

Industrial Consultative Arrangements

**Summary** The Policy Directive provides clear procedures for consultation on a range of employee matters throughout the NSW Health Service.

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**Distributed to** Ministry of Health, Public Health System, NSW Ambulance Service, Health Associations Unions

**Audience** All Staff of NSW Health

## Industrial Consultative Arrangements

### POLICY STATEMENT

The industrial consultation arrangements are intended to provide NSW Health Services with clear procedures for consultation on a range of employee matters throughout the NSW Health.

### SUMMARY OF POLICY REQUIREMENTS

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

The arrangements recognise the need to consult broadly throughout NSW Health and to provide ways to consult with a particular industrial organisation where its membership is specifically affected by an initiative or matter.

Where significant organisational change is occurring, it is expected that more meetings than specified in this Policy Directive will be necessary.

This Policy Directive applies to all Health Services. Any enquiries regarding industrial consultative arrangements must be directed to human resources staff in the relevant organisation. Only human resource staff are to contact the Ministry.

### REVISION HISTORY

Version	Approved By	Amendment Notes
PD2024_001 January 2024	Deputy Secretary, People, Culture and Governance	Policy Directive transferred to new PDS template. No substantive change to content
PD2019_059 December-2019	Deputy Director People, Culture and Governance	Revised policy to update and consistency of terms relating to the NSW Health Service
PD2011_002 January-2011	Deputy Director, General Health System Support	Revised policy on establishment of Local Health Networks and setting out transition arrangements
PD2005_397 October-2004	Director General	Policy regarding industrial consultative arrangements for amalgamation of Health Services. Previously Circular 2004/75

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## **1. BACKGROUND**

This Policy Directive sets out procedures for consultation across the NSW Health Service.

It has been developed to ensure that there is an effective structure that enables broad consultation and consultation committees having well defined roles, responsibilities and processes in place.

It is expected that where significant change is occurring, more meetings set out in this Policy would be necessary.

## **2. PEAK HEALTH INDUSTRIAL CONSULTATIVE COMMITTEE**

### **2.1. Role**

These meetings are intended to promote communication and understanding between NSW Health, the Health Services Union (HSU), NSW Nurses and Midwives Association (NSWNMA), the Australian Paramedics Association (APA) and the Australian Salaried Medical Officers' Federation (ASMOF) on major state-wide issues and reforms.

The meetings are a forum to deal with

- State-wide issues in the health industry, including provision of health services
- Exchange of information and views, particularly concerning major initiatives and reforms
- Matters unable to be resolved at Joint Consultative Committees
- Matters unable to be resolved elsewhere.

More specific issues and disputes will continue to be managed at the appropriate organisational level.

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

### **2.2. Membership**

- Deputy Secretary, People, Culture and Governance
- Executive Director, Workplace Relations
- Director Industrial Relations
- 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.

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## **2.3. Process**

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

Papers setting out the background and purpose of each agenda item are forwarded to the Ministry's Workplace Relations Branch two weeks prior to each meeting. The Ministry will forward an agenda with copies of all papers one week prior to each meeting.

Minutes will be prepared as soon as possible following each meeting and will be forwarded to each participant, and to the Office of the Minister for Health.

## **3. JOINT CONSULTATIVE COMMITTEE (JCC)**

### **3.1. Role**

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

The JCC will:

- Discuss corporate strategies and organisational change
- Consult on issues that will impact employees
- Consult on policy implementation and organisational change issues
- Deal with matters of Health Service wide significance and matters which cannot be resolved at a health facility level
- Attempt to resolve issues and disputes that 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.

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

### **3.2. Membership**

The JCC membership will include:

- The Chief Executive (CE) or Chief Operating Officer (COO) and other Health Service management considered necessary by the CE or COO to give full and proper effect to outcomes or matters to be actioned
- The respective union head office representatives or nominees, including a representative or nominee of the trades group of unions
- Up to four workplace delegates each from the Health Services Union, NSW Nurses and Midwives' Association, the Australian Paramedics Association and Australian Salaried Medical Officers' Federation and one delegate representing the trades groups of unions.

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

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

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

The Committee may allow non-member observers and advisers to attend meetings to facilitate the process where specialist advice is required.

### **3.3. Process**

The JCC will meet at least quarterly, and is to be scheduled to maximise the ability of participants to attend. Unions and management can seek a special meeting where the circumstances warrant, by notifying the Chairperson of the meeting request 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.

Minutes from the most recent Staff Consultative Committee meetings are to be made available to the JCC for both background information and, where relevant, deal with a particular issue.

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 operation timeframe. Such a committee would consider the issue and report and/or make recommendations to the JCC.

The respective Health organisation will provide secretariat support. Members are to notify any agenda items at least two weeks prior to the scheduled meeting. Meeting Agendas must be sent to members one week prior to the scheduled meeting. Minutes from the most relevant and recent Staff Consultative Committee meetings should be included in meeting papers as background information. JCC Minutes will be distributed as soon as possible after the meeting, and will also be provided to the relevant Staff Consultative Committee.

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

The respective Health organisation 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. Where the time and expense involved in personal meeting attendance makes participation via teleconference or videoconference more practical, this should occur.

Attendance by workplace delegates will be counted as time worked and will be managed in accordance with the NSW Health Policy Directive *Leave Matters for the NSW Health Service* ([PD2023\\_045](#)).

The Chairperson of the JCC will be the Chief Executive. Where the CE or COO is prevented from attending, his or her nominee will chair the meeting.

While all business conducted by the JCC are to be as transparent and accessible as possible, it is recognised that certain commercial in confidence or similar material, may from time to time come before the JCC. In these cases, usual confidentiality arrangements apply.

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## **4. STAFF CONSULTATIVE COMMITTEE (SCS)**

### **4.1. Role**

The SCC is a forum for consultation and discussion between management, unions, their delegates and employees at each health facility. Functions are performed outside the facility (e.g. administration, warehousing, community nursing, etc.) management and unions should agree on the viability of the SCC in those circumstances or the most suitable location for consultation.

The SCC will:

- Discuss organisational issues, including organisational change as it relates to the particular facility.
- Consult on issues that will have an impact on employees at the health facility.
- Consult on policy implementation and organisational change issues.
- Generally deal with issues that have a health facility focus, including award/agreement conditions and issues.
- Attempt to resolve issues in relation to any of the above matters where it is reasonable and appropriate to do so.

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

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

### **4.2. Membership**

The SCC membership will be:

- Health facility management
- Union delegates nominated by respective unions.

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

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

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

Health Service management will be represented at a level considered necessary by the CE to give full and proper effect to outcomes or matters agreed to be actioned.

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

### **4.3. Process**

The SCC will meet quarterly, with any party being able to seek a special meeting where circumstances 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 meetings will be convened at times of significant change.

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

The Chairperson of the SCC must 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.

The health facility will be responsible for providing secretariat support, and distribution of the minutes as soon as possible following a meeting of the SCC. A copy of the minutes should be forwarded to the Chairperson of the Work Health and Safety (WHS) Committee for information. Minutes should also be displayed on accessible staff notice boards and/or facility intranet.

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

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.

Attendance by workplace delegates will be counted as time worked and will be managed in accordance with NSW Health Policy Directive *Leave Matters for the NSW Health Service* ([PD2023\\_045](#)).

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

The conduct of the business of the SCC must be as transparent and 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.

## **5. UNION SPECIFIC CONSULTATIVE COMMITTEE (USCC)**

### **5.1. Role**

The USCC is a forum for consultation and discussion between management, a specific union, their delegates and employees 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.

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.



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- Consult on policy implementation and organisational change issues.
  - Generally deal with issues that have a Health Service focus.
  - Attempt to resolve issues and disputes that may arise in relation to any other of the above matters, where it is reasonable and appropriate to do so.

The USCC will not participate in industrial matters that are being handled through ordinary negotiations or disputes processes between management, unions and employees.

## 5.2. Membership

The USCC membership will be:

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

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

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

## 5.3. Process

The USCC will meet quarterly, with any party being able to seek further meetings where the circumstances 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.

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.

The Health Service will be responsible for providing secretariat support. The minutes must also be displayed on accessible staff notice boards and/or intranet. Where a union head office representative is unable to attend a meeting, and a local nominee attends instead, the minutes will be forwarded to the union head office.

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.

Attendance by workplace delegates will be counted as time worked and will be managed in accordance with NSW Health *Leave Matters for the NSW Health Service* ([PD2023\\_045](#)).

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

The conduct of the business of the USCC must be as transparent and 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.