

Restructure – Consultation Document (Procedure reference PR2014_016)

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Stage 1 – Scope, Plan and Approval

1.1 The Need for Change

1.1.1 Description of Service

The Mental Health Drug and Alcohol (MHDA) Revenue Team has responsibility for revenue collection in line with the NSW Department of Health Fees Procedure Manual for Public Health Organisations and Policy Directives for Northern Sydney Local Health District(NSLHD).

The functions of the Revenue Team include the raising of relevant charges for health services provided to chargeable patients, the collection and receipting of money received from health funds, patients and other sources, and follow up of outstanding debts due to MHDA NSLHD. The Revenue Team also performs the function of billing and collection on behalf of medical practitioners who have entered a private practice arrangement with the NSLHD.

1.1.2 Background

The MHDA Revenue Team reports, via the MHDA Revenue Manager through to the Director of Governance and Operations MHDA. A day to day operational reporting line is also maintained with the MHDA Management Accountant.

In August 2020, a joint permanent reduction of hours request was received from the three full time Patient Liaison Officers (PLOs) for consideration and review. This request was for each PLO to reduce from 1.00FTE to 0.6FTE and have the remaining FTE recruited.

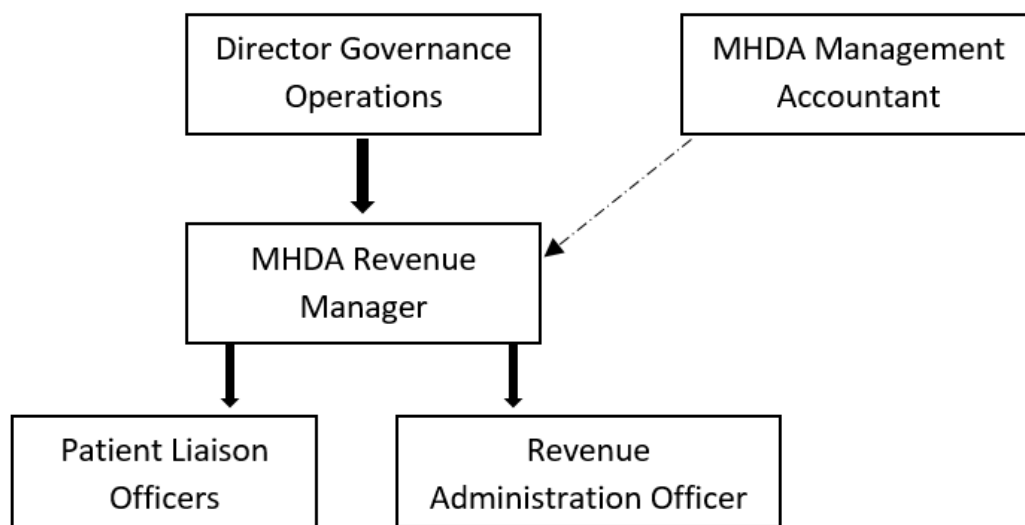
When considering the request, a review of the overall MHDA Revenue Service and its function within the wider MHDA portfolio was triggered.

1.1.3 Current Structure

Currently, the MHDA Revenue structure consists of

Position Number	Position Title	Position Grade	FTE
520559	MHDA Revenue Manager	Health Manager 2	1.00
502626	Patient Liaison Officer	Administration Officer Level 6	3.00
660904	Administration Officer Medical Workforce and Revenue	Administration Officer Level 5	0.5

With a reporting structure as follows:



1.1.4 Current Position Description

Please see attached, current relevant position descriptions.

1.2 Restructure Plan

1.2.1 Reason and Purpose of the Restructure

Following the request, a review was completed and it was identified further changes were required in order for the Revenue Team to operate optimally. In review, the following was considered:

- Workload;
- Environmental factors;
- Opportunities;
- Risk, and;
- Skill Mix

Further detailed information can be found as an appendix to this document.

1.2.2 Proposed New Structure

Based on the review and information gathered in relation to the requests made and identified issues within the current structure, the follow is proposed:

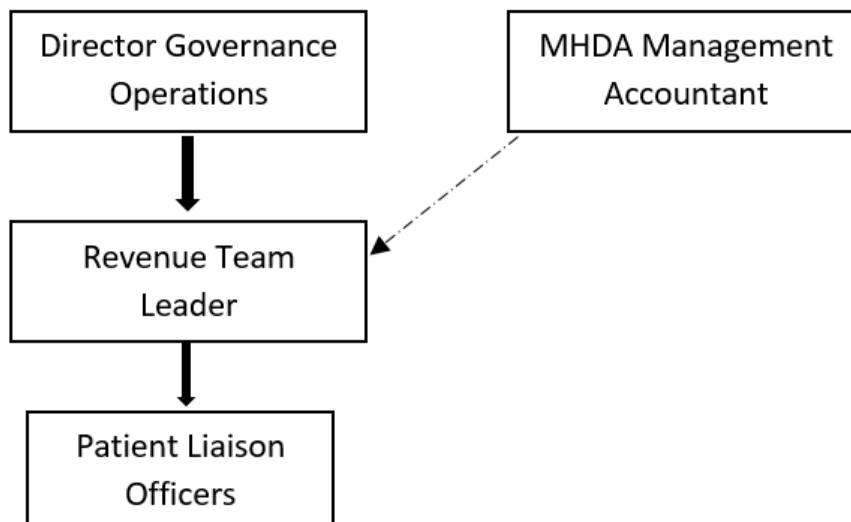
- Declare the HM 2 Revenue Manager position redundant.
- Introduce the role of 'Senior Patient Liaison Officer' into the MHA Revenue team noting this role mirrors the Revenue Team establishment already in existence in the LHD at RNSH and MHA would be looking to replicate the PD and team structure for MHA. This position is graded as a HM1.
- Declare the 0.5 FTE Revenue Specific portion of the MHA Administrative Officer - Medical Workforce and Revenue role redundant.

- Convert the current 3 FTE PLO roles to fractional (part time positions) at 0.6 noting the original request. The position description for this role to be standardised (noting during consideration of this restructure, variation was identified) in line with the most recently updated PD.

The proposed structure would include the following:

Position Title	Position Grade	FTE
MHDA Revenue Team Leader	Health Manager 1	1.00
Patient Liaison Officer	Administration Officer Level 6	1.8

It is proposed to be reflected as:



1.2.3 Proposed New Position Description

Please see attached, proposed new position descriptions for the MHDA Revenue Service.

1.2.4 Impact on services and functions

The progression of more advanced systems and processes and the development of the Revenue Portal has enabled and encouraged PLO autonomy and the embedding of quality assurance within their business as usual. Trend analysis occurs at a number of levels within the organisation and is routinely undertaken within the revenue business stream at a whole of organisation level. In combination, this calls into question the viability of the Revenue Manager position with identification that elsewhere in the organisation (eg Royal North Shore and Ryde) this position does not exist however an operational/ 'working senior' role in place as more appropriate in the Revenue space. This 'working senior' role is also able to assume responsibility for roster management and entry in line with 'Team Leader' responsibilities elsewhere within the organisation.

Analysis of activity levels within the PLO team identifies that the number of interviews that are required to be conducted by the MHDA PLOs has been steadily declining year on year since the closure of Manly Hospital with no adjustments made to the staffing

profile of the PLO team. Additionally, whilst it is acknowledged that interviews involving conversion from public to private status in the MH context can be more complex and challenging than similar interviews conducted in the general hospital setting, the number of interviews conducted falls well under the number of interviews conducted in other hospital settings. Accordingly and in analysis the current staffing profile (of 3.0 FTE) is not well supported when measured against activity levels.

1.2.5 Likely impact on employees

The following table identifies the likely impacts on the staff in the Revenue department

FTE	Grade	Position	Proposed Impact
1.0	HM2	MHDA Revenue Manager	Redundant
3.0	AO6	MH Patient Liaison Officers x3	Reduced FTE
0.5	AO5	MHDA Administrative Officer	Redundant
Total 4.5			

Stage 2 – Consultation

2.1 Notification to employees

This document will be provided to the Revenue staff following preliminary conversations regarding proposed change with the impacted employees. The Revenue staff will be provided with a period of 2 weeks to provide feedback and liaise with the relevant Union as required.

2.2 Notification to Union/Industrial Bodies and other relevant parties

The proposed changes to the MHDA Revenue Team will be approached with NSLHD's commitment to staff and union consultation obligation and relevant industrial instruments.

The date this consultation document is sent begins the 2 week consultation period of Unions. In this time period, NSLHD invites active feedback from the Union.

Stage 3 – Implementation

The service is working toward an ideal proposed implementation date of approximately 6 weeks' time. However, the proposed implementation timeframe is dependent on endorsement and consultation of the restructure on relevant parties.

Attachments

- Current Position Descriptions

- Proposed Position Descriptions
- Detailed information pertaining to Reason and Purpose of Restructure