

# Consultation Document for Medical Imaging and Nuclear Medicine Medical Staff Reorganisation

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## 1. PURPOSE

This consultation document outlines the plan to reduce and reorganise Medical Imaging and Nuclear Medicines Administrative staff in accordance with the departments revised budget for 2021/22 and beyond. The plan will be used for reference during the consultation process with staff and the Health Services Union.

## 2. BACKGROUND

In July 2021/22 Central Coast Local Health District (CCLHD) revised their budget disbursements to individual departments to ensure that CCLHD's planned expenditure meets the revised NSW State Health budget provision.

The new statewide RIS PACS was installed in April 2021 in CCLHD and has many new electronic workflows that do not require as much human input as previous systems.

In 2019 the Medical Imaging administration team were reorganised following an external review of the structure. The review provided recommendations to manage the increasingly complex nature of scans and preparations. The recommendations included a reference to a future roster analysis once the new structure settled. The productive full time equivalent (FTE) staffing establishment at the conclusion of the reorganisation was 14.6FTE.

The roster analysis of the existing Administrative staffing provisions was undertaken in September 2021. It was led by the Director Medical Imaging and Breast Screen with support from the Medical Imaging Administration Manager and the Workforce Business partner. The timing of the analysis ensured that it would incorporate the changes attributable to the Wyong Hospital Redevelopment planned for July 2021. The Wyong hospital redevelopment was subsequently delayed until 13<sup>th</sup> October 2021 primarily due to the impacts of Coronavirus, but the completed workforce and service planning remained unchanged.

A proposal to reorganise and revise the Medical Imaging Administrative team staffing profile and roster was submitted to CCLHD exec for endorsement to proceed to consultation on 24/9/2021. The executive review and endorsement process included a comprehensive workforce, finance and operations review of the proposal. This included cross-checked against the NSW Health Employees state award, staff training and fatigue management, service demands and hours of operation. The proposal was signed off on 8/12/21 by CCLHD's Chief Executive.

## 3. REORGANISATION SCOPE

The position of Executive Assistant (EA) to the Director Medical Imaging is deleted (1.0 full time equivalent) and those duties reallocated to the Medical Imaging Administration Manager and Clinical Director's EA. The changes to the RIS PACS create sufficient capacity in the administration manager's workload to accommodate this change. The Clinical Director of Medical Imaging's EA remains unchanged and will continue to provide support for departmental meetings as has been the case over the past 12 months.

The afternoon/evening reception shifts at Gosford and Wyong Hospitals will be reduced to six hours each (4.00pm-10:30pm). This eliminates the two hour shift overlap that currently exists in both departments. The operational hours are not planned to be extended beyond 10:30pm in the foreseeable future. The previous practice of the

evening shift covering breaks during the first two hours of the shift beginning at 2pm will cease and the daytime Admin staff members will be covered during their break by each other, or another designated staff member. This change lowers the staffing establishment by 0.5FTE (0.25FTE at Gosford and 0.25FTE at Wyong) and ensures the timing of meal breaks meets the award requirements.

The administrative staffing to support outpatient clinics will be realigned to the days and times of the clinics. Wyong has 1.0FTE rostered daily (Monday to Fri, 7:30am-4pm) to support clinics, however clinics operate Mondays, Tuesdays and every second Thursday. Gosford have 1.0FTE rostered daily (Mon-Fri 9am-5:30pm) to the B4 reception desk for clinic support, however clinics operate Mondays, Tuesdays (Half Day am), Wednesdays (Half Day pm) and every second Thursday. This change reduces the clinics support staffing establishment by 0.8FTE (from 2.0FTE to 1.2FTE).

The new RIS electronic workflows have reduced the administrative involvement for inpatient and ED bookings including the day to day paperwork and processing. Non-clinic outpatients bookings are managed by the Medical Imaging bookings service (located at Gosford hospital) so a reduction in clinic support to align with clinic times is seen as reasonable.

The reorganisation will see the deployment of a new electronic admins staff roster that has been designed using demand based rostering principles. The new roster will include transparent planned and unplanned leave management, clarity on substantive FTE allocations and active flexible working agreements.

The proposed productive FTE following this reorganisation is 12.3FTE.

#### **4. PROPOSED CHANGE TO ORGANISATIONAL STRUCTURE**

Attachment 1 details the current staff operating model. Attachment 2 details the proposed staff operating model.

##### **Summary of FTE impact**

- It is proposed to delete the position of EA to Director Medical Imaging and Breast Screen Liaison
- It is proposed reduce the FTE of the Gosford K3 Admin Officers by 0.25FTE to reduce the evening shift length to 6hrs.
- It is proposed to reduce FTE of the Wyong Admin Officers by 0.25FTE to reduce the evening shift length to 6hrs.
- It is proposed to reduce the Gosford B4 Admin Officers by 0.3FTE in accordance with the 7 days per fortnight clinics
- It is proposed to reduce the Wyong Admin Officers by 0.5FTE in accordance with the 5 days per fortnight clinics.

No staff will be affected by this change. All positions deleted or having FTE reduced are vacant (filled by casual or temporary staff) pending the outcome of this reorganisation.

#### **5. INFRASTRUCTURE/SPACE IMPACT**

There is no impact to space or infrastructure as suitable office spaces and staffing accommodations are available onsite, in accordance with the Health Facility Guidelines.

## 6. RISK ASSESSMENT

Several aspects of this proposal have already been temporarily made due to the current vacancies and use of casual staff on modified shifts. This has provided some valuable lessons to ensure that key issues are managed during the permanent implementation (see table below):

Table 1: Risk assessment

Risk description	Risk Rating
Disruption of service delivery during implementation	low
Staff, patient and visitor safety	low
Staff unrest and industrial action	Medium
Benefits are delayed or reduced	Low
Timeframes are extended	Low
Outlays are advanced or increased	Low
Output quality (fitness for purpose) is reduced	Low
Media interest	Low

## 7. BENEFITS

- Staffing provisions are matched to workload volumes.
- Staffing provisions are matched to new workflows.
- Staffing provisions are consistent across sites and linked with services provided.
- Evening staff have a shorter shift to reduce fatigue of late nights.
- Work time before meal breaks will be provided in accordance with the award
- The staff costs meet budget revision and are sustainable into the future.
- Rostering practices and transparency of information is modernised.
- Each role has been reviewed and new roles/responsibilities drafted.
- Admin Manager increasingly engaged with breaks and leave cover duties.

## 8. Consultation Plan – engaging and supporting staff

The consultation process will be undertaken in accordance with Table 2: Consultation Plan (below). This process will include consultation with all staff and relevant union representatives. Support available for staff will include:

- Support and assistance from the relevant line management
- Support and assistance from the Workforce Business Partner if required
- Employee Assistance Program including free and confidential, face-to-face counselling is available to all staff through AccessEAP via self-referral by calling 1800 818 728.

Consultation Step	Communication Tool	Responsible	Date
1. Initial staff consultation	Staff meeting to discuss the identified opportunity and proposed consultation plan, follow up with an email.	Medical Imaging Management, Workforce Business Partner	January 2022
2. Consultation with Health Services Union	Small meeting to outline proposed changes to structure and discuss support for staff	Medical Imaging Management, Workforce Business Partner	February 2022

Consultation Step	Communication Tool	Responsible	Date
3. Recruitment Process	Progress with recruitment of the vacant positions in accordance with the Recruitment and Selection of Staff to the NSW Health Service Policy Directive (PD2017_040).	Administration Manager Medical Imaging	March 2022
4. New Structure implemented	Email to all staff concluding process and advising of the new appointments and rostering changes. (Some recruitment processes and training may be ongoing.)	Medical Imaging Management, Workforce Business Partner	March 2022

## 9. BUSINESS RULES TO FILL POSITIONS

No new positions are created during this reorganisation. Recruitment will be to fill existing vacancies that have arisen since the roster analysis.

## 10. PROVIDING FEEDBACK

Stakeholders are invited to provide feedback by Friday, 25/02/2022 regarding the change process. Feedback may be provided to Ms Cheryl Robertson, Workforce Business Partner, Workforce and Culture, email: [Cheryl.Robertson1@health.nsw.gov.au](mailto:Cheryl.Robertson1@health.nsw.gov.au)

## 11. ATTACHMENTS

Attachment 1 – Current Organisational Structure

Attachment 2 – Proposed Organisational Structure

## Document Details

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