

Mr Gerard Hayes  
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Health Services Union  
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Sydney NSW 2000

[secretary@hsu.asn.au](mailto:secretary@hsu.asn.au)

Dear Mr Hayes

I am writing to advise you of proposed changes to the structure and function of the South Western Sydney Local Health District (SWSLHD) Biomedical Engineering Services.

The changes proposed seek to improve the focus and effectiveness of the Biomedical Engineering Services and ensure consistency across these services in the SWSLHD.

The proposed changes have now been approved in-principle by the Chief Executive, and include changes to the reporting lines of facility based Biomedical Engineering employees. The proposed changes are outlined within the attached Change Plan. I have also included a 'Frequently Asked Question's' and to assist workers to understand the proposed changes.

Before final approval for these changes are sought, we are seeking the input of workers. In line with the consultative provisions of the Health Employees Conditions of Employment (State) Award, I am writing to invite you to provide any comments regarding the proposed changes within fourteen days from the date of this letter.

If you would like to discuss the proposed changes further please do not hesitate to contact me on 8738 8413.

Yours sincerely



Richard Perin  
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Date: 15/2/21

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## Frequently Asked Questions (FAQs)

### **Q. What do these changes mean for my position?**

The proposed centralisation of the Biomedical Engineering Services across South Western Sydney Local Health District (SWSLHD) into one District Service will mean that there will be a change to the organisational structure of the service.

### **Q. Will there be any changes to my position description?**

There are no significant changes being made to your roles and responsibilities.

Your usual place of work will change – from either Bankstown, Fairfield, Liverpool, Campbelltown to now be SWSLHD. This will mean that you will become a District based employee.

All existing facility-based Biomedical Engineering Services people will now report directly into the newly created role of Director Biomedical Engineering Services position.

This will also mean that the existing management of these services will no longer have responsibility for that function. Of course, day to day supervision of activity may still occur at the local level, and local management will be involved in the setting of priorities, in consultation with the newly created role of Director Biomedical Engineering Services

### **Q. If my usual place of work is changing, can I be expected to work in other locations?**

Yes. That is also true now, and the change to a District wide role also supports that.

### **Q. In what circumstances will I be expected to work across other locations?**

You are not expected to rotate or regularly work in other locations, and will for the most part, continue to work in the location where you are already employed. Of course, you may be required to work in other locations, but only in extenuating circumstances, such as in an emergency, or to cover periods of leave.

Where you are directed to work in other locations, you will be supported to allow additional travel time to that location and this will be counted as time worked. You will need to obtain approval from the Director BMEs prior to such arrangements.

If you are asked to work in another location, and this affects your ability to support your personal circumstances, you are expected to discuss this with the Director and who will explore available options.

Travel to and from meetings or training will continue as usual, and the relevant Award provisions will apply.

### **Q. Where do I submit my leave requests?**

Approving leave requests will be the responsibility of the District Director of Biomedical Engineering Services (BMES). The Director BMES will consult with the relevant local manager or supervisor in the respective facilities to discuss leave arrangements prior to final approval.

Similarly, if you are sick or unwell, or expect to be away from work, you will need to contact both the Director BMES and the local facility management, to inform them of your absence.

### **Q. Do these changes mean that I am an 'affected' employee?**

Affected employees are permanent staff members whose positions have been deleted, altered or relocated as a result of organisational change and who will become excess if they are not placed in a position within the new structure.

While these changes are proposed to impact on the reporting line related to your position, they do not substantively change your role or its responsibilities.

If you are an employee with only changes made to your reporting line, this is not considered to be significant and you will not be redeployed or expected to reapply for your position.

**Q. Where can I find further information on this process?**

[http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012\\_021.pdf](http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_021.pdf)  
[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013\\_042.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_042.pdf)

or contact your local Human Resources team.

**Q. What do I do now?**

Read the change plan and provide any comments or feedback to [Peter.Cook1@health.nsw.gov.au](mailto:Peter.Cook1@health.nsw.gov.au) by 1 March 2021. This will then be considered, and prior to any final approvals being sought. If appropriate, you are also welcome to provide feedback to your Union, and they are also being consulted on the proposed changes.

**Q. Who do I contact if I have any questions?**

If you have any general enquiries about this process or about your current employment arrangements, you can contact your local Human Resources team in the first instance.

# Centralised Biomedical Engineering Service Change Plan August 2020

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Prepared by Ramesh Pallela

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## 1.0 Executive Summary

The District has experienced numerous iterations of biomedical team structures and management of its biomedical assets, and currently has in place a model that enables each major facility to develop, implement and manage biomedical works independently. This model has led to an inconsistent approach to asset maintenance across the portfolio, including inefficiencies inherent in such a model, including:

- Duplication of routine administration and management activities
- An inconsistent approach to tasks and activities across the sites
- Different approaches to outsourcing, including inability to leverage procurement strength
- Inconsistent approaches to and achievement of corrective and statutory biomedical maintenance for all sites
- Sites becoming key-person and knowledge dependent.

The restructuring of the biomedical governance and reporting lines into a district wide services will allow for a more streamlined service with increased visibility to drive consistency, reporting and efficiencies.

The purpose of the realignment is to:

- Re-align the existing service provision structure from a decentralised to a centralised service which involves the centralisation of budgets, staff reporting and biomedical engineering service governance to Capital Works and Infrastructure.
- Drive consistency and standardisation in operations, in accordance with best practice, relevant Australian Standards and Industry Guidelines
- Employ a cost neutral plan to ensure the effective provision of biomedical services by utilising the existing resources and technical skills.

The review of the current services highlighted a significant disparity in levels of service provision at each of the sites within SWSLHD. As per the current arrangement there are biomedical engineering departments at Liverpool, Bankstown, Campbelltown & Camden and Fairfield sites. There is also a District Testing service which is based at Liverpool Hospital which provides testing services for medical devices across all sites including Community Health Services.

At Liverpool Hospital the department is staffed by 9 FTE, providing a comprehensive range of biomedical support services. Bankstown Hospital is supported by 2 FTE staff members, Campbelltown Hospital is supported by 4 FTE staff members who also provide support to Bowral and Camden, Fairfield Hospital is supported by 1 FTE and the District testing team is staffed by 3 FTE.

While each of these sites has permanently employed staff to provide in-house biomedical services it has been observed that the LHD has heavy reliance on external contractors. It is anticipated that once the restructure is complete, the new structure would allow for an opportunity to bring in-house some of the externally provided services enabling long term budgetary savings. These savings realised could be used to increase the Biomedical Services FTE.

Other issues that will also be addressed include the standardisation of procurement, standardisation of operating procedures, policies and procedures, and contract consolidation.

While the service delivery plan maintains all the existing biomedical workshops and staffing, it has been noted that the position of the District Director of Biomedical Engineering will have a significant increase in roles and responsibilities. A regrading process for this position will occur concurrently as part of the consultative process associated with this change plan.



## **2.0 Introduction**

### **2.1 Purpose**

The purpose of this 'change plan' is to highlight the proposed changes as part of this restructure. The plan also describes the likely impact that these changes may have on service delivery, existing positions and workforce.

This plan describes the processes that will be followed in order to implement changes and provide information to team members about support that is available to them while the change process is being undertaken.

Importantly, this document provides key information to team members to facilitate their contribution and input into the proposed changes.

### **2.2 Context and Background**

The primary objective of Biomedical Engineering Department is to provide a high quality medical technology support service to clinical staff in the use of medical equipment to monitor, diagnose or treat patients. The departments act as a central reference point for all Biomedical Engineering related issues and functions in accordance with best practice, relevant Australian Standards and Industry Guidelines.

Biomedical Engineering Services (BMES) are currently provided as standalone services at Liverpool Hospital, Campbelltown Hospital, Bankstown Hospital and Fairfield Hospital. The Campbelltown service provides support to Camden and Bowral, once a week and once a fortnight respectively. While Biomedical Engineering is considered a District service, each of the individual services reports up through its own facility via the Director of Corporate Services. The managers of these sites have professional reporting lines to the District Director of Biomedical Engineering.

A review of BMES processes was undertaken by NSW Audit Office in 2016. This review highlighted inconsistencies in compliance related to the Australian and Industry standards, quality assurance, poor governance over external service providers and discrepancies in the asset database. It has been identified that an organisational restructure for the BMES would address some of these recommendations.

## **3.0 Review of Existing Services**

### **3.1 Current Services**

For the existing service structure please refer to Appendix A.

#### **3.1.1 Liverpool Hospital**

The department is staffed by 9 FTE which includes the District Director of Biomedical Engineering.

The current services provided by the department are:

- Repair and maintenance service for biomedical equipment for over 8500 medical devices.
- The planning and performance of acceptance testing and scheduled calibration and electrical safety testing of such equipment.
- An out-of-hours emergency service for the repair of essential equipment.
- Assistance and advice for customers in the selection, tendering and purchasing of biomedical equipment.
- The maintenance of a database of clinical equipment that the Biomedical Engineering Department is responsible for, and the maintenance of service and calibration records for all items serviced by the Department.
- Department is staffed with 1x FTE Mechanical Technical Officer who services medical gas equipment.
- Education of clinical staff in the safe and effective use of medical equipment.
- Provide opportunities for work experience students to gain experience in the field of Biomedical Engineering.

The hours of operation of the department are 8:00am to 4:30pm on weekdays. One staff member is always rostered to provide after-hours support for Liverpool Hospital and Fairfield Hospital as when required (leave cover).

#### **3.1.2 Bankstown Hospital**

The department is staffed by 2 FTE which includes a site manager.

The current services provided by the department are:

- Repair and maintenance service for biomedical equipment for over 2500 medical devices.
- The planning and performance of acceptance testing and scheduled calibration and electrical safety testing of such equipment.
- Assistance and advice for customers in the selection, tendering and purchasing of biomedical equipment.
- The maintenance of a database of clinical equipment that the Biomedical Engineering Department is responsible for, and the maintenance of service and calibration records for all items serviced by the Department.
- Education of clinical staff in the safe and effective use of medical equipment.

The hours of operation of the department are 8:00am to 4:30pm on weekdays.

### **3.1.3 Fairfield Hospital**

The department is staffed by 1 FTE who acts as a sole electronics technician.

The current services provided by the department are:

- Repair and maintenance service for biomedical equipment for over 1300 medical devices.
- The planning and performance of acceptance testing and scheduled calibration and electrical safety testing of such equipment.
- An out-of-hours emergency service for the repair of essential equipment.
- Liverpool Hospital provides normal working hours and on-call support during the FTE's leave period.
- Assistance and advice for customers in the selection, tendering and purchasing of biomedical equipment.
- The maintenance of a database of clinical equipment that the Biomedical Engineering Department is responsible for, and the maintenance of service and calibration records for all items serviced by the Department.
- Education of clinical staff in the safe and effective use of medical equipment.

The hours of operation of the department are 7:30am to 4:00pm on weekdays.

### **3.1.4 Campbelltown Hospital**

Campbelltown Hospital Biomedical Engineering Department provides biomedical service to Campbelltown Hospital, Camden Hospital and Bowral Hospital. The department is staffed by 4 FTE which includes a site manager.

The current services provided by the department are:

- Repair and maintenance service for biomedical equipment for over 4200 medical devices across the three sites.
- The planning and performance of acceptance testing and scheduled calibration and electrical safety testing of such equipment.
- Assistance and advice for customers in the selection, tendering and purchasing of biomedical equipment.
- The maintenance of a database of clinical equipment that the Biomedical Engineering Department is responsible for, and the maintenance of service and calibration records for all items serviced by the Department.
- Education of clinical staff in the safe and effective use of medical equipment.

The hours of operation of the department are 7:00am to 3:30pm weekdays.

### **3.1.5 Bowral Hospital**

Biomedical Engineering support is provided by Campbelltown Hospital one day per fortnight. Additional support is provided as required.

### **3.1.6 Camden Hospital**

Biomedical Engineering support is provided by Campbelltown Hospital one day per week. Additional support is provided as required.

### **3.1.7 SWSLHD Testing Team**

The SWSLHD Testing Team provides an annual Preventative Maintenance and Performance Verification Testing Service for medical devices across all sites including community health centres, dental clinics, early childhood centres and community mental health centres. The team is primarily located at Liverpool Hospital and is deployed to all sites on a pre-assigned schedule. The team is staffed by 3 FTE.

## **3.3 Challenges**

Several challenges have been identified which are outlined below:

- ***Inconsistencies that Impact Operations***

The current model creates a lack of oversight and quality assurance inconsistencies. For example, the test procedures employed for medical devices are not consistent across the district. A centralised service will allow oversight over the entire Biomedical Engineering Service. This will allow increase visibility and standardisation of services such as test procedures.

- ***Implementation of AFM Online***

Currently at SWSLHD, the database for clinical equipment that is being used is not the same at all sites. While Liverpool, Campbelltown, Camden and Bowral Hospital use BEIMS as their main database for the maintenance of medical devices, Bankstown and Fairfield Hospital are using AFM Online Asset Management System. The replacement of the current end of life BEIMS System with the new AFM Online Asset Management System can be achieved by this centralised model allowing compliance with the milestones set by NSW Health.

- ***External Service Providers***

The current model has created a reliance on external service providers for tasks which could be conducted internally. The proposed model would allow the transfer of all the technical skill sets currently contained within the individual hospitals to be shared across the LHD. This would decrease the reliance on external service providers which will result in long term cost savings.

- ***Overview of Medical Equipment Purchases***

The current structure does not focus on a district wide approach to the procurement, life cycle management and replacement of medical devices. The current processes mean that each site uses an individualised approach to procurement.

- ***Limited Opportunity for Staffing Development***

The current structure limits the cohesion between staff who work at isolated sites. There is a limited opportunity to streamline training and educational opportunities. The new reporting structure would allow for the implementation of a centralised approach to the training facilities that are made available as part of the procurement of medical equipment and their associated contracts.

## **4.0 Proposed Services**

For the proposed service structure please refer to Appendix B.

### **4.1 Expected Outcomes**

The expected outcomes of the change plan include:

- Opportunity to establish a professional and proactive delivery of BMES functions and services across the District.
- Opportunity to provide improved systems and processes aligned with the relevant Australian Standards and Industry Guidelines.
- Opportunity to improve governance over contractors and external service providers.
- Opportunity to improve and standardise KPIs as well as governance of the internally provided services.
- Opportunity to closely monitor and measure finances and accountabilities.
- Opportunity to realise cost-savings through the expansion of internally provided services such as performance verification testing, periodic maintenance and regular incoming inspection of which are provided by external service providers.
- Improve educational opportunities for staff.

## 5.0 Position Impact

The proposed changes are mainly focused on the reporting lines of the current staff members and will have minimal impact on current position descriptions, employment location or conditions of employment.

### 5.1 Position Impact Table

Location	Position	FTE	Proposed Changes
Liverpool	BME Services Coordinator (Biomedical Engineer Grade 2)	1	The location of work within the position description will change from Liverpool to SWSLHD*
Liverpool	Senior Technical Officer	1	The location of work within the position description will change from Liverpool to SWSLHD*
Liverpool	Technical Officer Grade 2	5	The location of work within the position description will change from Liverpool to SWSLHD*
Liverpool	Administration Officer Level 3	1	The location of work within the position description will change from Liverpool to SWSLHD*
Bankstown	Director Corporate Services (DCS), Bankstown Hospital	1	The Manager - Biomedical Engineering (Senior Technical Officer) position will be removed as a direct report.
Bankstown	Senior Electronics Technician	1	The location of work within the position description will change from Bankstown to SWSLHD*.  The direct reporting line will change from DCS (Bankstown) to Director BMEs.
Bankstown	Electronics Technician	1	The location of work within the position description will change from Bankstown to SWSLHD*
Campbelltown	Director Corporate Services, Campbelltown Hospital	1	The Manager - BMES (Biomedical Engineering Grade 3) position will be removed as a direct report.
Campbelltown	Manager, BMEs – Biomedical Engineer Grade 3	1	The location of work within the position description will change from Campbelltown to SWSLHD*.  The direct reporting line will change from DCS (Campbelltown) to Director BMEs.
Campbelltown	Senior Electronics Technician	1	The location of work within the position description will change from Campbelltown to SWSLHD*.
Campbelltown	Electronics Technician	2	The location of work within the position description will change from Campbelltown to SWSLHD*.
Fairfield	Director Corporate	1	The Technical Officer (Fairfield) position will be removed as a direct report.

	Services, Fairfield Hospital		
<b>Fairfield</b>	Electronics Technician	1	The location of work within the position description will change from Fairfield to SWSLHD*.  Dual reporting line into DCS (Fairfield)/Director BMEs will change to Director BMEs only.
<b>District</b>	Director, BMES – Biomedical Engineer, Grade 6	1	Additional direct reports to the position from 9 to 19.
<b>District</b>	Manager Shared and Corporate Services	1	The Director BMEs position will be removed as a direct report. **
<b>District</b>	Director, Capital Works & Infrastructure	1	Additional direct report of the Director BMEs position. **

\*While it is noted that the usual place of work is SWSLHD it is not expected that current facility based workers will work across the District all of the time, other than in exceptional circumstances such as to provide relief during periods of leave and to ensure that critical business activity is maintained. Where there is a requirement for staff to work in another site, consideration will be made to providing them with adequate times to attend sites and usual periods of notice will be advised wherever possible.

\*\* Informal consultation has already occurred for the change in reporting line for the Director BMES position from Manager Shared and Corporate Services to Director, Capital Works & Infrastructure.

Each facility will be responsible for relevant staff within their facility. HR and unions will be consulted and an FAQ will be developed to address how deployment of employees will be managed.

## 5.2 Human Resource Support Services

Human Resources teams at each facility will provide support services to all team members impacted and at their current facility. Support services include:

- Access to the Staff Wellbeing and Support Service
- Payroll information
- Job applications and Interview coaching
- Redeployment services (Human Resources)
- Other supporting information as required.
- Requests from team members to meet with union representatives during normal working hours will also be supported where sufficient information about those appointments is provided, and where operational activities are not compromised.

### **5.3 Management of 'Affected' Employees**

Management of 'affected' employees will be in accordance with the NSW Health Policy Directive (PD2012\_021) Managing Excess Staff of the NSW Health Service, and the NSW Health Policy Directive (PD2017\_040) Recruitment and Selection of Staff to the NSW Health Service.

A meeting with all employees directly impacted by the proposed changes will occur (and where sought, with the relevant union involved), and a letter provided to them identifying the proposed changes, and an opportunity to provide feedback about those changes. Human Resources will be present to respond to any questions about the process.

## **6.0 Consultation and Communication**

### **6.1 Finance Corporate Leadership Team**

The Finance – Corporate leadership team is committed to:

- Defining the reason for change through ongoing and timely communication with team members both directly and indirectly affected, ensuring they understand the reasons for the changes being made
- Delivering formal top-down communication, including regular ongoing team briefings with members to discuss issues and answer questions relating to the proposed changes
- Clearly communicating the impact of the change and ensuring that the transition arrangements are regularly communicated to every team member affected by the change
- Ensuring all team members, including those on leave, remain informed throughout the process
- Ensuring all team members have the opportunity to raise questions or queries relating to the proposed changes
- Timely engagement with any relevant Union.
- Communication and consultation with team members will commence in early March 2020, and this will include
- Development and articulation of this change plan
- Presentation to team members through team meetings and establishment of a Union Specific Consultative Committee
- Provision of new and revised Position Descriptions
- Reference to relevant policies noted in this change plan
- Facilitation and training to support the proposed changes
- Formal correspondence to people in positions impacted by the proposed changes
- Further communication with team members and unions will occur once feedback from the consultation period is considered, and final approval for change is given by the Chief Executive.

Communication and consultation with team members has already commenced and remains ongoing. Consultation has included:

- development and articulation of this change plan



- presentations to team members through team meetings
- provision of new Position Description/s (see Appendix H)
- reference to relevant policies noted in this change plan
- Communication to people in positions impacted by the proposed changes

Further communication with team members and unions will occur once feedback from the consultation period is considered, and final approval for change is given by the Chief Executive.

## 6.2 Communication and Approval Timetable

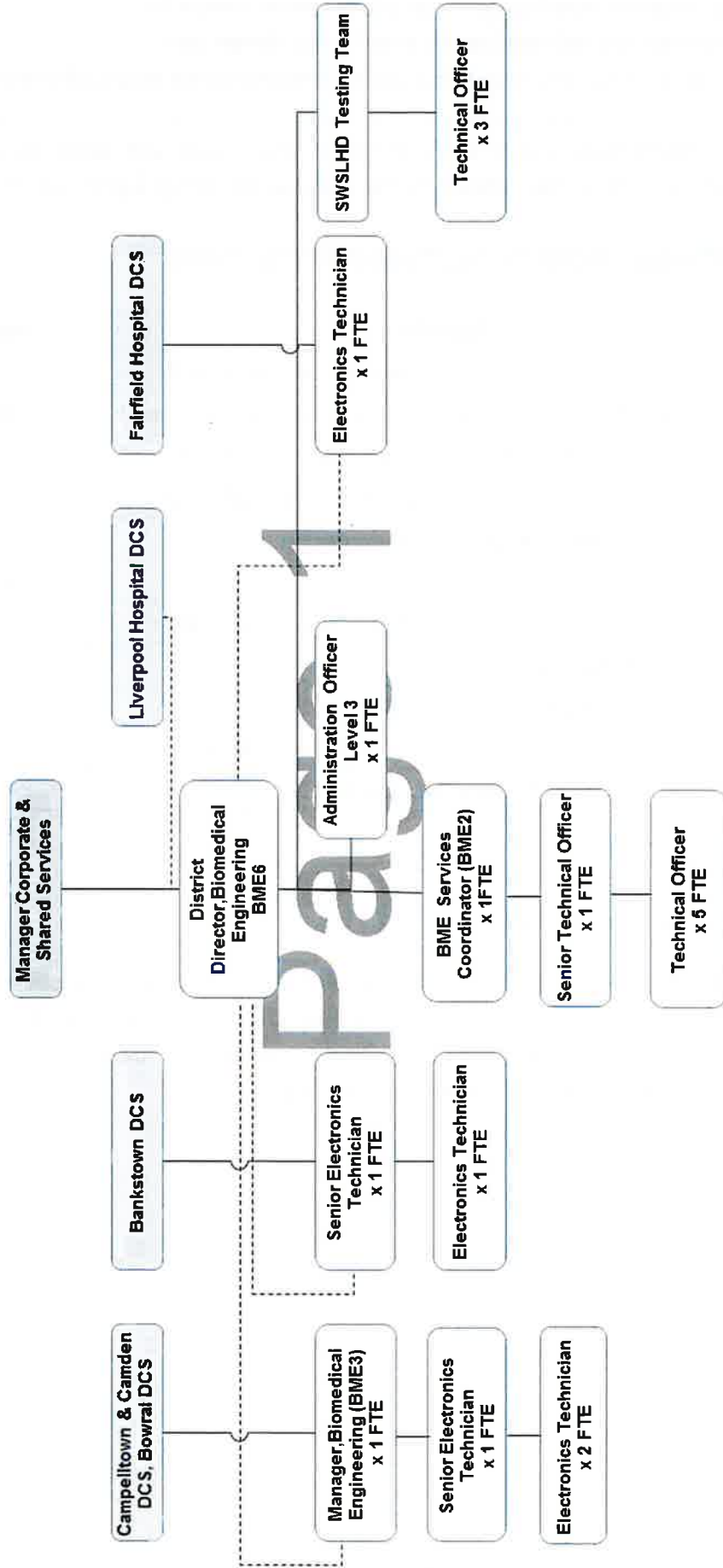
Activity	Indicative Timeframe
<b>In-Principle Approval</b>	
District Director of Finance approval in-principle to proceed	Mid-September
Chief Executive approval in-principle to proceed	Late September
<b>Informal Consultation</b>	
Presentation to General Managers meeting	Late September
Biomed team meetings	05.06.2020 and 01.07.20
<b>Formal Consultation</b>	
Meeting and letters to impacted workers	February 2021
End date of consultation process	March 2021
<b>Final Approval</b>	
Chief Executive, SWSLHD	March 2021

## 6.3 Implementation

- Following approval in-principle, the 'Change plan' and relevant supporting documentation will be provided to employees and the relevant Unions for formal consultation.
- A full evaluation plan will be developed to measure the effectiveness of the service and functions post-implementation of the changes.

# Appendix

## Appendix A – Current Structure



## Appendix B – Proposed Structure

