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TRIM Ref: NSHN/22/35063-1

Mr Gerard Hayes
Secretary
Health Services Union NSW
Level 2, 109 Pitt Street
Sydney NSW 2000

Attention: Mr Josh Dodsworth / Mr Blake Adair-Roberts
Via email: info@hsu.asn.au

Dear Mr Hayes,

Re: Proposed Restructure of the Rehabilitation Program - Macquarie Hospital

I write in reference to the third Union Specific Consultative Committee (USCC) held between the Health Services Union (HSU) and the Northern Sydney Local Health District [the District] on Thursday, 16 June 2022 regarding the proposed restructure of the Macquarie Hospital Rehabilitation Program. During this USCC the HSU's written response, dated 20 May 2022, and proposed alternative restructure (TAB A: HSU proposed alternative structure) were discussed (TAB B: 16.6.22 USCC minutes) and it was agreed a formal written response would be provided by the District.

The District acknowledges the detailed response received from the HSU and the commitment of its members to work towards a resolution through this consultation process. Ultimately it is positive to recognise that the goals of the District and the HSU members align in the vision of an improved person-centred rehabilitation program with positive outcomes for consumers. This letter will address the themes raised in the HSU response.

Background

The HSU response references the 2009 *Review and Design of Day Programs Macquarie Hospital* and the 2018 report on the *Review of the Macquarie Hospital Centralised Rehabilitation Program*. The 2009 report is not considered in the scope of this process other than the fact that it informed the introduction of the Rehabilitation Coordinator position and the current Model of Care, neither of which are under review in this restructure other than the proposed change in line management for the Rehabilitation Coordinator position. The Model of Care, The Model of Creative Ability (MOCA), was introduced with staff consultation across the site at the time (2011). Training was provided by external consultants in the initial phase and has been provided to individuals and groups by the Rehabilitation Coordinator since. This is the current framework for rehabilitation in the hospital and has become more adaptable to the needs of the consumers in the past few years. Part of the remit of the proposed Rehabilitation Program Manager and their team would be to undertake a review and evaluation of the current rehabilitation program in Macquarie Hospital and all evidence-based rehabilitation models. This would occur with stakeholder engagement with a view to develop a current evidence-based rehabilitation program moving forward.

The 2018 report was the initial driver of a restructure which has, over time, had many iterations resulting in the current proposal of creating one rehabilitation team. The proposed change has been not only based on the review but also the ongoing and consistent feedback from Official Visitors, staff, consumers and carers that the current rehabilitation program is not meeting the needs of the individual consumers, that there is limited interface between the rehabilitation program and the wards and a lack of clear, coherent goal driven plans in place.

There has also been ongoing feedback from the Rehabilitation Coordinator, Occupational Therapists and the nursing staff that they have differing approaches towards rehabilitation and how the program should run. This disparity of vision can impact on service provision and consumer experience in the rehabilitation space. This has led to a reported feeling of inequity across the two teams and thus working together as the same team would allow greater collaboration and equity in planning of hospital-wide rehabilitation.

The proposed Rehabilitation Program team will create a unified team to allow the clear review, evaluation and planning of rehabilitation services across the site. Currently this occurs across two teams which have differing views and understanding of rehabilitation and are at times fragmented.

The creation of the Rehabilitation team aims to provide a framework to support rehabilitation across the hospital working to build on the progress made in recent times by the Day program nursing staff, Occupational therapists and Rehabilitation Coordinator.

Professional Reporting

The HSU asserts that this proposal will have a negative impact on Occupational therapists working in the rehabilitation program as they potentially will not be operationally managed by an Occupational Therapist. The HSU suggests that literature supports disciplines maintaining operational and professional management over their own profession. The district would welcome any further articles additional to the one cited in the HSU document interested to support the HSU proposal as there is also much evidence focused on the functioning of a Multi-Disciplinary Team (MDT) and the improved clinical outcomes for individuals within an MDT structure. There is also a body of literature that focuses on the importance of collaborative, inter-professional practices and team work being shown to positively impact both consumer and staff satisfaction.

With the District proposal there will be ongoing professional governance, plus formal and informal support provided through the Occupational Therapy Team leader, with the Occupational Therapy team remaining professionally intact, with the ongoing leadership providing professional guidance as currently stands. In addition should the appointed Rehabilitation Program Manager be an Occupational Therapist they would also be able to provide this professional leadership, as well as operational leadership, for the Rehabilitation Program Team and would be part of the hospital wide Occupational Therapy Group. Within both proposed teams there are differing levels of professional discipline seniority that allow for support and supervision to occur for the Occupational Therapists regardless of which team they are working within.

Workload concerns

The HSU asserts that the District proposal would result in increased workloads for Occupational Therapists on the wards and a duplication of work.

The District's proposal for the incorporation of Occupational Therapists into the team is essential to engage the skills of the discipline in program development. This will occur under the leadership of the Rehabilitation Program, alongside the other team members working towards the future with an extensive, evidence-based rehabilitation program. The team members will be able to work both in the group program area and provide ward-based rehabilitation interventions plus community integration activities whilst working alongside the ward teams (including all Allied Health disciplines, activities nurses and ward-based nurses where applicable).

This will afford the ward-based Occupational Therapists time to focus on 1:1 consumer assessments and interventions and transition planning without the impact of managing the competing priorities or running group programs and splitting time between the wards and the rehabilitation program areas.

Allocation of Occupational Therapist hours to the clinical areas would be based on the workload indicated per unit as some units have a far greater admission and discharge rate than others.

Integration of the Rehabilitation team into the MDT collaborative care planning process would be achieved with a member of the team (not solely an Occupational Therapists but any representative of the Multi-Disciplinary Rehabilitation Program team) having input into care planning meetings and 13 week reviews and working to translate the individual consumer's goals from the ward into the rehabilitation program and vice versa.

Concerns about the referral process are noted and the current A/Rehabilitation Coordinator has already commenced work to streamline this process and is having positive results with little delay of access to rehabilitation programs and little additional work required from staff. It is not unreasonable to obtain an initial functional assessment prior to consumers engaging in rehabilitation activities in order to gauge the individual needs and allocate activities aligned to these needs as well as individual interests and preferences. Whilst referral does still require an Occupational Therapy assessment the process and documentation for this is under review by the Rehabilitation Coordinator in conjunction with the Occupational Therapy Team Leader and changes are noted as above.

The HSU's reference to the use of the Formulation Tool is acknowledged and the District advises that the Formulation Tool, which was being piloted in three wards and in the Day Program, has been evaluated by those teams implementing the tool and, as an outcome of this evaluation, a decision was made by all stakeholders and endorsed at the Rehabilitation Steering Committee to no longer use this tool at Macquarie Hospital.

The increased engagement of the Rehabilitation Program team, as intended with the implementation of the Districts proposal, will allow greater partnership and participation in the multidisciplinary team clinical formulation process. The facilitation of a group or team of professionals to construct a shared understanding of a consumer's needs and goals, will form the basis of the multidisciplinary team's intervention plan aligned to an individual's recovery.

Continuity of Consumer Care

The HSU suggests that the split of the Occupational Therapists being either allocated to a ward or the Rehabilitation Program will negatively impact on the continuity of care for consumers. The hospital employs many disciplines, all of which bring their skills, expertise and knowledge to the clinical space and work with consumers to develop rapport, build therapeutic engagement and engage in goal focused interventions based on shared knowledge and clear communication with the wider team. This focus remains unchanged for all. The intent of the District proposal is to enhance consumer experience and rehabilitation outcomes and achieve this through greater interdisciplinary team work and with greater interface between the Rehabilitation Program and the ward teams.

The objective is to significantly improve rehabilitation which is the core business of the hospital. The proposal seeks to achieve the development of a rehabilitation service that will focus on building the capabilities and capacity within the day programs and integrate the rehabilitation focus seamlessly across both the wards and the group rehabilitation areas, and ultimately improve consumer outcomes. The rehabilitation team will have the opportunity to focus on planning and evaluating rehabilitation on a continuous basis and embed a framework of recovery-focussed rehabilitation across the entire Macquarie Hospital service.

Next steps

The District and the HSU are in agreement with the introduction of the new Rehabilitation Program team, reporting to the Operations Manager position and led by the Rehabilitation Program Manager (Health Professional Level 5 Occupation Therapist or Nursing) incorporating the nursing staff alongside the music therapy, art therapy and creative arts positions, plus the creation of the additional Full Time Equivalent of the Quality Manager HSM 3 positions.

The HSU alternative proposal however appears to advocate status quo for the OT team which does not address the identified issues that have resulted from said status quo and does not resolve the lack of cohesive, coherent care planning and rehabilitation goals across the site.

The District proposes a plan to move forward with the creation of the Rehabilitation Program Team including recruitment to the Rehabilitation Program Manager and the Quality Manager positions with the Occupational Therapists remaining under the operational management of the Occupational Therapy Team Leader. However the District requests further detail of the HSU's proposed Occupational Therapist rotation through the rehabilitation program team that demonstrates more meaningful engagement of identified staff, able to commit fully to working with the Rehabilitation Program Manager to:

- a) evaluate the current program; and
- b) contribute to the development and implementation of enhanced programs guiding the future of rehabilitation in Macquarie Hospital.

This rotation could be extended to include the Level 3 OTs in order to support an additional structure of professional support recommended by the HSU for the Level 1/2 Occupational Therapists.

There is currently a vacant Level 1/2 Occupational Therapy position and with the agreement of the HSU and its members it is proposed this position could be identified as working in the Rehabilitation Program team for a period of 12 months to be a consistent part of the team in the initial phases of review, evaluation and program development, alongside any potential rotation, of two additional OT team members.

The District requests that the HSU reviews and responds to the above by **COB 22 July 2022** otherwise it will be presumed that the HSU has no further concerns with the proposal and the District will commence implementation of the restructure.

If you require any questions, or require further clarification, please don't hesitate to contact myself on (02) 9887 5901 /Elisabeth.Manning@health.nsw.gov.au or Ms Sarah Eldridge-Smith on 0407 768 740 / Sarah.EldridgeSmith@health.nsw.gov.au.

Yours sincerely,



Anne Bajuk
A/Service Director / Site Manager – Macquarie Hospital

Date: 14 July 2022

Cc: Jane Dyer, Allied Health Manager, Mental Health Drug and Alcohol
Sarah Eldridge-Smith, People and Culture Manager, Mental Health Drug and Alcohol

Appendices

Tab A: HSU Alternate Structure

Tab B: 3rd USCC Minutes dated 16 June 2022