

Minutes

REF: SCHN23/6386

SCHN USCC Clinical Operations Proposed Restructure HSU

Date: 15 June 2023

Time: 2pm – 3pm

Location: Teams

Attendance

Joanne Ging, Sam Galluccio, Sharon Bau, Anna Mandalis, Bobbi Henao Urrego, Jenny Lee, Randall Millington, Blake Adair-Roberts, Sam Galluccio, Sophie Jacob, Sarah Bassett (Minutes)

1. Meeting opening

1.1 Acknowledgment of Country or Welcome to Country

Sam Galluccio provided the Acknowledgment of Country

DISCUSSION:

HSU Concerns

- HSU discussed more 'macro' concerns they have and will provide a list of these concerns and what they will be expecting to receive prior to the next meeting.
- In terms of endocrinology, the consultation document does state that endocrinology staff won't be affected. The view of HSU membership is that may not be true and further examination will need to be done and documentation provided.
- Endocrinology team have concerns moving from diagnostic to clinical stream with no additional information provided in the consultation document. It looks like at a minimum, a change in reporting lines for at least 5 hospital scientists, potentially more. Also concern about how this relates to the medium long term and potential talk about moving into chemical pathology but this has not been identified in the current proposal.
- Industrial concern linking this is the concern for the scientists in this area who would potentially be exposed in a change of hours.
- HSU don't believe on face value that the consultation document is correct. HSU request that there is more information about where endocrinology is supposed to sit in the new structure including pathology blood collectors, hospital scientists. HSU can the assess the impact this will have on staff.

SCHN response

- The endocrinology work has been ongoing for some time and was not apart of the overall proposed structure. There has already been a request by the clinical team from endocrinology to move to the medical stream which pre dated the consultation

document by several months.

- The endocrinology lab is not changing now. This would be a separate process and has nothing to do with our overall proposed structure.
- J. Lee noted that this was going on in the background with the HODs requesting endocrine to move into the medical stream. Management currently report to the HODs and this is not currently clear how this will change.
- J.Ging confirmed that at this point in time reporting lines will not change. This is a separate process and was raised prior to this consultation document being released.
- J.Ging requested this conversation to be taken offline. HSU agreed - taken on notice, HSU to discuss with members and to be discussed with SCHN at later date.

Concern: Management Structure – reporting lines and classifications

- Feedback from members that the management structure seems complex, with a lot of reporting lines and a question of who do you go to when you have got multiple reporting lines and the view that it is becoming quite 'top heavy' with concerns this will cause issues in terms of decision making and processes.
- Concern with this matrix SCHN are removing the commanding control functions away
- Concerns around how to resolve disputed decisions when you have that 'top heavy' leadership team. There seems to be a great deal a pain equity between senior level and site level staff between nursing and allied health.
- Concern from HSU members that they will be reporting to 1.5 bosses. They will be reporting to local site manager or leader as well as a medical stream.

ACTION: Prior to the next meeting HSU are wanting to discuss what the expectations are of staff who have multiple reporting lines, how will this be disentangled in instances where it is not clear and where there is double up. How will this be listed clearly in the PD. How are decisions going to be managed when there is no final decision maker, when there are multiple site directors. Seeking more detail around the process for decision making and resolution of differences with this new structure.

SCHN Response

- The aim if the restructure is to make it simpler. There have always been the professional lines with nursing, medical and allied health which remains unchanged.
- For example – Physiotherapy department will report through to the site based director of allied health. SCHN are adding in extra support for allied health on both sites, not an additional person staff need to report to. Operational issues will need to go to their stream leads but professional concerns would go through the site based director of allied health.
- Site based Director of Clinical Operations (DCO) where there are complexities and multiple aspects would be the 'ultimate decision makers'

ACTION: HSU requesting more detail in the document around the link between the site based director of allied health and the clinical stream directors and to ensure that the needs of allied health staff are adequately represented. Concerns that those who fall in the clinical stream are not going to have their needs met or support. More detail in writing about how this will be clear and how the structure will enable day to day decisions to be made and how work would flow.

Admin concerns

- R. Millington - Concerns around admin staff reporting to 1.5 bosses. Admin staff feel their

workload will increase. A lot of HSU members are concerned as they applied for a particular position with a particular department head and are concerned now this will be divided up between the CPDs. Suggested to look at regrading these positions.

- J.Ging - CPD admin roles are most impacted and it is hard to know what this will look like until the structure is confirmed. No job is at risk however SCHN are trying to work out who will work for who but this cannot be determined until the CPD roles are confirmed. A collaborative approach will occur with the admin staff rather than making them re apply for their roles..
- J.Ging - By CPDs becoming a network position admin staff are losing wards and department heads but will gain departments from opposite site. SHCN will need to look at the levels and job description of the admin staff to ensure that they are not getting an increase in workload in what they would feel is onerous.
- A.Mandalis - Is this an opportunity for allied health to report to their profession HOD to not only minimise reporting lines but to ensure that everyone has the same professional oversight and supervision. Leaving some allied health in streams and some in departments potentially sets up a situation of inequity with professional development opportunities.
- DAH - The above suggestion could be a scenario that we encapsulate some of what has been discussed before and put that forward with an opportunity to comment further.
- B.Robberts - There are 2 concerns around the DAH role. The first concern being the grading of the role and secondly, the DAH role encompasses psychology at a staffing level but doesn't encompass psychology as a potential point for employment. Question asked: What is your position now on the grading of the role and where do you sit in terms of including psychology as a classification to be able to apply for the DAH role to maintain professional integrity.

SCHN response - Take on notice as the psychology award, consistently across the state where psychology has been appointed to a site director role they do fall under the counsellor award. Our aim is to look at the consistency across the state. At this point we remain focused on the 7,3 - recognises DAH role as strategic oversight for the network.

B.Robberts - Looking at the award descriptors, benchmarking isn't an award description. It comes down to the strategic and operational role vs being profession specific lead. HSU requesting more detail around how SCHN feel the award descriptor for level 7 fits the site director role. It is not a head of department for a profession it managing those interrelated areas.

A.Mandalis - In the position description the role is required to represent members of the SCHN executive in the organisation and participate in the executive on call roster.

B.Robberts - Agreed that this conversation will be taken offline and SCHN will come back to HSU with further information.

Psychology Concerns

- HSU have had some disputes this year where roles such as the DAH have not been open up to psychologists. HSU have had some success working through the award, working through the requirements and looking at what is clinical practice and what is not. If you are a psychologist going into a DAH role where you don't maintain a clinical load is a major issue for that staff members psychology registration. Looking at the section 38 requirements of health law, it is very clear that clinical practice does not need to be specific clinical load. There is a piece that says from a Clinical Psychologist and higher, they can manage multidisciplinary teams. HSU have been successful in this with other LHDs. SCHN happy to provide HSU with more information on this.
- There is a genuine psychosocial risk when psychologists are denied an opportunity. Psychology award needs to be tied to the allied health award.

- B.Roberts requested SCHN report back on: Is there opposition to the psychology award attaching to the basis or does SCHN think it will not fit? Agreed to take this conversation offline and work to be done prior to the next meeting.
- B.Roberts – There was a comment about aboriginal health and no information about where aboriginal health will sit in the restructure?
- S.Galluccio – This is a separate piece of work where a review has been undertaken by PWC indigenous. There is a separate report with the CE which will look specifically at how aboriginal health will be set up. This is separate to the general restructure work. SCHN will come back to HSU when the network is ready to start to progress.
- B.Roberts – How many iterations of restructure will progress from here throughout the network once this consultation is finalised?
- S.Galluccio – There will be flow on changes, separate pockets of changes that we will progress with this consultation which is predominately around the operations of the organisation.

ADMIN concerns:

- Admin staff have a concern over a place of work and are concerned they will be required to work across both sites.
- Ensuring obligations are met – LHDs will consider them to be LHD roles rather than site based roles – award is clear is about having an accustomed place of work.

SCHN Response:

- The likelihood of frontline staff being shifted is very low and consultation will occur if things are to change significantly.
- We will take into consideration where the admin staff prefer to work

ACTIONS:

1. HSU requesting more detail in the document how will the structure will enable day to day decisions to be made and how work would flow.
2. More detail in relation to detail around the structure and how that would work from allied health professional perspective.
3. SCHN to report back to HSU with Psychology piece and level of DAH site based position.
4. HSU requesting more detail in the document how will the structure enable day to day decisions to be made and how work would flow .

7. Next meeting – Insert time and date of next meeting

Wednesday 12th July 4.00pm

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