

HSU Representatives across NSLHD have developed a list of industrial actions to fight the cuts to staffing in Northern Sydney LHD. These actions:

- Have been designed by clinicians to minimise impact on patients.
- Will target key KPIs of the executives who are choosing to cut staffing budgets. They are effective and simple to implement.
- Are designed to minimise workloads during a period of reduced staffing

There are two key parts to the actions:

1. District wide actions which all Allied Health HSU members implement regardless of profession or location.
2. Profession and / or Department specific actions. For example, Physiotherapists across NSLHD will not identify Medicare ineligible patients for billing.

If there are no Profession / Department specific bans listed for you, this means your bans are covered in the **District wide section**. Please note there are some workplace-specific bans listed below.

## District wide:

- Not complete administration related to documents audits and accreditation (including post-accreditation targets) except if it relates to Work Health and Safety of staff or specific Department exemptions as endorsed by Union members.
- No new referrals other than high priority will be actioned after 2:30pm. High priority being 'at risk of life threatening or severe deterioration without review' as determined by clinician (please see below in your professions section more detail on what no referrals involves).
- Ban on performing any work beyond contracted hours unless express overtime is provided beforehand. Because NSLHD is relying on unpaid overtime to ensure services don't collapse.
- Only urgent referrals to be made if a department is understaffed. This includes where no backfill has been provided during leave periods (planned or unplanned) and where vacancies are not being filled (including temporary contracts not renewed). Urgent referrals will be determined by the clinician. **Note:** RNSH Dietetics will see Priority one (1) and lower priorities if staffing levels allow.
- "Risk screen generated referrals" or "low-value referrals" will be cancelled and only actioned when a separate referral is placed with required information. Members should cancel the charted referral and include the following text "as per industrial, risk screen patients not to be seen until separate referral made." **Note:** HKH Dietetics will still triage 'at risk' aka 'risk screen' referrals as per internal prioritization work instruction. "Low-value referrals" aka referrals without clear reason will be uncharted with request for further information to triage.

## Physiotherapy:

- Not identifying Medicare ineligible patients who are required to be billed
- Not attend any meetings or mandatory training scheduled between 12:30 and 13:30 (staff may still choose to attend in-services that are of interest to them).
- Not treating patients in areas not funded for e.g. Drug & Alcohol and Mental Health

## Occupational Therapy:

- Prioritise direct patient care and subsequent reduction (go-slow) in non-patient direct duties (i.e.: delay in NDIS applications/reports and guardianship reports).
- No new referrals after 2:30pm means no referrals other than patients at immediate risk of injury (i.e.: pressure injury, upper limb injury).
- Not attend any meetings or mandatory training scheduled between 12:30 and 13:30 (As staff may still choose to attend in-services that are of interest to them).
- **MVH Only:** Occupational Therapy Members at Mona Vale Hospital continue existing bans [contained here](#).

## Social Work:

- Not organising family meetings.
- **MVH Only:** Social Work members at Mona Vale Hospital continue existing bans [contained here](#).

## Dietetics and Nutrition:

### *Hornsby Ku-ring-gai Only:*

- Not documenting subjective global assessments or documenting malnutrition diagnosis.
- MDT meetings only attended for 15 minutes
- No new referrals other than high priority after 2:30pm. For HKH Dietetics, high priority = P1 referrals per internal prioritisation work instruction.
- HKH Dietetics will still triage 'at risk' aka 'risk screen' referrals as per internal prioritization work instruction. "Low-value referrals" aka referrals without clear reason will be uncharted with request for further information to triage.

### *Mona Vale Hospital Only:*

- Dietetics and Nutrition at Mona Vale Hospital continue existing bans [contained here](#).

### *RNSH Hospital Only:*

- MDT meetings only attended for 5 minutes.
- No referrals after 2:30pm except for priority one (1) referrals after a Dietitian triage & as per internal prioritisation work instruction.

## **Speech Pathology:**

- No referrals after 2:30pm. Only urgent swallowing referrals will be considered, pending outcome of consultation with treating medical team.

### *RNSH SP Only:*

- Only priority one (1) patients will have same day service.
- Priority two (2) to four (4) patients to remain on census task list for at least 24 hours.
- No public holiday (PH) and weekend cover for clinicians on leave or vacancies.
- Hospital avoidance OP Only.
- P1 FEES only.

### *Hornsby SP Only:*

- Not performing ad hoc video fluoroscopy or from private and other hospitals.
- No new student placements. Nil video-fluoroscopy studies outside of Thursday morning VFSS clinic (4 slots only). Outpatient appointment to be cancelled if inpatient slot required.
- Not performing inpatient VFSS for private hospitals
- Reduce OP VFSS to 1 slot per week (hospital avoidance only)
- No additional placement by exception requests
- No public holiday (PH) and weekend cover for clinicians on leave or vacancies
- Only max 1 episode of care per patient per day (i.e. not returning to reattempt a review or rereview at medical/nursing request)

### *Mona Vale Hospital Only:*

- Mona Vale Hospital continue existing bans [contained here](#).
- PJB attendance will be capped to 15 minutes.

## **Drug & Alcohol Services:**

- Not performing global care plans.
- No running or participating in group sessions on Friday.

## **Mental Health:**

### *CYMHS – Community:*

- If intake team is understaffed, clinicians won't cover intake and will continue to prioritise partnership work/appointment

### *CYMHS – Inpatient:*

- Won't complete standard safety plan templates (if necessary, safety plans will be completed without template)

### *Adult MHDA:*

- Won't complete care plans (as part of accreditation requirements)