

7 January 2022

Ms Christine Osborne
Hunter New England Local Health District

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

Dear Ms Osborne

RE: Dispute – New Maitland Hospital (NMH) – Proposed Security & Wardsperson Model

We write regarding the dispute in relation to the Proposed Security & Wardsperson Model (**Proposed Restructure**) and the responses and further information recently provided by HNELHD to the HSU. The HSU has sought and received feedback from members and provides the following responses.

We note that if no appropriate amendments are made to the proposals, particularly with respect to staffing levels, 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.

Security Risk Assessment

We provide the following feedback in relation to the document provided to the HSU on 23 December 2021 titled "Security Staffing Risk Assessment Tool" (**Risk Assessment**).

The Risk Assessment provides recommendations that are grossly inconsistent with the Proposed Restructure. It would be completely inappropriate for HNELHD to implement the Proposed Restructure knowingly in contradiction to its own Risk Assessment.

Those inconsistencies are as follows:

1. 24/7 coverage by 2 Security Officers – not included in the Proposed Restructure,
2. casual pool to provide coverage – not included in the Proposed Restructure, and
3. designation of all positions as either Security or Wardsperson with no cross over of duties.

Further, the Risk Assessment underestimates the required security presence because:

1. it compares recommends the alignment of NMH staffing to the staffing of Tamworth and Calvary Mater Hospitals – hospitals much smaller than NMH in both size and patient load,
2. it likely under-assesses Security workload presumably on the basis of reported incidents,
3. it mentions but does not account in its recommendations for the increase in violence in the LGA, the increased workload associated with the Mental Health Emergency Department, and that security trained employees will often be taken away from duties for long periods on code blacks.

Proposal

At a minimum, HNELHD implement its own recommendations: two Security Officers on each shift 24/7 and immediately recruit for a casual pool to cover guarding requirements and leave (subject to those casuals being made permanent where the pool is regularly relied on).

Further, we request HNELHD answer the following questions:

1. On what basis has HNELHD decided to ignore its own Risk Assessment and recommendations therein?
2. Why has HNELHD decided to staff NMH Security at a lower level than that of smaller hospitals such as Calvary Mater Newcastle and Tamworth?

Staffing levels

We understand that as recently as today Maitland Hospital is struggling to adequately staff Wardsperson and Security positions. That is a strong indicator that the staffing levels at the NMH will be inadequate.

Security staffing

Despite the addition of 1 FTE to Security positions, staffing levels remain inadequate. In accordance with practices at other smaller hospitals, and the internal recommendations contained with the Risk Assessment, HNELHD must ensure adequate staff are recruited and funded to have two Security Officers present 24/7.

Staffing numbers should not include the manager of both Security and Wardspersons. We understand the manager position will be a multisite role which will necessitate offsite travel, likely involve a large workload, and be required to attend regular meetings. Those duties will prevent the manager properly providing the second security presence during the day.

Wardsperson staffing

The rosters provided show four employees working in Wardsperson/HSA roles and one Security Officer. Currently, five employees work in Wardsperson/HSA roles and take on Wardsperson duties. Thus, the proposed rosters show a *reduction* of one employee undertaking Wardsperson duties as compared to the current staffing at the Maitland Hospital. That is contradictory to the proposal to *increase* Wardsperson staffing and is inappropriate having regard to the current high workload of Wardspersons, the increase workload associated with the larger footprint of the hospital and the additional imaging machines needing to be accessed by patients.

Understaffing of Wardspersons will interfere with patient care, particularly urgent transfers from ED or for emergency caesareans from birthing suite, put Wardspersons under additional pressure, increase their already high workloads, and put patients at risk.

Proposal

All five current Wardsperson roles to be maintained and additional FTE allocated to ensure two Security Officers are on duty 24/7.

Wardsperson travel times

We provide the following feedback in relation to the document provided to the HSU on 23 December 2021 titled "Travel and Motion Travel Paths".

We note the significant increase travel time from ED to imaging (from approximately 2 to 3 minutes – a 150% increase). Considering the large number of transfers undertaken on this path, this is likely to equate to a significant increase in workload.

Proposal

Continue to monitor Wardsperson workloads, including by seeking feedback from Wardspersons and clinicians and monitoring response times, with a view to further increasing Wardsperson FTE over time. Maintain the current Wardsperson coverage, with no reductions in employees undertaking Wardsperson duties.

Rotating of employees through positions and remuneration

We note the apparent abandonment of HNELHD's proposals to act in accordance with the Anderson Report, to remove HSA positions by attrition, and to allocate employees exclusively to Wardsperson or Security positions. Further we note the response of HNELHD that if HSAs choose to work as either Wardspersons or Security exclusively, they should be remunerated accordingly.

The HSU objects to HNELHD's new proposal to rotate members through Wardsperson and Security positions once every three months for the following reasons:

1. this does not align with the Anderson Report and will cause role confusion, tension between employees, rostering and staffing issues, and reduce the expertise required in both roles,
2. employees cannot organise their lives on the basis of being moved into different shift lengths and shift patterns once every three months,
3. there will be significant administrative, rostering and HR issues created by this proposal, and
4. it is unclear how leave and ADOs will be managed.

Proposal

The HSU proposes that HNELHD abandon the proposal to implement three monthly rotating rosters.

The HSU further proposes that HSAs be given the option to choose their preference of either Wardsperson duties exclusively, Wardsperson/HSA duties, or Security Officer duties exclusively.

Impacts on particular employees

Some members have individual work arrangements made to suit their personal circumstances. It is unclear in the information provided to date whether these work arrangements will be maintained.

Proposal

The HSU proposes that HNELHD maintain all individual work arrangements on an ongoing basis.

Questions posed by members

Members have posed the following questions:

1. How will employees be selected for transition into Security or Wardsperson roles?
2. What will be the shift start/finish times for Security Officers?
3. Who will make up the code black team?
4. Who will lead the team when the manager is off-site, on leave or otherwise unavailable?
5. For over 30 years the night shift has been the 1st shift of the day on rosters, if that remains the case, the new rosters show employees working from afternoon directly onto night shift (i.e. 16 hour shifts). Is that correct?

The HSU requests an answer to each of the above questions.

Yours sincerely



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