

17 January 2022

Mr Gerard Hayes
Health Services Union
L2/109 Pitt Street
SYDNEY NSW 1215

Attention: Jeremy Lappin – Industrial Officer

Via email: Jeremy.Lappin@hsu.asn.au and secretary@hsu.asn.au

Dear Mr Hayes,

Re: Dispute: Change Management Plan, Administration Services - New Maitland Hospital (NMH)

Thank you for your correspondence dated 7 January 2022 and the subsequent discussion via the Dispute Committee meeting held on the same date providing your members feedback and the HSU response and proposals for resolution. New issues raised in your correspondence dated 12 January 2022 are included in the following response:

Delayed timeline

We maintain that a delayed timeline is required to work through each of the remaining issues adequately. Many of the proposed changes can and should occur after the move to NMH planned for 19 January 2022.

Response:

It is acknowledged that many of the proposed administration changes will occur after the move to the new site on 19 January 2022 and that there is a commitment to continue to work with staff and the HSU to resolve the concerns presented.

Lower Hunter Section (LHS) Administrative Review

*We provide the following feedback in relation to the document provided to the HSU on 23 December 2021 titled "Lower Hunter Sector Administration Review" (**Review**).*

The Review is significantly flawed and should not be relied on to increase workloads or decrease staffing in any area, for the following reasons:

- 1. the Review provides that the LHS has the fastest growing population in the Hunter New England region, which justifies a significant increase to staffing levels,*
- 2. the Review states the move will be a "same level transfer", which has apparently now been abandoned,*
- 3. the Review confirms the EMCH review was undertaken during a reduced period of work and therefore cannot be used to justify any changes, let alone a reduction in staff,*
- 4. the Review benchmarks Maitland against Tamworth and Manning Base Hospitals, which are much smaller than Maitland, undermining the basis for any changes,*

5. the Review identified WHS risks associated with reception counters being unscreened, other security concerns, a noisy environment, no privacy and risks of exposure to COVID, and HNELHD has taken no steps to address these significant concerns,
6. the Review relies on the regrading of a position to reduce FTE in another position, which is not an appropriate way to assess or allocate FTE,
7. the Review fails to explain how Birthing/Day Stay/SCN/ICU moved from 0.5FTE to 2FTE administrative support (which we have no objection to), at the expense of other departments (which we object to), and
8. the Review identifies the high workload at EMCH associated with subpoenas and nonetheless a reduction

HSU Proposal: *Considering the substantial flaws and apparent issues with the Review, all issues identified by the HSU and its members must be addressed, and the Review should not be relied on as a basis to reject the HSU's and its members' proposals.*

Further, the HSU proposes that HNELHD maintain all suggested increases to staffing (for example, the increase to Birthing/Day Stay/SCN/ICU coverage, and abandon all decreases (for example, the decreases to some Staff Specialist areas and front of house).

Response:

As previously advised a "same level" transfer principle is in place for the New Maitland Hospital meaning that there is no increase in additional administration staffing for current services transferring to the new site.

The multistorey layout of the new hospital and the co-location of services across those floors will differ to the current site. This has necessitated the need to review the existing administration roles and where required reallocate FTE that best supports the operational requirements of the respective Departments. While changes and reallocation of administration staff may be necessary, no staff member will be required to work outside of the scope of the position or grading, noting that some duties may change due to a change in work processes or new technologies.

Where new services such as the Chemotherapy Unit come on line at the new hospital later in 2022, additional administration support will be provided.

Work Health and Safety Walkthrough

The Work Health and Safety Walkthrough document clearly evidences the minimal and inadequate consideration of WHS issues associated with the move to the new hospital. It is implausible that all WHS risks associated with the move have been properly identified in two pages.

We remind HNELHD that they carry the burden to ensure all WHS risks are eliminated, so far as reasonably practical. That includes taking steps to identify any WHS issues beyond requiring staff to self-identify WHS risks.

HSU Proposal: *HNELHD to ensure no risk of injury exists from the WHS issues identified in this letter (particularly those related to understaffing and the risks associated with direct*

access of the public to staff). Further, HNELHD to review its proposed changes in the context of the move to NMH to identify any other WHS risks with a particular focus on security and safety risks and risks associated with excessive workloads.

Response:

Workloads of staff will be monitored following the move to the new site as it has been done at the current site. WHS risk assessments will continue to be undertaken as per usual processes across all services to identify any safety issues and work towards eliminating those risks any risk reported by staff members.

Workloads, understaffing and the risk of injuries

We restate our position that much of proposal is unreasonable and will likely lead to physical and psychological injuries if implemented in its current form. This is because the proposal provides no increase to current staffing levels despite the number of patients and population being dealt significantly increasing historically and into the future, that staff will provide more coverage of inpatient units and will take on work from all 45 outpatient clinics (increased from nine), staff will undertake new or different duties, staff will provide administrative service to more Staff Specialists, and staff will work in new and unfamiliar locations. Those circumstances create a clear and significant risk of increase workloads, job creep, overworking, increased stress, job dissatisfaction, and high staff turnover. Those issues will be exacerbated by the fact that Administrative Staff are commonly unable to take annual or other leave because of a lack of relieving staff (an issue which is accepted by HNELHD in its correspondence, although the extent is challenged).

We note that no, or very little, assessment of the risks associated with the increased workloads and changed work practices has been undertaken by HNELHD despite HNELHD holding the primary duty to ensure risks of injury are eliminated.

Further, the significant risk that sharing the administrative services between Staff Specialists without clear guidance to those Specialists about workflows and expectations of Administrative Staff, is likely to lead to conflict both between specialists and between specialist and administrative staff.

HSU Proposal: *We propose to increase Administrative Staffing in line with the parts of the proposal to increase staff (for example, by increasing administrative support to the Emergency Department), with no decrease to staffing in any area.*

We further propose an increase in Administrative Staff to meet the likely increase in work associated with broadening administrative support to Staff Specialists, inpatient units, and outpatient clinics.

Response:

As stated above a “same level” transfer principle is in place for the New Maitland Hospital meaning that there is no increase in additional administration staffing for current services transferring to the new site.

Hotdesking / Activity Based Work (ABW)

We maintain the issues identified in our previous correspondence. We further note that no guidelines about the use of hotdesking / ABW have been released for consultation with 12 days before the proposed move.

HSU Proposal: We propose that staff are provided the option of working from a single or primary workstation if they wish to opt out of hotdesking.

Response:

As previously advised an Activity Based Working Group has been meeting fortnightly to identify and resolve any issues raised in relation to the ABW space. Two Administration Officers are representatives on this Working Group whose roles has been to provide feedback to staff about the ABW and for them to raise any concerns of the Administration staff. Guidelines for the use of these spaces and a process for staff who may have individual needs will be provided to staff on their arrival at the new site.

At this point in time there is no option for staff to opt out of hotdesking. The Lower Hunter Sector Executive will work closely with staff after moving to these spaces to monitor and resolve any identified issues.

Speech to text

We note that HNELHD accepts that no speech to text changes have been made at Maitland Hospital despite its initial assertion that speech to text would justify a reduction in staff because of associated efficiencies. This further undermines the basis upon which HNELHD proposes to increase administrative workloads without increasing FTE.

Response:

The use of Speech to Text technology will be implemented at the New Maitland Hospital as soon as it is scheduled by the Communications Unit to commence its implementation. It is expected that the introduction of this technology will result in a reduction of Dictaphone typing for administration staff.

Emergency Department

Members are concerned with the proposal to implement further shifts falling outside of usual business hours. Particularly, the risks associated with travelling to and from the workplace after hours, break coverage, and staff potentially not receiving adequate breaks between shifts. Staff are also concerned that rosters are currently being release with as little as 2 weeks' notice and that the new system may worsen this situation.

HSU Proposal: HNELHD to provide staff with their preferred shifts and/or an option to not work shift work

HNELHD to ensure rosters are posted as soon as practicable prior to their commencement. HNELHD to put in place measures to ensure the safety of Administrative Staff travelling to and from work after late-afternoon or night shifts.

Response: The Emergency Department operates 24/7 so it is necessary that some Administration positions are required to be rostered across day, afternoon and night shifts. While every effort is made to roster staff to their preferred shift times it is not always

possible when producing a roster that needs to be fair and equitable in the allocation of shifts. If an employee does not want to work shifts, they have the option of applying for other positions within the Local Health District that may better suit their personal preferences.

The posting of rosters occurs in line with Award requirements and staff will be aware of their shifts prior to their commencement at the new site. Security will be available to accompany staff to their vehicles at the end of shift. Emergency points are located throughout the car park.

East Maitland Community Health Service

HSU Proposal: HNELHD to abandon the proposal to reduce FTE at EMCH.

Response: A further assessment of the administration support requirements to EMCH will be undertaken to determine if the reduction of 1.0 FTE is feasible.

Other WHS risks identified

We note that members have raised the following further WHS risks:

- 1. chairs apparently to be used in public waiting areas are easily picked up and may be used as projectiles, and*
- 2. no lockable doors, no prevention of the public entering administrative front of house work areas, and no security presence.*

Your Proposal: *HNELHD to assess the chairs to be used in the waiting areas. If chairs may be used as projectiles, assess and replace with a safer option. HNELHD to ensure employees work behind secure entry points so as not to be exposed to the public generally.*

Response:

A thorough and rigorous tender process was undertaken in selecting the supplier for the fit out of furniture in the public waiting areas. There will be a mixture of seats available in these waiting areas including single seating such as tub type chairs, lounge type seating and multiple row seating.

The District will undertake a further WHS Risk Assessment to assess the chairs selected for use in waiting areas and if necessary will replace with a safer option.

All access gates will be reviewed and will be secured with a lockable gate with signage that it is a staff only area. A Safe Haven is in place with a fixed duress system easily accessible by staff.

Other issues to be resolved

Our members have expressed the following further concerns:

- 1. under-desk drawers provided for Administrative Staff are two file depth drawers, which provide inadequate and inappropriate storage for staff in those areas. Some staff would prefer the three-drawer option, two shallower drawers above one deeper drawer.*
- 2. In the open plan areas, there is no way to work privately and confidentially.*
- 3. It is unclear what the impacts will be on our members currently working in roles which may be subject to changes in FTE (for example in paediatrics, orthopaedics, cardiology, anaesthetics).*

Your Proposal: HNELHD to respond and take action to resolve each of the above issues.

Response:

- 1. Under Desk draws:** there is no capacity to change the configuration of the under desk draws provided. The move to a “paper light” office approach reduces the necessity for staff to store work items. Staff will be provided with access to an individual locker while on duty for storage of their personal items and where they will be able to store their work tote which will hold work related items.
- 2. Privacy & Confidentiality:** staff who are working in ABW spaces will have the ability to book and use single rooms for a period of time throughout the day if they require privacy or confidentiality when undertaking sensitive duties.
- 3. Possible FTE changes to specific roles:** any decision to change individual roles and FTE will be undertaken with consultation with the affected individual.

Administrative Employees

Outpatients

Administrative employees working in outpatient clinics have expressed many concerns with the proposed changes. We again request HNELHD appropriately resource administrative services with a significant increase in FTE to assist in addressing the follow issues (in addition to the issues already raised).

Regarding workloads:

- members are concerned that more experienced employees with more training will be expected to take on much of the burden of teaching less experienced staff as well as higher workloads without any further resources being provided, and*
- members are concerned that the expectation to manage a greatly increased number of clinics and new processes will lead to significant increases in workloads and unreasonable expectations to ensure the service runs effectively despite under resourcing. We remind HNELHD that employees can only be expected to undertake reasonable workloads and should not be requested to work at an unsustainably high pace nor should they be requested to work unreasonable amounts of overtime. If HNELHD has not properly resourced the services it proposes to provide at the New Maitland Hospital, employees should not be expected to fill that gap.*

Response:

As previously advised, currently at the existing Maitland Hospital there is no dedicated Outpatient Department so outpatient clinics are run in various departments across the site.

The creation of an Outpatients Department at the new hospital means that we will now have consolidated the 45 existing clinics to operate from this new department which will operate under the management of the Outpatient & Planned Surgical Access Manager and together with the introduction of new technologies such the patient QFlow system will provide a better patient experience.

It is acknowledge that staff will receive training in these new systems while “on the job” and it may be necessary for staff to support each other as they learn these new systems as they do now.

Regarding management or employee performance:

- management have indicated that staff may be reprimanded if they are unable to process administrative tasks as efficiently as other staff members – that is an unreasonable and draconian approach to the introduction of these significant changes.

Management must provide sufficient guidance, support and training to enable employees to work as effectively as possible having regard to their prior work experience and training. We remind HNELHD that unreasonable expectations may lead to psychological and other injuries, and failure to meet unreasonable work expectations would not justify discipline.

Response:

It is acknowledged that the move and adjusting to a new work location and new work processes by impact staff members differently including work output while adjusting to new ways of working. Where new work processes or new technology has been introduced for staff it is our responsibility to ensure that appropriate and adequate training has been provided to staff and that they are competent in its use. Employees would not be subjected to reprimand if their work out is less than a colleagues. It would be the expectation that additional training would be provided to the person concerned in an effort to see their performance improve.

Regarding new systems, information, guidance and training:

- there has been little or no information provided to individuals in relation to the positions which they will fill or the work which they will be required to undertake on moving to the New Maitland Hospital,
- there has been little or no information and training provided to individuals in relation to the expectation to work across a range of new clinics, specialty areas and with new staff,
- with only a week until the proposed move, there has been no guidance or information provided regarding how to escalate issues within individual clinics, and
- no training has been provided in relation to new phone systems, Q-Flow, RIMS, or changes to/differences in medical billing in relation to the new clinics.

Response:

It is acknowledged that training in the new systems such as Q-Flow and RIMS will occur on the job and after the move to the new site as delays had been experienced with the introduction of the QFlow system. As we are currently working within the bounds of the "status quo, it has impacted our ability to provide information and training to individuals to support their transition to the new site and to new work processes.

Members require the above information, guidance, and training as soon as possible.

Other information/logistical issues:

- employees will be required to work from one (down from two) computer screen, which will cause very significant losses to efficiency,
- all outpatient referrals are being referred to one number with no identification of the relevant service causing inefficiency,
- contact information for the New Maitland Hospital, including relevant addresses and phone numbers, have not been provided to administrative employees and is inhibiting their ability to appropriately manage and plan future clinics,
- new IT systems may either be non-operational or unable to be operated by staff because of a lack of training,
- there is currently no guidance on how checking-in / rebooking appointments will work in the New Maitland Hospital, and
- all referrals will be put through RIMS with insufficient staff trained in the system.

These issues will cause significant losses to efficiency and impact the services being provided at the New Maitland Hospital if not promptly resolved.

Response:

There is no requirement for all staff to be provided with two computer screens. The fit out of work stations and the allocation of computer screens was Where one computer screen has been provided... in the ABW space

Outpatient referrals will be managed by a central phone number

Contact information for the New Maitland Hospital will be provided to staff on their arrival to the new site. Management and planning for future clinics will have this information available.

New IT systems will be functioning on the move to the new hospital. Training will be provided to staff and IT specialist staff will be available to staff to assist in issues resolution.

The QFlow system training will provide guidance on the checking in and rebooking appointments procedure for patients.

RIMS training will be provided to staff who require this training.

Finally, we understand that some administrative staff are not being actively included in meetings with management. That is inappropriate and should be remedied immediately. Further, we understand that the exclusion may relate to union membership. If employees are excluded from any workplace activity on the basis of their union membership, the HSU would immediately take that matter to the appropriate court or tribunal.

Response:

I am concerned by this feedback and will ensure that all administration staff are invited to attend any meetings with management that is relevant to any proposals that may affect their position, as you state regardless of the union membership or otherwise.

Yours sincerely,

A handwritten signature in black ink, appearing to read "C Osborne".

Christine Osborne
A/General Manager
Lower Hunter Sector