

. Perception that the Review is biased and orchestrated to provide a prescribed outcome. This has been exacerbated by certain groups e.g. Web Services not being included in consultation. It is vital that each employee is provided with a genuine opportunity to participate. This is also particularly vital for any staff member who may be on leave or secondment elsewhere.

. Perception that results of review may not be entirely accurate as staff nervous of providing honest feedback for fear of retribution as staff could be easily identified from survey.

. Whilst an 'implementation' plan is to be developed by a working party, the PSA stated that genuine consultation needs to be undertaken once the 'detail' has been finalised. Members have reported not being able to provide feedback on review recommendations due to the general and non specific nature of them. Members keen to know classification levels of roles, number of staff in teams etc.

. Negative impressions received by some staff in LHNs due to comments of these staff being less skilled than their counterparts in the DHA or Ministerial office.

. Administrative Staff concerned about loss of positions due to no mention of them in review recommendations.

. Concerns that salary packaging provisions may be compromised if moving from the employ of a public hospital (which has FBT concessions) to another Government department (DHA).

. Concern regarding what processes may be used to transfer staff from LHNs to DHA. Some members not keen to be forced to work in a media only role as this was felt to be de-skilling and not career advancing. If this was to occur, this could result in Health losing some experienced staff.

. 'Issues' between SA Health Media and Communications team and the LHN Communication teams are cultural, embedded and historical, *not* structural. It was believed that an MOU- type document, developed with input from the LHN comms staff, signed off by all CEOs regarding work practices between all staff could alleviate many of the barriers encountered in the daily work of team in the LHNs and DHA. It is felt that this strategy should be trialled before restructuring.

#### Some specific feedback for FMC:

In the absence of management at FMC there needs to be a key contact and better communication to staff – staff don't feel comfortable contacting the reviewer in absence of management

With particular reference to graphics, it is believed that the reviewers have failed to recognise or mention that MIMU's client base extends further than Media & Comms(M&C). M&C constitutes only about 40% of annual graphics output. MIMU also has a contract with Flinders University to supply graphics, photographic and video services. It is believed that services delivery to their clients will be compromised by centralization. So while M&C is a large user of MIMU Graphics service, it is not exclusive. Any plans to centralise the two graphic designers would constitute the majority of SALHN clients being marginalised.

With the absence of graphic designers MIMU will struggle to fulfil their contractual agreement to provide graphics services to Flinders University School of Medicine.

Some specific feedback for CALHN:

The CALHN Media and Communications structure that has been provided in the consultation document is incorrect. The structure is from July 2014 and does not include an On-line Support Officer ASO 4 (1.0 FTE) that is currently in the department. This position was created following an SA Health Minute eA881552 advising that there needed to be a minimum 2 FTE for Online Services at CALHN following the migration of CALHN Online Services Unit (OSU) content over to the SA Health platform. Since the migration there has been a much larger quantity of content to manage-hence the need for a second person required.

The CALHN OCEO review recommends that the Online and Graphic Position be reclassified to ASO 3. The manager of SA Health Online Services (OSU) Heather Shepard has stated that ASO 4 is the absolute minimum for an officer to meet the skill set and level of understanding required to perform the tasks of this role. Will SA Health reclassify this position back to ASO level 4?

The CALHN OCEO review proposes changes that will ensure the CALHN role will not match the SA Health Media and Communications Design/Branding Managers position.

Members believe that it is nonsensical to have two reviews running simultaneously that affect CALHN Media and Communications. This could result in changes being made via the OCEO review and then these changes discarded to accommodate the SA Health Media and Communications review potentially within the space of a couple of months. Members believe that the SA Health review should supersede the CALHN OCEO review.