Macquarie Restructure Consultation, written response

Without prejudice

1. The Health Services Union (HSU) writes to you in relation to the proposed restructure of the Macquarie Hospital Ryde's (MQH) rehabilitation program.
2. The HSU notes, several consultation meetings have been held to advance this proposal, with HSU members proposing an alternative structure, subsequently, management made minor amendments to the original proposal.
    a. An initial USCC meeting was held on 29th March.
    b. A second USCC meeting was held on 19th April.
    c. The HSU received a written response to members counterproposal on 28th April.
3. Throughout these meetings, management identified two documents which constituted the basis for the restructure: 'Review and Redesign of Day Programs Macquarie Hospital 2009' and 'Macquarie Hospital Centralised Rehabilitation Program – Report'.
4. In addition, the HSU requested several documents, including a risk assessment on proposed changes impact to work-loads and position description for MQH quality and risk manager.

Review and Redesign of Day Programs Macquarie Hospital 2009

5. In 2009, a report titled 'Review and Redesign of Day Programs' was published, management have relied upon this report as one of two key documents forming the basis for the current restructure proposal.
6. The terms of reference outlined several areas in relation to the Day Program Area which were to be examined:
    a. 'Review current on ward and day program components to identify existing strengths as well as commonalities / duplication of programming in delivery service' (2.1).
    b. 'Consult with staff and patients within clinical streams to target day program content to develop a high-level match between the recovery goals of patients and objectives of the clinical streams' (2.3).
    c. 'Review current communication links between all areas of the patient journey and develop more effective user-friendly systems, where necessary' (2.4).
7. The recommendations are found from page 52 onwards, the HSU would highlight process and support (A) and assessment, treatment planning and referral system (B).
    a. Recommendation A3. Creation of a FTE Rehabilitation and Recovery Coordinator Position, it goes on to describe the responsibilities of these positions.
    b. The comments section under section B) highlight issues which were occurring due to lack of knowledge and specificity between ward and day groups, the HSU contends management's structure would cement these challenges.

c. Recommendation C1. This recommendation specified a need to follow evidence-based approach in redesign of the program. It is recommended, this process occur through a working party, chaired by the rehabilitation and recovery coordinator with members of the DPA committee, allied health managers and nursing managers. The HSU has not seen evidence of this, nor that the industrial representatives of the employees affected were engaged in this process.

8. Notably, there is little evidence, that was apparent to the HSU, within this report expressly stating a need for a multi-disciplinary team which removed OTs from their professional line of management. This is problematic as the document has been relied upon as a core basis for the restructure, and the dogmatic resistance to anything other than removal of OTs from their professional governance structure.
9. The HSU contends that even if it is the case that such a structure was expressly contemplated within the report, this report is 13 years old and cannot reasonably provide the basis for a restructure in 2022.

<u>Macquarie Hospital Centralised Rehabilitation Program – Report</u>

10. The Macquarie Hospital Centralist Rehabilitation Program – Report was completed in 2018.
11. Management have expressed to the Union that this report was commissioned to supplement the 2009 report referenced above, however HSU members have indicated confusion as to the connection between the two.
12. The report identifies the introduction of the VdT MoCA model in 2011, this was after the 2009 report. HSU members have sought throughout this consultation process some sort of explanation about why this model was chosen, as opposed to others, and what it constituted. It is clear, that the decision to proceed with this model has been done without consideration or consultation with those expected to implement it, including the training of staff in the model.
13. The report made inflammatory commentary in relation to the staff at MQH, stating concern for 'minimal advocacy for consumers.' These comments were not supported with evidence, however, were relied upon to make inferences that this 'minimal advocacy' is due to a non-disciplinary approach on the site. The HSU, on advice from members, disagrees with this. The current structure and approach of staff is completely consistent with the advocacy of consumers, and it is insulting to suggest otherwise. The failure of this model is in the lack of training and active management of it and the union expresses concern that it has been a total of 13 years that this has dragged on, without clarity for members attempting to provide services to consumers.
14. The review goes on to recommend an independent rehabilitation team with its own management structure and allocated resources to promote structure, collaboration, and better communication.
15. The report expressed that 'Occupational Therapists felt that their skills in assessment and planning in a recovery orientated manner were disregarded, that they were unable to grow professionally, and that they were becoming de-skilled'. It appears the report attempts to rely on this position as a basis to alter the management reporting lines for Occupational Therapists, however HSU members in OT have advised, this comment relates directly to the model of care and behaviour of the rehab program coordinator. OT's who found themselves on the day program lamented a loss of autonomy and inability to play an active

role in recovery, which is not something they experienced in the ward program. OT's expressed that they were no longer able to play an active role in rehabilitation and were reduced to following centralised directives. The HSU contends that the proposed restructure would do nothing more than entrench this exact model and from an industrial perspective limit the professional growth and skills of young O/T's thus reducing their capacity for progression under their award.

16. At the time of this review, HSU members across the site were frustrated with the lack of transparency and perceived bias in the review. On the 7th December 2017, HSU members passed a resolution requesting the following:
    a. The members of the HSU Macquarie Hospital Sub-Branch request the Day Program Review has comprehensive terms of reference that refer to the Day Program Review of 2009. We request they includes a literature search and different models of care as well as input from consumers, ward staff, carers, and local shop keepers.
    b. The members of the HSU Macquarie Hospital Sub-Branch are disappointed the judgemental statement: *"Whilst this is the overall aim, resistance to this Model of Care by some staff has resulted in only partial implementation of the Model and therefore its effectiveness of associated treatment interventions."*
17. It was noted in the HSU resolution that management (Jan Plain) had agreed to remove this statement from the terms of reference on the 9/8/17, however when the TOR was finalised, the wording remained.
18. For these reasons the HSU contends this report is flawed, it is over 4 years old, inherently biased and contained a term of reference which was contrary to genuine industrial consultation in making inflammatory and unnecessary remarks. Furthermore, the report reached a conclusion that the primary recommendation is to restructure staff when there were and continue to be issues with staffing levels, the basis for the model chosen, support staff felt in performing their work under the model and the management structure which intentionally acted to prevent members from engaging with any agency in a recovery program. The appropriate course of action would be to address these genuine issues staff have consistently expressed relating to the ability to provide the program, rather than rely upon third parties to provide a snapshot view which ignores a number of important factors.
19. It is these finding, shared widely amongst HSU members, which brings the Union to the conclusion that this review does not form a reasonable basis to proceed with a dogmatic commitment to upending the professional structure for OT's.
20. HSU members remain committed to advocating for care of consumers in the best possible manner, HSU members are the ones who provide the care on a daily basis and are acutely aware of the shortcomings in this report which provided a disproportionate significance to one factor - being the need for O/T's to leave their professional stream. We see no evidence, in this report or otherwise, that doing so would address some or any of the perceived issues.

<u>HSU position:</u>

21. The HSU contends that removing OT's from their professional department will have a net negative impact on O/T staff through impact on their professional support both formally and informally. This will impact

their ability to efficiently meet registration requirements and develop the holistic skills required to provide complex care.

22. HSU members have expressed genuine support for improvements to the day program and greater collaboration across teams in a multi-disciplinary manner; this can be achieved in a way which does not remove OT's from their professional stream.
23. Members of the HSU working in OT contend that remaining within the OT department is highly significant to them because they maintain formal professional support with structured governance and receive strong informal support and professional development working in a dedicated OT team. Furthermore, these benefits are apparent because their line-management is the same as their professional supervision, allowing efficient professional governance.
24. The HSU contends, it is insufficient for staff, especially junior staff, to report to a management position which does not reflect their profession and will negatively impact their skill development and professional support.
25. This view is supported in the literature, where it's been expressed that the most efficient and effective model entails professional leaders maintaining operational management over their professional workforce. This allows for better internal workflow management while preventing issues arising resulting from non-professional management being unaware or incapable of adequately providing professional support.[1]
26. The proposal, as it stands, would unevenly distribute O/T workload causing some to have significantly increased workload with minimal professional support and development. This will impact their professional obligations, as required under the award.
27. Managements proposal will result in significant wastage of resources as O/T's will be required to duplicate work across the O/T department and rehabilitation team. For example, currently an O/T working in a ward can assist a consumer in the ward, encourage them to attend the day program where they can provide continued assistance, furthermore, they can then report this progress in the clinical team meetings and receive clear and efficient professional guidance.

    In contrast, under management's restructure proposal, there will be two separate O/T's with the one working on the day program having to take time out from the day program to attend the clinical meeting and report back. This would result in two O/T's being required in the clinical meeting which is not feasible considering the current understaffing issues which has already caused significant overwork – this overwork has been identified by the HSU as an ongoing psychosocial hazard. Each ward has multiple clinical meetings, resulting in significant time off the day program to attend clinical meetings.

28. OT's who remain working in wards will face excessive workload issues which have not been addressed in consultation. The increased hazard arises because day program OT's will be removed, resulting in OT's

[1] Mickan S, Dawber J and Hulcombe J, Realist evaluation of allied health management in Queensland: what works, in which contexts and why (2019) Australian Health review 43.

who solely covering the wards, who are already overworked, having to cover more wards. Members have legitimate concerns on how this will impact the safety. The HSU has requested a specific risk assessment be performed on workload increases such as this but have not received one.

This duplication and mismanagement of workloads will, the HSU contends, result in significant burn-out, decreased ability to meet professional obligations and decreased job satisfaction.

HSU proposal:

29. HSU members believe the best consumer support is provided through OT's who are well-rounded in their skills and provide a continuity of trust and support while not duplicating workloads. Members explain that working with consumers on the ward is valuable as observations and analyses can be taken and applied to the day program.
30. Management's proposal, it is argued, seeks a cohesive team drive 'drive consumer engagement', however this explains little and does not address the HSU's counterproposal. Management's solution is fixated on a singular rehab team, whereas HSU members have proposed a structure which will achieve the same interest-based outcome but have two different teams. For the professional, industrial and safety reasons outlined above, the Union contends the members counterproposal is the only reasonable option to take.
31. The HSU membership has endorsed a proposal which can be seen in the attached org chart, as can be seen, dedicated OT specialists are rotated into the rehab program to perform day services. This would involve OT's rotating into the day program to work while maintaining their overall position in the OT department. The Union contends this would provide a holistic, multi-disciplinary focus to the day program under the rehab program coordinator while simultaneously mitigating the concerns HSU members have raised. Furthermore, it will allow greater professional development for OT's who will perform more diverse work.
32. Furthermore, this counterproposal would meet the aspirations identified in the 2009 report at point 7 a-c.
33. The HSU's proposal would contain 3 OT FTE in the day program, consistent with management's proposal.
34. The HSU proposal would involve daily rotation of OTs into the day program daily. The union contends, this would create a more dynamic atmosphere because multiple clinicians can contribute to the program with different skills for 1 or 1.5 days each. Clinicians can draw upon ward experience from working with consumers in the ward (where consumers are for the other 22 hours of a day) and input from their multi-disciplinary team which assists in:
    a. Activity / intervention planning
    b. The day program clinicians in being aware of the current mental state of all consumers without having to create an additional handover process for this.

This further allows OTs to return to the wards with information about how individuals consumers are travelling in day program so that this can be communicated in multi-disciplinary team meetings and to the team at handover, as well as incorporated into their care plan where appropriate

35. The rehab program manager will develop, supervise, and support facilitation of the day-to-day operations of the day program; the rehab program manager will be the lead / manager as per the job description. The large range of O/T's contributing to the day program will result in greater diversity of experience and skill which will support a multi-disciplinary approach to a large variety of programs. Having different clinicians will enhance the multi-disciplinary nature of the team more so than the current proposal, in our view.
36. The HSU contends, The O/T's will be better able to support the rehab program manager as they will be cognizant of the current consumer needs and how to appropriately address them and reporting this information to the day program, thereby, simultaneously the day program manager. This process will lead to greater efficiency in keeping the day program up to date on the all the important clinical information rather than a second day program O/T that does not know the consumer attending a weekly clinical meeting for a brief discussion, this is also supports consumer safety and minimises risk which is a key obligation of the PCBU under the WHS act.
37. The Senior O/T will continue to be manager for O/T's, the senior O/T manager will be required to collaborate closely with the rehab program manager to ensure high level engagement and a multi-disciplinary approach is ingrained culturally within the day programs.
38. HSU members have developed a supporting document to provide further explanation as to the operation and benefit of the members proposal. Document is listed as **Attachment A.**