

24<sup>th</sup> October 2018

Mr Simon van Vegchel  
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Public Service Association of New South Wales  
160 Clarence Street  
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Via email: [svanvegchel@psa.asn.au](mailto:svanvegchel@psa.asn.au)

Dear Simon

**Re: PSA Submission on the Care 2020 Service Delivery Model**

Thank you for raising the matters in your letter of 22 October 2018 and icare appreciates the positive role you and the PSA have had in communicating this process of change.

We provide below the questions that you have raised and our responses. Should there be any further matters raised by your members we would appreciate the opportunity to respond to these through meeting and ongoing discussions.

Questions posed and icare's response: -

1. Are there any proposed arrangements that would allow existing staff who took an RCM role to return to their previous role? The PSA recommends that there be a six-month opportunity for staff to request a right of return.

*Employees who are successful in their application to the role of Rehabilitation Case Manager (RCM) will only have the opportunity to apply for the role of Senior Coordinator/Coordinator/Review Officer at the time of the next vacancy in that role.*

2. There has been some discussion as to establishing a review panel to monitor the RCM role with PSA delegate participation, given that the service delivery model is a significant change can the scope of this review panel be expanded to include the whole of the 2020 Care Service Delivery Model?

*A working group will be established to receive and discuss information on the operation of the special flexible working hours provisions which will apply to the RCMs. This forum will focus solely on ensuring that the position operates effectively and is sustainable in the longer term. There are already appropriate management governance structures in place to oversee the care 2020 SDM implementation and this includes active staff participation in a range of workshops for the design of processes and technology which underpins the model.*

3. Due to the field-based requirement for the RCM, a lot of concern has been raised in relation to the proposed Extended Bandwidth, Core-Time and potential for work overload. The PSA seeks an assurance from icare that staff opting to undertake the RCM role will still continue to have access to flexi-time and Award conditions such as travelling compensation, meal expenses on One-Day Journeys and Overtime.

*Information circulated to all Care employees on 17 October details the special working hours provisions which will apply to the RCMs. This information confirmed that the special provisions would work in harmony with the provisions of the Motor Accident Authority Flexible Working Hours Agreement and icare's Award. The working group will review the special provisions to ensure that an appropriate balance is struck in the workload associated with responding to participants needs and the flexible working hours benefits associated with the Agreement. Staff appointed to the new roles will receive icare's support to ensure their success.*

4. Is there an expectation that if staff have finished their work for the day or not even started (e.g. Get a call at 7 but planning to start at 9am or finished at 3pm and get a call at 4:30pm), are they still expected to respond to participant needs if they receive a call/ email requiring follow-up outside their planned work hours? If they do provide this additional work, will they be entitled to claim overtime allowances?

*There is no expectation for the RCM to be on call 24/7. This aligns with our expectations of current external case managers. This area was addressed in recent information circulated to all staff on 17 October.*

5. As the RCM, is a new role what consideration has been given to any additional training needs and how will this be provided taking into account existing workloads?

*icare will ensure that the successful applicants to the position of RCM are equipped with the necessary skills and knowledge to effectively perform the position. The business is conducting a series of training needs analysis workshops to ensure this is covered.*

6. No information has been provided regarding size of caseloads for all the roles (new and existing), nor what happens to the caseloads of the staff who remain as Coordinators?

*This will be a work in progress as we receive applications for the new positions and determine the process of transition to the new Service Delivery Model (SDM). Staff will be consulted and communicated with as we work through the process.*

7. Concerns that some teams may not have a Review Officer and what impact that this will have on existing roles that undertake this work?

*If there is an immediate shortfall in Review Officers following recruitment to the new roles, we will look at how we can bridge the gap.*

8. Are there any changes/improvements to the existing technology and tools that are expected to facilitate the first stage of the rollout and make the process of change more efficient for teams?

*Yes, there has been considerable work completed this year through a series of workshops to identify the business technology requirements to support the new SDM. It is anticipated that the roll out of the first stage can be completed with revisions to the existing technology while Care awaits a GLT decision about the future technology strategy.*

9. What will happen to the Duty Role (Parramatta)? Will remaining Coordinators be expected to do Duty twice as often (or even more often) given that there will be fewer Coordinators per team?

*The function will continue in the new structure and we will work with the teams to ensure that it is appropriately distributed as is currently the case. This will be reviewed, in the context of the number of successful applicants in the new positions, to ensure continuity of appropriate access to icare is provided to our participants.*

10. Who will cover the RCM and Community Living Facilitator (CLF) when they are out of the office, on leave, etc.? Will Coordinators be paid to act up if they are required to cover those roles?

*Coverage for periods of leave for RCMs and CLFs will be managed by the Team Leader and the Regional Manager, consistent with the practice for other roles. Where an employee performs a higher role then the normal Higher Duties provisions will apply.*

11. Will staff be consulted about what teams and/or regions they will be placed in? For example, if you are in a team that covers Southern NSW at present, can you be asked to go to the Western NSW team and vice versa?

*The notes circulated to all staff on 17 October provided the following guidance: -*

- Staff wishing to apply for an RCM role who will operate from the Parramatta office location can indicate their preference for working in the Southern or Western regional teams*
- Staff wishing to apply for an RCM role who will operate from the Newcastle office location will only be asked to support participants living in the Northern region*
- Staff wishing to apply for an RCM role who will operate from the Sydney office location will only be asked to support participants living in the Eastern region*

12. The Team Leader Role Description is ambiguous, and concerns have been raised as to the 'customer liaison' component in the role description. The PSA understands that this is currently under a trial and members do not believe that it should be in the role description until such time as the trial has concluded.

*Yes, this is correct, the customer liaison function is being trialled in each of the regions until the end of this year. How this function is implemented in the new model will be worked through when the new teams are in place. There are a number of different ways that this is being implemented, in the current trial arrangements, and it may be appropriate to continue with this in the new model.*

13. Concerns that there is not consistency across the different teams as to the scope of the Team-Leader role.

*The intention is that all team leaders will operate in a substantially similar manner and icare will work to ensure that the team dimensions and diversity are roughly equivalent. As with several matters raised, this will need to be addressed when the final composition of each of the teams are finalised.*

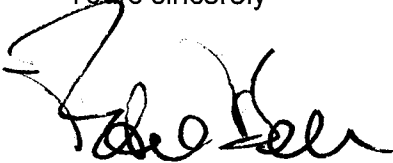
14. Has any consideration been given to the impact on the PSO roles workloads, particularly given that there will be more field-based work?

*The workload of PSO roles is already currently informed by field based work and shifting from external providers to an internal capability for field based work is not*

*expected to change the volume of work currently undertaken by the PSO. The current PSO role is the point of contact regardless of whether it is an internal or external enquiry. icare will continue to review the workload of each position to ensure that an appropriate balance is achieved across all teams.*

Please do not hesitate to contact me should any matters arise from our responses.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Bell', written in a cursive style.

**Peter Bell**  
**Head of Employee Relations**  
Insurance & Care NSW