

NSWNMA JUSCC Questions- HNELHD Responses

Sent by NSWNMA- 25/07/23

Response HNELHD- 01/08/23

Response HNELHD- 22/08/23

1. As per Clause 20 of The Award, will the LHD be providing a travel allowance for redeployed staff from JHH?

Eligible staff members will be paid a travel allowance in accordance with relevant award provisions. Each staff member will be assessed individually for eligibility.

2. How many beds are flagged to be transferred and from what specific ward or wards?

- 28 beds will be transferred from JHH to TMH, with patients primarily being from the wards of E1, Rankin Park South, Rankin Park North and G1
- E1 is the designated decant ward

3. What FTE will be used to construct the ward? We request a proposed staffing profile for the new unit.

- Nursing staffed to a minimum 6.0 NHPPD – profile to include leave relief
- Full-time – NUM2 with leave relief
- Full-time– CNS2 Case Manager with leave relief

4. How many NDIS patients are included in the number of transferred patients? Increased resourcing will be needed for NDIS pts.

- NDIS patients awaiting supports are currently supported within all wards at JHH. Careful consideration will be made regarding patient selection for the Maitland model based on the acuity and patient mix of current patients within the unit at any one time
- Use of the One Point of Referral model for patient selection allows for very close planning of patient transfers
- If staffing enhancement is required, this will be managed as per HNELHD Clinical Guideline CG 23_27 – Enhanced Supervision: 1:1 Special/Cohort Special

5. How will nursing sick leave be covered?

This process will be managed by the JHH Team and will not take staff away from Maitland Hospital.

6. Will the casual pool of the JHH be utilised to cover roster short falls? Will casual pool staff be given the option to work between sites?

An expression of interest has been sent onto current staff in the casual pool at JHH who are willing to consider shifts at Maitland. All new recruitment will provide new starters with the option to consider working at both sites.

7. What are the proposed processes for rapid responses?

- Local procedures for CERS escalation are currently being developed in collaboration with Maitland Hospital

8. What is the proposed MO/JMO/REG/Consultant coverage for the ward?

- Consultant coverage will be by General Medicine, Rehabilitation and Geriatrician physicians.

Junior Medical coverage is being finalised

9. What will be the After Hours (AH) coverage? Will the AH of MH be expected to cover the new ward?

- The AH Manager MH will provide on-site support as required for any on-site operational issues
- They will not be involved in replacement of staff

10. Has the impact of an extra 28 beds been considered on MH ICU? E.g. Admissions for a deteriorating patient on the ward.

- The patient cohort to be transferred are sub-acute stable patients. It is not expected that there will be high numbers of acute deterioration

11. What is the planned allied health coverage?

Allied Health has submitted a brief to JHH Exec regarding Allied Health recommendations for the temporary relocation of beds to Maitland. Allied Health awaiting outcome of brief before finalising staffing coverage/FTE, resources and processes.

12. Can we request a timeline for the EOI process? And a progress report on the FTE committed to redeploying.

The EOI process is planned as follows:

28/07/2023 – 07/08/2023	Stage 1. Staff in E1, G1 and Ranking Park North/ South invited to indicate their preferences.
11/08/2023 – 21/08/2023	Stage 2. EOI extended to all JHH staff.
24/08/2023 – 25/08/2023	Stage 3 – Consideration whether any other staff are required to be redeployed.
28/08/2023 – 31/08/2023	Confirmation sent to staff members about whether they are to be redeployed.

HNELHD will provide to unions and Associations the FTE to be redeployed.

13. Is the plan for G1 to be relocated to E1?

G1 is the first unit impacted by the required construction works and will relocate to E1 in late October.

14. If members are unable to transfer or unwilling, what is the process for them to be redeployed on the JHH campus within Medical Interventional Services (MIS)?

- Once EOIs have been received, a timely review will occur to commence allocation of staff to MH
- Once staffing for MH is confirmed, allocation of staff to RPS, RPN and G1 will occur in consultation with the individual staff members
- If there are individual staff who are interested in seeking work outside of the above areas, there may be opportunity for this to occur on an individual basis

15. What is the plan for additional services such as kitchen, laundry, security, cleaners, pathology, imaging, and pharmacy?

- Consultation is currently in place with Health Infrastructure, HealthShare and MH regarding required enhancements

16.How will staff orientations be held?

A mix of online and face-to-face orientation will be provided to all staff who relocate to Maitland Hospital. A Training and Orientation package was developed when New Maitland Hospital opened in 2022, this will be utilised to provide training and orientation.

17.How will mandatory fire training be included for staff?

Mandatory fire training is included in the T&O package.

18.What and how will lifters/equipment/alarmed beds be included in the transfer process?

5D is fully equipped, including 7 ceiling mounted lifters. Maitland Hospital has a fleet of smart beds that can be utilised for high-risk patients. Any required speciality rehabilitation equipment will be transferred to Maitland by a specialist removalist.

19.Will RWLC issues be raised through the MH or JHH forum?

The JUSCC has been formed to discuss and resolve concerns about the temporary relocation of 28 beds from JHH to Maitland Hospital. Any concerns about workload should be raised either with the Maitland Hospital or JHH Reasonable Workload Committee.

20.Can we please be provided the surge bed profile for both JHH and MH.

- JHH
 - K1 x 4 beds
 - K3 x 8 beds
 - E1, E2, E3 – an additional 2 beds (to 30)
 - Same Day Inpatient Surge (SDIP) – Up to 24 (in consultation with JHH Exec)

21.What is the current CNE coverage for MIS and how will the new unit at MH be supported by these educators?

- Nurse Educator – 1.0FTE
- Clinical Nurse Educator – 6.3FTE
- Proportion of time will be coordinated on site at Maitland and will have capacity to provide over the phone/virtual support