Northern NSW
Local Health District

Financial Operations

Finance Staff Realignment

Consultation Paper

12 June 2026

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2 Purpose

The Chief Financial Officer requested a refinement of Finance roles and responsibilities to improve efficiency and support delivery of high-quality services. The scope includes the roles, responsibilities and processes which make up the four Finance streams:

- Financial Operations
- Financial Planning, Analysis & Prioritisation
- Business Management
- Funding & Business Improvement

The purpose of this document is to provide employees with the opportunity to comment on the proposed refinements within the Finance Directorate. Staff are invited to provide comments and feedback prior to any changes being finalised.

3 Business Management

3.1 Background and Introduction

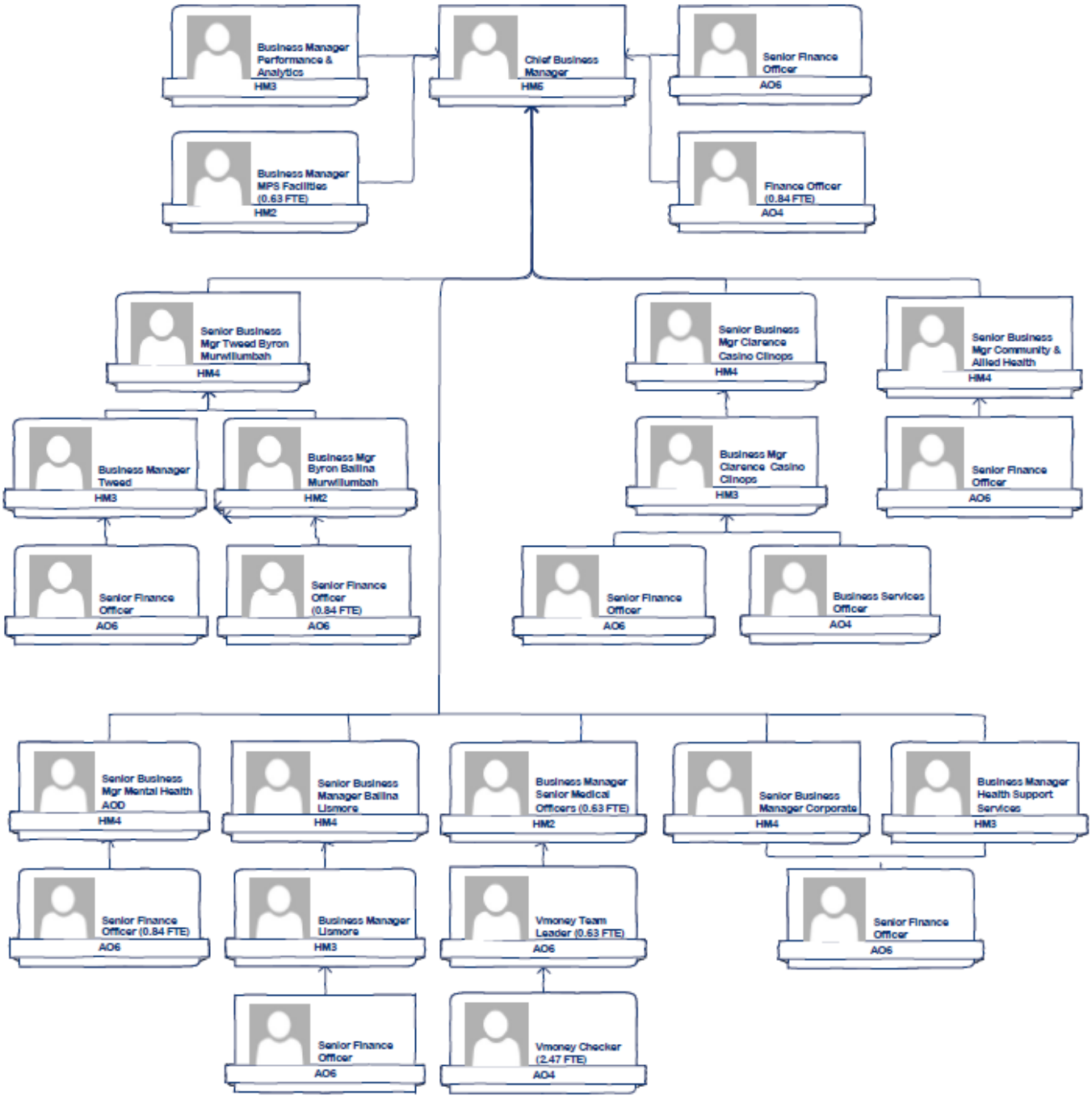
In 2023, the NNSWLHD Executive Leadership Team approved the recommendations contained in both the Finance & Business Manager review, and the stage two review of roles supporting Finance & Business Managers. The outcome of the reviews was the design of a new operating model and supporting organisational structures which integrated financial and business management functions. The transition to the new Finance structure, which included transitioning Business Managers and Finance Officers from individual Directorates into the Finance Directorate, took place progressively over the financial year 2024.

A key facet of the review was to centralise Business Managers and Finance Officers within the Finance Directorate to improve operational effectiveness, financial stewardship, increase parity, and drive greater consistency of practice. Specifically, the integration of Finance and Business Management was anticipated to create an environment where:

- Finance and Business Managers have a greater level of **support and technical guidance**
- **Resource allocation and management** is conducted across the finance and business management network to improve leave management and access to career progression and development opportunities
- **Service delivery is more consistent and effective**, driven by clear and consistent responsibilities and accountabilities, frameworks and controls which will in turn enhance financial governance and stewardship
- **Operational silos** are broken down and teams can work more collectively together to analyse and assess business needs and imperatives to better serve the LHD.

Now that NNSWLHD has had time to settle into the new structure it is timely to assess the success of the organisational change in delivering the outcomes that were being sought and to identify opportunities to improve the efficiency and delivery of high-quality Finance & Business Management services.

3.2 Current Business Management Structure



Note: This diagram omits the Lismore Practice Manager who currently reports to the Lismore Ballina Senior Business Manager as this is a temporary measure in place until Lismore find a suitable manager for the Outpatient Department.

3.3 Key Issues and Gaps

The transition to the new Finance and Business Management structure has delivered improvements in several areas including:

- Finance team collaboration and formal support networks
- Standardisation of processes
- Centralised management of leave relief
- Improved parity of resourcing levels across services
- Improved parity of position descriptions and position grades
- Streamlined and consistent domains of responsibility across facilities

The following sections highlight the issues which persist following the organisational change as they relate to the specific outcomes that were being sought.

3.3.1 Support and technical guidance for Finance & Business Managers

- A lack of business intelligence continues to limit the efficiency and effectiveness of the Business Manager team. Business Managers do not have readily accessible information or an analyst team and so spend inordinate amounts of time in gathering disparate data sets and piecing them together.
- There is currently no linking of workforce, finance and activity data; to analyse and interpret financial results Business Managers must link these data sets manually.
- Workforce reporting involves manually combining actuals data from one source, and budget data from another.
- Without business intelligence Business Managers are not able to provide data-driven analysis and performance benchmarking to assist with strategic decision making.

3.3.2 Operational siloes

- Centralisation of Business Management within Finance has broken down some operational siloes however Business Management teams continue to duplicate tasks such as producing reports, not yet fully capitalising on opportunities to combine tasks across facilities.
- The LHD is Increasingly moving towards networked clinical services spanning multiple facilities and the current Business Management structure is inconsistent with this model which creates decision making delays and incorrect mapping of costs to activity.

3.3.3 Consistent and effective service delivery

- While there have been improvements in the creation of some standard reports, inconsistent financial information continues to be presented between facilities.
- NNSWLHD is not optimising the potential for strategic service delivery from our Senior Business Managers who are not consistently delivering strategic or high value financial analysis and advice, such as using the DNR and ABM Portal to identify opportunities and focus EIPs, or collaboratively leading service development initiatives.

3.3.4 Resource allocation and management

- The changes to the structure have led to improvements in the LHD's ability to readily backfill HM4 Senior Business Manager positions. Leave relief has improved through centralised resource allocation with HM2 and HM3 Business Managers willing to step into the higher graded positions as required. However, these improvements have been less evident when backfilling HM2 and HM3 Business Manager positions; The changes have not delivered

improvements in career progression and succession planning at lower Health Manager levels.

- To build team capability Business Managers need to delegate more tasks to the AO6 Finance Officers however there is a capacity issue due to the AO6 positions spending too much time on lower-level administrative tasks such as paying invoices, procurement and basic distribution journals. It would be more efficient to have these tasks performed by AO3 and/or AO4 graded positions however the current structure has a shared resource of just 0.84 AO4 FTE.
- The Chief Business Manager has twelve direct reports which limits time available to make strategic headway. The Business Managers for Multi-Purpose Facilities, Senior Medical Officers and Health Support Services do not have a Senior Business Manager reporting line, placing additional managerial load on the Chief Business Manager. Episodic Ministry and HealthShare requests such as capital investment proposals and work associated with the centralisation of HealthShare services will often become the responsibility of the Chief Business Manager.
- Key person risk exists with the Business Manager Senior Medical Officers who is responsible for paying doctors their monthly rights of private practice drawings. This task is detailed and requires specialised knowledge; there is currently no other Business Manager with the capacity or knowledge to perform this task.
- Within the current Business Management structure there is not a position responsible for overseeing shared services such as patient transport and pathology. Monthly invoices to the LHD for these services are not reconciled against patient data to ensure charges should not be directed elsewhere. The existing Business Management structure is light on lower-level Business Managers appropriately skilled to reconcile data sets and lacks accountability for shared services.

3.3.5 Evolving Business Management responsibilities

In the time since the implementation of the new Finance & Business Management structure divergent areas of focus for NSW Health have necessitated greater Business Management involvement.

In 2024, NNSWLHD commenced a review of fundraising to identify opportunities to grow Restricted Financial Asset (RFA) revenue and approved a full-time Fundraising and Sponsorship Manager. Fundraising continues to be a strategic priority for the NNSWLHD Board and Executive. Also, in 2024 the expenditure of RFA funds came into the LHD's focus culminating in the creation of the RFA Expenditure Governance Committee to oversee all applications for expenditure of RFA funds. Both initiatives require the ongoing support of the Senior Business Manager Corporate who has flagged the need for assistance due to the strict internal controls, compliance and oversight needed to ensure transparency, accountability, and the protection of donor funds. The Ministry of Health have also increased their focus on the use of RFA funds and have released for consultation a draft set of RFA guiding principles to shape a new policy directive. These guiding principles will increase the financial compliance and reporting obligations for RFA accounts and existing Business Manager structures do not adequately provide for this.

The MoH is also increasing their focus on clinical trials, with state-wide engagement now underway to introduce a raft of changes which include the use of clinical trial management systems for financial forecasting and use of the Budget Transaction System to create expense and revenue budgets for each clinical trial. NNSWLHD is currently a small player in the clinical trials space

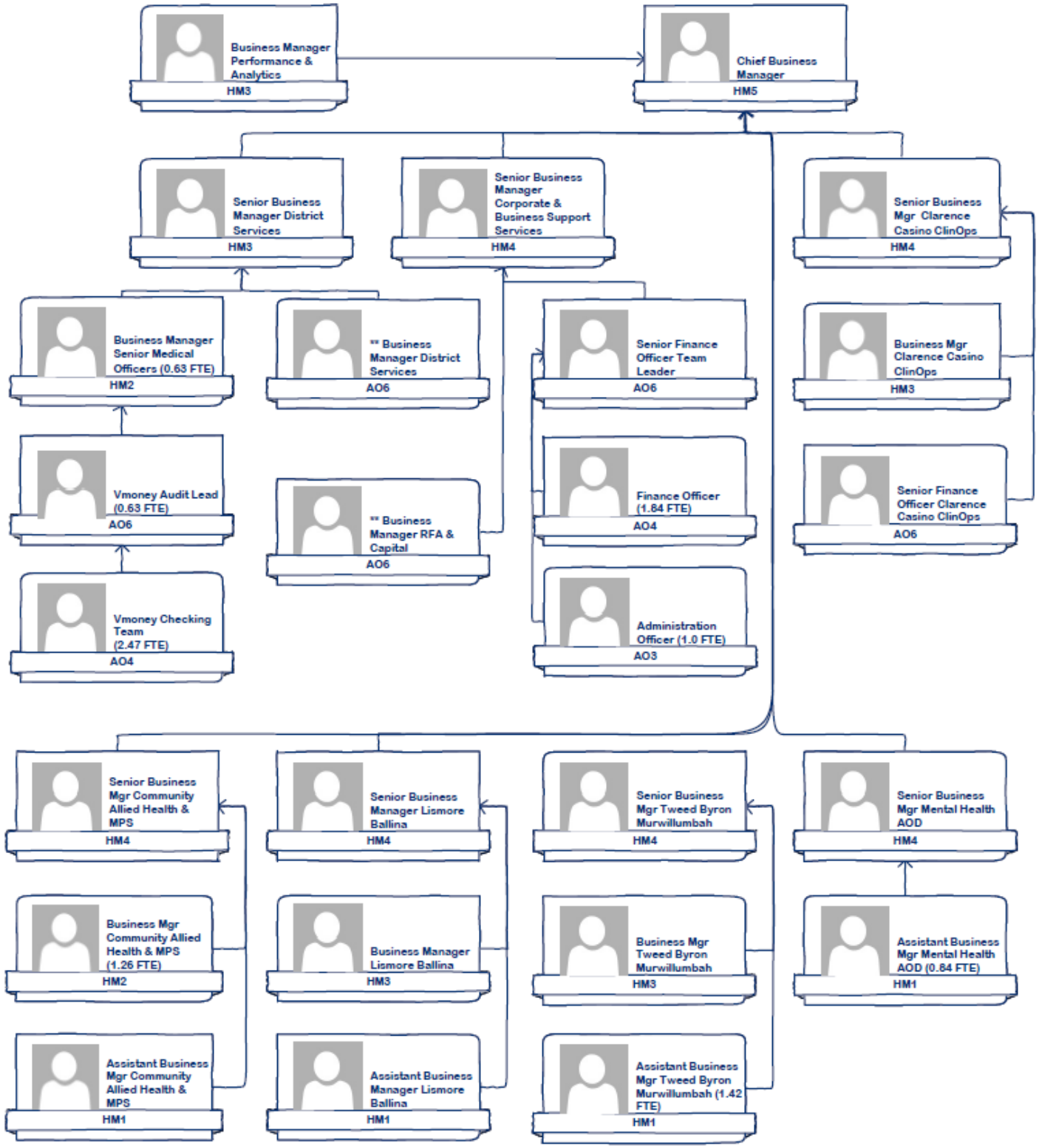
however there is some willingness within the LHD to seek out more lucrative clinical trials which would bring about a need for greater Business Management support.

Since the implementation of the Finance & Business Management structure NNSWLHD has strengthened capital expenditure governance through the creation of the Asset Management Committee and Application for Capital Expenditure process. The Business Manager Corporate supports these processes with financials and capital asset management reporting. The Ministry of Health / eHealth NSW are increasing the financial compliance needed at the point of requisitioning of capital assets due to the imminent transition of Fixed Assets to ERP. These changes have and will continue to contribute to the workload of the Senior Business Manager Corporate.

The Community & Allied Health portfolio has grown significantly since the time of the Finance & Business Management Review approval in 2023. Additional services added since this time include Parkinsons Disease, Spinal Cord Injury, Brain Injury, additional IPARVAN services, Tweed Urgent Care Service, ACOS, Brighter Beginnings, additional Assertive Outreach services, and many more. Medical staff numbers have grown from two to twelve over this same period. The diversity of these service models adds additional complexity with the portfolio spanning seven distinct service streams with ninety-two different service types across twenty-seven locations across acute, outpatient, community and RAC settings with differing risks, funding models and reporting obligations. The Business Manager C&AH is accountable for twelve service grants each with separate compliance, reporting and acquittal requirements in addition to multiple time-limited funding sources (30% of the LHD's total) with layered sub-funding streams. The continued transfer of clinical and medical services such as rehabilitation medicine, new bed openings and menopause services into the portfolio is placing further strain on the Business Manager and increasing LHD exposure to financial, workforce and compliance risk.

The recent transition of multiple shared services to HealthShare has highlighted a gap in the current Business Manager structure whereby all finance work associated with these district-wide services is directed to the Chief Business Manager. Finance accountability for shared services must be appropriately defined within the Business Manager structure to provide the Chief Business Manager with a responsible delegate.

3.4 Proposed Future Structure



** Graduate Positions

3.5 Benefits of the Proposed Future Structure

- Operational siloes are reduced by removing the position of Business Manager Byron Ballina Murwillumbah and absorbing these smaller facilities under the Senior Business Manager for the relevant network. This better aligns the Business Manager network with emerging clinical networks and patient flow networks.
- The proposed structure reduces the workload of the Chief Business Manager by reducing direct reports from twelve down to eight and introducing a delegate responsible for LHD wide shared services. These changes will free up time for the Chief Business Manager to focus on work of high strategic value such as collaborating with the Business Intelligence & Analysis Unit on the development of improved business intelligence.
- Aligning the Business Managers of the Multi-Purpose Facilities and Community & Allied Health will increase support and leave relief for these positions which share commonalities in the areas of revenue acquittals, allied health and aged care services.
- The addition of 0.63FTE HM2 Business Manager to support Community & Allied Health will enable a shift from reactive, crisis-driven operational management to a more strategically planned and sustainable service. The additional resource will strengthen governance across grants, time-limited funding and acquittals, and thereby reduce the LHD's exposure to financial, workforce and compliance risk.
- The repurposing of several AO6 Finance Officers to transition to HM1 Assistant Business Managers, in conjunction with the creation of a centralised Administration Officer pool, will remove barriers to career opportunities and succession planning that currently exist within BM teams:
    - The Administration Officer pool consisting of 1.0 FTE AO6, 1.0 FTE AO3 and 1.84 FTE AO4 positions will take on the centralised processing of procurement, invoice processing and standard monthly template journals. This will free up the Assistant Business Managers to receive a greater variety of higher-level work to build their capability.
    - HM2 and HM3 Business Managers will be able to delegate HM1 appropriate Business Manager work to the Assistant Business Managers, in effect preparing the latter group for career progression opportunities into the future.
- The introduction of HM1 Assistant Business Managers and centralised processing of AO3 and AO4 tasks creates stepping stones to career advancement that will ensure that Business Manager teams are better placed to allocate tasks to an appropriately graded staff member. In doing so our more senior Business Managers will have greater opportunities to focus on business improvement such as reducing duplication of reporting across the district, delivering strategic or high value financial analysis and advice, collaboratively leading service development initiatives, or capitalising on economies of scale opportunities.
- The new graduate position Business Manager RFA & Capital will position our LHD to adapt to the changing compliance landscape in the areas of RFA, Capital and Clinical Trials and provide a platform from which the LHD can grow fundraising, sponsorship and clinical trial revenue with appropriate Finance support in place.
- The new graduate position Business Manager District Services will bolster the LHDs capacity to analyse data to seek out efficiencies in the areas of patient transport, pathology, linen and will monitor expense trends for HealthShare transitioned services. This position will also bolster support for the four members of our Executive Leadership Team currently receiving Business Management services from the Business Manager Health Support Services.

- Graduate Business Managers will be provided with the opportunity to gain experience in Finance policies, systems, and processes in a supported environment. Graduate Business Managers will strengthen Business Manager HM2 & HM3 redundancy and succession planning alongside Assistant Business Managers wishing to pursue a career in Business Management.
- The key person risk that currently exists with the Business Manager Senior Medical Officers will be ameliorated with the broadening of this team to include the AO6 graduate position Business Manager District Services and new reporting line to the HM3 Senior Business Manager District Services, both of whom could potentially be trained in rights of private practice payments to our Senior Medical Officers, RFA infrastructure payments, and associated taxation statements.

3.6 Key Changes

3.6.1 Overview

- This proposal involves repurposing 6.68 FTE AO6 Senior Finance Officer positions to create 1.0 FTE AO6 Senior Finance Officer Team Leader and 4.26 FTE HM1 Assistant Business Manager positions.
- Removal of the HM2 Business Manager Byron Ballina Murwillumbah position and absorbing Business Manager responsibility for these smaller facilities under the Senior Business Manager for the relevant network.
- Creation of 0.63 FTE HM2 Business Manager to support the Community Allied Health & MPS Facilities portfolio.
- Two AO6 Graduate Business Manager positions created; 1.0 FTE Business Manager RFA & Capital, and 1.0 FTE Business Manager District Services.
- Creation of a central Administration Officer pool, including a new position 1.0 FTE Administration Officer Level 3.
- Realignment of some reporting lines into logical groupings to increase support, leave relief and reduce management load for the Chief Business Manager.

The financial impact of the changes is summarised in the below table.

	Budgeted FTE	Budgeted FTE $ per annum
Current Business Management Structure	24.63 FTE	$3,610,210
Proposed Business Management Structure	25.51 FTE	$3,607,481
Change	+ 0.88 FTE	- $2,729

3.6.2 New and Redesigned Positions

Two positions have been created or redesigned with proposed key accountabilities below.

Assistant Business Manager, Health Manager Level 1

Primary Purpose

Coordinate and support a range of accounting and general administrative activities to the Finance teams and to support the effective financial and management accounting and administrative functions of the organisation.

Key Accountabilities

- Provide a range of accounting, budgetary and administrative services to support the LHD Financial Services Unit and Business Management Function to meet operational and performance reporting requirements.
- Assist with accounting tasks relating to month end, early close and year end to support the meeting of reporting requirements.
- Assist with the maintenance of a comprehensive financial reporting system, ensuring delivery of financial information required to comply with funding conditions and to deliver information on budget and expenditure performance to meet the LHD and Ministry requirements.
- Assist the Finance and Business management staff with project work when requested by providing financial analysis and support on a timely basis.

Graduate Business Manager, Indicative Grade Administration Officer Level 6

Position description to be developed in conjunction with stakeholders following conclusion of the consultation process.

3.8.3 Method of filling new and redesigned positions

To minimise the impacts on staff and to create as much job certainty and security as possible, impacted staff will be directly matched and appointed to positions wherever possible.

New/Redesigned Position	Grade	Method of Filling Role
Graduate Business Manager 2.0 FTE	AO6*	Graduate intake program in collaboration with Southern Cross University
Assistant Business Manager Lismore Ballina, and Assistant Business Manager MHA&OD, and Assistant Business Manager Community Allied Health MPS Facilities 2.84 FTE	HM1	Direct match – Senior Finance Officers at Lismore, MHA&OD, and Community & Allied Health to be directly appointed to the Assistant Business Manager position within their current portfolio subject to meeting the essential requirements of the position or be likely to perform adequately in it in a reasonable period, supported by training if necessary.

Assistant Business Manager Tweed Byron Murwillumbah 1.42 FTE	HM1	Invite eligible candidates to apply for this position: Senior Finance Officer Byron Ballina Murwillumbah 0.84 FTE, and Senior Finance Officer Tweed 1.05 FTE
Senior Finance Officer Team Leader 1.0 FTE	AO6	Invite eligible candidates to apply for this position: Senior Finance Officer Byron Ballina Murwillumbah 0.84 FTE, and Senior Finance Officer Tweed 1.05 FTE
Finance Officer 1.84 FTE	AO4	Direct match: AO4 Finance Officer, Chief Business Manager 0.84 FTE, and, AO4 Business Services Officer Clarence 1.0 FTE to be directly appointed to the position of AO4 Finance Officer, Business Management.
Administration Officer 1.0 FTE	AO3	Vacant – Advertise internally across health
Business Manager Community Allied Health & MPS Facilities 0.63 FTE	HM2	Vacant – Advertise internally and externally to health

*Indicative grade subject to the development and grading of a position description.

4. Financial Operations and Financial Planning, Analysis & Prioritisation

4.1 Background and Introduction

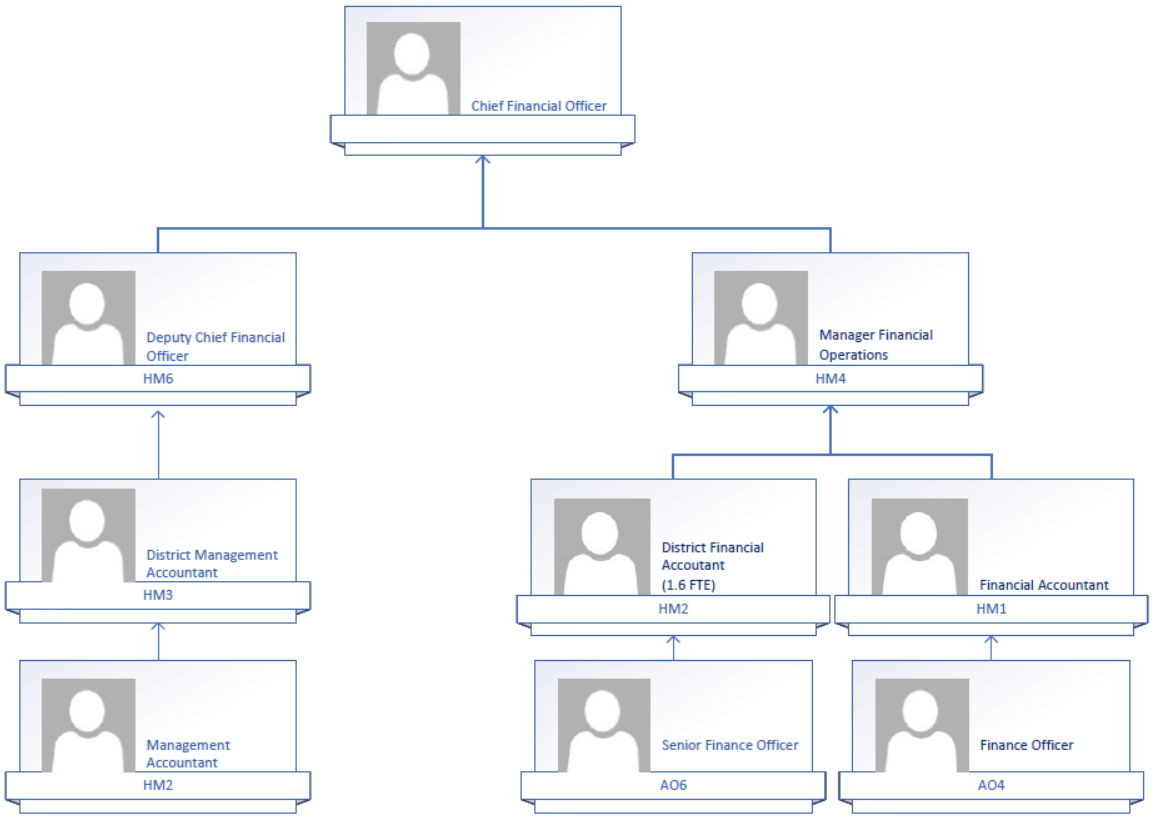
Following the approval of the Finance & Business Manager review recommendations in 2023, the Financial Operations team was restructured to include Financial Accounting, Patient Billing, and the Procurement System Administration teams. However, in January 2024, Procurement System Administration transitioned to Corporate Services Procurement, and in April 2025, Patient Billing moved to HealthShare, leaving Financial Accounting as the sole remaining team within Financial Operations.

The Ministry of Health Cash Transformation Program (CTP), running from February 2021 to June 2024, delivered significant improvements across the system. These included a simplified banking structure, improved administrative efficiency, a more streamlined patient payment experience, and increased automation. As a result, the nature of Financial Accounting work across Local Health Districts has evolved considerably.

Similarly, following the 2023 review, the Financial Planning, Analysis & Prioritisation function included both Management Accounting and Business Intelligence & Analysis. In early 2025, the Business Intelligence & Analysis Unit transitioned to the Planning, Partnerships & Allied Health Directorate, leaving Management Accounting as the remaining team within this function.

Looking ahead, in May 2026 the Finance Directorate will assume responsibility for Salary Packaging administration from the Workforce Directorate. In addition, with the conclusion of the Creating a Sustainable Future Together Program, ongoing governance oversight of the Briefing Portal will also transition to the Finance Directorate.

4.2 Current Financial Operations and Financial Planning, Analysis & Prioritisation Structures



4.3 Key Issues and Gaps

The Financial Operations function has undergone a significant shift in the nature and complexity of work performed following the transition of transactional processing activities to HealthShare under the Cash Transformation Program (CTP). Historically, the team performed a greater proportion of transactional and administrative activities, including banking administration and cashiering functions previously undertaken by the AO4 Finance Officer role. Following the transition of these activities to HealthShare, the responsibilities retained within the Local Health District have become increasingly focused on financial analysis, reconciliations, investigation and resolution of discrepancies and issues, interpretation of financial data, and stakeholder support relating to financial processing outcomes. The transition of Patient Billing to HealthShare in April 2025 further increased the analytical and reconciliation requirements within the Financial Accounting function. As a result, the current structure and staffing profile are increasingly misaligned to the contemporary operational and technical requirements of the service.

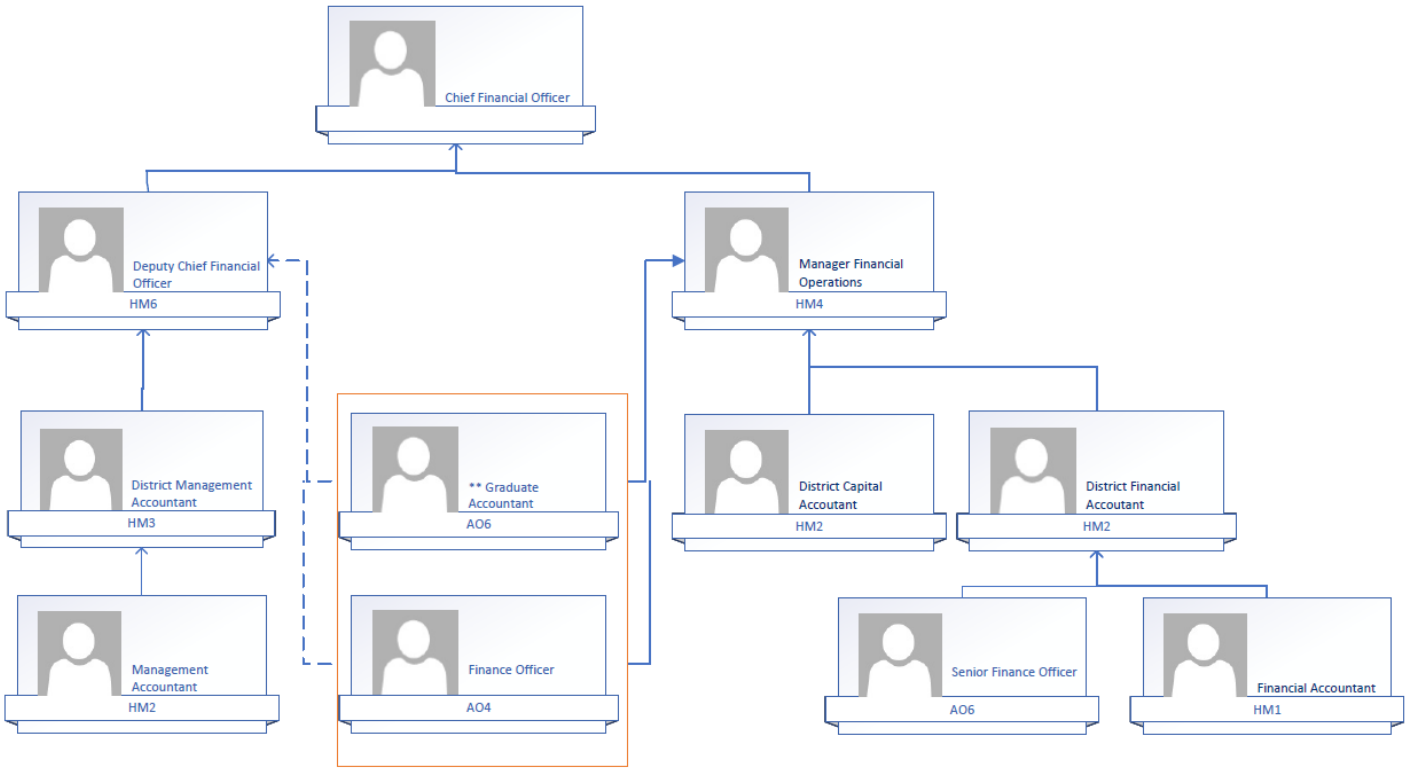
The current Financial Accounting structure also contains several highly specialised functions, including taxation, Fringe Benefits Tax (FBT), capital accounting, reconciliations, and statutory financial processes. Due to the small size of the team and the concentration of specialist knowledge within individual roles, there is limited capacity for cross training, succession planning, or effective leave relief arrangements. This creates a significant level of key person dependency and increases operational risk during periods of planned or unplanned leave, workforce turnover, or peak workload activity.

The Manager Financial Operations role experiences significant workload concentration, particularly during peak financial statement reporting, internal control questionnaire and audit periods. The current structure requires the role to undertake a high volume of detailed technical and operational tasks, limiting the capacity to focus on strategic priorities, process improvement initiatives, workforce development, and broader service optimisation opportunities. The absence of additional accounting level support within the structure restricts the ability to appropriately delegate complex technical work and contributes to operational pressure within the team.

The current structure also limits the Finance Directorate's capacity to provide dedicated focus across critical financial functions. In particular, the increasing scale and complexity of the Local Health District's asset portfolio, which exceeds $2 billion in value, requires greater oversight and focus in areas including asset reconciliation, asset integrity, revaluation support, and capital accounting governance. Under the current model, these responsibilities compete with broader operational financial accounting priorities, including month end processes and financial reporting obligations, limiting the opportunity for proactive review, continuous improvement, and strategic financial oversight.

The existing structure no longer fully aligns with the evolving operational environment and increasing analytical, compliance, and governance expectations placed on the Finance Directorate. While the current team continues to meet critical deliverables and statutory timeframes, the structure provides limited resilience, limited scalability, and reduced capacity to support long term sustainability, capability development, and continuous improvement across the function.

4.4 Proposed Future Structure



** Graduate position

4.5 Benefits of the Proposed Future Structure

The proposed structure has been designed to better align the Finance Directorate's capability with the changing operational and strategic requirements of the Local Health District following the transition of transactional functions to HealthShare under the CTP program. Over time, the nature of work within Financial Operations has shifted from largely transactional processing to more complex financial analysis, reconciliations, issue resolution, compliance, and financial management activities. The revised structure responds to this change by introducing additional accounting capability to support a more analytical, specialised and sustainable operating model.

A key benefit of the revised structure is the introduction of a Graduate Accountant AO6 position, shared across the Financial Operations and Financial Planning, Analysis and Prioritisation functions. This role will strengthen accounting and analytical capability across the Finance Directorate while providing greater flexibility across the broader team. It will also create more opportunities for cross training, knowledge sharing, task sharing, and backfilling across finance functions, reducing reliance on individual staff members holding highly specialised knowledge. This will improve business continuity and strengthen the team's ability to manage periods of leave, peak workload activity, and workforce turnover.

The structure also supports workforce sustainability and long-term capability development within the Finance Directorate. The Graduate Accountant role will help build an internal talent pipeline and provide opportunities to develop and retain finance capability within the organisation. This "grow our own" approach supports career progression, succession planning, and capability uplift while improving the organisation's ability to attract and retain skilled finance professionals over time.

The proposal strengthens the Financial Operations function by creating clearer separation across specialist financial responsibilities. This includes enabling greater focus on capital accounting and asset management activities, while operational financial accounting resources can focus on transaction oversight, reconciliations, month-end processes, compliance obligations, and financial reporting requirements. This clearer allocation of responsibilities will support more robust review processes, improved analytical oversight, enhanced reporting quality, and greater attention to detail across critical financial functions.

The increased focus on capital accounting is particularly important given the scale and complexity of the Local Health District's asset portfolio, which exceeds $2 billion in value. The revised structure will support improved asset review and reconciliation processes, enhanced asset data integrity, stronger revaluation preparedness, and more proactive management of capital accounting activities. This will strengthen financial governance and provide greater assurance regarding the accuracy and integrity of asset related financial reporting.

The Finance Directorate continues to experience increasing ad-hoc reporting requests, financial analysis requirements, and User Acceptance Testing (UAT) responsibilities associated with system upgrades, enhancements, and statewide financial initiatives led by the Ministry of Health and HealthShare. In addition, the directorate has recently assumed responsibility for salary packaging and administering the NNSWLHD Briefing Portal. The additional capacity and improved distribution of responsibilities within the team will strengthen the Directorate's ability to respond to these increasing demands while continuing to meet core operational and statutory reporting obligations.

Importantly, the revised structure will increase the capacity of the Manager Financial Operations to focus on leadership, strategic priorities, process improvement initiatives, and service optimisation through more appropriate delegation of technical and operational responsibilities. This includes supporting opportunities for standardisation, documentation, modernisation, improved financial governance, and continuous improvement across the Finance Directorate.

Overall, the changes provide additional support capacity across both the Deputy Chief Financial Officer and Financial Operations functions, strengthening operational resilience, financial management capability, and the long-term sustainability of the Finance Directorate.

The proposed increase to FTE is minimal and allows NNSWLHD to retain a staffing mix that is commensurate with its peers, as demonstrated by the following table.

	Award Type	Financial & Capital Accounting	Deputy Director Finance & Management Accounting
NNSWLHD	Health Managers	4.0 FTE	3.0 FTE
	Admin Officers	2.0 FTE	1.0 FTE
WNSWLHD	Health Managers	7.0 FTE	5.0 FTE
	Admin Officers	1.0 FTE	-
MNCLHD	Health Managers	3.0 FTE	3.0 FTE
	Admin Officers	1.0 FTE	-

4.6 Key Changes

4.6.1 Overview

- This proposal involves:
  - the creation of 1.0 FTE Graduate Accountant AO6, (shared between Financial Operations and Financial Planning, Analysis & Prioritisation), and
  - the creation of 0.4 FTE HM2 District Financial Accountant

The financial impact of the changes is summarised in the below table.

	Budgeted FTE	Budgeted FTE $ per annum
Current Financial Operations and Financial Planning, Analysis & Prioritisation Structures	8.79 FTE	$1,340,919
Proposed Financial Operations and Financial Planning, Analysis & Prioritisation Structures	10.35 FTE	$1,485,882
Change	+ 1.56 FTE	+ $144,963

4.6.2 New and Redesigned Positions

One Graduate Accountant position has been created, with position description development and grading to take place following the consultation period. It is anticipated that this position will be an Administration Officer Level 6 grade.

4.6.3 Method of filling new and redesigned positions

To minimise the impacts on staff and to create as much job certainty and security as possible, impacted staff will be directly matched and appointed to positions wherever possible.

New/Redesigned Position	Grade	Method of Filling Role
Graduate Accountant 1.0 FTE	AO6	Graduate intake program in collaboration with Southern Cross University
District Financial Accountant 0.4 FTE	HM2	Vacant – Advertise internally and externally to health

5. Funding & Business Improvement

5.1 Background and Introduction

The Clarence Senior Revenue Officer (SRO) position was created in the Stage Two Finance & Business Management Review in July 2023 by realigning the responsibilities of an existing Finance Officer position of the same grade. The purpose of the SRO is to manage Patient Liaison Officer (PLO) teams, train admissions staff and implement process changes aimed at maximising own source revenue. Following the Stage Two Review the SRO incumbent was seconded to the position of Clarence Business Manager before commencing long term leave prior to retirement in July 2026 – the Clarence SRO position has never had a dedicated working incumbent and has had two unsuccessful recruitment attempts.

Unlike the Tweed Valley and Richmond SROs, the Clarence SRO was also intended to be responsible for Outpatient Clinic billing governance due to the relatively small size of Clarence. However, in 2025 a new Grafton Outpatient Practice Manager position was approved and despite having had four unsuccessful recruitment attempts, it is expected that this position will eventually be filled. With so few Staff Specialists, a single PLO, and a Practice Manager to oversee clinic billing, it is increasingly difficult to justify the position of Clarence SRO.

Approval to create a Tweed Valley SRO position was granted in May 2024 to mirror the revenue structure in place at LBH and GBH. There have been two unsuccessful attempts to recruit permanently to the TVH SRO position, however a TVH PLO is currently acting in the position. The SRO is a career stepping stone for administration staff with interest and experience working with revenue. As the role manages the PLO team it is important that the incumbent has either experience as a PLO or has a good understanding of this role. As PLOs at Tweed and Lismore are shift workers who work weekends, the penalty rates they receive as an AO4 PLO can exceed the salary of the AO6 SRO role, making recruitment to the more senior SRO role difficult.

In March 2025 the Northern NSW Patient Billing Unit transitioned to HealthShare and by June 2025 only two of the original team of ten LHD Patient Billing staff were actively working with HealthShare, one of whom was new to the team. Whilst much time and effort went into the development of the HealthShare Patient Billing Service Agreement, it was some months after transition that our staff fully understood some of the gaps in service provision that were previously being undertaken by staff of the previous LHD Patient Billing Team.

A prerequisite for the transition of Patient Billing to HealthShare was to have a NNSWLHD 'Billing Liaison Officer' position in place, the HealthShare/LHD liaison responsible for following up on issues raised by the HealthShare Patient Billing Team. HealthShare assert that all their correspondence must be directed to a single 'NNSW Billing Liaison' email inbox. NNSWLHD agreed that the inbox would be monitored by the SRO in each valley, who would take ownership of the issues for their

respective sites. Prior to the transition, LHD Patient Billing staff were familiar with staff of the LHD and so directed queries directly to the relevant people, whether that be Medical Imaging Managers, Business Managers, Medical Administration, Medical Records teams, Patient Liaison Officers, Practice Managers, or others. The impact of the new siloed communication channel was not fully comprehended prior to transition and has resulted in SROs being middlemen for a wide range of transactional matters which detract them from their core purpose. The SRO role has grown in scope and these staff are conflicted about where to focus their attention.

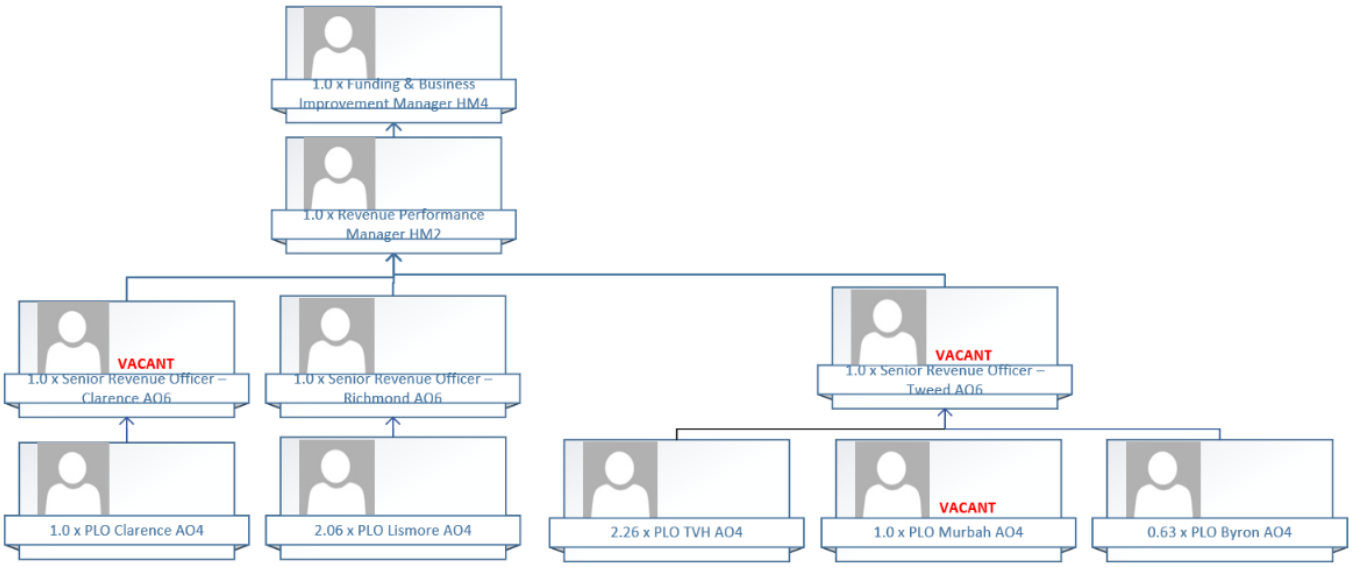
Prior to the transition to HealthShare, LHD Patient Billing staff would check data input by LHD staff and if they identified issues would make enquiries to resolve them prior to raising invoices. Under the new HealthShare arrangement there is a disconnect between teams, and to safeguard the future scalability of the business model, these inquiries are no longer made. Similarly, the HealthShare debt recovery team does not query health fund rejections where a valid reason was provided by the fund; previously if the LHD Patient Billing team could see that the eligibility check confirmed the patient was covered however the fund subsequently rejected the claim, they would phone the health fund and resubmit the claim manually. The flow-on effect of these changes is that large numbers of invoices are now included on a file of invoice adjustments and write offs sent to the Billing Liaison Officer inbox for approval. SROs need to carefully review each line item within these files as there is often an opportunity to resubmit invoices and recover monies. There are other tasks that are now the responsibility of NNSWLHD staff, and arguably should always have been, which include the review and resubmission of medical imaging errors and rejections from Medicare, and the setup of new Staff Specialists with Medicare and the billing system. SROs are filling in many of these service gaps.

In September 2025 NNSWLHD introduced the new state-wide paperless admission process called Paperlite. Admissions staff have been trained to use an iPad to admit patients by running them through a guided questionnaire, answers to which determine the patient's financial status and forms for signing. At the end of the interview the auto-completed admission forms should be launched and the patient asked to sign the iPad using either their finger or stylus pen. Generally, the responsibility for a full patient interview historically fell to the PLOs, with Admissions staff identifying whether the patient was compensable or held private health insurance, thereby narrowing the cohort of patients requiring an interview by the PLO. Paperlite processes are designed move the full interview forward to the point of admission, a more efficient approach, however some Admissions staff are not completing the Paperlite process and instead deferring the patient interview and signing of paperwork for completion by the PLO. There has been a decrease in the private health insurance conversion rate since the introduction of Paperlite.

Paperlite has improved transparency over whether public patients have been interviewed and signed an election form, steps considered to be revenue best practice but also a requirement of the National Health Reform Agreement. Historically there was no visibility over whether public patients were interviewed and signed an election form; if the patient was not chargeable, their paperwork was filed with the medical record. With the introduction of Paperlite it has become apparent that large numbers of public patients are not being interviewed nor signing an election form. Patient interviews at admission identify whether the patient holds private health insurance but also determine whether the patient's admission is related to a motor vehicle accident of workplace accident. The VMoney Team have flagged multiple instances where patients are classified as compensable for one episode, however for the follow up surgery or outpatient appointments classified as public patients. As we now understand that not all patients are being interviewed, we can be certain that the LHD is missing out on significant amounts of private and compensable patient revenue.

5.2 Current Revenue Structure

Prior to the Finance & Business Management Review all PLOs reported through to facility-based management. Following the Stage Two Finance & Business Management Review in July 2023 some PLOs moved into Finance cost centres, while others remained in hospital cost centres. In January 2026 all PLOs and revenue staff moved into the Funding & Business Improvement cost centre within the Finance Directorate.

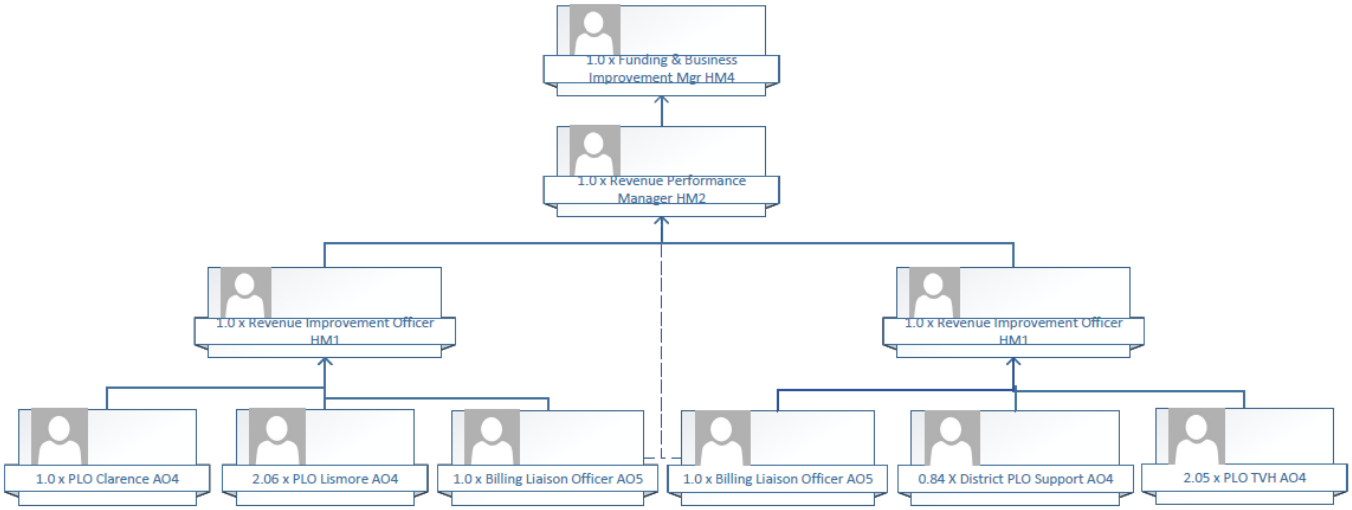


5.3 Key Issues and Gaps

- With so few Staff Specialists, a single PLO, and a planned Practice Manager to oversee clinic billing, it is increasingly difficult to justify the position of Clarence SRO. However, as a C1 district hospital good revenue governance is crucial.
- Workforce shortages in the Clarence have resulted in four unsuccessful attempts to recruit an Outpatients Practice Manager, and two unsuccessful attempts to recruit a Senior Revenue Officer.
- As PLOs at Tweed and Lismore are shift workers who work weekends, the penalty rates they receive as an AO4 PLO can exceed the salary of the AO6 SRO role, making recruitment to the more senior SRO role difficult.
- The HealthShare Patient Billing model has shifted the approval of invoice adjustments from the billing unit to LHD revenue staff. As there are now fewer checks and balances in place before raising invoices these invoice adjustments require detailed investigation prior to approval. This new task consumes time and is not resourced under the current revenue structure.
- The HealthShare debt recovery team does not query health fund rejections where a valid reason was provided by the fund however we know there is often an opportunity to resubmit these invoices and recover monies. Large numbers of invoices recommended for write-off are now sent from HealthShare to the Billing Liaison Officer inbox for approval; each line requires careful review, a task which is not resourced under the current revenue structure.
- The HealthShare Patient Billing model for siloed communication has resulted in SROs being middlemen for a wide range of transactional matters which detract them from their core purpose. The SRO role has grown in scope and these staff are conflicted about where to focus their attention.
- Siloed communication has created additional tasks for LHD revenue staff, such as seeking patient notes from Medical Records teams.
- A greater focus must be put on training Admissions staff in the correct use of Paperlite for interviewing patients and obtaining signed election forms. Revenue teams must be organised in a way that enables adequate resourcing for training and monitoring – to get the data right at the front end.
- Because the recruitment of PLOs historically sat with individual facility managers, the apportionment of PLOs across facilities has not always correlated with the relative size or need of the facility. The haphazard approach to recruitment has resulted in an inequitable allocation of PLO resources where, on average, a PLO working at the three larger facilities manages eight times more chargeable patients than a PLO at the smaller facilities. This is demonstrated by the following table.

	Chargeable Inpatients FYTD April 2026		PLO FTE at Facility	No. of Chargeable Inpatients per Month per PLO FTE
	#	%		
Ballina District Hospital	886	17.4%	0.00	-
Bonalbo Hospital	5	31.3%	0.00	-
Byron Central Hospital	136	15.1%	0.63	21.6
Casino and District Memorial Hospital	123	11.1%	0.00	-
Grafton Base Hospital	1438	12.7%	1 (Clarence)	163.0
Maclean District Hospital	192	21.1%		
Kyogle Multi-Purpose Service	55	19.6%	0.00	-
Lismore Base Hospital	4571	15.0%	2.06	221.9
Murwillumbah District Hospital	240	6.0%	1.00	24.0
Nimbin Multi-Purpose Service	0	0.0%	0.00	-
Tweed Valley Hospital	3980	13.3%	2.26	176.1
Urbenville and District Multi-Purpose Service	0	0.0%	0.00	-
Total LHD	**11626**	**13.8%**	**6.95**	**167.3**

5.4 Proposed Future Structure



5.5 Benefits of the Proposed Future Structure

- The creation of dedicated Billing Liaison Officer positions to liaise with HealthShare to resolve billing issues will narrow the scope of the senior revenue roles which might increase the attractiveness of those roles for future recruitment.
- Dedicated Billing Liaison Officer positions will reduce invoice adjustments and write-offs, increasing revenue to the LHD. They will also improve accountability and efficiency by streamlining communications.
- The creation of two Revenue Improvement Officer positions will increase revenue for our LHD by increasing private health insurance conversion rates and Staff Specialist billing capture. This will be achieved by training our PLOs, Clinicians and Admissions Officers in processes to maximise revenue.
- Grafton Hospital Admissions staff will have improved access to training support without the need for trainers to be permanently located on-site.
- The proposed structure results in a more equitable allocation of PLO resources across facilities.

  - The proposal suggests that Tweed PLO FTE should equal Lismore PLO FTE, even though Lismore treats more chargeable patients than Tweed. However, this resourcing discrepancy is mostly eliminated when factoring in Tweed's higher number of resource intensive Medicare ineligible patients, 215 YTD April versus Lismore's 125.
- The proposal improves utilisation of existing revenue FTE by realigning those FTE into areas of greatest need.
- The new structure offers stepped career progression opportunities for revenue staff.

5.6 Key Changes

5.6.1 Overview

This proposal involves repurposing existing positions to create new positions as follows:

a) Repurposing the 1.0 FTE AO6 Senior Revenue Officer Clarence position to create:
   i. 1.0 FTE AO5 Billing Liaison Officer position, and

b) Repurposing 1.84 FTE AO4 PLO positions (Murwillumbah 1.0, Byron Central 0.63, Tweed 0.21) to create:
   i. 1.0 FTE AO5 Billing Liaison Officer, and
   ii. 0.84 FTE AO4 District PLO Support positions.

The proposed structure also redesigns the two AO6 Senior Revenue Officer positions at Tweed and Richmond to become two HM1 Revenue Improvement Officers. The name change is reflective of the shift in responsibilities from consistency and compliance to training and revenue capture. The proposed key accountabilities for Revenue Improvement Officers are included in the following section.

The financial impact of the changes is summarised in the below table.

	Budgeted FTE	Budgeted FTE $ per annum
Current Revenue Structure	12.24	$1,408,304
Proposed Revenue Structure	12.24	$1,381,222
Change	Nil	- $27,082

5.6.2 District PLO Support

The 0.84 FTE District PLO Support position will operate under the LHD's existing AO4 PLO position description to perform PLO duties for all facilities excluding Tweed Valley, Lismore, Grafton and Maclean. Administration staff at Ballina, Casino, and the MPS facilities will not be required to change any of their current work processes. The District PLO Support position will perform the function currently provided by the Senior Revenue Officer Richmond by overseeing these facilities, performing health fund eligibility checks, sending maintenance care and acute care prompts, and sending follow up reminders and other support as needed to maximise revenue for these facilities.

Preliminary discussions with both Byron Central and Murwillumbah Hospital management have indicated that the PLOs at these facilities do not perform duties for the hospital outside of the PLO capacity. These discussions will continue to ensure that there are no gaps in local service provision with the removal of the on-site PLO positions. The new 0.84 FTE District PLO Support position will perform PLO duties for Murwillumbah and Byron Central Hospitals remotely, with local Admissions staff continuing to perform their current processes including interviewing patients and obtaining admission paperwork signatures using Paperlite iPads and collecting non-admitted payments from Medicare ineligible patients. Byron and Murwillumbah Hospital staff should not experience change in the duties that they are expected to perform, with the exception that these sites will require an

on-site staff member to assist on those occasions when a privately insured or DVA inpatient requires acute (or hospital level) care beyond 35 days. In these instances, the PLO will send to the on-site staff member an Acute Care Certificate which must be signed by the patient and medical practitioner to certify the need for continuous hospital level care beyond 35 days and every 30 days thereafter if the patient continues to require hospital level care.

The District PLO Support will perform tasks currently performed by the PLOs at Byron and Murwillumbah which include acting on billing system edit checks, performing health fund eligibility checks, reviewing compensable patient opportunities, liaising with overseas insurers to check coverage and obtain guarantee of payment, checking overseas Visas, developing cost estimates and explaining costs to overseas ineligible inpatients, reviewing and raising uncharged Medicare ineligible non-admitted services, checking DVA eligibility, liaising with NUMs and patient next of kin to set up nursing home type patient charging arrangements, sending revenue sheets to VMOs, and providing acute care certificate prompts for patients at these facilities.

5.6.3 New and Redesigned Positions

Two positions have been created or redesigned with proposed key accountabilities detailed below. Following feedback from consultation there may be changes to these.

* Final position grading will take place at the conclusion of the consultation period.

Billing Liaison Officer –Administration Officer Level 5 *

The 2.0 FTE AO5 Billing Liaison Officers are proposed to have the Revenue Improvement Officers as their primary manager for HR purposes in addition to an indirect reporting line, or dotted line, to the Revenue Performance Manager. This will assist the Revenue Performance Manager in delegating ad-hoc work assignments to the BLOs, and in distributing BLO resources across the LHD as needed to meet work demands.

Primary Purpose

- The Billing Liaison Officer is the Northern NSW Local Health District (NNSWLHD)'s liaison with the HealthShare Patient Billing team utilising patient financial classification and claims expertise to respond to queries, troubleshoot, resolve issues, and investigate opportunities to increase patient billing revenue.

Key Accountabilities

- Undertake the end-to-end resolution of NNSWLHD billing related queries and requests from the HealthShare Patient Billing Team as the designated HealthShare contact liaison.
- Apply patient financial classification and claims expertise to investigate and review HealthShare Patient Billing recommendations for invoice adjustments and write-offs and make decisions on whether taking actions to recover billing is a financially viable option.
- Investigate and resolve patient billing issues utilising high level analytical and problem-solving skills to maximise revenue to the LHD, liaising with frontline staff for clarification as required to provide timely resolution.
- Monitor and prioritise billing system worklists and reports and undertake troubleshooting, error corrections, updating missing billing data to maximise patient billing.
- Liaise and support key internal stakeholders with general billing advice, resolve and escalate issues in accordance with policies, procedures and guidelines.
- Monitor and evaluate billing data and processes, identify variabilities and issues, and provide recommendations to Revenue Improvement Officers on areas for frontline staff training to improve processes and increase revenue.

Revenue Improvement Officer –Health Manager Level 1 *

Primary Purpose

- Managing the Patient Liaison Officer and Billing Liaison Officer teams across the network and developing strategies including the delivery of training and education to frontline staff to improve Northern NSW Local Health District's (NNSWLHD) overall performance in expenditure and revenue.

Key Accountabilities

- Manage, lead, and support the Patient Liaison Officer (PLO) and Billing Liaison Officer (BLO) teams to embed best practice with timely, accurate and complete hospital billing in accordance with policies, procedures and guidelines.
- Analyse data and develop strategies to improve chargeable patient identification to increase revenue and cross-charging of diagnostics and medical costs to improve NNSWLHD's overall performance in expenditure and revenue.
- Undertake the financial onboarding of Staff Specialists for revenue capture; educate and negotiate with Staff Specialists regarding their responsibilities and methods to improve revenue capture.
- Identify revenue improvement opportunities, then develop instructions or procedures for use by frontline staff to operationalise the identified changes to practice.
- Train and educate frontline staff across the network, in collaboration with their managers in the use of revenue-based systems, procedures and processes to achieve consistency of practice to maximise revenue.
- Oversee data accuracy and completeness using dashboards, tools and reports to ensure staff are trained in correct data entry and data error corrections in compliance with identified timeframes.
- Drive stakeholder engagement in the implementation of Ministry of Health, HealthShare or district led projects through education of frontline staff on revenue systems, policy or process changes to improve revenue capture.
- Ensure completion of staff performance appraisals, training requirements, and identified learning outcomes are completed within appropriate timeframes to ensure that all standards are met.
- Manage and maintain staffing budget ensuring staff profiles and rostering functions are accurate and in accordance with policies and procedures.

5.6.4 Method of Filling New and Redesigned Positions

To minimise the impacts on staff and to create as much job certainty and security as possible, impacted staff will be directly matched and appointed to positions wherever possible.

New/Redesigned Position	Grade	Method of Filling Role
Revenue Improvement Officer 2.0 FTE	HM1*	The Senior Revenue Officer Richmond will be directly appointed to the position of Revenue Improvement Officer subject to meeting the essential requirements of the position or be likely to perform adequately in it in a reasonable period, supported by training if necessary. As there are 2.0 FTE the second position will be located at Tweed Valley Hospital and advertised internally across health.
Billing Liaison Officer 2.0 FTE	AO5*	Vacant – Advertise these roles internally across health
District PLO Support 0.84 FTE	AO4	Commencing as a job share position, comprised of:

		Direct match – Byron Central PLO 0.63 FTE to be directly appointed to this role, and Vacant 0.21 FTE to be advertised internally across health

* Final position grading will take place at the conclusion of the consultation period.

6. Impacted Positions

No job losses are expected to result from this proposal. However, because of the changes, some staff will be impacted directly or indirectly.

Business Management			
Current Permanently Filled Position	**Change**	**Reporting Line**	**Impact of Change**
Business Manager MPS Facilities HM2	No change to position description or grading	Change	Redesigned role to include MPS Facilities and Community & Allied Health portfolios. Reporting line change to the Senior Business Manager Community Allied Health MPS Facilities.
Chief Business Manager HM5	No change to position description or grading	No Change	Reduced number of direct reports from twelve to eight.
Finance Officer to Chief Business Manager AO4	No change to position description or grading	Change	Reporting line change to the Senior Finance Officer Team Leader.
Business Manager Tweed HM3	No change to position description or grading	No Change	Redesigned role to include Tweed Byron Murwillumbah portfolios.
Senior Finance Officer Byron Ballina Murwillumbah AO6	Position redesigned to Assistant Business Manager Tweed Byron Murwillumbah HM1	Change	The Senior Finance Officer Byron Ballina Murwillumbah incumbent will become affected and will be invited to apply for either the redesigned position of Assistant Business Manager Tweed Byron Murwillumbah HM1, or the Senior Finance Officer Team Leader AO6.
Senior Finance Officer Tweed AO6	Position redesigned to Assistant Business Manager Tweed Byron Murwillumbah HM1	Change	The Senior Finance Officer Tweed incumbent will become affected and will be invited to apply for either the redesigned position of Assistant Business Manager Tweed Byron Murwillumbah HM1, or the Senior Finance Officer Team Leader AO6.

Senior Business Manager Community & Allied Health HM4	No change to position description or grading	No change	Position redesigned to include MPS portfolio: Senior Business Manager Community Allied Health MPS Facilities. New direct report Business Manager Community Allied Health MPS Facilities HM2 1.26 FTE
Senior Finance Officer Community & Allied Health AO6	Position redesigned to Assistant Business Manager Community Allied Health MPS Facilities HM1	No change	The Senior Finance Officer Community & Allied Health incumbent will become affected and will be directly appointed to the position of Assistant Business Manager Community Allied Health MPS Facilities subject to meeting the essential requirements of the position or be likely to perform adequately in it in a reasonable period, supported by training if necessary.
Senior Finance Officer MHA&OD AO6	Position redesigned to Assistant Business Manager MHA&OD HM1	No change	The Senior Finance Officer MHA&OD incumbent will become affected and will be directly appointed to the position of Assistant Business Manager MHA&OD subject to meeting the essential requirements of the position or be likely to perform adequately in it in a reasonable period, supported by training if necessary.
Business Manager Lismore HM3	No change to position description or grading	No Change	Redesigned role to include Lismore and Ballina portfolios.
Senior Finance Officer Lismore AO6	Position redesigned to Assistant Business Manager Lismore Ballina HM1	No change	The Senior Finance Officer Lismore incumbent will become affected and will be directly appointed to the position of Assistant Business Manager Lismore Ballina subject to meeting the essential requirements of the position or be likely to perform adequately in it in a reasonable period, supported by training if necessary.
Business Manager Senior Medical Officers HM2	No change to position description or grading	Change	Reporting line change to the Senior Business Manager District Services HM3
Senior Business Manager Corporate HM4	No change to position description or grading	No change	Position name change to Senior Business Manager Corporate and Business Support Services to reflect new management oversight of the Business Management Administration pool. Additional support in the form of the new graduate position Business

			Manager RFA & Capital to also report to this position.
Business Manager Health Support Services HM3	No change to position description or grading	No change	Position name change to Senior Business Manager District Services. New direct report Business Manager Senior Medical Officers HM2, incorporating oversight of the VMoney Team. New graduate direct report Business Manager District Services AO6.
Business Manager & Senior Business Manager Clarence Casino Clinops	No change to either position description or grading	No change	Removal of Business Services Officer AO4 position reporting to this team.
Business Services Officer AO4	Position deleted	Changed	The Business Services Officer incumbent will be affected and will be directly appointed to the position of AO4 Finance Officer in Business Management. New reporting line to the AO6 Senior Finance Officer Team Leader in Business Management.

Financial Operations and Financial Planning, Analysis & Prioritisation			
Current Permanently Filled Position	**Change**	**Reporting Line**	**Impact of Change**
Manager Financial Operations HM4	No change to position description or grading	No change	New direct report Graduate Accountant AO6. Incorporation of oversight of Salary Packaging function.
Financial Accountant HM1	No change to position description or grading	Changed	New reporting line to the HM2 District Financial Accountant.
District Financial Accountant HM2	No change to position description or grading	No change	New direct report Financial Accountant HM1
Deputy Chief Financial Officer HM6	No change to position description or grading	No change	New indirect reports: Graduate Accountant AO6, and Finance Officer AO4
District Management Accountant HM3	No change to position description or grading	No change	Incorporation of oversight of Briefing Portal.
Finance Officer AO4	No change to position description or grading	Changed	New reporting line to the HM4 Manager Financial Operations, with an

			indirect reporting line to the Deputy Chief Financial Officer.

Funding & Business Improvement			
Current Permanently Filled Position	**Change**	**Reporting Line**	**Impact of Change**
Byron Central PLO 0.63 FTE AO4	Position repurposed to District PLO Support 0.63 FTE AO4 No change to position description	Unchanged however Manager position redesigned	The Byron Central PLO will be directly appointed to the position of District PLO Support.
Senior Revenue Officer Richmond 1.0 FTE AO6	Position redesigned to Revenue Improvement Officer 1.0 FTE HM1 (indicative grade) Change to position description and grade	Unchanged	Addition of Billing Liaison Officer and Clarence PLO direct reports. The Senior Revenue Officer Richmond incumbent will be affected and will be directly appointed to the position of Revenue Improvement Officer subject to meeting the essential requirements of the position or be likely to perform adequately in it in a reasonable period, supported by training if necessary.
Clarence PLO 1.0 FTE AO4	No change to position description or grade	Changed	New reporting line to the Revenue Improvement Officer
Tweed PLO Team	Shift pattern change	Unchanged	The weekly Tweed PLO roster pattern will be amended to become 10 day shifts inclusive of one weekend shift allocated equitably across the team. This will align the Tweed Hospital PLO team with the shift pattern and resourcing of the Lismore Hospital PLO team. A current TVH PLO vacancy will result in this change having negligible impact on current staff.

Staff directly impacted are those where their current position has been redesigned and/or their reporting relationship has changed. For redesigned positions where a direct appointment cannot be made within the context of current industrial policies and frameworks, impacted staff will be entitled to priority assessment for vacancies.

Indirectly impacted staff may be those where their role is largely unchanged but the role of the position they report to has been amended. For positions that are largely unchanged, staff will be directly matched to these positions.

The Northern NSW LHD Finance Team are open to discussing any ideas or suggestions about part-time arrangements, rotating rosters, job share opportunities and flexible work practices.

For more information on redeploying staff, please use link: Managing Excess Staff of the NSW Health Service

6.1 Employee Assistance

As times of change can be stressful, we remind staff of the Employee Assistance Program, available to you online via https://one.telushealth.com/ (enter User Name: nnswlhdeap and Password: NNSWLHDlifeworks) or by telephone 1300 361 008.

Staff are also welcome to arrange a time to talk to Brett Skinner, or may also choose to talk to their manager, HR manager or staff association representative.

7. Indicative Timetable

The consultation period will be open for a period of two weeks for staff to submit comments or suggestions. Please direct feedback to Trish McKinnon Trish.McKinnon@health.nsw.gov.au before close of business on 26 June 2026.