Government of South Australia
SA Health

Consultation Summary Proposed Remote Health Monitoring (RHM) Consolidation

Rural Support Service September 2025

Consultation summary background

An information session regarding the Proposed RHM Consolidation Project was held via video conference on Tuesday 8 July 2025 with the staff in scope. This session provided information about the proposed structure to all in scope staff and was recorded for staff who were unable to attend.

Consultation was intentionally delayed in response to union feedback, to ensure staff had adequate time and space to understand the RSS Realignment Program before engaging further.

Once the consultation period was determined, staff and the relevant unions were provided with information including the consultation paper, Frequently Asked Questions (FAQs) document and final ZED report. Staff and unions were invited to provide feedback regarding the Proposed RHM Consolidation.

An additional face to face meeting was held on Monday 15th September, with non-nursing staff to address the concerns raised as part of the feedback.

Feedback was received from the staff in scope and the ANMF. A formal response to the ANMF addressing some of the concerns, was sent from the RSS Wednesday 30 July 2025.

Summary of consultation feedback

THEME	FEEDBACK	RESPONSE
NURSING STRUCTURE		
Leadership structure	Program sustainability, strategic direction, and virtual market competitiveness require a strong nursing and staffing framework. Resistance to change has increased workload, fragmented teams, and delayed service integration Simplifying the leadership structure would enhance communication, reduce conflict, and foster innovation.	The proposed clinical leadership and governance structure establishes a comprehensive framework with clear procedures, reporting mechanisms, and scalability to support future growth.
Recruitment	All positions should be publicly advertised regardless of their current contract status. Recruitment must be merit-based and aligned with program needs RN 3 and RN 4 roles and responsibilities need to be clearly defined. CN positions should be advertised publicly with min 5-year general nursing experience and additional skills in digital health. Recruit to a minimum FTE of 0.5 (less FTE exceptional candidates) to maintain communication, professional development, and portfolios. Multiple ANUMs with defined portfolios would support leadership development and ensure active management of safety and education.	The recruitment process will be merit based to ensure we get the right applications to for the proposed consolidated service. Advertising will not be limited to current employees. Current permanent staff will retain their positions. Additional positions may be considered as part of future service growth depending on the service requirements
Rostering/shift structure	Clarification is needed on the revised morning shift start time, recommend 7am shift staff reduce on call cost and maintain client safety for clients who monitor before 8am.	Shift times will be based on service needs and informed by analysis of client behaviour. The aim is to implement an evidence-based, client-driven roster that supports safety and reduces on-call costs.

	A 7pm shift finish would support follow-up calls and new admission assessments, helping to lower operational costs and mitigate clinical risks. Proposal to shift the 10am start to 12pm to support twice-daily monitoring and reduce on-call workload.	
A.H/Weekend/P.H rostering	Weekend and public holiday coverage: Current rostering of one 4-hour CN shift is insufficient to manage workload. Will current VCC staff participate in the on-call roster?	Weekend, public holiday and after-hours rostering will be determined by the service requirements. Yes, if recruited to the RHM service
Leave entitlements	Will nursing staff be employed on a 7-day roster with 6 weeks annual leave?	This will be dependent on the advertised role, rostering arrangements for weekend/on-call shifts, and operational needs meeting the arrangements within the Nursing Enterprise Agreement
SCIENTIFIC AND TECHNICAL STRUCTURE		
Service impact of changing MES1 to ASO4	Change in classification of 1.0 FTE MES1 to ASO4 could cause staffing resource issues and possibly increased cost. Current workload managed by 2 scientist is already substantial and has been running efficiently as a multidisplinary service. Change in classification from MES1 to ASO4 does not consider scientific work across multiple programs. Reduces resilience against staff shortages and unexpected leave. ASO unable to participate in on call roster Reducing MES will decrease staff available to participate in on-call roster and provide 24-hour coverage to other iCCnet services (e.g. Point of Care, cardiology hotline, kits distribution/maintenance)	Proposed resourcing reflects the need of the RHM service and there is no change in total FTE for non-nursing service support. The proposed resourcing is within budget. MES may be recruited to the multiclass MES/ASO4 position initially depending on the needs of the service. No change in current support model for other functions The proposed structure provides the oppportunity to review the support provided to other services (e.g. cardiology hotline) and if the role description requires the MES position.

Loss of specialist skills	Introducing specialist ASO4 roles may reduce team flexibility and increase strain on remaining scientific staff. Replacing MES role with two ASO4 roles does not accurately reflect the full scope of the MES role (e.g. execution, analysis and interpretation of findings) Replacement of MES role with two ASO4 roles threatens the existence of single remaining MES role and could result in no medical scientist roles within the structure.	The service model is evolving into an enterprise solution, with increasing reliance on IT skills and application support to meet changing operational requirements. The MES skill set will be retained, with end-user device support provided across multiple service streams.
ASO6 role loss of supervision of staff.	Current ASO6 role can be the first point of contact for resolving minor leaving more major issue to be at a higher level. Suggest ASO6 managing the technical and administration team members and then ASO6 reports up to MeS5 resulting in a more productive workflow, streamlining important issues that need to be addressed. The ASO6 would need technical knowledge of the RHM program, and this is how it is currently functioning to very good effect	The proposed organisational structure reflects the needs of the service and industry best practice. AS06 role is a project support role (currently no business support function) and not a “business as usual” technical support services role. .
Clinical and Professional Oversight.	The current ASO6 role is held by a credentialled scientist who provides operational and clinical leadership and in partnership with casual MES2 is responsible for clinical supervision CPD and training in accordance with the procedure for Credentialling Allied Health & Scientific Health Professions, under the guidance of the Chief clinical advisor, RSS.	This has been noted.
Proposed structure	The proposed structure provides a clear and well-defined nursing hierarchy with adequate FTE to support leave and professional development, which is lacking in the technical team. Lack of management layers between MES, ASO and TGO roles creates operational challenges	There are no changes to the current FTE The proposed organisational structure is different to the functional (day to day) structure of the proposed consolidated model.

	The absence of higher-classified roles capable of independent decision-making is contradictory. Either more support and appropriate classifications are needed across programs, or the structure assumes minimal managerial oversight is required. ASO2 and TGO1 staff have consistently performed ASO3-level duties over multiple years, warranting consideration for reclassification. Limited opportunity for professional development or career progression within this team Why has all the scientific staff been removed? Assigning the TGO position to report solely to the MES may reduce support to non-clinical teams rather than enhance it	The roles will reflect the requirements of the proposed consolidated service. Once the service consolidated service is established opportunities such as career progression can be reviewed. MES role has been maintained as a multiclass position and is within budgeted FTE
ADDITIONAL FEEDBACK NOT DISCUSSED IN THE CONSULTATION PAPER		
General comments	Monitoring and escalation are guided by clinical need and client presentation. Triage of client should be on clinical need and out of hours monitoring can be covered by late shift or on call staff. Reduced quality and reliability of scientific services. There is a strong concern that the consultation process has not been fair, safe, or balanced. The iCCnet Scientific team feels misunderstood, undervalued compared to other teams, and dismissed during discussions. This lack of recognition is reflected in the proposed team structures impression of a lack of respect and regard for the supporting roles which are instrumental in the success of both programs Senior project officer role will become a “sales” focused role without any direct relationship to the technical team	Not discussed in the consultation paper. This will be an operational decision. The consultation process has included supply of the consultation paper, staff presentation, staff meeting, encouragement to discuss your manager, union engagement and the process has been lengthy. The technical expertise of current staff and the contributions of the multidisciplinary team are highly valued, with a focus on enabling roles to take on tasks aligned with their specialist skills and continuing collaborative practice. The roles will reflect the requirements of the proposed consolidated service.

	The nursing structure is more clearly defined suggesting a lack of understanding and value of the technical team's role. Current multidisplinary team is already operating efficiently. Fails to acknowledge iCCnet team have underpinned the VCC service since its inception or acknowledge the financial burden of this support.	The proposed consolidated structure will formalise and integrate the existing support from the technical services.

For more information

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