

Child Youth and Family, Speech Pathology Service Restructure Proposal - Consultation Document

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Stage 1 – Restructure Background and Scope of Proposed Changes

The Need for Change

1.1. Description of Children’s Community Speech Pathology Service

Northern Sydney Local Health District (NSLHD) Child, Youth and Family (CYF) Speech Pathologists, working within Primary and Community Health, provide assessment, diagnosis and early intervention therapy and treatment services for children, from birth to school entry age, who have difficulty communicating or feeding safely.

Without proficient speech and language skills, children are more likely to have difficulty learning and communicating in the future, thereby impacting their life potential. Communication skills and abilities are vital to help children learn to read, express themselves and understand others. Communication skills are also fundamental to developing the emotional and behavioural skills needed to develop positive relationships and socialise in a healthy way.

Speech pathologists develop individualised treatment plans for various communication disorders and problems, including difficulties with speaking, listening, and understanding language. Children who experience difficulties swallowing food and drinking safely can also be helped by a speech pathologist, reducing the risk of nutritional deficiency, weight loss and potential long-term deficits in growth. Speech Pathology (SP) intervention can also optimise the likelihood that babies will be able to breastfeed, and that older children will have adequate nutrition.

CYF SP services are currently offered at eight community health centres across the District - Monday to Friday, from 8am - 4:30pm. Evening parent education and coaching workshops are run at various community health centres, as well as via Telehealth.

1.2 Proposed Restructure Background and Service Issues Driving the Need for Change

In early 2019, NSLHD established a single management structure for CYF Health Services in order to improve service equity, consistency and integration across the service sectors. This combined Child and Family Health Nursing, Community Paediatrics, Youth Health and Children’s Community Allied Health Services, including Speech Pathology services.

During the last three years, there has been an average 10% increase in SP referrals (increase from an average of 135 referrals per month to 150 referrals per month), which requires additional clinical capacity to help service this demand.

Additionally, the current structure has inconsistencies in the way that Level 1/2 Speech Pathologists report through to the sector-based Level 3 Senior Speech Pathologist and the NSLHD Community Children’s Speech Pathology Service Lead.

Management has identified an opportunity to reconfigure two vacant, funded Level 4 Speech Pathologist positions in order to increase clinical service capacity and reduce inequity issues, in particular waiting time variations across sectors and discrepancies in client journeys.

1.3 Policy and Strategy Drivers for the Proposed Restructure

Following is a list of key policy and strategy drivers:

- The NSW First 2000 Days Policy Framework - provisions for ensuring early intervention is provided to children before they start school.
- NSW Health Outpatient Framework (GL2019_011) – requires consistent process for access and entry into services and KPIs for acknowledging referrals and managing waiting lists
- The NSW Henry Review of services for children, young people and families within the NSW Health system – seeks to enhance allied health service capacity and responsiveness to reduce waiting times.
- NSLHD Strategic Plan 2022-2027 – Strategic Outcomes promote the provision of evidence based, high quality connected care by staff who are well supported.

1.4 Purpose of the Proposed Restructure

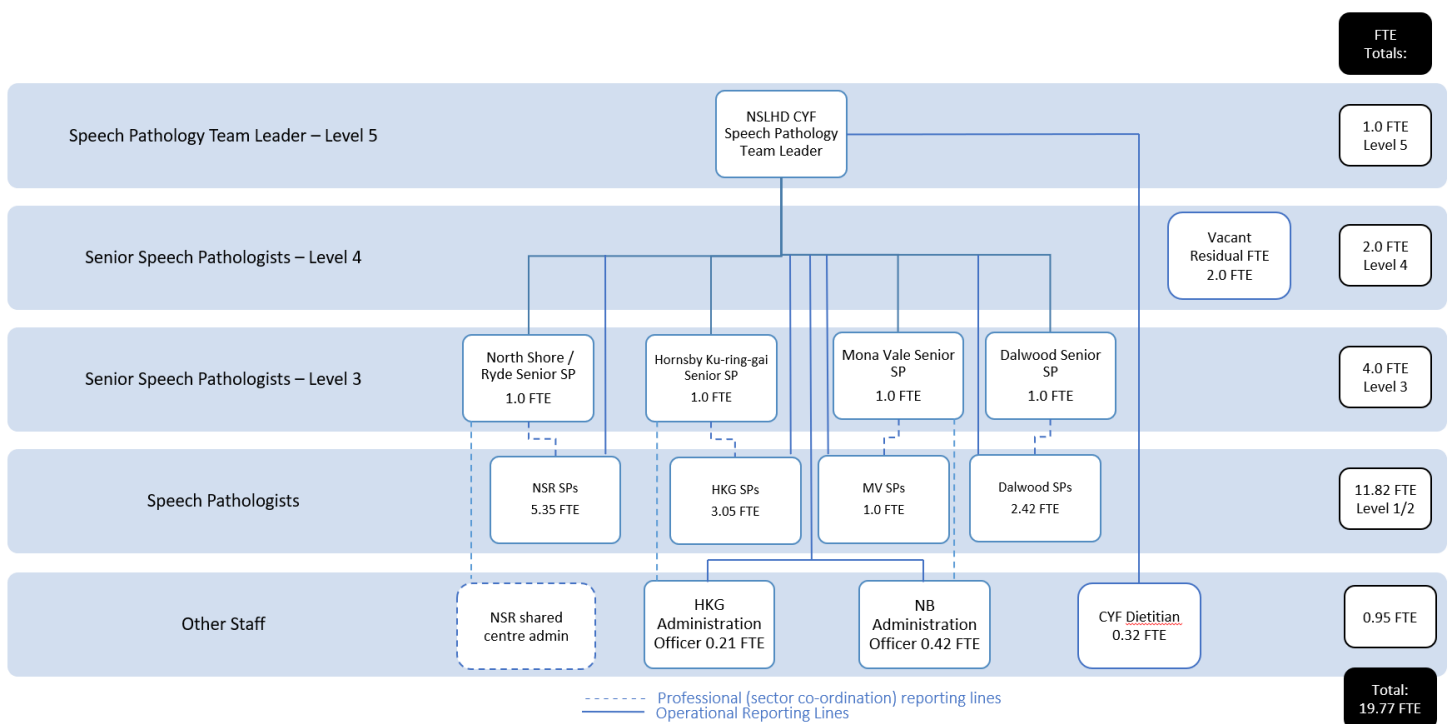
It is proposed that the changes will allow current clinical staff to have more direct clinical care time and will standardise and streamline sector-based clinical service coordination processes to reduce current service waiting time inequities between sectors. The proposed new structure aims to achieve the following service objectives:

- Increase the total clinical service capacity - to help address increasing rates of referrals,
- Address current inequity in client assessment waiting and therapy times between the three geographical sectors within NSLHD,
- Enhance client experience by creating a single point of intake and standardising CYF Speech Pathology intake criteria and processes across sectors, and
- Standardise sector-based Speech Pathologist’s reporting line.

1.5 Current Community CYF Speech Pathology Structure

The current CYF SP service has 19.77 budgeted FTE allocated across clinical and administrative positions, as presented in the table below, which operate in the following three geographical sectors within NSLHD:

- Lower North Shore/Ryde (RNS, Chatswood and Ryde Community Health Centre (CHC))
- Hornsby Ku-Ring-Gai (Hornsby, Pennant Hills and Berowra)
- Northern Beaches (Mona Vale and Dalwood CHC)

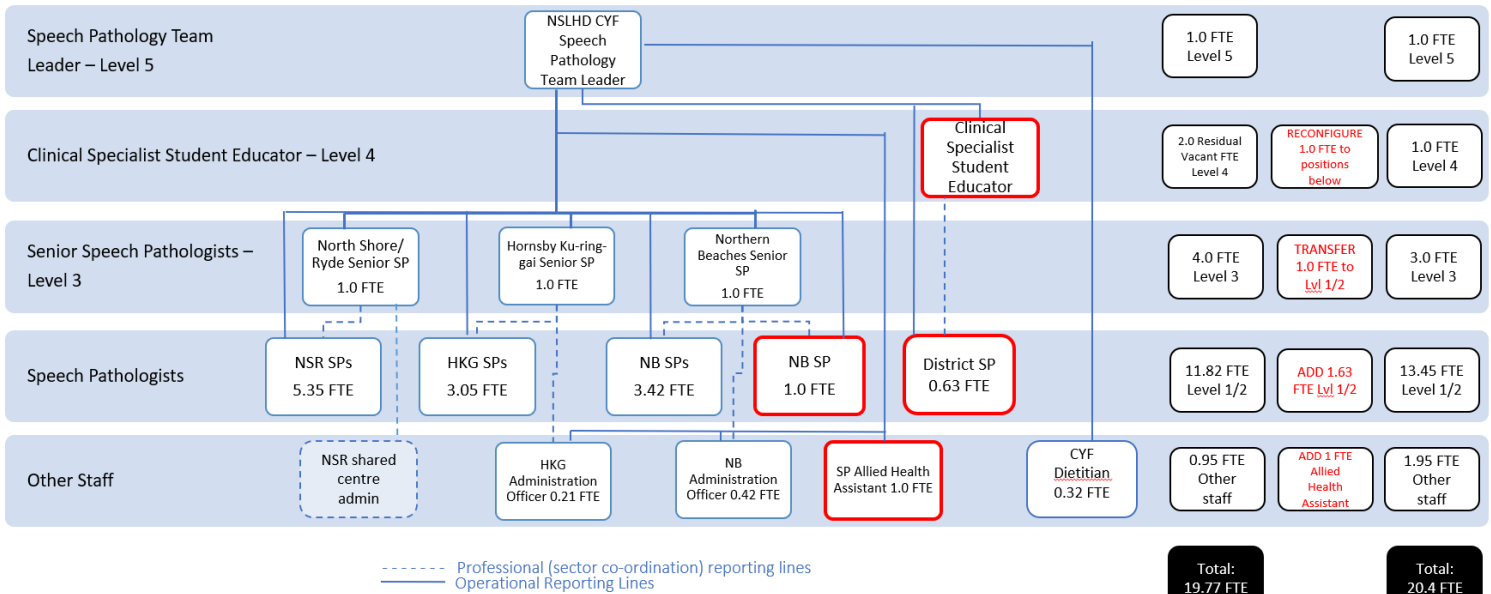


Proposed New Children’s Speech Pathology Organisational Structure

2.1 Proposed New Structure

The diagram below summarises the proposed new SP positions, reporting line, grading and FTE changes. (Note: The proposed new positions are outlined in red)

CURRENT FTE Totals:	CHANGES	PROPOSED FTE Totals:
1.0 FTE Level 5		1.0 FTE Level 5
2.0 Residual Vacant FTE Level 4	RECONFIGURE 1.0 FTE to positions below	1.0 FTE Level 4
4.0 FTE Level 3	TRANSFER 1.0 FTE to Lvl 1/2	3.0 FTE Level 3
11.82 FTE Level 1/2	ADD 1.63 FTE Lvl 1/2	13.45 FTE Level 1/2
0.95 FTE Other staff	ADD 1 FTE Allied Health Assistant	1.95 FTE Other staff
Total: 19.77 FTE		Total: 20.4 FTE



2.2 Proposed New Positions and Reporting Line Changes

The proposed restructure aims to be cost neutral.

CYF currently has 2 FTE funded Speech Pathologist Level 4 (SP 4) positions which are both vacant. It is proposed that one of the vacant positions is reoriented to focus on an LHD-wide Student Education/Program, and the second SP 4 is converted to create the following positions:

- SP Allied Health Assistant, Level three (AHA3) (1FTE) - LHD-wide role
- SP Level 1/2 (SP 1/2) (0.63 FTE)

CYF has 4 FTE funded SP Level 3 (SP 3), comprised of 2 FTE in the Northern Beaches, 1 FTE in Hornsby Ku-ring-gai and 1 FTE in North Shore/Ryde. The proposal also includes changing the grading of one SP 3 position (1FTE) to a SP 1/2, to achieve equity between the three geographical sectors. This would reduce the number of SP level 3 positions from 4FTE to 3FTE.

Note: One of the current Northern Beaches SP 3 staff members, has formally requested that her position is changed to a SP 1/2 to allow for an enhanced work / life balance. This can be accommodated with no negative impact on service provision, in the context of the proposed new restructure.

If the restructure proceeds, this SP 3 staff member can be directly matched to the additional SP 1/2 position, that is included in the new structure. (To ensure equity, the other permanent SP level 3 incumbents have been offered the same opportunity to transfer to the SP 1/2 role. They have all elected to remain in their SP 3 roles)

The operational and professional reporting lines in the proposed structure would be as follows:

- SP 1/2 positions – report to their sector-based SP 3 position.
- SP 3 and SP 4 positions – report to the LHD-wide SP Lead, level 5 role.
- SP AHA3 position – reports to the LHD-wide SP Lead, level 5 role.

2.3 Proposed New/Reconfigured Position Description Impact

New Positions	FTE	Comments	New Position description
Speech Pathologist Student Educator – Level 4 Specialist	1	Replaces one vacant Level 4 position	Yes
Speech Pathologist - Level 1/2	1.63	Total Additional Level 1/2 FTE	No - existing PD will be used
Allied Health Assistant	1	New position	Yes

2.4 Rationale for the Proposed Changes

- The Student Educator (SP 4) role will:
 - Increase SP student placements offered within CYF NSLHD. The students, under the supervision of the Educator would undertake clinical activity equivalent to approximately 1.4 FTE,
 - Facilitate new graduate SP workforce supply, and
 - Retain a senior (SP 4) position within the structure, to preserve career progression opportunities and help retain experienced staff.
- Introducing the Allied Health Assistant, (Level 3) role will help:
 - Reduce variation in sector-based intake/client entry processes and waiting-list management, by supporting a central LHD-wide intake point and process – reducing service inequity.
 - Free-up direct clinical care capacity by transferring appropriate clinical coordination tasks currently performed by Speech Pathologists to the AHA.
 - Improve client experience by improving responsiveness to new referrals.
 - Coordinate parent group organisation, scheduling and bookings across the District.
- The additional 0.63 FTE SP 1/2
 - Will create additional direct care capacity per annum.
- Having one Senior Speech Pathologist (SP 3) in each sector (RNS/Ryde, Hornsby Ku-ring-gai, Northern Beaches), with consistent roles and responsibilities across sectors will:
 - Standardise and provide clarity about responsibility for day-to-day clinical support and local clinical service coordination, in each sector.
 - Means that each Senior SP3 will provide service coordination and clinical consultation support within their sector, which is consistent across the LHD.
 - Reduce client assessment and therapy waiting time inequities between sectors.

2.5 Position Change Cost Comparison

The proposed new structure will be cost neutral. The table below summarises employee cost differences between the existing and proposed new position FTE and gradings.

Current Positions Affected by Restructure				Proposed New Positions				Current Total Salary incl. Super	New Salary incl. Super	Proposed Savings (+) Added-Cost (-)
Position	Pos. No.	FTE	Grading	Position	Pos. No.	FTE	Grading			
Speech Pathologist Level 4 (2FTE Vacant)	693664	2.0	SPP4	Speech Pathology Student Educator 1 FTE	693664	1.0	SPP4	258,330	129,165	129,165
				Add Speech Pathologist LHD Position 0.63 FTE	693396	0.63	SPP1/2	0	68,020	-68,020
				Allied Health Assistant 1 FTE	New	1.00	AHA3	0	69,805	-69,805
Speech Pathologist Level 3 1 FTE	393397	1.0	SPP3	Delete (replace with Lvl 1/2)				120,016		120,016
				Add Speech Pathologist 1 FTE	693396	1.0	SPP1/2		107,969	-107,969
Total		3.0				3.63		378,346	374,959	3,387

*The net saving of \$3,387 will be used within CYF.

2.6 Proposed New Structure Impact on Services and Functions

It is anticipated that the restructure would support standardisation and reduction of waiting times to access SP intervention across all three sectors by two to three months.

The additional district-wide positions would support this aim through the following:

- The creation of a clinical educator position, with the assistance of students, will function at productivity levels above their FTE, as numerous students will simultaneously undertake clinical work under the Educator's supervision. Review of a similar 1.0 FTE position within NSLHD functions at the productivity level equivalent to 1.4FTE.
- The creation of the additional 0.63FTE SP 1/2 is expected to generate approximately 780 additional occasions of service per year.
- The creation of an Allied Health Assistant position would:
 - support creation of a centralised intake point for all families across NSLHD to access children's speech pathology services.
 - free up SP's time to provide intervention for more children. SPs spend on average 17 hrs / week completing intake, with an additional 16-20 hrs / week spent by administration officers supporting the intake process. An additional 0.42 FTE of clinical time would be available for speech pathologists to provide direct care for children.

2.7 Likely impact on current permanent employees

The proposed new positions in the SP Service structure would allow current clinical staff to have more direct clinical care time.

The new structure would standardise and provide better clarity about Level 3 SP roles responsibilities across the sectors and would provide clearer communication and support channels by standardising reporting lines across the LHD. The structure would also standardise and streamline sector-based clinical service coordination processes to reduce current service waiting time inequities between sectors.

The creation of a clinical educator position will have long term impacts on future workforce skill and ability to fill positions. There are both current and future projected workforce shortages in children's Allied Health services. The training of students within our department will have measurable impacts on the ability to recruit skilled applicants into the CYF Speech Pathology workforce.

The SP service has been operating effectively with a single SP 3 position in the Northern Beaches sector for the past 12 months, due to extended staff leave.

2.8 Existing Positions Impacted by the Proposed Structure

2.8.1 Key Impacted Positions

a) Dalwood Senior Speech Pathologist (Level 3) – Position Number 693397

One SP3 position in the Northern Beaches sector would be converted to a SP 1/2 position.

- Prior to the restructure proposal being developed, one of the two SP 3 clinicians from the Northern Beaches (Dalwood site) has formally requested that her position is permanently reconfigured to a level 1/2 grading. This can be accommodated within the context of the proposed structure. If the restructure is approved, the current SP 3 could be directly appointed to the new SP 1/2 position.

2.8.2 Minor Changes in Positions

a) Mona Vale Senior Speech Pathologist (Level 3) – Position Number 693397

Under the proposed new structure there would then be one SP 3 position in each of the sectors.

This would mean a small increase in the number of staff reporting directly to the Mona Vale SP. In the new proposal, the Northern Beaches Senior SP3 would have direct professional (sector co-ordination) responsibility for 4.24FTE SPs working in the Northern Beaches sector (Dalwood and Mona Vale CHC sites).

The clinical and professional support roles will remain consistent with their position descriptions.

The increase in the number of staff reporting to the Mona Vale Senior SP will in part be offset by transferring responsibility for coordinating intake and parent group scheduling responsibilities to the AHA 3 position. The SP Lead will oversee intake and waiting list management. Some professional supervisory responsibilities will transfer to the Level 5 Speech Pathologist role. These arrangements will be monitored post implementation of the restructure to ensure that workload remains reasonable.

A summary of the main position responsibility changes are listed below:

Position	FTE	Incumbent	Current grading	Change
Dalwood Senior Speech Pathologist (693397)	1.0	Monique Daly 60014436	Level 3	Position changed to a Level 2 Speech Pathologist.
Mona Vale Senior Speech Pathologist (693397)	1.0	Laura Karnik 60007688	Level 3	Incorporate professional line management for an additional 2.42 FTE Dalwood Speech Pathologists and become the Senior Speech Pathologist for the Northern Beaches sector.
Team Leader	1.0	Anastasia Scott 60011606	Level 5	Incorporate professional and operational management of the Student Unit and the role of the Allied Health Assistant.

2.8.3 Employees Not Impacted

The following positions have no major responsibility changes in the proposed restructure:

Position	Position number	Grade	FTE
Hornsby Ku ring gai and North Shore Ryde Senior Speech Pathologists	693397	SP 3	2.0
Level 1/2 Speech Pathologists	693396	SP 1/2	11.98
SP Administration Officers	693399	AO 2	0.84

Stage 2 – Consultation

3.1 Notification to employees

CYF Speech Pathologists have been involved in preliminary discussions about the proposed structure and are generally supportive of the proposal.

- Meetings will be held with each speech pathology team, giving employees an opportunity to ask questions, seek clarification and request further information. Staff will be given two weeks, after the meetings to provide feedback.
- The proposed speech pathology organisational structure will be circulated to CYF Speech Pathology staff for feedback
- Genuine consideration will be given to any emerging issues, with a view to reaching collaborative resolution where possible.
- Formal notification and consultation with the Health Services Union will be undertaken as soon as possible after the meetings.

3.2 Notification to Union/Industrial Bodies and other relevant parties

The Health Services Union will be provided with a copy of the consultation paper, including the current and proposed new structure and new position job descriptions. Feedback will be requested within two weeks of issuing the consultation paper.

Stage 3 – Restructure Implementation

The service aims to commence recruitment to the additional positions immediately post final sign-off.

The Level 3 senior clinicians will work with the Speech Pathology Team Leader to refine and standardise their responsibilities across their sectors with the addition of new positions into the team structure.

It is anticipated that staff will welcome the proposed changes with limited risk of any barriers that will prevent the changes occurring.

Stage 4 – Post -Restructure Review

If approved, the new SP restructure will be reviewed against the aims outlined in this proposal at six and twelve months following recruitment to new positions.