

7 January 2021

Ms Christine Osborne
Hunter New England Local Health District

By email: Christine.Osborne@health.nsw.gov.au

Dear Ms Osborne

RE: Change Management Plan – Administration Services – The New Maitland Hospital (NMH)

The Health Services Union (**HSU**) has sought and received feedback from members in relation to the further information and responses provided by HNELHD. We write to express our views on these matters.

We also refer to our previous correspondence and the outstanding issues therein, particularly those related to understaffing, work health and safety (**WHS**), a lack of information and consultation with administrative and clinical staff impacted by the proposed changes, and the short period of time within which these substantial changes are planned to be implemented.

We note that if no appropriate amendments are made to the proposals, particularly with respect to staffing levels and safety concerns, we intend to file a section 130 dispute in the NSW Industrial Relations Commission shortly after receiving HNELHD's response to the HSU's proposals.

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.

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 of staff is now proposed.

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).

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.

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.

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.

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.

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.

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.

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.

Kurri Kurri Hospital Weekend Coverage

We note the appropriate abandonment by HNELHD of changes to Kurri Kurri Hospital administrative services.

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.

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.

East Maitland Community Health Service

It is now apparent that the assessment of administrative services at EMCH was undertaken during a reduced period of activity and HNELHD has no other basis on which to reduce administrative services in this area.

Staff remain overworked, under resourced, unable to take leave, and stressed. Patients have been angry and abusive because of the consequences of understaffing such as being unable to attend to all phone calls.

Proposal

HNELHD to abandon the proposal to reduce FTE at EMCH.

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.

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.

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).

Proposal

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

Conclusion

We again restate our view that to ensure the well-being and safety of all staff, ensure patient safety and the quality of work currently provided, and safeguard the delivery of health care to the public, all of the above issues must be resolved, and sufficient time must be allowed for that to occur.

Yours sincerely



Jeremy Lappin
Industrial Officer
Health Services Union
Email: Jeremy.Lappin@hsu.asn.au