

# INSTRUCTIONS MANUAL RHD 2.0

**CREATED BY: RHD 2.0 TEAM** 

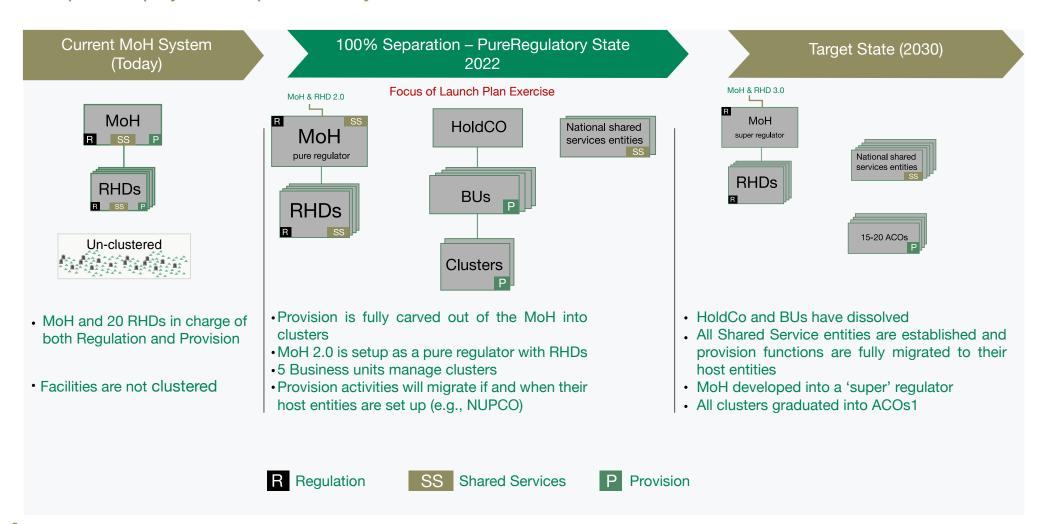
**VERSION 1** 



RHD 2.0
Organization Structure

# **KSA Transformation Journey**

By 2030 the KSA healthcare transformation aims to create a national regulator, a separate payer and provider system



# RHD 2.0 Development Process

Over the past month, we have built the proposed RHD 2.0 National Template based on MoH 2.0, the current RHD baseline, expert input and int'l benchmarks

Phase I (Oct '18 – Dec '18)

### Initial RHD 2.0 Design and Operating Model

- Migration of all provision roles incl **Shared Services**
- Recalibration of internal support



COMPLETE

Phase II (Jul '19 - Nov'19)

#### RHD 2.0 National **Template** Development

- Input of MoH leaders involved in MoH 2.0 design
- Development of Regulatory Framework and Shared Services operating models
- Advisory group draft review



Phase III (Nov'19)

#### **National** Socialisation

- Workshop with select DMs/ADMs and GDs across 20 RHDs
- Potential follow up workshop to also incl. RHD L1 functional heads



#### Phase IV (20)

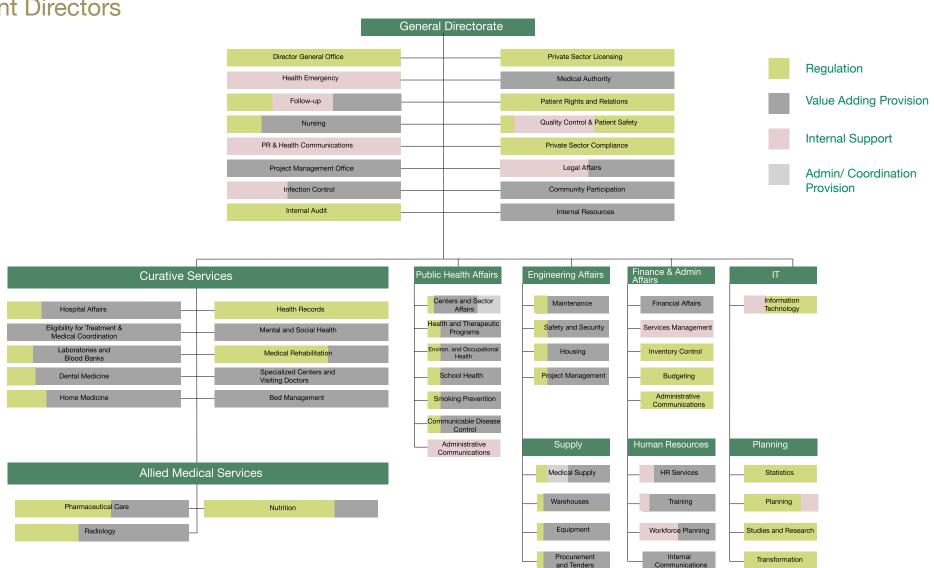
#### Roll-out to Wave 1 RHDs

 Detailed socialization and implementation with RHD 2.0 taskforces in Qassim. Eastern and Makkah - followed by Riyadh (with adaptation for 1 to 2 Cluster split)



# Hail RHD Organization

The Hail RHD includes 60 departments reporting to the General Director and 9 Assistant Directors



# Key National Template Development Inputs

#### The National Template has been developed based on a number of key inputs

**RHD** 

2.0 National

#### Initial RHD 2.0 Design and Taskforce input

- Pure migration of all provision roles- while retaining existing structure
- Migration of Shared Services
- Recalibration of internal support
   Meetings held with the various taskforces



## Input from Advisory Group and Experts Template

- Review of the initial National Template draft with the advisory group
- Consolidation and implementation of the advisory group and expert comments

#### MoH 2.0 Functional Model

- Input of MoH leaders involved in MoH 2.0 design
- Development of Cluster Licensing and Compliance
   Framework
- Involvement of clinical and non clinical stakeholders across functions



#### International Benchmarks

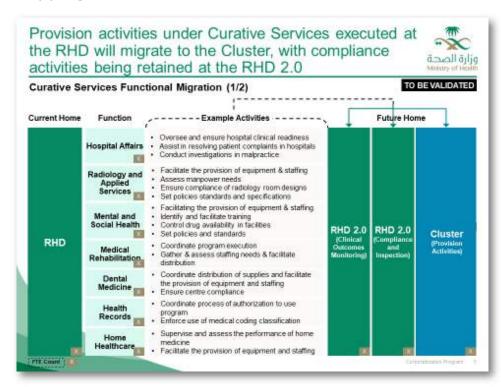
- Review of Organisational Structures across 4 countries
- Identification of distinctions in responsibilities between state and regional regulators

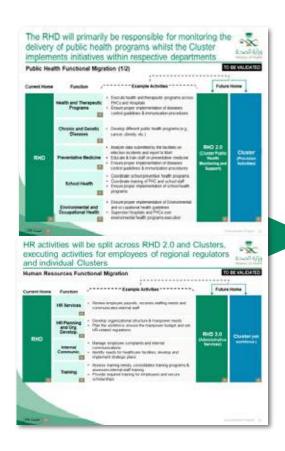


# **Functional Migration Approach**

A mapping exercise has been conducted to assess how each of the current RHD functions will be affected on Day-1 based on the desired role of RHD 2.0

Mapping for Each Function





#### Mapping Considerations

- All current RHD functions assessed and categorised
- Provision activities transferred to the Cluster
- Core regulatory
   activities from Public
   Health or Curative
   Services mapped to
   either Outcomes
   Monitoring or
   Compliance

 Mapping exercise reviewed with input from RHD Advisory Board

# Functional Migration guiding principles

This exercise consisted of defining the future home of each current RHD function according to a predefined set of migration guiding principles



The function involves regulating the overall clinical service



The function is directly related to managing operations at hospitals / PHCs



The function oversees or manages governmental services



The function oversees labs and diagnostic facilities



The function provides administrative support within the RHD



The function manages and provides medical supplies2







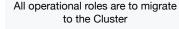




Rationale behind the

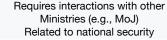
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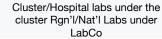








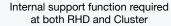


















Medical Supply centralized under NUPCO; select functions needed at hospitals

<sup>1</sup> a. Other entities include shared services entities like NUPCO, LabCO, SPSC, SCDC, National Blood Banks Entity, etc

# National Template

The resulting organizational chart is streamlined, and highlights the core responsibilities of the RHD in 2.0 as a regional regulator

