

# ISLHD Organisational Design Update

As at 29 March 2023



Health  
Illawarra Shoalhaven  
Local Health District



# Purpose of today's Presentation

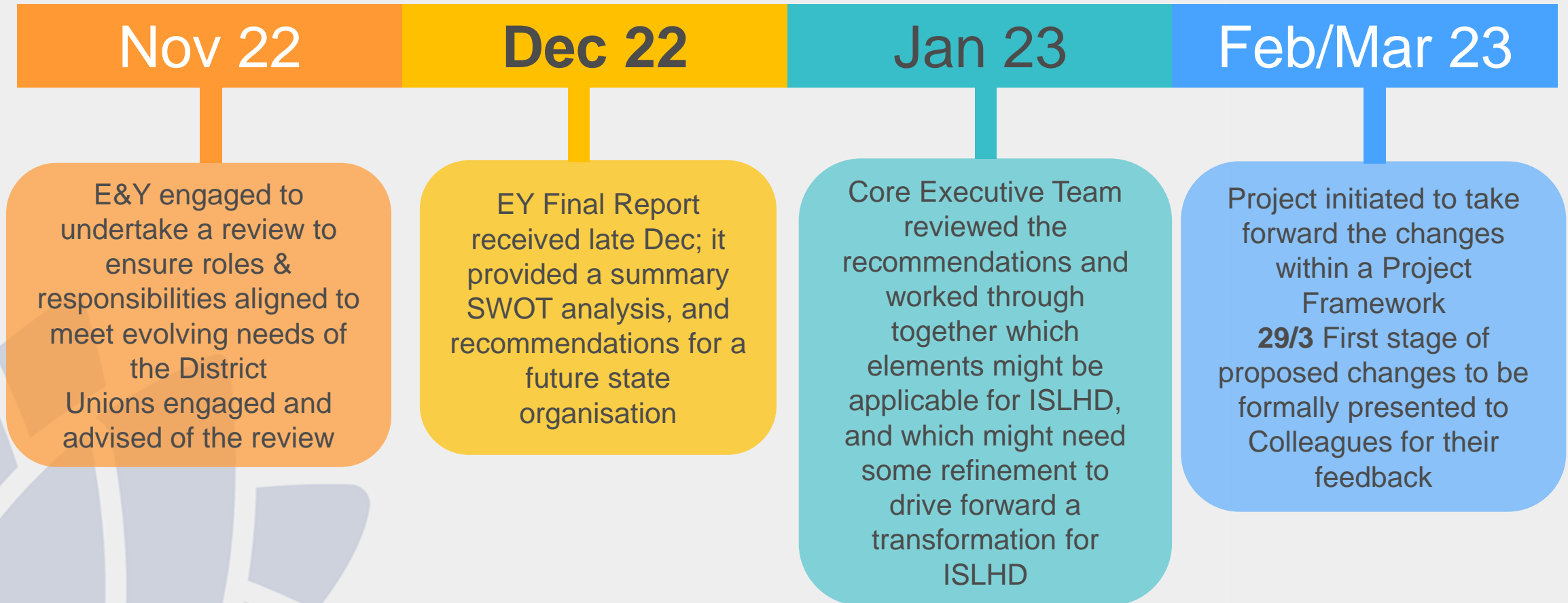
1. Recap on why we commenced Organisational Design activity
2. Work that has been completed to date
3. End state vision and how we will achieve our Goal
4. Proposed Future State Directorate Structure
5. Timeline to the start of May 2023
6. What's next and How to provide feedback



# 1. Why review our Organisation Design

- It has been eight years since ISLHD has formally reviewed its organisational structure
- Feedback from Colleagues 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 on accountabilities, responsibilities and decision making authority, along with the scope of some roles.
- A SWOT analysis was undertaken by ISLHD Strategic Executive, and this also highlighted some lack of clarity of roles and organisation structure.
- A review was required to ensure that ISLHD is structured in the most efficient and effective way to be able to deliver excellent services to our community.

## 2. Work completed to Date



# 3. End state vision – achieving our goal

This is a transformational journey involving the integration of structure, processes and people to support the implementation of strategy

## **Goal – sets the vision for what the end state will look like**

A transformed ISLHD with integrated structures, processes and people which is set up and positioned in line with our Future Health Strategy in order to meet the needs of our patients, community and workforce over the coming years.

## **Objectives - these define how the GOAL is achieved**

1. Develop a new sustainable work aligned Organisational Structure, within which there are clearly defined roles, all of which have a Position Description that enable the Position Holder to be really clear on their Accountabilities and Responsibilities
2. Review the existing governance framework in order to identify and implement improvements which support informed decisions within an escalation framework that is aligned to the Delegation Manual
3. Develop and implement an agreed Process Management approach which supports the achievement of the District's SLA's
4. Review the existing Performance Management Framework in order to identify and implement improvements which support transforming ISLHD into a High Performing Organisation

## **Targets**

Improved performance against the agreed Service Level Agreement (SLA) between ISLHD and the Secretary, NSW Health

1. Patients and carers have positive experiences and outcomes that matter
2. Safe care is delivered across all settings (includes Access KPI's)
3. People are Healthy and well
4. Our staff are engaged and well supported
5. Research and innovation, and digital advances inform service delivery
6. The health system is managed sustainably

# 3. End state vision – RACI

A RACI is a responsibility assignment matrix – it describes the participation by various roles in completing tasks or deliverables for a business process.

## Responsible

Those who do the work to complete the task.

There is at least one role with a participation type of responsible, although others can be delegated to assist in the work required

## Accountable

The one ultimately answerable for the correct and thorough completion of the deliverable or task, the one who ensures the prerequisites of the task are met and who delegates the work to those responsible

In other words, an accountable must sign off (approve) work that responsible provides.

**There must be only one accountable specified for each task or deliverable.**

## Consulted

Those whose opinions are sought, typically subject-matter experts; and with whom there is two-way communication.

## Informed

Those who are kept up-to-date on progress, often only on completion of the task or deliverable; and with whom there is just one-way communication.

# 4. Proposed Future State Directorate Structure

Next we will walk through proposed structures for each Directorate at a high level with key points of change noted. With your input we have focused on:

- A service delivery model which is structured appropriately to influence and deliver strategic priorities
- Improved alignment of the work of some functions into a more logical portfolio, within which there is a span of control that enables effective leadership
- Tier 2 has already commenced consultation and we are at the stage of finalising PDs, assessments and matching and deciding what will be advertised where appropriate. In the case of HES staff the MoH also plays a role in the process where roles are substantially changed.
- Tier 3 consultation commences tomorrow



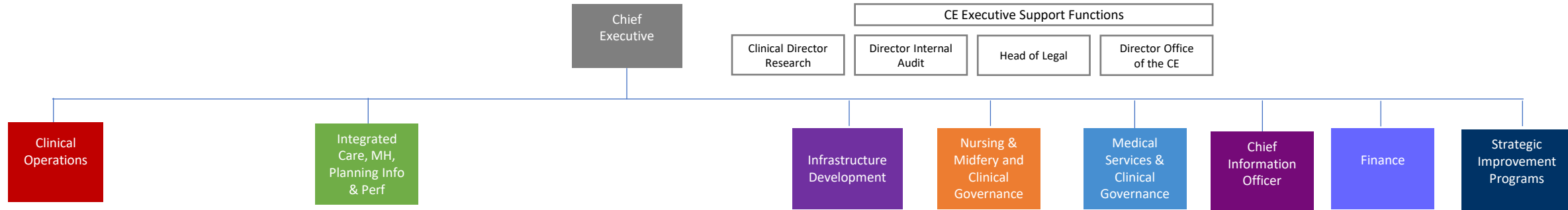
Health  
Illawarra Shoalhaven  
Local Health District



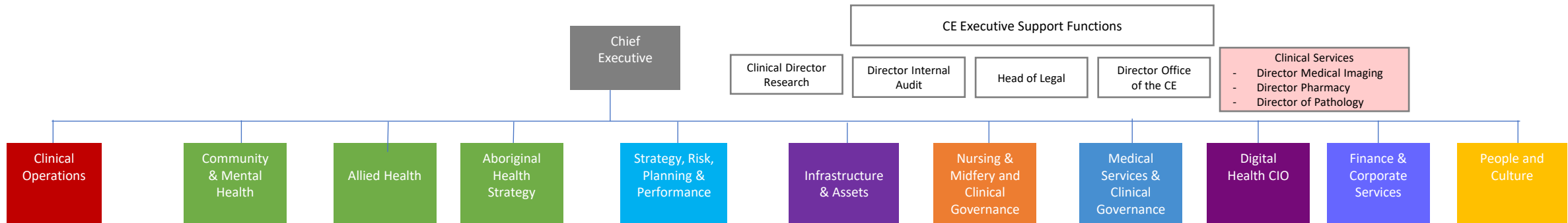
# Proposed Future State Directorate Structure - ISLHD



# ISLHD Current State Directorates

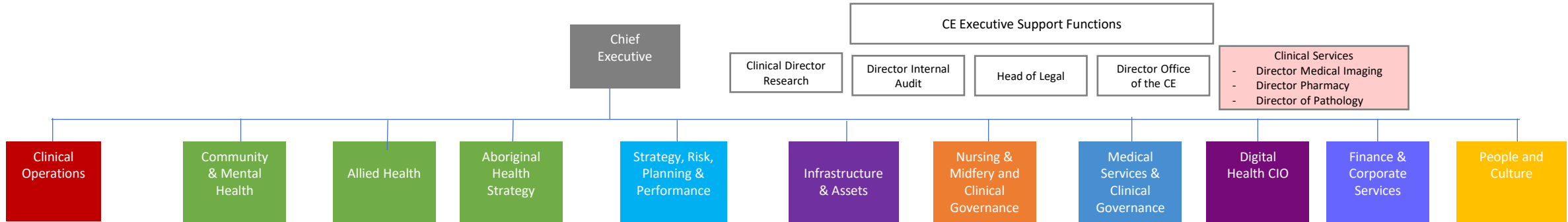


# ISLHD Proposed Future State<sup>1</sup> Directorates



<sup>1</sup> Subject to MoH review of the required proposed Position Descriptions

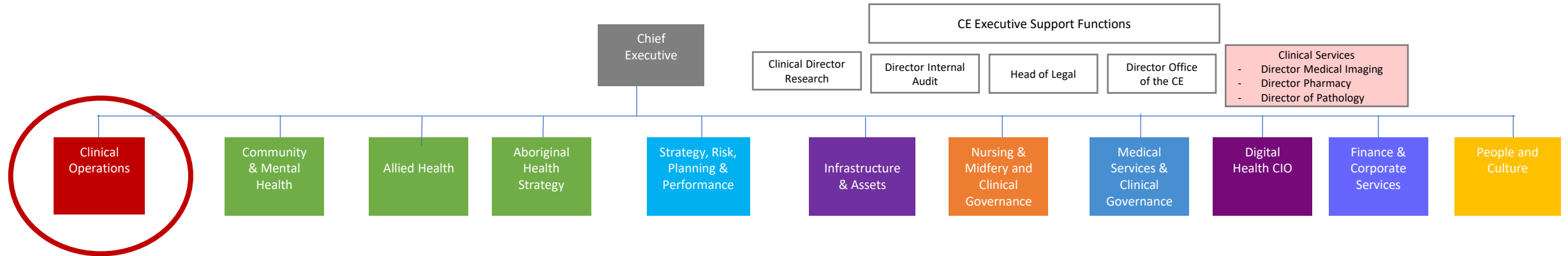
# ISLHD Proposed Future State Directorates



## Directorate Design Principles

- ✓ Functionally align work to the most appropriate Directorate; as part of this approach it is proposed that some T3's will move across to another Directorate
- ✓ Operate an 'Embedded Business Partner Model' for Workforce Support Managers and their teams, Safety advisors, Patient Safety Managers, Quality Managers and Finance Managers - related roles will report to a central directorate and will be allocated flexibly according to demand and priority across ISLHD sites.
- ✓ Formation of the Community & Mental Health Directorate working closely alongside the Clinical Operations Directorate strengthening both Acute and Community care
- ✓ Reduced spans of control to provide focus, support performance management and development and improve quality and safety governance.
- ✓ Elevated focus on Aboriginal Health, Allied Health, Strategy & Performance and People & Culture

# Proposed Future State Directorate Structure Clinical Operations





## Clinical Operations

- ✓ **Proposed GM change (NIHG & SIHG)** - transition over a 6-month period to one General Manager covering the Illawarra area
- ✓ **Proposed Service Lead Maternity and Women’s Health change** - reinstating a Midwifery Co Director role and changing the scope of the two Service Leads for Maternity and Women’s Health
- ✓ **Proposed Co-Directors key roles and responsibilities**
  - Clinical Service Planning
  - Workforce Planning
  - Service Design & Models of Care
  - Quality & Safety
  - Organisational responsibilities for Access & Flow
- ✓ **Proposed Embedded Business Partner Model** - relevant roles will report to a central directorate and will be allocated flexibly according to demand and priority across ISLHD sites
  - Workforce Support Managers & teams – move to People & Culture Directorate
  - Safety Advisors – move to People & Culture Directorate
  - Patient Safety Managers and Quality Managers – move to Medical Services & Clinical Governance Directorate.
  - Finance Managers – move to Finance & Corporate Services Directorate

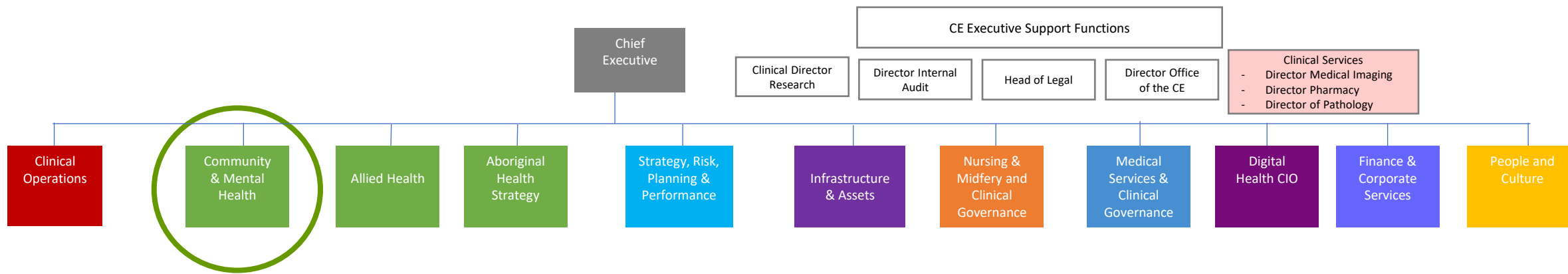


## Clinical Operations

- ✓ **Proposed T3 move to another Directorate** – move T3’s and their teams to another Directorate
  - Kids and Families Co-Directors move to Community & Mental Health Directorate
  - District Director Pharmacy to move to Clinical Services
  - Director of Pathology to move to Clinical Services (relationship management)
  
- ✓ **Proposal to move the Community Aged Care Services** – move the Community Aged Care Services that are currently part of the responsibility of the Division of Aged Care, Palliative Care and Rehab to the Community and Mental Health Directorate
  
- ✓ **Proposal to change the Operational Management of Cancer Services** - make a permanent change to the operational management and reporting lines for the Cancer Centres (Illawarra, Shoalhaven and Milton) and potentially the inpatient ward at Wollongong Hospital
  
- ✓ **Proposal to review HITH & VHW Service Consolidation** – review opportunity to bring Hospital in the Home (HiTH) and Virtual Hospital Ward (VHW) under one District Leadership Model

# Proposed Future State Directorate Structure

## Community & Mental Health



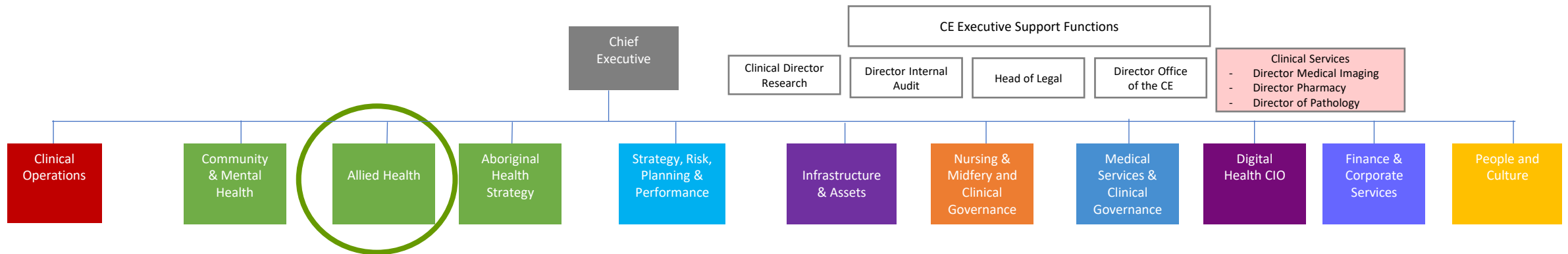


## Community & Mental Health

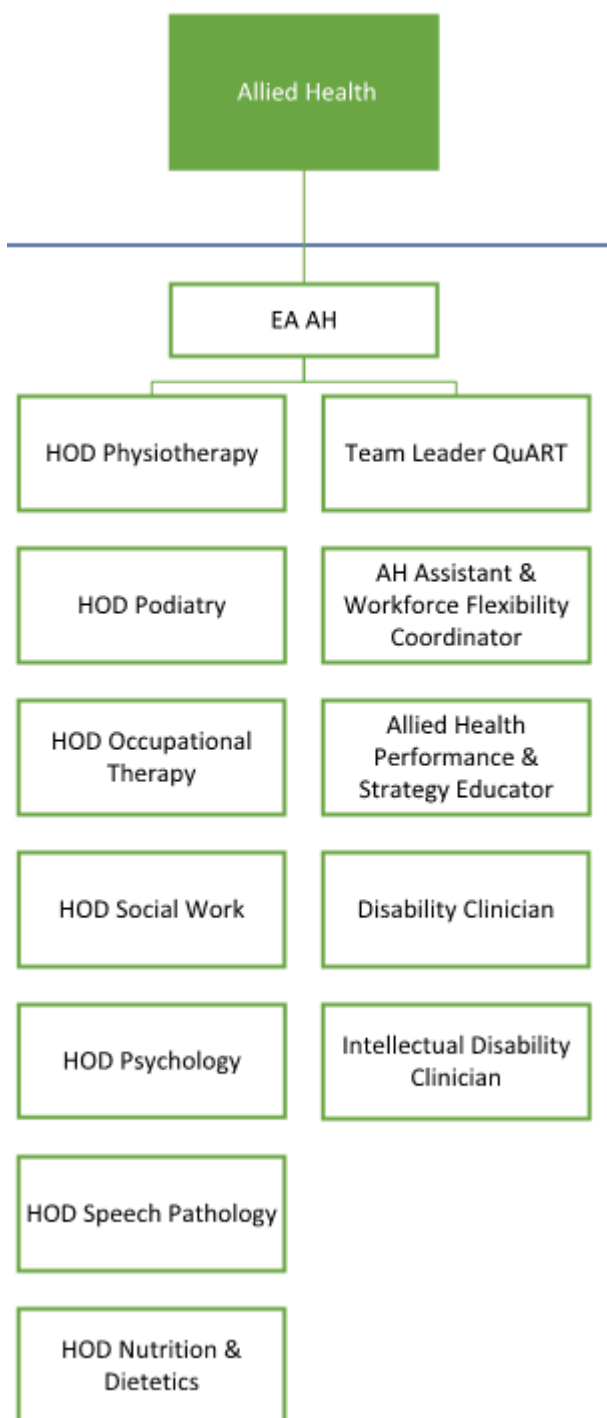
- ✓ **Proposed Directorate** - ICMHPIP directorate to be realigned to become the Directorate of Community and Mental Health as an ISLHD Future State Directorate
- ✓ **Proposed T3 move to another Directorate** – move T3's and their teams to another Directorate
  - Culture Improvement Manager moving to directorate of People and Culture
  - Director Planning and Performance moving to directorate of Strategy Risk, Planning and Performance.
  - Information Management Team moving to directorate of Digital Health CIO
- ✓ **Proposed report line change** - change of reporting line for the following T3s to report directly to Chief Executive
  - Executive Director Allied Health
  - Executive Director Aboriginal Health Strategy
- ✓ **Proposal to move the Community Aged Care Services** – move the Community Aged Care Services that are currently part of the responsibility of the Division of Aged Care, Pall Care and Rehab to the Community and Mental Health Directorate
- ✓ **Conceptually discuss a revision to scope and responsibilities** - for the following positions:
  - Director Oral Health
  - Director Ambulatory and Primary Care
  - Director Public Health
- ✓ **Proposed Embedded Business Partner Model** - related roles will report to a central directorate and will be allocated flexibly according to demand and priority across ISLHD sites:
  - Workforce Support Managers & teams – move to People & Culture Directorate
  - Safety Advisors – move to People & Culture Directorate
  - Patient Safety Managers and Quality Managers – move to Medical Services & Clinical Governance Directorate.
  - Finance Managers – move to Finance & Corporate Services Directorate

# Proposed Future State Directorate Structure

## Allied Health



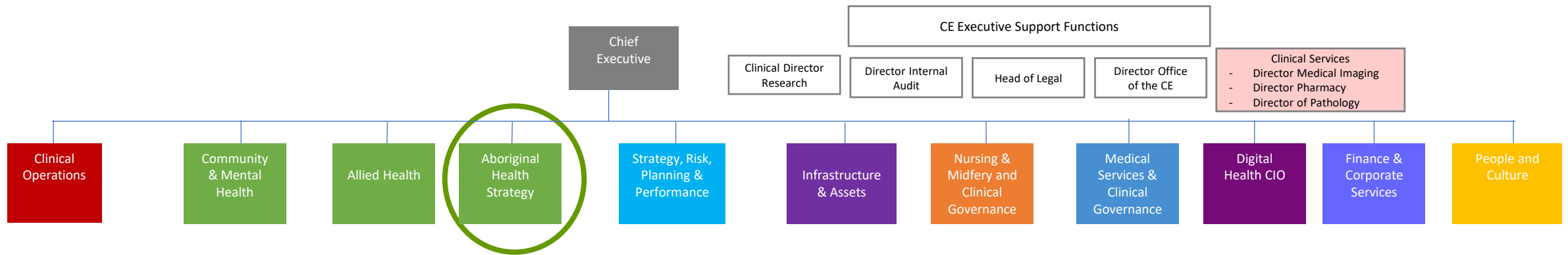


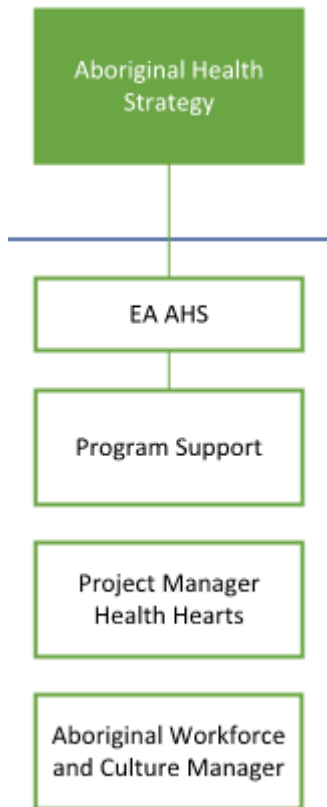


## Allied Health

- ✓ **Proposed report line change** - change of reporting line for the following to report directly to Chief Executive, with the existing position description and job title unchanged
  - Executive Director Allied Health
- ✓ Allied Health Professional reporting and governance remains
  - Executive Director Allied Health (EDAH) has expanded clinical governance and workforce development role as member of Core Executive
  - Consistency and efficiency across District with equal access to services and expertise
  - 12 different professions reporting to EDAH
  - Single oversight of quality and safety enablers
  - Flexible and rapid workforce response to changing clinical needs

# Proposed Future State Directorate Structure Aboriginal Health Strategy



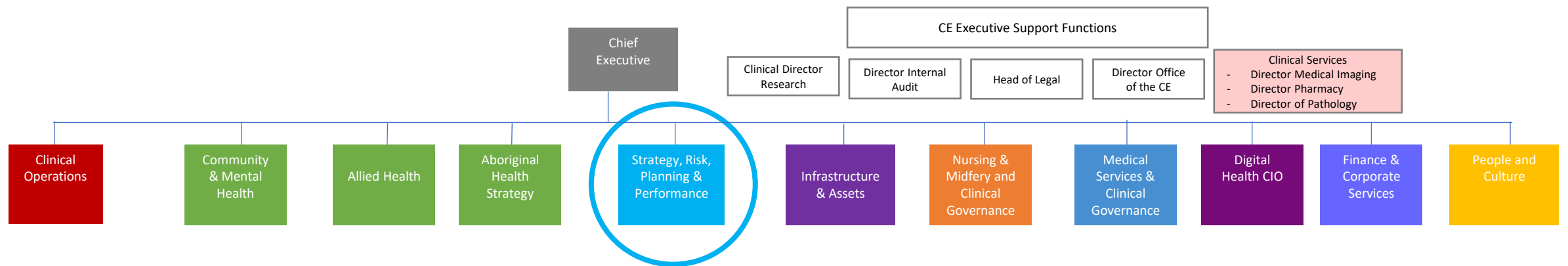


## Aboriginal Health Strategy

- ✓ **Proposed report line change** - change of reporting line for the following to report directly to Chief Executive
  - Executive Director Aboriginal Health Strategy
- ✓ **Conceptually discuss a revision to scope and responsibilities** - for the Executive Director Aboriginal Health Strategy

NB a future review is required to determine the alignment of Aboriginal Health Services

# Proposed Future State Directorate Structure Strategy, Risk, Planning & Performance

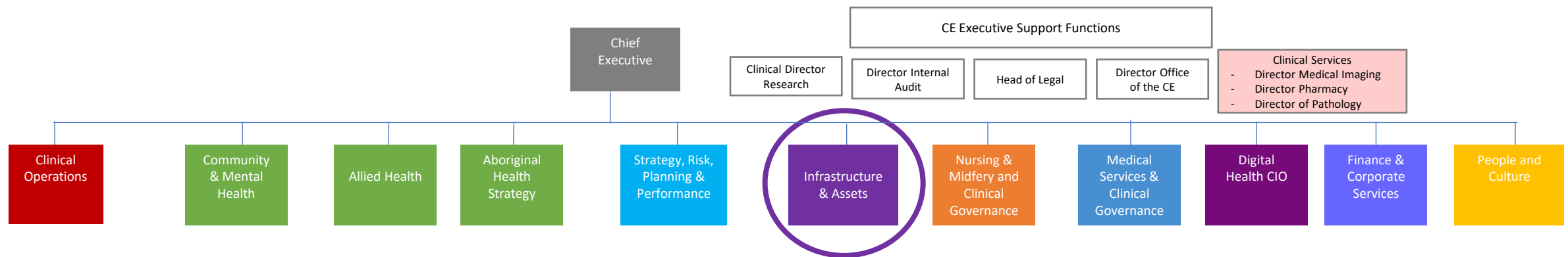


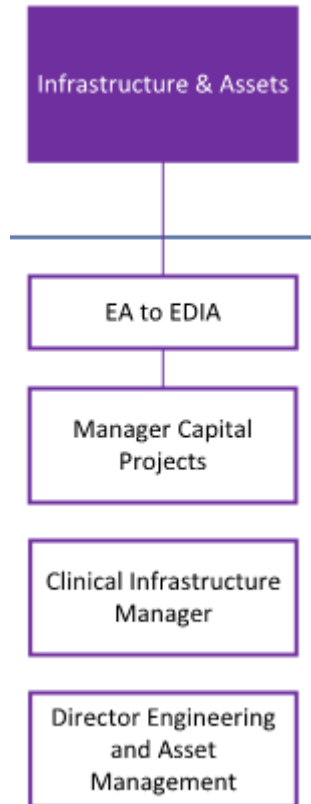


## Strategy, Risk, Planning & Performance

- ✓ **Proposed Directorate** – Strategy, Risk, Planning & Performance (SRPP) to be formed as a new Directorate from the logical grouping of work previously contained across three other Directorates (ICMHPIP, SIP and Finance)
- ✓ **Proposed T3 move from another Directorate** – move T3’s and their teams to the SRPP Directorate
  - Director Project Management Office moving from SIP Directorate
  - Director Planning and Performance moving from ICMHPIP directorate
  - Director Corporate Governance & Risk Management moving from Finance Directorate
  - Director Strategic Analysis and Improvement moving from Finance Directorate
- ✓ **Conceptually discuss a revision to scope and responsibilities** - for the following positions:
  - Director Project Management Office
  - Director Planning and Performance
  - Director Strategic Analysis and Improvement

# Proposed Future State Directorate Structure Infrastructure & Assets

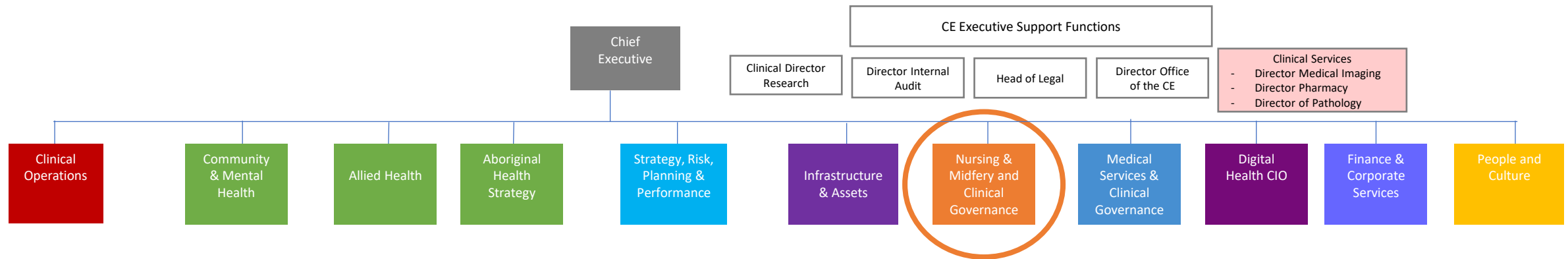




## Infrastructure & Assets

- ✓ **Proposed Directorate** – Infrastructure Development name to change to Infrastructure and Assets.
- ✓ **Proposed T3 move to another Directorate** – move T3's and their teams to another Directorate
  - Director of Medical Imaging (Senior Medical Advisor) moving to Clinical Services
- ✓ **Proposed T3 move from another Directorate** – move T3's and their teams to the Infrastructure and Assets Directorate
  - Director Engineering and Asset Management from SIP
- ✓ **Proposed Embedded Business Partner Model** - related roles will report to a central directorate and will be allocated flexibly according to demand and priority across ISLHD sites:
  - Safety Advisors – move to People & Culture Directorate
  - Patient Safety Managers and Quality Managers – move to Medical Services & Clinical Governance Directorate.

# Proposed Future State Directorate Structure Nursing, Midwifery & Clinical Governance



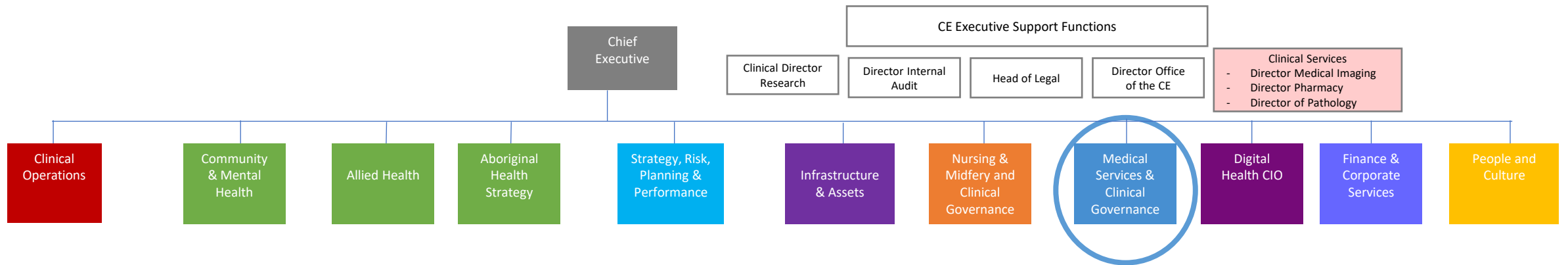


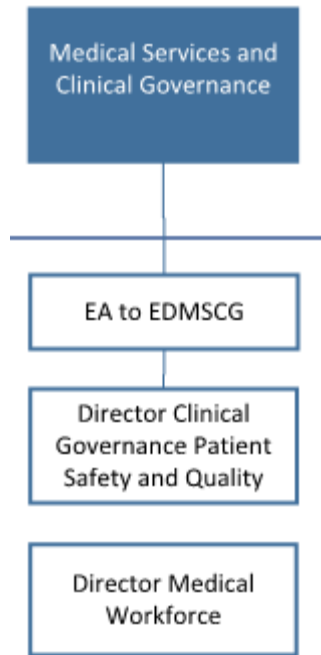


## Nursing, Midwifery & Clinical Governance

- ✓ **Proposed report line change** - Director Clinical Governance Patient Safety and Quality to have a single reporting line into Executive Director Medical Services and Clinical Governance.

# Proposed Future State Directorate Structure Medical Services & Clinical Governance

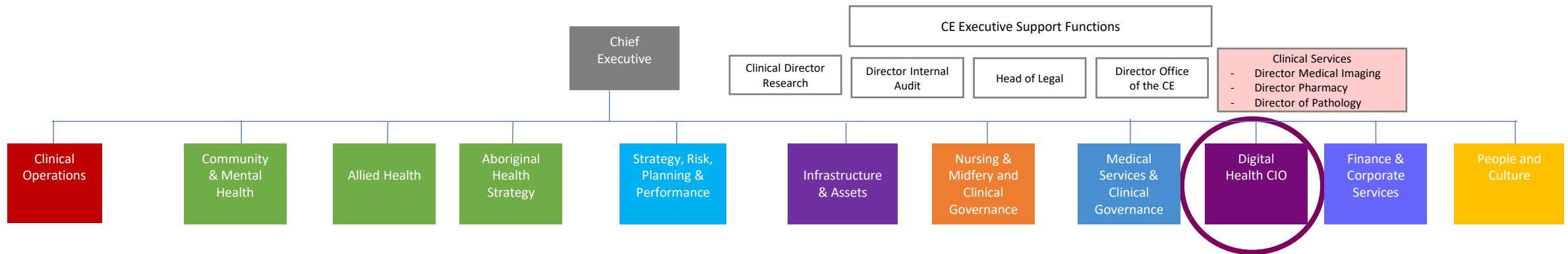




## Medical Services & Clinical Governance

- ✓ **Proposed Embedded Business Partner Model** - related roles will report to a central directorate and will be allocated flexibly according to demand and priority across ISLHD sites:
  - Patient Safety Managers & Quality Managers under the Director Clinical Governance Patient Safety and Quality
- ✓ **Proposed report line change** - Director Clinical Governance Patient Safety and Quality to have a single reporting line into Executive Director Medical Services and Clinical Governance.

# Proposed Future State Directorate Structure Digital Health CIO

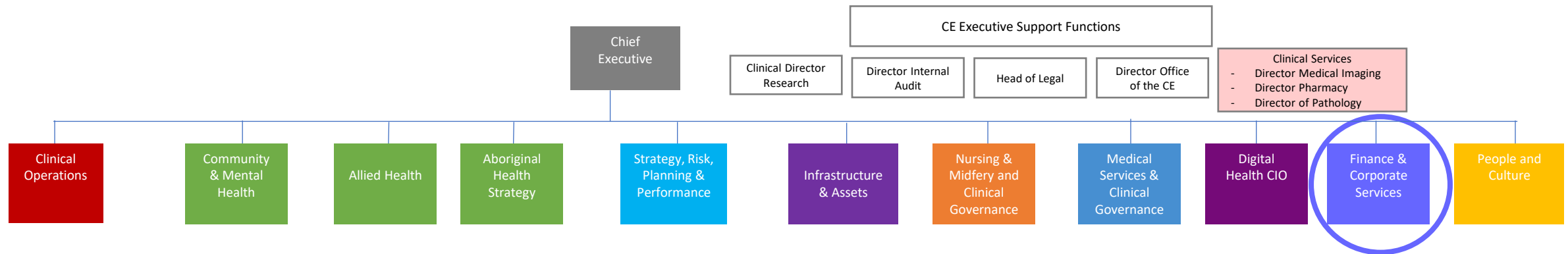




## Digital Health CIO

- ✓ **Proposed Directorate** - Chief Information Officer directorate name to change to Digital Health CIO
- ✓ **Proposed T3 move to another Directorate** – move T3's and their teams to another Directorate
  - Manager Corporate Records and Archival Services moving to Finance and Corporate Services Directorate
- ✓ **Proposed T3 move from another Directorate** – move T3's and their teams from other directorates
  - Information Management Team from ICMHPIP directorate

# Proposed Future State Directorate Structure Finance & Corporate Services



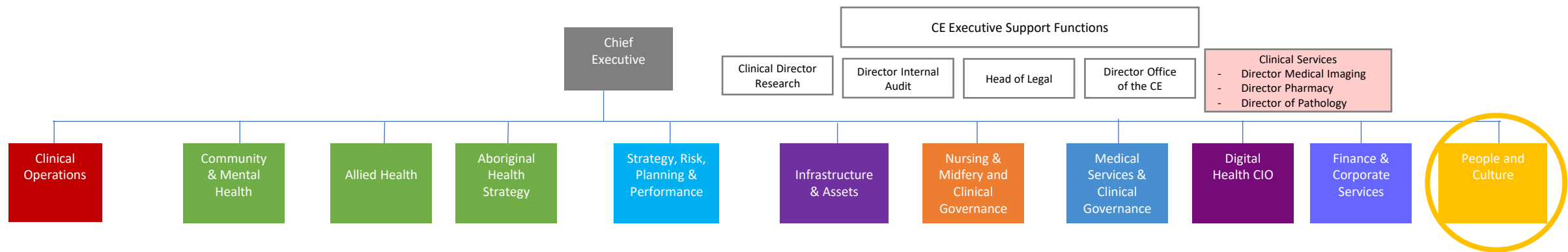


## Finance & Corporate Services

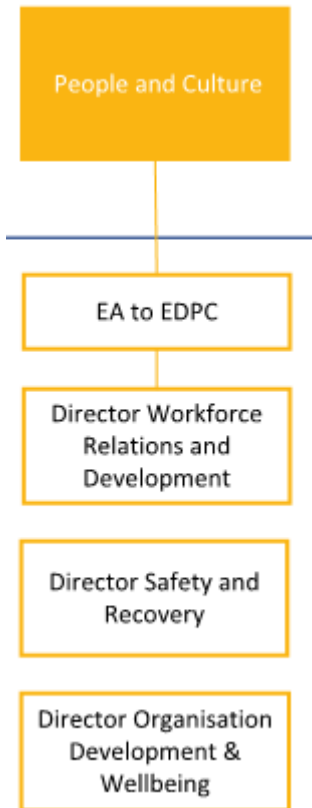
- ✓ **Proposed Directorate** - Finance directorate name to change to Finance & Corporate Services
- ✓ **Proposed T3 move to another Directorate** – move T3’s and their teams to another Directorate
  - Director Corporate Governance and Risk moving to Strategy, Risk, Planning & Performance Directorate
  - Director Strategic Analysis and Improvement moving to Strategy, Risk, Planning & Performance Directorate
- ✓ **Proposed T3 move from another Directorate** – move T3’s and their teams to the Finance & Corporate Services Directorate
  - Director Procurement & Supply Chain
  - Manager Corporate Records & Archival Services
- ✓ **Proposed Embedded Business Partner Model** - Related roles will report to Finance and Corporate Services Directorate and will be allocated flexibly according to demand and priority across ISLHD sites
  - Finance Managers under the Executive Director Finance and Corporate Services

# Proposed Future State Directorate Structure

## People & Culture



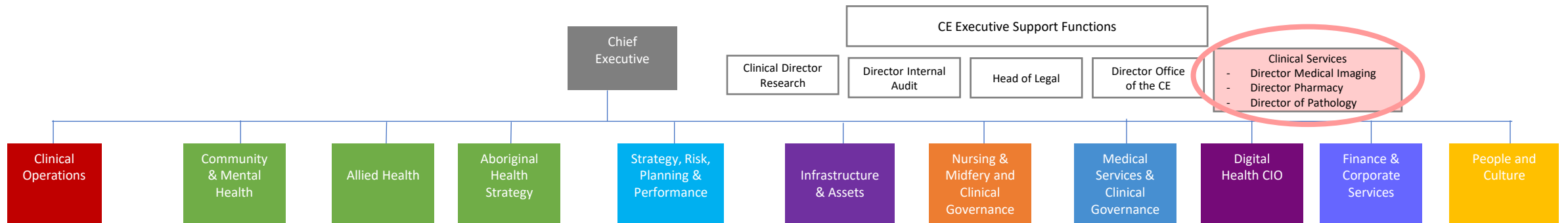


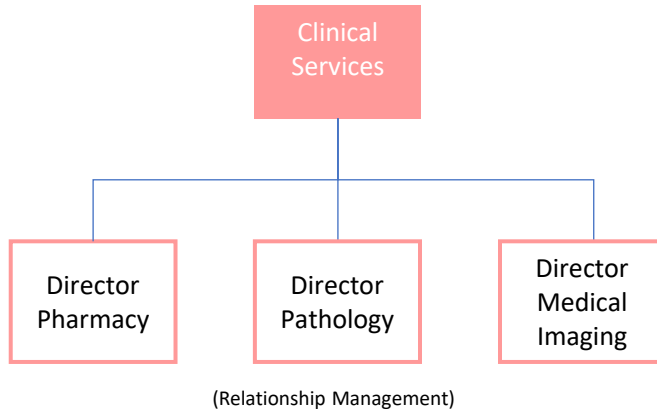


## People & Culture Design Principles

- ✓ **Proposed Directorate** – People & Culture Directorate will be formed as a new Directorate from the logical grouping of some of the work previously contained within the SIP Directorate
- ✓ **Proposed T3 move from another Directorate** – move T3’s and their teams to the People & Culture Directorate
  - Director Workforce Relations and Development from SIP Directorate
  - Director Staff Safety and Recovery from SIP Directorate
  - Director Organisational Development and Wellbeing from SIP Directorate
  - Executive Assistant from SIP Directorate
- ✓ **Proposed Embedded Business Partner Model** - Related roles will report to People & Culture and will be allocated flexibly according to demand and priority across ISLHD sites
  - Workforce Support Managers, Coordinators and Officers to People & Culture Directorate under Workforce Relations and Development
  - Safety Advisors and Manual Handling Coordinator to move to People and Culture under Staff Safety and Recovery
  - Culture Improvement Manager (currently in ICMHPIP) under the Director Organisational Development and Wellbeing

# Proposed Future State Directorate Structure Clinical Services

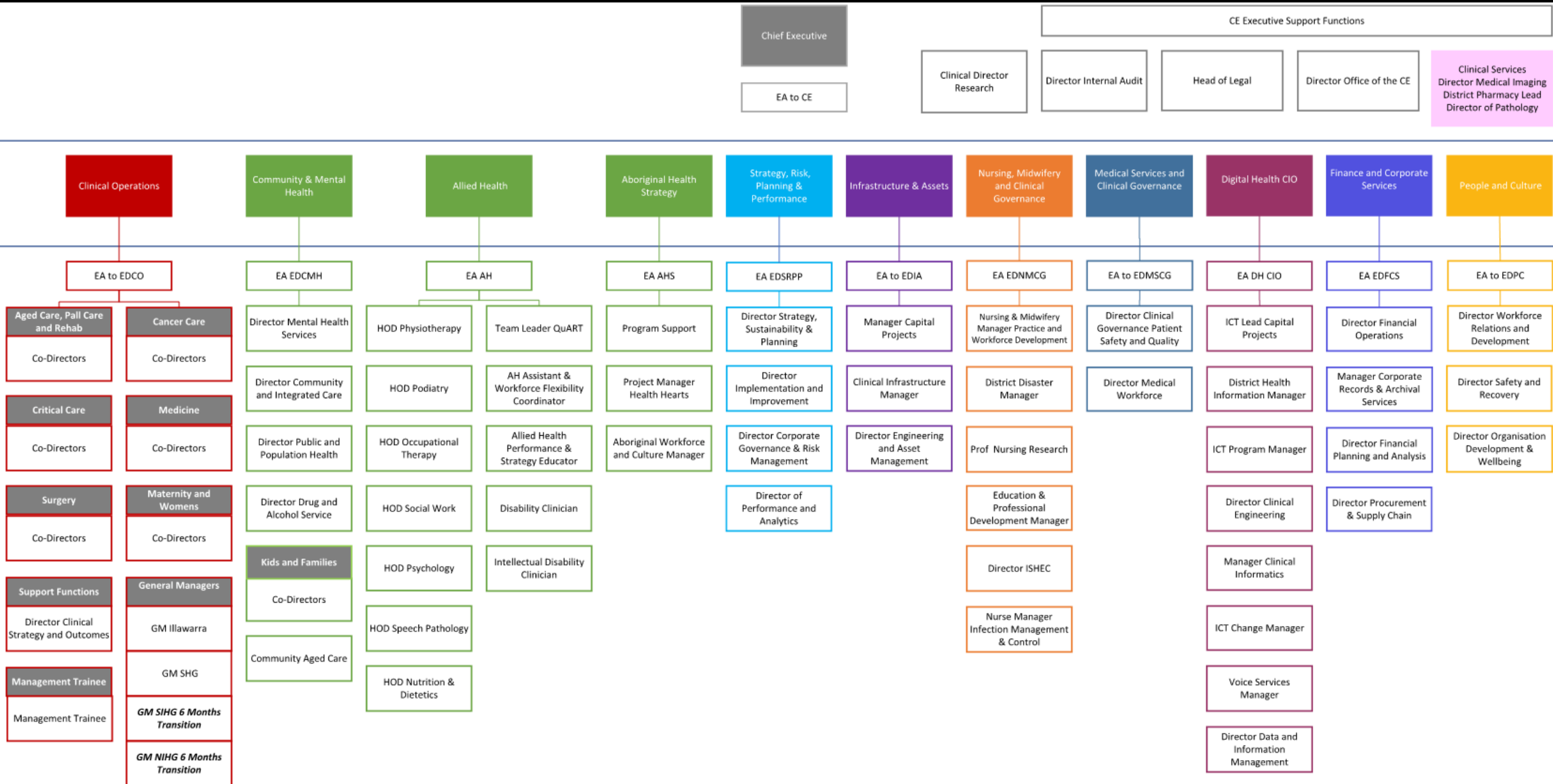




## Clinical Services

✓ Proposed area temporarily reporting to the Chief Executive

# Proposed Future State Directorate Structure - Summary



<sup>1</sup> Subject to MoH review of the required proposed Position Descriptions

# 5. Timeline to May 2023

Key:

Formal Consultation period

Outcome Meetings

Commence processing agreed changes

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
3 April		4 April		28 March		29 March		30 March	
				<ul style="list-style-type: none"> <li>CE SE &amp; T3 Briefing</li> <li>Union Consultation</li> <li>Cascade Information</li> <li>CE Org Design Info Session</li> </ul>	<ul style="list-style-type: none"> <li>Formal Consultation Commences - Directorate Restructure Plan provided</li> <li>CE Org Design Info Session</li> </ul>				
				<ul style="list-style-type: none"> <li>DIM</li> <li>CE Forum</li> </ul>	<ul style="list-style-type: none"> <li>Week 1 Drop-in Feedback Session</li> <li>CE Forum</li> <li>CE Update Email</li> </ul>				Public Holiday
10 April	11 April	12 April	13 April	14 April	15 April	16 April	17 April	18 April	19 April
Public Holiday	Joint meeting with current and future T2		Week 2 Drop-in Feedback Sessions						
17 April	18 April	19 April	20 April	21 April	22 April	23 April	24 April	25 April	26 April
			Outcome Meetings						
24 April	25 April	26 April	27 April	28 April	29 April	30 April	1 May	2 May	3 May
	Public Holiday						<ul style="list-style-type: none"> <li>Commence processing agreed changes</li> <li>DIM + CE Forum</li> </ul>		



# 6. What's next? Where to provide Feedback

- We want your involvement and support, we need your insight and views on how to transform the LHD and embed lasting changes. The 3 week consultation process on Tier 3 roles commences tomorrow and at the conclusion a final decision will be made on roles, position descriptions and where appropriate matching or advertising of roles.
  
- Please use the following channels for feedback
  - The T2 for your Directorate
  - Your Line Manager
  - Vicki Weston, Director Workforce Relations and Development
  - The Project: [ISLHD-OrganisationalDesign@health.nsw.gov.au](mailto:ISLHD-OrganisationalDesign@health.nsw.gov.au)
  - Employee Assistance Program (EAP) 1300 873 327  
or via [ISLHD Intranet](#)

