

Question / Concern / Feedback	Management Response
<p>What happens if those on-call cannot attend to all cases what happens? / How would it work if you can't respond to all calls?</p>	<p>The on-call Social Worker prioritises responses according to the Social Work triage and prioritisation tool. The Senior Consultation Social Worker can be consulted if advice is needed on prioritisation. If the on-call Social Worker recognises that they will be unable to meet the demands of high priority referrals, they should update the Afterhours Director of Nursing.</p> <p>Following this question / feedback, the draft Social.Work.After.Hours.Crisis.On_Call.Service.- .ISLHD.Social.Work.Operational.Procedure.was updated to clarify this situation.</p>
<p>What if they are sick?</p>	<p>Sickness notified during usual business hours - Team Leader / Unit Head or their delegate (e.g. administration officer) will arrange a shift swap and update the relevant switchboard/s and social work staff distribution list</p> <p>Sickness during a rostered on-call shift - the on-call Social Worker should endeavour to arrange a shift swap via the staff contact list. If the illness is of an urgent nature, the on-call Social Worker can request assistance from the Senior Consultation Social Worker in arranging a shift swap via the staff contact list. If an alternate worker is required to take over a shift due to illness during the shift, both will be paid the On Call Allowance. If the roster is updated outside of usual business hours then the on-call Social Worker will send the updated roster to the relevant switchboard/s and social work staff distribution list.</p> <p>Following this question / feedback, the draft Social.Work.After.Hours.Crisis.On_Call.Service.- .ISLHD.Social.Work.Operational.Procedure.was updated to clarify this situation.</p>
<p>How do you manage when you are dealing with a family and you can't answer the call?</p>	<p>On-call social workers responding onsite to a referral should endeavour to return the call as soon as it is suitable to do so, giving consideration to the type of intervention.</p>
<p>What happens on weekends – do they call the senior who is working?</p>	<p>During weekend daytime shifts – the rostered onsite Social Worker at TWH and SDMH is also the Senior Consultation Social Worker.</p> <p>It is proposed that there will still be a rostered on call social worker during daytime shifts (weekend and public holiday) who would respond to SHH and if called by the TWH onsite social worker in the event they are unable to manage the crisis presentations during the daytime at TWH. This social worker would not need to be a senior.</p> <p>Following this question / feedback, the draft Social.Work.After.Hours.Crisis.On_Call.Service.- .ISLHD.Social.Work.Operational.Procedure.was updated to clarify this situation.</p>

<p>Do we have enough seniors to cover the whole month of roster? / Are there enough level 3s?</p>	<p>Our staffing profile would indicate that we would be able to cover the proposed rostering change. The request that Ben has made for all staff to voluntarily update him with their response time per hospital will assist with confirming that we have sufficient seniors to cover the roster.</p> <p>As at 14/08/2024, 11 senior staff have given information regarding their response times to ISLHD sites. Of these 8 senior staff have indicated that their response time to SHH would be within 60 minutes. There are 22 other hospital senior social workers that have not yet responded and 3 other non-hospital senior social workers. The provision of the information is voluntary and will assist with the consultation process to build this proposal.</p>
<p>What is the proposed plan for staff who've been on back up due to their distance from the hospital – will it be proposed they pick up a weekend shift?</p>	<p>Good suggestion – the principle is that all hospital social workers will participate in the afterhours services in some way. Consideration could be given to participation in the afterhours social work services as able, for example weekend and public holiday daytime shifts. The draft Social.Work.After.Hours.Crisis.On_Call.Service.-.ISLHD.Social.Work.Operational.Procedure points to the existing ISLHD reasonable workplace adjustments processes.</p>
<p>Merging the back up function into an on-call shift places limitations on the amount of shifts the senior '2' on call can do – i.e. maximum 6 per month, minimum 2 per month per FTE – will there be enough seniors available to cover this for a monthly roster?</p>	<p>The request that Ben has made for all staff to voluntarily update him with their response time per hospital will assist with confirming that we have sufficient seniors to cover the roster.</p> <p>As at 14/08/2024, 11 senior staff have given information regarding their response times to ISLHD sites. Of these 8 senior staff have indicated that their response time to SHH would be within 60 minutes. There are 22 other hospital senior social workers that have not yet responded and 3 other non-hospital senior social workers. The provision of the information is voluntary and will assist with the consultation process to build this proposal.</p>
<p>What about Bulli?</p>	<p>The draft Social.Work.After.Hours.Crisis.On_Call.Service.-.ISLHD.Social.Work.Operational.Procedure outlines the service criteria. These cases are anticipated to be rare at Bulli as the Bulli Urgent Care Centre model of care is that those with more serious, complex and emergency conditions require transfer to TWH ED, which provides a higher level of care. The current on-call guideline has on-call response to Bulli, and I do not recall an on-call response at Bulli in my three years at ISLHD. We are working to highlight appropriate social work cases at Bulli Urgent Care Centre during usual business hours and it may be the case that there are presentations outside of business hours and within the hours of the Urgent Care Centre (Monday – Friday 8am - 8pm and Saturday and Sunday 8am - 4:30pm). The on-call Social Worker covering TWH will also cover Bulli.</p>
<p>Would the senior back up at Shoalhaven be expected to cover Shellharbour?</p>	<p>There will be one Senior Consultation Social Worker covering across the two on-call social work services. If senior staff are able to respond to SHH within the expected timeframe then they can participate as Senior Consultation Social Worker / SHH on-call.</p>
<p>I don't understand the 2014 reference to Ministry advice? Have things not changed since then? Isn't providing a debrief to staff a form of telephone counselling?</p>	<p>In 2014 this exact same issue was raised in terms of payment (not being made). ISLHD sought advice from the Ministry at the time (2014) and was advised that the allowance was not payable due to the 'secondary' nature of the on-call and that the duties were related to supporting staff/colleagues not directly to patients/clients. The Ministry</p>

	shared correspondence with ISLHD from the time. ISLHD was then able to locate letters that had been sent to the HSU communicating this advice. Debriefing to staff does not appear to be a form of telephone counselling.
A query I have is that the definition of back up (in order to link it back to the award provisions) appears to silo the position solely into providing consultation directly to social workers on call. There are however instances during back up where the consultant is required to liaise with forensic services for viewings, a/dons for decision making – would that not be considered clinical work?	As per above response.
Phone consultations – level 3 going to Shellharbour. Is there allowance for this?	The interpretation of the Award is that phone consultation is included in the on call shift allowance.
Interested in what other Districts are doing. Why can we not do that? Didn't they get the same advice?	As discussed in our initial meeting, ISLHD can only comment on what it is doing. Workforce has received quite clear advice from the Ministry on our specific situation. Operating outside of this advice would be considered to be outside of the Award. Other LHDs may not have enquired with the Ministry no.
When did the roster become voluntary?	In the second half of 2023, Ben coordinated the drafting of the Social.Work.After.Hours.Crisis.On_Call.Service.-. ISLHD.Social.Work.Operational.Procedure.in conjunction with the Unit Heads, Team Leaders and Social Work Educator. This document combined the operational guidelines for both ISLHD services, with the objective of consistent operational management of the Crisis On-Call Social Work Services across ISLHD. A local TWH Social Work guideline was written in 2019, this procedure replaces that local department document. Ben then sought feedback from the social workers late 2023 through to early 2024. Some of this feedback included seniors who were unwilling to continue as on-call backup. Ben replaced seniors who came off the backup roster.
Is this new proposal still voluntary? Or an expectation as long as you are within distance?	It is expected that as long as you are within the required response time / distance from home that you would participate in that hospital on-call service.
Wollongong would only have 1 person on call. Is number 2 now Shellharbour? What happens if they can't handle all of the calls?	There will continue to be three on-call social workers rostered on across ISLHD. The evening on-call social worker responding to SHH will also be the Senior Consultation Social Worker for the other two on-call social workers. The on-call Social Worker prioritises responses according to the on-call criteria outlined in the procedure and supported by the Social Work triage and prioritisation tool. The Senior Consultation Social Worker can be consulted if advice is needed on prioritisation. If the on-call Social Worker recognises that they will be unable to meet the demands of high priority referrals, they should update the Afterhours Director of Nursing.

Do we not anticipate calls will increase at Wollongong given the number 2 – have we considered this?	It is not anticipated that overall number of call backs would increase due to this proposed change. It is recognised that the number of call backs per rostered worker may change at IHG. This will be monitored both during the trial period and beyond to assist with sustainability of the service.
Concern regarding underutilising Unit Heads – based on where they live	This is an issue that has not been possible to resolve in this proposal. The on call service has expectations on response times to be onsite given the crisis nature of the referrals. The proposal was drafted to operate the service within the advice given to ISLHD from the ministry.
Concern regarding all Level 3s not feeling competent providing on-call. Do Level 3s feel okay to do this?	Ben remains open to receiving feedback, comment and concern. Ben, the unit heads and social work educator have previously met to frame up a possible education plan for senior consultation, which has been pending an updated approach to senior consultation.
Where would the money come for the shadowing #2?	Will need to be managed within existing budget. This is a part of the induction training for new staff and the number of ‘shadowing’ is dependent on individual staff members needs and experience.
Is there consideration for shadowing shifts for new staff on the roster? What happens to them now that #2 is no longer an option?	This is not part of the proposed change. Shadow shifts are part of the induction training for new staff and the number of ‘shadowing’ is dependent on individual staff members needs and experience.
Concerns about rostering until 7am and then working a shift the following day.	The draft Social.Work.After.Hours.Crisis.On_Call.Service.-.ISLHD.Social.Work.Operational.Procedure outlines rest breaks and rostering. The Public Hospital (Professional and Associated Staff) Conditions of Employment (state) award outlines requirements for time off duty between the work on successive days. In addition to the rest break outlined in the award, it is recognised that staff may occasionally receive a higher than usual level of telephone consults during the evening or have an impactful call out/s that contribute to high fatigue. In these scenarios the After Hours Crisis On-Call Social Worker should consult their usual line manager or the hospital Social Work Unit Head during their subsequent daytime shift to discuss their rest needs.
Concern regarding fatigue – undue pressure on the social worker.	The draft Social.Work.After.Hours.Crisis.On_Call.Service.-.ISLHD.Social.Work.Operational.Procedure outlines rest breaks and rostering. The Public Hospital (Professional and Associated Staff) Conditions of Employment (state) award outlines requirements for time off duty between the work on successive days. In addition to the rest break outlined in the award, it is recognised that staff may occasionally receive a higher than usual level of telephone consults during the evening or have an impactful call out/s that contribute to high fatigue. In these scenarios the After Hours Crisis On-Call Social Worker should consult their usual line manager or the hospital Social Work Unit Head during their subsequent daytime shift to discuss their rest needs.
Can they get a sleep break if they are giving a telephone consultation?	The draft Social.Work.After.Hours.Crisis.On_Call.Service.-.ISLHD.Social.Work.Operational.Procedure outlines rest breaks and rostering. The Public Hospital (Professional and Associated Staff) Conditions of Employment (state) award outlines requirements for time off duty between the work on successive days. In addition to the rest break outlined in the award, it is recognised that staff may occasionally receive a higher than usual level of telephone consults during the evening or have an impactful call out/s that contribute to high fatigue. In these scenarios the

	<p>After Hours Crisis On-Call Social Worker should consult their usual line manager or the hospital Social Work Unit Head during their subsequent daytime shift to discuss their rest needs.</p>
<p>I would like to understand how participating in the on-call roster will impact community health social workers. This opportunity seems valuable for maintaining our skills, particularly in crisis and trauma situations, which we don't frequently encounter in our regular community roles. Could you please provide more details on how this participation might influence community health senior social workers?</p>	<p>The input from community health social workers to our After Hours Crisis On Call Social Work Service is very valuable and appreciative. It is mutually beneficial – the community health social worker maintains acute and crisis social work practice and the on call service benefits from the knowledge and skills of the community clinicians.</p> <p>ISLHD community health service senior clinicians (level 3 and above) can chose to participate in any of the three on call social work services pending the usual availability requirements. If ISLHD community health service senior clinicians participate in the SHH on call roster they will be required to both respond onsite at SHH and also provide telephone senior consultation to the other on call social workers on shift.</p>
<p>Who is Back up for the Backup/SHH Social Worker?</p>	<p>During the trial period, the ISLHD Social Work Director will continue to be available for senior consultation.</p> <p>After the trial period the SHH On Call Social Worker for evenings will also provide senior consultation for the other two social workers on call. Support available to the Senior Consultation / SHH on-call Social Worker in the following ways:</p> <ul style="list-style-type: none"> • During the shift from the Afterhours Director of Nursing (albeit this is not social work specific consultation). • On the next working day from the Social Work Unit Head. The on-call shift will finish at 0830 to allow for handover as needed. • Employee Assistance Program (EAP) – immediate crisis counselling is available via telephone 1300 873 327.
<p>The Back up/SHH Social Worker risks being under a lot of strain if they are called to SHH to deal with a complex call out but also having to field calls from on call SWs at TWH and SDMH (to discuss their own complex cases or seek guidance).</p>	<p>Data from January to June 2024 showed that if Senior Consultation for ISLHD and SHH on-call Social Work was combined it would have been 43 calls (i.e. just over 7 calls per month in total). It is a risk that the Senior Consultation / SHH On-Call will be responding at SHH and also receive a Senior Consultation phone call, however that crossover is likely to be minimal. Data on this will continue to be kept and monitored for impact and evaluation of the on-call service.</p>
<p>Will the on call senior consultation be voluntary. Concern about driving distances and fatigue. Clearly management don't want to pay for the consultation. We run the risk of burnout.</p>	<p>Participation in the after hours social work service is required for all hospital social workers. There are different ways that staff already fill the roster – there should be enough staff across the district to fill the rosters appropriately, the voluntary information request regarding staff response times will assist in confirming this. For example, SGH senior staff that live within the response time to SHH can participate in the SHH / Senior Consultation Social Worker roster as well as the SHG roster, taking into account their own needs for rest and balance. Call out rates to SHH are between 1-3 times per month.</p>

<p>What happens when TWH on call social worker has multiple call outs and cannot respond to further calls.</p>	<p>The draft Social.Work.After.Hours.Crisis.On_Call.Service.- .ISLHD.Social.Work.Operational.Procedure outlines processes for situation where the social worker cannot respond to the demand, which may involve prioritisation, delaying intervention until daytime or not attending to a referral. This can also include consulting with the senior consultation social worker. Calls to the second on-call IHG social worker were 23 between January to June 2024 (fluctuated between 0 and 11 per month).</p>
<p>Is it possible to do a risk assessment e.g. responding to SHH, coming back to work next day.</p>	<p>Ben offered to consult with staff on risk assessment – please email Ben this week (i.e. 16/08/2024) if you wish to join this risk assessment. Shayne (unit head) offered to assist; Ben advised that it would also need a staff member to assist. The draft Social.Work.After.Hours.Crisis.On_Call.Service.- .ISLHD.Social.Work.Operational.Procedure outlines the hazards and approaches to minimise risks. Any further feedback is appreciated.</p>
<p>Given on call backup system is in dispute with union in regard to it being unpaid. Will a backup roster be created if the finding from that mediation is that it should be paid and should be back paid</p>	<p>We will commit to considering this option should a determination be made in relation to the allowance.</p>
<p>Regard to trial, spoken to HSU reps and it is considered a major change to on call process. In award this means that it would need to go to union as a negotiation and trial would not be able to go ahead without this negotiation with HSU.</p>	<p>Advised staff in the meeting 15/08/2024 that we would not be able to proceed with the trial as Ben still needed further information.</p> <p>Following USCC with HSU held 22/08/24, it was agreed that consultation for a trial roster should be progressed. The HSU will be included in all correspondence to staff.</p> <p>For noting, as we are in a situation where we have been advised by the MOH the allowance is not payable, TIL is not a sustainable option and neither is not renumeration our staff, we ask for your collaboration and feedback while we trial other options to support staff and needs of our clients.</p>
<p>Will the calls to backup be paid</p>	<p>Telephone consults are part of the on call shift allowance.</p>
<p>This is a major change. It feels like this is a workaround rather than what's in the best interest of the service. Why can't there be a senior allocated to each site that also responds to that site?</p>	<p>Refer back to advice received to ISLHD workforce from the ministry. The proposal is working within the advice given. If there are other ideas from staff, please provide to Ben.</p>
<p>Telephone counselling has been provided to both staff and patients.</p>	<p>Ben asked for examples from Shayne regarding telephone counselling to patients – not received at 16/09/2024.</p>

<p>Draft criteria says that we don't respond to certain criteria that we currently do – is this intended</p>	<p>This part of the draft Social.Work.After.Hours.Crisis.On_Call.Service.-.ISLHD.Social.Work.Operational.Procedure was not updated from late 2023 / early 2024 and has been reviewed by many people – perhaps that change has been not intended. Thank you Debbie and Chris for doing this cross check – Debbie will send list to Ben.</p> <p>Section 4.1 of the draft procedure includes a list of crisis types, this is not intended to be exhaustive, and wording has been changed to “deals with crisis presentations including.”</p>
<p>The second person has been useful to know that there is backup to respond to matters. If I'm responding and cannot give a timeline to respond to the next call that will not be acceptable to the referrer. Pressure faced from the referrer.</p>	<p>The draft Social.Work.After.Hours.Crisis.On_Call.Service.-.ISLHD.Social.Work.Operational.Procedure covers situations where prioritisation is needed. Further discussions will be held with referrers reiterating the on call social work criteria.</p>
<p>A lot of my own availability for the roster is knowing that there is backup for fatigue etc. If we don't have a number 2 then I know my availability will drop to the minimum expected.</p>	<p>This can be part of the evaluation of the trial.</p>
<p>You've based this plan on the availability of level 3s to SHH, the TWH roster will be mostly level 1-2.</p>	<p>It is anticipated that we have sufficient staff and mix of grades to cover across all sites. Our staffing profile would indicate that we would be able to cover the proposed rostering change. The request that Ben has made for all staff to voluntarily update him with their response time per hospital will assist with confirming that we have sufficient seniors to cover the roster.</p> <p>As at 16/09/2024, 16 senior staff have given information regarding their response times to ISLHD sites. Of these 11 senior staff have indicated that their response time to SHH would be within 60 minutes. There are 13 other hospital senior social workers that have not yet responded and 2 other non-hospital senior social workers. The provision of the information is voluntary and will assist with the consultation process to build this proposal.</p>
<p>Acknowledge that there are particular matters that must consult on – what's available for the senior consultation</p>	<p>The draft Social.Work.After.Hours.Crisis.On_Call.Service.-.ISLHD.Social.Work.Operational.Procedure covers these consultation options albeit that in the moment there will not be a more senior social worker that the senior consultation social work can consult with.</p>
<p>Options for staff calling in sick</p>	<p>The draft Social.Work.After.Hours.Crisis.On_Call.Service.-.ISLHD.Social.Work.Operational.Procedure covers this as best as possible. Grateful also for alternative ideas – people said that group text, having each other's names / contacts. ADON decision on what is critical – e.g. patient may need to be admitted for few hours until being able to see daytime social worker.</p>

Going forward will it be a requirement that staff live within one hour response time to our hospitals	This is not a change and is the usual expectation that staff will be able to respond within a timeframe for a crisis response. The change is that the senior consultation will also need to respond onsite to be able to work within the advice given to ISLHD. ISLHDs usual reasonable adjustment frameworks are referred to in the draft Social.Work.After.Hours.Crisis.On_Call.Service.-.ISLHD.Social.Work.Operational.Procedure;
What about nurses quarters for people who don't live close enough	One staff member has previously used this at TWH – there is a cost to the staff member.
Will the Senior Consultation Social Worker be doing seven days in a row	No – the Senior Consultation Social Worker will be rostered for one shift at a time.
If this proposal does not go ahead will the backup roster cease, and consultation will need to be with ADON or other onsite	Yes
Will level 3s and above be able to choose how they participate	Would be looking to see what needs of seniors / individuals were – and provide training and support to meet those needs.
Training should occur prior to going on the senior consultation roster	Training can occur prior to going on the roster. Reminder of previous discussion is that during the trial period Ben will continue to be available for consultation to the Senior Consultation Social Worker.
Wondering around people that fall into the acting senior positions and where they would fit.	Fits within the existing framework outlined in the draft Social.Work.After.Hours.Crisis.On_Call.Service.-.ISLHD.Social.Work.Operational.Procedure - staff need to settle into role before they expected to go on the roster.
I like doing the call out to TWH, its good to be able to do both SHH and TWH for seniors	Seniors are able to cover whichever roster they are able to respond to within the expected timeframe. Seniors will be on all on call rosters.
Can I clarify – did you mention that seniors will also be working at TWH – would there be the ability for seniors to participate as number 1 and 2 (this is what I would be interested in) with less call back to SHH I do enjoy keeping up my crisis skills with the call backs to TWH.	Seniors can be involved in whichever roster they are able to respond to within the expected timeframe. If this is SHH evening on call then they would also be expected to be the Senior Consultation Social Worker during that shift. For example if a senior was able to respond within the expected timeframes at both TWH and SHH (or both SDMH and SHH) then they could participate in both rosters and would not be excluded from a roster.
It would be great to get some feedback from weekend staff who manage the whole hospital as 1.5 people	Feedback is open from all staff and emails have been sent to both all hospital social work staff and staff that are on the on-call roster currently.

<p>It might also be helpful if we keep specific examples of data (as individuals) over the next few months so its not just Ben. Trying to understand what actually happens rather than feeling anxious and overwhelmed by something that may happen.</p>	<p>Please all continue to provide feedback, questions, comments, concerns to Ben in whatever way you want to do that.</p> <p>Please also record consultation / backup calls in your on-call shift report / email, even if your call did not result in attending the site.</p>
<p>Can I also clarify that there is NO capacity for the number 2 to go to TWH, and if so will this be communicated to TWH so the number 2 doesn't get pressure to attend TWH (i.e. will we put in clear boundaries for this number 2 role)</p>	<p>The change (i.e. no 2nd on call at TWH) will be communicated with ADONs, which I will hope also clarifies the expectations of our social workers. The service is outlined in the draft Social.Work.After.Hours.Crisis.On_Call.Service.-.ISLHD.Social.Work.Operational.Procedure – once consultation on the draft procedure is finalised, it will be published on the ISLHD intranet.</p>