



HealthShare NSW



Patient Transport Services

Proposed Structure

<MONTH> 2023

Acknowledgement of Country

HealthShare NSW respectfully acknowledges the many Aboriginal tribes of NSW; the traditional custodians of the lands we live and work on.

Acknowledging Elders past, present and future, we pay our respect to the continuing cultural practices and spiritual connection Aboriginal people of NSW have with the land, waters and seas.

We hold an appreciation and respect for the sharing of their knowledge across our organisations.

What will be discussed today

- 1** Why change?
- 2** Current structure and challenges
- 3** Proposed structure
- 4** Timeline and next steps



The case for change

Some of the main challenges with the existing structure include:

- 1** Teams operating in silos
- 2** Multiple middle management layers
- 3** Imbalance of workload
- 4** Staff lack access to clinical expertise and there is a lack of clinical oversight for PTS bookings
- 5** The need for the Operations Managers to adopt a more strategic approach

Current challenges

Booking Hub

- Workload imbalance between the 2 x Assistant Booking Hub Managers
- Fixed Wing Coordinators (4.5FTE for approx. 15 jobs per day)
- Multiple management layers with a single point of escalation
- Currently Floor Operations Coordinators / Team Leaders don't undertake rostering, performance and grievance management for their team (need to upskill capability / delegation of TL)
- Workforce Planner operating out of scope and heavy workload
- Responsible for dispatch and scheduling overtime, signing off rosters (spending Operations budget)

100% Silos

LHDs provide demand

Demand managed by Booking Hub

Operations have no control over capacity decisions

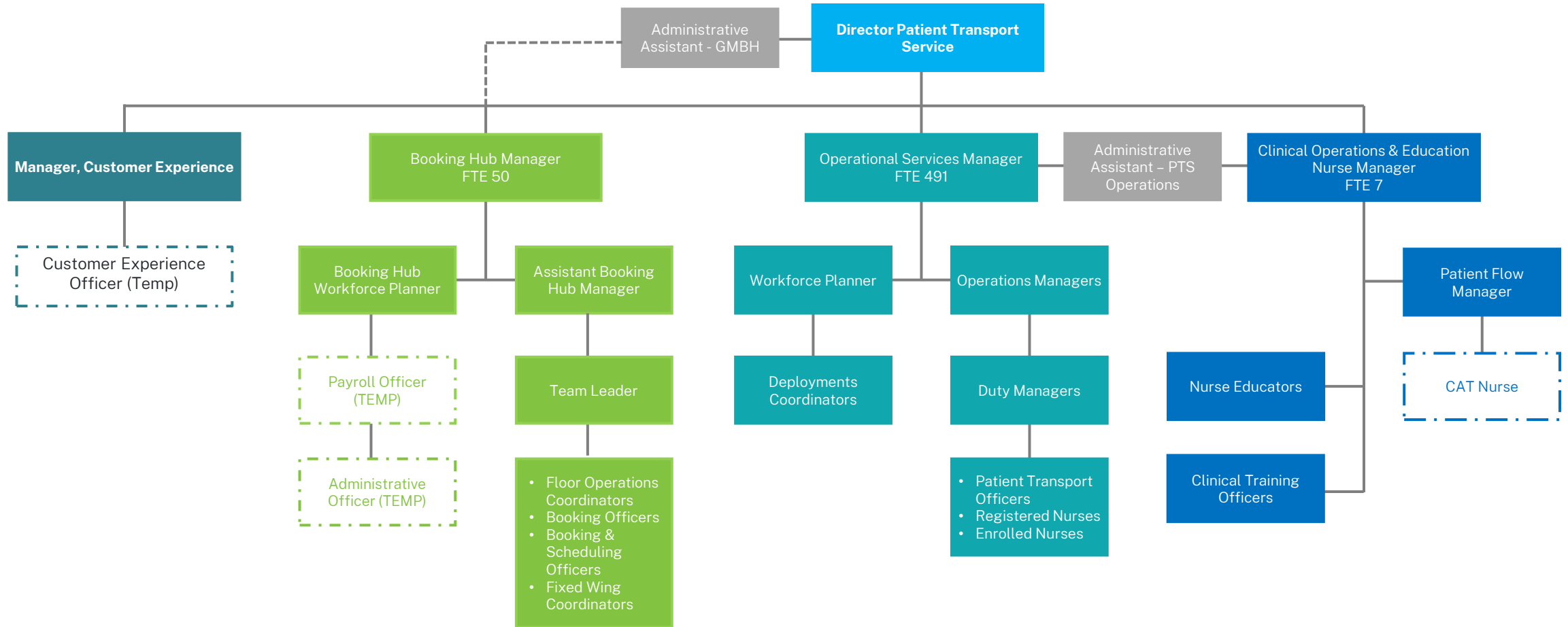
Operations

- Operations Manager too involved in daily workflow rather than operating strategically
- Stakeholder engagement and management is limited
- Uplift skills / capabilities / accountabilities across the operational teams
- Deployments process is very manual and many touch points
- Workforce Planner operating out of scope and heavy workload

Clinical Operations

- CAT Nurse Role has significantly reduced on-scene cancellations. Progression to CNUM1 position ensures operational clinical management is available
- FTE of the CNUM1 position allows for adequate resourcing to assist crews where required
- Education resources are required to ensure training and governance requirements are met for the PTS service

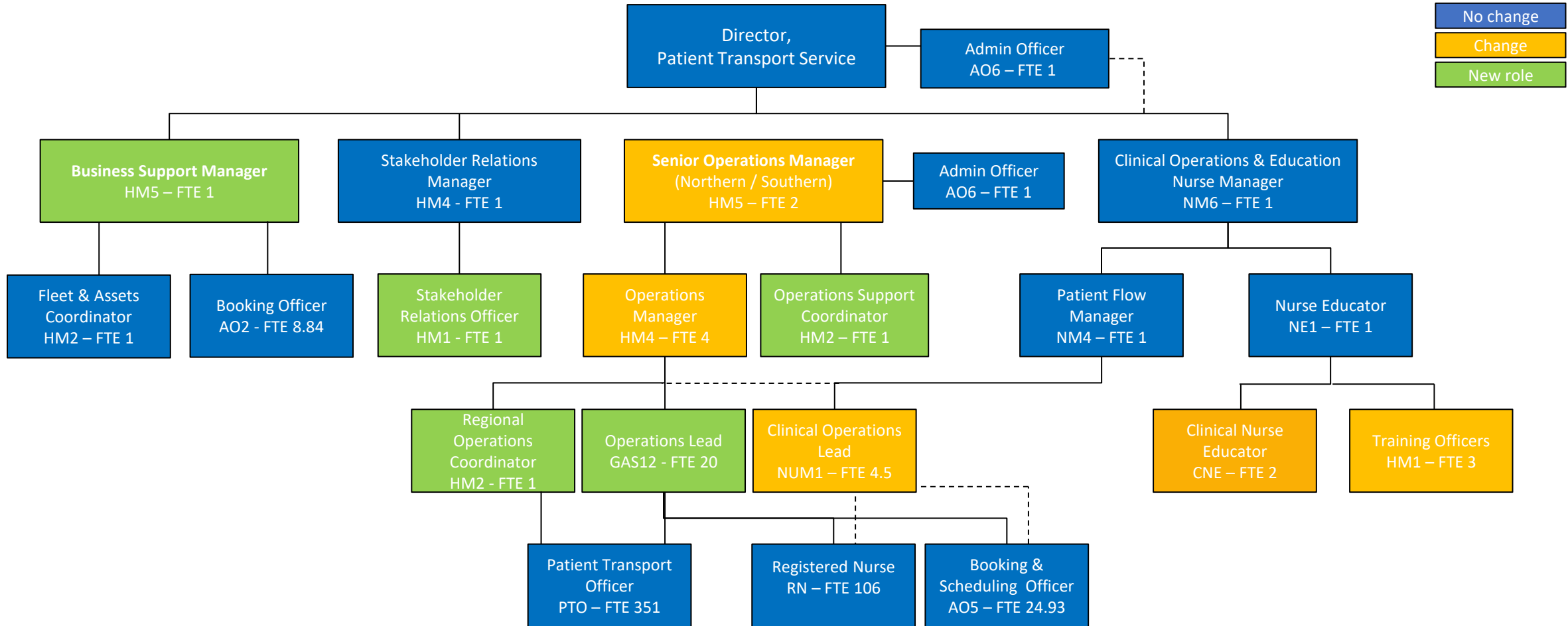
Current Organisational Structure



TOTAL FTE: 548

Proposed Organisational Structure

This proposed structure introduces the split of the Operational Services Manager position into Northern and Southern regions, the addition of a Business Support Team and Clinical Lead positions.



Changes to positions

New positions

- **Administration Officer** AO6 x1 (0.4FTE) - increase from 1FTE to 1.4FTE
- **Senior Operations Manager** HM5 x1 (1FTE) – increase from 1FTE to 2FTE
- **Operations Support Coordinator** HM2 x1 (1FTE)
- **Operations Manager** HM4 x4 (4FTE)
- **Regional Operations Coordinator** HM2 x1 (1FTE)
- **Operations Lead** GAS12 x20 (20FTE)
- **Clinical Operations Lead** NUM1 x6 (4.5FTE)
- **Business Support Manager** HM5 x1 (1FTE)
- **Stakeholder Relations Officer** HM1 x1 (1FTE)

TOTAL – 37 new positions (36.3FTE)

Changes to positions

Amended positions

Current	Proposed	Impact
Clinical Training Officer GAS13 (3FTE)	Training Officer HM1 (3FTE)	Match
Fixed Wing Coordinator GAS7 (4.5FTE)	Booking & Scheduling Officer AO5 (4.5FTE)	Match

Changes to positions

Deleted positions

The following positions have been proposed to be permanently deleted from the structure:

- **Team Leader** GAS11 x5 (4.5FTE – 1.5FTE vacant)
- **Booking Hub Manager** HM5 x1 (1FTE)
- **Assistant Booking Hub Manager** HM2 x2 (2FTE)
- **Workforce Planner** HM2 x2 (2FTE)
- **Floor Operations Coordinator** GAS9 x5 (4.5FTE – 0.5FTE vacant)
- **Operations Manager** HM3 x7 (7FTE – 3FTE vacant)
- **Deployments** AO5 x4 (4FTE – 2FTE vacant)
- **Duty Manager** GAS11 x13 (13FTE – 3FTE vacant)
- **Nurse Educator** NE1 x3 (2 FTE - 2FTE - vacant)

TOTAL – 42 positions inclusive 17 vacant positions

Change analysis

Booking Hub		
	Differences / changes	Reasoning
1	Move Booking and Scheduling Officers under Operations team	Provides opportunity for Booking Hub staff currently operating in silos to now work seamlessly with the Operations team
2	Move the Fixed Wing function under Clinical team	Better alignment with Clinical team
3	Deletion of Floor Operations Coordinator, Team Leader, Assistant Booking Hub Manager, Workforce Planner, Booking Hub Manager	Multiple middle management layers, imbalance of workload and decision making segmented

Change analysis

Operations		
	Differences / changes	Reasoning
1	Split of Operational Services Manager into Northern and Southern regions	Focus on geographical areas
2	Each Operations Manager will be responsible for two hubs, decrease FTE and increase grade	Daily operations accountabilities limits time spent on strategic activities
3	Deletion of Deployments Coordinator	Deployments process is currently very manual with many touch points. Change in process to increase prior day bookings which can be overseen by the Operations Lead position
4	Created combined Duty Manager / Booking Hub Team Leader functions with an increased FTE and grading	Increase overall business accountability for daily operations and staff management
5	Addition of Clinical Lead positions	There's no staff with a clinical background based at the hubs which makes getting responses on clinical related queries a challenge

Change analysis

Business Support

	Differences / changes	Reasoning
1	Addition of a Business Support function to support the Operations team	Dedicated resource to provide support for systems (Logis), fleet and assets, and introducing continuous improvement initiatives, etc.

Clinical Operations & Education

	Differences / changes	Reasoning
1	Clinical Operations Lead positions added	To support Operations with Clinical management
2	Reduction of FTE with Nurse Educator grading and introduction of Clinical Nurse Educators	Nurse Educator to focus on the education curriculum and policy development whilst Clinical Nurse Educator focuses on the delivery of education and competency requirements

Functional breakdown

Business Support Manager

- Develop, implement and monitor business system strategies
- Identify and implement technology innovative reforms to PTS
- Manage, monitor and report on KPIs
- Manage and escalate daily demand

Senior Operations Manager

- Manage, drive & lead PTS operations
- Develop & implement business strategies / reforms/KPIs
- Manage PTS operations for geographical area on daily basis

Operations Manager

- Assist Operations Lead in managing operational issues, workflows, trends and resources
- Implement strategic initiatives & develop local strategies
- Daily Stakeholder management (LHDs, Emergency Services)
- Manage performance of the hubs(financials, KPIs)

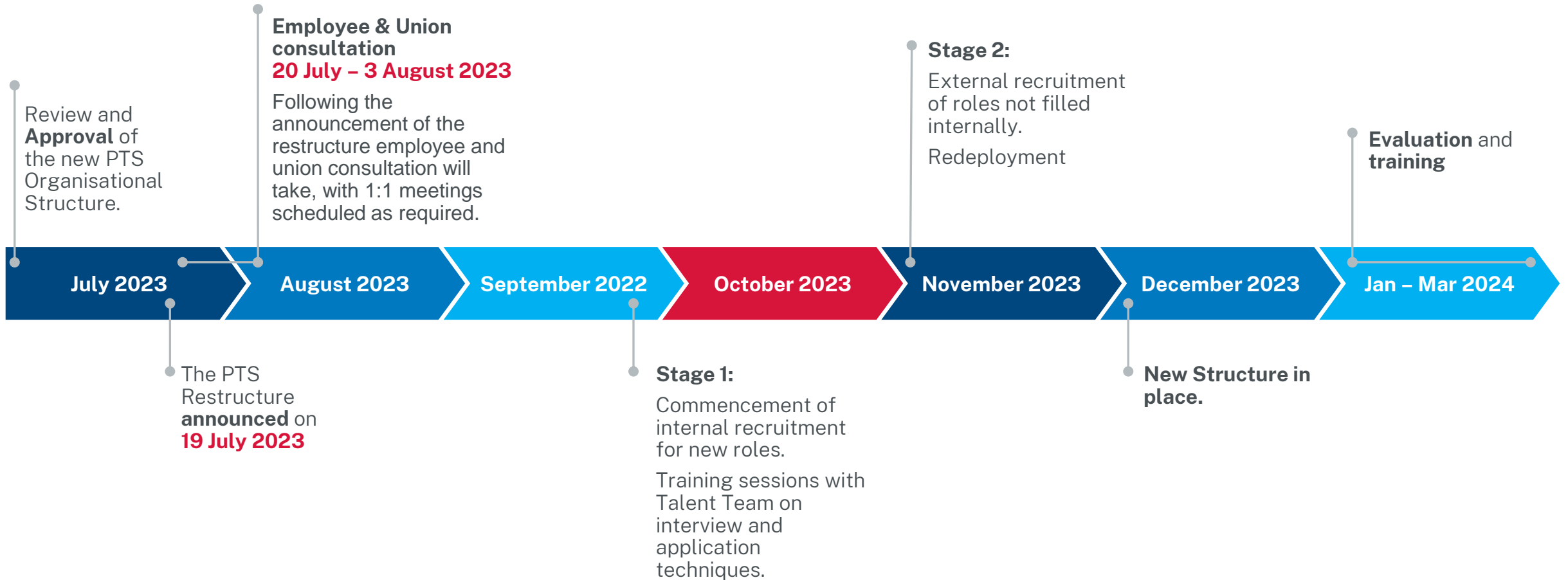
Operations Lead

- Manage day-to-day operations
- Review and analyse booking hub portals
- Engage and collaborate with LHDs
- Manage risks - Audit management
- Staff management (establishments, rosters, recruitment, orientations, mandatory training, mentoring etc.)

Clinical Operations Lead

- Conduct on-site clinical assessments
- Assist supervise day to day operations of the Hubs

Next steps



Who to contact



PTS Management

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Questions

