

Grafton Hospital: Management response to motion

Dear Member,

The HSU has received a response to the motion raised at the last sub branch meeting. The responses are below and attached to this newsletter.

Please take the time to read the responses and share this newsletter with work colleagues.

Your sub branch will meet on Monday 24 February to consider these responses.

HSU Sub Branch Motion	Response from Management
<p>Grafton Base Hospital Branch of the HSU have grave concerns in respect to the culture at Grafton Base Hospital (GBH) as manifested by behaviours representing bullying including but not limited to abusive, insulting comments, rude and aggressive language, public humiliation, demeaning and derogatory comments, unfair rostering practices to deliberately inconvenience particular employees, excessive scrutiny at work.</p> <p>Members observe these behaviours on a daily basis and believe they are having a negative impact on the workplace environment whereby individuals are experiencing psychological distress in the form of low morale, job dissatisfaction and burnout.</p> <p>Given this the Branch requests the implementation of Section 3 of the “Prevention and Management of Workplace Bullying in NSW Health” PD 2018_16 to identify, assess and control factors leading to workplace bullying.</p> <p>Members have no faith in the process to raise individual grievances within the organisation and due to the broad and systemic nature of the problem and complexity of issues in question feel this implementation should be undertaken by</p>	<p>This is identical to a motion we received from the NSWNMA. I share your members concerns about workplace bullying. The latest PMES results show that this remains an area of concern for staff respondents. I don't agree that an external review is the best way forward. I think the main and first thing to be addressed is that it appears that some members have no faith that the process works. This is an area where this is poor understanding of what constitutes bullying and in many cases no formal complaints are made to utilise the process and enable management to follow up on concerns.</p> <p>Due to my position, I am aware of many examples where complaints have been formalised and investigated and appropriate remedies have been implemented. However these are usually confidential to the staff member under consideration so other staff may not realise that suitable actions can result. I will engage with Workforce to see what they can suggest, and I would be happy to work with HSU on strategies to address any perceived bullying.</p> <p>Workforce Learning & Development Unit are preparing a raft of education</p>

<p>someone external to the organisation with the appropriate skills and experience in dealing with psychosocial hazards.</p>	<p>strategies for staff and management to be offered in 2020.</p>
<p>Grafton Base Hospital Branch of the HSU Resolve that permanent Part-time staff be offered extra hours in line with the Ministry's Rostering Resource Manual. i.e. PPT staff be offered extra hours before casuals.</p>	<p>PPT are routinely offered extra shifts. Saying that, we have to give casuals enough work to keep them interested as it is imperative for service delivery that we have an available job ready pool of casuals.</p>
<p>Grafton Base Hospital Branch of the HSU resolve that the Hospital rule out any move of transferring cleaning to HealthShare.</p>	<p>There is no proposal to transfer LHD cleaning staff to HealthShare. This was just raised as a possible option during the Support Services Manager consultation and is not being pursued.</p>
<p>The Branch supports the creation of the Clarence Support Manager on the proviso that administration is also under the new position.</p>	<p>I have written to you separately on the Support Services manager proposal. I couldn't see the synergies between Wardspersons/Cleaning and Administration. The skill set we would be attracting in applicants for the Support Services Manager are very unlikely to include Admin experience. You explained that the rationale was so the Admin staff might aspire to the HSM position. We already have AO5 and AO6 positions that we have trouble covering with AO2 and AO3 staff unwilling to apply for these positions.</p> <p>(Refer also to attached letter)</p>
<p>Grafton Base Hospital Branch of the HSU calls on the LHD to advise staff of what flammable cladding is remaining at Grafton Base Hospital. Staff have the right to know as the current levels of secrecy is not conducive to keeping us safe.</p>	<p>There is no secret about this; I have reported before in our WHS meetings that only certain panels were replaced (those above doorways and emergency exits). This was Risk Assessed by Health Infrastructure and is intended to allow safe evacuation of the building in the event of a fire.</p>

In unity,



Gerard Hayes
Secretary, HSU NSW/ACT/QLD



21 January 2020

Mr Peter Kelly
HSU Organiser

Dear Mr Kelly

CLARENCE SUPPORT SERVICES MANAGER

The purpose of this letter is to advise your organisation of the result of consultation undertaken regarding the proposed change to reporting lines for Domestic Services and Wardspersons within Grafton and Maclean Hospitals.

As you will recall, the proposal was simply to delete the existing GBH Support Services Manager position, and create a Clarence Support Services Manager which will be responsible for all relevant departments at both sites.

I sent my proposal to you, along with the draft position description, on 23 October 2019, requesting feedback within 2 weeks. On 8 November, you responded with a series of resolutions from a Branch meeting which had been held on 28 October. This included the following:

The Branch supports the creation of the Clarence Support Manager on the proviso that administration is also under the new position.

The question of including Administration staff under this manager was surprising. Your explanation was that this may create some sort of career path was noted. However, I believe the skill set we would be looking for in a Support Services Manager would tend to exclude those with any significant familiarity with Administrative workflows.

A general staff meeting was held about the proposal at GBH on 5 November 2019, which was mostly a question and answers session.

It was evident at the meeting that some wardsmen were cautious that the content of their work may change and they may be expected to undertake more cleaning. I emphasised that this was not the case. It was also apparent that some staff have concerns about the selection of the manager. I emphasised at the meeting that an external recruitment process would be followed to ensure that we attracted the best possible candidates. Some staff provided feedback on the proposal, but it was agreed at the meeting that a written proposal would be circulated to staff inviting feedback. This proposal also included the organisational structure and the position description and was circulated on 5 November with feedback invited until 22 November. In this document, I reiterated:

An experienced manager, externally recruited, would be a great help to the Nursing Directorate. This model is in place elsewhere in the District and is working well.

There is no proposal to change the way the departments work or to alter the content of staff's jobs.

On 11 November you emailed me that the HSU members "did not want to be managed by the cleaning leading hand. We also note that the reporting change is a major change under the award and we seek consultation."

I reiterate that I have engaged with HSU in a transparent consultative process since I first wrote to you in October. This has been ongoing.

I received numerous written feedback (mostly emails) from Wardsmen/HASA and some from Cleaners. I had two people visit me in person. I also received a document in the form of a petition signed by 12 Wardsmen/HASA.

Most of the feedback was from Wardsmen/HASA who preferred to remain under the direct management of Nursing. They emphasised that theirs is a clinical support role and they wanted to preserve this. However, no operational difficulties with the proposed manager were raised through the consultation.

The DDON is arguably the busiest operational manager in GBH. She is responsible for bed management, staffing, mortuary, clinical practice, coaching of NUMs and support to the DONM. To have her also directly managing 20 wardsmen/HASA is an unnecessary burden and a distraction.

I really respect the attitude shown by the wardsmen that they value the teamwork involved with nursing. This would not change under the proposed manager. Many wardsmen and cleaning staff also mentioned the positive working relationships that already exists between those two groups.

A suitably experienced Manager would foster these working relationships and be responsible to the Nursing Service.

Now that we have canvassed the views of the HSU and the staff I am now in a position to make an informed decision in the best interests of the hospital. I now intend to initiate external recruitment for a Clarence Support Services Manager as soon as practicable.

Thank you for the HSU input into this proposal.

Yours sincerely



Dan Madden
General Manager