

21 December 2021

Mr Gerard Hayes
Health Services Union
L2/109 Pitt Street
SYDNEY NSW 1215

Attention: Jeremy Lappin – Industrial Officer

Via email: Jeremy.Lappin@hsu.asn.au and secretary@hsu.asn.au

Dear Mr Hayes,

Re: Change Management Plan – Administration Services, New Maitland Hospital

I refer to correspondence dated 26 November 2021 regarding concerns members have raised in relation to the proposed Change Management Plan for Administration Services at the New Maitland Hospital (NMH).

Please see the Health Districts response to the concerns raised in turn below;

Delayed timeline

I wish to reassure the HSU that the Health District is committed to undertaking appropriate consultation to resolve any issues or concerns raised. Notwithstanding, the change management plan is time sensitive due to the impending move to the New Maitland Hospital scheduled for early 2022.

Workloads, understaffing and the risk of injury

In reference to the concern relating to administrative workloads and understaffing, the Administration Review was undertaken to assist in reviewing workloads and to determine how best to utilise and allocate the administration workforce to support the clinical services within the new layout of the new hospital.

Currently the existing Maitland Hospital does not have a dedicated Outpatient Department. In preparation for the move to the new Maitland Hospital, it was found during the review of outpatient clinics operating at the existing hospital that there 45 “clinics” currently operating in different units and departments. These 45 existing clinics and the resources that currently support their operation will now be brought together to operate out of a dedicated Outpatient Department.

The Outpatient Department will be managed by the position of Manager - Outpatient & Planned Surgical Access. The day-to-day management of Administration Officers working in the Outpatient Department will remain the responsibility of the Administration Manager.

It is planned that for any new request for new or additional clinics to operate within the Outpatient Department will need to provide funding to cover any request for the provision of administration support.

In respect of your request to provide detailed information relating to WHS risks with the proposed administration changes, we request that specific detail of this concern is provided to the District so that we are able to make an appropriate response to your concerns.

I am advised by the Administration Manager that on occasion not all leave requests are approved due to the need to continue to provide support to clinical service operation however this would only be a small number of requests with only a small percentage of Administration staff appearing on the excess leave report. If you are able to provide any specific detail to quantify this concern, we can review these issues and provide a detailed response.

Hot-desking/Activity Based Work

I can confirm that NMH has been designed in alignment with the [NSW Government Workspace Accommodation Policy](#).

Furthermore;

- An Activity Based Working Change Working Group (ABW CWG) has been meeting fortnightly since 16 September 2021 to identify and resolve any issues raised and there are two Administration Officers as representative within this group.
- As part of the new ways of working, a local guideline and clearly agreed etiquette is being drafted and a component of this is that all workstation touchpoints must be cleaned down each time the workstation is vacated, mitigating infection prevention risks.
- Via the Change Working Group and the Administration Manager, staff have been advised that any individual staff member with a unique workstation requirement should complete a Risk Assessment and escalate this via their line manager to the ABW CWG. To date one risk assessment has been submitted and is currently being considered.
- The Lower Hunter Sector (LHS) Executive will be working with staff after moving for regular rounding to ensure monitoring of new systems and that any issues raised are promptly addressed. Part of this process will also be to assist with team building and constructing a foundation of respectful workplace values in line with the CORE values of HNE to ensure that staff are working in a safe and supported environment.
- There is no booking system for work stations, and staff are advised that when arriving in the ABW area in the morning to plan their day and set up a workspace that is appropriate and conducive for the type of work they are undertaking. This may be in the quiet area for work requiring high focus or in the active zone. There are sufficient options available in each ABW workspace.

- A local guideline is currently under development and will go to all staff for consultation in the coming weeks.
- All staff have been allocated to an area with colleagues who work in similar roles to ensure productivity and collegial support.
- ABW is designed to enhance collaboration and communication.

Speech to text

The talk to text module is part of Dragon Medical Workflow / Winscribe Text which is the current system utilised for typing. This is a system improvement and is in a trial phase currently at the John Hunter Hospital within the Cardiology Department. This system is also currently used by Hunter New England Imaging.

There has been some initial discussion that Maitland will participate in this trial in the New Year. Administration staff will still utilise the same system as they do now, only the letter will be typed, similar to current practice for medical staff who already type their own letters within the Paediatric and Orthopaedic specialties.

Staff Specialist Support

The Administration Review identified that currently the provision of administration support to the Staff Specialist cohort is inequitable. All Staff Specialists will continue to have access to secretarial and administrative support as may be reasonably necessary to assist them in the undertaking the requirements of their positions.

The redistribution of Staff Specialist administration support will see an allocation to the Staff Specialist in the Emergency Department.

Some of the current workload for Administration Officers providing support to the Staff Specialists such as booking appointments, updating patient details, cancellations, referral management – matching of patients from iPM to RIMs, adding patients to the waitlist and follow up of additional information for referrals will be transferred to the Outpatients Department including RIMS and appointments for Cardiology patients.

With changes to the Medical Benefits Schedule (MBS), workload attributed to billing for the ECG clinic within the Cardiology specialty will cease, meaning a reduction in workload for this role.

In relation to pooled typing, looking at current typing reports, it is evident that there is a quite a difference between specialties with Cardiology and Orthopaedics somewhat smaller than O&G and General Surgery. Current reports demonstrate that at times all staff are assisting across the various departments and moving forward with a pooled typing support would not really be a change in processes.

Kurri Kurri Hospital Weekend Coverage

I refer to correspondence dated 26 November 2021 where the HSU were advised that the proposal to realign an administration position which provides weekend Switchboard coverage to Kurri Kurri Hospital is no longer required to transition to the New Maitland Hospital and will remain onsite at Kurri. This decision has been communicated to the Kurri Kurri Hospital management and administration staff and should resolve this concern.

East Maitland Community Health Service (EMCH)

An observational review was completed with respect to workload and duties undertaken by administrative staff at EMCH. It was observed and staff advised that the role is currently a very manual process and there is a need for it to become more electronic. This will require a review of current work systems to see how the work can be supported using new technology.

The duties currently performed by administrative staff include reception duties, maintaining fleet car bookings, complete mail runs for all services on site, complete subpoenas, assist the high school immunisation, complete procurement orders for Kurri Kurri Day Centre and other services on site and attend to staff queries.

The tasks completed are currently staff specific which compromises the roles when one staff member is on leave. It is proposed that the 1.2 FTE staff member/s remaining at EMCH will retain current duties and has successfully managed the workload during unplanned leave. The role would be covered for periods of leave.

Other further information required

- 1. The proposal appears to indicate staff will be moved from their current position and workplace and be redeployed. Please detail how affected staff will be identified, consulted, and the options which will be provided to those staff (including redundancy and redeployment options).*

There is no reduction in the number of administration staff at the NMH, therefore redundancy is not an option for staff. The proposal does necessitate that some staff may be required to be redeployed to new roles within NMH such as to the newly created Outpatient Department or be redeployed to a different Ward/Unit.

As an example, the rotational reliever position will no longer be required and it is proposed that resource is redeployed to (which department). This role is currently utilised across a 7 day roster, staff would be given the option to retain this roster or change to Monday to Friday roster. Discussions would take place with affected staff around what options are available for redeployment considering their skills and preferences.

Consultation with administration staff to communicate the proposed administration review has included weekly staff forums, meetings with groups of staff such as the Staff Specialist Secretaries and with individual staff if this has been their preference.

2. *Where there is a reduction in staff in any area (for example, at the East Maitland Community Health Service, Staff Specialist Support and Front of House), please provide a detailed breakdown of the current duties which will no longer be undertaken by staff in those areas.*

Front of House:

- a. **Cashier:** the cashier role has seen a reduction in petty cash processes due to the introduction of I-Expense. The management of Hospital Staff Accommodation will be undertaken by Main Reception/Switch and will see a reduction in workload due to change in the number of rooms available for onsite accommodation. The function of processing the Mental Health Patient Trust will now be managed by the Maitland Mental Health Unit.
 - b. **Mail/Reception:** mail delivery will reduce from 5 days to 3 days per week and it will be the responsibility of each department to collect their own mail. As the NMH will be a paper-lite facility and with the introduction e-fax, this will further reduce the amount of both internal and external mail. Ward reports will also be automated further reducing this workload. This role will continue to relieve and provide cover of the Switchboard breaks.
 - c. **Administration Team Leader:** this role will assist to provide relief for meal break coverage for the Admission/ Cashier role. This would provide opportunity for this role to gain front line experience.
 - d. **Staff Specialist Support:** referrals, clinic bookings and enquiries will be transferred to the Outpatients Department.
3. *Where staff are moved into a new work area, or where staff will be required to work across different work areas, please detail how those staff will be appropriately trained and supervised, how having various staff covering work across different areas will improve service delivery, and how staff will be identified and selected for those roles.*

It is proposed that while Admissions will be moved to the Day Stay Unit, they will continue to perform the same duties; admitting planned and unplanned patients and adding patients to the waitlist.

Switchboard staff will also have designated tasks to undertake during quiet periods eg adding Request for Admissions to the waitlist, data integrity reporting, matching patients from iPM to RIMS. Some of these tasks are an extension of what Switch staff are currently performing, such as planned admissions on the weekend.

Staff would be trained for new tasks or roles as per the current practice of learning on the job under the guidance of a job specialist. Additional training in the use of new technologies such as Q Flow will be provided. Service delivery would be improved due to patients having quicker access to care and staff being multi-skilled with greater understanding of services provided.

4. *Where staff are required to work across differing areas, please detail how those staff will be graded (we assume staff will be graded in accordance with the highest applicable grade to the work they may be required to perform).*

Currently, Outpatient staff are the only staff who would work in multiple roles all of which they are currently working and graded appropriately – Reception, RIMs, Bookings, Waitlist Management (A03), Billing (A03) and telephone enquiries.

5. *Where clinical staff are to receive reduced administrative support, please detail how those staff have been made aware of the reduced administrative support and the reasons provided to those staff for the reduction (noting the importance of administrative staff understanding the boundaries of their duties).*

As the Administration Review is only a proposal at this time, discussions and feedback with all Staff Specialists is still to occur.

6. *Please provide further details about the proposed staggered start times, including the proposed start and finish times, how staff will be consulted about the impacts of those new start/finish times, and how the impacts on staff (including their personal circumstances) will affect any requirement to alter their current start and finish times.*

The proposal to alter and move to staggered start and finish times is in regard to the positions of Ward Clerks. The proposal to have staggered start and finish times is required to better meet the provision of administration support to clinicians and to cover the peak activity times of the hospital.

The proposed staggered shift times being considered are: 0800 – 1630hrs and 0900-1730hrs.

This proposal has been discussed with staff who are affected by this change in a group meeting and where required individual meetings. All staff have been given the opportunity to provide feedback and to identify any personal circumstance that could affect this requirement so those needs can be considered.

7. *Several currently funded administrative positions are yet to be filled. When will steps be taken to fill those positions?*

Where a funded administration position has been identified as requiring some change to duties to be performed or is required to be reallocated to another Department/Unit and is yet to be filled, once the outcome of the proposed Administration Review is known recruitment to these positions will occur.

Current recruitment activities are in progress for the vacant positions of Switchboard (Permanent 0.4FTE) and Ward Clerk (Temporary 1.0FTE due to long term leave).

I acknowledge that the Health District is currently in Dispute with the HSU and any further concerns with respect to the Administration structure can be discussed during the disputes resolution process.

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Health
Hunter New England
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If you have any concerns or questions please do not hesitate to contact me on (02) 4939 2068 or Lynn Hurst, Senior Human Resources Consultant on (02) 4985 3449.

Yours sincerely,

Christine Osborne
General Manager
Lower Hunter Sector
Hunter New England Local Health District

cc Katie McFadyen, Administration Manager
Lynn Hurst, Senior Human Resources Consultant