

# Proposed Leadership Restructure - Public Health & Refugee Health Service Consultation Feedback & Response

Feedback was received via email, through Service Managers and in meetings with staff and Unions.

Concerns/Comments and Questions are summarised with any suggestions put forward and a response.

## General Comments

Concern/Comment/Question	Response
Will there be a form for feedback?	Yes. A feedback form was provided.
What is the expected timeline for implementation?	The consultation period runs for 14 days, followed by submission to the CE for approval to proceed to implementation. New positions will be submitted for grading. Recruitment will then begin. The anticipated implementation timeframe is by the end of March 2026.
When will recruitment begin?	Recruitment will commence once endorsement is received from the CE.
Confirmation of current professional reporting line for Operational Nurse Manager NM3 within PHU & RHS	The Nurse Manager positions report professionally to the Director, Nursing and Midwifery – the organisational chart will be updated to reflect this.

# Public Health

Concern/Comment/Question	Response
<p>What happens if there is a disagreement within the co-director model, especially when personality-driven? Has this been considered, and are there better solutions?</p>	<p>Differences of opinion are possible. To manage this, there must be clearly defined roles and responsibilities across clinical and non-clinical functions. Staff need to understand who is responsible for which decisions – operational and strategic matters will sit with the non-clinical director, while clinical matters sit with the clinical director.</p> <p>The entire management team must work collaboratively. This model has been used successfully in other districts.</p> <p>As with any change the co-director model will be trialled for a period and reviewed post-implementation. Any issues can be escalated to the Director of Population Health.</p>
<p>Are the Priority Populations Immunisation Program (PPIP) CNE and CNC new roles?</p>	<p>No. These are temporary positions funded by specific project funding the PPIP. They were accidentally omitted from the organisational chart initially circulated.</p> <p>The organisational chart has been updated.</p>
<p>PPIP reporting lines appear split across different team members</p>	<p>Many teams work across multiple reporting lines. Effective communication is essential, along with clear work plans at both the team and individual level. Concerns about unclear expectations or communication should be raised through reporting lines and discussed within the senior management team of the PHU.</p>
<p>Do our Position Descriptions change if there is no change to reporting lines?</p>	<p>No. Position Descriptions remain unchanged if reporting lines remain the same.</p>

Concern/Comment/Question	Response
<p>Environmental Officers will report to the non-clinical director: how will dual reporting managed when clinical matters arise?</p>	<p>Under the Public Health Act, the 'Director of Public Health' not a 'Medical Officer of Health' holds authority for regulatory functions. In the new structure either co-director will have this authority. Clinical matters should be escalated to the clinical director. Standard Operating Procedures (SOPs) and delegations will be established to ensure clarity regarding escalation pathways.</p> <p>Staff will report administratively to the Non-Clinical Director.</p>
<p>When will recruitment for the non-clinical director begin?</p>	<p>Population Health will submit a final brief to the CE for approval to proceed with implementation of the revised structure. Grading for the Non-Clinical will be confirmed and recruitment is expected to commence toward the end of February.</p> <p>An interim director will be appointed following Dr Mitchell Smith's return to the Refugee Health Service. followed by a request to the CE to finalise implementation and determine the official commencement date.</p>
<p>Why is the Clinical Director (Head of Department) role advertised only within the service?</p>	<p>For Head of Department positions within SWSLHD the standard process is that applications are limited to staff within the service. Appointments are made for a term of up to five years, consistent with the quinquennium. In this case, the role pertains to the Clinical Co-director position.</p>
<p>Administration positions should all report through Operations Officer to ensure cohesive team approach.</p>	<p>Reporting line of Administration Officers (AO4) has been amended to report to Operations Officer (AO5).</p>

# Refugee Health

Concern/Comment/Question	Response
Is there a hierarchy of nurses in the org chart?	All nursing teams report directly to the NUM1.
What is the role of the Career Medical Officers (CMOs)?	The General Practitioners (GPs) within the Refugee Health Service are employed as Career Medical Officers.
What is the role of the Nursing Unit Manager (NUM) Level 3?	<p>The Nursing Manager (NM) will directly line-manage both the NUM1 and the CNC.</p> <p>The role focuses on strategic functions and Model of Care (MOC) development.</p> <p>When this change is implemented the Nurse Manager and NUM1 will work together to clearly outline roles and responsibilities.</p>
What are the budget considerations for the new structure?	The changes to the Director role within the Refugee Health Service will result in savings that are being reinvestment in the NUM1 role.
When is Dr Mitchell Smith expected to return?	Dr Mitchell Smith is taking some leave and will return to the Refugee Health Service in March.
Will there be an RN vacancy within the team?	If a current RN was successful in securing the NUM1 position, their RN role would become available for recruitment.
Will the Senior Admin Officer provide support for the Staff Specialist?	Yes. The Senior Admin Officer will provide support for the Directors and other senior managers across the service.

Concern/Comment/Question	Response
Positive feedback regarding RHS Director managing strategic and operational issues and Staff Specialist focusing on clinical issues.	Noted
Concern raised by 3 staff that admin AO2 is listed as 2.84FTE not 3FTE	Current approved profile for AO2 within RHS is 2.84.
Can you please outline the Staff Specialist's scope of practice (in particular will the SS be involved in patient pathology ordering and review, or have capacity to see patients)	The Staff Specialist's job description includes the ability to provide clinical services to people from a refugee background if required. However, as RHS has 1.2FTE CMOs, direct clinical work is not expected to be provided except in exceptional circumstances. The Staff Specialist will contribute to policy, provide high level advice and clinical leadership, and provide supervision and direction to RHS' primary care clinics The role will provide clinical governance, service collaboration, education and training, and provide clinical advice to RHS staff on health issues and screening.