officers to People & Culture Directorate under Workforce Relations and Development
 - b. Safety Advisors and Manual Handling Coordinator to move to People and Culture under Staff Safety and Recovery
 - c. Culture Improvement Manager (currently in ICMHPIP) under the Director Organisational Development and Wellbeing

Restructuring Plan

4. Reason for Phase 1 Restructure

Proposed move of staff to another Directorate

ISLHD's current structure is not configured in a way that has clear accountabilities and to meet the strategic needs for continuous improvement and high performance. This includes:

- **Director Project Management Office to move to Strategy, Risk, Planning & Performance (SRPP)**

There is a lack of alignment between the Planning, Information and Performance team setting the strategic priorities of the district, and the Project Management Office delivering the change through strategic projects.

- **Director Procurement and Supply Chain to move to Finance and Corporate Services**

The Procurement function does not align with standard structure practices across NSW Health. Currently there is a lack of clarity of responsibilities and accountabilities between Procurement and Finance impacting the district's financial performance.

- **Director Engineering and Asset Management to move to Infrastructure and Assets**

There are two Executive Directors accountable for ISLHD's infrastructure. This results in a process breakdown with Capital Works developing the infrastructure and Engineering and Asset Management maintaining the facilities. This impacts the district's financial performance through unplanned maintenance and capital works.

The aim of aligning these services is to improve the performance of ISLHD and create an environment which fosters strong working relationships.

Proposed Embedded Business Partner Model

Reviewing current operating models of functions across the District, it is proposed that we operate as an Embedded Business Partner Model for some services; the approach is that the resource will maintain their onsite presence and relationships with the Hub/Service Executive teams but will report centrally.

Proposed changes:

- Workforce Support Managers and teams - inconsistency in best practice and advice provided to the district and lack of flexibility to allocate resources as required.
- Safety Advisors – inconsistency in best practice and advice provided to the district and lack of flexibility to allocate resources as required.

Restructuring Plan

5. Benefits or likely impact Phase 1 Strategic Improvement Programs restructure will have on services

- By moving Tier 3 positions to other directorates, it will create an alignment of the work of these functions into a more logical portfolio, within which there is a span of control that enables effective leadership.
- Embedded Business Partner Model will provide a clear accountability, consistent advice across the district and flexible resources. This will also allow district wide oversight of the performance of ISLHD.

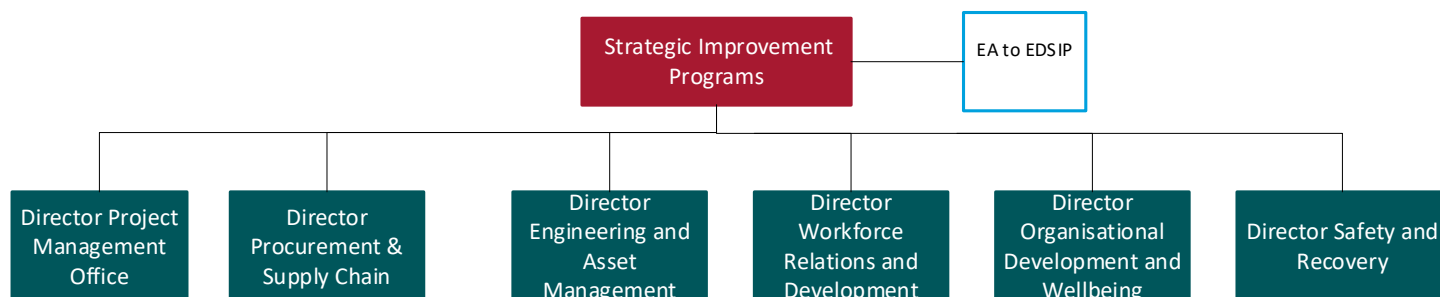
6. Proposed Staff Change Impact

Current Position	Future Directorate	Change Impact
Director Project Management Office	Strategy, Risk, Planning and Performance	<ul style="list-style-type: none"> • Change of Directorate to SRPP & role discussion
Director Procurement & Supply Chain	Finance and Corporate Services	<ul style="list-style-type: none"> • Change of Directorate to Finance and Corporate Services reporting to EDFCS
Director Engineering and Asset Management	Infrastructure and Assets	<ul style="list-style-type: none"> • Change Directorate to Infrastructure and Assets reporting to EDIA
Director Workforce Relations and Development	People and Culture	<ul style="list-style-type: none"> • Change to Directorate of People and Culture reporting to EDPC • Increase of FTE with Embedded Business Partner Model
Director Organisational Development and Wellbeing	People and Culture	<ul style="list-style-type: none"> • Change to Directorate of People and Culture reporting to EDPC • Increase of FTE with 1 Culture Improvement Manager reporting to position
Director Safety and Recovery	People and Culture	<ul style="list-style-type: none"> • Change to Directorate of People and Culture reporting to EDPC • Increase of FTE with Embedded Business Partner Model
EASIP	People and Culture	<ul style="list-style-type: none"> • Change to Directorate of People and Culture reporting to EDPC

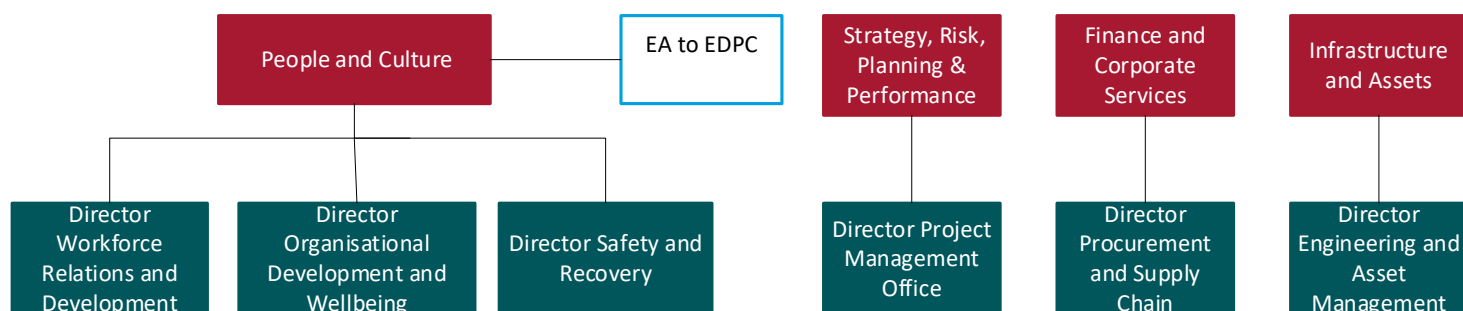
Restructuring Plan

7. Current and proposed organisational charts

7.1 Current Structure



7.2 Proposed Structure



8 Current and proposed position descriptions

Director Project Management Office will move to the Strategy, Risk, Planning and Performance Directorate in their current role while further details are being finalised, and formal consultation will then be undertaken on this proposal.

Restructuring Plan

9 Proposed Timetable for implementation

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Restructure Plan

Phase 1 Clinical Operations

V1.1

1. Reason for ISLHD undertaking Organisation Design Activity

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Restructuring Plan

3. Phase 1 Scope

Phase 1 scope specific to Clinical Operations

1. Confirmation of Clinical Operations as an ISLHD Future State Directorate
2. Change reporting line for the following Tier 3 roles to another Directorate, with the existing Position Description and Job Title unchanged for Phase 1:
 - a. Co-Directors of Kids and Families moving to the Community & Mental Health Directorate.
3. Proposal to move the Community Aged Care Services that are currently the responsibility of the Division of Aged Care, Pall Care and Rehab to the Community and Mental Health Directorate.
4. It is proposed the General Manager NIHG and General Manager SIHG positions are consolidated into one role, to create a General Manager Illawarra. This includes:
 - a. Draft Position Description for Illawarra GM HES role
 - b. Seeking MoH approval for repurposed Position Description Illawarra GM HES role
5. Propose to reinstate the Midwifery Co-Director Maternity and Women's Health position which will absorb the district responsibilities of current Maternity Leads for Wollongong and Shoalhaven. Revised scope and responsibility for Service Leads Maternity & Women's role proposed.
6. Change reporting line for the following roles to another Directorate as part of an Embedded Business Partner Model, with the existing Position Description and Job title unchanged for Phase 1:
 - a. Workforce Support Managers, Coordinators and Officers to People & Culture Directorate under Workforce Relations and Development
 - b. Safety Advisors to move to People and Culture under Staff Safety and Recovery
 - c. Finance Managers to Finance & Corporate Services Directorate
 - d. Patient Safety and Quality Managers to Medical Services & CGU Directorate
7. Propose to move District Pharmacy Lead to Clinical Services Unit reporting to the Chief Executive.
8. The relationship management of Pathology to move to Clinical Services reporting to the Chief Executive.
9. Reinstating the Management Trainee program will create an avenue for talent, growth, development, and exposure.

Restructuring Plan

4. Reason for Phase 1 Clinical Operations Restructure

Proposed GM Change

Historically there has been a lack of seamless integration of services, patients, and colleagues between Northern Illawarra Hospital Group (NIHG) and the Southern Illawarra Hospital Group (SIHG). This has resulted in potentially a less efficient hand-off of patients and delays in patient transfers, inability to easily move resources across the Hubs to meet shifts in demand, and services focussed at a facility level rather than at a broader District level. As such, we will transition over a 6-month period to one General Manager covering the Illawarra on the basis that this will assist with a more integrated service for patients over the Illawarra area and there being greater flexibility to allocate resources to meet service demands, as required across the Illawarra area.

The Illawarra area will encompass Wollongong Hospital, Shellharbour Hospital, Port Kembla Hospital (until the transition of clinical services to Bulli Hospital), Bulli and Coledale Hospitals.

Proposed Service Lead Maternity and Women's Health change

In 2017 the inability to recruit to a Midwifery Co Director role resulted in the creation of two service leads whose scope covered district and operations site-based functions in the north and the south of the District. The purpose of recreating a single Midwifery Co Director role is to have the same alignment as all current divisions within Clinical Operations. Over the past five years it has become increasingly evident that a single role will provide improved governance, consistency, strategic oversight, and support in the northern and southern regions of the LHD.

Proposed Embedded Business Partner Model

Reviewing current operating models of functions across the District, it is proposed that we operate as an Embedded Business Partner Model for some services; the approach is that the resource will maintain their onsite presence and relationships with the Hub/Service Executive teams but will report centrally.

Proposed changes:

- Workforce Support Managers and teams - inconsistency in best practice and advice provided to the district and lack of flexibility to allocate resources as required.
- Safety Advisors – inconsistency in best practice and advice provided to the district and lack of flexibility to allocate resources as required.
- Patient Safety Managers and Quality Managers - there is a variation in the support and advice given across the district, resulting in inconsistent governance and patient care.
- Finance Managers – inconsistency in resources across the Hubs, Divisions and services and variability in practice. This has not optimised the skills of the FM's as a group.

Restructuring Plan

Proposed move of Tier 3 roles to another Directorate

A design principal of the Organisational Design is to functionally align work to the most appropriate Directorate and as part of this approach the following Tier 3 roles will move to another Directorate against their existing Position Description and Job Title:

- Kids and Families Co-Directors to move to Community & Mental Health Directorate
- District Pharmacy Lead to move Clinical Services reporting to the Chief Executive.
- The relationship management of Pathology to move to Clinical Services Unit reporting to the Chief Executive.

Proposal to move the Community element of Aged Care

A principal of Organisational Design is to functionally align work to the most appropriate Directorate. As such, it is proposed the Community Aged Care services that are currently the operational responsibility of the Division of Aged Care, Palliative Care & Rehabilitation move to the Community and Mental Health Directorate. The Co-Directors for the Division will retain strategic oversight however the operational responsibilities will be realigned. How this will be structured, along with the supporting Position Descriptions, is subject to further analysis and discussion.

Proposal to change the Operational Management of Cancer Services

As part of Phase 1 consultation, we propose the opportunity to make a change to the operational management and reporting lines for the Cancer Centres (Illawarra, Shoalhaven and Milton) and potentially the inpatient ward at Wollongong Hospital, to align to the responsibility of the Co-Directors for Cancer Services. This is currently a temporary arrangement pending the outcome of the Organisational Design.

Proposal to review HITH & VHW Service Consolidation

The emergence of the district Virtual Hospital Ward as an extension of the physical bed base of a hospital has become an important enhancement to care in the community, while addressing critical access and flow issues. This service complements the existing and well-established Hospital in the Home (HITH) services which are based at Wollongong and Shoalhaven Hospitals.

As part of Phase 1 consultation, we propose that there is an opportunity to work towards bringing Hospital in the Home (HiTH) and Virtual Hospital Ward (VHW) under a single District Leadership Model. How the services will be structured and governed is subject to further analysis and discussion.

Restructuring Plan

5. Benefits or likely impact Phase 1 Clinical Operations restructure will have on services

- The Executive Director of Clinical Operations currently has 22 direct reports which will be consolidated down to 18 direct reports.
- Consolidating General Manager positions will improve integration between the hospitals in the Illawarra.
- The Midwifery Co-Director for Maternity & Women's Health will result in a consistent management structure across the clinical operations directorate and improve governance and patient care. The current Service Lead roles will be reviewed to support the General Managers with the operations of the service.
- Reinstating the Management Trainee program will create an avenue for growth, development, exposure, and a talent pipeline to support succession planning.
- Embedded Business Partner Model will provide a clear accountability, consistent advice across the district and flexible resources. This will also allow district wide oversight of the performance of ISLHD.
- Improved functional alignment of work to the respective Directorate

6. Proposed Staff Change Impact

Current Position	Future Directorate	Proposed Change Impact
General Manager NIHG	Clinical Operations	Position potentially affected
General Manager SIHG	Clinical Operations	Position potentially affected
General Manager SHG	Clinical Operations	No change to position
Co-Director Aged Care, Rehab & Pall Care	Clinical Operations	No proposed change; seeking input on the proposed move of the Community Function to another Directorate
Co-Director Cancer Care	Clinical Operations	Potential for increased scope requiring consultation once confirmed that Wollongong and Shoalhaven Cancer Centres will operationally report into Cancer Care
Co-Director Critical Care	Clinical Operations	No proposed change
Co-Director Medicine	Clinical Operations	No proposed change
Co-Director Surgery	Clinical Operations	No proposed change
Co-Director Maternity & Women's	Clinical Operations	New position
Service Lead Wollongong Maternity & Women's Health Service Lead Shoalhaven Maternity & Women's Health	Clinical Operations	Positions potentially affected. Proposed change to reinstate the Midwifery Co-director position.
Director Clinical Strategy & Outcomes	Clinical Operations	No proposed change
Executive Assistant to EDCO	Clinical Operations	No proposed change

Restructuring Plan

Current Position	Future Directorate	Proposed Change Impact
Network Community Aged Care Manager	Community & Mental Health	Change in reporting line
Co-Director Kids & Families	Community & Mental Health	Change in reporting line
Director NSW Pathology	CE : Clinical Services	Change of relationship management
District Lead of Pharmacy	CE : Clinical Services	Change of reporting line
Workforce Support Manager SIHG Workforce Support Manager NIHG Workforce Support Manager SHG	People and Culture	Change of reporting line
Finance Manager SIHG Finance Manager SHG Finance Manager NIHG	Finance	Change of reporting line
Patient Safety Manager	Medical Services and Clinical Governance Unit	Change of reporting line
Quality Manager Quality Manager Quality Accreditation Manager Quality Accreditation Manager/ Corp Gov Quality Accreditation Officer	Medical Services and Clinical Governance Unit	Change of reporting line

It is proposed that the following positions will be deleted from the structure:

	Position Title	Classification	FTE#
1.	General Manager NIHG	HES Level 1	1
2.	General Manager SIHG	HES Level 1	1

It is proposed that the scope of the following positions will be reviewed and potentially regraded:

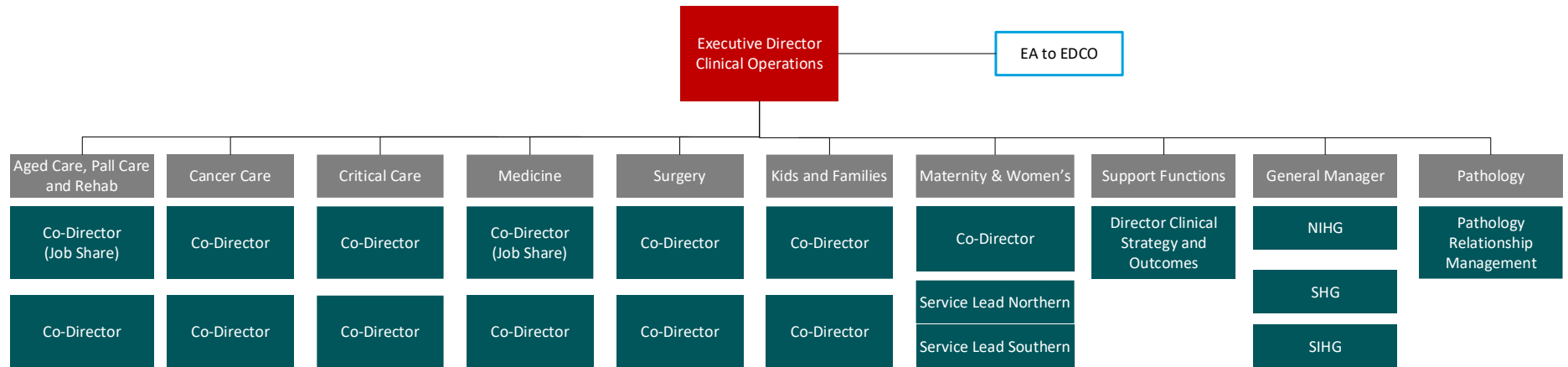
1.	Service Lead, Maternity & Women's Health	NM 6 and NM 5	2
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It is proposed that the following new positions will be created as part of the restructure:

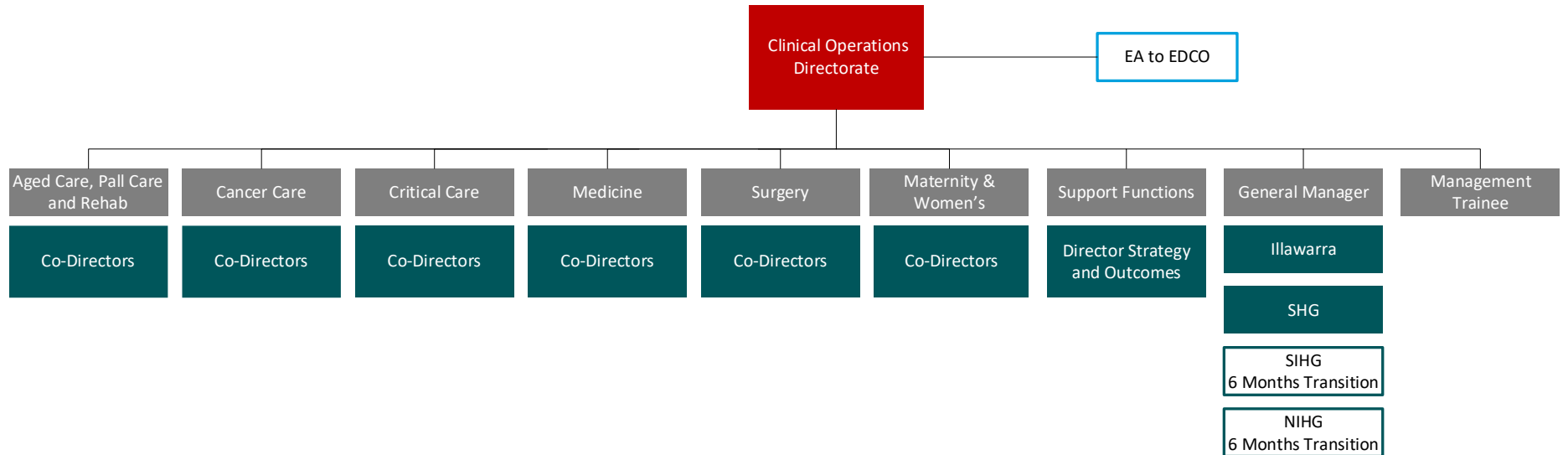
	Position Title	Classification	FTE#
1.	General Manager Illawarra	HES Level TBC	1
2.	Co-Director Division of Maternity & Women's	TBC	1

7. Current and proposed organisational charts

7.1 Current Structure



7.2 Proposed Structure



8 Current and proposed position descriptions

Current Role Title and Current PD – to be decommissioned	Revised Job Title and PD
General Manager, NIHG	General Manager Illawarra <i>See attachment 1</i>
General Manager, SIHG	

Current Role Title and Current PD – to be decommissioned	Revised Job Title and PD
Service Lead Northern, Maternity and Women's Health	Co-Director Maternity and Women's Health
Service Lead Southern, Maternity and Women's Health	<i>To be provided</i>
	Service Lead Wollongong, Maternity and Women's Health
	Service Lead Shoalhaven, Maternity and Women's Health
	*These PDs will be confirmed once the Co-Director position has been appointed.

Restructuring Plan

9 Proposed Timetable for implementation

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The affected employees will be provided with support by the Director Workforce Relations & Development during the restructure process and will be provided with contact details for the Employee Assistance Program for counselling and vocational assistance.

11 Estimated number of staff likely to be redeployed and the number of voluntary redundancy packages that may be offered

Staff will be supported to be redeployed within the new structure or elsewhere within the District. VRs will only be offered where staff are declared excess.

Role Description

General Manager

Illawarra Hospitals Group

DRAFT



Cluster	NSW Health
Agency	Illawarra Shoalhaven Local Health District
Division/Branch/Unit	Illawarra Shoalhaven Local Health District
Location	Wollongong Hospital and travel to various locations
Classification/Grade/Band	HSSE Band 1
Senior Executive Work Level Standards	Work Contribution Stream : Service/Operational Delivery
Role Number	52065
ANZSCO Code	132111
PCAT Code	2331192
Date of Approval	xxxxx
Agency Website	http://www.islhd.health.nsw.gov.au and www.health.nsw.gov.au

Agency overview

The Illawarra Shoalhaven Local Health District (ISLHD) extends about 250km along the coastal strip from Helensburgh in the north to North Durras in the south, servicing a population of more than 390,000 residents. ISLHD is one of the region's largest employers with a workforce of more than 7,300 across nine hospital sites and community health services, and an annual budget of more than \$1billion.

Led by a professional Local Health District Board and a Chief Executive, ISLHD aims to deliver consistently high quality patient care which is supported by input from clinicians and the local community. Our services are delivered in accordance with our CORE values of *Collaboration, Openness, Respect, Empowerment* which guide the behaviour and professional standards of our staff. For more information go to <http://www.islhd.health.nsw.gov.au> and www.health.nsw.gov.au

Primary purpose of the role

The General Manager Illawarra Hospitals Group (IHG) is responsible for the effective and efficient management of all Services provided on the Wollongong, Shellharbour, Bulli and Coledale sites. This includes the development of the new \$700 million Shellharbour hospital. The General Manager will ensure that the hub management structure is aligned to the Clinical Divisional structure and the division's strategic plans and goals are implemented throughout the Hospitals and supports the work of the clinical divisions. The General Manager will also be responsible for the operating expenditure budgets of all sites within the hub, in accordance with Health District policies. The General Manager will ensure the maintenance of high quality clinical and corporate services and governance.

Key accountabilities

- Ensure the operational effectiveness and efficiency of the Illawarra Hospital Group’s clinical, financial and corporate services. This includes development, implementation, monitoring and evaluation of strategies to achieve the key performance indicators as identified in the Service Plan and Strategic Plan for the District giving consideration to relevant state-wide initiatives
- Ensure the Illawarra Hospital Group management structure is aligned to the Clinical Divisional structure and the division’s strategic plans and goals are implemented throughout the Hospitals
- Ensure robust financial strategies and controls are in place across all cost centres that support the achievement of the ISLHD Financial Sustainability Program
- Role model and lead a CORE values based culture so as to ensure the Illawarra Hospital Group deliver patient/client focussed service in an adaptive, responsive and performance oriented manner
- Maintain and enhance workforce capacity and capability to meet current and future health workforce needs addressing the inherent challenges facing medical and nursing recruitment in regional and rural areas
- Promote and maintain an effective working relationship with the tertiary education sector and other strategic partners to assist in the development of the Illawarra Hospital Group’s teaching hospital capacity
- Ensure clear accountabilities and responsibilities of all roles to achieve ISLHD’s performance across access and flow, finances, safety and quality whilst promoting the importance of the employee and patient experience and ensuring the delivery of high quality and safe clinical services throughout the Illawarra Hospital Group.

Key challenges

- Maintaining personal resilience and commitment to high quality service delivery in a rapidly changing and challenging environment
- Maintaining performance levels across a diverse range and level of clinical and corporate activities distributed across four geographically separated sites
- Developing and implementing an effective clinical and corporate governance structure across the Illawarra Hospital Group with an emphasis on clinical leadership and accountability

Key relationships

Who	Why
Internal	
Executive Director Clinical Operations	<ul style="list-style-type: none"> • Provide reports on performance, quality and safety and financial position of the Group. • Provide advice and reports on the management of resources of the group in the provision of patient services at the operational level.
Other LHD Executive Staff	<ul style="list-style-type: none"> • Provide advice, and where necessary work collaboratively, to ensure the effective use of financial resources and corporate and administrative support services.
Local Health District Board	<ul style="list-style-type: none"> • As required by the Executive Director Clinical Operations to provide the Board with reports on performance, quality and safety and financial position of the Illawarra Hospital Group consistent with the NSW

Who	Why
Health Performance Framework performance measures and the annual Efficiency and Revenue Plans of the District.	
External	
Agency for Clinical Innovation, Clinical Excellence Commission and Clinical Education and Training Institute, Health Infrastructure, Cancer Institute (NSW)	<ul style="list-style-type: none"> • Work co-operatively with these agencies to ensure the implementation, monitoring and evaluation of agreed programs.
Employee/Employer Organisations	<ul style="list-style-type: none"> • As required to ensure industrial harmony amongst the numerous employee and contractor groups within NSW Health as the delegate of the Employer of NSW Health Service staff working in the LHD.
Health Care Complaints Commission, Ombudsman and other Government accountability agencies	<ul style="list-style-type: none"> • As required to meet statutory accountability requirements and ensure sound governance of the Illawarra Hospital Group.

Role dimensions

Decision making

- The General Manager Illawarra Hospital Group has day to day autonomy in directing and managing all clinical and corporate operations of the facility and deploying its resources within the overall budget.
- Decisions related to resource deployment outside of the operational budget allocation are referred to the Executive Director Clinical Operations.
- In consultation with Strategic Executive members and the Core Executive determine organisation wide strategic direction and prioritisation of implementation of strategic and operational plans and projects.
- The General Manager Illawarra Hospital Group has day to day management responsibility to ensure that health service provision KPIs and benchmarks are met and services are maintained.

Reporting line

The role reports to the Executive Director Clinical Operations ISLHD

Direct reports

TBC

Budget/Expenditure

TBC

Essential requirements






- Relevant tertiary qualifications and/or equivalent experience.

Capabilities for the role

The NSW Public Sector Capability Framework applies to all NSW public sector employees. The Capability Framework is available at www.psc.nsw.gov.au/capabilityframework

Capability summary

Below is the full list of capabilities and the level required for this role. The capabilities in bold are the focus capabilities for this role. Refer to the next section for further information about the focus capabilities.

NSW Public Sector Capability Framework		
Capability Group	Capability Name	Level
 Personal Attributes	Display Resilience and Courage	Advanced
	Act with Integrity	Advanced
	Manage Self	Highly Advanced
	Value Diversity and Inclusion	Advanced
 Relationships	Communicate Effectively	Highly Advanced
	Commit to Customer Service	Advanced
	Work Collaboratively	Advanced
	Influence and Negotiate	Advanced
 Results	Deliver Results	Highly Advanced
	Plan and Prioritise	Advanced
	Think and Solve Problems	Advanced
	Demonstrate Accountability	Advanced
 Business Enablers	Finance	Advanced
	Technology	Adept
	Procurement and Contract Management	Adept
 People Management	Manage and Develop People	Advanced
	Inspire Direction and Purpose	Adept
	Optimise Business Outcomes	Advanced
	Manage Reform and Change	Advanced

Focus capabilities

The focus capabilities for the role are the capabilities in which occupants must demonstrate immediate competence. The behavioural indicators provide examples of the types of behaviours that would be expected at that level and should be reviewed in conjunction with the role's key accountabilities.

NSW Public Sector Capability Framework

Group and Capability	Level	Behavioural Indicators
Personal Attributes Manage Self	Highly Advanced	<ul style="list-style-type: none"> Promote and model the value of self-improvement and be proactive in seeking opportunities for growth and new learning Actively seek, reflect on and integrate feedback to enhance own performance, showing a strong capacity and willingness to modify own behaviour Manage challenging, ambiguous and complex issues calmly and logically Model initiative and decisiveness
Relationships Communicate Effectively	Highly Advanced	<ul style="list-style-type: none"> Articulate complex concepts and put forward compelling arguments and rationales to all levels and types of audiences Speak in a highly articulate and influential manner State the facts and explain their implications for the organisation and key stakeholders Promote the organisation's position with authority and credibility across government, other jurisdictions and external organisations Anticipate and address key areas of interest for the audience and adapt style under pressure
Relationships Work Collaboratively	Advanced	<ul style="list-style-type: none"> Recognise outcomes achieved through effective collaboration between teams Build cooperation and overcome barriers to information sharing, communication and collaboration across the organisation and across government Facilitate opportunities to engage and collaborate with stakeholders to develop joint solutions Network extensively across government and organisations to increase collaboration Encourage others to use appropriate collaboration approaches and tools, including digital technologies
Relationships Influence and Negotiate	Advanced	<ul style="list-style-type: none"> Influence others with a fair and considered approach and present persuasive counter-arguments Work towards mutually beneficial 'win-win' outcomes Show sensitivity and understanding in resolving acute and complex conflicts and differences Identify key stakeholders and gain their support in advance Establish a clear negotiation position based on research, a firm grasp of key issues, likely arguments, points of difference and areas for compromise Anticipate and minimise conflict within the organisation and with external stakeholders
Results Deliver Results	Highly Advanced	<ul style="list-style-type: none"> Use own professional knowledge and the expertise of others to drive forward organisational and government objectives Create a culture of achievement, fostering on-time and on-budget quality outcomes in the organisation Identify, recognise and celebrate success

NSW Public Sector Capability Framework

Group and Capability	Level	Behavioural Indicators
		<ul style="list-style-type: none"> Establish systems to ensure all staff are able to identify direct connections between their efforts and organisational outcomes Identify and remove potential barriers or hurdles to achieving outcomes Initiate and communicate high- level priorities for the organisation to achieve government outcomes
Results Think and Solve Problems	Advanced	<ul style="list-style-type: none"> Undertake objective, critical analysis to draw accurate conclusions that recognise and manage contextual issues Work through issues, weigh up alternatives and identify the most effective solutions in collaboration with others Take account of the wider business context when considering options to resolve issues Explore a range of possibilities and creative alternatives to contribute to system, process and business improvements Implement systems and processes that are underpinned by high- quality research and analysis Look for opportunities to design innovative solutions to meet user needs and service demands Evaluate the performance and effectiveness of services, policies and programs against clear criteria
Results Demonstrate Accountability	Advanced	<ul style="list-style-type: none"> Design and develop systems to establish and measure accountabilities Ensure accountabilities are exercised in line with government and business goals Exercise due diligence to ensure work health and safety risks are addressed Oversee quality assurance practices Model the highest standards of financial probity, demonstrating respect for public monies and other resources Monitor and maintain business unit knowledge of and compliance with legislative and regulatory frameworks Incorporate sound risk management principles and strategies into business planning
Business Enablers Finance	Advanced	<ul style="list-style-type: none"> Apply a thorough understanding of recurrent and capital financial terminology, policies and processes to planning, forecasting and budget preparation and management Identify and analyse trends, review data and evaluate business options to ensure business cases are financially sound Assess relative cost benefits of various purchasing options Promote the role of sound financial management and its impact on organisational effectiveness Obtain specialist financial advice when reviewing and evaluating finance systems and processes

NSW Public Sector Capability Framework

Group and Capability	Level	Behavioural Indicators
People Management Manage and Develop People	Advanced	<ul style="list-style-type: none"> Respond to financial and risk management audit outcomes, addressing areas of non-compliance in a timely manner Refine roles and responsibilities over time to achieve better business outcomes Recognise talent, develop team capability and undertake succession planning Coach and mentor staff and encourage professional development and continuous learning Prioritise addressing and resolving team and individual performance issues and ensure that this approach is cascaded throughout the organisation Implement performance development frameworks to align workforce capability with the organisation's current and future priorities and objectives
People Management Optimise Business Outcomes	Advanced	<ul style="list-style-type: none"> Engage in strategic and operational workforce planning that effectively uses organisational resources to achieve business goals Resolve any barriers to recruiting and retaining people of diverse cultures, backgrounds and experiences Encourage team members to take calculated risks to support innovation and improvement Align systems and processes to encourage improved performance and outcomes



Restructure Plan

Phase 1

Integrated Care, Mental Health, Planning
Information and Performance (ICMHP/IP)

V1.0

1. Reason for ISLHD undertaking Organisation Design Activity

- It has been eight years since ISLHD has formally reviewed its organisational structure.
- An external Consultancy firm (Ernst and Young) was engaged after a thorough tender process; one of the criteria was professional experience in undertaking Organisational Reviews in the Health Sector.
- In late 2022, Ernst and Young undertook a review of the ISLHD senior management structure to ensure roles and responsibilities aligned to meet the evolving needs of the District.
- During January 2023 the Core Executive Team reviewed the recommendations and together worked through which elements might be applicable for ISLHD, and which might need some refinement to drive forward a transformation for ISLHD.
- Both anecdotal feedback and the PMES results across the District indicated opportunities to improve clarity of people's roles and responsibilities; there was also feedback that there was role overlap and confusion about accountabilities and decision-making authority.
- A Strength Weaknesses Opportunities Threats (SWOT) analysis was undertaken with the ISLHD Strategic Executive, and this also flagged some concerns in clarity of roles and organisation structure.
- As such, it was determined that an amended Organisational Structure was required to ensure that ISLHD's workforce is organised in the most efficient and effective way to meet the needs of our patients, community and workforce over the coming years.

2. ISLHD approach to delivering Organisational Design Change

- A decision has been made by the Chief Executive and Core Executive to take forward the Organisational Changes within a Project framework as it is acknowledged that this is a transformational journey for ISLHD involving the integration of structure, processes and people to support the implementation of strategy
- The delivery approach is for all the Organisational changes to be rolled-out in a Phased approach

Restructuring Plan

3. Phase 1 Scope

Phase 1 scope specific to ICMHPIP

1. ICMHPIP directorate to be repurposed to become the directorate of Community and Mental Health as an ISLHD Future State Directorate.
2. Change reporting line for the following roles to another Directorate, with the existing Position Description and Job Title unchanged for Phase 1:
 - a. Culture Improvement Manager moving to directorate of People and Culture (currently within Mental Health Service)
 - b. Director Planning and Performance moving to directorate of Strategy Risk, Planning and Performance.
 - c. Information Management Team moving to directorate of Digital Health CIO
3. Change of reporting line for the following Tier 3 roles to report directly to Chief Executive, with the existing Position Description and Job title unchanged for Phase 1:
 - a. Executive Director Allied Health
 - b. Executive Director Aboriginal Health Strategy
4. Change reporting line for the following employees to another Directorate as part of an Embedded Business Partner Model, with the existing Position Description and Job title unchanged for Phase 1 at this stage:
 - a. Workforce Support Manager, Coordinator and Officer to move to People & Culture Directorate under Workforce Relations and Development
 - b. Safety Advisor to move to People and Culture Directorate under Staff Safety and Recovery
 - c. Finance Manager to move to Finance & Corporate Services Directorate under Executive Director Finance and Corporate Services
 - d. Patient Safety and Quality Managers to move to Medical Services & CGU Directorate under the Director Clinical Governance Patient Safety and Quality
5. Propose to review the scope and responsibilities of the following positions:
 - a. Director Oral Health
 - b. Director Ambulatory and Primary Care
 - c. Director Public Health
 - d. Director Planning Information and Performance
6. Proposal to move the Community Aged Care Function that is currently part of the responsibility of the Co-Director of Aged Care, Rehab and Pall Care Role Holder to the Community and Mental Health Directorate.
7. Proposal to move the Kids and Families Division that is currently part of the Clinical Operations Directorate to the Community and Mental Health Directorate.

Restructuring Plan

4. Reason for Phase 1 Restructure

Proposed move of staff to another Directorate

ISLHD's current structure is not configured in a way that has clear accountabilities to meet the strategic needs for continuous improvement and high performance.

- **Executive Director Allied Health** – elevated to report directly to Chief Executive and as a member of the Core Executive. The role will have expanded clinical governance responsibilities and single oversight of quality and safety enablers in relation to allied health professionals.
- **Director Aboriginal Health Strategy** – elevated to report directly to Chief Executive and as a member of the Core Executive. This is in line with Ministry of Health recommendations and to ensure appropriate input into future health strategies.
- **Director Planning Information and Performance** – reporting to new Directorate Strategy, Risk, Planning and Performance with revised role scope as Information Manager has been removed.
- **Manager Information Management** - reporting to Digital Health CIO directorate to align functions, achieve greater integration and elevate organisational performance.

Conceptual proposal to revise the scope and responsibilities

It is proposed that a new position of Director Public and Population Health be created which has the potential to impact on the scope of responsibilities and roles of:

- Director Oral Health
- Director Public Health
- Director Ambulatory & Primary Health Care

Proposed change of name - Ambulatory and Primary Care to Community and Integrated Care

The term Community more accurately represents the service location and Integrated Care describes the collaborative way services are jointly delivered. This portfolio is broader than Ambulatory and Primary Care and the proposed name better reflects the scope of service provision.

Proposed Embedded Business Partner Model

Reviewing current operating models of functions across the District, it is proposed that we operate as an Embedded Business Partner Model for some services; the approach is that the resource will maintain their onsite presence and relationships with the Hub/Service Executive teams but will report centrally.

Proposed changes:

Restructuring Plan

- Workforce Support Managers and teams - inconsistency in best practice and advice provided to the district and lack of flexibility to allocate resources as required.
- Safety Advisors – inconsistency in best practice and advice provided to the district and lack of flexibility to allocate resources as required.
- Patient Safety Managers and Quality Managers - There is a variation in the support and advice given across the district, resulting in inconsistent governance and patient care.
- Finance Managers – it is unclear who is accountable and responsible for the financial performance of the district.

5. Benefits or likely impact Phase 1 restructure will have on services

- By moving some positions to other directorates, it will create an alignment of the work of these functions into a more logical portfolio, within which there is a span of control that enables effective leadership.
- Embedded Business Partner Model will provide a clear accountability, consistent advice across the district and flexible resources. This will also allow district wide over site of the performance of ISLHD.

6. Proposed Staff Change Impact

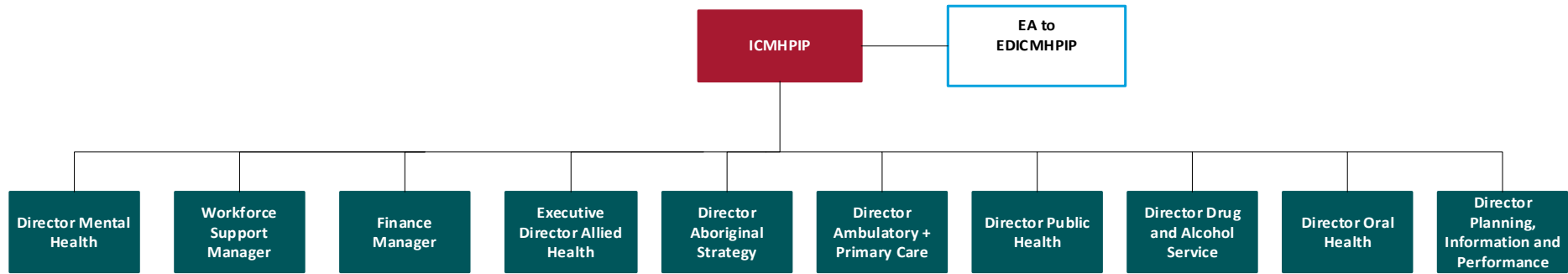
Current Position	Future Directorate	Change Impact
A/ Director Mental Health Services Director Mental Health Services	Community and Mental Health	No proposed changes
Culture Improvement Manager	People & Culture	Change of directorate and reporting line to People and Culture
Workforce Support Manager	People and Culture	Change of directorate and reporting line to People and Culture due to Embedded Business Partner model
Finance Manager	Finance and Corp Services	Change of directorate and reporting line to Finance and Corporate Services due to Embedded Business Partner model
Patient Safety Officer	Medical Services & CGU	Change of directorate and reporting line to Medical Services and CGU due to Embedded Business Partner model
Clinical and Corporate Quality Manager	Medical Services & CGU	Change of directorate and reporting line to Medical Services and CGU due to Embedded Business Partner model
ED Allied Health	Allied Health	Change reporting line to CE
Director Aboriginal Strategy	Aboriginal Health Strategy	Change reporting line to CE
Director Ambulatory + Primary Care	Community and Mental Health	Change of Directorate and role discussion

Restructuring Plan

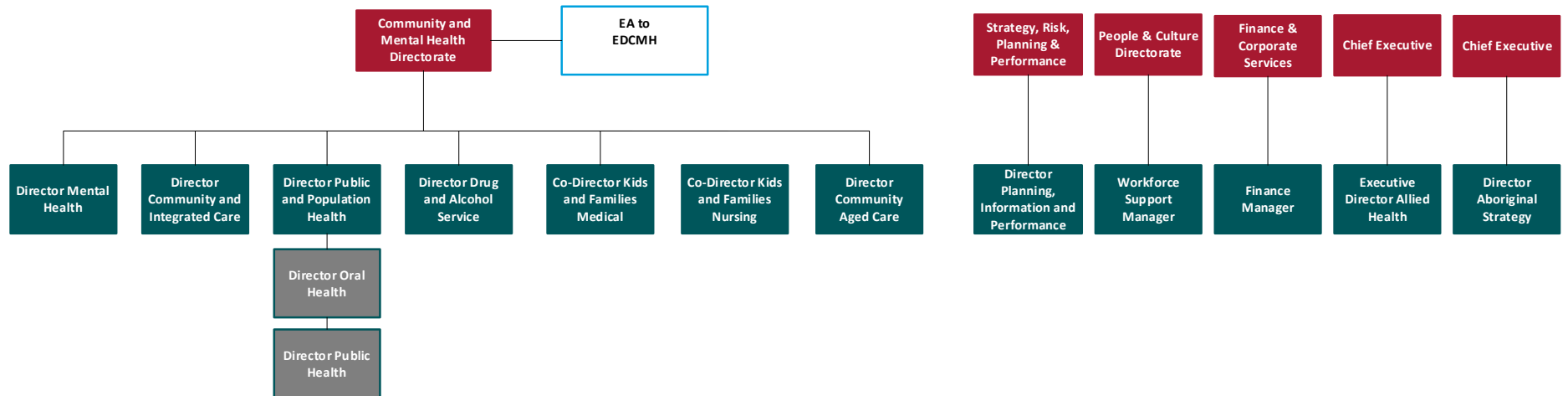
Director Public Health	Community and Mental Health	Change of Directorate and role discussion
Director Drug and Alcohol Service	Community and Mental Health	Change of Directorate
Director Oral Health	Community and Mental Health	Change of Directorate and role discussion
A/ Director PIP	Strategy Risk Planning and Performance	<ul style="list-style-type: none"> • Change of directorate and reporting line to ED Strategy Risk Planning and Performance & role discussion • Information Management moving to Digital Health Information
Information Management Manager	Digital Health CIO	Change of Directorate to ED Digital Health CIO. Reporting line to be confirmed.
A/EA to ICMHPIP	Community and Mental Health	No proposed changes to current arrangements

7. Current and proposed organisational charts

7.1 Current Structure



7.2 Proposed Structure



Restructuring Plan

8 Current and proposed position descriptions

The following will remain in their current role while further details are being finalised, and formal consultation will then be undertaken on this proposal.

- Director Public Health
- Director Ambulatory and Primary Care
- Director Oral Health
- Director Planning Information and Performance

9 Proposed Timetable for implementation

Action	Date
Affected T3 staff advised at Strategic Executive	29/3/23
Tier 3 Directors advised and other affected staff	29/3/23
Unions advised of restructuring proposal for consultation with members	29/3/23
All Clinical Operations T3 & Embedded Business Model Partners receive a copy of Restructure Plan; and affected staff receive a copy of the proposed PDs (where applicable)	30/3/23
Meeting/s with union and members (if requested)	Tbc
Meetings with staff (weekly drop in sessions)	Tbc
Consultation period closes (three weeks)	20/4/23
New structure finalised taking account of feedback	End of April
Meetings held with affected staff to advise of: <ul style="list-style-type: none">• Feedback as it relates to their role/service/function• Advise on the outcome and rationale Next steps	End of April
General Communication to all staff <ul style="list-style-type: none">• Provide an overview of feedback received and reviewed during the Consultation Period• Advise on the Outcome• Next steps	Early May

Restructuring Plan

Affected staff advised formally in writing	End of April
HES position descriptions finalised based on feedback and approved by Chief Executive and confirmed with Ministry of Health to grade and establish	From May onwards
Changed reporting lines implemented	From May onwards
New non-HES positions confirmed, graded and established	From May onwards
Affected staff assessed for suitability against new positions and mapped if appropriate	From May onwards
Vacant positions advertised as required	From May onwards
Final directorate Organisation Chart with named colleagues in roles issued to the Team	From May onwards
Excess staff managed in accordance with the Managing Excess Staff of the NSW Health Service PD2012_021	From May onwards

9.1 Consultation with industrial organisations

Unions engaged in November 2022 to let them know we commenced Organisational Design activity; Unions will be engaged in March 2023 (targeted for 29/3) to make them aware of proposed changes as part of Phase 1 and that we are entering into Formal Consultation over a 3-week period.

10 The availability of counselling and vocational assessment services for staff

The affected employees will be provided with support by the Director Workforce Relations & Development during the restructure process and will be provided with contact details for the Employee Assistance Program for counselling and vocational assistance.

11 Estimated number of staff likely to be redeployed and the number of voluntary redundancy packages that may be offered

Staff will be supported to be redeployed within the new structure or elsewhere within the District. VRs will only be offered where staff are declared excess.



Restructure Plan

Phase 1 Infrastructure Development

V1.0

1. Reason for ISLHD undertaking Organisation Design Activity

- It has been eight years since ISLHD has formally reviewed its organisational structure.
- An external Consultancy firm (Ernst and Young) was engaged after a thorough tender process; one of the criteria was professional experience in undertaking Organisational Reviews in the Health Sector.
- In late 2022, Ernst and Young undertook a review of the ISLHD senior management structure to ensure roles and responsibilities aligned to meet the evolving needs of the District.
- During January 2023 the Core Executive Team reviewed the recommendations and together worked through which elements might be applicable for ISLHD, and which might need some refinement to drive forward a transformation for ISLHD.
- Both anecdotal feedback and the PMES results across the District indicated opportunities to improve clarity of people's roles and responsibilities; there was also feedback that there was role overlap and confusion about accountabilities and decision making authority.
- A Strength Weaknesses Opportunities Threats (SWOT) analysis was undertaken with the ISLHD Strategic Executive and this also flagged some concerns in clarity of roles and organisation structure.
- As such, it was determined that an amended Organisational Structure was required to ensure that ISLHD's workforce is organised in the most efficient and effective way to meet the needs of our patients, community and workforce over the coming years.

2. ISLHD approach to delivering Organisational Design Change

- A decision has been made by the Chief Executive and Core Executive to take forward the Organisational Changes within a Project framework as it is acknowledged that this is a transformational journey for ISLHD involving the integration of structure, processes and people to support the implementation of strategy
- The delivery approach is for all the Organisational changes to be rolled-out in a Phased approach

Restructuring Plan

3. Phase 1 Scope

Phase 1 scope specific to Infrastructure Development
<ol style="list-style-type: none"> 1. Infrastructure Development name to change to Infrastructure and Assets. 2. Change in reporting line for the following Tier 3 roles to another Directorate, with the existing Position Description and Job Title unchanged for Phase 1: <ul style="list-style-type: none"> • Director of Medical Imaging (Senior Medical Advisor) moving to report to Chief Executive within Clinical Services Unit 3. Change in reporting line for the following role to the Infrastructure and Asset directorate with the existing Position Description and Job title unchanged for Phase 1: <ul style="list-style-type: none"> • Director Engineering and Asset Management (currently in SIP)

4. Reason for Phase 1 Infrastructure Development Restructure

Proposed Change of Directorates

ISLHD’s current structure is not configured in a way that has clear accountabilities and to meet the strategic needs for continuous improvement and high performance.

5. Benefits or likely impact Phase 1 Infrastructure Development restructure will have on services

- By moving some Tier 3 positions to other directorates, it will create an alignment of the work of these functions into a more logical portfolio, within which there is a span of control that enables effective leadership.

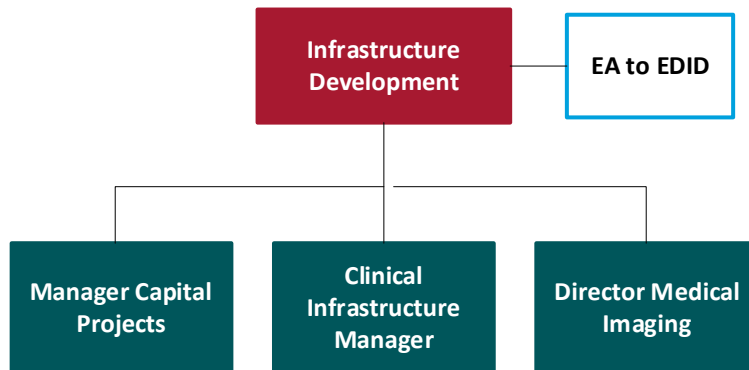
6. Proposed Staff Change Impact

Current Position	Future Directorate	Proposed Change Impact
Manager Capital Projects	Infrastructure and Assets	No proposed change
Clinical Infrastructure Manager	Infrastructure and Assets	No proposed change
Director of Medical Imaging (Senior Medical Advisor)	CE Support Function – Clinical Services	Change of directorate
Quality Manager	MSCGU	Change of directorate – embedded business partner model
Patient Safety Manager	MCCGU	Change of directorate – embedded business partner model
EA EDID	Infrastructure and Assets	No proposed change

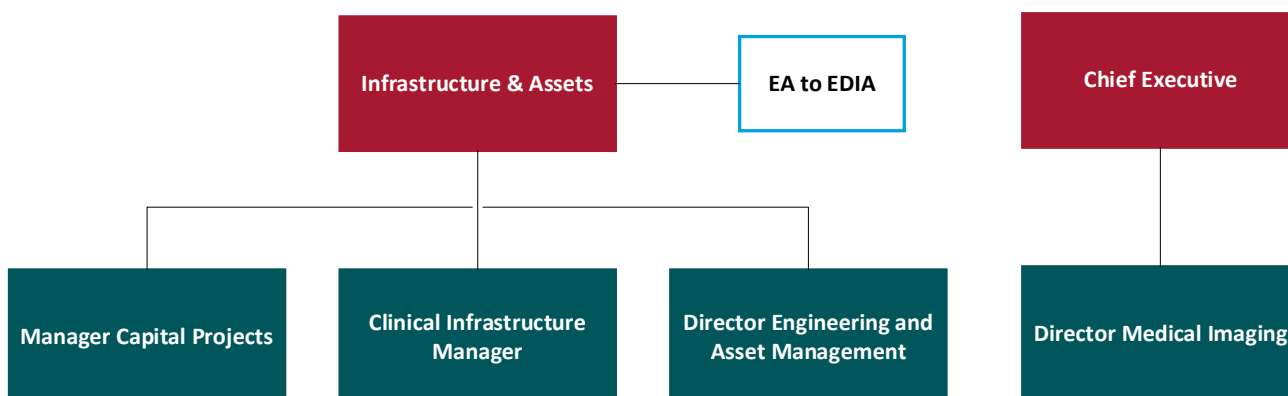
Restructuring Plan

7. Current and proposed organisational charts

7.1 Current Structure



7.2 Proposed Structure



8 Current and proposed position descriptions

It is proposed to not amend or change any position descriptions for this directorate for phase 1 of this project.

Restructuring Plan

9 Proposed Timetable for Implementation

Action	Date
Affected T3 staff advised at Strategic Executive	29/3/23
Tier 3 Directors advised and other affected staff	29/3/23
Unions advised of restructuring proposal for consultation with members	29/3/23
All T3 & Embedded Business Model Partners receive a copy of Restructure Plan; and affected staff receive a copy of the proposed PDs (where applicable)	30/3/23
Meeting/s with union and members (if requested)	Tbc
Meetings with staff (weekly drop in sessions)	Tbc
Consultation period closes (three weeks)	20/4/23
New structure finalised taking account of feedback	End of April
Meetings held with affected staff to advise of: <ul style="list-style-type: none"> • Feedback as it relates to their role/service/function • Advise on the outcome and rationale Next steps	End of April
General Communication to all staff <ul style="list-style-type: none"> • Provide an overview of feedback received and reviewed during the Consultation Period • Advise on the Outcome • Next steps 	Early May
Affected staff advised formally in writing	End of April
HES position descriptions finalised based on feedback and approved by Chief Executive and confirmed with Ministry of Health to grade and establish	From May onwards
Changed reporting lines implemented	From May onwards
New non-HES positions confirmed, graded and established	From May onwards

Restructuring Plan

Affected staff assessed for suitability against new positions and mapped if appropriate	From May onwards
Vacant positions advertised as required	From May onwards
Final directorate Organisation Chart with named colleagues in roles issued to the Team	From May onwards
Excess staff managed in accordance with the Managing Excess Staff of the NSW Health Service PD2012_021	From May onwards

9.1 Consultation with industrial organisations

Unions engaged in November 2022 to let them know we commenced Organisational Design activity; Unions will be engaged in March 2023 (targeted for 29/3) to make them aware of proposed changes as part of Phase 1 and that we are entering into Formal Consultation over a 3-week period.

10 The availability of counselling and vocational assessment services for staff

The affected employees will be provided with support by the Director Workforce Relations & Development during the restructure process and will be provided with contact details for the Employee Assistance Program for counselling and vocational assistance.

11 Estimated number of staff likely to be redeployed and the number of voluntary redundancy packages that may be offered

Staff will be supported to be redeployed within the new structure or elsewhere within the District. VRs will only be offered where staff are declared excess



Restructure Plan

Phase 1 Nursing and Midwifery and Clinical Governance Unit

V1.0

1. Reason for ISLHD undertaking Organisation Design Activity

- It has been eight years since ISLHD has formally reviewed its organisational structure.
- An external Consultancy firm (Ernst and Young) was engaged after a thorough tender process; one of the criteria was professional experience in undertaking Organisational Reviews in the Health Sector.
- In late 2022, Ernst and Young undertook a review of the ISLHD senior management structure to ensure roles and responsibilities aligned to meet the evolving needs of the District.
- During January 2023 the Core Executive Team reviewed the recommendations and together worked through which elements might be applicable for ISLHD, and which might need some refinement to drive forward a transformation for ISLHD.
- Both anecdotal feedback and the PMES results across the District indicated opportunities to improve clarity of people's roles and responsibilities; there was also feedback that there was role overlap and confusion about accountabilities and decision-making authority.
- A Strength Weaknesses Opportunities Threats (SWOT) analysis was undertaken with the ISLHD Strategic Executive, and this also flagged some concerns in clarity of roles and organisation structure.
- As such, it was determined that an amended Organisational Structure was required to ensure that ISLHD's workforce is organised in the most efficient and effective way to meet the needs of our patients, community and workforce over the coming years.

2. ISLHD approach to delivering Organisational Design Change

- A decision has been made by the Chief Executive and Core Executive to take forward the Organisational Changes within a Project framework as it is acknowledged that this is a transformational journey for ISLHD involving the integration of structure, processes and people to support the implementation of strategy
- The delivery approach is for all the Organisational changes to be rolled-out in a Phased approach

Restructuring Plan

3. Phase 1 Scope

Phase 1 scope specific to Nursing and Midwifery and Clinical Governance Unit

Director Clinical Governance Patient Safety and Quality to have a single reporting line into Executive Director Medical Services and Clinical Governance Unit.

4. Reason for Phase 1 Nursing and Midwifery and Clinical Governance Unit Restructure

Proposed Single Reporting Line for Director Clinical Governance Patient Safety and Quality

The Director Clinical Governance Patient Safety and Quality currently reports into EDMSCGU & EDNMCGU. There are unclear processes & escalation pathways, which creates a lack of clarity regarding accountabilities & responsibilities for the Clinical Governance Unit.

5. Benefits or likely impact Phase 1 Nursing and Midwifery and Clinical Governance Unit restructure will have on services

The Director Clinical Governance Patient Safety and Quality reporting into EDMSCGU will allow a single escalation point and support mechanism. This will also allow clarity of role accountabilities and responsibilities.

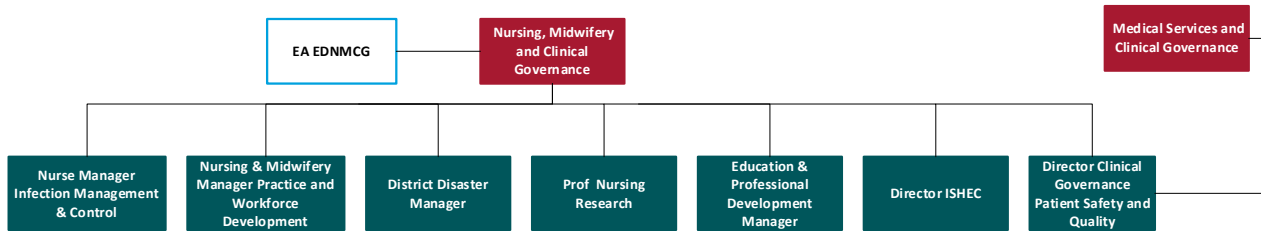
6. Proposed Staff Change Impact

Current Position	Future Directorate	Proposed Change Impact
Nursing & Midwifery Manager Practice and Workforce Development	NMCGU	No proposed change
Education and Professional Development Manager	NMCGU	No proposed change
District Disaster Manager	NMCGU	No proposed change
Professor Nursing Research	NMCGU	No proposed change
Director ISHEC	NMCGU	No proposed change
Nurse Manager Infection Management and Control Service	NMCGU	No proposed change
Director Clinical Governance, Patient Safety and Quality	MSCGU	Single reporting line to EDMSCGU
EA EDNMCGU	NMCGU	No proposed change

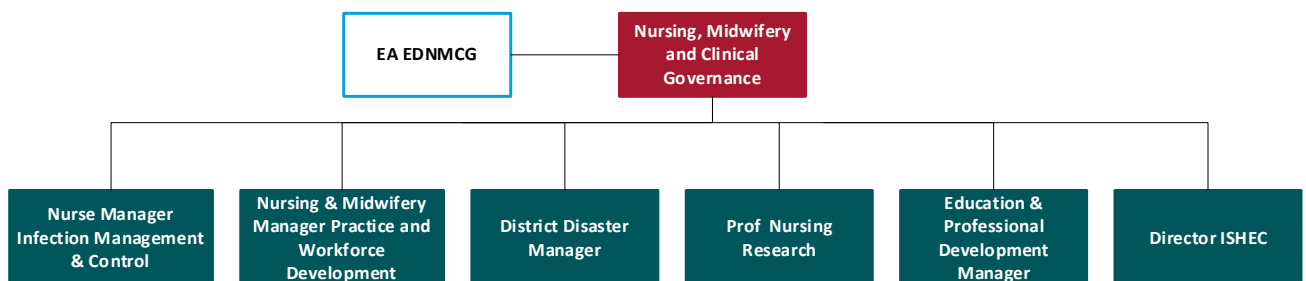
Restructuring Plan

7. Current and proposed organisational charts

7.1 Current Structure



7.2 Proposed Structure



8 Current and proposed position descriptions

It is proposed to not amend or change any position descriptions for this directorate for phase 1 of this project.

Restructuring Plan

9 Proposed Timetable for implementation

Action	Date
Affected T3 staff advised at Strategic Executive	29/3/23
Tier 3 Directors advised and other affected staff	29/3/23
Unions advised of restructuring proposal for consultation with members	29/3/23
All T3 & Embedded Business Model Partners receive a copy of Restructure Plan; and affected staff receive a copy of the proposed PDs (where applicable)	30/3/23
Meeting/s with union and members (if requested)	Tbc
Meetings with staff (weekly drop in sessions)	Tbc
Consultation period closes (three weeks)	20/4/23
New structure finalised taking account of feedback	End of April
Meetings held with affected staff to advise of: <ul style="list-style-type: none"> • Feedback as it relates to their role/service/function • Advise on the outcome and rationale Next steps	End of April
General Communication to all staff <ul style="list-style-type: none"> • Provide an overview of feedback received and reviewed during the Consultation Period • Advise on the Outcome • Next steps 	Early May
Affected staff advised formally in writing	End of April
HES position descriptions finalised based on feedback and approved by Chief Executive and confirmed with Ministry of Health to grade and establish	From May onwards
Changed reporting lines implemented	From May onwards
New non-HES positions confirmed, graded and established	From May onwards
Affected staff assessed for suitability against new positions and mapped if appropriate	From May onwards

Restructuring Plan

Vacant positions advertised as required	From May onwards
Final directorate Organisation Chart with named colleagues in roles issued to the Team	From May onwards
Excess staff managed in accordance with the Managing Excess Staff of the NSW Health Service PD2012_021	From May onwards

9.1 Consultation with industrial organisations

Unions engaged in November 2022 to let them know we commenced Organisational Design activity; Unions will be engaged in March 2023 (targeted for 29/3) to make them aware of proposed changes as part of Phase 1 and that we are entering into Formal Consultation over a 3-week period.

10 The availability of counselling and vocational assessment services for staff

The affected employees will be provided with support by the Director Workforce Relations & Development during the restructure process and will be provided with contact details for the Employee Assistance Program for counselling and vocational assistance.

11 Estimated number of staff likely to be redeployed and the number of voluntary redundancy packages that may be offered

Staff will be supported to be redeployed within the new structure or elsewhere within the District. VRs will only be offered where staff are declared excess.



Restructure Plan

Phase 1
Finance

V1.0

1. Reason for ISLHD undertaking Organisation Design Activity

- It has been eight years since ISLHD has formally reviewed its organisational structure.
- An external Consultancy firm (Ernst and Young) was engaged after a thorough tender process; one of the criteria was professional experience in undertaking Organisational Reviews in the Health Sector.
- In late 2022, Ernst and Young undertook a review of the ISLHD senior management structure to ensure roles and responsibilities aligned to meet the evolving needs of the District.
- During January 2023 the Core Executive Team reviewed the recommendations and together worked through which elements might be applicable for ISLHD, and which might need some refinement to drive forward a transformation for ISLHD.
- Both anecdotal feedback and the PMES results across the District indicated opportunities to improve clarity of people's roles and responsibilities; there was also feedback that there was role overlap and confusion about accountabilities and decision-making authority.
- A Strength Weaknesses Opportunities Threats (SWOT) analysis was undertaken with the ISLHD Strategic Executive, and this also flagged some concerns in clarity of roles and organisation structure.
- As such, it was determined that an amended Organisational Structure was required to ensure that ISLHD's workforce is organised in the most efficient and effective way to meet the needs of our patients, community and workforce over the coming years.

2. ISLHD approach to delivering Organisational Design Change

- A decision has been made by the Chief Executive and Core Executive to take forward the Organisational Changes within a Project framework as it is acknowledged that this is a transformational journey for ISLHD involving the integration of structure, processes and people to support the implementation of strategy
- The delivery approach is for all the Organisational changes to be rolled-out in a Phased approach

Restructuring Plan

3. Phase 1 Scope

Phase 1 scope specific to Finance

1. Finance directorate name to change to Finance & Corporate Services
2. Change in reporting line for the following Tier 3 roles to another Directorate:
 - a. Director Corporate Governance and Risk moving to Strategy, Risk, Planning & Performance Directorate
 - b. Director Strategic Analysis and Improvement moving to Strategy, Risk, Planning & Performance Directorate
3. Change reporting line for the following roles to the Finance & Corporate Services Directorate as part of an Embedded Business Partner Model, with the existing Position Description and Job title unchanged for Phase 1 at this stage:
 - a. Finance Managers under the Executive Director Finance and Corporate Services
4. Change in reporting line for the following to the Finance & Corporate Services Directorate with the existing Position Description and Job title unchanged for Phase 1:
 - a. Manager Corporate Records & Archival Services
 - b. Director Procurement & Supply Chain

4. Reason for Phase 1 Finance Restructure

Proposed Change of Directorates

ISLHD's current structure is not configured in a way that has clear accountabilities and to meet the strategic needs for continuous improvement and high performance.

Proposed Embedded Business Partner Model

Reviewing current operating models of functions across the District, it is proposed that we operate as an Embedded Business Partner Model for some services; the approach is that the resource will maintain their onsite presence and relationships with the Hub/Service Executive teams but will report centrally.

Proposed changes:

- Finance Managers – inconsistency in resources across the Hubs, Divisions and services and variability in practice. This has not optimised the skills of the FM's as a group.

Restructuring Plan

5. Benefits or likely impact Phase 1 Finance restructure will have on services

- By moving some positions to other directorates, it will create an alignment of the work of some functions into a more logical portfolio, within which there is a span of control that enables effective leadership
- Embedded Business Partner Model will provide a clear accountability, consistent advice across the district and flexible resources. This will also allow district wide over site of the performance of ISLHD.

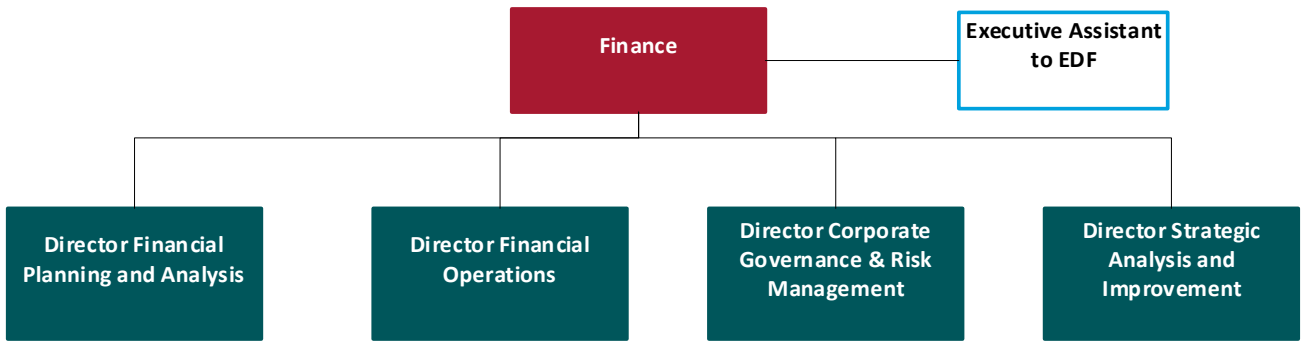
6. Proposed Finance Staff Change Impact

Current Position	Future Directorate	Proposed Change Impact
Director Financial Planning and Analysis	EDFCS	No proposed change
Director Strategic Analysis and Improvement	EDSRPP	Change of Directorate & role discussion
Director Financial Operations	EDFCS	No proposed change
Director Corporate Governance and Risk	SRPP	Change of Directorate
EAEDF	EDFCS	No proposed change

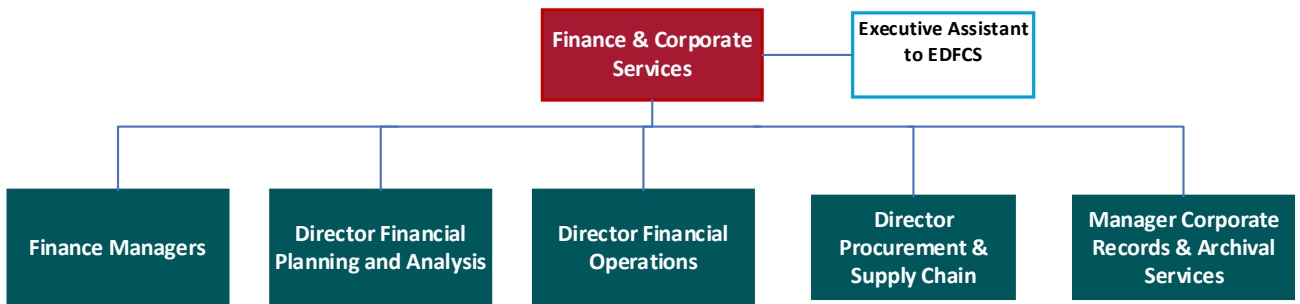
Restructuring Plan

7. Current and proposed organisational charts

7.1 Current Structure



7.2 Proposed Structure



8 Current and proposed position descriptions

The Director Strategic Analysis and Improvement will remain in their current role while further details are being finalised, and formal consultation will then be undertaken on this proposal.

Restructuring Plan

9 Proposed Timetable for implementation

Action	Date
Affected T3 staff advised at Strategic Executive	29/3/23
Tier 3 Directors advised and other affected staff	29/3/23
Unions advised of restructuring proposal for consultation with members	29/3/23
All T3 & Embedded Business Model Partners receive a copy of Restructure Plan; and affected staff receive a copy of the proposed PDs (where applicable)	30/3/23
Meeting/s with union and members (if requested)	Tbc
Meetings with staff (weekly drop in sessions)	Tbc
Consultation period closes (three weeks)	20/4/23
New structure finalised taking account of feedback	End of April
Meetings held with affected staff to advise of: <ul style="list-style-type: none"> Feedback as it relates to their role/service/function Advise on the outcome and rationale Next steps	End of April
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Affected staff advised formally in writing	End of April
HES position descriptions finalised based on feedback and approved by Chief Executive and confirmed with Ministry of Health to grade and establish	From May onwards
Changed reporting lines implemented	From May onwards
New non-HES positions confirmed, graded and established	From May onwards

Restructuring Plan

Affected staff assessed for suitability against new positions and mapped if appropriate	From May onwards
Vacant positions advertised as required	From May onwards
Final directorate Organisation Chart with named colleagues in roles issued to the Team	From May onwards
Excess staff managed in accordance with the Managing Excess Staff of the NSW Health Service PD2012_021	From May onwards

9.1 Consultation with industrial organisations

Unions engaged in November 2022 to let them know we commenced Organisational Design activity; Unions will be engaged in March 2023 (targeted for 29/3) to make them aware of proposed changes as part of Phase 1 and that we are entering into Formal Consultation over a 3-week period.

10 The availability of counselling and vocational assessment services for staff

The affected employees will be provided with support by the Director Workforce Relations & Development during the restructure process and will be provided with contact details for the Employee Assistance Program for counselling and vocational assistance.

11 Estimated number of staff likely to be redeployed and the number of voluntary redundancy packages that may be offered

Staff will be supported to be redeployed within the new structure or elsewhere within the District. VRs will only be offered where staff are declared excess.



Restructure Plan

Phase 1 Medical Services and Clinical Governance

V1.0

Restructuring Plan

1. Reason for ISLHD undertaking Organisation Design Activity

- It has been eight years since ISLHD has formally reviewed its organisational structure.
- An external Consultancy firm (Ernst and Young) was engaged after a thorough tender process; one of the criteria was professional experience in undertaking Organisational Reviews in the Health Sector.
- In late 2022, Ernst and Young undertook a review of the ISLHD senior management structure to ensure roles and responsibilities aligned to meet the evolving needs of the District.
- During January 2023 the Core Executive Team reviewed the recommendations and together worked through which elements might be applicable for ISLHD, and which might need some refinement to drive forward a transformation for ISLHD.
- Both anecdotal feedback and the PMES results across the District indicated opportunities to improve clarity of people's roles and responsibilities; there was also feedback that there was role overlap and confusion about accountabilities and decision-making authority.
- A Strength Weaknesses Opportunities Threats (SWOT) analysis was undertaken with the ISLHD Strategic Executive, and this also flagged some concerns in clarity of roles and organisation structure.
- As such, it was determined that an amended Organisational Structure was required to ensure that ISLHD's workforce is organised in the most efficient and effective way to meet the needs of our patients, community and workforce over the coming years.

2. ISLHD approach to delivering Organisational Design Change

- A decision has been made by the Chief Executive and Core Executive to take forward the Organisational Changes within a Project framework as it is acknowledged that this is a transformational journey for ISLHD involving the integration of structure, processes and people to support the implementation of strategy
- The delivery approach is for all the Organisational changes to be rolled-out in a Phased approach

Restructuring Plan

3. Phase 1 Scope

Phase 1 scope specific to Medical Service Clinical Governance

1. Change in reporting line for the following roles into the Medical Services Clinical Governance Directorate as part of the Embedded Business Partner Model, with the existing Position Description and Job title unchanged for Phase 1 at this stage:
 - a. Patient Safety Managers & Quality Managers under the Director Clinical Governance Patient Safety and Quality
2. Director Clinical Governance Patient Safety and Quality to have a single reporting line into Executive Director Medical Services Clinical Governance

4. Reason for Phase 1 Medical Service Clinical Governance Restructure

Proposed single reporting line for Director Clinical Governance Patient Safety and Quality

The Director Clinical Governance Patient Safety and Quality currently reports into Executive Director Medical Service Clinical Governance Unit & Executive Director Nursing, Midwifery, Clinical Governance Unit. There are unclear processes & escalation pathways, which creates a lack of clarity regarding accountabilities & responsibilities for the Clinical Governance Unit.

Proposed Embedded Business Partner Model

Reviewing current operating models of functions across the District, it is proposed that we operate as an Embedded Business Partner Model for some services. At this stage, employees will maintain their client groups, remain in their current site locations, whilst they report centrally.

Proposed changes:

- Patient Safety Managers and Quality Managers - There is a variation in the support and advice given across the district, which has the potential to result in inconsistent governance and the quality of patient care.

Restructuring Plan

5. Benefits or likely impact Phase 1 Medical Service Clinical Governance restructure will have on services

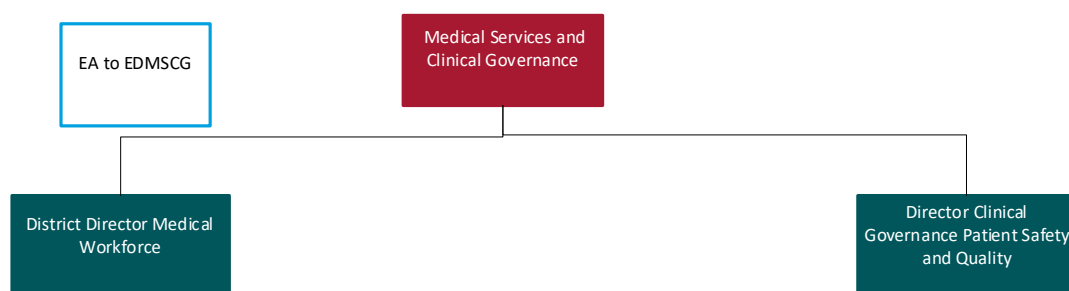
- The Director Clinical Governance Patient Safety and Quality reporting into EDMSCGU will allow a single escalation point and support mechanism. This will also allow clarity of role accountabilities and responsibilities.
- Embedded Business Partner Model will provide a clear accountability, consistent advice across the district and flexible resources. This will also allow district wide oversight of the performance of ISLHD.

6. Proposed Medical Service Clinical Governance Staff Change Impact

Current Position	Future Directorate	Proposed Change Impact
Director Medical Workforce	EDMSCGU	No proposed Change
Director Clinical Governance Patient Safety and Quality (DCGPS&Q)	EDMSCGU	Single reporting line to EDMSCGU. Increase of staff due to Embedded Business Partner model
EA to EDMSCGU	EDMSCGU	No proposed Change.
A/ EA EDMSCGU (Substantive role EDICMHPIP)	EDMSCGU	No proposed Change at this stage.

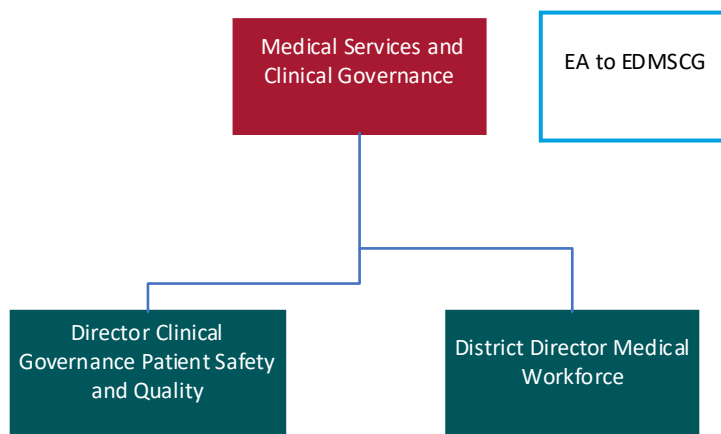
7. Current and proposed organisational charts

7.1 Current Structure



Restructuring Plan

7.2 Proposed Structure



8 Current and proposed position description

It is proposed to not amend or change any position descriptions for this directorate for phase 1 of this project.

9 Proposed Timetable for implementation

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Restructuring Plan

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Restructuring Plan

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