

Western NSW Local Health District

Service Delivery Realignment



THERE ARE 8 KEY SHIFTS WE MUST MAKE TO THE WAY WE OPERATE TO HELP GET US TO WHERE WE WANT TO BE

With our purpose underpinning our discussion...

To provide exceptional healthcare to the people of Western NSW

...we identified the big shifts we need to make to get us to where we want to be

These clearly articulate at the highest level the significant changes we want to see in our organisation



Shift operational decision-making closer to the operation and elevate strategic-decision making to enable a district-wider focus



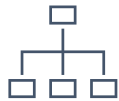
Enhance the accountability, profile and voice of health profession leadership



Reorient ourselves to focus on the overall health of our communities



Shift our focus to end-to-end care that treats the whole person



Consolidate all service delivery into a Service Delivery directorate



Sensibly standardise the operating and service models across the LHD



Create a network approach to service delivery



Give agency to district-wide clinical services where sensible, and foster district-wide Communities of Practice where it is not.

TO DELIVER OUR BIG SHIFTS AGAINST THESE PRIORITIES, WE NEED TO TRANSFORM HOW WE WORK

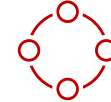
To truly shift our way of working, our transformation cannot just be about changing reporting lines. It needs to support changes to:



Our culture and the behaviours and mindset that underpin it



How we think about, plan and deliver services across the district



How we best organise our activity and the structures that supports it

..... **Key principles to define the Service Delivery Directorate of the future**

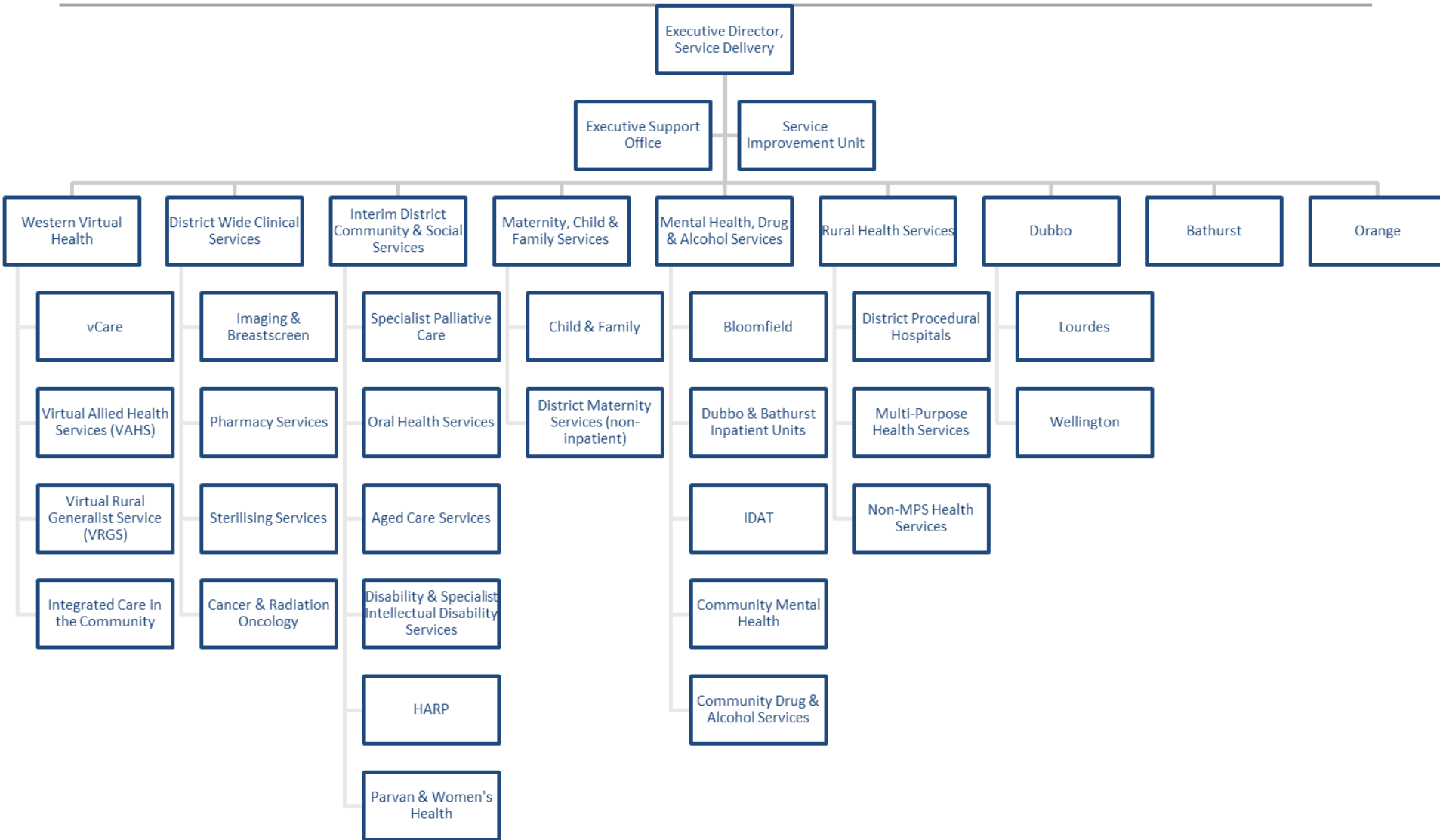
- 1 Service Delivery should operate as a single entity, its natural referral networks should support its operational delivery model
- 2 District-wide services should be prioritised and optimised where they provide benefit
- 3 Specialised and Clinical Services should be functionally aligned

Our Priorities

Connectedness: right care, right place, right time	Improving access to services and District-wide flow
Prioritising the first two thousand days of life	Responding to the ageing population

Re-building and sustaining our Workforce

THE FUTURE SERVICE DELIVERY STRUCTURE.....PHASE 1, 19 JUNE 2023



THE FUTURE SERVICE DELIVERY STRUCTURE.....PHASE 2, MARCH 2024

Service Delivery

Service Improvement Unit	Acute & Procedural Services Division		Western Virtual Connect Division	Rural & Remote Services Division	Aged, Disability & Palliative Care Division	Mental Health Drug & Alcohol Division	Child Youth & Families Division	District Wide Service Division
	Business Management Unit	Southern Referral Group						
Management Groups Established as defined	Orange Bathurst	Dubbo	Emergency & Critical Care Service vRGS Patient Flow & Logistics ED avoidance/Planned Care vAHS vHITH	MPS and Sub Acute Services	Aged Care Disability Specialist Palliative Care		Women's Health PARVAN Maternal, Child & Family Health	Imaging Pharmacy Pathology Sterilising MME Oral Health Radiation Oncology
	Cowra Forbes Parkes	Mudgee						
District Clinical Networks	Priority Population Groups							
	Cancer & Haematology							
	Cardiology							
	Emergency Medicine							
	Intensive Care							
	Maternity & Paediatrics							
	Medicine							
	Surgery & Anaesthesia							

*HARP services, will join a future Population Health Division

IMPLEMENTATION OF SERVICE DELIVERY MANAGEMENT STRUCTURES

1. Consultation commenced September 2023 and continuing to end of January 2024
2. The functions outlined in this document will be formally communicated in the second week of December, completed **by 15 December**.
3. Resource and Cost Centre mapping to the new Service Delivery Structure undertaken by end of **January 2024**
4. Permanent Divisional Director roles recruited in **Dec - Mar 2024**, creating provision for the movement of relevant Unit changes
5. Referral Group Committees (or similar) within the Acute & Procedural Cluster formed in **Jan - March 2024**
6. District Clinical Networks established **April-June 2024**.
7. District Clinical Network leader roles recruited **Feb - June 2024**