



Western NSW
Local Health District

Western NSW Local Health District

Western Virtual Division - Nursing

Functional Realignment – Consultation Paper

Comments or feedback on this initial proposal can be submitted in writing via email to:

Meegan.Connors@health.nsw.gov.au

By 5pm 29 January 2024

This document is confidential and not for distribution.

Meegan Connors (Western NSW LHD)
January 2024

Version Control

Version No	Date (DD/MM/YYYY)	Details of Change	Author (Name & Position)
1	12/01/2024	Initial approved draft consultation paper	Meegan Connors, WNSW Interim Director Western Virtual Division Josh Carey, WNSW Executive Director Service Delivery

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Background

A review of operational and corporate service functions across Western NSW Local Health District (WNSWLHD) in 2022 and learning from the COVID-19 response realised the opportunity for greater integration and alignment of existing services. The recent establishment of Western Virtual Division has delivered integration and alignment of service functions in response to continued and anticipated service growth to meet the health needs across the region.

Evidence from the COVID-19 response realised improvements in access to safe and efficient care using virtual technologies that were supported through a hybrid workforce model. Underpinned by the [WNSWLHD Strategic Plan](#) and priorities and [NSW Health Virtual Care Strategy](#) services need to respond and evolve to current and future needs and expectations of our communities to ensure access to safe and reliable care is maintained.

A review of the 2023 People Matter Employee Survey reflects that changes to the leadership and management structures and workforce models in recent years have not improved workplace culture and engagement in some services outlined below that continue to impact service development. The services have not realised the balance required to achieve 'time to care' that is directly impacted by workforce design and high rates of staff turnover.

Overview of Services

Western Virtual Division was established in June 2023. The Division includes the following service streams:

- **vCare – Virtual, Coordination, Access, Referral, Escalation**

vCare is a designated virtual unit that provides specialty-level advice, critical care expertise, transport, logistics, and coordination support across WNSWLHD. The service delivers 24 hours a day, 7 days a week, single access point for care co-ordination, clinical support/advice ranging from emergency/critical care, general medicine, surgical consultation, inpatient transport, and assistance with referrals for specialist, post-specialist care, appointments, and diagnostic transportation. The service extends facility-based teams with specialist clinical nursing and medical skills and knowledge that otherwise is unavailable in 34 rural hospitals and multi-purpose services. More information is available in the [ACI – Spotlight on Virtual Care - vCare](#)

- **VRGS – Virtual Rural Generalist Service**

The Virtual Rural Generalist Service (VRGS) delivers a comprehensive virtual service and is the first of its kind in Australia. VRGS doctors work both virtually and in person to provide rural generalist medical coverage for hospitals and multipurpose services (MPS) and fatigue management when a local visiting medical officer (VMO) is not available or needs a break (including overnight and on weekends).

VRGS provide virtual care to non-critical ED patients, medical management of acute inpatients, virtual ward rounds for inpatients, and clinical support for RAC residents in MPS in partnership with local staff when the local GP is not available. VRGS and vCare work closely together with clear role delineations.

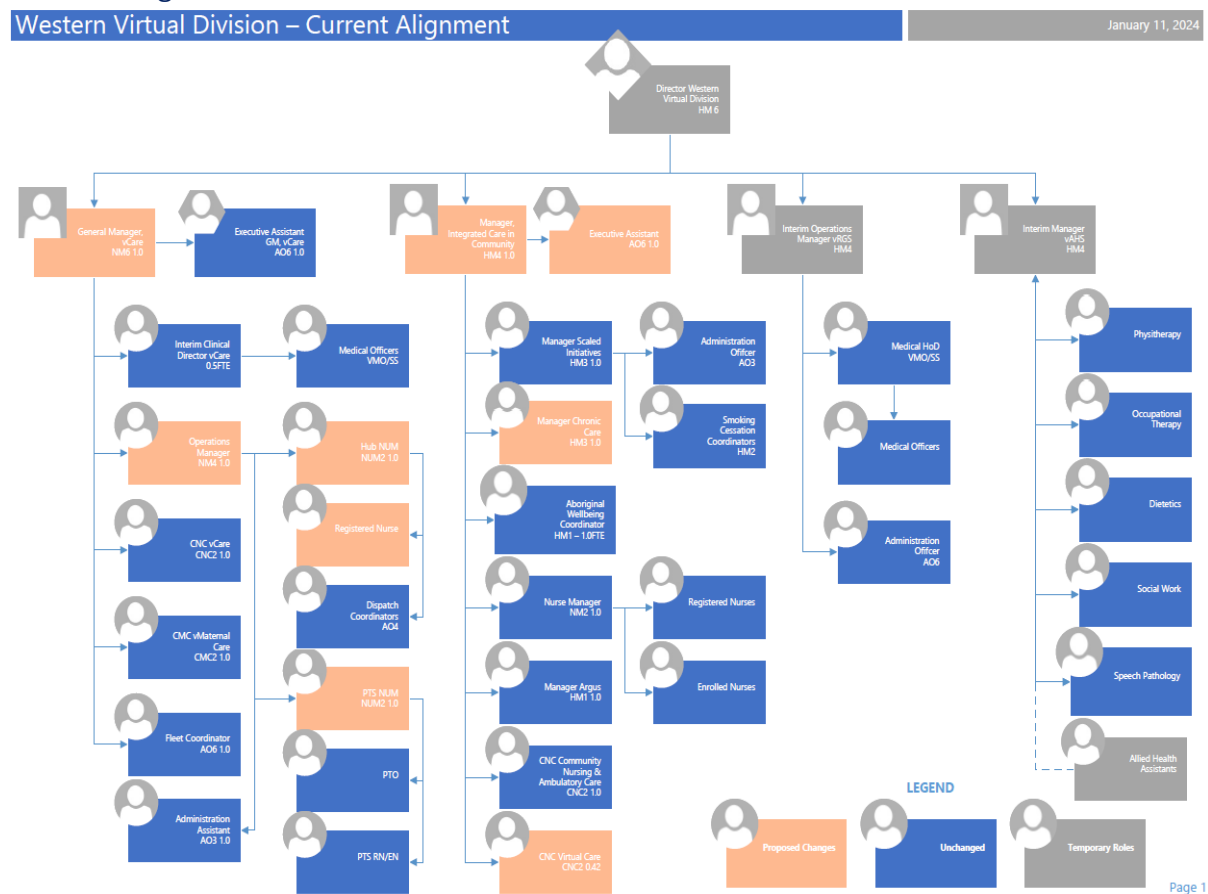
- **ICiC – Integrated Care in the Community**

Integrated Care in the Community provides services delivering comprehensive models of care that are responsive to individual needs and targeted to empower and enable people to understand and manage their post-acute and chronic health conditions. This is achieved through comprehensive multidisciplinary partnership and assessment, education (improving health literacy) and connection to appropriate health and social care supports as required.

- **vAHS – Virtual Allied Health Service**

The Virtual Allied Health Service (VAHS) at Western New South Wales Local Health District (WNSWLHD) provides virtual services to rural healthcare facilities in the disciplines of dietetics, occupational therapy, speech pathology, physiotherapy, and social work. The VAHS offers discipline-specific interventions, each with assessment and therapy models of care. That are defined by discipline specific eligibility criteria and referral pathways. More about the service is available in the [ACI – Spotlight in Virtual Allied Health Services](#)

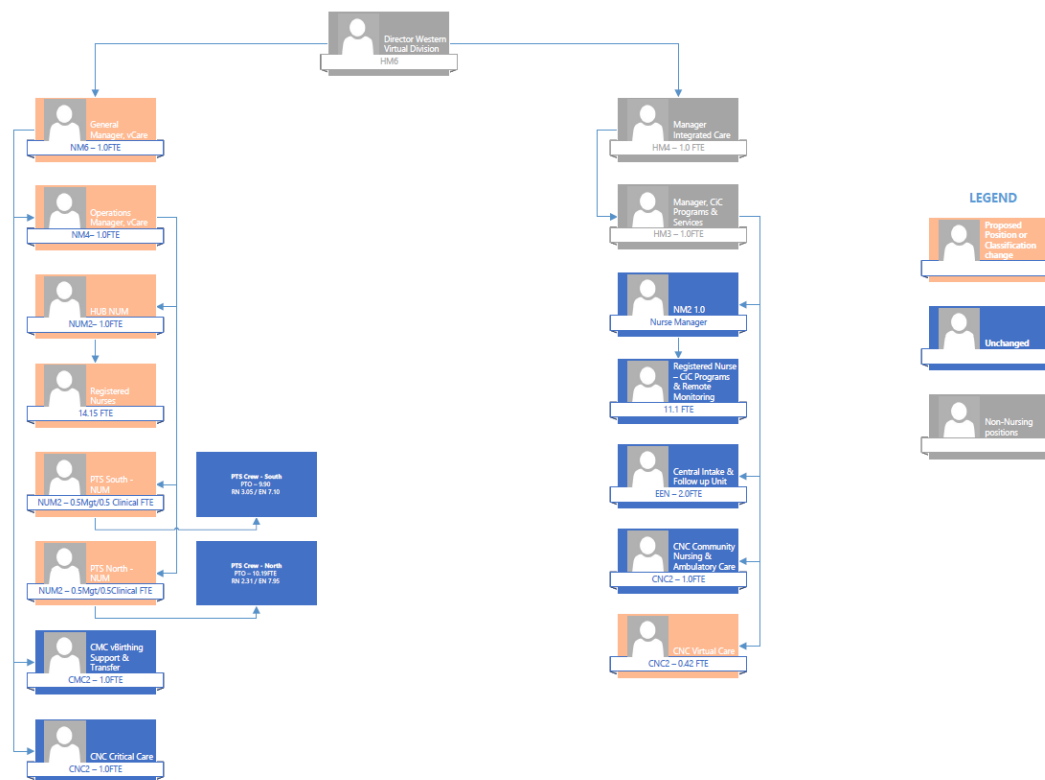
Current Organisation Chart



Current Nursing Alignment

Western Virtual Division – Current Nursing Alignment

January 11, 2024



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Case for Change

WNSWLHD is now in its fourth year of the Strategic Plan - *Healthier rural people, thriving communities*. While significant progress has been made and some excellent achievements have been realised, the WNSWLHD Service Delivery Directorate driven by continuous improvement is seeking opportunities to further improve how we deliver care and how we collectively perform.

Key considerations influencing the direction of Western Virtual Division are the strategic priorities of WNSWLHD, NSW Health and NSW Government as a whole, as well as national and international trends in health and healthcare.

The establishment of Western Virtual Division in June 2023 realised the integration of four (4) unique and separate service functions – vCare, vRGS, vAHS, and ICiC. The functional realignment provides an opportunity to review current ways of working and address the issues of current models, referral pathways and partnerships. It is envisioned that Western Virtual Division will redefine our current models of care and transform our health services from reactive to proactive care, helping support the principles of the Strategic Plan - *Healthier rural people, thriving communities* and provide streamlined transition of care the is delivered both using technology and locally.

Following the initial realignment of services in June 2023 and review of resources and workflows, we have concluded that we need to alter both the structure of the service (who does what and who reports to who) as well as how we work both together and individually. This proposal deals with improving the structure of the service.

As such it sits alongside and compliments the work to be undertaken to address issues related to the culture of the services, how we lead and manage, how we relate to each other, and how we work together to achieve what we need to achieve every day of the week and hour of the day.

The Division is designed to bring together a “Virtual Rural Health Service” modelled on traditional hospital operations as a response to strengthen the districts capacity and capability to meet current and emerging health needs. The Division is planned to advance and extend a coordinated clinical and patient flow response to address equity in access to care where it is needed, ‘time to care’ for our teams and safeguarding workforce and skills shortages within and beyond Western NSW.

Western Virtual – vCare paired with vRGS, vAHS and ICiC will bring together key decision makers within the Division and to collaborate and coordinate the right care at the right time, rapid pre & post specialist care transfer and admission, and discharge from hospital to community. The decision makers will be empowered through data analytics, process redesign and operationalisation of new models of care using real time data available through available systems and dashboards. The shift in healthcare delivery and expansion of care delivered virtually and supported through hybrid flexible work models will see benefits such as:

Improved patient access, safety, and quality.

- Seamless patient flow reducing congestion and wait times (impacting scheduled and unscheduled flow)
- Reducing patient length of stay through managing patient needs and logistics.
- Reduced preventable admissions to hospital.
- Optimisation in use of systems to improve patient care.
- Alignment of operational demand and allocation of appropriate resourcing.
- Professional development and growth pathways and flexible work practice models

The realignment of service functions sets the foundations for the development of a ‘Virtual Rural Hospital’ that is capable of scale and responsiveness to unmet needs across health regions. The recent successful partnership and expansion of vRGS has realised new and emerging opportunities for the service and rural health more generally.

The planned commencement of remote patient monitoring in early to mid-2024 will enable rapid scaling of new innovative models for out-of-hospital post-acute and virtual Hospital in the Home care. The models of care will be integrated and supported through hybrid workforce models offering flexibility and diversity in work practice and location.

The realignment seeks to establish a high performing team with strong functional alignment and integration that is enabled by robust systems and processes and a culture of continuous development and growth. Our overall goal is to support service delivery closer to where people live, to implement and evaluate new models of world class rural health care, to increase safety & quality for our staff and patients, to embed sound clinical governance and ensure that evidenced based practice is reflected in care coordination.

The realignment proposed in this document is designed to significantly strengthen the leadership and management of the service to achieve outcomes that result from a positive and just culture, reflective practice, acceptable workloads, with a focus on a collective virtual team rather than individual or siloed sections.

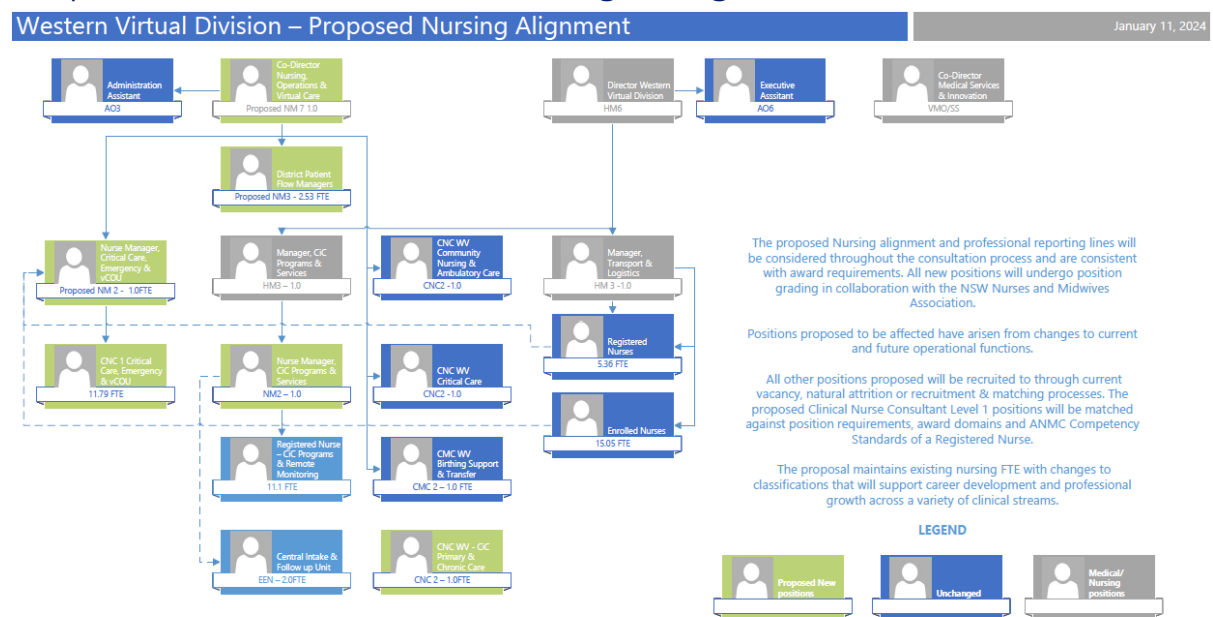
Mark Josephson, People & Culture Partner and the Senior Management team of Western Virtual are available for individuals to make contact regarding issues that he/she may want further advice or clarification on.

We know that any talk of realignment and restructuring is stressful, and the proposed functional realignment will have significant implications for some who work in the service. Staff are encouraged to reach out to the [Employee Assistance Program \(EAP\)](#) for support as required. Staff are also encouraged to seek advice from the union.

We acknowledge the process of change can be uncomfortable, however, do not believe that the current functional alignment will enable the service to move forward in a cohesive and mature way.

There is a current disconnect between services and existing models that are not consistent with the vision for Western Virtual Division requiring realignment to ensure streamlined decision making that will positively impact on patient and staff outcomes and experience. In addition, the alignment and integration of recruitment, transition and professional development pipelines will enable a streamlined approach to workforce planning and development from undergraduate to clinical expert.

Proposed Western Virtual - Nursing Realignment



Proposed changes to position descriptions.

- Current Position Descriptions and Statement of Duties are available.
- New Position Descriptions and Statement of Duties have been drafted for consultation and are attached

Summary Impacted Positions

Current Position	Proposed Position	Profile changes	Anticipated implications	Comments
General Manager, vCare – NM 6, 1.0FTE	Director Nursing, Operations & Virtual Care – NM 7, 1.0FTE	This role will be deleted	Nil	The position is vacant. Attempts to recruit to temporary backfill has been unsuccessful.
Manager Operations, NM4, 1.0FTE	District Patient Flow Manager – NM3, 2.53FTE	This role will be deleted	Affected status	Will have priority to apply for positions within the LHD that are the same pay rate as a NM 4 – non shift or NM 3 – shift worker. Position will be advertised (EOI) internally to Western Virtual Division affected staff in first instance.
Nurse Unit Manager, HUB – NUM2, 1.0 FTE	District Patient Flow Manager – NM3, 2.53FTE	This role will be deleted	Nil	The position is vacant. A temporary contract is in place.
Nurse Unit Manager, Patient Transport Service, NUM2, 2.0FTE (0.5 Mgt / 0.5 Clinical)	Nurse Manager, Virtual Emergency, Critical Care & Close Observation Unit – NM2, 1.0FTE	This role will be deleted.	Nil	The position is vacant. A temporary contract is in place. The clinical component of this role is included in the new CNC profile.
Clinical Nurse Consultant 2 – Virtual Care, 0.42FTE	Nurse Manager, Integrated Care in Community - NM2, 1.0FTE	This role will be deleted.	Affected status	Temporary vacancy without backfills 10 weeks with no impact on service delivery. Will have priority to apply for positions within the LHD that are the same pay rate as a CNC 2.

Current Position	Proposed Position	Profile changes	Anticipated implications	Comments
Registered Nurses	Clinical Nurse Consultant, Grade 1	Grading change	Nil.	Vacant positions will be advertised at CNC 1 grade and through natural attrition. Direct matching assessment is available to current incumbents against the position description and NSWNMA requirements.

Consultation

To ensure transparency and support the NSW Nurses & Midwives Association will be included in all discussions that we have as a team and have been invited to attend in person or via phone.

The proposal will be sent to the NSW Health Services Union for consideration with members impacted by any changes in reporting lines.

Potentially contentious issues

It is recognised for staff affected there may be difficulty finding alternate positions at a similar wage given the current classification (or other nursing positions at a similar wage rate) do not readily present for recruitment, particularly within /near to the area's individuals are currently employed. All endeavours to monitor the advertising of such positions will be undertaken and staff attention will be drawn to such.

Restructure Timeframe

Task	Documentation/Task	Timeframes (indicative)
Restructure consultation documents completed	Functional realignment consultation paper	w/c 8 January 2024
Consultation period with staff & Unions commences	Restructure consultation paper and draft position descriptions	w/c 15 January 2024
	Meeting with all Nursing staff and NSWMA delegate	w/c 15 January 2024
	Meeting with all Non-Nursing staff and HSU delegate	w/c 15 January 2024
Meeting with staff identified as 'excess to need' with HR	Letter to advise 'excess to need' and next steps. 1:1 meeting scheduled with HR.	w/c 15 January 2024

Task	Documentation/Task	Timeframes (indicative)
Consultation period closes	Feedback provided to Meegan.Connors@health.nsw.gov.au	29 January 2024
Feedback reviewed and considered ESDS & Dir. WV	Realignment consultation paper feedback from consultation	w/c 29 January 2024
Revised consultation document incorporating any changes identified during consultation circulated	Realignment consultation paper (v.2)	w/c 5 February 2024
USCC Meeting 1	Agenda & Terms of Reference	w/c 5 February 2024
Consultation period 2 closes – 12PM	Feedback provided to Meegan.Connors@health.nsw.gov.au	19 February 2024
Consultation document incorporating any changes identified during consultation 2. finalised and endorsed by ESDS & Dir. WV	Final consultation paper (v.3)	26 February 2024
USCC Meeting 2	Agenda & Terms of Reference	w/c 26 February 2024
Final functional realignment & structure document	Sent to NSWNMA and HSU	w/c 26 February 2024
Written advice issued to affected staff & 1:1 meeting with HR	Letter to advise 'affected statuses and forward process. 1:1 meeting scheduled	w/c 26 February 2024 - TBC
Vacant positions advertised	Merit selection process as per PD2023_024	w/c 4 March 2024
Selection process for positions commences	Assessment of applications and interviews	w/c 18 March 2024
Finalise Recruitment or redeployment of staff	Letter to advise of appointments	April – May 2024
Written advice to staff unable to be placed in positions after three months to receive involuntary redundancy	Letter to advise of involuntary redundancy	3months from date declared excess


* This timeline may change based on consultation

Attachments


No.	Document Description
1	Co-Director Nursing, Operations & Virtual Health
2	Nurse Manager 3 – District Patient Flow and Access Manager
3	Nurse Manager 2 – Virtual Emergency, Critical Care & Close Observation
4	Clinical Nurse Consultant 2 – Acute Post Acute & Out of Hospital Care
5	Clinical Nurse Consultant 1 – Virtual Emergency, Critical Care, Close Observation

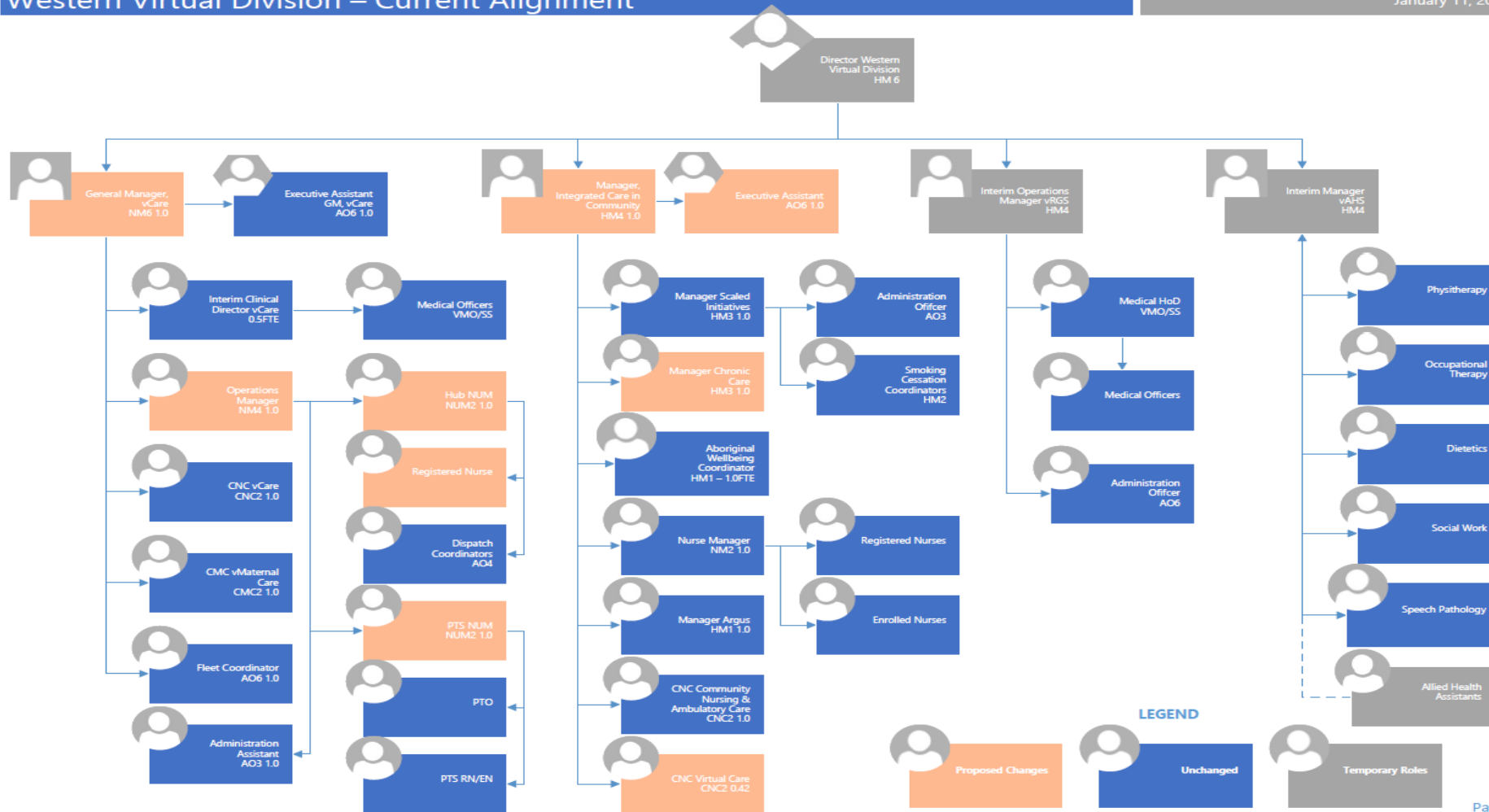
Endorsements

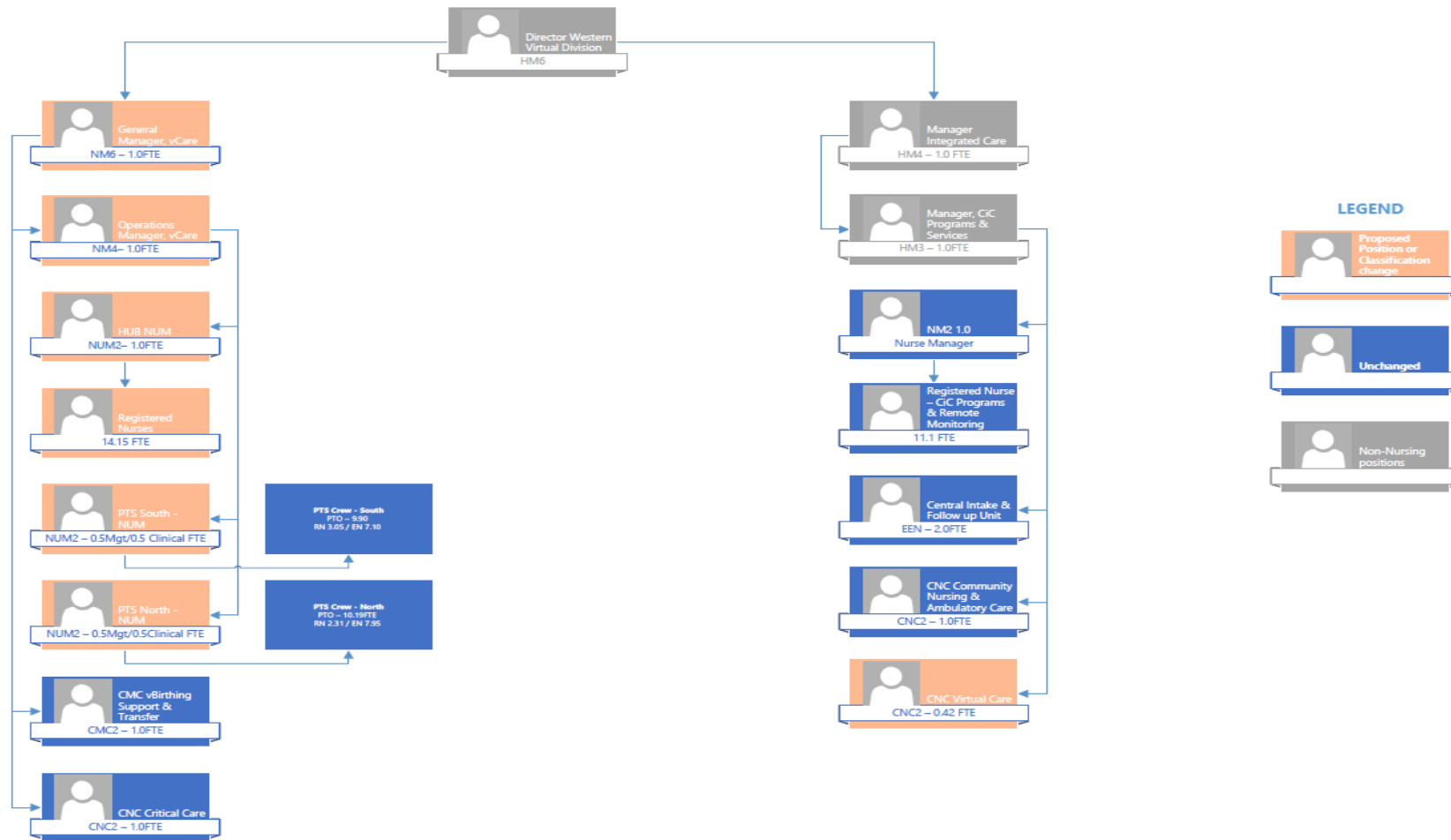
Manager of Service

Name	Meegan Connors
Position Title	Interim Director Western Virtual Division
Signature	
Date	12 January 2024

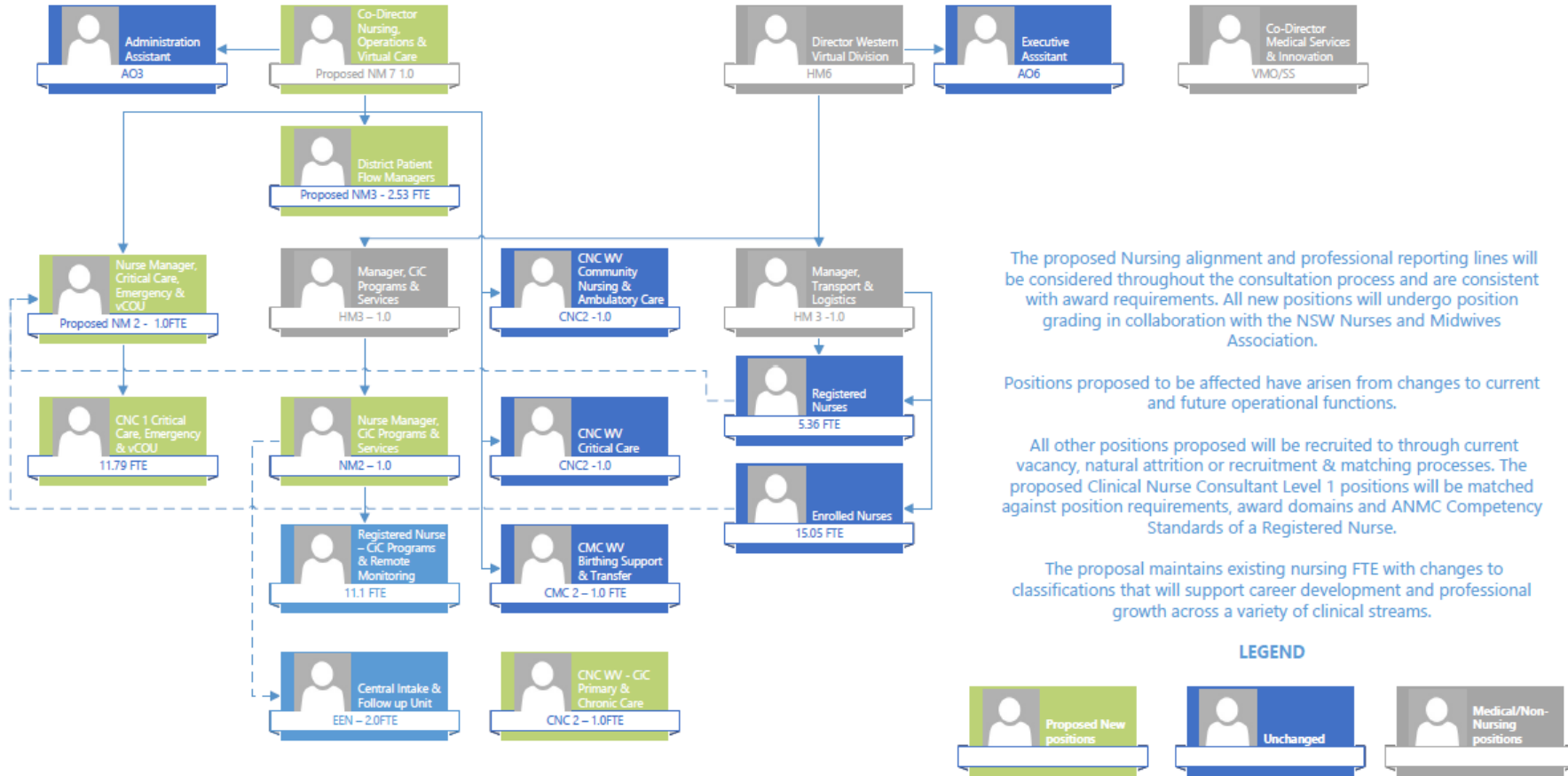
Executive Director

Name	Josh Carey
Position Title	WNSWLHD Executive Director Service Delivery
Signature	
Date	12 January 2024





Western Virtual Division – Proposed Nursing Alignment



The proposed Nursing alignment and professional reporting lines will be considered throughout the consultation process and are consistent with award requirements. All new positions will undergo position grading in collaboration with the NSW Nurses and Midwives Association.

Positions proposed to be affected have arisen from changes to current and future operational functions.

All other positions proposed will be recruited through current vacancy, natural attrition or recruitment & matching processes. The proposed Clinical Nurse Consultant Level 1 positions will be matched against position requirements, award domains and ANMC Competency Standards of a Registered Nurse.

The proposal maintains existing nursing FTE with changes to classifications that will support career development and professional growth across a variety of clinical streams.

TAB D – Proposed Western Virtual Division Functional Alignment

Proposed Functional Alignment – Western Virtual Division

January 11, 2024

