

Change Proposal

This template may be used to consult with employees, unions and key stakeholders when a proposed change may impact on work arrangements and practices. The dot points are for guidance and can be deleted prior to submission. Advice and further information on change management can be made by contacting People and Culture.



People and Culture

Manager details

Director/manager	Chief Executive - Paula Hyland
Business unit and group	Hospitals North West
Location(s)	North West
Date	2 December 2024

Details

<p>Background: Outline the challenge, background, and context for the Business Unit.</p> <ul style="list-style-type: none"> • Why is the change occurring? • Timelines and milestones to be met. • Explain actions that have been taken by the Business Unit to address the challenge eg reducing staff costs by natural attrition, part-time work 	<p>In 2022, there was an Independent Child Safe Governance Review of the Launceston General Hospital, with the Governance Advisory Panel established as part of the Review making a number of recommendations. The Department of Health accepted all of the Review recommendations and committed to implementing them as part of its ongoing actions to improve the safeguarding of children across the entire Department of Health and Tasmanian Health Service.</p> <p>Those recommendations specific to Hospitals North West (HNW) include:</p> <ul style="list-style-type: none"> • Replacing the joint position of Chief Executive North/North-West, resulting in the appointment of the HNW Chief Executive in May 2023. Refer Recommendation 2, p28 & p35. • Replacing the joint position of Director of Improvement North/North West, resulting in the recruitment of the Executive Director Quality and Safety for HNW. Refer Recommendation 7, pg. 35.
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options, conduct of review of programs etc.

- Retitling of the HNW Director of Allied Health to Executive Director of Allied Health, to reflect operational and professional responsibility for allied health services consistent with any Statewide framework and policies. Refer Recommendation 13, p37.
- Consider the addition of a Sub-Acute, Ambulatory and Community Care clinical stream to HNW governance arrangements. Refer Recommendation 14, p37.

In consideration of the Commission of Inquiry recommendations and appointment of the new HNW Chief Executive in May 2023, there remains the need to significantly reform HNW governance arrangements including streamlining reporting to the Chief Executive, strengthening facility and service management groups and enhancing local decision making.

This is further supported through feedback provided by HNW executive members and senior leaders in 2023 that indicated the current governance arrangements were:

- Difficult to understand
- Led to role and responsibility confusion
- Mixed stream model that was not fully implemented
- Mixed stream reporting lines
- Marginalised Primary Health from the organisation
- Flat structure with 10+ reports to the HNW Chief Executive
- Operational and professional roles intermixed
- No clarity of the North West role in the State health system.

In addition, there is a need to enhance and build the Quality and Patient Safety Service (QPSS) to meet the needs of HNW, the Australian Commission on Safety and Quality in Healthcare, the Aged Care Quality and Safety Commission and other legislative and regulatory requirements.

Hospitals North West (HNW) is critical in supporting front line service delivery. It is important also that HNW functions and activities align with the THS service delivery structure.



As outlined in Change Proposal (1) HNW proposes to reform its governance and organisational arrangements, as well as enhance its patient safety service, to increase operational, clinical, regional and organisational coordination and improved safety and support of staff, contractors and volunteers. This will necessitate changes to both the governance and operational arrangements, safety, and leadership structure and Executive Committee.

This is important to provide for:

- Simplified executive tier
- Clearer stream structure and reporting lines for regional stream approach
- Addition of primary health as a stream within the organisation which prioritises its importance in health service provision in the region
- Clearer delineation of operational and professional roles
- Increased support for the Chief Executive office and the quality and safety service
- More emphasis on the importance of quality and safety in the organisation
- Acknowledgement in the structure of the statewide partner services as part of the regional services
- Clear acknowledgement of the North West as part of the statewide health system and reporting to the Deputy Secretary Hospitals and Primary Care and the Secretary of the Department of Health.

Change proposal (1) was provided to all staff in HNW to comment on, with a timeframe for feedback provided from 1 July to 31 July 2024. A number of feedback mechanisms were provided for staff to respond including:

- Written feedback via email
- QR code link to a short survey
- Two all staff forums
- Individual short meetings with the CE
- Group short meetings with the CE
- Feedback via their Union



	<p>Feedback received from stakeholders, including Union partners, was extensively reviewed and Change Proposal (2) was drafted and realigned to the feedback provided. Responses to feedback were provided to individuals, and broader feedback themes communicated to stakeholders.</p>
<p>Proposal for change:</p> <p>How the area proposes to meet the challenge:</p> <ul style="list-style-type: none"> • What is the change proposed for the area? • Why is this change necessary? 	<p>Change Proposal (2)</p> <p>The feedback received generally supported a case for change to achieve the benefits outlined above, however in order to undertake the proposed realignment changes a three-stage approach is proposed. The stages below are outlined including which proposed changes would be undertaken in each stage.</p> <p>Some additional changes are proposed under change proposal (2) in response to and with further consideration following feedback and some initially proposed changes have been withdrawn. These are all outlined below.</p> <p>Stage 1: Immediate changes</p> <p>With reference to the attached structural diagram the initial changes reflect the creation of an Executive Director of Operations and Performance function and role for the region. This will provide a foundation for improved and coordinated patient access and flow and a regional approach to the management of streams. This change is pivotal for Stage 2: Intermediate Changes to occur.</p> <p>Stage one also requires a new change to the stream structure in preparation for Stage 3 (Further Development of Clinical Stream). It is proposed to create a new Nursing Director – Emergency role to work collaboratively with the existing Clinical Director Emergency role. This improves the workload for the Nursing Director Critical Care and Acute Medicine role and assists in the further implementation of the stream structure across the region.</p>



With this change it is proposed to rename the Critical Care and Acute Medicine Stream to the Medicine Stream noting that it incorporates intensive care, general medicine, and sub speciality medicine.

Concurrently, in Stage 1, strengthening of the resource allocation to both the Chief Executive Office and the Quality and Patient Safety Service can occur as funding is identified.

To improve operational coordination and support service delivery, it is **proposed** the following positions be created:

- **Executive Director Operations and Performance (EDOP) (new)**
 - This regional position would be responsible for the strategic and operational management of the HNW to enable the delivery of quality services and to meet the requirements of the Service Plan, Patient Flow & Access, Finance & Budget, and other relevant performance indicators.
 - This position would manage and be accountable for the overall human, physical and financial assets and information resources to ensure the effective and efficient use of government resources.
 - This position would encompass the high-level operational functions of the North West Regional Hospital (NWRH) Nursing Director of Operations role, which is substantively vacant; and Mersey Community Hospital (MCH) Nursing Director of Operations role, which is substantively filled.
 - Localised functions under the NWRH Nursing Director of Operations and MCH Nursing Director of Operations positions would either return to HNW Director - Corporate Services or the appropriate Nursing or Clinical Director depending on the function. Detailed below.
 - This role would report to the HNW Chief Executive and proposed to be classified as Senior Executive Service (SES) Level 1/2 position.



- **Nursing Director Emergency (new)**
 - This position would be responsible for supporting the effective leadership and operational management of services including the Emergency Departments and the Emergency Medical Units at NWRH and MCH and associated Nurse Practitioners.
 - This position would work collaboratively with the Clinical Director/s Emergency across the region.
 - This position would ensure optimal standards of clinical practice, patient care and the patient experience, through clinical support, strong operational leadership, sound analytical planning and negotiation skills.
 - This role would report to the Executive Director Operations and Performance (EDOP) and proposed to be classified as a Registered Nurse Grade 8 Level 2 position.
- **Policy and Project Officer - Office of the EDOP (new)**
 - This position would provide detailed advice and support to the Executive Director Operations and Performance (EDOP), and HNW executive management team in the development and implementation of HNW health policy initiatives.
 - This position would participate in the management of complex strategic projects for HNW including service planning, patient flow & access, finance & budgeting, and other relevant performance indicators.
 - This role would report to the Executive Director Operations and Performance (EDOP) and proposed to be classified as a Band 6 (HAHSA) position.
- **Principal Project Officer - Office of the HNW Chief Executive (new)**
 - This position would coordinate the Office of the Chief Executive and manage the Policy and Project Officer, Executive Support Officer and Executive Assistant roles, as well as the Policy and Project Officer – Office of the EDOP.



- Responsible for executive level recruitment, strategic projects, and coordination of the culture program.
- This role will report to the HNW Chief Executive and proposed to be classified as a Band 7 (HAHSA) position.
- **Policy and Project Officer - Office of the HNW Chief Executive (new)**
 - This position would support the executive with the implementation and management of strategic projects and policies within HNW.
 - This role will report to the Principal Project Officer and proposed to be classified as a Band 6 (HAHSA) position.
- **Executive Assistant - Office of the HNW Chief Executive (new)**
 - This position would support the administrative function within the Office of the HNW Chief Executive.
 - This role will report to the Principal Project Officer and proposed to be classified as a Band 3 (HAHSA) position.

Quality Patient Safety Services (QPSS)

In addition, and to support a sound, effective and sustainable quality and patient safety service that will drive improvement and support effective governance across the region; it is further **proposed** the following positions be created to increase the QPSS permanent workforce from 10.50 FTE to 16.76 FTE:

- **Clinical Nurse Consultant (QPSS) – G6-Y5 – additional permanent 2 FTE (new)**
 - These positions will be responsible for applying a clinical perspective to all facets of the Patient Safety Service across HNW, and lead and monitor the safety event monitoring program



including identification and investigation of serious incidents and implementation of ratified recommendations.

- This includes actively participating in and contributing to clinical workstream processes, including the development and implementation of safety systems, improvement initiatives and related training, ensuring that quality and safety improvement processes are in place and acted upon.
 - Provide clinical advice, leadership, support and direction in the development and implementation of systems supporting effective quality care through the management of patient feedback, risk management, measurements of performance and outcomes, appropriate benchmarking, mentoring and advice on clinical practice issues.
- **Senior Advisor (QPSS) – Band 6 – additional permanent 1 FTE (new)**
 - This position would be responsible for overseeing the implementation, management and review of the Patient Safety Culture program by delivering a series of initiatives, which involve the development of new and existing programs, procedures and practices consistent with the program's objectives.
 - Undertake projects that will contribute to the successful implementation of a Patient Safety Program which include the broader strategic initiatives, as well as undertaking designated priorities in collaboration with relevant stakeholders.
 - Investigate and review the effectiveness of Patient Safety Culture workplans and programs through the analysis and reporting of relevant indicators.
 - **Advisor (QPSS) – Band 5 – additional permanent 2 FTE (new)**
 - These positions would be responsible for implementing and facilitating the planning, management, and evaluation of quality improvement projects and Patient Safety based improvements within clinical structures and throughout HNW.



- Coordinate and promote patient safety (quality improvement and risk management) programs in accordance with the Patient Safety Service Strategic Plan.
- Act as a resource providing professional advice on patient safety related matters.
- Work closely with consumers, department managers and clinical representatives on quality improvement initiatives including providing advice on both quality projects and clinical service based improvements.
- **Administrative Support Officer (QPSS) – Band 3 - additional permanent 0.76 FTE (new)**
 - This position would implement and facilitate the planning, management, and evaluation of quality and patient safety improvement activities and projects within QPSS.
 - Work closely with managers, clinical seniors and consumers on quality and patient safety improvement initiatives including providing advice on quality projects, consumer inclusion/engagement and service-based improvements.
- **Senior Data Analyst (QPSS) – Band 6 - additional permanent 0.50 FTE (new)**
 - This position would provide specialist advice on whole of HNW data collection, analysis, reporting and evaluation through database design and data modelling, database interrogation and investigation and implementation of data quality assurance processes for the Quality and Patient Safety Service.
 - Manage the collection and use of data associated with QPSS in accordance with State and National legislation, and the use of standard data code-sets for managing clinical and administrative information.

Executive Assistant roles

There will be some corresponding changes to Executive Assistant roles needed due to the changes to the positions they currently support.



This will primarily impact the following:

- Executive Assistant to Nursing Director Operations NWRH
- Executive Assistant to Nursing Director Operations MCH

There is potential that these positions would change reporting lines and support the newly created Executive Director Operations role and the other relevant position changes. This will be discussed with staff involved and will not occur until relevant positions have been recruited.

Stage 2: Intermediate Changes

At the completion of the recruitment of the EDOP position, elements of Stage 2 can commence. Stage 2 continues the strengthening of regionalising current service provision with the development of a Regional Integrated Operations Centre to improve patient access and flow. It is also proposed to align our Outpatient Services with the Outpatient Transformation Program with alignment to relevant streams in preparation for the anticipated Practice Management Model being implemented across HNW in 2025/2026.

To improve operational coordination and support service delivery, it is **proposed** the following positions be created:

- **Nursing Director - Integrated Operations Centre NW (IOC)**
 - This position would encompass the operational functions of the NWRH IOC Nursing Director and MCH IOC Nursing Director roles.
 - This position would provide regional leadership and operational management of the Integrated Operations Centres for both NWRH and MCH, as well as rostering and information, to achieve the defined objectives of the THS with regards to service-wide patient access and flow management across the HNW group.





- This role would report to the Executive Director Operations and Performance (EDOP) and proposed to be classified as a Registered Nurse Grade 8 Level 3 position, in line with Hospitals North, and relative to Hospitals South IOC Nursing Director positions.
- The functions of NWRH IOC Nursing Director, being undertaken by a supernumerary return to work employee part-time, would remain in place until the proposed new position is filled.

- **Nurse Unit Manager - Surgical Outpatients**

- This position would encompass the regional operational functions of managing outpatient services for the Surgical and Perioperative Service.
- It would integrate surgical outpatients across the region and work closely with the Nurse Unit Manager - Medical Outpatients and the Outpatient Transformation Program.
- The role would work collaboratively with the Nursing Director and Clinical Director Surgical and Perioperative Services to support high quality outpatient services to the community.
- The position is proposed to be primarily based at North West Regional Hospital.
- The position is proposed to report to the Nursing Director Surgical and Perioperative Services and proposed to be classified as a Registered Nurse Grade 7a in line with similar positions across the state.
- The intent would be to convert the existing Nurse Unit Manager Outpatients (NWRH) into this role.

- **Nurse Unit Manager - Medical Outpatients**

- This position would encompass the regional operational functions of managing outpatient services for the Medical services.
- It would integrate medical outpatients across the region and work closely with the Nurse Unit Manager - Surgical Outpatients and the Outpatient Transformation Program.



- The role would work collaboratively with the Nursing and Clinical Director Medicine to support high quality outpatient services to the community.
- The position is proposed to be primarily based at Mersey Community Hospital.
- The position is proposed to report to the Nursing Director Medicine and proposed to be classified as a Registered Nurse Grade 7a.
- The intent would be to convert the existing Nurse Unit Manager Outpatients (MCH) into this role.

Reporting Line Changes

To improve operational coordination and support service delivery, it is proposed the following positions and clinical streams reporting lines would change, to reflect the new governance structure:

- **Director Corporate Services**
 - Previously reporting to the Chief Executive, the Director Corporate Services would report to the Executive Director Operations and Performance (EDOP) and retain its function on the HNW Executive during the transition.
- **Nursing Director – Primary Health NW**
 - Previously reporting to the Chief Executive, the Nursing Director – Primary Health NW would report to the Executive Director Operations and Performance (EDOP) and retain its function on the HNW Executive during the transition.
- **Nurse Unit Manager – Medical Ward MCH**
 - Previously reporting to the Nursing Director Operations MCH, the Nurse Unit Manager Medical Ward would report to the Nursing Director Critical Care and Acute Medicine.
- **Nurse Unit Manager Close Observation Unit MCH**
 - Previously reporting to the Nursing Director Operations MCH, the Nurse Unit Manager Close Observation Unit would report to the Nursing Director Critical Care and Acute Medicine.



- **Nurse Unit Manager Rehabilitation MCH**
 - Previously reporting to the Nursing Director Operations MCH, the Nurse Unit Manager Rehabilitation would report to the Nursing Director Critical Care and Acute Medicine.
- **Paediatric Outpatient Staff**
 - Previously reporting to the Nurse Unit Manager Outpatient NWRH, all outpatient staff within Paediatrics would report to the Nursing Director Women's and Children's Services.
- **Nurse Unit Manager - Emergency Department MCH**
 - Previously reporting to the Nursing Director Operations MCH, the Nurse Unit Manager Emergency (MCH) would report to the proposed position of Nursing Director Emergency.
- **Nurse Unit Manager - Emergency Department NWRH**
 - Previously reporting to the Nursing Director Critical Care and Acute Medicine, the Nurse Unit Manager Emergency (NWRH) would report to the proposed position of Nursing Director Emergency.
- **Aboriginal Health Liaison Officer**
 - Previously reporting to the Manager Social Work, Aboriginal Health Liaison Officer role would report to the Executive Director Allied Health.
- **Multicultural Liaison Officer**
 - Previously reporting to the Manager Social Work, the Multicultural Liaison Officer role would report to the Executive Director Allied Health.
- **Dietitian Diabetes Service**
 - Previously reporting to the Diabetes Nurse Unit Manager, the Dietitian Diabetes role would report to the Manager Nutrition and Dietetics.
- **Psychologist - Diabetes Services**
 - Previously reporting to the Diabetes Nurse Unit Manager, the Psychologist Diabetes role would report to the newly created Manager Psychology.
- **Psychologist - Paediatrics**





- Previously reporting to Manager Occupational Therapy, the Psychologist Paediatrics role would report to the newly created Manager Psychology.
- **Psychologist - Rehabilitation**
 - Previously reporting to Manager Occupational Therapy, the Psychologist Rehabilitation role would report to the newly created Manager Psychology.
- **Specialist Social Worker - Specialist Palliative Care Service**
 - Previously reporting to the Nurse Unit Manager Specialist Palliative Care Service, the Specialist Social Worker SPCS role would report to the Manager Social Work.
- **Senior Social Worker Community Health (West Coast District Hospital)**
 - Previously reporting to the Director of Nursing West Coast District Hospital, the Senior Social Worker Community Health role would report to the Manager Social Work.
- **Team Leader Attendants MCH**
 - Previously reporting to the Nursing Director Operations MCH, the Team Leader Attendants would report to the Director Corporate Services.
- **Nurse Practitioner Community Rapid Response Service (ComRRS)**
 - Previously reporting to the Director of Nursing Chronic Complex Community Services the Nurse Practitioner ComRRS would report to the Nursing Director Primary Health.
- **Nurse Practitioners, Emergency Dept MCH**
 - Previously reporting to the Nurse Unit Manager Emergency Department MCH, the Nurse Practitioners ED would report to the proposed position of Nursing Director Emergency.
- **Nurse Practitioner Paediatric Outpatients**
 - Previously reporting to the Nurse Unit Manager Outpatients NWRH, the Nurse Practitioner Paediatric Outpatients would report to the Nursing Director Women's and Children's Services.
- **Nurse Practitioner Diabetes**
 - Previously reporting to the Diabetes Nurse Unit Manager, the Nurse Practitioner Diabetes would report to the Nursing Director Critical Care and Acute Medicine.



- **Nurse Practitioner Dementia Care**
 - Previously reporting to the Nurse Unit Manager Community Specialist Services, the Nurse Practitioner Dementia Care would report to the Nursing Director Primary Health.
- **Clinical Nurse Consultant (CNC) Infection Prevention Control Primary Health**
 - Previously reporting to the Nursing Director Primary Health the CNC Infection Prevention Control Primary Health would report to the Executive Director Nursing and Midwifery.

Proposed Changes Withdrawn from Proposal (1)

In the Change Proposal (1) the following was proposed as additional changes but after consultation and consideration these changes will not go ahead at this time or as part of Change Proposal (2):

- It was proposed that all Infection Control CNC positions would report to the NWRH Site Manager/ADON however based on additional feedback and discussion these positions will remain reporting to the EDONM.
- It was proposed that Clinical Nurse Educators across HNW including those within Primary Health would have direct line reporting to the Nursing Director – Education and Research. CNE roles in Primary Health will remain in their current reporting structure within Primary Health. The Executive Director Nursing and Midwifery will be tasked with reviewing the structure and model of clinical nurse education within the next 12 months. This will be the subject of a separate change proposal at that time if any changes are proposed following the review.
- It was proposed that Hospital in the Home would report to the Clinical and Nursing Directors for Critical Care and Acute Medicine. Due to the Department of Health considering a review of HiTH in the next 12 months, Hospital in the Home will remain in its current reporting structure within Primary Health in Change Proposal (2). There will be a separate change proposal should any changes be proposed at that time.
- A merger of 2 clinical streams was proposed (Critical Care and Acute Medicine and Emergency). Based on feedback and further deliberation this change had been modified to create a new stream specifically for Emergency medicine. Noting that further review of the



clinical stream structure across the region will occur in Stage 3. Refer Stage 3 – Further Development of Clinical Streams

Hospital North West Executive Committee Membership

The following roles will maintain their positions on the HNW Executive Committee and will not change reporting lines and there will be minimal changes to responsibilities:

- Chief Executive Hospitals North West
- Executive Director of Medical Services
- Executive Director of Nursing and Midwifery
- Executive Director of Allied Health Services
- Executive Director of Quality and Safety NW
- Hospitals North West Media and Communications Manager

The following roles will maintain their existing ex-officio positions on the HNW Executive Committee:

- Manager – Finance and Business NW
- Business Partner Hospitals North West – People and Culture

The following roles are proposed to be incorporated within the HNW Executive Committee in an ex-officio capacity:

- Director of Research - Hospitals North and North West
- Senior Manager - Business Relationships, Health ICT

Stage 3: Further Development of Clinical Streams



	<p>Stage 3 encompasses further review and development of the stream structure across HNW. In Change Proposal (1) it was proposed that Emergency Medicine and Critical Care and Acute Medicine streams merge. Stage 3 now proposes that a review of the stream structure and additional consultation occur across the organisation in terms of modernising and future proofing the structure across HNW. Should there be any changes proposed to the structure following the review, then that will be the subject of a separate change proposal.</p> <p>All existing positions remain including Clinical Lead roles which sit below the level of the Clinical Director. Noting that Stages 1 and 2 further strengthens the existing stream structure with the finalisation of reporting lines for Emergency medicine, the renaming of Critical Care and Acute Medicine Stream and the realignment of reporting lines for clinical services at MCH into the stream structure.</p>
<p>Impact of proposal on employees:</p> <ul style="list-style-type: none"> • What will be the impact on employees? • How is this being managed? • Include specifics on identified roles, teams, or individuals who are likely to be affected by the proposed change(s) and measures imposed to minimise impact and timelines 	<p>It is anticipated that there will be limited impact on most employees by these changes however there will be moderate impact to the positions identified in the previous sections above.</p> <p>It should be noted that all senior clinical positions will report professionally to their relevant Executive professional lead. For example, all Nursing Director positions will professionally report to the Executive Director of Nursing and Midwifery; and all Clinical Directors will professionally report to the Executive Director Medical Services.</p> <p>Increased alignment of business areas will be beneficial to employees and will provide a stabilised leadership team, increased role clarity and clearer accountabilities.</p>



There is one substantively filled role, which is not represented in the new structure, namely MCH Nursing Director of Operations. The incumbent of the role of MCH Nursing Director of Operations will be supported in accordance with usual redeployment case management processes.

Following consultation and feedback from key stakeholders, the proposed new roles that are to proceed in the new governance structure will be advertised in a staged process, taking into account recruitment timeframes and existing fixed-term contracts.

Following successful recruitment of positions, HNW anticipates refocusing reporting lines and communicating changes with business units and affected employees as soon as possible. To ensure a successful transition, changes will be implemented in a staged process to ensure sufficient handover periods and to mitigate excessive concurrent changes. Stages will be dependent on recruitment. Stage 2 will not commence until the EDOPS positions from Stage 1 is in place etc. Stage one is anticipated to take approximately 3-4 months, Stage 2 – approximately 6 months and Stage 3 approximately 2 months. This timeframe may be accelerated with prompt recruitment.

Relevant communication will be disseminated to affected employees in a timely manner to ensure a shared understanding and cohesive approach.

The nature and/or reporting lines of some roles may change, however duties and functions will remain consistent with the employee's Statement of Duties. Key identified roles are as follows:

- Nursing Director - Primary Health NW
 - It is proposed that this role will report to the Executive Director Operations and Performance.
 - The position will retain its function on the HNW Executive during the transition and implementation of the proposed realignment.





- The Nursing Director – Primary Health will assume reporting line responsibility and associated budgetary delegations for Nurse Practitioner ComRRS, and the Nurse Practitioner Dementia Care
- Director Corporate Services
 - This role will report to the proposed EDOPs position.
 - The position will retain its function on the HNW Executive during the transition and implementation of the proposed realignment.
 - The role will pick up a portion of the localised functions, following the proposed conclusion of the roles of Nursing Director – Operations NWRH and Nursing Director – Operations MCH. These are minimal and it is expected that the duties would be subsumed with minimal impact on workload. This will be monitored to ensure that any residual impact can be sustainably managed.
 - The Director Corporate Services will now assume reporting line responsibility and associated budgetary delegations for the Team Leader Attendants and the Attendant team at MCH.
- Nursing Director Medicine (formerly Nursing Director Critical Care and Acute Medicine)
 - The Nursing Director Medicine will now assume reporting line responsibility and associated budgetary delegations for Nurse Unit Manager - Medical Ward MCH, Nurse Unit Manager Rehabilitation MCH, Nurse Unit Manager - Close Observation Unit MCH, Nurse Unit Manager – Medical Outpatients, and Nurse Practitioner Diabetes.
- Nursing Director Surgical and Perioperative Services (SAPS)
 - The Nursing Director SAPS will now assume reporting line responsibility and associated budgetary delegations for Nurse Unit Manager – Surgical Outpatients.
- Nursing Director Women’s and Children’s Services (WACS)
 - The Nursing Director WACS will now assume reporting line responsibility and associated budgetary delegations for Paediatric Outpatient staff, Nurse Practitioner Paediatric Outpatients, Paediatric Outpatient staff.



- Nursing Director Emergency (New)
 - The Nursing Director Emergency will assume reporting line responsibility and associated budgetary delegations for the NUM Emergency NWRH, the NUM Emergency MCH, the Emergency Medical Unit MCH, the Emergency Medical Unit NWRH, and Nurse Practitioners Emergency (MCH).
- Manager Social Work
 - The Manager Social Work will now assume reporting line responsibility and associated budgetary delegations for the Specialist Social Worker – Specialist Palliative Care Service, and Senior Social Worker – West Coast District Hospital. They will no longer have responsibility for the Aboriginal Health Liaison Officer or the Multicultural Liaison Officer.
- Manager Nutrition and Dietetics
 - The Manager Nutrition will now assume reporting line responsibility and associated budgetary delegations for Dietitian Diabetes Service.
- Manager Psychology
 - The Manager Psychology will now assume reporting line responsibility and associated budgetary delegations for Psychologist Rehabilitation, Psychologist Diabetes Service and Psychologist Paediatrics.
- Executive Director Allied Health (EDAH)
 - The Executive Director Allied Health will now assume reporting line responsibility and associated budgetary delegation for the Aboriginal Health Liaison Officer and the Multicultural Liaison Officer.
- Executive Director Quality and Patient Safety
 - The Executive Director Quality and Patient Safety will now assume reporting line and associated budgetary delegation for any newly created Quality and Safety positions.
- Executive Director Nursing and Midwifery



	<ul style="list-style-type: none"> • The Executive Director Nursing and Midwifery will now assume reporting line and associated budgetary delegation for the CNC Infection Prevention and Control Primary Health. • Executive Director Operations and Performance (New) <ul style="list-style-type: none"> • The Executive Director Operations and Performance will now assume reporting line and associated budgetary delegation for the Director of Corporate Services, Nursing Director Primary Health, Nursing and Clinical Directors Medicine, Nursing and Clinical Directors Emergency, Nursing and Clinical Directors SAPS, Nursing and Clinical Directors WACS. <p>Once the new structure is established the statement of duties for individual positions will be monitored and updated to reflect the functions of the role. Updated statement of duties will be reviewed by the People and Culture Job Design team.</p>
<p>What is the financial impact of this proposal?</p> <ul style="list-style-type: none"> • Is there a cost to the proposal? • What are the savings associated with this? • Is this consistent with the financial management strategy? 	<p>In principle funding approval for this change proposal has already been received, and most changes have utilised current funded positions or have been previously approved with funding. Any new positions created will only progress with identified funding and may therefore be delayed in stages but continue progressively as budget allows.</p>
<p>Impact of proposal on services:</p> <ul style="list-style-type: none"> • What will be the impact on services? • How is this being managed? 	<p>The revised structure including the introduction of the new roles will enhance the capacity for the region to deliver services and will improve the timeframe in which enhancements can be facilitated.</p> <p>Noting that Change Proposal (1) was consulted and reviewed in July - October, Change Proposal (2) is proposed to be consulted during mid December 2024 to early January 2025. Following final consultation</p>



<ul style="list-style-type: none"> • Include measures imposed to minimise impact and timelines • Outline possible or probable service delivery consequences and the effect on other areas of the service (by way of cost shifting) • How will the workload be managed? 	<p>and with respect to staff and leadership feedback, Hospitals North West anticipates commencing implementation of Stage 1: Immediate Changes before the end of the end of January 2025.</p> <p>Due to the timing of existing fixed-term contracts, recruitment and organisational changes can be deployed in a staged process. There will be minimal if any expected impact on services and impacts on affected staff will be minimised where possible, including protracted handover periods where necessary.</p> <p>Ongoing communication with stakeholders will ensure the changes implemented are reviewed and any further changes required will be discussed and reviewed prior to implementation. Any significant proposed change that may arise from the subsequent review would be the subject of a separate change proposal.</p>
<p>Proposals for change – communication:</p> <ul style="list-style-type: none"> • How will the proposals be communicated to employees? • Identify links to information sources • Identify the relevant people leading the change and their contact details <p>Where suggestions/alternatives are put forward during the consultation process a response is to be provided. Where proposals are altered</p>	<p>The following consultations and communications have occurred to date:</p> <ul style="list-style-type: none"> • Consultation with the Executive Committee forecasting changes to the organisational structure to create a more cohesive and supportive strategic structure to support service delivery whilst addressing the feedback provided by HNW executive members and senior leaders in 2023 in relation to the current governance arrangements. • Identified impacted staff had pre-briefing meetings one to one for Change Proposal (1) on 28 June and 1 July 2024. • Change proposal (1) was provided for all staff in HNW to comment on from 1 July to 28 July 2024 via REACH. • Extensive written feedback was received via email. A full range of responses was sent out on 9 and 10 December 2024. • A QR code link to a short survey was provided with the REACH notifications. • Two all staff forums were held on 5 July 2024 and 19 July 2024 • Individual short meetings with the CE were held during July and August 2024. • Group short meetings with the CE were held during July and August 2024. • Change Proposal (1) was provided to Unions for consultation and written feedback was provided from all Unions.



<p>further consultation must occur.</p>	<p>Further communication and consultation to take place:</p> <ul style="list-style-type: none"> • Pre-briefings for impacted staff will be held 11 and 13 December 2024. • Change Proposal (2) will be provided via REACH for a consultation period of 5 weeks from 16 December 2024 until the 17 January 2025. • Additional all staff forums will be held. • Staff will be encouraged to submit written feedback via email. • The Change Proposal will be provided to Unions for consideration and feedback. • Relevant managers will be required to provide communication to, and meet with, affected staff. • Redrafted Statement of Duties for affected positions will be conducted if required and consultation will take place with affected staff members. <p>Discussions will be held with any individuals directly impacted by this change proposal prior to the change proposal being released to ensure any relevant supports and options can be communicated.</p>
<p>Proposals for change – employee support services:</p> <ul style="list-style-type: none"> • What support will be provided to directly affected employees and to employees generally? 	<p>Manager interaction and escalation pathways will be available to staff, as well as the following contacts:</p> <p>Paula Hyland Chief Executive - Hospitals North West Email: paula.hyland@ths.tas.gov.au Phone: (03) 6493 6539 Mobile: 0439 446 789</p> <p>People and Culture are available to assist and advise staff.</p> <p>Anthony Edwards Business Partner - People and Culture Hospitals & Primary Care, Northwest Email: anthony.edwards@health.tas.gov.au</p>



Mobile: 0476 910 927


The Department’s Employee Assistance Program (EAP) is available if you consider their support would be beneficial. EAP provides a confidential counselling service to employees, their immediate family and those with whom they have a significant relationship.

Contact details are as follows:

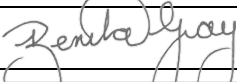
- Catholic Care Tasmania
Phone: 1800 674 434 or email: eap-intake@aohtas.org.au
- Converge International
Phone: 1300 687 327 or email: eap@convergeintl.com.au
- Newport & Wildman
Phone 1800 650 204
- Positive Solutions
Phone: 1800 064 039 or email: admin@positivesolutions.com.au

Endorsement of proposal


Manager/Stream Head

Signature		Date	2 December 2024
Name	Paula Hyland - Chief Executive Hospitals and Primary Care North West		
Comments			

People and Culture - Business Partner

Signature		Date	11 December 2024
Name	Benita Gray – Business Partner Lead, Hospitals & Primary Care		



Comments			
Group Head/Delegate			
Signature		Date	11 December 2024
Name	Brendan Docherty – Deputy Secretary Hospitals and Primary Care		
Comments			

Next steps

The Change Register Summary Template is to be completed for major change and forwarded to hr@health.tas.gov.au at the end of the process.

Contact People and Culture

If you have any HR related queries, visit the [service portal](#) or call 1300 812 535.

