



# **Integrated Care, Allied Health and Community Services Directorate Organisational Realignment of Allied Health Services**

**Final Endorsed Structure**

**January 2024**

# Contents

1. Final endorsed Allied Health structure following formal consultation .....	2
1.1 Summary of changes by position .....	3
2. Consultation Summary.....	16
2.1 Initial consultation feedback received .....	16
2.2 Formal Consultation: Recap of structural options presented for consideration.....	17
2.3 Survey results .....	20
2.4 Formal consultation feedback received.....	21
Theme 1 .....	21
Theme 2 .....	22
Theme 3 .....	23
Theme 4 .....	24
Theme 5 .....	25
3. Final endorsed Allied Health structure (Larger size) .....	26

# 1. Final endorsed Allied Health structure following formal consultation

The following structure was endorsed by the Organisation Co-Design Program Steering Committee on 18<sup>th</sup> December 2023.

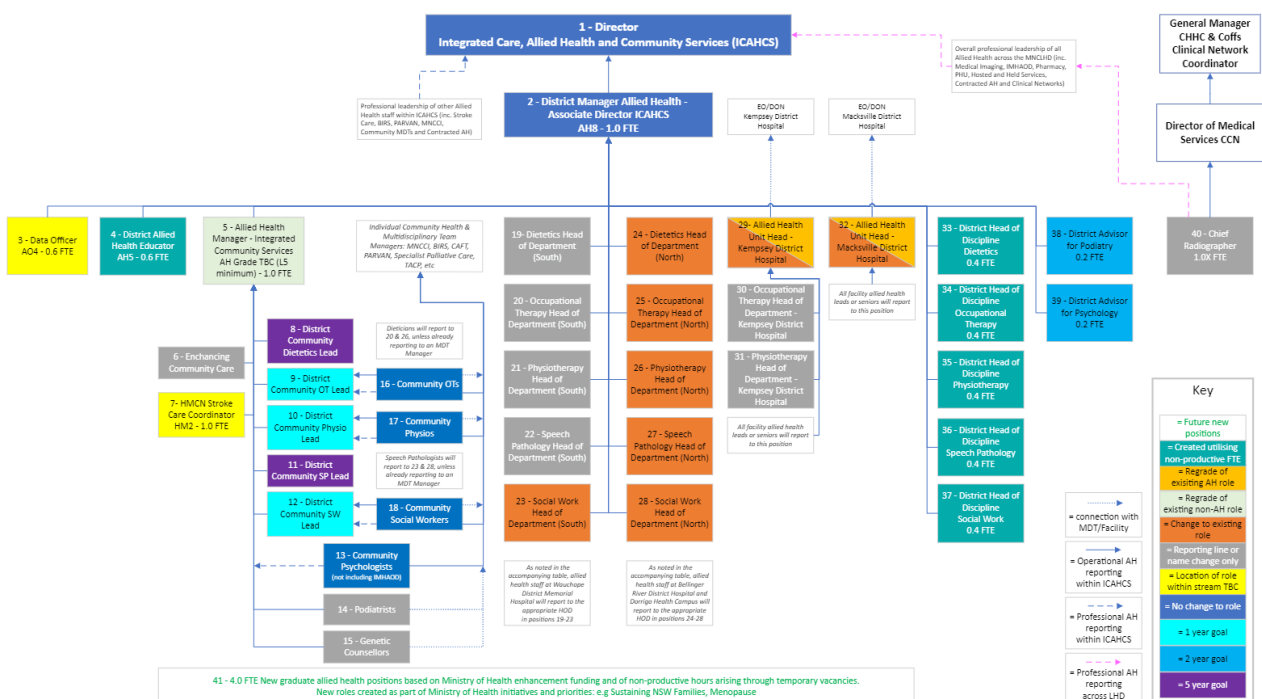
## Summary of Final Version (Figure 1)

The proposed final structure includes:

- A goal to create one (1) part time position to support allied health education by utilising non-productive hours arising through temporary vacancies.
- A goal to create 4.0 FTE of new graduate positions through enhancement funding or by utilising non-productive hours arising through temporary vacancies.
- The option for five (5) part time District Head of Discipline positions to be created by the utilisation of non-productive hours arising through temporary vacancies.
- The option for a further two (2) part-time District Head of Discipline positions to be created as a two-year goal by the utilisation of non-productive hours arising through temporary vacancies.
- The regrade of one (1) vacant non-allied health position within the Directorate to lead community allied health.
- An EOI (or similar) process to support the establishment of two (2) Allied Health Unit Heads: one at Macksville District Hospital and one at Kempsey District Hospital.
- The option of realigning or regrading three (3) positions in the community teams to be District Community Leads via an EOI or similar merit-based process within one year, and a further two (2) positions within five years.
- Minor changes within current grading to six (6) positions.
- The reporting line change of nine (9) positions.
- Recommendation for possible future realignment for two (2) positions.

Section 1.1 (page 2) provides a table with a full summary of any and all changes to each numbered position as a result of this final structure.

Figure 1: Final endorsed ICAHCS allied health structure



## 1.1 Summary of changes by position

Allied Health Services Realignment – Table of Changes in Recommended Structure								
	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
1	Director Integrated Care, Allied Health and Community Services (ICAHCS)	✓						No change to this role.
2	District Manager Allied Health - Associate Director ICAHCS	✓						No change to this role.
3	Data Quality Officer Grading AO4		✓	✓	✓			This position may change reporting line to the <b>District Manager Allied Health – Associate Director ICAHCS (2)</b> pending further review of the position’s location.  There is a substantive permanent employee in this position.
4	N/A					✓	✓	This regraded role is proposed as <b>District Allied Health Educator</b> and will report to the <b>District Manager Allied Health - Associate Director ICAHCS (2)</b> . Proposed as 0.6 FTE and will be created by the utilisation of non-productive hours arising through temporary vacancies.  This role will lead allied health education, support student placements, and develop of new graduate programs including transition to practice. It will also provide strategic recommendations in line with role.
5	Vacant non-allied health position within ICAHCS Grading Health Manager L3		✓	✓	✓	✓		This position will be the <b>Allied Health Manager - Integrated Community Services</b> and will report to the <b>District Manager Allied Health – Associate Director ICAHCS (2)</b> .  An application will be made to regrade this position as an Allied Health multi-classified position. The role will be the operational and strategic lead of community-based allied health services and will be a level 5 role at a minimum.  This permanent position is vacant and there is no employee in this position on a temporary basis.

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
6	Enhancing Community Care positions		✓					The Enhancing Community Care team will continue to report to the <b>Allied Health Manager - Integrated Community Services (5)</b> in its regraded role.
7	Stroke Care Coordinator Hastings Macleay Grading Health Manager L2		✓					This position will change reporting line to the <b>Allied Health Manager Integrated Community Services (5)</b> pending further review of the position's location.  There is a substantive permanent employee in this position.
8	Relates to all community Dietetics positions currently graded at a level 3 and above		✓	✓	✓	✓		Proposed EOI (or similar) process for supported realignment or regrade of an existing Dietitian Level 3 or above positions within a 5-year timeframe.  This realigned or regraded role is proposed as <b>District Community Dietetics Lead</b> and will report to the <b>Allied Health Manager - Integrated Community Services (5)</b> . Proposed as 1.0 FTE.  Once established, this role will have a clinical caseload and provide senior clinical and operational leadership to community Dietitians across the District.
9	Relates to all community Occupational Therapy positions currently graded at a level 3 and above		✓	✓	✓	✓		Proposed EOI (or similar) process for supported realignment or regrade of an existing Occupational Therapist Level 3 or above positions within a 1-year timeframe.  This realigned or regraded role is proposed as <b>District Community Occupational Therapy Lead</b> and will report to the <b>Allied Health Manager - Integrated Community Services (5)</b> . Proposed as 1.0 FTE.  This role will have a clinical caseload and provide senior clinical and operational leadership to community Occupational Therapists across the District.

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
10	Relates to all community Physiotherapy positions currently graded at a level 3 and above		✓	✓	✓	✓		<p>Proposed EOI (or similar) process for supported realignment or regrade of an existing Physiotherapist Level 3 or above positions within a 1-year timeframe.</p> <p>This realigned or regraded role is proposed as <b>District Community Physiotherapy Lead</b> and will report to the <b>Allied Health Manager - Integrated Community Services (5)</b>. Proposed as 1.0 FTE.</p> <p>This role will have a clinical caseload and provide senior clinical and operational leadership to community Physiotherapists across the District.</p>
11	Relates to all community Speech Pathology positions currently graded at a level 3 and above		✓	✓	✓	✓		<p>Proposed EOI (or similar) process for supported realignment or regrade of an existing Speech Pathologist Level 3 or above positions within a 5-year timeframe.</p> <p>This realigned or regraded role is proposed as <b>District Community Speech Pathology Lead</b> and will report to the <b>Allied Health Manager - Integrated Community Services (5)</b>. Proposed as 1.0 FTE.</p> <p>Once established, this role will have a clinical caseload and provide senior clinical and operational leadership to community Speech Pathologists across the District.</p>
12	Relates to all community Social Work positions currently graded at a level 3 and above		✓	✓	✓	✓		<p>Proposed EOI (or similar) process for supported realignment or regrade of an existing Social Worker Level 3 or above positions within a 1-year timeframe.</p> <p>This realigned or regraded role is proposed as <b>District Community Social Work Lead</b> and will report to the <b>Allied Health Manager - Integrated Community Services (5)</b>. Proposed as 1.0 FTE.</p> <p>This role will have a clinical caseload and provide senior clinical and operational leadership to community social workers across the District.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
13	Relates to community psychology positions based in ICAHCS		✓					<p>Community and/or MDT psychology positions will remain reporting to current lead/manager in community teams.</p> <p>These positions will also report professionally (and operationally if appropriate) to the <b>Allied Health Manager - Integrated Community Services (5)</b>.</p> <p>Clinicians will still have day-to-day clinical connection to their community team or MDT.</p> <p>There are substantive permanent employees in these roles.</p>
14	Relates to podiatry positions		✓					<p>This position will change reporting line to <b>Allied Health Manager - Integrated Community Services (5)</b>.</p> <p>Clinicians will still have day-to-day clinical connection to their community team or MDT.</p> <p>There are substantive permanent employees in these roles.</p>
15	Relates to genetic counsellor positions		✓					<p>This position will change reporting line to <b>Allied Health Manager - Integrated Community Services (5)</b>.</p> <p>Clinicians will still have day-to-day clinical connection to their community team or MDT.</p> <p>There are substantive permanent employees in these roles.</p>
16	Relates to Occupational Therapists working in a community setting or as part of an MDT		✓	✓				<p>Community and/or MDT occupational therapy positions will remain reporting to current lead/manager in community teams.</p> <p>Will report professionally (and operationally if appropriate) to the <b>District Community Occupational Therapy Lead (10)</b> once position established.</p> <p>If reporting operationally to the District Community Lead positions, MDT clinicians will still have day-to-day clinical connection to their MDT.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
17	Relates to Physiotherapists working in a community setting or as part of an MDT		✓	✓				<p>Community and/or MDT physiotherapy positions will remain reporting to current lead/manager in community teams.</p> <p>Will report professionally (and operationally if appropriate) to the <b>District Community Physiotherapy Lead (11)</b> once position established.</p> <p>If reporting operationally to the District Community Lead positions, MDT clinicians will still have day-to-day clinical connection to their MDT.</p>
18	Relates to Social Workers working in a community setting or as part of an MDT		✓	✓				<p>Community and/or MDT social positions will remain reporting to current lead/manager in community team.</p> <p>Will report professionally (and operationally if appropriate) to the <b>District Community Social Work Lead (13)</b> once position established.</p> <p>If reporting operationally to the District Community Lead positions, MDT clinicians will still have day-to-day clinical connection to their MDT.</p>
19	<b>Dietetics Head of Department Hastings Macleay</b> Grading Dietitian L5		✓	✓				<p>This position will be renamed <b>Dietetics Head of Department (South)</b> and change reporting line to the to the <b>District Manager Allied Health – Associate Director ICAHCS (2)</b>.</p> <p>Department Heads will be required to maintain a clinical load alongside operational management, instructional design and research into education best practice to support ongoing learning and development of clinical staff.</p> <p>There is a substantive permanent employee in this position.</p>



	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
20	<b>Occupational Therapy Head of Department PMBH and WDMH</b> Grading Occupational Therapist L5		✓	✓				<p>This position will be renamed <b>Occupational Therapy Head of Department (South)</b> and change reporting line to the to the <b>District Manager Allied Health – Associate Director ICAHCS (2)</b>.</p> <p>Department Heads will be required to maintain a clinical load alongside operational management, instructional design and research into education best practice to support ongoing learning and development of clinical staff.</p> <p>There is a substantive permanent employee in this position.</p>
21	<b>Physiotherapy Head of Department PMBH and WDMH</b> Grading Physiotherapist L6		✓	✓				<p>This position will be renamed <b>Physiotherapy Head of Department (South)</b> and change reporting line to the to the <b>District Manager Allied Health – Associate Director ICAHCS (2)</b>.</p> <p>Department Heads will be required to maintain a clinical load alongside operational management, instructional design and research into education best practice to support ongoing learning and development of clinical staff.</p> <p>There is a substantive permanent employee in this position.</p>
22	<b>Speech Pathology Head of Department Hastings Macleay</b> Grading Speech Pathologist L5		✓	✓				<p>This position will be renamed <b>Speech Pathology Head of Department (South)</b> and change reporting line to the to the <b>District Manager Allied Health – Associate Director ICAHCS (2)</b>.</p> <p>Department Heads will be required to maintain a clinical load alongside operational management, instructional design and research into education best practice to support ongoing learning and development of clinical staff.</p> <p>There is a permanent employee currently acting in this position.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
23	<b>Social Work Head of Department Port Macquarie Base Hospital</b> Grading Social Worker L5		✓	✓	✓			<p>This position will be renamed <b>Social Work Head of Department (South)</b> and change reporting line to the to the <b>District Manager Allied Health – Associate Director ICAHCS (2)</b>.</p> <p>Department Heads will be required to maintain a clinical load alongside operational management, instructional design and research into education best practice to support ongoing learning and development of clinical staff.</p> <p>Social Workers at WDMH will now report to this position.</p> <p>There is a substantive permanent employee in this position.</p>
24	<b>Dietetics Head of Department Coffs Harbour Health Campus/CCN</b> Grading Dietitian L5		✓	✓	✓			<p>This position will be renamed <b>Dietetics Head of Department (North)</b> and change reporting line to the to the <b>District Manager Allied Health – Associate Director ICAHCS (2)</b>.</p> <p>Department Heads will be required to maintain a clinical load alongside operational management, instructional design and research into education best practice to support ongoing learning and development of clinical staff.</p> <p>Dietitians at BRDH will now report to this position.</p> <p>There is a substantive permanent employee in this position.</p>
25	<b>Occupational Therapy Head of Department Coffs Harbour Health Campus</b> Grading Occupational Therapist L5		✓	✓	✓			<p>This position will be renamed <b>Occupational Therapy Head of Department (North)</b> and change reporting line to the <b>District Manager Allied Health – Associate Director ICAHCS (2)</b>.</p> <p>Department Heads will be required to maintain a clinical load alongside operational management, instructional design and research into education best practice to support ongoing learning and development of clinical staff.</p> <p>Occupational Therapists at BRDH and DHC will now report to this position.</p> <p>There is a substantive permanent employee in this position.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
26	<p><b>Physiotherapy Head of Department Coffs Harbour Health Campus</b></p> <p>Grading Physiotherapist L6</p>		✓	✓	✓			<p>This position will be renamed <b>Physiotherapy Head of Department (North)</b> and change reporting line to the <b>District Manager Allied Health – Associate Director ICAHCS (2)</b>.</p> <p>Department Heads will be required to maintain a clinical load alongside operational management, instructional design and research into education best practice to support ongoing learning and development of clinical staff.</p> <p>Physiotherapists at BRDH and DHC will now report to this position.</p> <p>There is a substantive permanent employee in this position.</p>
27	<p><b>Speech Pathology Head of Department Coffs Harbour Health Campus</b></p> <p>Grading Speech Pathologist L5</p>		✓	✓	✓			<p>This position will be renamed <b>Speech Pathology Head of Department (North)</b> and change reporting line to the <b>District Manager Allied Health – Associate Director ICAHCS (2)</b>.</p> <p>Department Heads will be required to maintain a clinical load alongside operational management, instructional design and research into education best practice to support ongoing learning and development of clinical staff.</p> <p>Speech Pathologists at BRDH will now report to this position.</p> <p>There is a substantive permanent employee in this position.</p>
28	<p><b>Social Work Head of Department Coffs Harbour Health Campus</b></p> <p>Grading Social Work L5</p>		✓	✓	✓			<p>This position will be renamed <b>Social Work Head of Department (North)</b> and change reporting line to the <b>District Manager Allied Health – Associate Director ICAHCS (2)</b>.</p> <p>Department Heads will be required to maintain a clinical load alongside operational management, instructional design and research into education best practice to support ongoing learning and development of clinical staff.</p> <p>Social Workers at BRDH will now report to this position.</p> <p>There are two substantive permanent employees job sharing in this position.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
29	Relates to allied health positions at Kempsey District Hospital graded Level 3 or higher		✓	✓	✓	✓		<p>Proposed EOI (or similar) process for existing Kempsey District Hospital allied health staff who are Level 3 or above to undertake the role of <b>Allied Health Unit Head – Kempsey District Hospital</b> for a predetermined period.</p> <p>This position will report to the <b>District Manager Allied Health – Associate Director ICAHCS (2)</b> and may require temporary regrading depending on the substantive level of the successful applicant.</p> <p>A position description will be developed which includes responsibility for the leadership, guidance and line management of a multidisciplinary unit.</p> <p>The Unit Head will be required to maintain a clinical load alongside operational management, instructional design and research into education best practice to support ongoing learning and development of clinical staff.</p>
30	Occupational Therapy Head of Department Kempsey District Hospital		✓					<p>This position will change reporting line to the <b>Allied Health Unit Head – Kempsey District Hospital (30)</b>.</p> <p>A permanent employee is in this role temporarily while the substantive permanent employee in this position is on parental leave.</p>
31	Physiotherapy Head of Department Kempsey District Hospital Grading Physiotherapist L5		✓					<p>This position will change reporting line to the <b>Allied Health Unit Head – Kempsey District Hospital (30)</b>.</p> <p>There is a substantive permanent employee in this position.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
32	Relates to allied health positions at Macksville District Hospital graded Level 3 or higher		✓	✓	✓	✓		<p>Proposed EOI (or similar) process for existing Macksville District Hospital allied health staff who are Level 3 or above to undertake the role of <b>Allied Health Unit Head – Macksville District Hospital</b> for a predetermined period.</p> <p>This position will report to the <b>District Manager Allied Health – Associate Director ICAHCS (2)</b> and may require temporary regrading depending on the substantive level of the successful applicant.</p> <p>A position description will be developed which includes responsibility for the leadership, guidance and line management of a multidisciplinary unit.</p> <p>The Unit Head will be required to maintain a clinical load alongside operational management, instructional design and research into education best practice to support ongoing learning and development of clinical staff.</p>
33	N/A					✓	✓	<p>This regraded role is proposed as <b>District Head of Discipline Dietetics</b> and will report to the <b>District Manager Allied Health - Associate Director ICAHCS (2)</b> as part of the District's Allied Health advisory structure.</p> <p>Proposed as 0.4 FTE and will be created by the utilisation of temporary non-productive hours arising through various temporary vacancies.</p> <p>This role will provide strategic leadership and professional governance to the Dietetics discipline across MNCLHD.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
34	N/A					✓	✓	<p>This regraded role is proposed as <b>District Head of Discipline Occupational Therapy</b> and will report to the <b>District Manager Allied Health - Associate Director ICAHCS (2)</b> as part of the District's Allied Health advisory structure.</p> <p>Proposed as 0.4 FTE and will be created by the utilisation of temporary non-productive hours arising through temporary vacancies.</p> <p>This role will provide strategic leadership and professional governance to the Occupational Therapy discipline across MNCLHD.</p>
35	N/A					✓	✓	<p>This regraded role is proposed as <b>District Head of Discipline Physiotherapy</b> and will report to the <b>District Manager Allied Health - Associate Director ICAHCS (2)</b> as part of the District's Allied Health advisory structure.</p> <p>Proposed as 0.4 FTE and will be created by the utilisation of temporary non-productive hours arising through various temporary vacancies.</p> <p>This role will provide strategic leadership and professional governance to the Physiotherapy discipline across MNCLHD.</p>
36	N/A					✓	✓	<p>This regraded role is proposed as <b>District Head of Discipline Speech Pathology</b> and will report to the <b>District Manager Allied Health - Associate Director ICAHCS (2)</b> as part of the District's Allied Health advisory structure.</p> <p>Proposed as 0.4 FTE and will be created by the utilisation of temporary non-productive hours arising through various temporary vacancies.</p> <p>This role will provide strategic leadership and professional governance to the Speech Pathology discipline across MNCLHD.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
37	N/A					✓	✓	<p>This regraded role is proposed as <b>District Head of Discipline Social Work</b> and will report to the <b>District Manager Allied Health - Associate Director ICAHCS (2)</b> as part of the District's Allied Health advisory structure.</p> <p>Proposed as 0.4 FTE and will be created by the utilisation of temporary non-productive hours arising through various temporary vacancies.</p> <p>This role will provide strategic leadership and professional governance to the Social Work discipline across MNCLHD.</p>
38	N/A					✓	✓	<p>This regraded role is proposed as the <b>District Advisor for Podiatry</b> and will professionally report to the <b>District Manager Allied Health - Associate Director ICAHCS (2)</b> as part of the District's Allied Health advisory structure.</p> <p>Proposed as 0.2 FTE and will be created within a 2-year timeframe by the utilisation of temporary non-productive hours arising through various temporary vacancies.</p> <p>This role will provide strategic leadership and professional governance to the Podiatry discipline across the MNCLHD.</p>
39	N/A					✓	✓	<p>This regraded role is proposed as <b>District Advisor for Psychology</b> and will professionally report to the <b>District Manager Allied Health - Associate Director ICAHCS (2)</b> as part of the District's Allied Health advisory structure.</p> <p>Proposed as 0.2 FTE and will be created within a 2-year timeframe by the utilisation of temporary non-productive hours arising through various temporary vacancies.</p> <p>This role will provide strategic leadership and professional governance to the Psychology discipline across the MNCLHD.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
40	Chief Radiographer Coffs Harbour Clinical Network Grading Radiographer L6		✓					This position will change reporting line to the <b>Director of Medical Services – Coffs Clinical Network</b> . There is a substantive permanent employee in this position.
41	N/A						✓	Development of new graduate roles to increase front line clinical roles establishing a MNCLHD Workforce Pipeline for Allied Health Project. 4.0 FTE New graduate allied health positions based on Ministry of Health enhancement funding and opportunities arising through temporary vacancies. New roles created as part of Ministry of Health initiatives and priorities: e.g. Sustaining NSW Families, Menopause.



## 2. Consultation Summary

### 2.1 Initial consultation feedback received

Consultation with staff commenced in March 2023 and continued through to the commencement of formal consultation in November.

An all allied health staff survey was conducted in late April and 107 staff members provided feedback. The results were collated and are available to review at the Building Integrated Community and Allied Health Streams intranet page, and include what staff identified as their priorities for change:

Q12: What do you see as the highest priority (or priorities) for change to the Allied Health Space as part of the Community Services Reform initiative and why?

#### Q12: What are your priorities for change?

- A **true Allied Health voice** at the District level.
- **Governance and accountability for all allied health services** across the District - particularly smaller inpatient sites
- Having **outpatient services identified and mapped** together to see lack in service distribution vs expectations
- **Cost Centres amalgamated** for AH - so there aren't staff with multiple cost centres and assignments all over the place. Very time consuming to manage.
- **Equity of staffing** and appropriate staffing levels to ensure safe service can be provided.- massive impact on staff morale when adequate staff are available to safely service the hospital.
- **Recognition of the importance of community services** in relieving the burden on health services at the acute end of the hospital - improved funding of preventative care.
- **Tidy up the structure** e.g. consider having a single Network HOD per discipline rather than site-based HODs
- I would like to see a **number of jobs for first year graduates**. I would like to see **better structures for community health and small hospitals**.
- **Equalise all Allied Health position gradings** so like for like are graded the same, rather than the current huge disparity within the clinical networks and across the whole district.
- Clinicians in our office have had **extra admin duties added to our assessment process** - duties that should be given back to admin
- Funding for allied health is not lost in the hospital system. **Funding for allied health is promoted and prioritized.**
- More support for services to **access innovation and QI projects**-this currently an issue do to workload demands
- Appropriately **qualified, experienced and skilled staff** in leadership positions
- Director and associate director of allied health positions **being allied health specific**
- A **dedicated space** to run co-ordinated services efficiently.
- PARVAN



Additionally, as part of meeting with staff and teams across the District to continue the discussion around allied health realignment the following themes also emerged:

- Need for stronger allied health governance across the MNCLHD
- Not wanting blurred lines or multiple reporting
- Community clinicians and teams need to be supported and invested in
- Allied health reporting to Allied Health
- Increased career opportunities and succession planning in AH structures
- An increased investment in resources and front-line clinical staff is essential
- Working in multidisciplinary teams works well
- District discipline heads would be valuable
- If roles are not clear patients could fall through the gaps
- One District may improve standardisation of practice and resources

- New graduate positions would be very useful
- Cross discipline links are important
- Kempsey, Macksville and Bellingen have unique service provision and communities to service
- Leadership positions with a large number of direct reports may leave insufficient capacity for these roles to undertake strategic thinking and forward planning.

## 2.2 Formal Consultation: Recap of structural options presented for consideration

The following two organisational charts (Figures 2.1 and 2.2) were endorsed by the OCP Working Party on 15<sup>th</sup> November 2023 and outline the proposed structural changes that were considered during formal consultation.

These different versions did not represent mutually exclusive structures, rather they condensed down a range of possible options into two possibilities that staff considered and provided feedback on.

Formal consultation on the Allied Health realignment ran from 20/11/2023 to COB 4/12/2023.

Formal consultation was a two-week period in which final feedback could be provided by internal and external stakeholders. Information received as part of formal consultation was then collated, reviewed and any final alterations made to the organisational realignment to produce a final structure for review and consideration of endorsement by the OCP Steering Committee.

The structural options presented for review and consideration as part of formal consultation were directly and extensively informed by the initial consultations on the Allied Health realignment that occurred between March and November 2023.

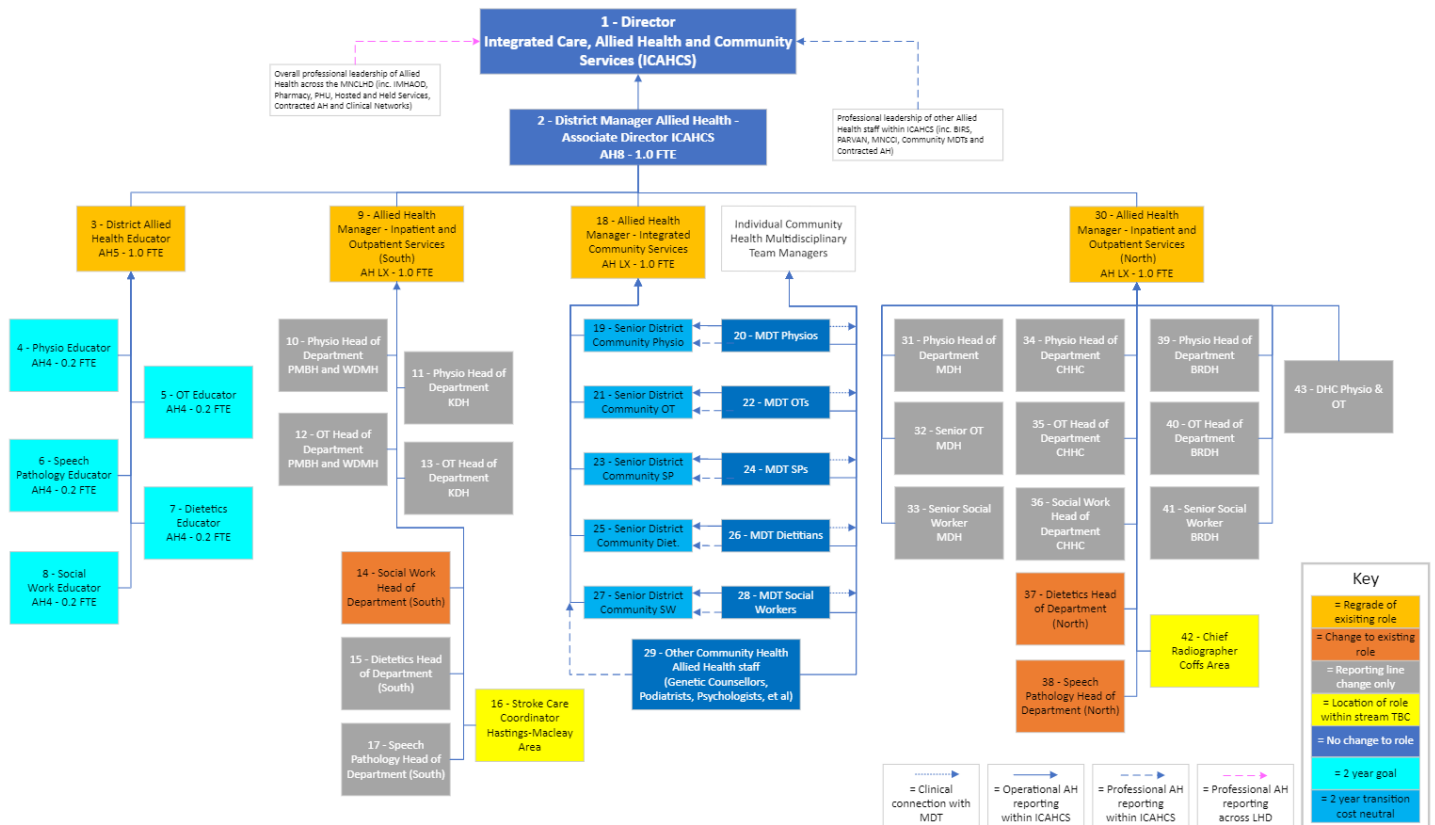
The OCP project team reviewed, utilised, and incorporated the feedback provided (including via written submission and consultation sessions) from allied health clinicians, managers and the broader Directorate to develop the proposed structures that were presented to staff for formal consultation.

## Summary of Version A (Figure 2.1)

Based on Structure A from the options co-designed in initial consultation, this realignment suggestion includes two managers of allied health inpatient and outpatient operations and one manager for integrated community services. The proposed structure contains:

- The option for four (4) positions to be created by the utilisation of non-productive hours arising through temporary vacancies.
- A goal to create five (5) part time positions to support discipline specific education and enhance student placements within two years.
- The option of realigning or regrading five (5) positions in the community teams to be senior clinicians via an EOI or similar merit-based process within two years.
- Minor changes within current grading to three (3) positions.
- The reporting change of sixteen (16) positions to align with newly formed clinical Allied Health streams.
- At least eight (8) disciplines represented in community MDTs whose exact operational reporting lines to the Senior Community Allied Health positions or MDT leads will be co-designed as part of the consultation processes for the Community Health Services and Specialist Integrated Services streams. All community allied health clinicians will have a professional line to provide professional governance via this structure.
- Recommendation for possible future realignment for two (2) positions.

Figure 2.1 Suggested Allied Health structure – Version A

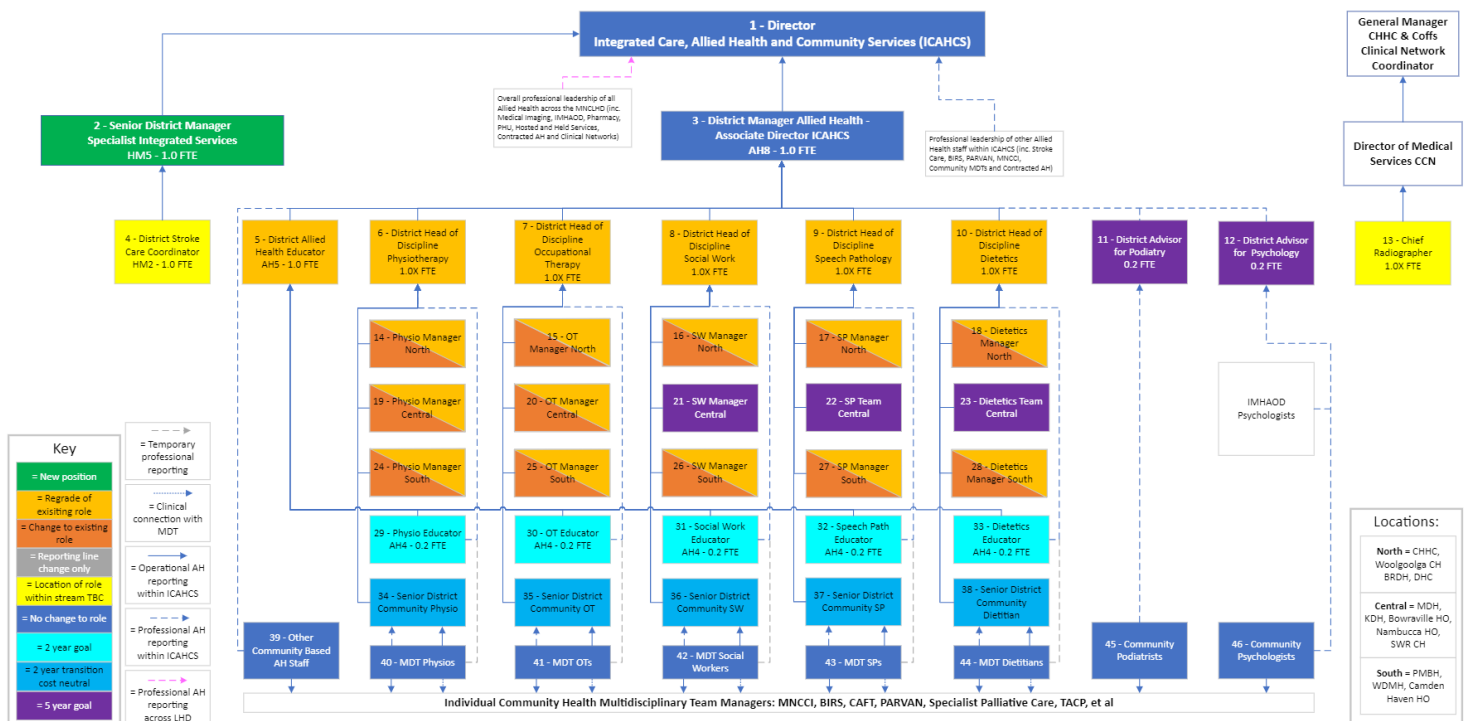


## Summary of Version B (Figure 2.2)

Based on Structure C from the options co-designed in initial consultation, this realignment suggestion includes District Heads of Discipline who have operational and strategic responsibility for their discipline's services across inpatient, outpatient and community settings. The proposed structure contains:

- Six (6) positions to be created by the utilisation of non-productive hours arising through temporary vacancies.
- Twelve (12) positions to be regraded (11 currently filled by a permanent employees).
- A goal to create five (5) part time positions to support discipline specific education and enhance student placements within two years.
- The option of realigning or regrading five (5) positions in the community teams to be senior clinicians via an EOI or similar merit-based process within two years.
- At least eight (8) disciplines represented in community MDTs whose exact operational reporting lines to the Senior Community Allied Health positions or MDT leads will be co-designed as part of the consultation processes for the Community Health Services and Specialist Integrated Services streams. All community allied health clinicians will have a professional line to provide professional governance via this structure.
- A goal to develop five (5) positions/teams to improve service delivery, professional reporting and clinical governance within five years.
- Recommendation for possible future realignment for two (2) positions.

Figure 2.2 Suggested Allied Health structure – Version B



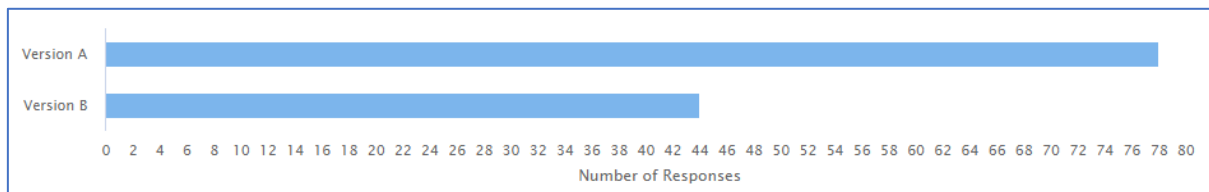
## 2.3 Survey results

A QARS survey was open from 20<sup>th</sup> November to COB 4<sup>th</sup> December 2023, following the release of the formal consultation document on 20<sup>th</sup> November 2023.

Invitations to complete the survey were sent to allied health staff across the ICAHCS Directorate, as well as to staff whose positions were being directly considered in the realignment. Other staff and stakeholders were invited to provide any feedback to the Organisational Co-Design Program inbox.

In the end, 122 responses were received from 380 invitations to complete the QARS survey, a response rate of 32%.

### Question 1: What is your preferred structure?



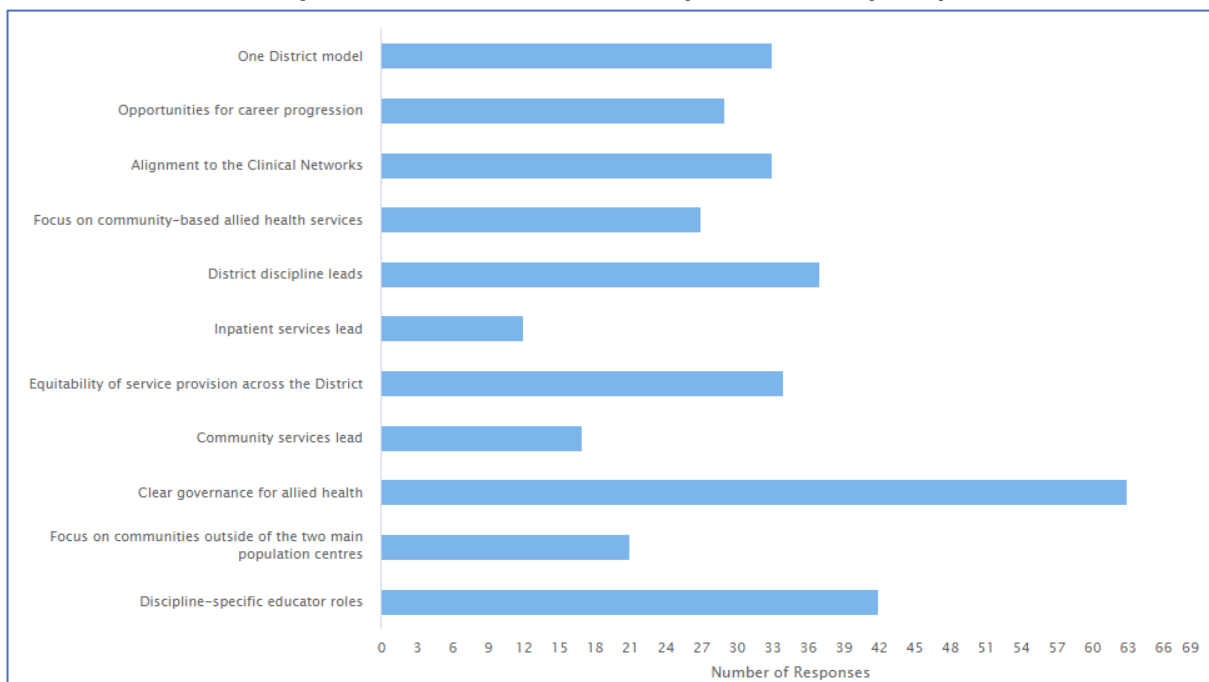
#### Structure A:

- **78 votes**
  - 63.9% of the 122 responses received
  - 20.5% of the 380 invitations sent

#### Structure B:

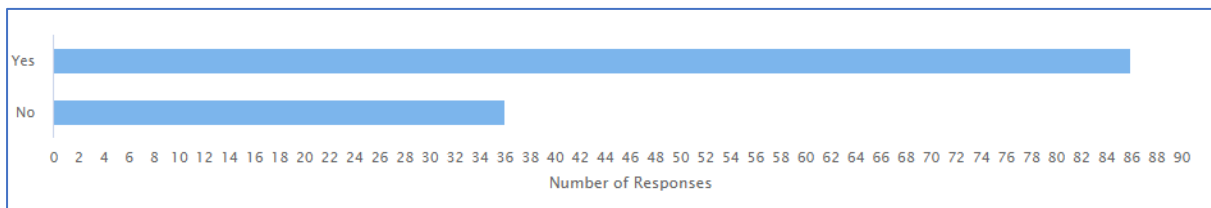
- **44 votes**
  - 36.1% of the 122 responses received
  - 11.6% of the 380 invitations sent

### Question 2: What do you value about the version you chose as your preference?



- Top responses for respondents preferring Version A
  1. Clear governance for allied health - 37
  2. Alignment to the Clinical Networks - 26
  3. Focus on community-based allied health services - 20
  4. Discipline-specific educator roles - 18
- Top responses for respondents preferring Version B
  1. District discipline leads - 30
  2. Clear governance for allied health - 25
  3. Discipline-specific educator roles - 24
  4. Opportunities for career progression - 21

**Question 3: Could your preferred structure be improved?**



Yes:

- **86 votes**
  - 70.5% of the 122 responses received
  - 22.6% of the 380 invitations sent

No:

- **36 votes**
  - 29.5% of the 122 responses received
  - 9.5% of the 380 invitations sent

**2.4 Formal consultation feedback received**

Theme 1

Governance for Allied Health	
<b>Formal Consultation Feedback</b>	<p>Structure A:</p> <ul style="list-style-type: none"> <li>• Adding more governance will not make services better.</li> <li>• Limited governance with only four reports to District Manager Allied Health reduced capability to progress strategic and governance matters with a whole of district or whole of health lens.</li> <li>• Both structures improve Allied Health governance.</li> <li>• Director of Allied Health and District Manager for Allied Health provide sufficient governance.</li> </ul> <p>Structure B:</p> <ul style="list-style-type: none"> <li>• Governance specific to disciplines promotes accountability and will allow growth for disciplines.</li> </ul>

	<ul style="list-style-type: none"> <li>Standardisation in service provision across the district with clear district discipline specific roles.</li> </ul>
<b>Evidence</b>	<ul style="list-style-type: none"> <li>In 2023 NSW Health developed the Principles of Allied Health Governance to guide best practice for allied health governance to support a robust governance approach across NSW health, improved local organisational structures, consistent and standardized practice, effective workforce planning. NSW Health has structured governance under four key domains: <ul style="list-style-type: none"> <li>Strategic governance</li> <li>Clinical governance</li> <li>Operational governance</li> <li>Professional governance</li> </ul> </li> <li>Professional and strategic governance can improve workforce development, succession planning and future workforce planning.</li> <li>Professional governance supports contemporary evidence-based practice that supports operational and clinical governance for allied health.</li> <li>NSW Health 2021-Allied Health Macro Trends report identified there are narrow opportunities for career progression for allied health professionals within NSW Health. In some allied health professions this was noted to be at a senior level, resulting in many mid-career allied health professionals taking a different path into other professional disciplines or management roles to advance their careers.</li> </ul>
<b>Recommended</b>	<ul style="list-style-type: none"> <li>Establishment of Heads of Discipline to provide strategic and professional governance for allied health at 0.4 FTE. To develop and monitor discipline specific professional standards, patient safety issues with in a professional lens and key clinical performance indicators.</li> <li>This recommendation aligns with <u>Future Health Strategic Framework NSW 2022-2032</u>: The health system is managed and sustainably. <ul style="list-style-type: none"> <li>Align our governance and leaders.</li> </ul> </li> </ul>

## Theme 2

Enhancement to clinical roles	
<b>Formal Consultation Feedback</b>	<ul style="list-style-type: none"> <li>Allied health require enhancement to front line clinical roles.</li> <li>Monies could be better allocated to front line clinical roles.</li> <li>More allied health clinicians are required on the floor urgently.</li> <li>Our main issue across all disciplines is not having enough staff for the increasing number of people who need our services.</li> <li>Concerned that more funding is drawn to create these multiple district positions with risk of losing out on services at the coalface.</li> <li>Increased demand on health care resources requires accurate data for evaluation of efficiency in health service provision. Utilisation accurate, timely, and reliable data to inform critical decision making.</li> </ul>
<b>Evidence</b>	<ul style="list-style-type: none"> <li>MNCLHD has approximately 390 FTE Allied Health Clinicians with 290 FTE working across ICAHCS community and inpatient/outpatient services.</li> </ul>

	<ul style="list-style-type: none"> <li>• Although there is considerable data and information available on demand drivers, such as changing population demographics, population growth, growth of chronic diseases and healthcare needs, there is less data and information specifically linked to allied health services in understanding demand for current allied health services, identifying unmet need and describing changing demand for future allied health services (NSW Health, 2023).</li> <li>• There are limited employment opportunities for new graduates in the public health system, in some allied health professions this has resulted in new graduates increasingly finding employment in private practice. For several allied health professions, the number of positions in the public sector has been relatively static for several years. Current career pathways and opportunities for progression were highlighted as both a supply driver and a challenge across the majority of allied health professions (NSW Health,2021).</li> <li>• Linking data for evaluating resources is essential to accountability of public healthcare funding and supporting the quadruple aim (NSW Health).</li> </ul>
<b>Recommended</b>	<ul style="list-style-type: none"> <li>• Development of new graduate roles to increase front line clinical roles establishing a MNCLHD Workforce Pipeline for Allied Health Project. This recommendation aligns with <u>Future Health Strategic Framework NSW 2022-2032: Our Staff are engaged and well supported.</u> <ul style="list-style-type: none"> <li>○ Attract and retain skilled people</li> <li>○ Unlock the ingenuity of our staff</li> </ul> </li> <li>• Development of data quality position for Allied Health to improve reporting of activity-based funding and increase funding for frontline clinical roles.</li> </ul>

### Theme 3

Community Leadership for Allied Health	
<b>Formal Consultation Feedback</b>	<ul style="list-style-type: none"> <li>• Operational separation between inpatient and community is important to safeguard community services.</li> <li>• Option B is more hospital-centred management structure where community based teams may be less well prioritised</li> <li>• Community is a very complex space and this all seems very inpatient driven in the "Community" Services Reform right now</li> <li>• This will compromise our provision of well-considered multidisciplinary care to community members</li> <li>• There are currently hospital-based therapists providing community-based services and in both options, I can see no clear links between the hospital based Allied health staff and the community based.</li> <li>• I would like to make community services are not compromised by the inpatient &amp; hospital needs. It is important for community services to continue to grow and an equal level of autonomy in relation to the hospital staff.</li> <li>• Please consider any avenues to increase funding for community services in our area.</li> </ul>
<b>Evidence</b>	<ul style="list-style-type: none"> <li>• NSW Regional Health Strategic Plan 2022-2032 has prioritised the delivery of appropriate services in the community that provide more sustainable solutions for access to healthcare closer to home. Allied</li> </ul>



	<p>health is integral to providing innovative and integrated community health services.</p> <ul style="list-style-type: none"> <li>• In order to maximise the ability to manage workforce distribution across a LHD, the budget for allied health services is best located within the Allied Health grouping, within the applicable service structures (Boyce &amp; Jackway, 2016).</li> <li>• Benchmarking across the state highlighted that Allied Health management in community health teams has been beneficial in building the workforce and securing funding for allied health roles for community services.</li> </ul>
<b>Recommended</b>	The establishment of regraded position for Allied Health Manager - Integrated Community Services.

#### Theme 4

Allied Health Educators	
<b>Formal Consultation Feedback</b>	<ul style="list-style-type: none"> <li>• Allied Health Educator roles are a high priority.</li> <li>• It would be good to have a dedicated Allied Health Educator role to provide relevant education opportunities.</li> <li>• An Educator position would be found beneficial.</li> <li>• It is great to have Allied Health educator dedicated positions.</li> <li>• 0.2 Educator for entire district is tokenistic: Rather see funding spent on developing online allied health resources.</li> <li>• I do not think 0.2 educators will be effective.</li> <li>• Appreciative of the allied health specific educators.</li> </ul>
<b>Evidence</b>	<ul style="list-style-type: none"> <li>• Allied health professionals are a versatile and highly skilled resource, demonstrating excellence across the career streams of practice, education, research, management, and strategy. Recognising and harnessing these skills will optimise and effectively utilise the value of allied health professionals across the health and human services sectors (NSW, 2021).</li> <li>• There is organisational benefit from investment in allied health training and development. This includes supporting local allied health workforces to identify and participate in clinical supervision, education and professional development opportunities on a regular basis (NSW, 2023).</li> </ul>
<b>Recommended</b>	<ul style="list-style-type: none"> <li>• The establishment of an Allied Health Educator role for MNCLHD. To provide and facilitate education to Allied Health clinicians across disciplines. As well as supporting the increase in front line new graduate roles as a part of MNCLHD Workforce Pipeline for Allied Health Project.</li> </ul>

Theme 5

Miscellaneous		
Feedback	Evidence	Recommended
<ul style="list-style-type: none"> <li>Need to consider AH paediatric services as equal to inpatient services.</li> <li>CAFT (Child, Adolescent &amp; Family Team) should continue to be recognised as a unique stream and community MDT. There is an opportunity here for greater alignment of paediatric services across the LHD.</li> </ul>	<p>Benchmarking from across NSW Health has shown that HNELHD and ISHLHD have Kids and Family streams however this is not the case for other smaller LHDs.</p>	<p>For review as part of community consultation for community streams.</p>
<p>I do not understand the relevance of the “Central” location in Version B, given that many services at Macksville (for example) are directly provided by Coffs Harbour (eg: OACCP),</p>	<p>Improve allied health governance in line with 2023 NSW Health developed the Principles of Allied Health Governance.</p>	<p>Inclusion of MDT Unit Head roles for Kempsey and Macksville</p>
<p>Given that Medical Imaging is considered Allied Health, by allocating it under DMS as it is in the second model I feel like this service will lose out. The DMS has rotated regularly and are notoriously hard to engage due to the large scope of their role - by adding another (likely unwanted) stream to their plate, I can't help but imagine that the needs of the department will be of extremely low priority.</p>	<p>Benchmarking from across NSW Health has shown that the majority of Medical Imaging services report to the Director of Medical Services</p>	<p>Medical Imaging to report to Director of Medical Services for CCN. Professional reporting to Director Allied Health illustrated in the final structure with a dotted line.</p>

Boyce, R.A., and Jackway, P. (2016). Allied Health Leaders: Australian Public Sector Health Boards and Top Management. (Melbourne: Victorian Health Department).

NSW Health (2023). Principles of Allied Health Governance. (Sydney: NSW Ministry of Health).

NSW Health (2021). Allied Health Macro Trends. (Sydney: NSW Ministry of Health).

### 3. Final endorsed Allied Health structure (Larger size)

