

## **MNCLHD: Response re Hastings Macleay Network Finance Restructure**

Dear Member,

The HSU has received the attached correspondence from Mid North Coast Local Health District in response to members' feedback around the proposed restructure of Finance within the Hastings Macleay Network (please refer to Newsletter 289, [MNCLHD Hastings Macleay Network: Proposed Finance Restructure](#)).

Please review the correspondence and email any inquiries or concerns to your local organiser via [michael.kearns@hsu.asn.au](mailto:michael.kearns@hsu.asn.au).

In unity,



Gerard Hayes  
Secretary, HSU NSW/ACT/QLD



11 July 2018

Mr Michael Kearns  
Organiser  
Health Services Union NSW & ACT Branch  
Locked Bag 3  
AUSTRALIA SQUARE NSW 1215

Dear Mr Kearns

Thank you for your e-mail dated 9 July 2018 providing feedback from your members. The Chief Executive has requested I respond on his behalf and write to provide the following information:

1. *HM3 General matters of concern: The members have been informed that skill matching will be undertaken for the two positions. The concerns expressed are based around travel provisions if there are positional changes between the incumbents.*

**Response:**

Please be assured any change in location will be made in consultation with the staff and will take into consideration a reasonable travel time.

2. *HM3 Finance and Performance Services Rural and Community: The main concern coming out of this position is the workload. The members believe that the increased duties required will impact on the ability on this position to manage the patient support services at Kempsey Hospital which is required. The members believe that a model where a Patient Support Services Manager is created at Kempsey (similar to PMBH) would provide a better model for that site and allow this position to fulfil the requirements otherwise outlined in this descriptor.*

**Response:**

Management will be monitoring workload closely noting it is anticipated that the additional resourcing increasing to two (2) AO5 Finance and Performance Officers are expected to assist with this.

3. *HM1: No feedback provided.*

**Response:**

Thank you.

4. *AO5 Finance and Reporting Officer: There are a number of concerns regarding these positions. The primary concern is that the currently funded PMBH Finance Officer (AO5) is not included in the new structure. The members are querying where the duties are being divested. Further, this position is a vacant position currently as the incumbent has transferred into another role permanently. Where are these hours going? Additionally, the members are querying if the newly created Performance Officer Community is going to be required to take up the duties from the deleted position? If so, given as the previous position was site specific, how will this be achieved? The Performance Officer PMBH has three direct reports to it. It appears that more duties will be required of this position and as such, the members are querying whether a grading of an AO-6 is more appropriate.*

**Response:**

It is considered that the AO5 Finance Officer will effectively translate into the AO5 Finance and Performance Officer for PMBH through the normal staff management process.

The former AO5 PMBH Performance Officer Clinics position will be replaced with the AO5 Finance and Performance Officer – Community created.

This workload in being removed from the AO5 Senior Revenue Officer and will be re-aligned between the HM3 Manager Finance and Performance Services PMBH and the AO5 Finance and Performance Officer PMBH.

Duties that are currently undertaken by the AO5 Finance and Performance Officer PMBH will be re-aligned to the AO3 Administration Officer Finance role. These duties will be in line with the role description such as processing invoices, journals, and general purpose vouchers. As revenue is part of the overall Net Cost of Service, it has been embedded in each of the finance roles. This is all about encouraging employees to work to their full potential.

It is anticipated that one position currently with an incumbent will go through the normal staff management process with a closed merit selection.

The AO5 Senior Revenue Officer is currently vacant and being filled on a temporary contract capacity which the review finalises. It is expected this will be filled via competitive recruitment as the AO5 Finance and Performance Officer – Community through an internal advertisement process.

The Patient Liaison Officer reporting line changes to the HM3. This leaves the AO3 Cashier and the AO3 Administration Officer Finance reporting to the AO5 Finance and Performance Officer as the roles having synergy in functions. Therefore no need to re-grade.

It is anticipated that vacant positions if not filled via a matching process in the first instance will be advertised through internal recruitment.

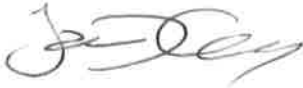
5. *Cashier: There are a number of concerns regarding this position. In particular the established funding provided to the position. This position was fulltime until 2014 when there was a job-sharing arrangement entered into. One of those sharing the position has moved into another position and the PMBH has not backfilled the remaining 16 hours/week. The hours appear to have been deleted. Further, it appears that the cashier position from the Port Macquarie Community Health Centre (20hrs/week) is being relocated to the PMBH position. This still leaves a shortfall of some eight (8) hours. The members call for the position to be fulltime and the additional hours resourced for support.*

**Response:**

This position is being created to fulltime utilising two part time permanent positions - Port Macquarie Base Hospital Cashier and Port Macquarie Community Health Centre Cashier – the position will be consolidated at PMBH with leave replacement. In 2015 when the current Network Business Manager commenced, the PMBH Cashier role was occupied on a permanent part time basis with the remaining FTE occupied in an unfunded temporary part time capacity. The position has since been reverted back to funded capacity.

If you have further comments, please provide these to me by close of business 13 July 2018 to enable progression to the implementation.

Yours sincerely



Ms Jane Evans  
**General Manager Port Macquarie Base Hospital**  
**Hastings Macleay Clinical Network Coordinator**

cc: HR