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Reference: W09 477 17 2

4 August 2017

Dr Glenn Edwards  
Director of Pathology  
SA Pathology Executive Office  
Statewide Clinical Support Services  
PO Box 14 Rundle Mall  
Adelaide SA 5000

Dear Mr Edwards

**Re: Proposed SA Pathology Operational Configuration and Workforce Model (31 May 2017)**

The Public Service Association of South Australia (PSA) writes in relation to the *SA Pathology Operational Configuration and Workforce Model, May 2017*.

Please find below and attached a compilation of the feedback, comments and questions raised by the PSA and our members in this round of consultation. We understand that in a few cases our members have provided the same submissions directly to SA Pathology as part of this round of consultation; despite this the PSA requires a detailed response to all items contained in this submission.

To ensure the obligations to consult genuinely and meaningfully as detailed in section 26 of the SA Public Sector Wages Parity Enterprise Agreement are met, and considering the magnitude and complexity of the changes proposed, the significant gaps and errors in this proposal and the subsequent questions raised herein the PSA requires that consultation be ongoing before any implementation occurs.

As previously advised we are seeking to convene a meeting with SA Pathology and the PSA Efficiency Improvement Program (EIP) Consultative Group directly following the receipt of SA Pathology's response to this submission. In addition, we are seeking a commitment from your office to continue to meet with the PSA EIP Consultative Group to genuinely and meaningfully work through the issues raised in this PSA submission and SA Pathology's response before any implementation.

After consultation with our members, the PSA continues to be opposed to the Proposed Operational Configuration and Workforce Model for SA Pathology for the following reasons:

No distinct measures have been considered or offered in the proposal in relation to:

- The ongoing sustainability of the workload;
- The specific timeline for implementation considering all the new IT systems and new laboratory at the RAH;
- The introduction and transition time to a multi-disciplinary lab and the proposed training schedules; and

- The nRAH start date and the onerous training staff are required to achieve in an extremely short space of time while maintaining their workload, this includes learning EPAS, EPLIS learning to work in a new laboratory and learning to use the new analysers which is further complicated by the fact that some staff will be required to work across two locations and concurrently run equipment and deliver a reliable service.

Therefore we are opposed to a reduction of positions in SA Pathology as we believe this will lead to a significant reduction in the sustainability of essential diagnostic tools and services to the public and the general health of the community. The prime focus of any structural review should be on improving the quality of the service, not a blatant reduction in costs by cutting jobs based on a questionable report by Ernst & Young.

The timing of this proposal being at the same time as the shift to the new RAH is short sighted and has created enormous stress and concern for members. We cannot see why it is necessary to undertake this restructure now. It would be better to deal with the issues in a calmer environment and test proposals "in situ" and after the nRAH transition has safely occurred for both the staff and the community.

The process has been difficult for members to engage in with any confidence because of the inaccuracy of the information provided and the complete lack of details about the current staffing configuration, other than FTE cuts.

The PSA submits that should any of the proposed FTE job cuts eventuate as indicated in your proposed implementation plan we will be in dispute principally in relation to Clause 26 – Consultative Process of the SA Wages Parity Enterprise Agreement: Salaried 2014:

#### Clause 26.1.1

- Consultation involves the sharing of information and the exchange of views between employers and persons or bodies that must be consulted and the genuine opportunity for them to contribute effectively to any decision making process. This includes consultation with the applicable Union whose members are affected.

#### Clause 26.1.2

Employers and Agencies consult in good faith, not simply advise what will be done.

After close examination of it the text of your proposal specific issues need to be further considered and addressed and further consultation is required:

- The new IT systems, EPAS, EPLIS and working with new automation; all takes training and time. None of these programs have specifically been consulted on. In fact EPLIS roll-out at WCH went ahead without consultation and the nRAH being next specific consultation also has not occurred. The PSA has simply been advised that it is next but no details. Nor have there been any discussions about training and impacts on workload sustainability. We wish to be consulted with specifically on HOW the synergies that EPLIS, EPAS and the new automated diagnostic labs systems at the nRAH are going to:

1. Deliver efficiencies and how this will be measured?

2. We wish to be consulted with specifically on HOW the synergies that EPLIS, EPAS and the new automated diagnostic labs systems

at the nRAH are going to specifically replace or allow for a reduction in any FTE across all current and proposed labs/directorates/disciplines by location?

- i. For example, Transfusion, a specialised function and the Haematology and Biochemistry labs at the WCH. Neither Transfusion and the Haematology and Biochemistry lab at the WCH will have any new automation or analysers, other than EPLIS and EPAS. It is our understanding that EPLIS also known as Millenium, does not affect the science but only affects sample reception and incubation EPLIS does not do the work for the Scientists and Transfusion specialists. Therefore how can you justify a reduction in FTE in these labs when there is no new automation and the greatest percentage of work is manual?
- iii. There is no method provided to assess how the new IT systems across all metropolitan sites and the new track systems at the RAH will replace staff and what effect they are expected to have on workload management. Please provide a method on how the staff losses were proposed across each directorate/discipline/location for our assessment Re: 3.2 The Rationale for change - How exactly will the Enablers *"underpin a sustainable...pathology service"*?
- iv. What are the proposed Key Performance Indicators (KPI's) for EPAS, EPLIS and the new analysers at the nRAH? That is - How exactly will these technology 'enablers' be measured?
  1. EPLIS and EPAS - what due diligence has been undertaken for whole of SA Pathology by location and discipline/directorate?
  2. New track systems – what due diligence has taken place to ensure staff safety prior to the move to the nRAH?
  3. How EPLIS and EPAS and new analysers will be measured overtime and once implemented to show efficiencies will ensure reasonable workload?
- v. What is the detailed training schedule for all of the above and what due diligence has been undertaken & consulted on to ensure both staff well-being and patient safety? We have concerns about appropriate training for staff.
- vi. Please provide more details about what labs are to be multi-skilled and a proposed implementation plan. That is
  - i. how many disciplines and over what period of time
  - ii. who is facilitating the training to be undertaken?
  - iii. What is the training plan and how will it be implemented?
  - iv. How is workload to be managed by staff while training?
- vi. As per Determination 7 of the Commissioner for Public Sector Employment, prior to any change we seek a breakdown of the current organisational charts with the proper disclosure of the required information in accordance with both Section 3.1 and 3.2

vii. A significant amount of detail about the changes to the roles in the proposed structure must be consulted on and the following questions answered:

1. What are the essential minimum qualifications for each role?
2. What is the knowledge base and amount of experience required for each role?
3. Specify what is to change in each role.
4. When it is proposed that TGO1 will be replacing Mes1/2 - what are the requirements of the job? Are they undertaking routine tasks and why do these roles no longer need a medical science qualification? For example: Mes1/2 in WCH Biochemistry & Haematology labs - at one point it was decided that these roles needed to be MeS - what has changed to allow these roles to be of a lower classification? What has been found to be of a lesser work value in these roles and why is a science degree no longer needed? The job requirements of each proposed 'declassified' role needs to be specific and consulted on. Our concerns are that where a classification change has been indicated between the current and proposed organisation charts provided, nothing has been provided in this proposal to ascertain if the primary functions and duties to be performed are the same. We request a detailed description of the roles continuing in the proposed new structures.
5. Role descriptors for all changed roles to be provided and consulted on in this pre-implementation phase. Our concerns are that where a classification change has been indicated between the current and proposed organisation charts provided, nothing has been provided in this proposal to ascertain if the primary functions and duties to be performed are the same. We request a detailed description of the roles continuing in the proposed new structures.

This must include:

1. how and specify what is to change in the tasks/functions,
  2. responsibility between the roles in the current structures when compared
- a) The representation of MeS1 and MeS2 is not appropriate and must both be represented as MeS1/2 in your organisational charts. MeS2 who have obtained this classification through the Peer Assessment process is defined in the Work Level Definitions.
  - b) We are concerned about the proposed structure of the Haematology and Biochemistry Labs at WCH. The proposed organisation structure and 'declassification' of positions would result in only two medical scientists out of 12 retaining their jobs, so an almost complete turnover of staff will occur. This is of serious concern because of the

potential loss of expertise in such a highly specialised and important area. This laboratory is the primary and only laboratory servicing the paediatric haematology and oncology unit for SA and NT, and is the first stage in diagnosing serious conditions such as leukaemia in children. Two scientists will not be able to service paediatric leukaemia services for two states. Has there been a Risk Assessment done?

#### Clause 26.1.3

1. It is an accepted principle that effective workplace relationships can only be achieved if appropriate consultation between the parties occurs on a regular basis.
  - v. In the proposal, you refer to a *Conclusion and Next Steps* in the consultation and feedback process which states "*feedback will be carefully considered by SA Pathology and a final model will be presented to staff and unions.*" This is unacceptable as we will need to have questions answered and issues addressed from the consultation process. The proposed workforce model must be the subject of on-going face to face meetings via the consultative group before a final model, particularly the workforce model can be validated. SA Pathology must now be clear in its intentions to continue to meet with the PSA to work through the issues prior to final decisions being made and before implementation of job cuts as proposed.
  - vi. Detailed implementation planning **MUST** occur before any losses and so must ongoing consultation with PSA. This is a clear indication of the need for the PSA and the SA Pathology CG to continue. If the PSA is not consulted with, in the manner we consider appropriate, nor included in the detailed implementation planning we will be in dispute.
  - vii. Did the working group discuss and consider the workload impacts when designing the configuration and most importantly the proposed staff cuts and changes? If so how, if not why not?
  - viii. What measures did the working group use to assess workload impact and sustainability and well-being of the workforce with the proposed changes? If this was assessed and measured by the working group this has not been demonstrated here to allow for meaningful consultation and feedback to validate the assessment. If it has not been done and cannot be demonstrated here it suggests that the FTE cuts are not based on sustainability of the workforce to ensure their work health and safety nor can it be in the interest of continuity and quality patient services and safety. We insist the workload impacts be assessed and consulted upon with the PSA prior to any implementation and as part of ongoing consultation post implementation.

- ix. An "integrated and multi-skilled workforce" will take some time to develop and implement and no details about this program have been released or consulted on. This must occur before any decision is made to implement.

Clause 26.1.4

1. Workplace change that will affect a significant number of employee should not be implemented before appropriate consultation has occurred with employee representatives.
  - i. The Ernst & Young (EY) Review and the benchmarking used to inform job cuts is commonly viewed among our membership as inherently flawed in its data collection, interpretation and analysis of SA Pathology and despite this common view the complete data and analysis used by EY has not been released to allow for detailed assessment and consultation with affected staff and unions.
  - ii. It is our assessment that in real terms the proposed job losses are not sustainable. SA Pathology has not provided a calculation or method to assess or correlate directly with the suggested just losses. Ref. table 17 - *Proposed FTE Changes* (p. 46)
    1. How does the proposed laboratory configuration lead to or allow SA Pathology to reduce these FTE numbers? Please be specific and have your answer include each laboratory and directorate/discipline by location.
    2. Please provide a complete list of proposed FTE losses in the format of losses in each laboratory, within each directorate and by location. This information will allow for better analysis of the workload impacts because the roster must be filled and work complete within each discrete laboratory.
    3. This proposal has not provided any information or explanation of the roles changes, particularly when roles are being lost and why, and where roles have been changed. Changes are only shown in your proposed organisation charts by a change in current classification from, for example, MeS to a TGO1 classification. Please provide clarity of each role change for consultation.

- iii. Please provide an update of all Organisational charts that are incorrect. The omissions of current staff in a number of org. charts was raised at the first consultative meeting on 13 July 2017 and had been raised at a number of the SA Pathology road shows. How can you reasonably propose FTE cuts when you cannot accurately account for the staff you currently have in your organisational charts? For example Transfusion at the WCH has been completely omitted. We note that on 18 July 2017 SA Pathology reissued and updated organisation chart for Haematology which included the previously omitted staff at both TQEH and WCH. Despite this updated chart it is still incorrect for WCH. That is Transfusion at the WCH as a minimum is filled by 6.2FTE not 5.4 as indicated on your revised chart. In addition to this x2 MeS2 in Lab Services at the WCH has omitted off the current org. chart and in the Pre-Testing lab also at the WCH x1 TGO2 & x1 TGO3 has been omitted from the current organisational. This is enough evidence to demonstrate that the current and proposed organisation changes and charts will need to be distributed for validation among affected staff.
- iv. With continued reference to table 17 - *Proposed FTE Changes* (p. 46), we note the proposed increase in roles classified in the Operational Services Stream (OPS). Again there has been no explanation of this proposed increase in roles, expected duties, when and where they may be introduced, for consultation. Please provide a detailed explanation of this proposed change including draft position descriptions.
- v. In the proposal, *"the new structure for SA Pathology will commence from the opening of the new RAH (1 September 2107). However, it is anticipated that changes to FTE will take place in 2018 as EPLIS & EPAS are rolled out and space becomes available for staff relocation"* - exceptions - where EOI for TVSP - Irrespective of offering EOI TVSP or not you must deliver the service and there will be immediate workload implications. Consideration about workload and if/how SA Path can sustain the service and manage the workload pressures that result from that both the immediate and ongoing loss of staff in their respective lab.... MUST be consulted on. This signifies an implementation of restructure. Currently without the information to validate a restructure of job roles and the entire workforce we cannot see how SA Pathology can determine that a position can be abolished to enable an offer of a TVSP by an EOI.
- vi. The new RAH lab and training for working in the new space and with the new machines and with the two new IT systems must be a separate/standalone exercise. Therefore Specific consultation with respect to the new RAH move is required

which includes detailed consultation on the due diligence with respect to the current training requirements for staff to learn:

1. EPLIS
2. EPAS
3. The new track systems - training and new manual work arounds to be identified and training to occur to both manage the risk to the workforce and in the public interest.
4. workload management
5. How going exactly are you going to facilitate a transition to RAH – all considerations – including specifically workload while running two labs concurrently – what workforce considerations have you made?
6. Inductions etc. for staff

With reference to v. and vi. appropriate advice and consultation must occur first specifically with respect to the new RAH transition and all other labs to follow once measures have been reached to ensure any loss to FTE positions are reasonable and are in the Public Interest.

What do you mean both by an “integrated and consolidated workforce”? Please provide a detailed example and how it is different to the current arrangement.

We have concerns about enablers and their impacts on delivering efficiencies and the premature nature on staff cuts. SA Pathology has not demonstrated how any of these enablers will allow for staff reductions. Until all IT systems, new RAH move is implemented and has been assessed against TAT's, efficiencies and workload demands, and other matters and consulted over there cannot be any staff reductions.

Technology Enablers – there is an assumption that these will automatically deliver efficiencies. We believe efficiencies must first be achieved before staff losses are implemented. To simply say SA Pathology will address the non-delivery of efficiencies that have not been revealed is nonsense. What are the efficiencies expected and how will they be measured and reported on?

SA pathology claims you will not implement or support change that is unsafe. How will the process be monitoring to ‘ensure safety of both staff and patients’ - specifically? Please specify by program - i.e. EPLIS, nRAH, workload management etc. Will these be the subject or regular WHS/OHS committee reviews?

The PSA submits that consultation must continue for the reasons highlight above and should implementation occur without further consultation the PSA will consider that in each circumstance that the matters will be referred for dispute.

As detailed earlier in this correspondence, the PSA expects these comments to be reviewed and responded to as part of a commitment of ongoing consultation to ongoing consultation. Furthermore please be advised should there not be a commitment to ongoing consultation with the PSA as outlined the PSA will have no option other than to refer the matter to the South Australian Employment Tribunal.



Please contact PSA Industrial Office Rachael Scott by email to [rachael.scott@cpsu.asn.au](mailto:rachael.scott@cpsu.asn.au) or by phone at (08) 8205 3293 for clarification.

Yours sincerely

A handwritten signature in cursive script that reads "M A Jeffries".

*for* **Nev Kitchin**  
**General Secretary**