

# Consultation Paper

---

## FINANCE AND BUSINESS MANAGEMENT STRUCTURE STAGE THREE: REVENUE-RELATED POSITIONS

---

Northern NSW Local Health District  
September 2023



Health

---

# Table of contents

Table of contents .....	2
Purpose .....	3
Background and introduction .....	3
1. Revenue-related support structures .....	4
2. Key issues and gaps.....	6
2.1 Operational Effectiveness.....	6
2.2 Consistency of Practice .....	7
3. Administration management at Byron, Ballina and Murwillumbah Hospitals .....	8
4. Future structures .....	9
4.1 Business Management – Revenue Impacting Positions.....	9
4.2 Administration Management – Byron, Ballina and Murwillumbah Hospitals.....	15
4.3 Benefits of the new structure .....	16
5. Key changes .....	17
5.1 Overview .....	17
5.2 New and redesigned positions and role descriptions.....	17
5.3 Affected positions .....	21
6 Indicative timetable .....	21

---

## **Purpose**

The purpose of this document is to provide employees with the opportunity to comment on the proposed Finance and Business Management structure for revenue-related roles supporting Business and Finance Managers. The Chief Financial Officer invites staff to provide comments and feedback on the proposed structure prior to the structure being finalised.

## **Background and introduction**

### **Ministry of Health Foundation Review**

Northern NSW LHD faces cost pressures to deliver services within the funding provided. The LHD must make choices that result in high quality care being equitably accessible across the district. An emerging issue in achieving the district strategic objectives is the delivery of an end-of-year unfavourable financial performance in 2022/23 of \$50.1m against a budget of \$985m. This result included \$59m in additional once-off budget support provided by the MoH.

To assist the district in returning to financial sustainability a review was undertaken by Ministry of Health System Sustainability and Performance Division in partnership with the LHD. The review identified structural barriers to achieving efficiencies in revenue and recommended that the district consider structural realignment to improve revenue performance.

### **Finance and Business Management Review**

Business Managers typically have a small team reporting to them. Some of these staff perform direct finance and business management functions, however there is also a diverse range of operational staff reporting to some Senior Business Managers and Business Managers across the district. As highlighted in the Consultation Paper for the Finance and Business Management structure issued in November 2021, the initial review had only focused initially on direct finance and business management roles across the district. A review of the diverse range of operational activities and staff reporting to business managers was to take place to ensure the most appropriate and consistent management approach for the future.

A stage two review has been finalised and a proposal developed for the future structure of Finance Officers and VMoney Checkers. Both stage one and two reviews identified inconsistencies in the administrative support structures at Byron, Ballina and Murwillumbah Hospitals and the current paper seeks to address these inconsistencies.

NNSWLHD has now conducted a stage three review of revenue-related roles supporting Business Managers and a proposal put forward in this paper which aims to improve operational effectiveness, increase parity and drive greater consistency of practice. The proposal herein is not designed to reduce positions as a pathway to achieving financial sustainability, but instead to redesign existing roles to sharpen our focus on maximising funding to allow the LHD to provide more services to patients.

### **Consultation Paper – Finance and Business Management –Revenue-Related Positions**

This document provides an overview of:

1. The revenue-related positions supporting Business Managers as they exist following the stage one and stage two reviews of Business Management
2. Key issues and gaps identified by a review of revenue-related positions
3. Background information on the administrative support structures at Byron, Ballina and Murwillumbah Hospitals
4. Proposed future model, and key benefits for:
  - i. Revenue-related positions supporting Business Managers, and
  - ii. Administration support structures at Byron, Ballina and Murwillumbah Hospitals
5. Key changes and impacts
6. Indicative timetable

## 1. Revenue-related support structures

This section depicts the revenue-related positions supporting Business Managers as they exist following the stage one and stage two reviews of Business Management.

Revenue related positions referred to within this paper are those administrative positions which directly influence or support the funding of our health services. These positions are directly involved in the raising, recording, collecting and receipting of revenue, or obtaining patient information and/or documentation needed to optimise revenue.

*Figure 1 – Revenue-Related Supporting Structure - Business Management Grafton, Maclean, Casino*

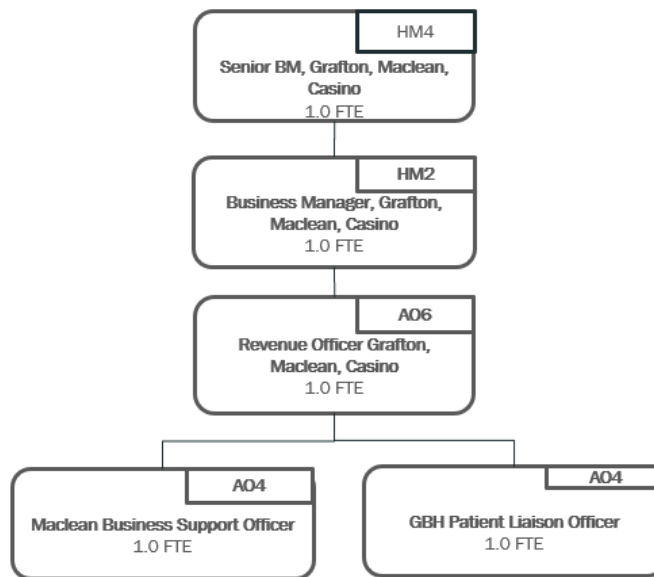


Figure 2 – Revenue-Related Supporting Structure - Business Management Tweed, Byron and Murwillumbah

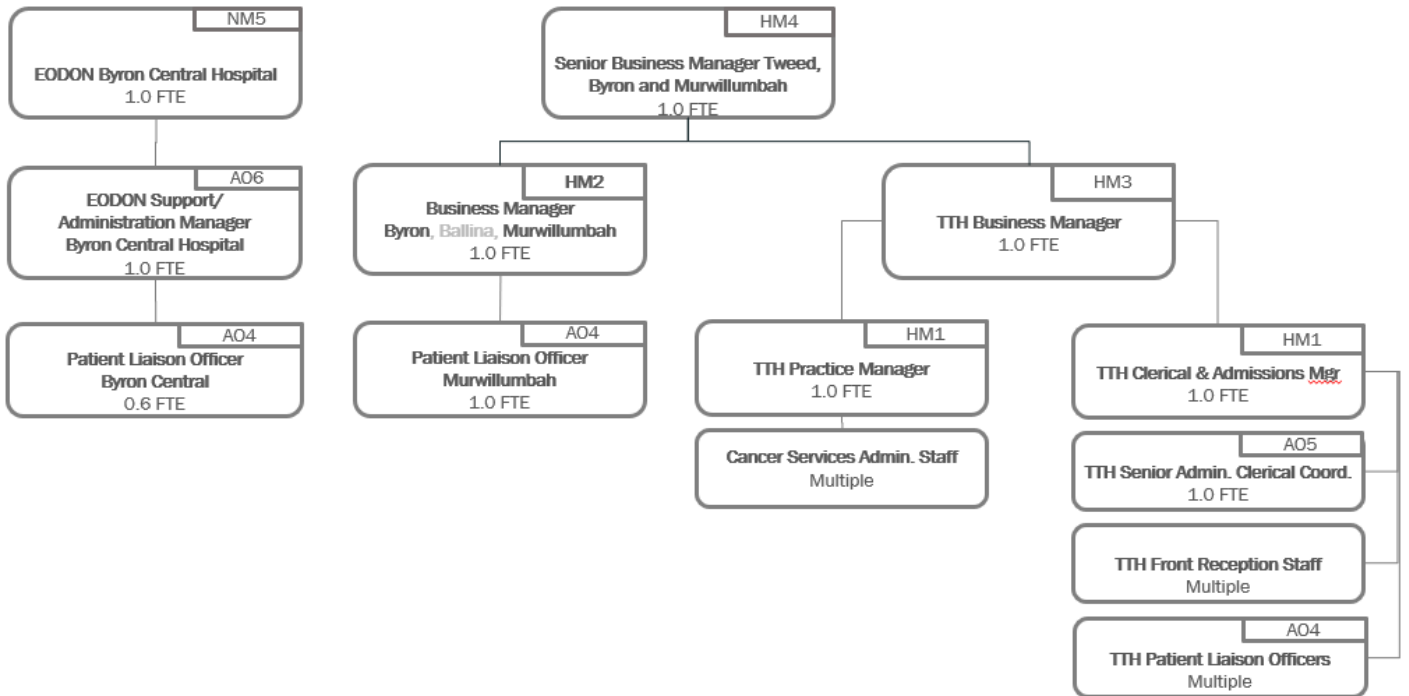
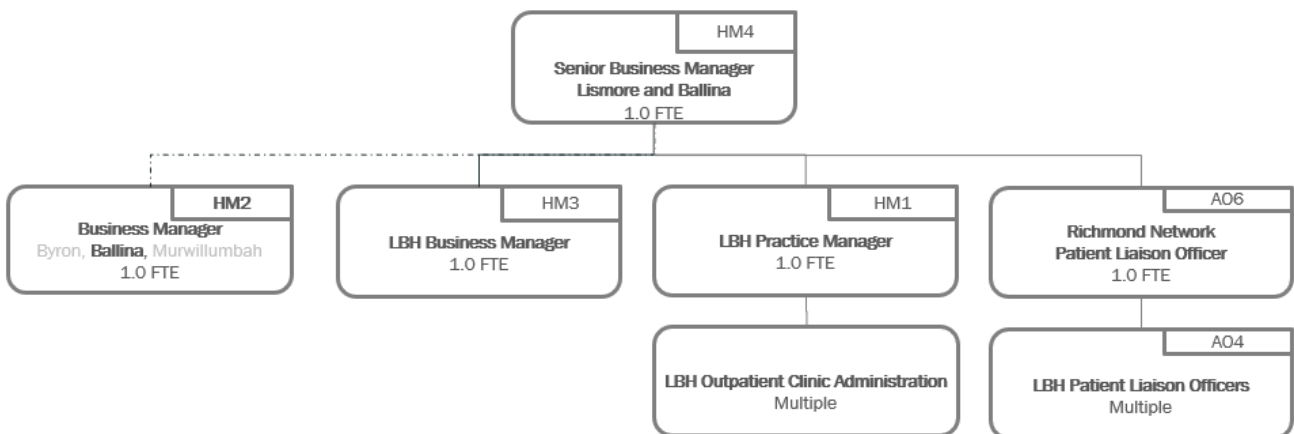


Figure 3 – Revenue-Related Supporting Structure - Business Management Ballina and Lismore



---

## 2. Key issues and gaps

The purpose of the stage three review was to identify opportunities to improve operational effectiveness and drive greater consistency of practice amongst our Business Manager revenue-related support structures. Interviews were held with a range of stakeholders as part of the initial review and consultation has continued with the Transition Team and other operational stakeholders to discuss key issues and opportunities for improvement.

### 2.1 Operational Effectiveness

Through the careful interviewing of incoming inpatients, the LHD can access supplementary sources of revenue from sources including private, motor vehicle and workers compensation insurance as well as Department of Veterans Affairs and Medicare ineligible/self-funded patients. Patient fees currently account for approximately 47% of additional own source revenue, a value of \$47.45m during FY23.

The capability of the person conducting the initial patient interview and their ability to ask the right questions are critical as once a patient is classified, they can pass through the entire inpatient and outpatient experience without subsequent confirmation of financial class resulting in lost revenue.

Roles and responsibilities for collecting inpatient information differ widely between patient entry points, hospital locations, the size of facility and even time of day. Roles responsible for collecting patient information include:

- Patient Support Officers (PSO)
- Patient Liaison Officers (PLO)
- Admin Support Officers (ASO)
- Other admin staff (such as receptionists and other front desk staff)

These staff report to different departments, such as Nurse Managers, Emergency Department NUMs, Business Managers, Administration Managers, and these departments have different priorities and areas of focus which tend to influence the functions and activities performed by these staff. This also impacts the transfer of revenue knowledge, information and direction since structural hierarchies and communication protocols are different.

Some administration staff don't appear to see revenue information collection as part of their role. For example, Emergency Departments (EDs) are a critical patient entry point and many revenue collection staff are concerned about the lack of cooperation they receive from EDs. While the critical care environment of the ED is acknowledged and it is understood that in some cases it is not possible to collect patient information, it is not clear why there is so much missing or incorrect information. At some facilities, 50% of ED presentations are recorded as a default financial class which requires the PLO to follow up on admitted cases, interview the patient and classify them appropriately to attract the correct level of funding. If not, the patient can pass through the entire inpatient and outpatient journey without subsequent confirmation of financial class resulting in lost revenue.

---

Medicare revenue derived from privately referred non-inpatients (herein termed outpatient revenue) is governed by a complex array of laws, industrial instruments and federal/state agreements and has a combined value to NNSWLHD of around \$17m p.a. when combining expense offsets with revenue. The Commonwealth have increased surveillance of duplicate payments for outpatient services, such as when a payment is received from Medicare and the same service is recorded as publicly funded through ABF. The complexity of business rules and importance of correct data input into our systems for non-admitted services warrants greater attention from our LHD in the form of ongoing staff training and monitoring. Similar to inpatient revenue, many staff pivotal in the collection of outpatient revenue report to clinicians which impacts on the transfer of revenue knowledge, direction, and consistent discipline of process.

The revenue landscape is highly complex. There are multiple sources of funding and a complex array of financial classes which all have different criteria, business rules and billing practices. Such a complex environment warrants very clear and specific LHD wide leadership, direction, and governance; clear roles, responsibilities and reporting relationships that support the delivery of training and education.

## 2.2 Consistency of Practice

Revenue related skills and capabilities across the LHD are highly varied. Given the absence of formal, structured training and education programs (onboarding nor refresher) and communication channels, revenue capture is highly dependent on these varied skills, capabilities and experience which often creates unnecessary admin effort; lots of chasing, following up, writing off unrecoverable invoices and debt collection. In such a dynamic, complex environment with multiple touchpoints and high staff turnover, this is unsustainable.

NNSWLHD's highly inconsistent, piecemeal and site based approach to revenue management means there is unnecessary revenue leakage, missed revenue capture opportunities and inefficient and ineffective resource utilisation.

Some typical examples of revenue leakage and missed revenue capture opportunities include:

- Inaccurate and incomplete information (Medicare numbers, private health insurance details, DVA numbers, patient signatures) may not be completed upfront at the patient's point of entry (some staff and their managers don't appear to see information gathering for revenue capture purposes as part of their roles)
- Patients can be allocated to the incorrect financial class
- Patients are not asked about their compensable status at the point of entry – are they here as a result of a workplace or motor vehicle accident?
- There may be a reluctance to encourage a patient to use their private health insurance
- There can be reluctance and challenges associated with obtaining payment from ineligible patients
- Some treatments may not be recorded and billed which could be due to a lack of understanding or awareness of complex billing and business rules

- 
- Leakage in revenue when prostheses part numbers are not captured correctly for private and DVA patients

Revenue-related staffing levels and reporting lines are inconsistent across facilities. This extends to front desk positions which perform multiple revenue and finance functions including Oracle receipting, cash handling and banking, managing patient valuables, collecting multiple revenue streams (equipment hire, birthing classes, ineligible patient fees, donations, non-rebateable medical imaging), and admitting patients after hours including maternity patients. It is important that Finance policies and processes are embedded into the orientation and training of these staff and that these are consistently applied across the LHD.

These observations, in the context of the current environment where the LHD is under increased pressure to deliver services more efficiently makes the case for change compelling.

### **3. Administration management at Byron, Ballina and Murwillumbah Hospitals**

Stage one of the Finance & Business Management Review identified that Byron and Ballina Hospitals each had a position with shared responsibility for Business Management and Administration Management. Stage two identified that Murwillumbah Hospital had a position with shared Finance Officer and Administration Management responsibilities. With the transition of Finance Officer and Business Management responsibilities to the new Finance & Business Management structure, there is a need to address the future of administration management at these three facilities.

In late 2022 Byron Central Hospital needed to urgently backfill the position of Business & Administration Manager to maintain essential functions, but due to a lack of experienced or qualified applicants and taking into consideration the upcoming Finance and Business Manager restructure, approval was obtained to redistribute funding for this position to other roles to ensure continuity of service. Specifically, Business Manager/Finance tasks were transferred to the Murwillumbah Business Manager, and the EODON CSO position was redesigned from 0.8FTE AO3 to a 1.0FTE AO6 to allow that position to take on a dual EODON Support/Administration Manager position. The EODON at Byron Central has found this administration support structure to be operationally efficient and effective.

Consultation followed with Ballina Hospital to resolve the future of administration management with the imminent transition of Business Management responsibilities to Finance. Several discussions took place between Finance, the Ballina EODON and the Ballina Business & Administration Manager which brought to light a broad range of tasks performed by the Business & Administration Manager that had not been disclosed during the initial stage one review consultations under the previous EODON. These tasks are much broader than purely administration or business management in nature, and include the management

#### **Consultation Paper – Finance and Business Management –Revenue-Related Positions**



---

of accommodation units, the UCRH building, and security responsibilities such as managing the Gallagher system, keys, security cameras and duress systems. The stage one review recommended that Ballina and Byron Hospitals shared an Administration Manager position, however the additional information provided during these discussions highlighted some potential issues with this approach.

The new temporary administrative support structure at Byron Central was discussed with Ballina and it was identified that the Ballina EODON did not have a CSO/support position. A peer review of EODON support positions found the following:

- Murwillumbah: 1.0 FTE AO4 EODON support
- Byron: 1.0 FTE AO6 EODON support/Administration Manager
- Ballina: No EODON support

In seeking to address the inconsistency and inequity between facilities, and in light of the new information regarding the broad range of tasks performed by the Ballina Business and Administration Manager, agreement was reached for Ballina to adopt the same administration support model now in place at Byron Central; that is, a 1.0 FTE dual EODON support/Administration Manager. The additional administration resource required at Ballina to support the EODON will be created by centralising Business Management tasks, Finance Officer tasks, VMoney Checking, and increasing administration support at Ballina from District Maintenance. The increased support to be provided by District Finance and Corporate Services will allow Ballina to introduce administrative support to the EODON, thereby assisting in their efforts to increase time spent on matters of strategic importance.

This paper now seeks to address the future of administration management at Murwillumbah prior to the transition of the Murwillumbah Finance Officer to the Finance Directorate.

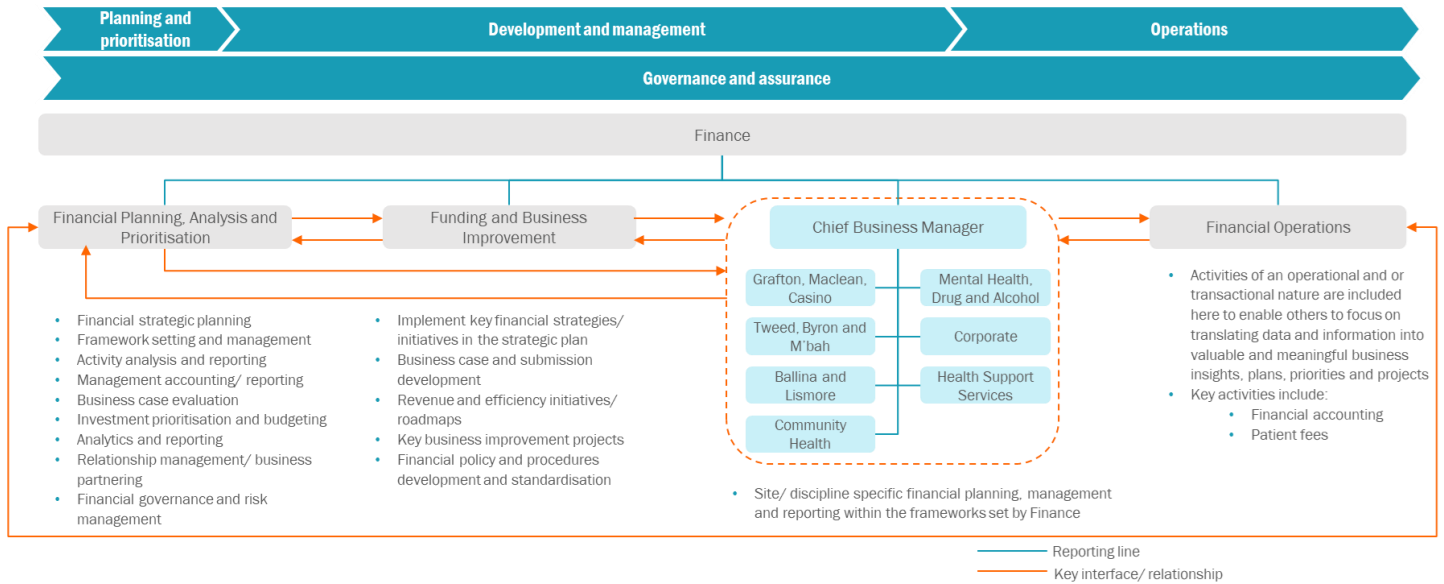
## **4. Future structures**

### **4.1 Business Management – Revenue Impacting Positions**

The range of Health Manager and Administration Officer positions that play a part in the collection of revenue will report through to the Business Management group and will work under the stewardship of the Funding and Business Improvement unit.

Aligning revenue-related positions under the new Finance operating model will improve financial stewardship, operational effectiveness, and consistency of practice. Integrating these roles into the new model will support the delivery of communication, training and education, and set expectations about roles and responsibilities to manage cultural issues currently blocking revenue optimisation.

Figure 4 – Finance operating model



A redesigned Patient Services Manager position has been created at Tweed and Lismore Hospitals to support the revenue performance of our front-line administration staff. The redesign of the existing Manager Admissions & Clerical Administration (Tweed) seeks to replicate arrangements in place at Lismore Base Hospital by bringing administration staff under a single manager. Realigning the Lismore Base Hospital Customer Services/Administration Manager under Finance is consistent with The Tweed Hospital reporting line and reflects the significant role of front-line staff in revenue optimisation. These redesigned positions will be assisted by a new Revenue Officer position.

Positions shown as reporting to Patient Services Managers and Practice Managers will be transferred to the new structure in the interim without impact. A review of the diverse range of operational activities and staff reporting to these positions will take place in a fourth stage of the review process to ensure the most appropriate and consistent management framework and staff complement for the future.

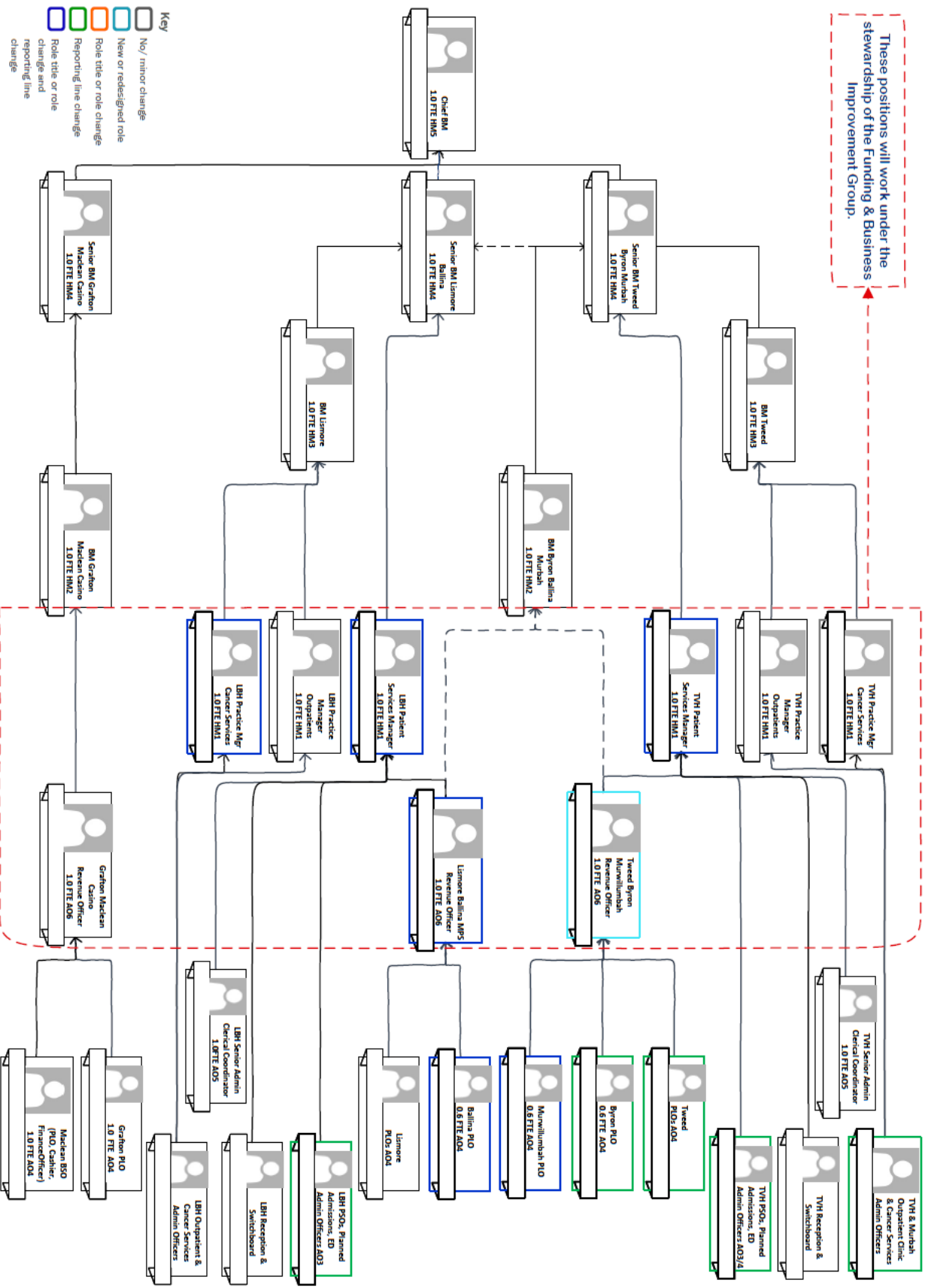
Mental Health, Alcohol and Other Drugs Admissions staff will continue to be supported by the facility PLOs and support/education to optimise revenue will be provided by the Revenue Officer for the respective facility.

The Practice Manager Outpatients positions will manage all administration staff in Outpatient departments, bringing together hospital administration and community administration staff under a single manager. The Tweed Practice Manager will also manage administration staff located at Murwillumbah Outpatient departments due to the referral and triage hub for these clinics being located at Tweed Hospital. Revenue Officers, with the support of the LHD Revenue Performance Manager, will provide revenue training and advice to satellite outpatient clinics where the Administration Officers report to a clinician or service manager.

Figure 5 – Proposed Future Business Management Supporting Structure – Revenue Impacting Positions

**Consultation Paper – Finance and Business Management –Revenue-Related Positions**

These positions will work under the Stewardship of the Funding & Business Improvement Group.



- Key
- No/ minor change
  - New or redesigned role
  - Role title or role change
  - Reporting line change
  - Role title or role change and reporting line change

Figure 6 – Business Management Tweed Hospital - combined Revenue and Finance Officer reporting lines

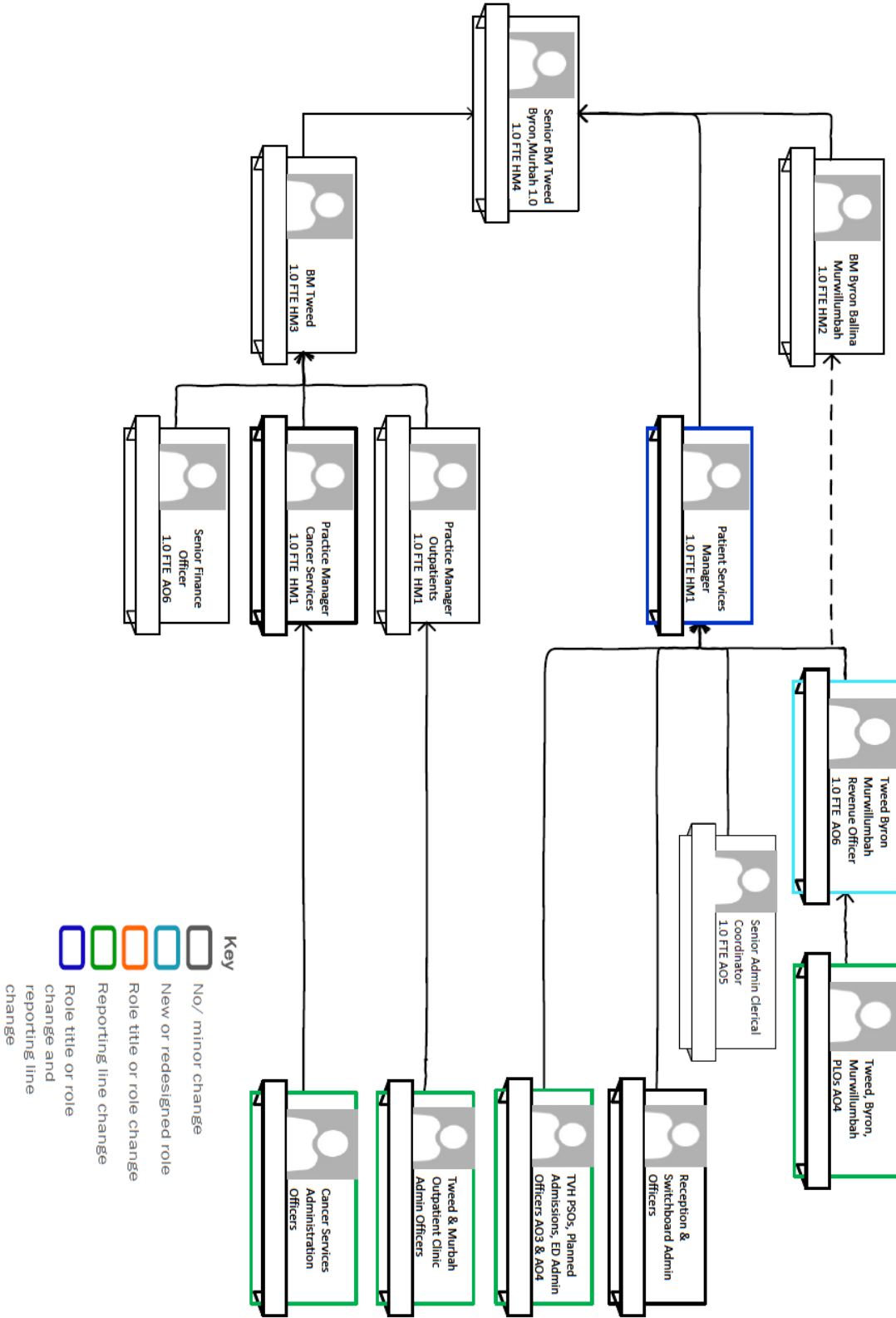


Figure 7 – Business Management Lismore Hospital - combined Revenue and Finance Officer reporting lines

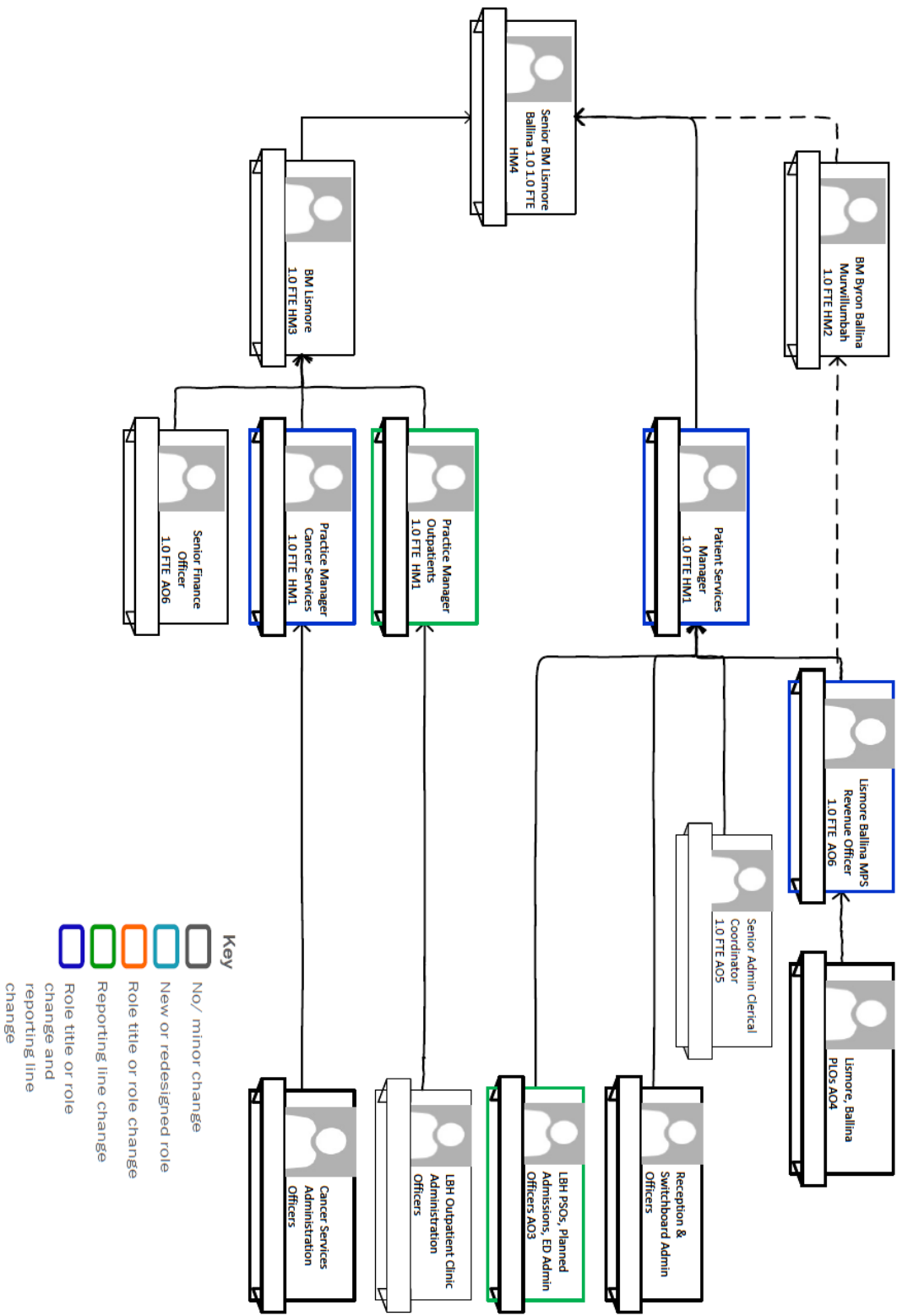


Figure 8 – Business Management Byron, Ballina, Murwillumbah Hospitals - combined Revenue and Finance Officer reporting lines

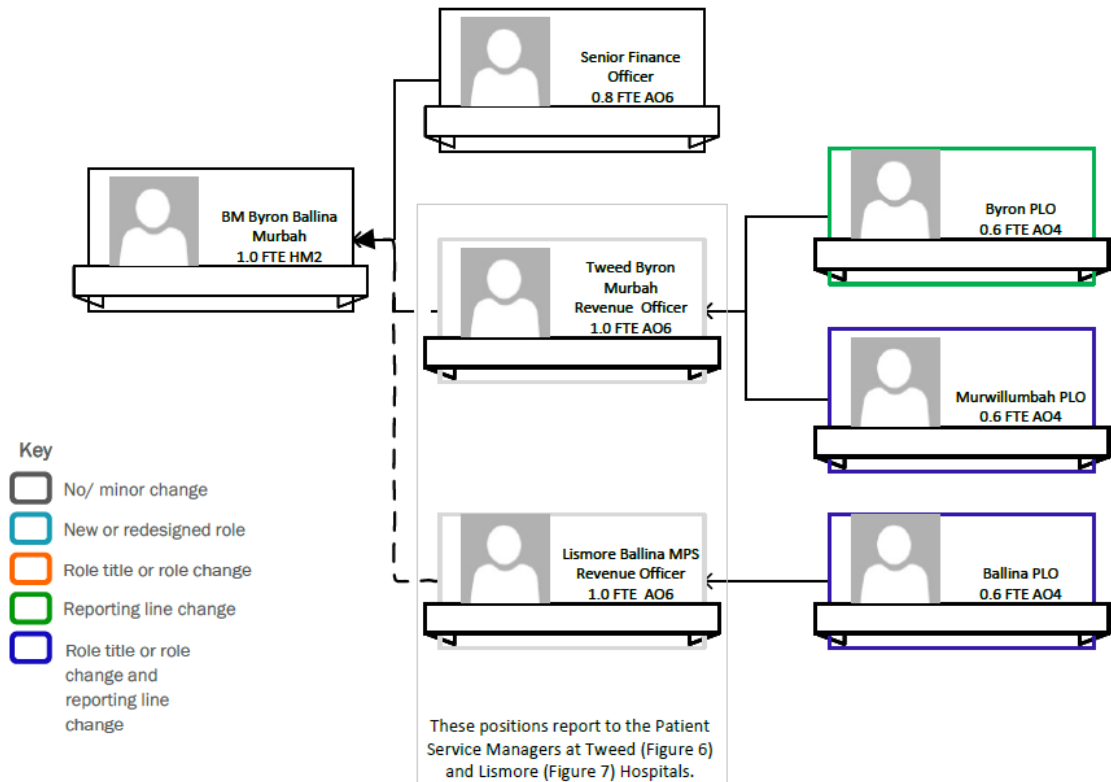
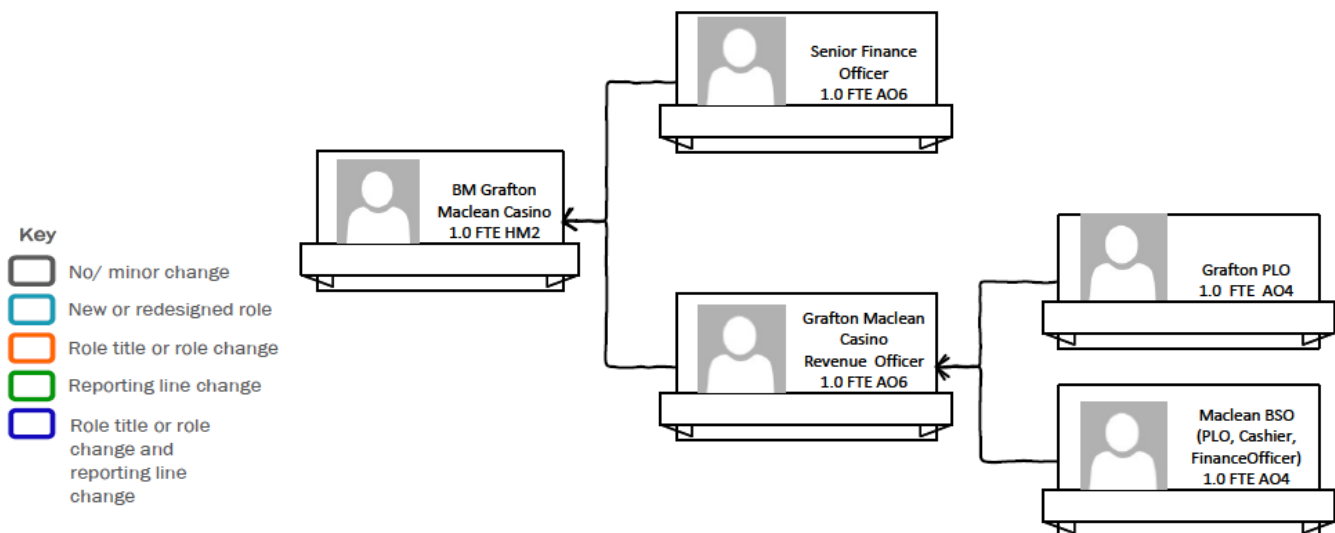


Figure 9 – Business Management Grafton, Maclean, Casino Hospitals - combined Revenue and Finance Officer reporting lines



## 4.2 Administration Management – Byron, Ballina and Murwillumbah Hospitals

Figure 10 – Administration Management at Byron Central Hospital

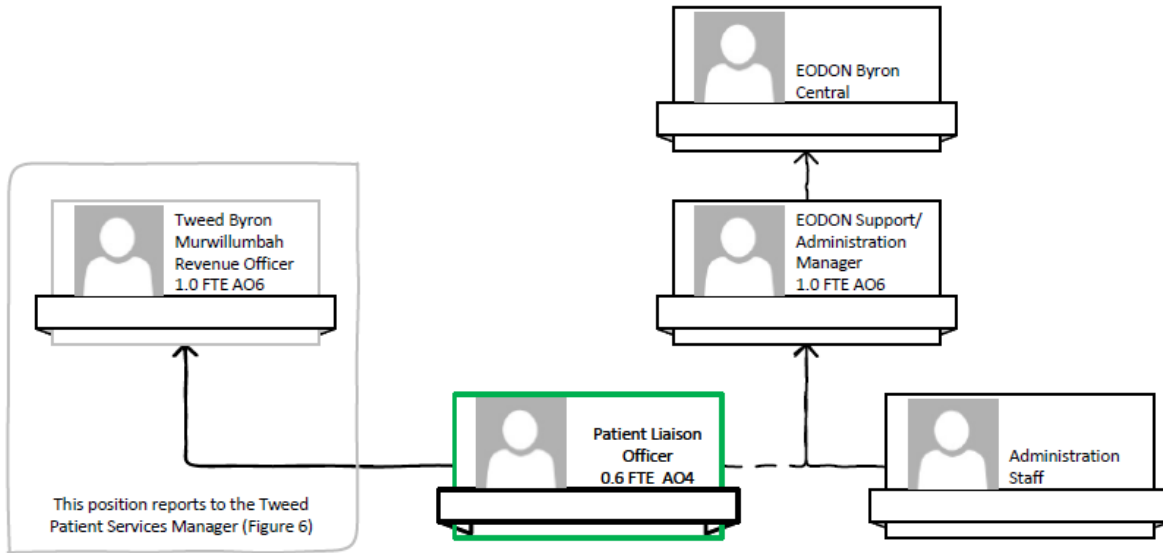


Figure 11 – Administration Management at Ballina Hospital

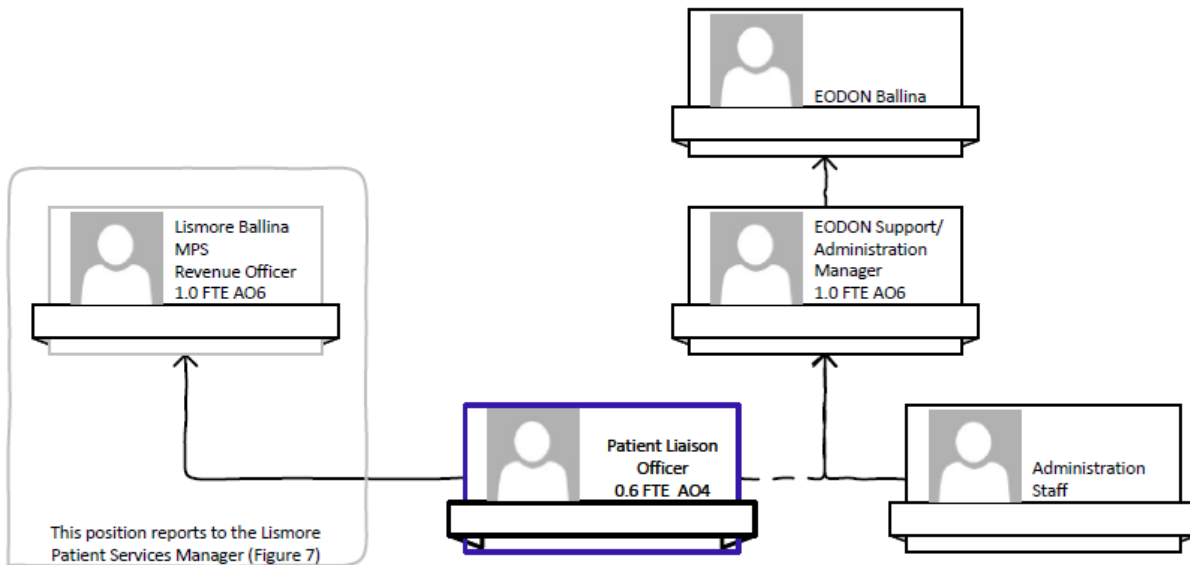
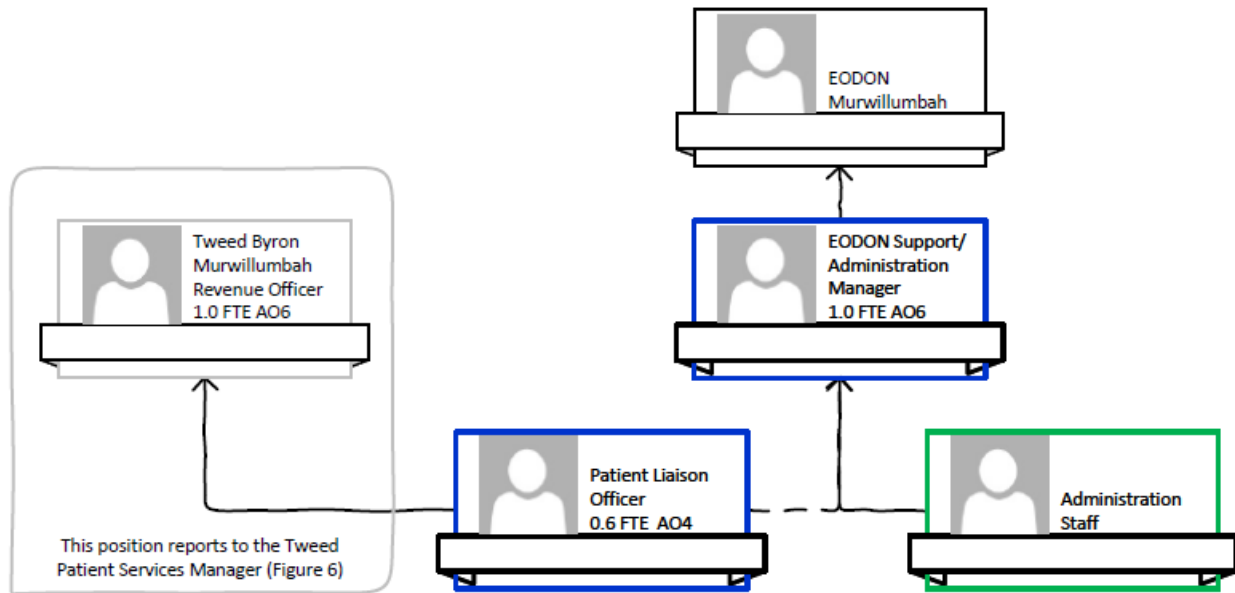


Figure 12 – Administration Management at Murwillumbah Hospital



### 4.3 Benefits of the new structure

It is anticipated that the realignment of revenue-related positions supporting Business Managers will help to create an environment where:

- Revenue governance and accountability of our frontline staff will improve.
- Improved access to career progression and development opportunities for our frontline administration staff through having administration managers, rather than nursing managers.
- The new revenue structure will facilitate the effective delivery of education and change management activities delivered under the stewardship of the Funding and Business Improvement Unit.
- Operational silos are broken down allowing administration teams to introduce consistent practices that promote fiscal discipline.
- The Revenue Officer positions will support delivery of training and education to optimise revenue related skills and capabilities across the district, including MHAOD. These positions will support and mentor new staff, monitor performance and provide feedback to improve revenue outcomes.
- Resource allocation and management can be conducted across the Business Management network to improve leave management.
- Equity of revenue resources improves across the hospital facilities and networks.
- Outpatient departments will benefit by having both community health and hospital outpatient administration staff reporting to a single manager. This will bolster staff skills acquisition, rostering flexibility, leave relief coverage and improved patient experience through a single check-in desk for all patients.
- The new and redesigned Revenue Officer positions introduce a single point of contact to support a wide range of funding sources – for example private inpatient accommodation, data error correction,



---

prosthesis capture – and in locations without a Practice Manager, will extend to outpatient funding such as Medicare billing, capture of NAP activity and overseeing the correction of NAP data errors. These positions will strengthen finance-operational links to drive improvement in traditionally siloed areas of responsibility.

Aligning the administrative support structure at Murwillumbah with the structure now in place at Byron and Ballina will:

- improve consistency and parity of administration support across the three facilities.
- improve operational effectiveness with the permanent full-time presence of both an Administration Manager and EODON support at each of the three facilities.
- be supported by specialist revenue advice and staff training delivered by the Revenue Officer positions.

## 5. Key changes

### 5.1 Overview

To minimise and manage the impacts on staff and to create as much job certainty and security as possible, the review team has directly matched and appointed staff to positions within the context of current industrial policies and frameworks.

For redesigned, new or vacant roles where a direct appointment cannot be made, staff will have an opportunity to apply for advertised positions.

The method for filling the positions is described in more detail in Section 5.3.

### 5.2 New and redesigned positions and role descriptions

Several positions have been created or redesigned which are described below and outlined in Table 1.

The Murwillumbah Hospital EODON Support / Administration Manager (AO6 Senior Administration Officer) will be responsible for:

- Provide comprehensive secretariat, administrative and clerical support services, managing work priorities, complex tasks and workflow within allocated resources to ensure delivery of timely, efficient and effective services.
- Manage, lead and support the administrative team, providing a coordinated approach to allocation of work, setting priorities, troubleshooting issues as they arise to ensure that expected outcomes are achieved.
- Undertake Workforce Systems management, including rostering, recruitment, leave, payroll and purchasing, monitor the budget and staffing profiles to ensure expenditure and staff allocation aligns with allocated resources ensuring the ongoing smooth functioning of the unit.

- 
- Undertake performance reviews and provide education and professional development opportunities to continuously improve the standard of services, and coach and develop team members to ensure services are provided within agreed timeframes and meet expected standards.
  - Participate in the development, maintenance and review of department systems, procedures and evaluate new methods to continuously improve service efficiency.
  - Support and participate in the administrative aspects of activities such as Quality Accreditation, Work Health and Safety, and Incident Management processes to assist in the fulfilment of unit/ward requirements.
  - Manage a range of diverse and complex functions, applying independent decision making across a number of areas. Provide review of operations to deliver high level and proactive support to the team/unit/senior manager.
  - Review and/or develop guidelines, instructions or procedures relevant to the area of responsibility.

The AO6 Revenue Officer Lismore Ballina MPS, and AO6 Revenue Officer Tweed Byron Murwillumbah, will be responsible for:

- Manage, lead, assist and support the Patient Liaison Officers and other revenue related staff to achieve consistency of practice aligned with policies and procedures.
- Provide training and support to frontline staff in systems, policies, procedures, and processes to maximise inpatient and non-inpatient revenue.
- Identify revenue improvement opportunities and develop guidelines, rules, instructions, or procedures for use by other staff to operationalise those improvements.
- Oversee data accuracy and completeness using available dashboards, tools, and reports, ensuring staff are trained in correct data entry and data errors are corrected within deadlines.
- Provide ongoing monitoring of revenue generating activities to ensure that they are compliant with policies.
- Collect, analyse, and present financial and statistical information to provide advice for senior and line management.
- Implement Ministry of Health or District-led projects at a local level through the education of frontline staff on revenue system, policy, or process changes.
- Undertake other finance related tasks which may include but not limited to the raising, collection, receipting and recording of revenue.
- Manage a range of diverse and complex functions, applying independent decision making across a number of areas. reviewing and/or developing guidelines, instructions, or procedures relevant to the area of responsibility.

The HM1 (subject to grading) Patient Services Manager Tweed Valley Hospital and Patient Services Manager Lismore Hospital will be responsible for:

- Managing the budget, recruitment, and rostering of administration service delivery in the areas of main reception, switchboard operation, admissions areas, revenue staff, Patient Support Officers, and the associated casual relief pool to ensure continuity of service delivery.
- Support Admissions Clerks to achieve timely, accurate and complete collection of data, input into the patient administration system, and the completion of patient documentation to optimise patient, clinician, and financial outcomes and NNSWLHD KPI performance.
- Exercise judgement and employ initiative to undertake a range of managerial and operational tasks aimed at improving the patient experience and NNSWLHD outcomes.
- Identify revenue improvement opportunities and work with the Revenue Officer to support and

- 
- implement improvements through education and training of the team.
  - Perform a range of managerial responsibilities including completion of staff performance appraisals, managing complaints, completing audit requirements, overseeing staff training requirements, ensuring outputs are completed within required timeframes.
  - Oversee the correction of data errors in an accurate and timely manner to maximise NNSWLHD funding.
  - Develop, implement, and monitor new and revised policies and procedures to ensure compliance with NSW Health and legislative requirements and best management practices.

The HM1 (subject to grading) Practice Manager Cancer Services will be responsible for:

- Supervise and manage administration staff to ensure that day to day operations of the Cancer Care Unit or Outpatient Clinics are met by directing workflow and allocating resources to meet competing needs.
- Maximise service funding by ensuring that staff are adequately supervised and trained in processes to maximise activity capture and revenue generation that is compliant with NNSWLHD and NSW Health policies.
- Perform a range of managerial responsibilities including completion of staff performance appraisals, completing audit requirements, managing incidents and complaints, quality improvement activities, overseeing staff training requirements, ensuring outputs are completed within required timeframes.
- Supporting clinicians with day-to-day operations including coordinating department meetings, producing reports, overseeing the billing function, maintaining clinic goods and services, organising general repairs and replacements, and effective management of appointments/waitlists to ensure the smooth running of the service.
- Identify service improvement opportunities and work to operationalise those improvements through education and training of the administration team.
- Manage the implementation and monitoring of new and revised policies and procedures to meet NSW Health and Legislative requirements and best management practices.
- Administer Workforce Systems tasks including rostering, recruitment, leave, payroll, and purchasing to ensure the smooth functioning of the department and compliance with Rostering Best Practice guidelines.

The following table includes new and redesigned positions from addressing the future of administration management at Murwillumbah Hospital in addition to new and redesigned positions resulting from the stage three review of revenue-related positions.

*Table 1 – New and redesigned positions*

Team	New/ redesigned position	Grade
Murwillumbah Hospital	Senior Administration Officer, Murwillumbah Hospital 1.0 FTE  Redesigned position to include both Murwillumbah EODON support and Administration Management	A06
Business Management	Revenue Officer, Tweed Byron Murwillumbah 1.0 FTE  New position	A06
Business Management	Revenue Officer, Lismore Ballina MPS 1.0 FTE  Redesigned position of Richmond Network Patient Liaison Officer	A06
Business Management	Patient Services Manager, Tweed 1.0 FTE  Redesigned role of Tweed Manager Admissions & Clerical Administration	HM1 (subject to grading)
Business Management	Patient Services Manager, Lismore 1.0 FTE  Redesigned role of Lismore Administration Manager	HM1 (subject to grading)
Business Management	Patient Liaison Officer, Ballina 0.6 FTE  Redesigned role of Ballina Administration Support Officer	A04
Business Management	Practice Manager, Tweed Cancer Services 1.0 FTE  New position approved as part of the new Tweed Valley Hospital Workforce Establishment	HM1 (subject to grading)
Business Management	Practice Manager, Lismore Cancer Services 1.0 FTE  Redesigned role of Lismore Cancer Services Office Manager	HM1 (subject to grading)

---

## 5.3 Affected positions

As a result of the changes, some staff may be affected directly or indirectly.

Staff directly affected may be those where their current position has been abolished, their role has changed and or their reporting relationship has changed.

Indirectly affected staff may be those where their role is largely unchanged but the role of the position they report to has been amended or their team has been realigned to one of the new teams or portfolios.

It is important to note that while there are a number of positions that have been directly affected, in most cases the staff member will be directly matched to a position, or has the opportunity to apply for a new or vacant position. The overall impact of the changes is expected to be relatively low and is likely to be offset by the anticipated productivity benefits associated with the realignment.

For positions that are largely unchanged, staff will be directly matched to these positions.

For new, significantly changed or vacant positions, directly affected staff will be matched to positions where possible. Where there may be multiple eligible candidates, those staff will be invited to apply for the new, changed or vacant role. If a suitable candidate is not selected, then the position will be advertised internally within Health and for more senior roles, roles will also be advertised externally.

The review team does not anticipate any changes to working conditions (such as non-shift work status Monday – Friday) and is open to discussing any ideas or suggestions about part-time arrangements, job share opportunities and flexible work practices.

For more information on managing excess employees, please use link: [Managing Excess Staff of the NSW Health Service](#)

### Employee Assistance Program (EAP)

As times of change can be stressful, we remind staff of the Employee Assistance Program, available to you online via <http://www.login.lifeworks.com/> (enter User Name: nswlhdeap and Password: NNSWLHD lifeworks) or by telephone 1300 361 008.

## 6 Indicative timetable

The consultation period will be open for three weeks until 6 October 2023 for staff to submit comments or suggestions on the stage three review changes only. Please direct feedback to Trish McKinnon [Trish.Mckinnon@health.nsw.gov.au](mailto:Trish.Mckinnon@health.nsw.gov.au).

Staff are welcome to arrange a time to talk to Brett Skinner, or may also choose to talk to their manager, HR manager or staff association representative or access the EAP as outlined in section 5.3.

### Consultation Paper – Finance and Business Management –Revenue-Related Positions

