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PSA submission to Te Whatu Ora

Proposal for Consultation:

Hospital and Specialist Services: Group Director of Operations and National Functions

# Introduction

### The Public Service Association

The New Zealand Public Service Association Te Pūkenga Here Tikanga Mahi (the PSA) is the largest trade union in New Zealand with over 89,000 members. We are a democratic organisation representing members in the public service, the wider state sector, local government and non-governmental organisations working in the health, social services and community sectors. We have over 23,000 members at Te Whatu Ora.

The PSA believes that maintaining a high functioning, valued and experienced workforce provides for a quality service for the people who use the service, which is also a critical factor for stakeholders.

### PSA Approach to Restructurings and Reviews

The PSA recognises that change will be necessary to achieve the 5 key system shifts of the health reforms and that change will be a feature of developing and creating Te Whatu Ora. This submission contains constructive and specific recommendations on both the process and substance of the current change proposals.

As a union, the PSA has considerable experience of change proposals and their effects upon staff and service delivery and is not resistant to change. Our focus is on:

* **Employment and job security:**
	+ Maximising opportunities for redeployment, development and training and minimising job losses.
* **Worker voice:**
	+ Ensuring PSA members can have a say in the decisions about whether and what change is needed.
	+ Ensuring PSA members can have a say in determining any formal process for implementing any change.
* **Fairness and transparency:**
	+ Ensuring change processes are procedurally fair and transparent.
	+ Ensuring decision making processes are transparent.
* **Ensuring any change promotes sustainable services, high performing productive workplaces and decent jobs:**
	+ Mobilising members’ knowledge to improve the efficiency and quality of services and jobs.
	+ Once the change has been implemented, monitoring the impact on services and workloads.

#### Collaborative approach

A collaborative approach to change produces better outcomes and maintains productivity. How change happens and how workers are engaged in the design and delivery of new structures is crucial.

The importance of clear communication around change processes is a core principle for the PSA. This has also repeatedly been upheld by the courts. Goddard CJ adopted the following propositions from a 1993 Court of Appeal judgement (Communication and Energy Workers Union v Telecom NZ Ltd [1993] 2 ERNZ 429) as a guide to employers and employees.

If there is a proposal to make a change, and such change requires to be preceded by consultation, it must not be made until after consultation with those required to be consulted. “**They must know what is proposed before they can be expected to give their views.”** (see Port Louis Corporation).

This does not involve a right to demand assurances but there must be sufficiently precise information given to enable the person to be consulted to state a view, together with a reasonable opportunity to do so. This may include an opportunity to state views in writing or orally.

The requirement for consultation is never to be treated perfunctorily or as a mere formality. The person or body to be consulted must be given a reasonably ample and sufficient opportunity to express views or to point to problems or difficulties (see Port Louis Corporation).

Consultation must be allowed sufficient time.

### This submission

The submission reflects feedback from PSA members at Te Whatu Ora, who provided written comments and participated in group discussions.

This submission responds to the Hospital and Specialist Services: National Functions and Hospital and Specialist Services: Group Director Operations proposals. Much of the feedback remains on the process and reflects both proposals.

This submission will be accompanied by a submission that explicitly responds to

# Our members support the health reforms.

Our members have always been very supportive of the goals of the health reforms and embraced the benefits a unified health system could bring. Our submissions to the Pae Ora Healthy Futures Bill were enthusiastic and our members welcomed the formation of Te Whatu Ora and Te Aka Whai Ora. In order for these reforms to succeed Te Whatu Ora will need to build a culture and practice of listening to workers.

# Consultation Process

The Hospital and Specialist Services consultation documents are the latest wave in a series of Te Whatu Ora consultation processes. Throughout this process the PSA has drawn Te Whatu Ora’s attention to the problems in the consultation process. While we note that there has been some movement towards greater engagement, many of the issues that we have raised with previous consultation documents remain. As a member said:

Overall, this is yet another helicopter change proposal that lacks the detail required to provide informed feedback. Little thought seems to have been given to resourcing clinical workers to engage in the feedback, short notice engagement forums do not support engagement for clinical workers.

### Meaningful response is impossible without adequate information

As with previous change proposals, our members raised concerns that they did not have sufficient information to provide a meaningful response. In some cases key pieces of information were not included in the proposals. For example, without job descriptions and knowing the scope of roles, how can members make comment about the proposals?

In other cases the information was there, but was de-emphasised. For example, on page 9 of the National Functions document there is a diagram of the National Director Structure. This diagram only focuses on leadership roles and does not give any indication that roles below those indicated are affected by this change proposal. It is not until people get to page 18-34 that the implications for other roles are clear. As well as making it hard to give quality feedback, focusing on the implications for leadership roles in a change proposal and only providing information about other workers in appendixes sends a clear message. Throughout this change process we have repeatedly stated that Te Whatu Ora is focusing on leadership roles on the overemphasising leadership roles and not providing sufficient information about the impact on the rest of the organisation.

*In our members’ voices*

The whole thing seems very top management focused. I don't see any real changes for me at the bottom - but I may be wrong - how would I know? There is a lot of opportunity to give feedback but I don't really understand what I'm meant to feedback on that would relate to my position and my work.

Without job descriptions it is hard to know what these new roles will cover. This lack of detail makes it hard to make informed response to the changes.

**Recommendation 1: The next step of this change proposal, and all other Te Whatu Ora change documents, provide job descriptions and information about the implications for the entire workforce, not just leadership roles.**

### Lack of information of current state

The PSA has again and again raised concerns that change proposals have been made without sufficient information about the current state. This document seems no different, it does not contain an outline of the current state and our members had questions about where parts of their work would go and where their roles fitted (we will address some of these in the substantive portion of feedback). Lack of information about the current state is an obstacle to workers seeing themselves in the proposals and exacerbates the problems outlined in the previous section. We reiterate what we have said before – without good data about the current state it is impossible to produce a robust change proposal.

**Recommendation 2: The next step of this change proposal, and all other Te Whatu Ora change documents, contain a map of the current state as well as a proposal for change.**

### IEAs

The PSA has repeatedly raised its concern with Te Whatu Ora at the process proposed for those workers on Individual Employment Agreements (IEAs). This change document reproduces previous documents blanket statement that all current IEA terms and conditions will be removed and replaced with a Te Whatu Ora IEA. Te Whatu Ora proposes to remove any grandparented terms and conditions a worker may hold with no discussion occurring. If Te Whatu Ora proceeds in this way in may be a breach of Te Whatu Ora’s good faith obligations. We are concerned that we have repeatedly raised this issue, but the same language is being used in consultation documents.

**Recommendation 3: Te Whatu Ora clarifies its intent for those on IEAs to ensure a fair process is conducted when/if IEA’s are amended and that Te Whatu Ora meets all its obligations under the Employment Relations Act 2000.**

# Substantive Feedback Hospital and Specialist Services

PSA members support the substantial steps forward towards equity in this proposal. Members particularly mentioned the Director Māori Services role and the Manager, Disabled People’s Health.

### Administrative roles

Across both the National Functions and Group Director of Operations roles there are recommendations to disestablish administrative roles due to the disestablishment of teams . These have taken place without fully mapping the work that those roles currently do. Often as well as their named support role those in administrative roles take on a number of other functions. In order to avoid overwork and burn-out it is essential that the full work that roles currently do is mapped and reallocated.

*In our members’ voices*

It is not clear where the mahi undertaken by the [disestablished] admin staff, that needs to continue, is going to be transferred to. This appears to have been overlooked in the proposal and I do not believe it can all be absorbed.

**Recommendation 4: That restructuring involving admin staff only proceed once the full scope of work currently being undertaken is mapped and the proposal include where all functions will be moved to, not just the job title.**

### Manager Clinical Outsourcing and associated roles

The PSA and our members are very concerned that this proposal entrenches in current outsourcing, rather than investing in Te Whatu Ora and staff to ensure the capacity exists in house. Members were unsure what clinical outsourcing was in scope. Te Whatu Ora’s structures should encourage capacity building in house, rather than develop a long term plan for outsourced clinical services. The health charter (currently in draft) undertakes that "Services that can be delivered inhouse shall be delivered inhouse." Te Whatu Ora should not set up structures that directly run counter to the principles outlined in the health charter.

*In our members words*

The presumption to outsource based upon lack of current capacity and workforce shortages should not determine the future state … currently around 50% of orthopaedics are outsourced to private in Waikato, where there are adverse events, these patients are transferred back into the public system.

Director of Strategy Planning and Purchasing, GM Prioritisation and Investment – the roles reporting have a focus on “outsourced clinical services”. What are these outsourced clinical services?

This is health. Health cannot be the market and deliver our basic human rights, and avoid ridiculous waste. This has been demonstrated in so many ways. As workers in the public health system we need to shore up and grow (back) health services that are public funded directly, not more NGOs, contractors, and so forth.

**Recommendation 5: That the title and scope of the Manager Clinical Outsourcing (and associated roles) be revised to ensure that Te Whatu Ora’s structures do not encourage outsourcing. Resourcing internal capacity, particularly internal capacity to insource work that is currently done outside Te Whatu Ora will be essential.**

### Clinical Lead Integrated Urgent and Emergency Care, Acute Models of Care and Post Hospital Care – 0.4 FTE

Our members expressed concern that the FTE allocated to these roles was insufficient for the substantial responsibilities.

The proposal shows limited understanding of who these Regional Network Clinical Leads are and how a 0.4 FTE role could possibly succeed in engaging with leads across regions.

0.4 FTE is concerning for National roles of this magnitude.

**Recommendation 6: That the FTE, scope or both of the new clinical lead roles be reconsidered.**

### Leadership Specialist Mental Health & Addiction

Our members appreciated the acknowledgement of the importance of Mental Health and Addiction work in the proposal. We would like to see more emphasis on the voice of workers in this structure, including explicit discussions of the importance of developing service delivery and work practices with workers and unions.

*In our members voices:*

There are going to be changes; it requires a joint union/employer approach to ensure good decisions are made. It appears that there will be a national directorate. I assume that their approach will be around ensuring specific outcomes; this could lead to changes in service delivery and work practices. Without full collaboration with union/delegates/members I'd be concerned how this would play out.

**Recommendation 7: That the responsibilities of the new Mental Health & Addiction roles emphasise the importance of working with workers and unions.**

### NRA Roles

Our members raised particular concerns around NRA roles, which were proposed to be disestablished without any explanation. Some of those roles had people reporting to them and there was no indication of what would happen to these roles or the projects they lead.

**Recommendation 8: That a full justification be given for any role that is going to be disestablished and roles are fully mapped before being disestablished.**

### Clinical Coding and Medical Transcriptionists

Our clinical coding members have expressed concern throughout this change process that they were not being considered. In this change document Clinical Records and Coding Managers move reporting lines and business functions, but there is no acknowledgement of what this means for Clinical Coders.

We reiterate our submission under Data and Digital, reproduced here. One key area where there was a lack of clarity and explanation was the placement of functions such as Medical Transcription and Clinical Coding. There are references in the document to clinical coding manager and team moving to HSS. There was no explanation of or justification for this move. Those in Medical Transcription had even less clarity, with some mentioning in passing that they were moving, but no documentation. Our members expressed a preference for staying with Data and Digital and having that key support. Whatever happens it is vital that members who work in these functions can have input into the structure. In order for this to happen, there will need to be a document that is clear about where these roles are going and how the function will work.

*In our members’ voices*

We currently sit under Data & Digital and after attending the consultation there was little information about Clinical Transcription, all that was said was one sentence. 'Clinical Transcription Service will come under Hospital Specialist Services’ but there is no documentation of the change that I have seen.

There is nothing good about the proposed role of Coders being put under HSS. This is a backward step as approx 7-8 years ago we reported to support services. The difference once we came under DE was huge in that there was insight into the importance of good clinical coding, reporting, education and development and staffing which did not occur under Health Services and Admin.

Clinical Coders need clarity on who and where we will be reporting to, like what was announced for the Business Intelligence team.

**Recommendation 9: Te Whatu Ora engage with Medical Transcriptionists and Clinical Coders to identify what support and relationships they need and create a structure that reflects those need. This structure should then be fully consulted on with full information about how the structure and roles will work.**

# Recommendations

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