

Sydney Children's Hospital: Proposed changes to Kids Cancer Centre

Dear Member,

Attached is correspondence the HSU has received from Sydney Children's Hospitals Network regarding proposed changes to the Kids Cancer Centre (KCC) within Sydney Children's Hospital Randwick.

Member feedback requested

The HSU industrial team is currently reviewing the potential impacts of the proposed changes upon affected employees. We are now seeking feedback, views and comments from our members.

Please review the attached documentation and provide comment and feedback by close of business 17 May 2019. You can submit it by email to tom.stevanja@hsu.asn.au with subject line *Sydney Children's Hospital KCC*.

HSU organiser and sub-branch involvement

Your HSU organiser Glen Pead will be visiting your workplace shortly and convening a meeting to discuss the matter with affected employees. The HSU is also seeking expressions of interest from members to be part of the consultative process as a workplace delegate in any upcoming USCC meetings regarding this proposal. The most effective way to deal with these kinds of proposals is by taking into account the concerns of the group, agreeing on a way forward and presenting that united position to management.

Please distribute this newsletter to your work colleagues for their information and comments and encourage them to attend the meeting.

Not a member of the HSU? Now is time to join and have your say! You can join online at www.hsu.asn.au/join or call 1300 HSU NSW and join over the phone.

A union's effectiveness and negotiation power depends upon the strength and density of its membership base. Join your work colleagues today by becoming a member of the Health Services Union and help us continue to protect and improve your working life.

In unity,



Gerard Hayes
Secretary, HSU NSW/ACT/QLD



PRIVATE AND CONFIDENTIAL

Mr Gerald Hayes
Secretary
Health Services Union
Locked Bag 3
Australia Square
Sydney NSW 2007
Email: secretary@hsw.asn.au

Attention: Tom Stevanja –Deputy Manager, Industrial Division, tom.stevanja@hsu.asn.au

Dear Mr Hayes,

Re: Kids Cancer Centre Bone Marrow Transplant, Sydney Children's Hospital

I write to advise of proposed changes to the Cord Blood Transplants Research hub within the Kids Cancer Centre (KCC) at Sydney Children's Hospitals Randwick (SCH).

Over time the research scientists have been successful in producing a number of pre-clinical research contributions to the literature. However, the climate for umbilical cord blood (UCB) transplants has changed dramatically due to a change in the type and complexity of transplants, and the growth of haploidentical donor protocols. KCC has a significant need for clinical support and a redesign of services to best meet the needs of patients within a busy clinical transplant program.

Please find the consultation document attached which further outlines the details regarding the proposed change to the pre-clinical research hub specialising in Cord Blood Transplants. The staff members have been provided with this document and have the opportunity to provide feedback.

Please provide any feedback to the proposal within two weeks from the date of this letter.

Should you have any questions, please contact Roseanna North, Workforce Manager on phone: 93821873 or email: Roseanna.north@health.nsw.gov.au.

Yours sincerely,

Ian Fuller
Director of Workforce
Date: 2.5.2019



The Sydney
children's
Hospitals Network

care, advocacy, research, education

TRIM Ref: SCHN19/3123
Related ref: SCHN19/9213

Sydney Children's Hospitals Network

**Kids Cancer Centre
Bone Marrow Transplant
Sydney Children's Hospital**

Consultation Document

30 April 2019

Table of Contents

Background and Current Status 3

Future Service Requirements..... 3

Case for Proposed Changes to Kids Cancer Centre Organisational Structure 3

Current Structure 5

Affected Positions 6

New Proposed Positions 6

Proposed Structure..... 7

Timescale 8

Employee Assistance Program 8

Feedback and Contact Details 8

Background and Current Status

The Kids Cancer Centre (KCC) is a large multi-disciplinary department with medical and psychosocial expertise in looking after children and adolescents with cancer and blood disorders. The KCC provides a comprehensive service for the diagnosis and management of children and adolescents with any cancer or blood disorder.

Within the KCC, there is an established research hub in Cord Blood Transplants (CBT). This unit primarily performs research into umbilical cord blood (UCB) transplants and at times, is involved in the processing of clinical marrow. The research hub was established as part of the greater metropolitan task force, with recurrent enhancement funds granted approximately 12 years ago to establish a program in Bone Marrow Transplant (BMT) translational care. The intent of these funds was to take advantage of the expansion of UCB, which was rapidly growing in use, where double CBTs had proven successful and a number of early phase clinical trials in cord blood expansion were open internationally. The co-location of the Sydney Cord Blood bank and the track record of the KCC in performing the most CBTs in the Southern Hemisphere made for a compelling case to appoint a scientific team.

The team appointed comprised of 2.5FTE scientist positions (1.5FTE Hospital Scientist and 1.0FTE Principal Scientist). Of the scientist positions, 0.5FTE contribute to clinical marrow processing and 2.0FTE are research roles only and have no clinical remit. Over time the research scientists have been successful in producing a number of pre-clinical research contributions to the literature. However, the climate for UCB transplants has changed dramatically due to a change in the type and complexity of transplants, and the growth of haploidentical donor protocols. KCC has a significant need for clinical support and a redesign of services to best meet the needs of patients within a busy clinical transplant program.

Future Service Requirements

It has been identified that increased clinical support is required to meet the needs of the BMT program. It is proposed that the redesigned service include a new Staff Specialist position (1.0FTE), a BMT scientist (0.5FTE) and a BMT Quality Manager (additional 0.2 FTE) The BMT Staff Specialist position is crucial in supporting patient care given the current busy clinical transplant program and demands on current Staff Specialists. The BMT hospital scientist (0.5FTE) position will be responsible for processing of marrow for clinical transplantation, ex-vivo depletion, thaw and wash procedures etc. The BMT Quality Manager is responsible for the quality of the BMT program with regard to processes, safety and adherence to regulation/standards.

Case for Proposed Changes to Kids Cancer Centre Organisational Structure

Clinical:

Whilst there has been a significant increase in clinical demand for BMT, evolution of treatment has resulted in a decline in UCB transplants. Specifically:

1. The combined effect of prohibitively costly expansion protocols, disappointing results and lack of infrastructure (e.g. clinical grade clean rooms) have seen an overall decline in the use of UCB transplants.

2. The quantity of complex allogeneic transplants have increased by over 50% since 2009
3. Complexity of transplant has increased, particularly in non-cancer transplants (immune deficiencies, metabolic diseases etc.) and now account for fewer than 50% of workload. These transplants represent the greatest case complexity with highest rates of transplant morbidity and are likely to further increase due to a combination of improved transplant outcomes, molecular genetic testing and recognition of expertise for niche complex transplants. Further, the advent of CAR T cells/cellular therapy will place significant further clinical demands on senior clinical BMT senior staff.
4. Quality, safety and accreditation requirements are onerous, placing additional workload on Senior Medical Specialists. There are over 8 FACT standards requiring 450 Standard Operating Procedures, non-conformance reporting, continuing education and auditing dictated by national (NATA) and international (FACT) accreditation.

These factors have combined effectively to eliminate the need for which original research funding was provided, where the creation of a Staff Specialist role and a BMT processing scientist are now a priority for the service.

Staffing:

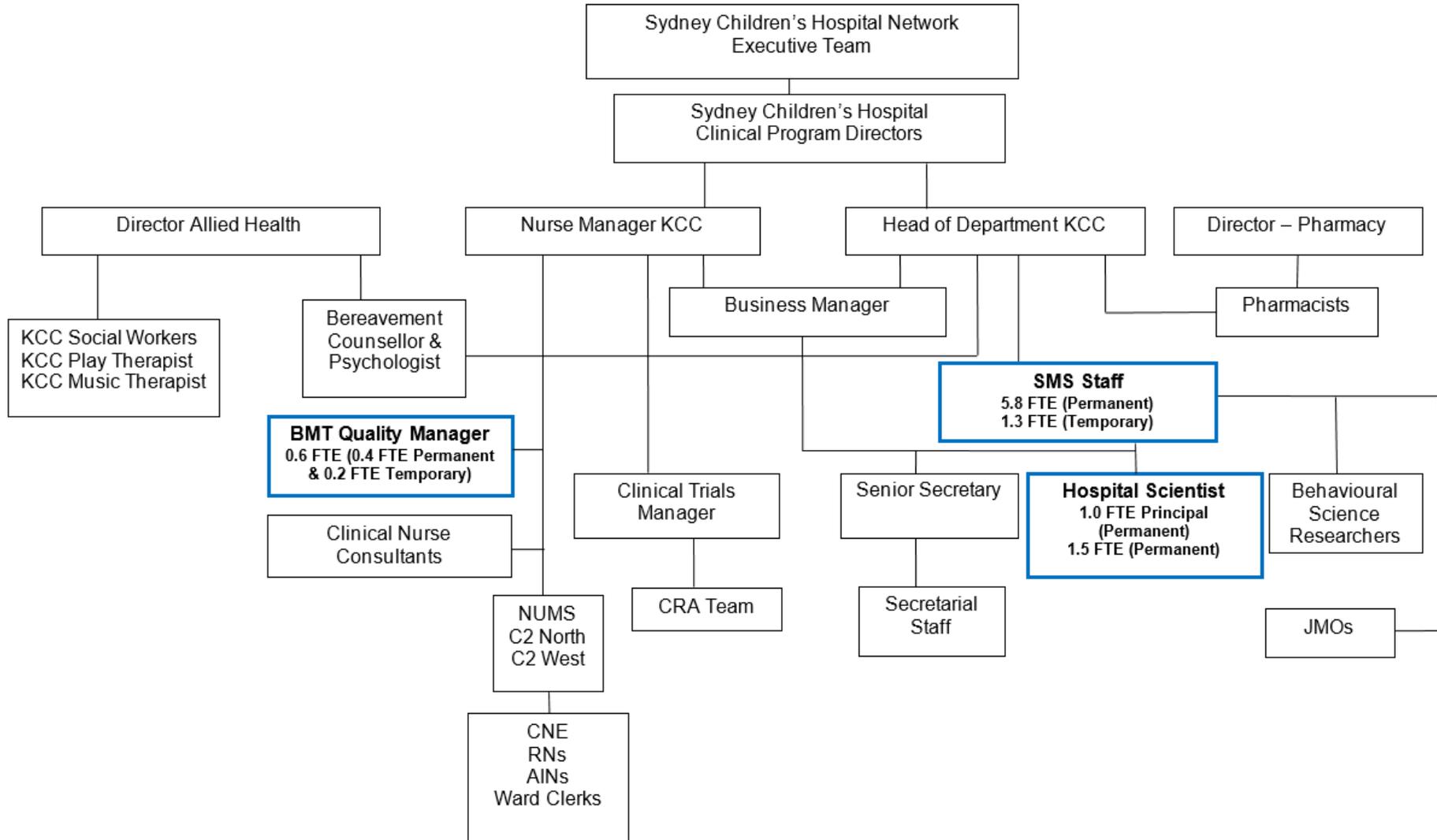
To meet the patient needs and the significant increase in the clinical demands of the BMT, a restructure of the pre-clinical research hub specialising in Cord Blood Transplants is required.

It is proposed that a full time 1.0 FTE Staff Specialist position, and a 0.5FTE Hospital Scientist (Processing) be established and that 1.5FTE Hospital Scientist and 1.0FTE Principal Scientist be deleted from the existing structure.

The proposed structure will include the following positions:

1. 1.0 FTE Staff Specialist (Permanent)
2. 0.5 FTE BMT Hospital Scientist (Permanent)
3. 0.6 FTE BMT Quality Manager (Permanent increase from 0.4 to 0.6 FTE)

Current Structure



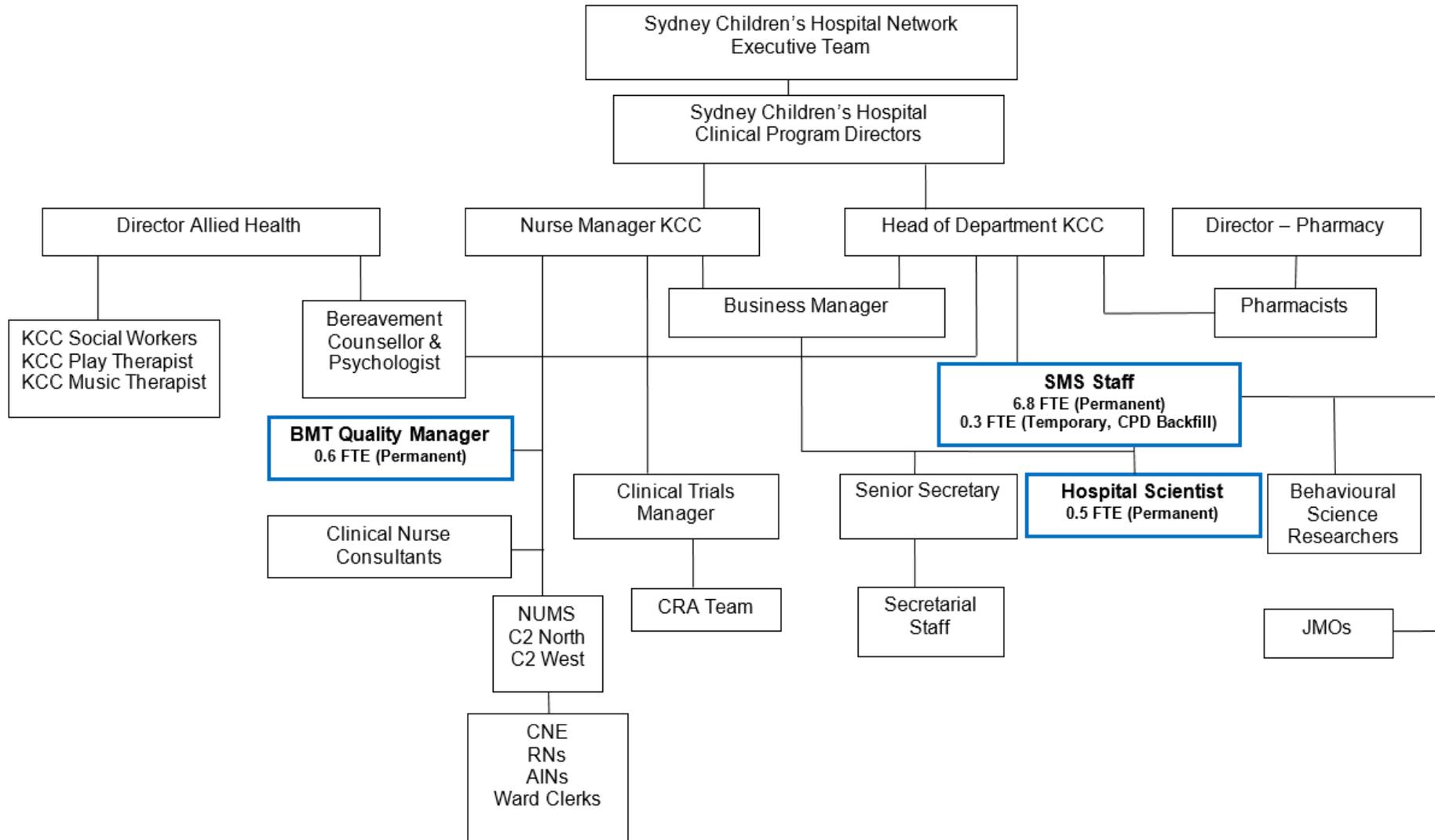
Affected Positions

Position	FTE	Classification	Description
Principal Scientific Officer	1.0	Principal Hospital Scientist	Principal Scientific Officer for a pre-clinical research hub specialising in Cord Blood Transplants (CBT)
Hospital Scientist	1.0	Hospital Scientist	Scientist within a pre-clinical research hub specialising in Cord Blood Transplants (CBT) with 0.5FTE in lab processing
Hospital Scientist	0.5	Hospital Scientist	Scientist within a pre-clinical research hub specialising in Cord Blood Transplants (CBT)

New Proposed Positions

Position	FTE	Classification	Description
Staff Specialist	1.0	Staff Specialist	Staff Specialist to provide clinical support and oversight for all aspects of care delivery related to BMT
Hospital Scientist	0.5	Hospital Scientist	Scientist to perform laboratory processing related to all aspects of BMT
BMT Quality Manager	0.6	Health Manager	<p>Role facilitates FACT compliance, and drives quality/improvement initiatives with regard to BMT patient safety.</p> <p>It is proposed that the existing BMT Quality Manager position be increased from 0.4FTE to 0.6FTE</p>

Proposed Structure



Method of Filling Positions in the Proposed Structure

Individual meetings with staff member who may be affected will take place throughout the change process. Where a change is proposed, this will be discussed with staff members who may be affected.

Where a member of staff remains displaced at the conclusion of the process, SCHN will work with that individual to initially explore options for redeployment within SCHN, and will assess other contractual options on a case-by-case basis.

The process and procedures will be managed in line with the NSW Health Policy Directive PD2012_021 "Managing Excess Staff of the NSW Health Service".

Timescale

	Stage	Timescale
A.	Consultations with staff and unions informed	30 April 2019
B.	Individual meetings with staff as requested	From 30 April 2019
C.	Feedback from staff and unions	14 May 2019 (2 weeks)
D.	Considerate staff and union feedback Finalise structure	21 May 2019
E.	Fill positions in new structure	May / June 2019
F.	Redeployment process	June 2019
G.	Managing Excess Staff of the NSW Health Service	June / July 2019

Employee Assistance Program

Employee Assistance Program (EAP) is a free strictly confidential and professional counselling service provided by the Sydney Children's Hospitals Network to all staff.

Staff can access the program via the following contact details:

- AccessEAP 1800 818728
- Converge 1800 337 068

Feedback and Contact Details

Enquiries and feedback regarding the proposed structure to A/Professor Tracey O'Brien (tracey.obrien@health.nsw.gov.au), Director, Kids Cancer Centre and Head of Blood & Marrow Transplant Program, Sydney Children's Hospital.