

Integrated Care, Allied Health and Community Services Directorate

Proposed Organisational Realignment of the District Managers into Integrated Community and Allied Health Streams

Change Management Document for Formal Consultation

May 2023

1. Community Services Reform in Context

Integrated Care, Allied Health and Community Services (ICAHCS) as a Directorate has grown significantly. This growth has been driven by an increase in the local population, the changing needs of the local community and Ministry of Health reform to priority areas in the ICAHCS Directorate (e.g. Palliative Care, Aged Care, Child and Family Health Services, Violence Abuse and Neglect Services).¹

In 2020, MNCLHD commenced an initial review of Community Health, Integrated Care, and Allied Health services.

The review was aimed at addressing current and future opportunities and challenges within the Directorate to ensure MNCLHD is best placed to provide high-quality care to the community.

The review was initiated by the Governing Board and Chief Executive based on:

- The Premier's Priority (2019): Improving outpatient and community care by reducing preventable hospital visits by 5 per cent and caring for people in the community.
- Garling Review: Final Report of the Special Commission of Inquiry (2008): Findings 1.59, 1.85, 1.86, 1.163-1.165 and Recommendations 77, 104, 105, 106.
- MNCLHD People Matters Employee Culture and Wellbeing Forum (Commenced 2018): This forum had 50 staff representatives from across the District (from all levels of the organisation) who met monthly with the CE and Senior Executive Team to discuss challenges and opportunities in the workplace.

During the review process, staff feedback was gained through:

- MNCLHD Future Health Forum (2020)
- Results from the MNCLHD 2019 People Matters Employee Survey, released in 2020.
- Interviews with a snapshot of Community and Allied Health Clinicians, and managers across the MNCLHD (2020)
- MNCLHD Strategic Directions Feedback sessions (2020)

The themes from staff feedback highlighted:

- a lack of consistency in the MNCLHD for management structures in Community and Allied Health Services.
- a lack of standardisation in the MNCLHD for service profiles and models of care in Community and Allied Health Services.
- challenges in meeting demands between hospital-based services and community-based services.
- a lack of consistency in resourcing in the MNCLHD in Community and Allied Health Services

In addition, as part of the review, an analysis was completed of:

- Workforce Data
- Incident Data
- Grievance Data
- Activity Data
- Organisational Structures
- Governance

¹ Also, although not part of the original context for this body of work, the impacts of COVID-19 have also added to the complexity of this area.

The key recommendations from the initial review covered 5 themes:

I. Data and Accountability

- Recommendation 1: Collection of Accessible and Transparent Data
- Recommendation 2: Development of Accountability Framework, Activity targets and KPIs

II. Organisational Structure

- Recommendation 3: Review of the Integrated Care, Allied Health and Community Health Services Portfolio and structure.
- Recommendation 4: Consideration of a Matrix Model of Integrated Care Streams

III. Role, Definition and Framework

- Recommendation 5: Develop a Framework and scope of Community Health Services
- Recommendation 6: Re-define and re-align Community Health Services

IV. Sustainability and futureproofing

- Recommendation 7: Focus on cementing interagency partnerships and collaboration
- Recommendation 8: Focus on co-commissioning Opportunities

V. Service Methodology and Delivery

- Recommendation 9: Develop a framework for District wide evidence based best practice
- Recommendation 10: Maximising workforce resources
- Recommendation 11: Commitment to utilisation of digital technology
- Recommendation 12: Consideration of a centralised intake

In response to the themes and recommendations of the initial review, the Community Services Reform (CSR) initiative was developed with a view to recommendations 1-6 and 9-12 being targeted through a service realignment. The realignment of services will ensure:

- Consistency in access to, and delivery of, evidence-based care across the District that delivers on the quadruple aim of value-based healthcare.
- Consistency and collaboration between services and fostering a One District approach to care provision.
- Bringing together strategic and operational elements of the Directorate to drive innovation and change.
- Emphasising hospital presentation prevention as a core strategy across all services.
- Embracing the opportunities offered through virtual care modalities.
- Supporting a skilled and sustainable health workforce who are agile and lead the changes required for contemporary service models and value-based care.
- A more equitable distribution of the accountabilities across the ICAHCS Directorate.
- Increased organisational profile and career progression opportunities for staff.

The CSR initiative was launched via Town Hall on 26th September 2022.²

² This work was due to commence in mid-2021, however the Disaster Response to COVID-19 in the MNCLHD, and the deployment of key staff tasked with Community Services Reform, pushed the commencement of this work back to late 2022.

In October 2022, two key positions, the Community and Allied Health Network Managers, adjusted their reporting lines (in consultation with the staff members and industrial partners) to the Integrated Care Allied Health and Community Services Directorate in readiness for the reform.

By this point, additional strategic direction, policy and Ministry of Health reform had commenced, and the goals of the CSR Initiative were well aligned with these, including:

- The Henry Review
- The Parliamentary Inquiry into Rural Health Report (2022)
- The NSW Aboriginal Health Plan (2013-2023)
- The NSW Future Health Strategy (2022-2032)
- The National Preventative Health Strategy (2021-2030)
- The MNCLHD Strategic Plan (2022- 2032) and the MNCLHD Aboriginal Health Plan (2019-2023)
- The Royal Commissions into Institutional Responses to Child Sexual Abuse (2017) and into Aged Care Quality and Safety (2021).

2. Case for Change: District Managers ICAHCS

In order to strengthen the collaboration and responsiveness of the Integrated Care, Allied Health and Community Services (ICAHCS) Senior Leadership Team (SLT), an evaluation of the District Manager portfolio was completed in early 2022.

Some of the issues identified in this evaluation included:

- There were 23 direct reports to the Director of ICAHCS
- Direct reports have a range of roles and responsibility, some holding independent strategic portfolios, and others with significant operational requirements and staff.
- Support needs for the District Managers' portfolios vary greatly.
- Some teams (e.g MNCCI) have multiple senior staff reporting to the Director impacting the consistent voice for the portfolio.

In June of 2022, in preparation for the Winter Surge, MNCLHD temporarily appointed Associate Directors for 13 weeks through an EOI process, to assist Directorates in managing a predicted clinical surge. The aim of these roles was to improve responsiveness, share responsibility across leadership positions and to build capacity within the Directorates. Two Associate Directors were appointed to ICAHCS: one clinical and one corporate.

Following the completion of these temporary Associate Director roles, several District Managers opted to continue reporting monthly via the Clinical Associate Director, indicating that the more regular support they could receive from an Associate Director was beneficial.

3. Initial Consultation

When the Community Services Reform Initiative was officially launched in September 2022, the District Manager of Community Services Reform provided updates at the monthly Directorate SLT Operational Meetings, to discuss the needs of the services with the District Managers. In addition, as part of monthly 1:1 meetings, the Director ICAHCS was able to discuss the different visions that the District Managers might have for a SLT structure going forward.

Following this, meetings have been held with the SLT to work on co-designing potential options for realigning the District Manager tier, including looking at what could be enhanced or improved by creating clear, service-oriented community and allied health streams.

These meetings were held on 16-3-2023, 17-3-2023, 20-3-2023, 21-3-2023, 24-3-2023, 27-3-2023, 28-3-2023, 3-4-2023, 5-4-2023, 6-4-2023, 20-4-2023, 21-4-2023, 28-4-2023, 1-5-2023, 2-5-2023 and 3-5-2023.

In addition, all staff have been provided an open-ended questionnaire/survey which closed on 27.4.2023 to gather further feedback.

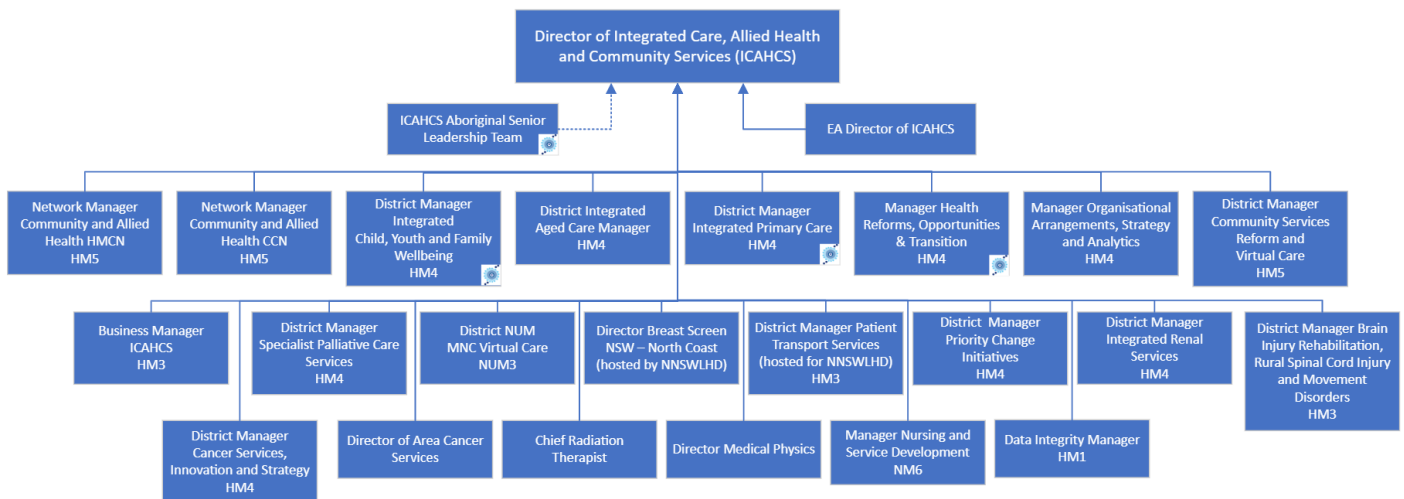
All staff have also been provided a generic email for feedback, as required: mnclhd-communityservicesreform@health.nsw.gov.au

To support Aboriginal staff to participate in culturally safe consultation there will be facilitation of both individual consultation with Aboriginal staff and group consultation with Aboriginal staff. The CSR Initiative team will co-facilitate consultations with senior Aboriginal leaders in the ICAHCS Directorate. These consultations have commenced with PARVAN staff on the 6th of April.

A follow up Town Hall was also held on 21 March 2023, providing an update to all staff that consultation was ongoing.

In the consultation meetings, the existing flat ICAHCS SLT structure was discussed with staff (Figure 1).

Figure 1: Existing ICAHCS District Manager Structure



3.1 Scope

The District Management Team is inclusive of:

- Executive Assistant to Director ICAHCS
- District Manager Community Services Reform and Virtual Care
- District Manager Integrated Child, Youth and Family Wellbeing
- District Manager Cancer Services, Innovation and Strategy (MNCCI)
- Data Integrity Manager (MNCCI)
- Manager Nursing and Service Development (MNCCI)

- *Director Medical Physics (MNCCI)*
- *Chief Radiation Therapist (MNCCI)*
- *Director of Area Cancer Services (MNCCI)*
- *District Manager Integrated Renal Services*
- *Health Reforms, Opportunities & Transition Manager*
- *District Integrated Aged Care Manager*
- *District Manager Brain Injury Rehabilitation, Rural Spinal Cord Injury and Movement Disorders*
- *District Manager Priority Change Initiatives*
- *District Manager Integrated Primary Care*
- *District Manager Patient Transport Services*
- *Director Breast Screen NSW – North Coast*
- *District NUM MNC Virtual Care*
- *District Manager Specialist Palliative Care Services*
- *Business Manager ICAHCS*
- *Manager Organisational Arrangements, Strategy and Analytics*
- *Network Manager Community and Allied Health CCN*
- *Network Manager Community and Allied Health HMCN*

3.2 Themes and feedback from staff during Initial Consultation

- Some services require streaming (and may need to stand alone) e.g. Palliative Care Services
- Operational and Strategic Teams are disjointed in key areas. For example:
 - PARVAN
 - Palliative Care
 - Aged Care
- Some streams (e.g. Cancer Stream) have multiple leaders- differing views amongst group.
- Structure is flat, impacting Director availability and responsiveness, and turnaround times for key information.
- The temporary Associate Director roles in 2022 were useful in improving efficiencies and increasing responsiveness.
- Smaller senior leadership team would help efficiencies for Directorate
- District Managers should have increased delegation to make decisions to reduce “double handling” by the Director.

4. Managing the Organisational Realignment

Any position realignments agreed and endorsed as part of the CSR Initiative will be managed in accordance with the NSW Department of Premier and Cabinet Directive *Agency Change Management Guidelines (D2011_014)* in the first instance.

The proposed organisational realignment will not decrease the number of positions or number of employees within the Integrated Care, Allied Health and Community Services Directorate. As such:

- Staff who hold substantive permanent positions within the ICAHCS leadership team will retain their substantive position grading, though their title may change.

- Staff who hold substantive permanent positions within the ICAHCS leadership team will retain their substantive position grading, though their role description may change.
- Staff who hold substantive permanent positions within the ICAHCS leadership team will retain their substantive position grading, though their reporting line may change.

In addition, any affected staff members will be managed in line with the following Directives:

- NSW Department of Premier and Cabinet Directive *Managing Excess Employees (D2011_007)*
- NSW Health Policy Directive *Managing Excess Staff of the NSW Health Service (PD2012_021)*

In line with these Directives, no affected staff members will be declared excess until all suitable vacant positions within the new structure have been filled.

- All new positions will require grading in line with existing MNCLHD processes.
- New positions or positions without a permanent incumbent will be advertised internally to NSW Health through the Recruitment and Onboarding System to all qualified employees. Recruitment will occur via standard process for merit-based selection as per Policy Directive *Recruitment and Selection of Staff to the NSW Health Service (PD2017_040)*.
- Staff who identify the need for support will have reasonable support provided to them including access to training to support them in applying for roles (as noted in Appendix 1).
- Individual consideration will be given to any staff on long-service, parental, or other forms of extended leave, in line with NSW Health PD 2012_021.
- Individual consideration will be given to staff on leave secondary to work-related or non-work-related injuries, in line with Policy Directive *Rehabilitation, Recovery and Return to Work (PD2022_020)*.

5. Formal Consultation

5.1 What is involved in formal consultation?

Formal consultation is a two-week period in which final feedback will be received from internal and external stakeholders. Information provided as part of formal consultation will be collated, reviewed and any required changes actioned to produce a final structure for endorsement by the CSR Steering Committee. Formal consultation on the District Managers realignment presented in this document will run from 31/05/2023 to COB 14/06/2023.

The options presented for consideration and review as part of formal consultation have been directly and extensively informed by the initial consultations on the District Manager realignment that occurred between March and May 2023 (as noted in Section 3 above). The CSR initiative team have reviewed, utilised, and incorporated the feedback provided (including via written submission, consultation sessions, and survey results) from senior ICAHCS leaders and the broader Directorate to develop the proposed structures for realignment presented in this document.

The Formal Consultation process consists of the following elements:

- The CSR team will be available to answer questions, including via dedicated Drop-In Q&A sessions, and/or
- ICAHCS senior staff will be able to provide feedback anonymously via a QARS survey and vote for their preferred option(s) which will inform the final structure.
- Unions and professional associations will be informed of the formal consultation period and invited to provide feedback.
- The Formal Consultation Document will be uploaded on the MNCLHD Intranet for all staff to review and provide feedback should they wish.
- Based on feedback received during formal consultation a proposed final structure will be developed along with a summary of feedback received during formal consultation.
- The CSR Steering Committee will meet within two weeks of formal consultation ending to review the proposed realignment, including the supporting documentation, and consider endorsing a final structure.
- The CSR team will be available to meet with any staff who have any proposed changes to their positions prior to endorsement of the structure. Staff can engage representation from their union or professional association at these meetings.
- Once endorsed, a Working Group or similar subject area expert group, with Terms of Reference endorsed by the CSR Steering Committee, will be established to guide and advise on the implementation of the final structure

5.2 Community Services Reform Steering Committee

The CSR Steering Committee has been established by the MNCLHD in accordance with the Corporate Governance and Accountability Compendium for the Ministry of Health. The purpose of the Steering Committee is to:

- To oversee the development of the MNCLHD CSR Initiative, alongside the monitoring and implementation of the realignment.
- Identify appropriate District mechanisms to facilitate the CSR Initiative, including consultation processes and implementation actions.
- Endorse the structural realignments developed via consultation as part of the CSR Initiative.

Responsibilities and Activities

The focus of the group will include:

- To oversee the development of structures endorsed through the Community Services Reform Initiative.
- Advising on implementation and identifying issues in implementation early to ensure timely response to these issues.
- Engaging and liaising with working groups or similar bodies established as part of the CSR Initiative to obtain and review specialist information and endorsing work plans and/or recommendations as required during the implementation of co-designed structures.
- Communicating the achievements and successes of the implementation plan across the MNCLHD and more broadly.

Membership

- *Director of Integrated Care, Allied Health, and Community Services (Chair)*
- *District Manager of Community Services Reform, ICAHCS*

- *Coordinator Hasting Macleay Clinical Network, General Manager Port Macquarie Base Hospital (or delegate)*
- *Coordinator Coffs Harbour Clinical Network, General Manager Coffs Harbour Health Campus (or delegate)*
- *Director Research and Knowledge Translation (or delegate)*
- *District Director Finance and Performance (or delegate)*
- *Director Communications and Strategic Relations (or delegate)*
- *District Director Nursing and Midwifery Services (or delegate)*
- *Director Integrated Mental Health, Alcohol and Other Drugs (or delegate)*
- *Director Aboriginal Health and Primary Partnerships (or delegate)*
- *Director Internal Audit and Risk (or delegate)*
- *Director People and Culture (or delegate)*
- *Director Clinical Governance and Information Services (or delegate)*
- *Regional Director Population and Public Health*
- *Manager Planning and Service Development*

5.3 Structural options for consideration in formal consultation

The following two (2) organisational charts (Figures 2.1 and 2.2) outline the proposed structural changes that were suggested during the Initial Consultations with staff from March to May 2023. These different versions do not represent mutually exclusive structures, rather they condense down a range of possible options into two possibilities that staff can consider.

Summary of Version A (Figure 2.1)

The proposed structure includes:

- A commitment to the co-design of an Aboriginal leadership role(s) in consultation with Aboriginal staff and the establishment of a Working Party to provide a report with recommendations to Steering Committee.
- Creation of one (1) new position - funded through the Enhancing End of Life funding enhancement.
- Positional regrades of two (2) existing permanent positions.
- Adjustment to the Position Descriptions of five (5) permanent positions, within current grading.
- Adjustments to reporting lines of nine (9) permanent positions.
- Adjustments to reporting lines of 2 (2) temporary positions.
- Recommendation for possible future realignment (but no current change) to one (1) position.

Summary of Version B (Figure 2.2)

The proposed structure includes:

- A commitment to the co-design of an Aboriginal leadership role(s) in consultation with Aboriginal staff and the establishment of a Working Party to provide a report with recommendations to Steering Committee.
- Creation of one (1) new position - funded through the Enhancing End of Life funding enhancement.
- Positional regrades of two (2) existing permanent positions.
- Adjustment to the Position Descriptions of five (5) permanent positions, within current grading.
- Adjustments to reporting lines of nine (9) permanent positions.

- Adjustments to reporting lines of 2 (2) temporary positions.
- Recommendation for possible future realignment (but no current change) to one (1) position.

A table breaking down each position and the proposed changes is presented below in Section 6: Summary of Changes by Position.

Figure 2.1: Suggested ICAHCS District Manager Structure - Version A

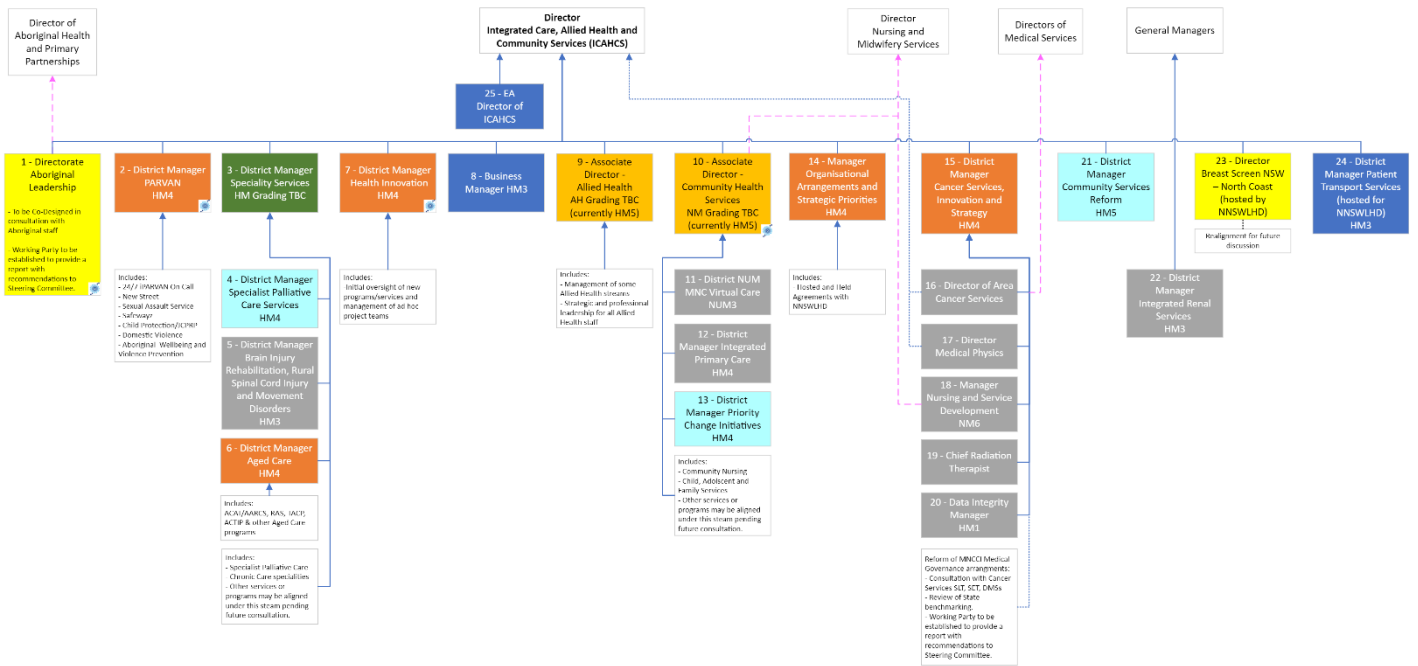


Figure 2.2: Suggested ICAHCS District Manager Structure - Version B

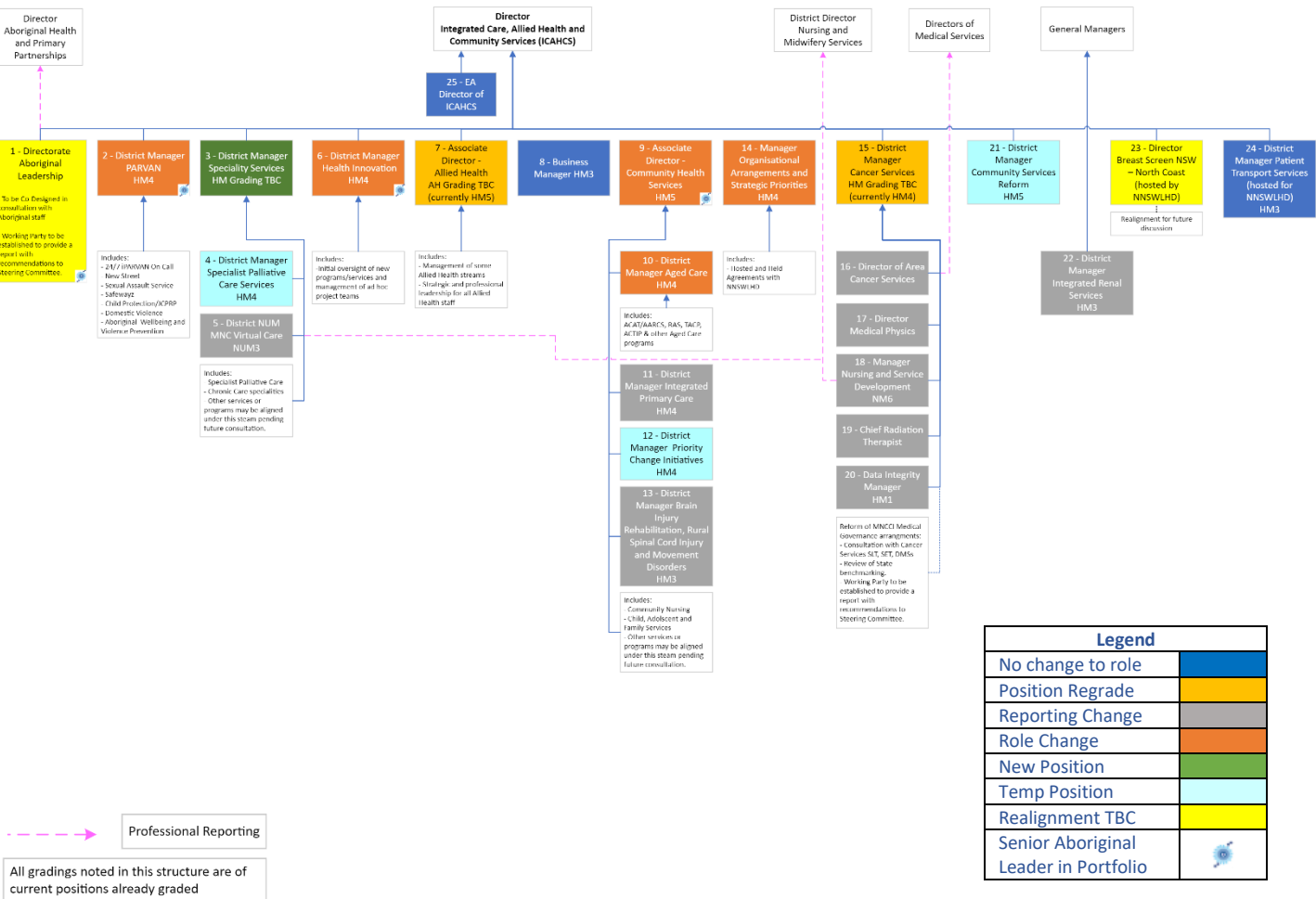


Figure 2.1: Suggested Integrated Care, Allied Health and Community Services District Manager Structure – Version A (Larger version)

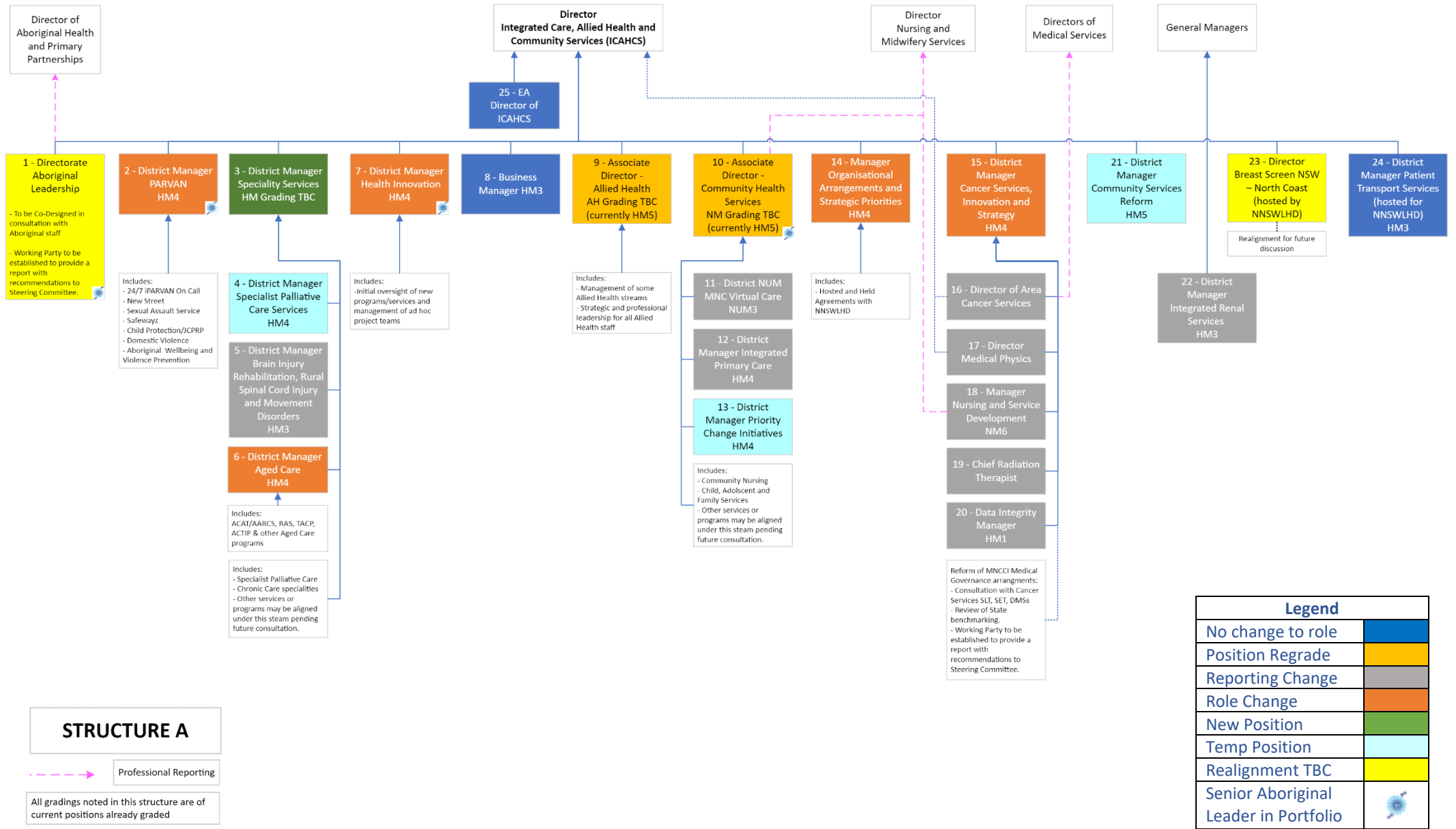
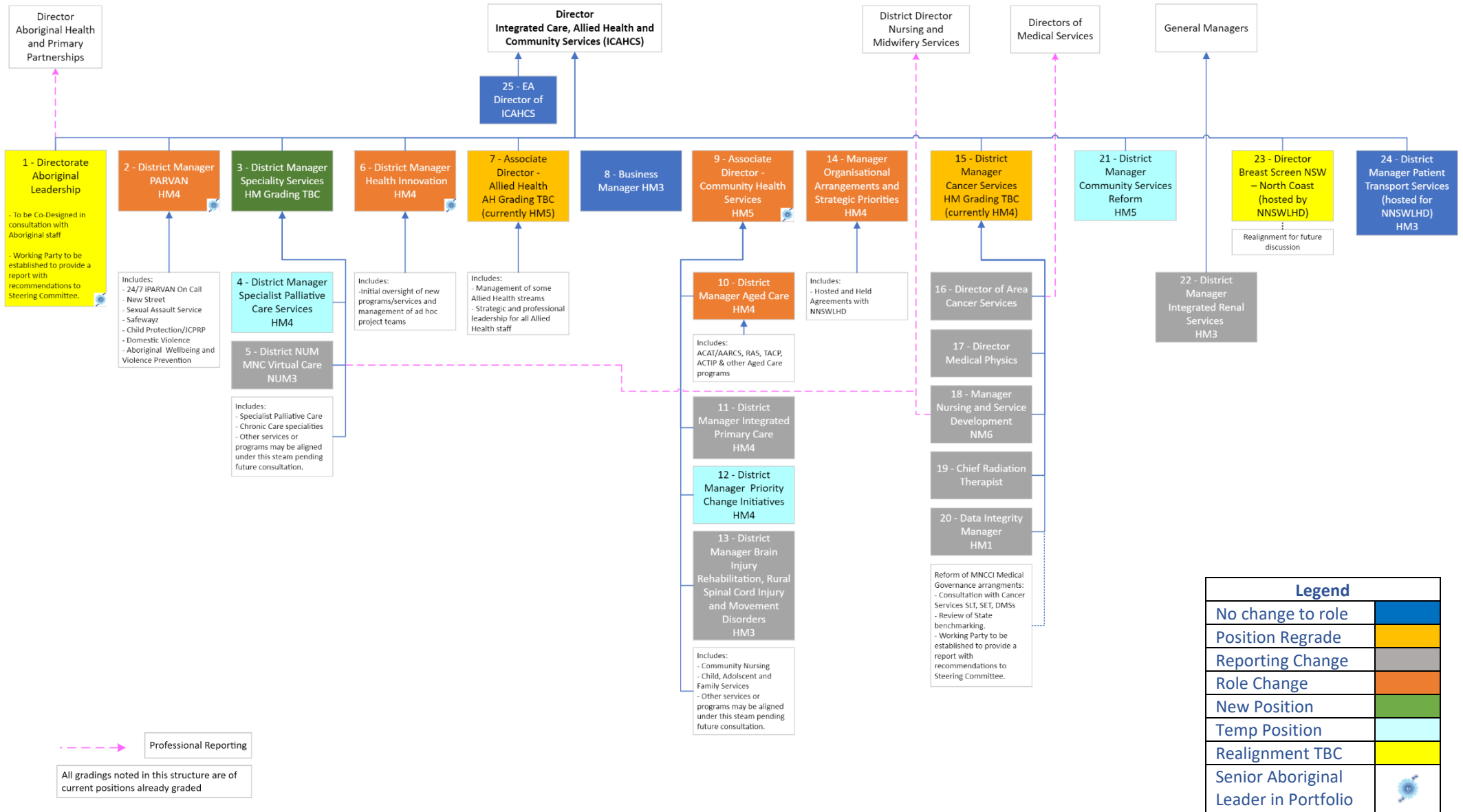


Figure 2.2: Suggested Integrated Care, Allied Health and Community Services District Manager Structure – Version B (Larger version)



6. Summary of Changes by Position

6.1 Version A:

Integrated Care, Allied Health and Community Services District Managers Realignment								
	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
1A	Directorate Aboriginal Leadership							To be co-designed in consultation with Aboriginal staff. Working Party to be established to provide a report with recommendations to Steering Committee.
2A	District Manager Integrated Child, Youth and Family Wellbeing Grading HM4				✓			Position description will be adjusted to District Manager PARVAN to streamline reporting and supporting responsibilities functions meet priority PARVAN services key to strategic reform. There is a substantive permanent employee in this position.
3A	N/A						✓	An application will be made to grade a new District Manager Speciality Services position. This is a new position with no incumbent. Funded through Enhancing End of Life funding. HM Position - Grading TBC.
4A	District Manager Specialist Palliative Care Services Grading HM4		✓					Reporting line change only to this Temporary position. Reporting to District Manager Speciality Services (3A). There is a permanent employee in this temporary position.
5A	District Manager Brain Injury Rehabilitation, Rural Spinal Cord Injury and Movement Disorders Grading HM3		✓					This position will change reporting line to the District Manager Speciality Services (3A). There is a substantive permanent employee in this role.
6A	District Integrated Aged Care Manager Grading HM4		✓	✓	✓			The position will be renamed District Manager Aged Care . The position description will be adjusted to include direct operational oversight of aged care services across the LHD. The position will change reporting line to District Manager Speciality Services (3A). There is a substantive permanent employee in this role.
7A	Health Reforms, Opportunities and Transition Manager Grading HM4			✓	✓			The position will be renamed District Manager Health Innovation . The position description will be adjusted to include initial oversight of new programs/services and initial establishment of project teams. There is a substantive permanent employee in this role.

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
8A	Business Manager ICAHCS Grading HM3	✓						No change to position. There is a permanent substantive employee in this position.
9A	Network Manager Community and Allied Health CCN Grading HM5			✓	✓	✓		An application will be made to regrade this role to Associate Director – Allied Health AH Position – Grading TBC There is a permanent employee with a substantive role in the Directorate temporarily acting in this role.
10A	Network Manager Community and Allied Health HMCN Grading HM5			✓	✓	✓		An application will be made to regrade this to position to Associate Director – Community Health Services NM Position – Grading TBC There is a permanent employee with a substantive role in the Directorate temporarily acting in this role.
11A	District Nursing Unit Manager MNC Virtual Care Grading NUM3		✓					This position will change reporting line to Associate Director ICAHCS – Community Services (10A) There is a permanent employee with a substantive role in the Directorate temporarily acting in this role.
12A	District Manager Integrated Primary Care Grading HM4		✓					This position will change reporting line to Associate Director ICAHCS – Community Services (10A). There is a permanent substantive employee in this role.
13A	District Manager Priority Change Initiatives Grading HM4		✓					This position will change reporting line to Associate Director ICAHCS – Community Services (10A). There is a temporary employee in this position.
14A	Manager Organisational Arrangements, Strategy and Analytics Grading HM4			✓	✓			The position will be renamed Manager Organisational Arrangements and Strategic Priorities . The position description will be adjusted to reflect the new role. There is a permanent substantive employee in this position.
15A	District Manager Cancer Services, Innovation and Strategy Grading HM4				✓			The position description will be adjusted to reflect role as MNCCI operational and strategic lead. There is a permanent substantive employee in this position.
16A	Director of Area Cancer Services		✓					This position will change reporting line to District Manager Cancer Services, Innovation and Strategy (15A). Dotted line reporting to Director ICAHCS. There is a permanent substantive employee in this position.

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
17A	Director Medical Physics		✓					This position will change reporting line to District Manager Cancer Services, Innovation and Strategy (15A). Dotted line reporting to Director ICAHCS. There is a permanent substantive employee in this position.
18A	Manager Nursing and Service Development Grading NM6		✓					This position will change reporting line to District Manager Cancer Services, Innovation and Strategy (15A). There is a permanent substantive employee in this position.
19A	Chief Radiation Therapist		✓					This position will change reporting line to District Manager Cancer Services, Innovation and Strategy (15A). There is a permanent substantive employee in this position.
20A	Data Integrity Manager Grading HM1		✓					This position will change reporting line to District Manager Cancer Services, Innovation and Strategy (15A). There is a temporary employee in this position.
21A	District Manager Community Services Reform and Virtual Care Grading HM5			✓				Position will be renamed District Manager Community Services Reform . There is a permanent employee currently holding this temporary role.
22A	District Manager Integrated Renal Services Grading HM3		✓					This position will change reporting line to Network Coordinators & General Managers (HMCN and CCN). This position is currently vacant.
23A	Director Breast Screen NSW – North Coast	✓						Potential future realignment to be considered. No change to role.
24A	District Manager Patient Transport Services Grading HM3	✓						No change to position. There is a permanent substantive employee in this position.
25A	Executive Assistant Director ICAHCS	✓						No change to role There is a permanent substantive employee in this position.

6.2 Version B:

Integrated Care, Allied Health and Community Services District Managers Realignment								
	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
1B	Directorate Aboriginal Leadership							To be co-designed in consultation with Aboriginal staff. Working Party to be established to provide a report with recommendations to Steering Committee.
2B	District Manager Integrated Child, Youth and Family Wellbeing Grading HM4				✓			Position description will be adjusted to District Manager PARVAN to streamline reporting and supporting responsibilities functions meet priority PARVAN services key to strategic reform. There is a substantive permanent employee in this position.
3B	N/A						✓	An application will be made to grade a new District Manager Speciality Services position. This is a new position with no incumbent. Funded through Enhancing End of Life funding HM Position – Grading TBC
4B	District Manager Specialist Palliative Care Services Grading HM4		✓					Reporting line change only to this Temporary position. Reporting to District Manager Speciality Services (3B). There is a permanent employee in this temporary position.
5B	District Nursing Unit Manager MNC Virtual Care Grading NUM3		✓					This position will change reporting line to District Manager Speciality Services (3B). There is a permanent employee with a substantive role in the Directorate temporarily acting in this role.
6B	Health Reforms, Opportunities and Transition Manager Grading HM4				✓			The position will be renamed District Manager Health Innovation . The position description will be adjusted to include initial oversight of new programs/services and initial establishment of project teams. There is a substantive permanent employee in this role.
7B	Network Manager Community and Allied Health CCN Grading HM5			✓	✓	✓		An application will be made to regrade this role to Associate Director – Allied Health . AH Position – Grading TBC There is a permanent employee with a substantive role in the Directorate temporarily acting in this role.
8B	Business Manager ICAHCS Grading HM3	✓						No change to position. There is a permanent substantive employee in this position.

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
9B	Network Manager Community and Allied Health HMCN Grading HM5			✓	✓			The position will be renamed Associate Director – Community Health Services . The position description will be adjusted to reflect the new role as Community Health Services operational and strategic lead. There is a permanent employee with a substantive role in the Directorate temporarily acting in this role.
10B	District Integrated Aged Care Manager Grading HM4		✓	✓	✓			The position will be renamed District Manager Aged Care . The position description will be adjusted to include direct operational oversight of aged care services across the LHD. The position will change reporting line to Associate Director – Community Health Services (9B). There is a substantive permanent employee in this role.
11B	District Manager Integrated Primary Care Grading HM4		✓					This position will change reporting line to Associate Director ICAHCS – Community Services (9B). There is a permanent substantive employee in this role.
12B	District Manager Priority Change Initiatives Grading HM4		✓					This position will change reporting line to Associate Director ICAHCS – Community Services (9B). There is a temporary employee in this position.
13B	District Manager Brain Injury Rehabilitation, Rural Spinal Cord Injury and Movement Disorders Grading HM3		✓					This position will change reporting line to Associate Director ICAHCS – Community Services (9B). There is a substantive permanent employee in this role.
14B	Manager Organisational Arrangements, Strategy and Analytics Grading HM4			✓	✓			The position will be renamed Manager Organisational Arrangements and Strategic Priorities . The position description will be adjusted to reflect the new role. There is a permanent substantive employee in this position.
15B	District Manager Cancer Services, Innovation and Strategy Grading HM4			✓	✓	✓		This position will be renamed District Manager Cancer Services . An application will be made to regrade this role and the position description will be adjusted to reflect role as MNCCI operational and strategic lead HM Position - Pending Regrading There is a permanent substantive employee in this position.

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
16B	Director of Area Cancer Services		✓					This position will change reporting line to District Manager Cancer Services (15B). There is a permanent substantive employee in this position.
17B	Director Medical Physics		✓					This position will change reporting line to District Manager Cancer Services, Innovation and Strategy (15B). There is a permanent substantive employee in this position.
18B	Manager Nursing and Service Development Grading NM6		✓					This position will change reporting line to District Manager Cancer Services, Innovation and Strategy (15B). There is a permanent substantive employee in this position.
19B	Chief Radiation Therapist		✓					This position will change reporting line to District Manager Cancer Services, Innovation and Strategy (15B). There is a permanent substantive employee in this position.
20B	Data Integrity Manager Grading HM1		✓					This position will change reporting line to District Manager Cancer Services, Innovation and Strategy (15B). There is a temporary employee in this position.
21B	District Manager Community Services Reform and Virtual Care Grading HM5			✓				Position will be renamed District Manager Community Services Reform . There is a permanent employee currently holding this temporary role.
22B	District Manager Integrated Renal Services Grading HM3		✓					This position will change reporting line to Network Coordinators & General Managers (HMCN and CCN). This position is currently vacant.
23B	Director Breast Screen NSW – North Coast	✓						Potential future realignment to be considered. No change to role.
24B	District Manager Patient Transport Services Grading HM3	✓						No change to position. There is a permanent substantive employee in this position.
25B	Executive Assistant Director ICAHCS	✓						No change to role There is a permanent substantive employee in this position.

Appendix 1. Support services

MNCLHD values its staff and is committed to supporting staff impacted by the change process.

MNCLHD will provide the following support services:

- Up-to-date information on the Community Services Reform intranet page: [Community Services Reform - MNCLHD Intranet \(nsw.gov.au\)](#)
- A dedicated email to answer staff enquiries: mnclhd-communityservicesreform@health.nsw.gov.au
- Access to counselling services through the Employee Assistance Program (EAP):
 - Website: www.accesseap.com.au
 - Email: info@accesseap.com.au
 - Phone: 1800 81 87 28 or (02) 8247 9191
- General HR advice and support provided throughout the change process from the MNCLHD Human Resources team.
- Assistance or advice for staff with preparing applications or EOIs for available positions and/or developing their interview skills will be provided by the MNCLHD Human Resources team as needed.
- Staff with a disability, injury or other concern about their capacity to apply for roles during placement processes will be encouraged to speak with the MNCLHD Human Resources team as soon as possible to discuss support options.
- Staff can lodge internal complaints with the MNCLHD Human Resources team or via the District Manager Community Services Reform.