

1. *For at least the past 10 years BDH has had a full-time employee in the CID with relief provided by JHH CID on an ad lib basis. Although this has caused issues, having a rotation from the JHH to BDH is not a viable or sustainable solution.*

**Management said:** the current incumbent has been working at Belmont for the past 4 years, not 10. He asked to work at Belmont on a permanent basis. Prior to this the position was rotational.

**Note:** members disagree with this history of the position. HNELHD are to provide the HSU with the rosters showing that the position was rotational for only the past 4 years.

2. *The JHH CID already has significant staffing and workload issues. Each staff member has more than enough work to justify their position. The workplace has no capacity to have a staff member rotate to BDH. JHH CID is not currently sufficiently staffed to provide adequate leave relief. Worsening the conditions by requiring staff to rotate to BDH will likely cause further resignations and dissatisfaction.*

**Management said:** this is not a relief position. It is part of the established FTE for JHH who provide a service to Belmont Hospital. The position has already been recruited to. This will not impact on JHH workloads as it is part of the FTE for the JHH CID. HNELHD have recruited 3.53 FTE recently bringing staffing to full FTE (aside from those on leave).

**Note:** the HSU reiterated during the meeting that workloads are too high, staffing is inadequate and that implementing rotations to Belmont from the JHH will worsen staff morale and lead to further staff turnover. The HSU again requested more staff to ensure employees can take leave and be backfilled.

3. *3The cost to the business will be significant. All travel in excess of usual travel time to the JHH will have to be compensated in accordance with clause 13 of the Conditions Award.*

**Management said:** the LHD have sought feedback from staff who are willing to rotate to Belmont Hospital as they live close to the hospital.

**Note:** the HSU asked for an assurance that staff not willing to go to Belmont will not be forced. HNELHD gave that assurance in the current context of having 6 staff willing to rotate, but refused to assure the HSU that will remain the case in the future.

4. *Further costs to business include multiple security access cards, multiple Adobe Pro subscriptions, and the costs of training staff across multiple sites in the context of regular staff turnover.*

**Management said:** yes staff will need to have the appropriate access cards and be given training. As previously discussed having enough appropriately trained staff to

go to Belmont reduces the risk of backfilling the role during short notice and planned leave. Service provision can be maintained at Belmont Hospital under the proposed rotation. Management also said that HNELHD currently pay for a hire car to regularly transport records from Belmont to the JHH to be scanned and indicated that no review of those costs or the impacts of that process had been undertaken. Further, management indicated that having a single bank of six scanners and IT support at the JHH made it the appropriate place to undertake scanning work

**Note:** the HSU requested any cost benefit analysis that had been performed regarding having staff located at Belmont permanently.

5. *Employees may be able to refuse the direction to report to another place of work in circumstances where fuel prices are very high, they are very low paid, may not have their own transport to work, and have organised their lives around working at the JHH. Employees are only required to adhere to reasonable and lawful directions from their employer. A direction to rotate to BDH may not be reasonable in the circumstances..*

**Management said:** t the proposal to resume a rotation to Belmont Hospital is a reasonable lawful direction and the LHD is not asking staff to do anything outside of their current duties.

**Note:** the HSU reiterated that staff that are significantly impacted by the additional travel to Belmont because they do not have a car, use public transport, have family drop them at work, or who live significantly close to the JHH than Belmont may not need to follow the LHD's direction to attend work at Belmont. The HSU will assist any member in those circumstances.

6. *There are very limited public transport options for people to travel from the suburbs around the JHH to BDH.*

**Management said:** not sure if this is an issue if staff have expressed an interest to rotate to Belmont Hospital but always happy to have individual discussions with staff if this impacts on them.

**Note:** the HSU said that this currently applies to some staff and those staff should not be required to travel to Belmont at any point.

7. *Because of the significant negative impacts on members' lives, there are insufficient staff willing to work at both the JHH and BDH to allow rotations to take place. The proposed solution will not be sustainable. However, there are some staff (according to management) keen and willing to work at BDH on a permanent basis because they live closer to BDH than the JHH.*

**Management said:** as per point 3 above staff have expressed an interest in wanting

to rotate to Belmont Hospital than JHH. Six staff have expressed interest, some being part-time.

8. *A permanent employee at BDH provides optimal continuity and day to day management of the workload.*

**Management said:** as previously discussed this puts service provision and patient safety at risk in the event of being able to back fill leave. Our understanding is that we don't believe this to be a significant issue for most staff in CID and staff have advised they would participate in a rotation to Belmont Hospital. If staff do not wish to participate in rotating to Belmont we are happy to consider their request. Rotation would be fair to all interested and provide the cover for part-time staff, planned and unplanned leave. HNELHD confirmed they had not spoken to administrative or other staff, other than senior management, about having multiple employees rotate through Belmont each year.

**Note:** the HSU noted that no staff who work with CID at Belmont have been consulted and that must be done before making any change. The impact of not having a regular staff member staff Belmont will be significant.

9. *Some JHH CID staff have been required to work at BDH on an ad hoc basis without additional travel time payments made in accordance with clause 13 of the Conditions Award (travel and fares). That issue should be investigated and rectified immediately through backpay to those impacted.*

**Management said:** that despite having been notified of this, they had yet to look into it. Management agreed to investigate and report back to the HSU within 3 weeks.

**Note:** the HSU would like to hear from any person who has been required to work at Belmont when JHH was their accustomed place of work if it is further to travel to Belmont than JHH (this does not apply to those specifically employed to do relief work at multiple sites).