

<b>CHANGE IMPACT STATEMENT (for union consultation)</b>	
<b>CAMPUS :</b> (e.g. RMH, RP, NWMH)	North Western Mental Health
<b>DEPARTMENT</b> (if applicable)	Mid West Area Mental Health Service
<b>PROGRAM:</b> (if applicable)	Mid West Community Team - Outer

## 1. Brief description of Change proposal

Following a review of services, it is proposed that the Afternoon shift on Rostered function and the Intensive Support Program will trial a commencement time of 1300hrs and to finish at 2130hrs.

In addition to this, the Intensive support function including the medication support program will trial additional staffing on the Afternoon shift from 1 Psychiatric State Enrolled Nurse (PSEN) to 1 Psychiatric State Enrolled Nurse (PSEN) and 1 Clinician Monday - Friday.

The trial will take place from October 2019 to March 2020.

## 2. Current situation

The Outer Team within the integrated community model has an Intensive Support and Rostered function. Staff initiated and requested a trial to change the rostered hours of the afternoon shift to commence at 1300hrs and finish at 2130hrs. This trial commenced on 21<sup>st</sup> October 2019 with staff consultation and key stakeholder liaison.

Prior to this trial these functions incorporated the following;

- Medication Support Program (MSP) - a 7 day a week program with a 6 hour shift from 1600 - 2200;
- SECU diversion and intensive care packages which are Monday – Friday programs with an Afternoon shift component previously worked by the SECU staff with a shift from 1100 - 1900;
- Rostered 7 day a week function. The Rostered function has had an Afternoon shift from 1400 - 2230.

This change to trial the afternoon shift to commence at 1300hrs and finish at 2130hrs is being proposed after consideration of the workload and workflow of the functions, alongside staff concerns raised around workload demand and finishing work late as further outlined and summarised;

- Afternoon shift hours are often extended unexpectedly due to the need for urgent assessments and for outreach home visits that require coordination of an acute inpatient unit admission.
- The shift finishing time can be post-midnight and this can increase fatigue and alertness for staff when they leave work and drive home. There is a longer travel time to and from Sunshine Emergency department to MH&CS.

The intensive support program which was recently expanded to include intensive care packages covers integrating SECU diversion clients alongside the medication support program both of which have an afternoon shift. Continuity of care is important alongside increased service contact which is often required during an Afternoon shift and can include where an admission may be required if a client becomes acutely unwell. To date this has been managed by referral to the Rostered team but clinicians have continued to note increasing demand on Rostered with increase in after hours and overtime required to manage workload demand.

The Intensive support function currently has 1 PSEN on the Afternoon shift Monday – Friday.

### 3. Proposed situation

We have recently commenced a trial period on 21<sup>st</sup> October 2019 to change the Afternoon shift time to commence at 1300 and finish at 2130 and would like to extend this trial period to March 2020.

In addition to this, the Intensive support function including the medication support program is trialling additional staffing on the Afternoon shift from 1 PSEN to 1 PSEN and 1 clinician Monday - Friday to support increasing workload for this group of clients. This has been funded by the recent integration of SECU workers to the Mid West Community Team and additional funding for intensive care packages.

An extension of this trial until 15<sup>th</sup> March 2020 is proposed by the Change Impact Statement and consultation process.

A review to determine the effectiveness of this change will occur prior to the end date of this trial.

### 4. Does this change have significant effect on employees (select appropriate box)

	termination of employment
<b>x</b>	changes in the size, composition or operation of the Employer's workforce (including from outsourcing) or skills required
<b>x</b>	Changes to rosters or hours of work
	alteration of the number of hours worked and/or reduction

	in remuneration
	changes to an Employee's classification, position description, duties or reporting lines;
	the need for retraining or relocation/redeployment/transfer to another site or to other work;
	removal of an existing amenity;
	the removal or reduction of job opportunities, promotion opportunities or job tenure

**5. Reason/s for the proposed Change, including benefits and cost saving (if appropriate)**

Proposed benefits include:

- An increased overlap of day staff with Afternoon staff by 1 hour which is predicted to enhance coordination, productivity and efficiency of care delivery;
- The coordination of outreach visits and with emergency services can begin earlier in the afternoon and evening;
- It is predicted there will be a reduction in late finish times past mid night and this will help staff with their wellbeing and safety.
- Additional staff for the Intensive support function on the Afternoon shift from 1 PSEN to 1 PSEN and 1 Clinician Monday - Friday will mitigate and support increasing workload for this group of clients and is predicted to prevent overflow onto Rostered function. This will ensure continuity of support and enhancing care delivery for those that require more intensive acute support.

Financial impact:

- Neutral with the same number of staff for rostered Morning and Afternoon shifts
- Additional staffing for the Intensive support function on the Afternoon shift from 1 PSEN to 1 PSEN and 1 Clinician Monday - Friday is predicted to prevent overflow onto Rostered function and clinician overtime. Neutral for penalties as any staff member working past 1800 will continue to be paid a shift allowance.
- Reduced overtime required when it is a shift replacement as the shift is finishing an hour earlier

**6. Effects of Change proposal on employee workload and other OH&S impacts, including risk assessment where OH&S impacts are identified.**

There are no perceived OHS impacts for employees as a result of this change.

There are positive OHS benefits expected in relation to improved workload management, flow and coordination with the increased overlap between staff

on the Morning shift and Afternoon shift by an hour and by 3 hours for intensive support.

## 7. Measures to mitigate effects on employees

Measures undertaken to mitigate the effects on employees will include regular staff consultation and involvement. The proposal of a trial as opposed to implementing a permanent change straight away will allow for a review process. There will be consultation with other key parties about the change and a review of data to consider impact on other programs.

## 8. Will employees have to be retrained to achieve Proposal?

Employees will not need to be retrained to achieve the proposal.

## 9. Effects of Proposal on services/employees in other departments

Triage is unable to refer Category C assessments after 1930hrs, exceptions to this are to be negotiated on a case by case basis with support from the On-call staff.

Current clients in crisis are not able to be seen past 2130hrs compared to 2230hrs and this can impact on EMH and NWMH triage with contact occurring an hour earlier.

## 10. Details of staff communication undertaken to date before CIS distributed

Discussions about a trial were held with staff and the Program Manager of Outer Team.

## 11. Proposed consultation with union/s (attach project plan and change analysis statement).

**NB These timelines can be shortened if the parties present/respond with information before the timelines. Some steps will not be needed depending on the consultation process.**

Item [items provided below are examples only]	When
Commence formal change impact consultation (Step 1)	4 December 2019
Initial staff consultation period – meetings convened	
Deadline for formal written feedback submissions (including union response) (Step 2)	20 December 2019
Further consultation meetings in relation to formal submissions - if required (Step 3)	<i>Insert date range</i> (if required)
Formal response from Melbourne Health to written	TBA

submissions (Step 4)	
Alternative response from employees or union to Melbourne Health's formal response (Step 5)	Within 14 days of Step 4.
Melbourne Health considers all feedback, alternative proposals and further meetings if required (Step 6)	Within 14 days of Step 5.
Depending on progress of consultation outlined above, expected date for confirmation of final Change Impact Statement.	No earlier than February
Depending on progress of consultation outlined above, expected date for implementation.	

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Melbourne Health



**Signature**  
Terry RUNCIMAN, MW-Area Manager  
05/12/2019

**Date:**   4   /   12   /   19  

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