

Update: SESLHD Health ICT Restructure USCC and Response to Member Feedback

Dear Member,

SESLHD has agreed to convene a USCC to discuss the proposed restructure to SESLHD and ISLHD Health ICT Operations and Service Delivery. The USCC will have its first meeting on Friday 31 May from 2:30pm to 3:30pm in the Learning and Education Centre at St George Hospital. The HSU is seeking expressions of interest from affected members to attend as a workplace delegate from each of the affected sites.

If you wish to attend, or if you have any issues or concerns you would like addressed at this meeting, please email ben.lyons@hsu.asn.au with the subject line *Health ICT USCC* by close of business Wednesday 29 May.

SESLHD has also provided a response to member feedback provided, which is included in the attached document. If you have any comments or further feedback, please contact Ben Lyons using the details above. Please distribute this newsletter to your work colleagues for their information and comments and encourage them to respond and participate.

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

Response to Member Feedback

- 1. There will be significant additional travel time and associated costs for staff working the Operations Centres. A number of staff have estimated increased travel times in excess of an additional hour each way. This will have significant impacts on family and caring responsibilities.**

SESLHD Response:

- As discussed in the consultation session, it is expected that the additional travel time will occur within work hours when travelling to the Operations Expert Centre site locations, there are two of these centres each at Randwick and Wollongong.

- 2. Parking at Prince of Wales can be up to \$28.80/day, on top of vehicle costs. How will these additional costs be reimbursed? Will access to a pool car be provided when staff are required to work at these sites?**

SESLHD Response:

- Health ICT will reimburse this via petty cash and staff can claim for kilometres travelled, Wollongong is also an option at \$5 per day if that is closer for Staff. Health ICT does maintain pool cars for staff use.
- There are also travel forms that staff can use to claim kilometres travelled in their own vehicle and they can record additional times on their timesheets, however staff will be travelling to and from their accustomed place of work within work time.

- 3. There is a lack of parking at the proposed worksites in both Wollongong and Randwick. Will staff be provided parking spaces when they are expected to work from the Operations Centres?**

SESLHD Response:

- The Wollongong Hospital park has undergone an expansion last year. There is also sufficient parking space at the Prince of Wales Hospital car park prior to 8:00am and street parking is available within 10 minutes walking distance to the hospital.

- 4. The *Health Employees Conditions of Employment Award* provides that, where an employee is directed to work at a place other than their accustomed place of work, travel to the alternative place of work will be in the employer's time for those periods in excess of normal travel time. It further provides that excess travel time greater than ordinary hours of duty will be paid, as will a kilometre allowance where an employee is travelling by their own vehicle. Where an employee travels by public transport, fares incurred in excess of usual fares are to be reimbursed. How will such entitlements be tracked, to ensure employees are paid in accordance with the award?**

SESLHD Response:

- Please see to the response for Question #2. Health ICT will follow the Awards and Conditions.

- 5. The statements "We acknowledge that there are no 'business hours'" on page 2 of the restructure proposal, and "we recognise that we all lead connected lives"**

have created concerns that there is a plan for 24hr service provision and that the restructure will force participation in this, disconnecting staff from their families and impacting other commitments.

SESLHD Response:

- There are no plans at this stage to implement the 24-hour Centre. Staff are currently providing on call after hours support. If there is a request by the Districts to implement a 24 hours service then a separate consultation process will be undertaken. The Strategy acknowledged that 24 hours may be requested as the Hospitals run 24 hours. This is not planned or part of the initial phases covered in the consultation meeting.
- The Operations Expert Centre is planned to operate between 8 am and 5pm. However flexible start and finish times will be considered on a case by case basis. We don't expect all staff to commence at 8am but the service requires these hours to be covered.

6. Moving dedicated workspace staff to a secondary helpdesk will take them away from supporting clients on site.

SESLHD Response:

- This was discussed in the consultation; onsite support is and will be maintained as part of the Engagement strategy. Health ICT staff will be still available onsite for those not participating in the Operations Expert Centre. The Operations Expert Centre is expected to alleviate some of the demand and assist with co-ordination of the onsite visits / onsite rounds.

7. That the Operations Centre functions will simply duplicate existing state-wide service desk functions, which already log calls and assign tickets accordingly. The Operations centre will force clients through another layer of remote operators and negatively impact customer experience and satisfaction, and business outcomes.

SESLHD Response:

- The State-Wide Service Desk only attempts to resolve an issue within 8 minutes from the lodgement of the call/ticket before they transfer to Health ICT teams. The Operations Exert Centre will respond immediately to the customer on the transfer of the call from the State Wide Serviced desk and more time will be given to resolve the issue is available, there is also a 13% re-transfer rate that will cease as the operations disciplines are represented in the OEC for collaborative incident resolution. The State-Wide Service Desk is a level 0/level 1 call centre, the Operations Expert Centre is a level 2 / level 3 technical activity which require the expertise and more difficult and involved investigation and diagnosis.

8. Staff may be required to perform menial and repetitive tasks such as patching ports, creating user accounts, or assigning folder permissions all day without receiving more stimulating work.

SESLHD Response:

- Staff will receive a variety of work while rostered within the Operations Expert Centre, they will also be provided cross domain skill development and training in several Operations areas which will provide stimulating opportunities. When

not rostered onto the OEC, project work will provide opportunities for staff as well. The roster is for a week. After the week, staff return to their role at their accustomed place of work and participate in either project or onsite support / rounding activities.

9. There is a view that taking staff resources from the Central Sector workspace team will damage a high performing team at St. George and Sutherland Hospitals

SESLHD Response:

- The Implementation approach will be phased, Wollongong will be established first, followed by The Northern (Randwick) within the first 6 months. St George and Sutherland (Central Teams) will be brought in last in a managed approach to mitigate impact of the changes. This will also ensure shared knowledge and skills to support other hospitals within the District.
- When the St George and Sutherland are onboarded, they will be using validated proved practices. The local processes will be reviewed as the St George and Sutherland staff are included to ensure that service delivery is not negatively impacted at those sites. Some of the St George/Sutherland practices have been included already and are being used in the initial OEC establishment.

10. Problems resolved while conducting proactive support rounds on site will not be captured via the service desk. Such rounds are an inefficient way to conduct support. A more efficient process would be teaching the workforce to log calls when necessary so support staff can respond. If capturing of these proactive rounds is necessary, current practices of the workspace team can cater for this, as 50% of call resolved will require site attendance.

SESLHD Response:

- The rounds are intended to be a proactive engagement opportunity, these will be supported though by better logistics management so several calls for visit locations are planned for in the rounds. This was discussed in the engagement meeting and District staff are asked to log calls as part of ongoing education. This approach will also assist with better utilisation of time and ability to report on service delivery and KPIs.

11. The proposed changes appear to reduce staff numbers for BAU support, despite a recent review of Health ICT highlighting increasing pressures on BAU support. Where there may currently be 16+ staff supporting SESLHD across network communications, workspace, and infrastructure, the proposed draft appears to replace that with only 4 or 8 FTE staff per LHD. The draft states this BAU will be done in a “compressed fashion”. This approach will place a large increase in workload on these staff, with corresponding increases in stress and increased risk to staff health and wellbeing. Will this be taken into account, and what strategies will be put in place to mitigate risk while working in the Operations Centre?

SESLHD Response:

- The goal of the strategy is not to reduce staff but to enable and support the current staff to meet the increasing demand from the Districts. For the initial phase 8- 9 staff will be rostered on for the implementation covering the Illawarra Workspace(Desktop) and Server Infrastructure calls. This will be revised for the Northern Sector onboarding and again for the Central (St

George/Sutherland) Sectors. The onsite support does need to be maintained so the staff will continue to be carrying out these activities when not rostered onto the OEC. We do also expect staff to spend more time training and developing skills and will be allocating time for them with coaching in call resolution while in the OEC. In 2018, PC's devices that were logged as incident (i.e. calls of a break/fix break) was approximately 24.5% of the Health ICT operations calls. A review of these changes is anticipated at the 6-month mark to establish any requirements for additional staffing and/or changes to operational aspects.

12. Previous rostering of support activities has resulted in significant imbalances between which staff are on those rosters and how often. What measures will be taken to ensure time rostered in the Operations Centre will be distributed evenly and in a fair manner, and how will this be enforced?

SESLHD Response:

- The current rostering process is based on a rotation, some staff have previously advised us they prefer Business as Usual Work and so have been placed on the roster more often in lieu of project delivery. As we add more teams into the roster we will monitor the rotation.
- The rostering will be implemented fairly, where each staff member will get the opportunity to work for the week in the OEC however that the service will need to consider skill mix and individual requests, such as those under flexible work practices.

13. The proposed nature of the Operations Centre will result in staff working on tasks previously assigned to higher grade employees. How will appropriate remuneration be calculated, tracked, and awarded on these occasions?

SESLHD Response:

- The technology area is an evolving space where staff do need to keep developing their skills. The expectation is that while the process that support activities are being carried out will change, the activities will still be similar to what staff are currently doing within their award. Tracking is aligned with the Service Leave Agreements with the Districts. Health ICT Operations delivery services across Desktop, Network Communications, Server Infrastructure, Technical Applications and Databases all the staff do need to have exposure and knowledge of these areas to effectively support Districts complex enterprise environment.
- **How many staff members will be taken from each team per rostered block, and from which teams will these staff be allocated? What grades will be selected for these jobs, i.e.; PS, CM1, CM2?**

SESLHD Response:

- Staff will be rostered on from the Operations teams as the OEC is established and then phased in, the rostered Senior/ Team leader CM2 will be leading & guiding the OEC and allocating work, CM1 and Programmer/ Programmer supervisor position will be working under their direction.

- **What will be the Operating Centre shift start and finish times? If a problem is not resolved by end of shift, will staff be expected to stay back to resolve it? If so, will overtime be paid?**

SESLHD Response:

- The OEC is planned to operate between 8 am and 5pm. If a call is critical it will be managed by service management as part of the critical incident management process not the OEC. Since staff will be rostered on for a week it is expected they will have time to complete all their allocated tickets.
- On the occasion if a HIGH priority ticket is received it will be assessed on a case by case basis if overtime or time-in-lieu is required.

- **Will there be any redundancies of existing positions in the operations team?**

SESLHD Response:

- No, there are no redundancies as part of the strategy.

- **Will there be re-grading of existing positions to recognise changes in role and duties?**

SESLHD Response:

- There is no re-grading planned as part of the strategy. Duties will be within responsibilities of their current role/classification.

- **What percentage of calls currently require a contribution from multiple teams?**

SESLHD Response:

- As mentioned above at least 13% of calls are transferred between teams. A much larger and untracked number of calls require checks by other teams when troubleshooting is underway to resolve problems (this currently happens informally between operations staff).

- **Further detail is sought regarding the statement that support activities will be condensed by the Operations Centre, freeing up staff to perform other tasks uninterrupted. Staff seek further detail about what is intended in this respect.**

SESLHD Response:

- This was covered in the consultation meeting and in Questions # 12 /# 11.

- **Will staff be expected to be cross-skilled, and to perform duties which would normally be carried out by specialist teams? If so, what training will be provided and will this lead to performing higher duties?**

SESLHD Response:

- At the moment the staff already have some cross-domain knowledge required for resolving calls. Training will be provided and a dedicated trainer will be assisting staff in their skills and development. Duties will be within responsibilities of their current role/classification.

- **Where the draft states there will be 8FTE positions, is that 4 in Prince of Wales and 4 in Wollongong, or 8 in each?**

SESLHD Response:

- There will be 4-5 staff in the Wollongong OC and 4 staff at the Randwick OC. Again, this will be reviewed to establish whether additional support is required. The ability to get better data will assist with the review.
- **Will extra staff be employed? The draft proposal highlights the significant productivity gains that Health ICT staff have achieved through higher workloads with fixed resources. Alternatively, to compensate for increased workload and share fairly in productivity gains, what increases in remuneration are proposed for Health ICT staff?**

SESLHD Response:

- Staff currently receive their award based remuneration. By developing their skills set and capability we look for opportunities for staff to progress to higher remunerated positions via project secondments or when a position is vacated. Health ICT Operations also offers to fund successfully completed (job specific) industry certifications to support staff in their career progression. The strategy is being implemented to ensure we work more effectively and efficiently within the allocated resources available, whilst at the same time developing our staff to provide them more opportunities for internal promotions.