



Restructuring Plan

Hotel Services – Wards persons

Implementation of Operating Theatre Assistant Model to Shoalhaven District Memorial Hospital

September 2024

Restructuring Plan

1. Reason for the restructure

Currently, the Shoalhaven District Memorial Hospital (SDMH) Hotel Services Department provide support to the Peri-operative Ward using a portion of their allocated Wards person staffing (also known as FTE or Full Time Equivalent). These duties broadly include undertaking limited duties associated with the care of patients such as pre-operative shaves, routine enemata, bathing of patients, general assistance in wards and cleaning duties.

For a detailed description of the inherent role requirements of a Wards person please refer to the attached current Wards Person Position Description below.

In contrast, Operating Theatre Assistant refers to an employee as such, who is wholly or mainly engaged within the Perioperative setting to in sourcing, assembling, checking, maintaining and monitoring equipment before, during, and after operation. OTA's provide support to the multidisciplinary team throughout a patient's surgical journey to assure safe and comprehensive care is maintained. The proposed role expands on the tasks currently undertaken by SDMH wardman to include Preoperative Patient Preparation, Intraoperative positioning, Surgical table & positioning equipment provision, Asset register support, Manual Handling Training, Stores/Logistics support, Emergency response roles, Critical Incident support, Quality Improvement Project support.

For a detailed description of the inherent role requirements of an Operating Theatre Assistant please refer to the attached current Operating Theatre Assistant Position Description below.

Following a review into the current services provided by the Wards person staff in Theatres and in considering future scope of the role due to the upcoming transition to the new building of SDMH in 2026, it was identified the introduction of an OTA model to be an appropriate fit for SDMH at this time. The transition from a Wards person staffing to OTA model aims to align with neighbouring ISLHD Hospitals (Wollongong and Shellharbour) and State based Perioperative staffing models.

This review also considered the need for dedicated resources in the Theatre team, with the intended benefit of interdisciplinary training and education for OTA staff, providing a cohesive team-based service provision, with a strong focus and continued commitment to patient safety within the Perioperative clinical setting.

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2. Benefits or likely impact the restructure will have on services

- **Improved efficiency:** The restructure and implementation of an OTA model aims to streamline operations and optimise workflows. Resulting a greater efficient delivery of services and focused specialty support to both Surgical & Anaesthetic Services.
- **Equipment Management:** General & specialty specific equipment requirements continue to evolve within the service. Maintenance & understanding of use to surgical / anaesthetic equipment is essential to both elective & emergency surgical services. Anticipation of relevant equipment needs are essential to operational workflows.
- **WHS Risk Management:** Specialty specific WHS OTA training will enable SDMH Theatres an even greater level of safety for both staff and patients. Identification of hazards and early actioning to Manual Handling concerns will provide increased awareness & actioning.
- **Roster coverage:** With a transition and implementation of an OTA model this will limit reliance on current SDMH Wards persons FTE.
- **Streamlined Management:** Direct Line management of roster and ongoing FTE requirements will be provided by Theatre NUM1 for appropriate consideration & allocation within expanding service. A direct reporting line of OTA's will contribute to a closer professional relationship between staff and management and the functionality between interdisciplinary teams.
- **Critical Incident response:** Specific role understanding & actioning to emergency care episodes within Theatre requires regular multidisciplinary training. Improved timeframes of emergency equipment provision & patient transport will result.
- **Intraoperative patient positioning:** Inclusion of preoperative and intraoperative patient transfer/positioning to the OTA role will provide workflow efficiencies, limit WHS risk & promote improvements to patient safety / outcomes.
- **Cost neutral exercise:** As funds are to be repurposed from existing establishment, there is no request for additional funding.
- **Succession planning & career opportunities:** With the proposed implementation of an OTA model this will allow current and future Wards person/ other staff to see there are career opportunities within the Hospital system should non-clinical staff be interested in working within Theatres.

3. Number of staff affected

The following position/s will be created in the new structure as part of Peri-Operative Theatres Department.

Proposed	Grade	Total FTE	Reporting to
Operating Theatre Assistant	Per the Award	5.14	NUM 1 Theatres
Total		5.14	

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The following positions and respective FTE will be repurposed from Hotel Services establishment to Peri-Operative Theatres Department as part of the proposed new structure:

Current Position(s)	Grade	Total FTE	Repurposed FTE to Theatres	Remaining FTE Hotel Services
Wards person	Per the Award	12.0	5.14	6.86
	Total			6.86

As of October 2024, the Wardsperson position has 7.18 permanently filled Full-Time Equivalent (FTE) and two temporary contracted staff utilising a total of 1.84 FTE. With the introduction of the OTA positions, it is expected that interested Wardsperson staff may apply for these new positions. Should they be successful via a merit-based recruitment process, they will then vacate their current roles, which may lead to a reduction or elimination of staff identified as affected by the repurposing of FTE from one cost centre to another.

Following the OTA recruitment process, if the total FTE for Wards persons remain above the established level, all identified affected staff will receive support for redeployment within the Illawarra Shoalhaven Local Health District (ISLHD). This will be in accordance with the Managing Excess Staff of the NSW Health Service Policy Directive (PD2021_02) and the NSW Government Workforce Mobility Placement Policy.

The following Hotel Services position(s) will not be impacted:

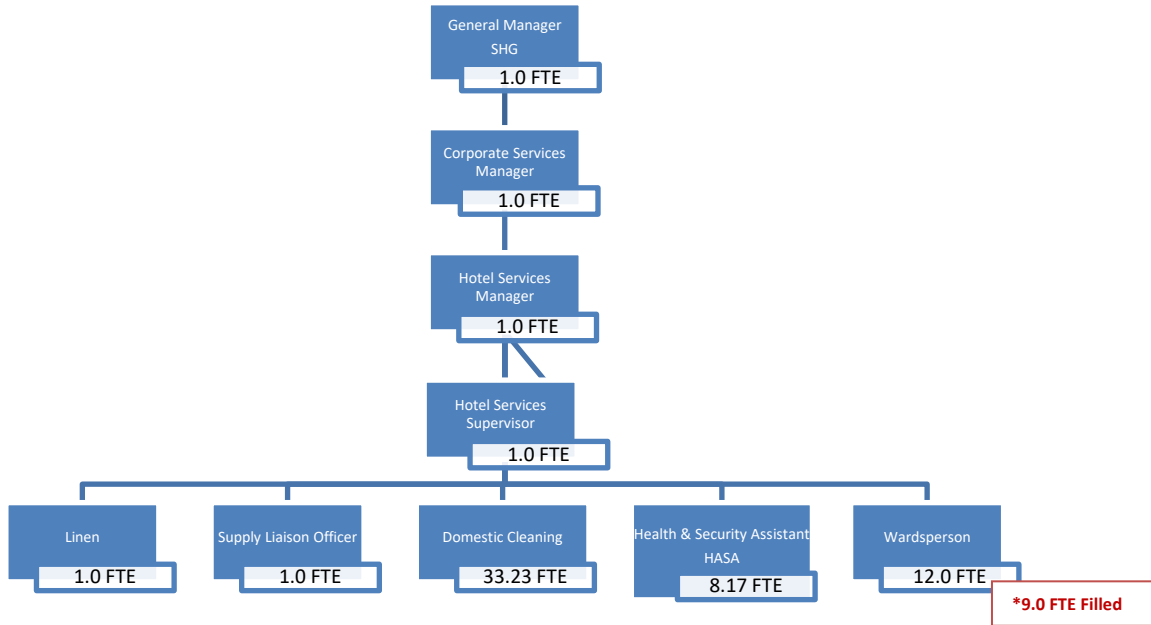
Position(s)	Grade	Total FTE	Reporting to
Linen	Per the Award	1.0 FTE	Hotel Services Manager
Supply Liaison Officer	Per the Award	1.0 FTE	Hotel Services Manager
Domestic Cleaning	Per the Award	33.23 FTE	Hotel Services Manager
Health & Security Assistants	Per the Award	8.17 FTE	Hotel Services Manager

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4. Current and proposed organisational charts

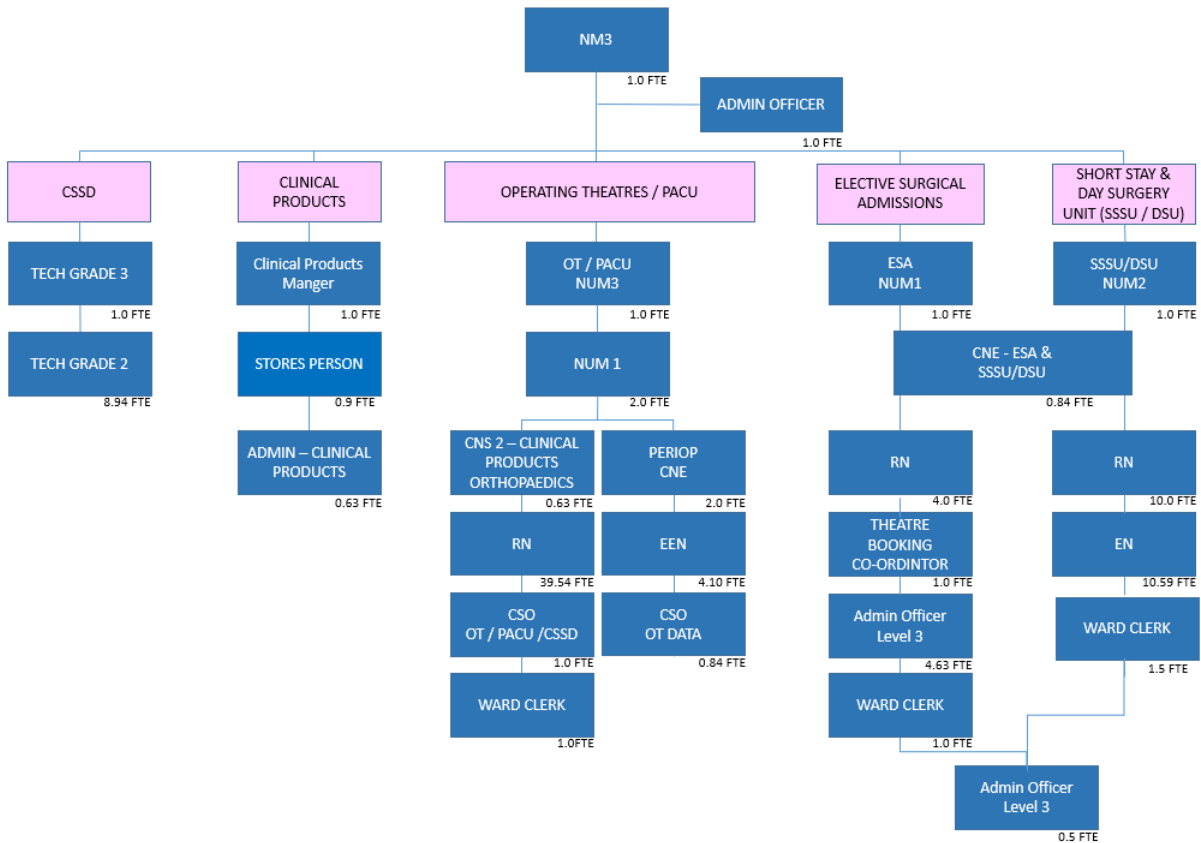
4.1 Current Structure **Hotel Services**

Organisation Chart SDMH Hotel Services August 2024



4.1. Current Structure **Theatres**

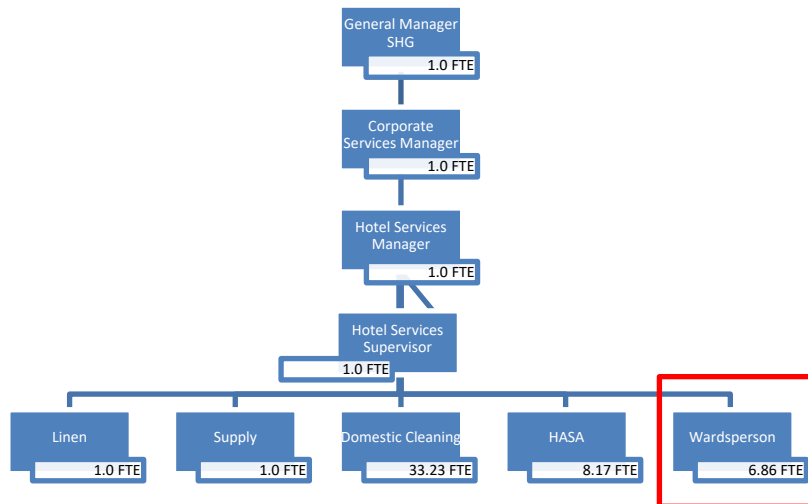
Organisation Chart SDMH Perioperative Suite – August 2024



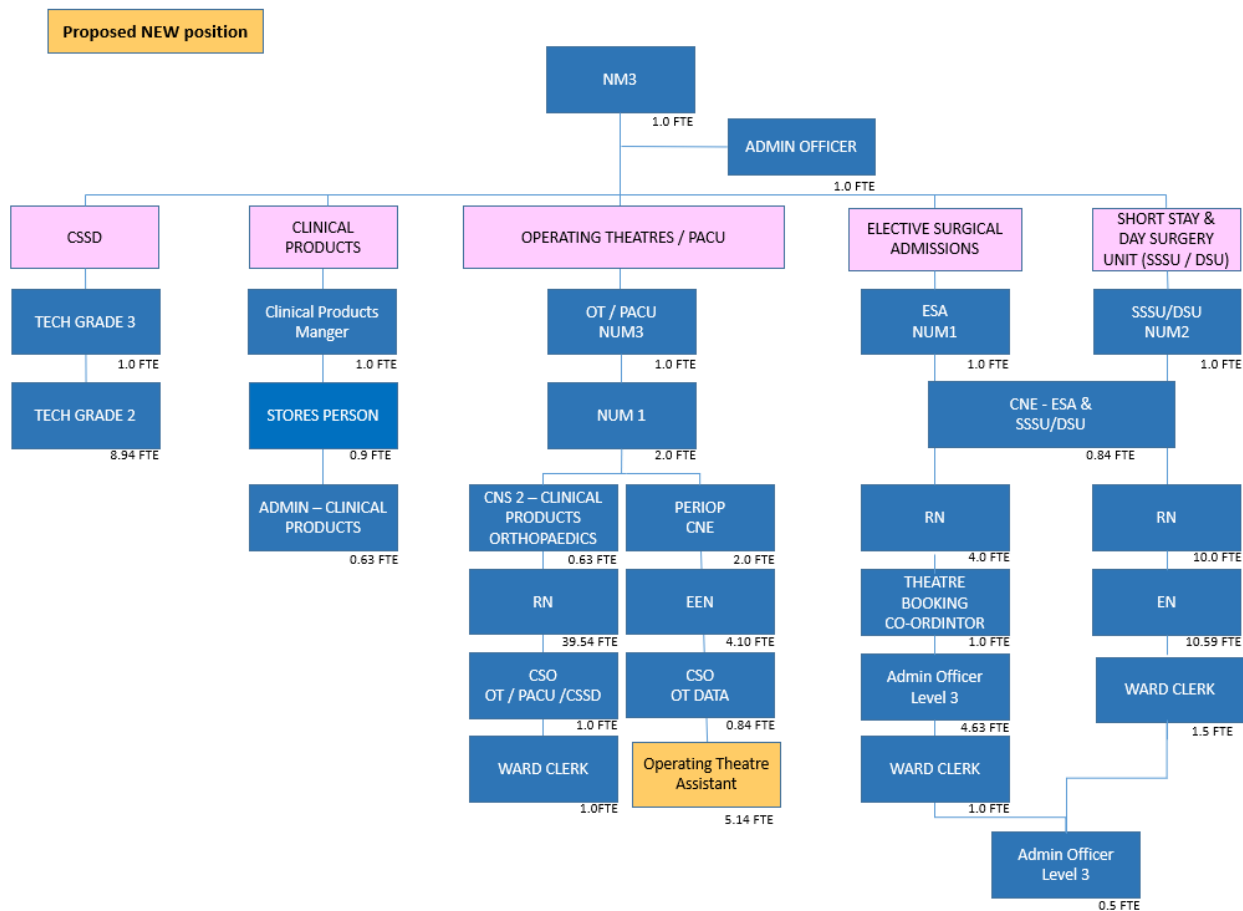
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Proposed Structure **Hotel Services**

Organisation Chart SDMH Hotel Services 2024



4.2. Proposed Structure **Theatres**



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5. Current and proposed position descriptions

Proposed Position Description:

- Draft Operating Theatre Assistant SDMH



DRAFT - Operating
Theatre Assistant SC

Current Position Description:

- Wards Person



ISLHD Wardsperson
- PD044436.pdf

6. Timetable for implementation

6.1. Consultation with industrial organisations

The Health Services Union (HSU) will be advised in writing of the proposed plan and consultation period where they are invited to provide feedback on behalf of their members. Identified impacted Wards person staff who routinely work within the Peri-operative space will be individually advised in person of their status. This will take place prior to a wider Hotel Services – all Wards Person team meeting, and prior to being advised of the proposed changes at a team meeting immediately following.

Consultation period will be open for 2 weeks and will include weekly feedback meetings with staff and their representatives and individual meetings with Workforce Support representatives (by request). Additional meetings may be requested and accommodated if necessary.

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6.2. Key Steps of the restructure plan

Action	Date
Impacted staff advised individually of proposed changes/restructure plan	Week commencing 7 October 2024
All communication email issued advising of proposed changes/restructure plan	From 11 October 2024
Unions formally advised of restructure plan for consultation with members	From 11 October 2024
Restructure Plan and proposed PDs provided to staff for consultation and feedback	From 11 October 2024
Meeting/s with union and members (if requested)	Week commencing 14 October 2024
Meetings with staff (weekly drop-in sessions if requested)	Week commencing 14 October 2024
Consultation period closes (two weeks) and confirmed in writing to staff and union	29 October 2024
New structure finalised taking account of feedback	31 October 2024
Meetings held with team to advise of feedback responses, final structure and next steps	7 November 2024
General communication to staff and key stakeholders of final structure and next steps	From 7 November 2024
New positions graded and established	From 7 November 2024
Vacant positions advertised as required and recruitment process undertaken with Hiring Managers	From 7 November 2024

NOTE: dates may be subject to change

7. Possible effects on EEO groups

- Nil

8. The availability of counselling and vocational assessment services for staff

- Support for staff is available and will be offered via the People and Culture Team and our Employee Assistance Provider (EAP), Converge International on 1300 687 327.

9. Estimated number of staff likely to be redeployed and the number of voluntary redundancy packages that may be offered

- Nil
- Should staff have been identified as impacted, staff will be supported to be redeployed within ISLHD in accordance with the Managing Excess Staff of the NSW Health Service Policy Directive, PD2021_02 and the NSW Government Workforce Mobility Placement Policy.