Industrial Consultative Arrangements

Summary  The industrial consultation arrangements are intended to provide a clear framework for consultation on a range of employee matters throughout Local Hospital Networks or Clinical Support Clusters.

Document type  Policy Directive
Document number  PD2011_002
Publication date  18 January 2011
Author branch  Workplace Relations
Branch contact  9391 9360
Review date  31 August 2018
Policy manual  Not applicable
File number  H10/5615
Previous reference  N/A
Status  Review
Functional group  Personnel/Workforce - Industrial and Employee Relations
Distributed to  Public Health System, Health Associations Unions, NSW Ambulance Service, Ministry of Health
Audience  All staff

Secretary, NSW Health
This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.
INDUSTRIAL CONSULTATIVE ARRANGEMENTS

PURPOSE
The industrial consultation arrangements are intended to provide a clear framework for consultation on a range of employee matters throughout Local Hospital Networks or Clinical Support Clusters.

MANDATORY REQUIREMENTS
The effectiveness of the arrangements will rely on the commitment of management, staff and industrial organisations to follow the processes and to communicate in an open and collaborative way.

These arrangements recognise the need to consult at the state-wide, Health Service, Local Hospital Network or Clinical Support Cluster and facility level and also provide a framework for consulting with a particular industrial organisation where its membership is specifically affected by an initiative or matter.

It is expected that more meetings will be required than the minimums specified in this document during times of significant change.

On 1 January 2011, Local Health Networks (LHNs) will be established and Area Health Services will cease to exist.

During the transition period, Area Joint Consultative Committees should continue and consider issues as they relate to the new LHN and Clinical Support Cluster structure. When appropriate, the Area Joint Consultative Committees should be replaced by LHN Joint Consultative Committees and Clinical Support Cluster Joint Consultative Committees.

IMPLEMENTATION
This Policy Directive will apply immediately to all Health Services. For the purposes of this Policy Directive, Health Services are defined as Area Health Services, Local Health Networks, Clinical Support Clusters, Health Support Services, the Ambulance Service of NSW and any other public health organisation, including Affiliated Health Organisations.

Any enquiries regarding this policy directive should be directed to the human resource personnel in the relevant organisation. Only human resource personnel are to contact the Department.

ATTACHMENTS
1) Industrial Consultative Committee Structure

REVISION HISTORY

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved by</th>
<th>Amendment notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2004</td>
<td>Director-General</td>
<td>Policy regarding industrial consultative arrangements for</td>
</tr>
<tr>
<td>(PD2005_397)</td>
<td></td>
<td>amalgamation of Health Services. Previously circular 2004/75</td>
</tr>
<tr>
<td>January 2011</td>
<td>Deputy Director-General</td>
<td>Revised policy</td>
</tr>
<tr>
<td>(PD2011_002)</td>
<td>Health System Support</td>
<td></td>
</tr>
</tbody>
</table>
INDUSTRIAL CONSULTATIVE COMMITTEE STRUCTURE

PEAK HEALTH INDUSTRIAL CONSULTATIVE COMMITTEE

1. ROLE

I. These meetings are intended to promote communication and understanding between NSW Health, the Health Services Union East (HSU), NSW Nurses’ Association (NSWNA) and the Australian Salaried Medical Officers Federation (ASMOF) on major statewide issues and reforms.

II. The meetings will be a forum to deal with:
   - State-wide issues in the health industry, including health service provision;
   - exchange of information and views, particularly about major initiatives and reforms;
   - matters unable to be resolved at Joint Consultative Committees; and
   - Matters unable to be resolved elsewhere

III. More specific issues and disputes will continue to be managed at the appropriate Department/Health Service levels.

IV. Separate meetings can be held with individual unions on an agreed as needs basis.

2. PARTICIPANTS

Director-General, NSW Health
Deputy Director-General, Health System Support;
Director, Workplace Relations and Management;
Deputy Director, Workplace Relations and Management;
General Secretary or equivalent;
Assistant General Secretary or equivalent;
President or equivalent;
Secretary of Unions NSW (or representative) who will also specifically represent the trades group of unions
Other participants or proxies as agreed by the parties from time to time; and

3. PROCESS

I. The Peak Health Industrial Consultative Committee will meet quarterly with any party able to seek a special meeting where circumstances so warrant.

II. Agenda papers explaining the background to and purpose of each agenda item should be forwarded to Workplace Relations and Management Branch in the Department at least two weeks before each meeting. The Department will forward a proposed agenda with copies of all agenda papers one week before each meeting to each of the participants nominated above.
III. Minutes shall be forwarded to each participant as soon as possible following the meeting and will also be forwarded to the Office of the Minister for Health.

JOINT CONSULTATIVE COMMITTEE (JCC)

1. ROLE

I. The JCC is a forum for consultation and discussion between the Health Service and health unions.

II. The JCC will:
- discuss corporate strategies and organisational change;
- consult on issues that will have an impact on employees at large;
- consult on issues of implementation of policy and organisational change;
- deal with matters of Health Service wide significance and matters which cannot be resolved at health facility level;
- attempt to resolve issues, difficulties and disputes which may arise in relation to any of the above matters, where it is reasonable and appropriate to do so;
- consider issues related to compliance with awards and enterprise agreements.

III. The JCC will not participate in industrial matters that are being handled through ordinary negotiations or dispute procedures between management/unions and employees.

2. MEMBERSHIP

I. The JCC membership will be:
- the Chief Executive (CE) or Chief Operating Officer (COO) and other Health Service management deemed necessary by the CE or COO to give full and proper effect to outcomes or matters agreed to be actioned;
- the respective union head office representatives or nominees, including a representative or nominee of the trades group of unions; and
- up to four workplace delegates each from the HSU, NSWNA and ASMOF and one delegate representing the trades group of unions.

II. Alternative representatives may be nominated, but the parties should attempt to achieve continuity of representation.

III. The Health Service management and unions will determine their representatives to the JCC.

IV. Unions NSW may be invited to attend the JCC if requested by one of the parties, having regard to the importance of the matter and the extent to which Unions NSW can assist in the consultative process.

V. The Committee may, at its discretion, allow non-member observers and advisers to attend meetings of the Committee to facilitate the process where certain specialist advice etc. is required.
3. PROCESS

I. The JCC will meet at least quarterly, and should be scheduled in a way to maximise the ability of participants to attend. Unions and management can seek a special meeting, where the circumstances so warrant, by notifying the Chairperson of the request for such a meeting with 14 days notice (unless otherwise determined by the JCC). The parties must mutually agree to convene a special meeting, with agreement not being unreasonably withheld. It is anticipated that more frequent JCC meetings will be convened at times of significant change.

II. Minutes from the most recent SCC meetings should be made available to the JCC for both background information and, where relevant, so that the JCC can deal with a particular issue.

III. Where a major issue is identified by the JCC as requiring further consideration, the JCC may, by mutual agreement of the parties, establish a special ad hoc committee with a specified task and timeframe of operation. Such a Committee would consider the issue referred to it and report and/or make recommendations to the JCC.

IV. The Health Service will provide secretariat support, which will include keeping minutes and preparing the meeting agenda, which should be sent out to members one week prior to the scheduled meeting. Minutes from the most recent SCC meetings from within the boundaries of the JCC should be included in the meeting papers for background information.

V. Members of the JCC should notify agenda items at least two weeks prior to the scheduled meeting. Minutes will be distributed as soon as possible after the meeting and will also be provided to Staff Consultative Committees within the health service.

VI. Where a union head office representative cannot attend a meeting and a local nominee attends instead the minutes will be forwarded to the union head office.

VII. The Health Service will provide a meeting venue and will be responsible for any additional costs, such as travel, associated with the attendance of workplace delegates at meetings.

VIII. Where the time and expense involved in personal attendance at meetings makes participation via teleconference or videoconference more practical, this should occur.

IX. Attendance by workplace delegates will counted as time worked and will be managed in accordance PD2006_097, Trade Union Activities.

X. The Chairperson of the JCC will be the Chief Executive. In the event that the CE or COO is unavoidably prevented from attending the JCC, his or her nominee will chair the meeting.
XI. While all business conducted by the JCC should be as transparent and accessible as possible, it is recognised that certain commercial in confidence or like material, may from time to time come before the JCC. In such a case usual confidentiality arrangements apply to the nominated material.

STAFF CONSULTATIVE COMMITTEE (SCC)

1. ROLE

I. The SCC is a forum for consultation and discussion between management, unions, their delegates and staff at each health facility. A health facility means all units, divisions or centres within the health facility. Where functions are performed outside of health facilities (e.g. administration, warehousing, community nursing) management and unions should agree on the viability of a SCC in those circumstances or the most suitable location for such consultation.

II. The SCC will:
   - discuss organisational issues including organisational change as it relates to the particular health facility;
   - consult on issues that will have an impact on employees at the health facility;
   - consult on issues regarding implementation of policy and organisational change;
   - generally deal with issues which have a health facility focus, including matters related to award/agreement conditions; and
   - attempt to resolve issues in relation to any of the above matters where it is reasonable and appropriate to do so.

III. Where a matter remains unresolved at an SCC level it may be referred to the JCC for consideration, where it is reasonable to do so, having regard to the role of the JCC.

IV. The SCC will not participate in industrial matters which are being handled through ordinary negotiations or dispute procedures between management/unions and employees

2. MEMBERSHIP

I. The SCC membership will be:
   - Health facility management; and
   - union delegates nominated by respective unions.

II. Union head office staff will also be invited to attend SCC meetings. However, their inability to attend does not prevent SCC meetings occurring.

III. Alternative representatives may be nominated, but the parties should attempt to achieve continuity of representation.

IV. Health Service management and unions will appoint their representatives to the SCC.
V. Health Service management will be represented at a level deemed necessary by CE to give full and proper effect to outcomes or matters agreed to be actioned.

VI. All relevant clinical and support strands within the health facility should be represented on the SCC.

3. PROCESS

I. The SCC will meet at least quarterly, with any party being able to seek a special meeting where the circumstances so warrant, by notifying the Chairperson of the request for such meeting within 14 days notice (unless otherwise determined by the SCC). The parties must mutually agree to convene a special meeting, with such agreement not being unreasonably withheld. It is anticipated that more frequent SCC meetings will be convened at times of significant change.

II. SCC meetings should be scheduled at times to ensure that the minutes from each SCC are available at the next JCC meeting.

III. The Chairperson of the SCC shall be the most senior health facility manager. In the event that the most senior facility manager is unavoidably prevented from attending the SCC, his or her nominee will chair the meeting.

IV. The health facility will be responsible for providing secretariat support, which will include the keeping of minutes, preparation and distribution of agenda prior to the meetings, and distribution of the minutes as soon as possible following a meeting of the SCC. A copy should be forwarded to the Chairperson of the OH&S Committee for information. The minutes should also be displayed on accessible staff notice boards.

V. Where a union head office representative is unable to attend a meeting and a local nominee attends instead the minutes will in any event be forwarded to the union head office.

VI. The health facility will provide a meeting venue and will be responsible for any additional costs, such as travel, associated with the attendance of workplace delegates at meetings.

XII. Attendance by workplace delegates will counted as time worked and will be managed in accordance PD2006_097, Trade Union Activities.

VII. Where the time and expense involved in personal attendance at meetings makes participation via teleconference or videoconference more practical, this should occur.

VIII. The conduct of the business of the SCC should be as transparent and as accessible as possible to members of the SCC and those they represent, including the provision of relevant documentation when requested from time to time, relevant to deliberations of the SCC.
UNION SPECIFIC CONSULTATIVE COMMITTEE (USCC)

1. ROLE

I. The USCC is a forum for consultation and discussion between management, a specific union, their delegates and staff in a particular Health Service. Unions and management can seek to have a USCC convened where significant reforms will have major impact on the employees covered by a specific union.

II. The USCC will:

- discuss organisational issues, including organisational change as it relates to its members in the Health Service;
- consult on issues that will have an impact on employees at the Health Service;
- consult on issues regarding implementation of policy and organisational change;
- generally deal with issues which have a Health Service focus; and
- attempt to resolve issues difficulties and disputes that may arise in relation to any other of the above matters, where it is reasonable and appropriate to do so.

III. The USCC will not participate in industrial matters which are being handled through ordinary negotiations or dispute procedures between management/ unions and employees.

2. MEMBERSHIP

I. The USCC membership will be:

- the Chief Executive and/or Clinical Support Cluster management or delegate;
- a union head office representative or nominee; and
- up to four workplace delegates from the specific union.

II. Alternative representatives may be nominated, but the parties should attempt to achieve continuity of representation.

III. Health Service management and unions will appoint their representatives to the USCC.

3. PROCESS

I. The USCC will meet at least quarterly, with any party being able to seek further meetings where the circumstances so warrant, by notifying the Chairperson of the request for such meeting within 14 days notice (unless otherwise determined by the USCC). The parties must mutually agree to convene further meetings, with agreement not being unreasonably withheld. It is anticipated that during times of significant change a USCC will meet more frequently than the minimum specified in this clause.
II. The Chairperson of the USCC will be the Chief Executive or Chief Operating Officer. In the event that the Chief Executive or Chief Operating Officer is unavoidably prevented from attending the USCC, his or her nominee will chair the meeting.

III. The Health Service will be responsible for providing secretariat support, which will include the keeping of minutes, preparation and distribution of agenda prior to the meetings, and distribution of the minutes as soon as possible following a meeting of the USCC. The minutes should also be displayed on accessible staff notice boards.

IV. Where a union head office representative is unable to attend a meeting and a local nominee attends instead the minutes will in any event be forwarded to the union head office.

V. The health facility will provide a meeting venue and will be responsible for any additional costs, such as travel, associated with the attendance of workplace delegates at meetings.

XIII. Attendance by workplace delegates will counted as time worked and will be managed in accordance PD2006_097, Trade Union Activities.

VI. Where the time and expense involved in personal attendance at meetings makes participation via teleconference or videoconference more practical, this should occur.

VII. The conduct of the business of the USCC should be as transparent and as accessible as possible to members of the USCC and those they represent, including the provision of relevant documentation when requested from time to time, relevant to deliberations of the USCC.