

## Western NSW Local Health District Clinical Governance Restructure

Dear Member,

Attached is correspondence the HSU has received from Western NSW Local Health District regarding a proposed clinical governance restructure.

### Member feedback requested

The HSU industrial team is currently reviewing the potential impacts of the proposed restructure upon affected employees. We are now seeking feedback, views and comments from our members.

Please review the attached documentation and provide comment and feedback by Wednesday 1 May. You can submit it by email to [Julie.Gordon@hsu.asn.au](mailto:Julie.Gordon@hsu.asn.au) with subject line *Western NSW LHD Clinical Governance*.

### HSU organiser and sub-branch involvement

Your HSU organiser Zelda Giblett will be visiting your workplace shortly and convening a meeting to discuss the matter with affected employees. The HSU is also seeking expressions of interest from members to be part of the consultative process as a workplace delegate in any upcoming USCC meetings regarding this proposal. The most effective way to deal with these kinds of proposals is by taking into account the concerns of the group, agreeing on a way forward and presenting that united position to management.

Please distribute this newsletter to your work colleagues for their information and comments and encourage them to attend the meeting.

**Not a member of the HSU? Now is time to join and have your say! You can join online at [www.hsu.asn.au/join](http://www.hsu.asn.au/join) or call 1300 HSU NSW and join over the phone.**

A union's effectiveness and negotiation power depends upon the strength and density of its membership base. Join your work colleagues today by becoming a member of the Health Services Union and help us continue to protect and improve your working life.

In unity,



Gerard Hayes  
Secretary, HSU NSW/ACT/QLD

Our ref:D19/3195

Mr Gerard Hayes  
Secretary  
Health Services Union  
Level 2 – 109 Pitt Street  
SYDNEY NSW 2000

Dear Mr Hayes

Our Local Health District has a sharp focus on delivering world-class rural healthcare to our population. To meet this aim, Living Well Together strives to equip staff to deliver a planned, consistent and disciplined approach to caring for patients, ultimately improving patient safety and outcomes. Our *Living Quality and Safety plan* outlines a number of actions to enhance routine measurement, monitoring, review and improvement of safety and quality.

In the first quarter of this year, I engaged the Clinical Excellence Commission (CEC) to conduct a Review of Governance for Quality and Safety in our LHD. Through this review, I asked the CEC to identify the opportunities and challenges to implementing the Living Quality and Safety Plan. As a result, the CEC made a number of recommendations, which included the need to review the roles and responsibilities for patient safety and quality across all levels of staff within the District. The CEC recommended a revision of the Clinical Governance Structure to ensure there is adequate resource and support to meet the District needs for safety and governance.

I made the decision to create a new position of Executive Director Quality, Clinical Safety and Nursing that will form part of our LHD Executive Team and will report directly to me. I am pleased to formally advise you Mr Adrian Fahy has been the successful candidate appointed to this role. The District Joint Consultative Union Meetings have been appraised of this process to date. The new position will continue to be responsible for providing leadership, direction and management of quality and clinical safety and also fulfil the role of the Executive Director of Nursing for the Local Health District. They will lead a strategy that promotes a compassionate, skilled and flexible workforce that is able to deliver the highest level of clinical care. They will also be responsible for embedding safe processes and practices in a culture that is open to learning and continuous improvement.

In progressing this new Directorate I asked Mr Gerard Rooney of People Strengths to undertake a consultation process to assess the structure reporting to the 2 former Executive Director roles. Mr Rooney reviewed the impact of this change in terms of staffs' capacity and capability, as well as the existing service models. Staff who are affected by the changes had opportunity to provide feedback directly to Mr Rooney as part of this process. We also gathered input from various key stakeholders across the LHD facilitate moving to a service delivery model to meet current and emerging needs of the WNSWLHD.

Staff within the newly formed Directorate have recently been presented with a draft proposed organisation chart identifying proposed streams to facilitate a cohesive team approach across the

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Directorate. It is our intention at this time that all current permanently employed staff will have a role within the structure.

Please find attached for your information this initial draft proposed structure.

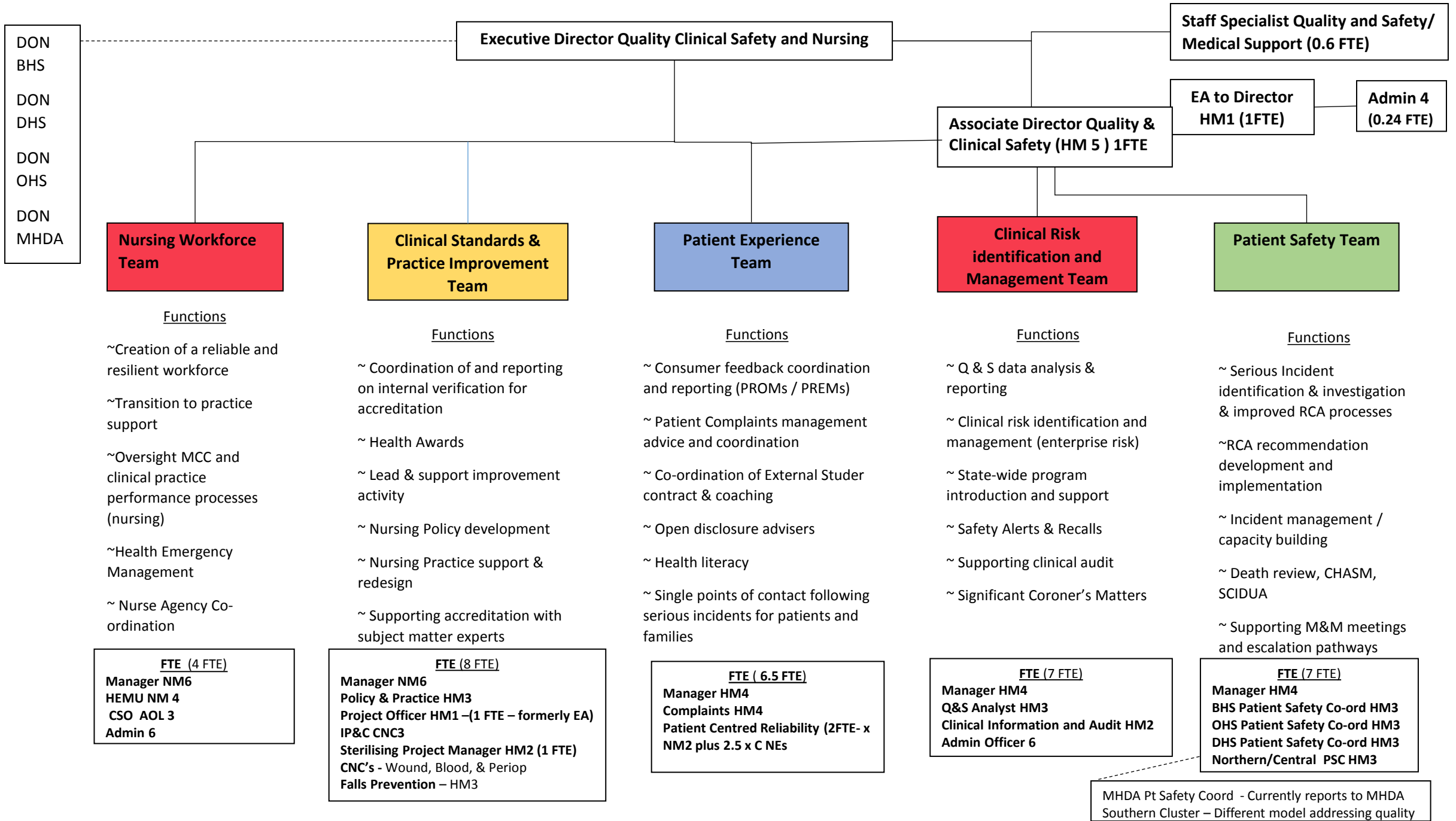
Should you wish to discuss this further, please contact Sandra Duff, Director Workforce and Culture on 6850 7111.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Scott McLachlan', with a long horizontal flourish extending to the right.

Scott McLachlan  
**Chief Executive**

17 April 2019



DON BHS  
DON DHS  
DON OHS  
DON MHDA

**Executive Director Quality Clinical Safety and Nursing**

**Staff Specialist Quality and Safety/ Medical Support (0.6 FTE)**

**Associate Director Quality & Clinical Safety (HM 5) 1FTE**

**EA to Director HM1 (1FTE)**

**Admin 4 (0.24 FTE)**

**Nursing Workforce Team**

**Clinical Standards & Practice Improvement Team**

**Patient Experience Team**

**Clinical Risk identification and Management Team**

**Patient Safety Team**

Functions

- ~Creation of a reliable and resilient workforce
- ~Transition to practice support
- ~Oversight MCC and clinical practice performance processes (nursing)
- ~Health Emergency Management
- ~ Nurse Agency Co-ordination

FTE (4 FTE)  
Manager NM6  
HEMU NM 4  
CSO AOL 3  
Admin 6

Functions

- ~ Coordination of and reporting on internal verification for accreditation
- ~ Health Awards
- ~ Lead & support improvement activity
- ~ Nursing Policy development
- ~ Nursing Practice support & redesign
- ~ Supporting accreditation with subject matter experts

FTE (8 FTE)  
Manager NM6  
Policy & Practice HM3  
Project Officer HM1 –(1 FTE – formerly EA)  
IP&C CNC3  
Sterilising Project Manager HM2 (1 FTE)  
CNC’s - Wound, Blood, & Periop  
Falls Prevention – HM3

Functions

- ~ Consumer feedback coordination and reporting (PROMs / PREMs)
- ~ Patient Complaints management advice and coordination
- ~ Co-ordination of External Studer contract & coaching
- ~ Open disclosure advisers
- ~ Health literacy
- ~ Single points of contact following serious incidents for patients and families

FTE (6.5 FTE)  
Manager HM4  
Complaints HM4  
Patient Centred Reliability (2FTE- x NM2 plus 2.5 x C NEs

Functions

- ~ Q & S data analysis & reporting
- ~ Clinical risk identification and management (enterprise risk)
- ~ State-wide program introduction and support
- ~ Safety Alerts & Recalls
- ~ Supporting clinical audit
- ~ Significant Coroner’s Matters

FTE (7 FTE)  
Manager HM4  
Q&S Analyst HM3  
Clinical Information and Audit HM2  
Admin Officer 6

Functions

- ~ Serious Incident identification & investigation & improved RCA processes
- ~RCA recommendation development and implementation
- ~ Incident management / capacity building
- ~ Death review, CHASM, SCIDUA
- ~ Supporting M&M meetings and escalation pathways

FTE (7 FTE)  
Manager HM4  
BHS Patient Safety Co-ord HM3  
OHS Patient Safety Co-ord HM3  
DHS Patient Safety Co-ord HM3  
Northern/Central PSC HM3

MHDA Pt Safety Coord - Currently reports to MHDA Southern Cluster - Different model addressing quality