

# Restructure – Consultation Document (Procedure reference PR2014\_016)

Consultation Document for the proposed restructure of ICT into Digital Health Services (DHS)

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## Contents

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Contents .....	2
Stage 1 – Scope, Plan and Approval .....	3
1.1 The Need for Change .....	3
1.1.1 Description of Service and Background .....	3
1.1.2 Current Structure .....	3
1.1.3 Reason and Purpose of the Restructure .....	3
1.2 Proposed New Structure .....	6
1.2.1 Proposed Structure .....	6
1.2.2 Affected Positions .....	6
1.2.3 New Positions Proposed .....	7
Stage 2 - Consultation .....	7
2.1 Notification to employees .....	7
2.2 Notification to Unions .....	7
2.3 Feedback .....	8
Stage 3 – Implementation .....	8
3.1 Proposed Timeline .....	8
Stage 4 – Evaluation .....	8

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## Stage 1 – Scope, Plan and Approval

### 1.1 The Need for Change

#### 1.1.1 Description of Service and Background

Digital Health is a discipline that uses digital technologies to improve health and healthcare delivery. It involves the use of data, devices, and services to support health and wellness, as well as to enable shared decision making and democratisation of care. Digital Health aims to make medicine more personalised, precise, and accessible.

Digital Health in New South Wales is currently transforming with rapidly evolving new and innovative digital technology enabling optimal patient experiences. By leveraging the new available technology, it enables Northern Sydney (NS) & Central Coast (CC) Local Health District (LHD) to deliver accessible and affordable patient centred care, assisting in improving the overall health of our communities, engaging and developing our workforce and ensuring the organisation is driven with real time access to data. NS and CC LHDs have already begun their transition to Digital Health Services (DHS) with the employment of a Transformational Manager who is facilitating 42 projects across Information Communication & Technology (ICT) in readiness for the change, ensuring our systems and processes are reviewed and strengthened.

#### 1.1.2 Current Structure

NS & CC LHD DHS is in a unique position as all other services within the two LHDs have split back to their LHD following the uncoupling of the two LHDs commencing in 2011, DHS remain as one service across the two LHDs. Over time as managers have been hired, they have predominately incidentally lived in Sydney, so although the managers travel to the CCLHD, they are not consistently present. This has led the CCLHD to believe that they do not receive the same service as NSLHD. The split between the two LHDs, is CCLHD 35% and NSLHD 65 %.

#### 1.1.3 Reason and Purpose of the Restructure

The Digital Health's transformation focus is how we will improve our services on a daily basis, collaborate and communicate within and between the teams, problem solve to provide extraordinary patient care. Senior Digital Health Management recognise that to provide excellence we need to provide our people with a shared aspirational mindset and the right management and leadership skills to continually strive for their professional development so they can be leaders of the future and help monitor and celebrate the successes.

The delivery of exceptional digital health in NS & CC LHDs is currently hindered by gaps in capability and capacity which the current legacy ICT structure significantly contributes too.

A review of current structure has highlighted:

1. CCLHD believes they are not receiving the same service as NSLHD,
2. The ICT team is working in silos on projects and deliverables,
3. That the business relationship service is not working in its current form,
4. The service model, currently called the End User Support is not meeting the needs of the organisation,
5. The ICT leadership team when surveyed in 2022 believed that the current structure did not make it easy to achieve and deliver outcomes.

The proposed structure is designed so that the operational CCLHD DHS are located and managed in CCLHD (35%) although still reporting and maintaining close relationships with the NSLHD. It is designed after careful analysis of the services and workforce to provide each LHD with a Digital Health Service that is modern and responsive to their needs and dovetails into each of the LHDs journeys towards excellence as an enabling service.

The new structure integrates the operational arm of the service into the strategic services allowing for seamless implementation of projects to ensure we provide timely, safe, quality care for every patient, every time they encounter our services. By providing a structure for both NS and CC to deliver the digital health operations allows integrated services to be provided to each LHD customer with specialised knowledge of the LHDs. It is allowing each team to understand the local climate and the issues and build relationships with staff to achieve better outcomes. Each LHD team can then use the appropriate LHD processes and the leaders can participate with other leaders at development activities. This would be especially useful for the CC to improve the digital health presence and service delivery which would translate into meeting the service needs.

By integrating the DHS operations in to both the CC and NS, it will mean that some positions change. The Senior Manager IT Operations, the Networks Communications Manager, a Network Analyst, the End User Support (EUS) Manager, EUS Senior Analysts, EUS Analysts, the Server Manager, Server Analysts, Server Specialist, IT Operations Project Manager, Senior Project Specialist and Project Specialist will be deleted in the IT Operations space.

The following positions will be created:

- Infrastructure Architect - responsible for the design, integrate and advise on digital health infrastructure moving forward.
- Senior Manager of Clinical Informatics & Innovation - responsible for assisting in providing clinical data analytics, enhance existing reporting capabilities and explore innovative digital technologies to support research and clinical trials.
- Technical Services Managers (two roles) - one for NS and one for CC.
- Digital Health Customer Support roles (eight roles) - five at NS and three at CC.
- Hardware Support Team (four roles) - A Manager, Technician (one for NS and one for CC) and an officer will be created.
- IT Systems Engineer – responsible for managing application packaging, deployment, Windows Patching and overall configuration of the endpoints across the NSLHD and CCLHD.
- Communications and Special Projects Manager – This position will be integral in improving and expanding Digital Health Services communication by working alongside the Clinical Information Officers and Corporate Communications to develop and execute material, focusing on enhancing stakeholder engagement and providing digital health.
- Program Management Office - Site-based Program Management Offices will be able to gain local insights, foster stronger relationships and maintain a site presence.
- Clinical Engagement Manager - This role will be responsible for managing ongoing clinical partnerships, developing relationships and engaging with clinical practitioners, including medical, nursing, pharmacy, allied health and other key stakeholders across the Districts to support the implementation of the SDPR and other digital health initiatives. This role supports the Chief Information Officers initiatives and will report to the Chief Digital Health Officer.

The Server and Network Communication Teams will be divided between the two LHDs, as will the newly created Digital Health Customer Support and Technical Service roles. There will also be a Project Management Office present at both NSLHD and CCLHD

Site-based Leadership and Operational Teams – this function integrates the operational arm into strategic services, enabling seamless project implementation. The LHDs benefit from having dedicated site-based teams while sharing centralised services (including cybersecurity, architecture, communications, and electronic medical record (eMR) systems) for cost savings. Site-based Digital Health leaders will be able to gain local insights, foster stronger relationships, maintain a site presence, and deliver timely solutions.

- NS Senior Manager, Digital Health Program will oversee site-based operational teams and establishes a Program Management Office (PMO) to manage project planning, resourcing, monitoring, and service delivery.
- The current Senior Manager, Investment and Service Delivery and Senior Manager, Digital Health Program will be renamed to CC Senior Manager, Digital Health Program.
- Two Technical Services Managers will replace the vacant Senior Manager, IT Operations role. Each manager will oversee Technical Infrastructure operations (including Network, Communications, Server, and Cloud) within their respective district.
- The IT Operations Project Manager, Senior Project Specialist, and Project Specialist roles will be deleted and replaced by three new site-based Program Management Officer positions.
- The End User Support function in both LHDs will undergo a complete overhaul. The existing roles of End User Support Manager (currently contracted), End User Support Analyst, and End User Support Programmer will be deleted. New Senior Customer Support Partner and Customer Support Officer roles will be established. These roles will report to the Senior Manager, Digital Health Program at each LHD. The Customer Support Partner positions aim to provide a more visible, customer-focused approach to end-user support, moving away from the traditional back-office IT model.

Cyber security will remain as a shared service across the two LHDs as this is a rapidly developing speciality where there is a need to increase the knowledge base. It also ensures that contracts and KPIs are managed across both LHDs for efficiencies and to provide an overall governance framework for applications and service delivery.

Management accounting will remain across both LHDs to allow the maximisation of saving strategies and efficiencies in contracts and Bill of IT (BoIT).

The Chief Information Officers (CXIO) Team will report direct to the Chief Digital Health Officer, with NS CXIO providing mentorship and support for the recently created CC positions and the additional newly created CXIO positions.

A change of reporting line for the Clinical Liaison Team from the existing Clinical Systems and eMR Team to the NS Senior Manager Digital Health Program will allow for the more comprehensive education to be provided, such as the internet and Microsoft 365.

Please note that the majority of the Clinical Systems and eMR Team has not been included in this restructure due to the introduction and adoption of the Single Digital Patient Record. Changes are anticipated in this service over the next two to three years.

## 1.2 Proposed New Structure

### 1.2.1 Proposed Structure

Please see Tab B

### 1.2.2 Affected Positions

Positions Affected	Award	FTE
Business Manager	HSM4	1
Senior Manager Business Relationships & Digital Services	HSM5	1
IT Operations Project Manager	HSM4	1
Senior Projects Specialist	ANS06	1
Projects Specialist	ANS02	1
Senior Manager ICT Operations	HSM5	1
Network Communications Manager	HSM4	1
NS Network Specialist	PGR06	1
Server Manager	HSM4	1
NS Senior Analyst Server	ANS06	1
NS Senior Analyst Server	ANS06	1
NS Analyst Server	AN06	1
End User Support Manager	HSM4	1
CC End User Support Senior Analyst	ANS06	1
CC End User Support Analyst	AN06	1
CC End User Support Analyst	AN06	1
CC End User Support Analyst	AN06	1
NS End User Support Senior Analyst	ANS06	1
NS End User Support Analyst	AN06	1
NS End User Support Analyst	AN06	1
NS End User Support Analyst	AN06	1
NS End User Support Analyst	AN06	1
NS End User Support Programmer	PGR06	1
NS End User Support Programmer	PGR06	1
NS End User Support Programmer	PGR06	1
NS End User Support Programmer	PGR06	1
NS End User Support Programmer	PGR06	1
NS End User Support Programmer	PGR06	1
NS End User Support Programmer	PGR06	1
<b>Total</b>		<b>29</b>

### 1.2.3 New Positions Proposed

Positions Proposed	Award	FTE
Management Accountant	HSM3	1
Communications Coordinator	HSM3	0.63
Senior Manager Clinical Informatics & Innovation	HSM5	1
Clinical Engagement Manager	HSM4	1
Infrastructure Architect	HSM4	1
NS Program Management Office	HSM3	2
NS Program Management Office	HSM2	1
Service Delivery Officer	HSM3	1
Chief Pharmacy Information Officer	HSM5	1
Chief Allied Health Information Officer	HSM4	1
Chief Medical Information Officer	SS	0.21
CC Technical Services Manager	HSM4	1
NS Technical Services Manager	HSM4	1
CC Senior Customer Support Partner	HSM2	3
NS Senior Customer Support Partner	HSM2	5
Hardware Support Manager	HSM3	1
CC Hardware Support Technician	HSM1	1
NS Hardware Support Technician	HSM1	1
Hardware Support Officer	PGR06	1
IT Systems Engineer	HSM2	1
<b>Total</b>		<b>25.84</b>

## Stage 2 – Consultation

### 2.1 Notification to employees

Consultation will occur in accordance with NSLHD procedure Restructuring in Northern Sydney Local Health District and in accordance with the relevant industrial awards.

All employees impacted by the proposed changes will be advised in writing of the proposed changes and are invited to provide feedback during a 3-week consultation period in accordance with NSLHD procedure Restructuring in Northern Sydney Local Health District.

### 2.2 Notification to Unions

This document, along with the affected positions list will be sent to the unions.

## 2.3 Feedback

Staff are invited to provide feedback by 5:00pm on 12 April 2024. Feedback can be provided to Adam Steggles, via email: [Adam.Steggles@health.nsw.gov.au](mailto:Adam.Steggles@health.nsw.gov.au)

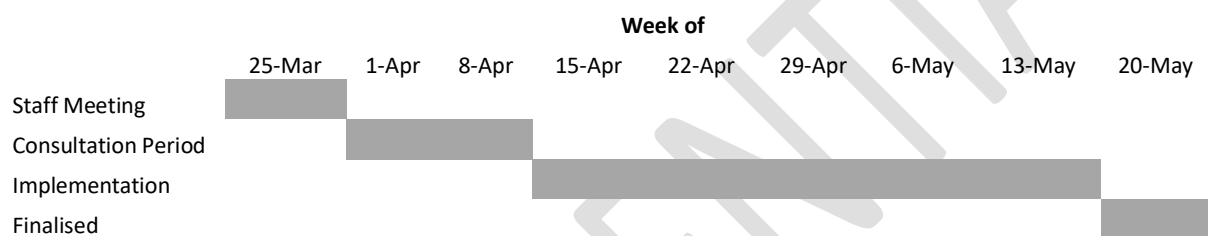
## Stage 3 – Implementation

It is anticipated that the proposed restructure will be implemented post consultation with the affected employees.

Any affected staff will be managed in line with the Government’s Workforce Mobility Placement Policy.

In the event an impacted employee is not matched to a role under the centralised placement process, they will be managed in accordance with the NSLHD Restructuring procedure and Managing Excess Employees policy.

## 3.1 Proposed Timeline



*Dates subject to change*

## Stage 4 – Evaluation

A comprehensive evaluation will be facilitated at six and twelve months. This will include:-

- Workshops for Digital Health Services employees to ensure the structure is meeting the needs of the Digital Transformation with outside facilitation.
- Staff Survey of Senior Managers, to compare with previous survey attended.
- Customer survey to compare with previous survey attended.
- Results of the People Matters Employee Survey and comparisons with previous years.
- Monitoring of KPIs included in the service Catalogue and compared to previous years.