



PSA submission to Te Whatu Ora

Proposal for Consultation:

Procurement and Supply Chain

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 85,000 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 25,000 members at Te Whatu Ora.

The PSA believes that maintaining a high functioning, valued and experienced work force 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 workers at Te Whatu Ora: delegates, members and non-members.—Two surveys were carried out, one entirely qualitative and one qualitative and quantitative.

This submission opens with comments on the process of this restructure as a whole, particularly the lack of information.—Then it moves onto the specific proposal for Procurement and Supply Chain. The most important message from our members is that they strongly support the goals of this change, but developing this proposal without engaging with the existing workforce in hospitals has created unnecessary risk.

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.

As long as it's tika and pono and enables us to expand into areas that have never been accessible to our kaimahi before, change is something I'm all for if it means improving our services.

Our members still see the value of the changes that were promised. Our members were most positive when they were speaking about the possibilities of reforms and the changes that they wanted to see:

I hope that systems/areas from the old DHBs are streamlined so that we are all working from the same systems.

Hopefully a focus will be on more equitable care, and less duplication of roles.

Hopefully it will help with transfer of staff through the hospitals and repeated information / training for them, repetitive training done once.

This submission will outline the very negative experiences our members have had with the restructuring process. – We emphasise that this negativity comes because of the experiences people have had within Te Whatu Ora and of restructuring. The mismatch between support for the goals of the reforms and negative experiences of the process shows the imperative for Te Whatu Ora to take this feedback seriously and revise their practices.

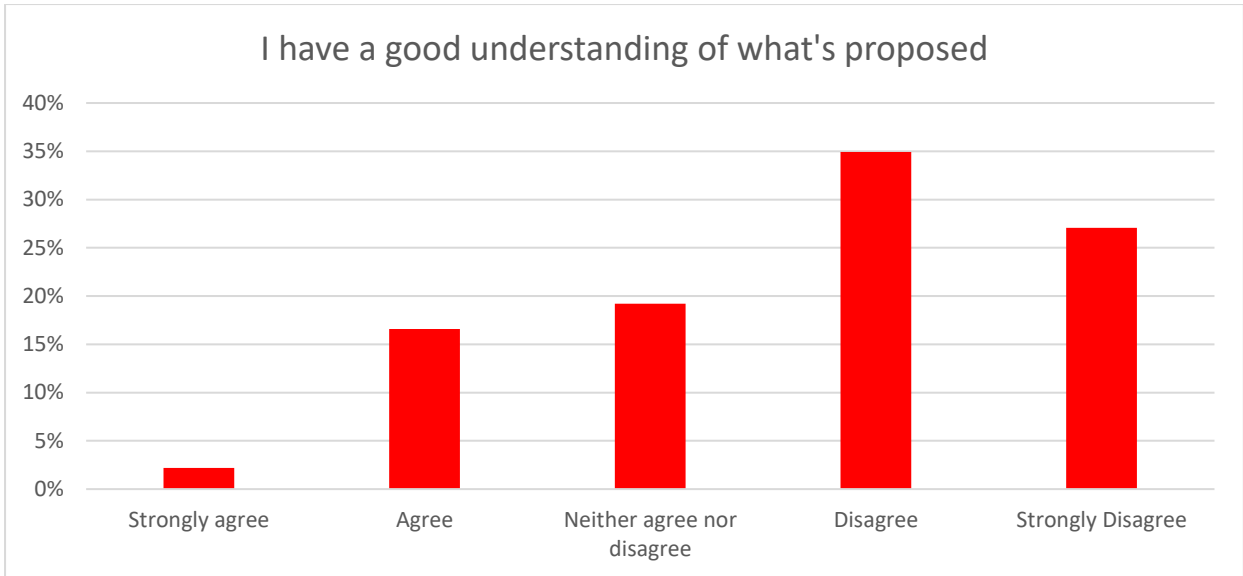
The Change Management Process – Overall

This section is about Te Whatu Ora's change process overall. – Our members have a range of experiences and there was obviously a range of practices across geographical areas and consultation documents. – This summary focuses on the major themes our members discussed.

Our members don't have the information they need.

The information is too vague to make an informed comment.

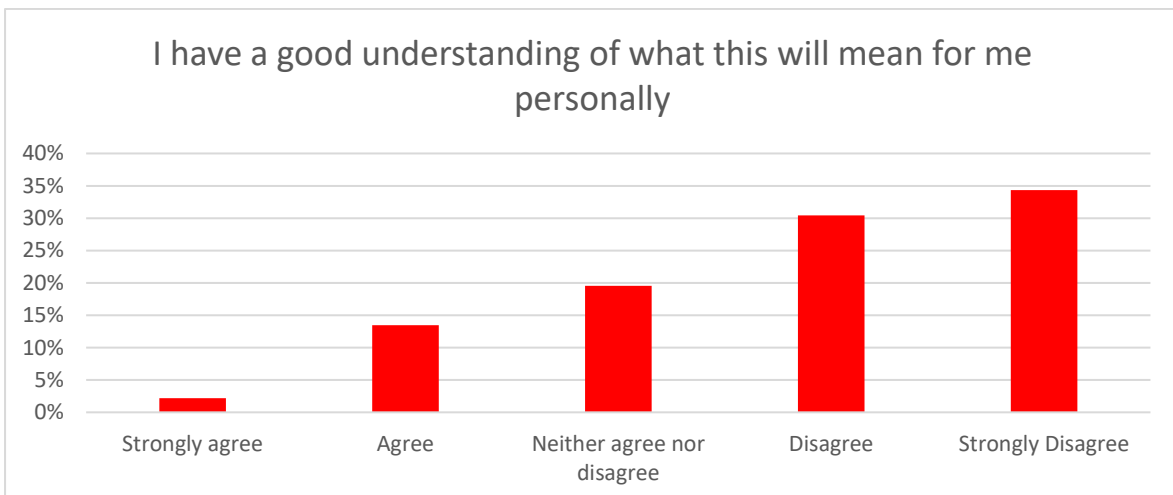
I don't know what's going on and I'm afraid I'll lose my job.



The overwhelming response from our members was that they did not understand the change proposal and did not know what impact it would have on their work. The two comments quoted above were repeated over and over, as members were very clear that neither the information, nor the way it was presented were clear. Just 16 per cent of those who responded to our survey said that they felt they had a good understanding of the proposal.

Our members were very clear that the proposals had not been effectively communicated to them. They specifically mentioned the language of the document and the approach of all staff hui as obstacles. Members mentioned that the approach of all staff hui further suggested that management did not understand the current state. Members described questions not being answered and lack of clarity in communication.

Communication to our members has not been done well. Members did not have the information to understand the changes and also a lack of clarity around the operating model. Just 15% of members agreed that they understood what it meant for them personally.



In our members' voices

The more consultation I have, the more confused I am about where my role and that of my counterparts across the region will fit.

We have no idea what is going on in our department in regards to proposed line change as no one got back to us after we gave feedback. We are left in limbo.

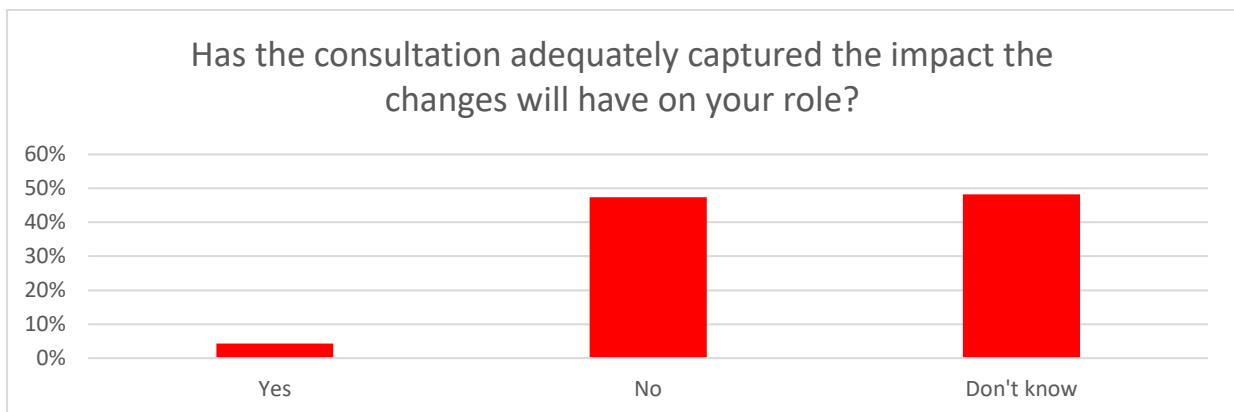
They have held hui to discuss changes but I have been unable to attend or watch any of these during work hours. We cannot watch the recordings either because we don't have a computer operating system that can play them and also have no sound on work computers (and also no time to watch them). They need to distribute a written summary of the changes and what the implications are for each department, and allow adequate time for feedback.

I feel like my manager hasn't had enough information at any point during this process to support me well. She's been very in the dark, which I don't think is her fault. - - There has been a massive quantity of information to take in, which has a lot of jargon in it. This has meant it has taken considerable time and effort to understand the proposal.

Te Whatu Ora's approach to consultation

The confusion members described is a result of a series of decisions that Te Whatu Ora has made about its approach to restructuring. This round of consultation and restructuring focuses on the top 5 tiers of leadership only. Our members pointed out again and again that work had not been done to consider and communicate the implications for the rest of the organisation.

The decision to restructure from the top down is defensible (although some members strongly criticised it), but the decision to present those decisions without full consideration of the rest of the organisation is not. - As one member put it: "We have been asked to give feedback on something that we can't see ourselves in."



In our members' voices

They've worked from a top down approach and haven't considered the bottom up.

It seems the restructure is affecting upper and middle management at the moment. There's no discussion about the impact this will have at a grass roots level.

The process has been very poorly handled. While the intention is reasonable, and the proposal for my team's future structure makes sense to me, I cannot gauge the overall impact because of changes to associated roles in the regions and in the national office.

Lack of information of current state

Many members repeatedly made clear that the proposals did not show a good understanding of their work or the current state. – They emphasised that without a good understanding of the current state it was impossible for senior Te Whatu Ora management to understand how to undertake reform.

The lack of knowledge about the current state has significantly damaged the process of consultation. Consultation documents went out with errors and members were unable to discover if they were affected and how. There were some examples of good consultation and examples where the document was based on clear knowledge of the current state. A full picture of the existing state of the organisation is needed in order to effectively design a new system or consult on changes.

In our members' voices:

They need to find out what roles/ functions people are actually doing first, prior to mapping people correctly to roles/ function. There is no job sizing to find out workload, priority work programmes and key projects.

Our regional director had many face to face meetings with our management and staff since June last year. The intelligence director (the directorate I'm likely to move into) held a series of workshops in November and December last year.

I spent an exceptionally long time not receiving any communications and being told that 'no communications meant my job wouldn't change' - until I saw that I had no place in the future state. The reason provided to me was that I started in February - but it's a trivial activity to get a list of new starters and communicate with them directly to let them know their communications would be delayed.

This has been overlooked and I cannot see a role that will pick up that responsibility.

Not enough information provided to determine if the proposed structure is going to be good or bad for me at this stage

No time to look at how this affects me, as my role isn't actually correctly mapped in here.

The proposed restructure is being done to us rather than with us. We have been restructured by people who do not understand the capacity and capability required to deliver on the mahi. There should have been more conversations

with teams and senior leaders within teams to understand what is needed. This still needs to happen.

It is the worst I have seen in the last 20 years, and I've seen dozens. Head Office have no idea of my role, and when I contribute to papers that are apparently to help them understand they seem to be incapable of understanding. Real time decisions are being made without understanding the system.

There should be a face to face visit to understand what some roles are about. Centrally created structure is too idealistic, there are many jobs in the background that will not be done under the new structure, there will be nobody to do them.

How do I have faith in the process if the fundamental information about their staff aren't even correct. My position description does not include all the clinical advice that I provide to teams across Te Whatu Ora and MOH.

Impact of lack of information on members

Our members outlined that this lack of consideration for them and the work that they do in the consultation documents had an impact on them.— Te Whatu Ora is communicating about its values in terms of who it considers as part of change and how it communicates that change. Lack of information, unclear processes, and putting out documents that talk about leadership and do not discuss the impact on the rest of the organisation all risk sending a message that the people in the organisation are not important and aren't valued. That is the message that some of our members are receiving the message loud and clear.

In our members' voices

It was disrespectful not to engage with the managers and their teams about the work they do prior to designing the new structure. So much of what we do is not represented in the new structure. Is this their way of saying that what we do doesn't matter and is therefore not worth continuing? That's what it feels like anyway!

The leadership group's lack of empathy in addressing the restructuring process is troubling, and at times, difficult to comprehend. It is particularly concerning when a leader dismisses the situation, despite the evident and meaningful impact on our team.

Recommendation 1: Te Whatu Ora restore trust with workers by genuinely listening to feedback from staff about the damage the process has done.

Recommendation 2: Te Whatu Ora apologise to affected workers for the impact of this process.

Additional issues with restructuring

In addition to the big picture issues with the process already discussed, our members raised a number of other issues with the process of restructuring.

Approach to allocating staff to new roles

Our members expressed concern that the approach to allocating staff to new roles was damaged by the lack of information about the current state outlined above. There was also concern that having so many waves of change proposals was not designed with workers' needs in mind – nor to minimise job losses and maximise job security.

Members have shown through their feedback that there is significant confusion about the processes and the impacts of being disestablished and/or redeployed. It is critically important that anyone directly impacted fully understands what this means to them individually and it is an obligation Te Whatu Ora needs to uphold.

In our members' voices

They should have sought clarity around what actual duties people with job titles did as it is no use then coming back with this so called further consultation ...to possibly still employ the people with a different job title. The angst and stress that this process is causing is huge and shows a very real lack of care and integrity. - The fact that people cannot apply for 'new' roles until they have been disestablished is inappropriate and shocking

My role has been disestablished. A new regional role with remarkably similar responsibilities has been created. I submitted feedback into What Say You asking why my current role was not mapped to the new role. I provided justification for mapping it. My feedback has gone unpublished and unanswered. Remember that this decision to disestablish rather than map is being made at a time when the consultation team say that they don't know what everyone's current role actually involves and at the same time say the new role position descriptions are yet to be written (they have high level role responsibilities in the pack). How can the decision to disestablish rather than map be justified in that context?

My concern is that those in the later waves of consultations might miss out on new job opportunities in the earlier waves. - - I have non-clinical skills that are not tied to a particular function so if I am disestablished, I could have applied for roles in the earlier waves of consultations. I understand that it would be difficult to change the whole organisation in a single wave but I'm not sure they are acting in good faith with those in the later waves.

Recommendation 3: In all future stages of restructuring, Te Whatu Ora ensures those directly impacted understand the impacts upon them as individuals and their rights to support, advice union or legal and or other. Clear concise information must be provided. This could include workshops and webinars. Te Whatu Ora must meet all its obligations under Employment Relations Act 2000.

Transition

The proposals are unclear on how transition will occur and be supported.—_These are major changes to the operation of the health system and fully developed transition arrangements are vital to their

success. These transition processes must be part of the consultation as they have significant impacts both on workers and internal users of the services.

In members' voices

For roles that have change of reporting lines to outside of their current groups how will that transition occur and will it be all in place by day 1 of change agreed dates? Basic things like who signs off rosters to allow pay to proceed.

As I understand the process, Te Whatu Ora are disestablishing middle and upper local management as a first step and to a fixed date, this is as published, however, there is no obvious transitioning from current to new management.

We're losing our support systems - For example, our Wellbeing Team, Project Leads and Ko Awatea education support. These roles have been prematurely disestablished - they're people we've built working relationships with (especially over Covid) & work in these areas that is half complete.

Recommendation 4: Te Whatu Ora develop processes on what transition is required and how it will be implemented and supported in consultation with workers, unions, and internal users of services. All future proposals contain details about the transition.

Early Engagement

Neither the Unions nor Te Whatu Ora has adequate resources available for such massive change, especially when these change proposals are occurring simultaneously and in waves. Te Whatu Ora is pushing through the most significant changes the health sector has seen, yet the workforce is being left vulnerable and inadequately supported.

Recommendation 5: Te Whatu Ora engages appropriately with the unions and workforce prior to any further change processes commencing. This will be to ensure appropriate process is followed, the process is adequately resourced, all information and data is provided, and the workforce is able to be fully supported.

Collective Agreement Breaches:

The PSA acknowledges there was a meeting with all Health Unions last week to discuss the current and future change processes, but this meeting should have occurred well before these proposals commenced. All the current waves have failed to meet the obligations of Te Whatu Ora within PSA collectives and the next phase of these processes will be crucial to avoid any disputes arising. The PSA desperately wants to avoid any dispute but may have no option.

Recommendation: Te Whatu Ora follow up from the 4 May joint meeting with health unions and the suggestions and recommendations put forward are put into an agreed process moving forward.

IEAs:

The PSA is concerned at the language and process described for those workers on Individual Employment Agreements (IEAs). Te Whatu Ora has put a blanket removal of all current IEA terms and conditions being 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 goodfaith obligations.

Recommendation 7: Te Whatu Ora clarifies its intent for those on IEA’s 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.

Equity

Our members raised equity issues with the process and wanted to ensure that workers were fully supported in appropriate ways throughout the process.

Employees who were currently pregnant or on parental leave and whose roles were proposed to be disestablished expressed particular concern about whether they would be treated equitably as well as the impact of going through the process at this time.

In our members’ voices

There should have been kaumatua at each feedback meeting to look after cultural protocols, including karakia.

Employees with accessibility needs and/or being neurodivergent would be heavily impacted by this kind of change but it does not seem to be enough level of specific considerations and supports.

I am currently pregnant. I can't afford to lose my job, and yet I can't see that any consideration has been given to people in my position - either about to go on parental leave, or already on parental leave. It took a month to get answers to (some) of my questions about how I will be protected through this process, but some questions remain unanswered some 5-6 weeks after submitting them. How can I be sure that I won't be discriminated against because I am going on parental leave?

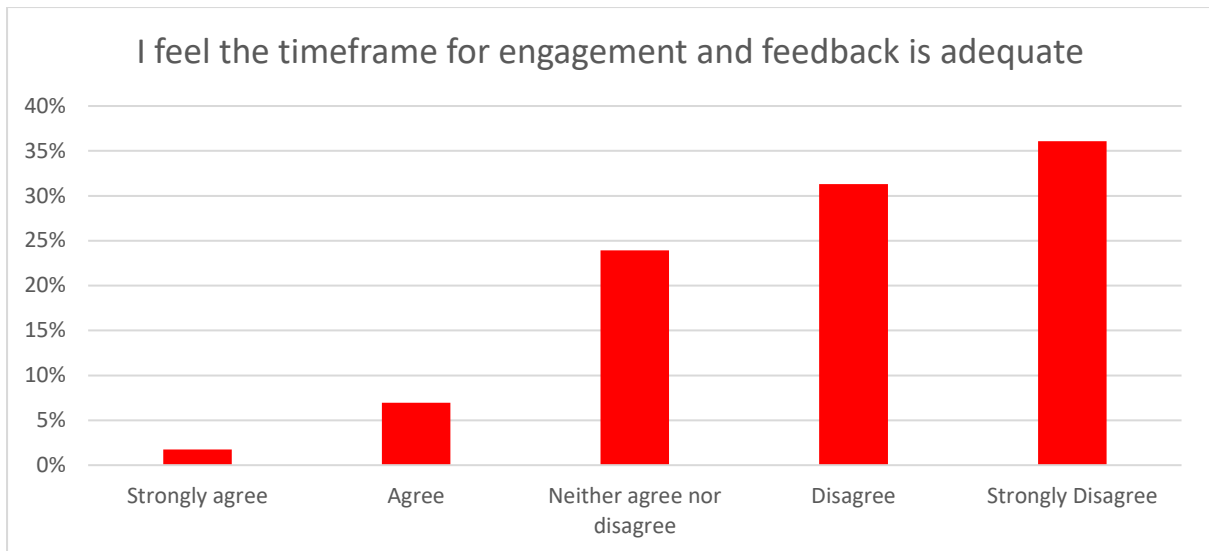
Recommendation 8: Te Whatu Ora explicitly address equity issues in future consultation and change processes.—That documents actively address what Te Whatu Ora is doing to meet the needs of disabled workers and workers in different stages of pregnancy and on parental leave.

Timeframe

Our members were very clear that the timeframe for the consultation was inadequate. We appreciate that when this was raised the Commissioning and then the National Public Health Service consultations were extended by 5 working days.

In our members’ voices

Time frame for consultation included school holidays and public holidays and many people taking leave at different times made it hard to meet and discuss changes and prepare responses collectively.



Recommendation 9: Te Whatu Ora take into consideration public holidays and school holidays when undertaking consultation.

Format for feedback

Members expressed concern about the limited options for expressing feedback and in particular the limited option for collective feedback.

Members also expressed concerns about the on-line consultation tool. There were questions about its functionality. Members expressed concern that they were being required to learn a new tool at a very stressful time, and other members had not been successful in using the tool.

The fact that they had to set up a login made people some members sceptical that it was anonymous. Some members mentioned that they had not put in feedback, or only wanted to submit feedback through us for this reason.--- This should concern Te Whatu Ora for two reasons, first an anonymous tool does not provide any function if people do not believe in it and what we've learned from our members suggests that there are workers who were too afraid to provide feedback. Second, members' fear that they could be targeted for speaking up provides key information about the current climate at Te Whatu Ora.

In our members' voices

There should be options to put in written feedback, recorded verbal feedback, one to one meetings, meetings as a small team, meetings at different levels (eg senior leadership, advisor level, programme management level etc). We need to have the opportunity to feedback verbally either one-to-one, and as a smaller team as well as with larger teams. There should also be an opportunity to provide detailed reports to the consultation team.

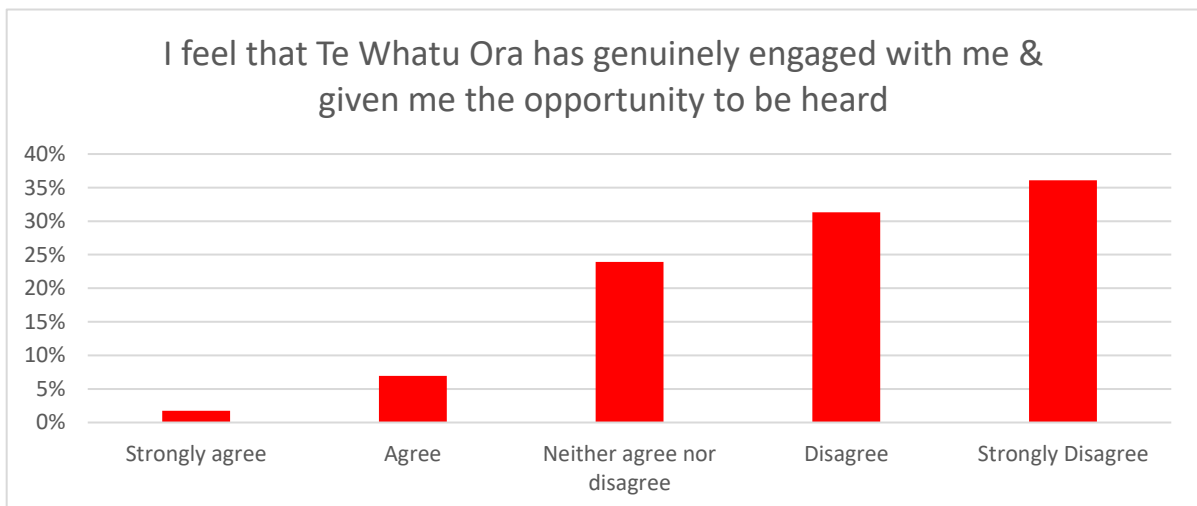
I have been so swamped with BAU work that I haven't had time to learn how to use What Say You well enough to then provide feedback.

What Say You is a terrible tool - I shouldn't have to invest significant time to learn how to use a feedback tool in order to then give feedback. This could have been, and should have been, a lot simpler

The consultation team are clear that What Say You is the official consultation feedback channel. WSY is moderated, so the consultation team choose which submissions are visible to all and which remain private to the submitter. I have submitted 9 items. With 2 days remaining in the consultation process, two are published and answered (selectively - an inconvenient question was ignored), one is unpublished but answered, six are unpublished and unanswered. Some of my colleagues submissions are similarly treated. Awkward submissions are being unpublished and ignored.

People are frightened to provide comment or ask questions in case they are targeted and disestablished.

Recommendation 10: Te Whatu Ora provides a wider range of options for feedback that does not require people to learn new systems in a stressful time.



Impact on Workers

A restructuring process that is badly run comes at a cost. Our members outlined the impact that the process had had on them, their teams and their work. Te Whatu Ora can ill afford to pay the cost of losing workers and less resilient teams.

As well as an institutional cost, this approach to restructuring has had a personal cost. Our members articulated again and again the impact that the change process has had on them and their colleagues.

In our members' voices

The recent restructuring has had a profound impact on our team’s effectiveness, significantly undermining the resilience and cohesion we developed as a team in response to the challenges of the COVID-19 pandemic etc.

This process has left me feeling very undervalued and makes me wonder if I really want to work for an organisation that treats their staff in such a manner.

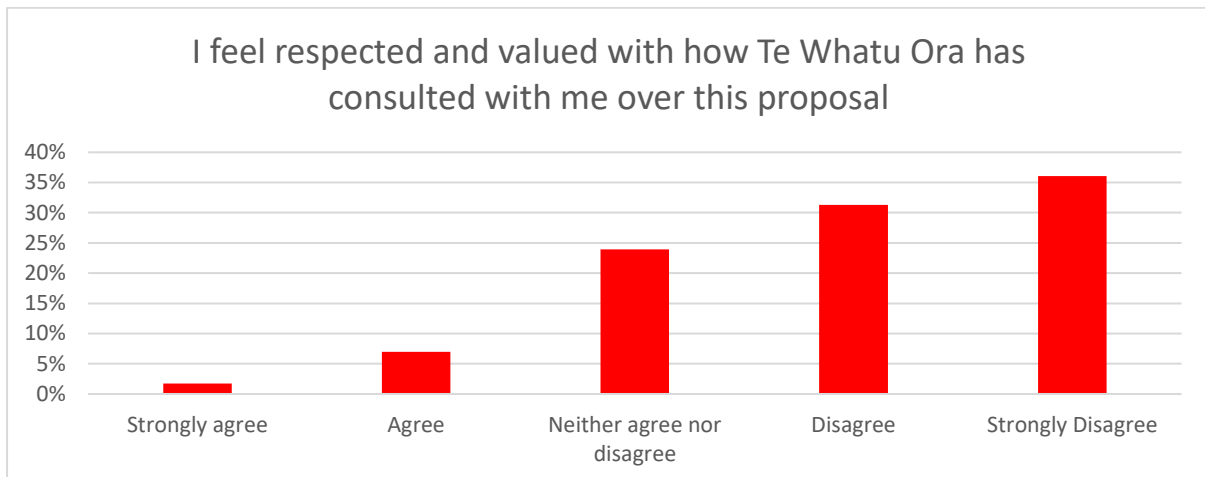
The way I found out I was impacted was second hand by a colleague in another region who received their email 12 hours ahead of mine. I feel totally disrespected and traumatised.

Increased levels of anxiety and uncertainty ripple through all staff. Does not feel like a transparent process.

This process has left me feeling very undervalued and makes me wonder if I really want to work for an organisation that treats their staff in such a manner

Do you understand that by lifting and shifting people with no clear understanding of their roles you are creating huge stress and distress. It is not good enough to keep saying sorry

I am about to be restructured as I am in the next wave and it is increasingly stressful.



What would a better process look like?

Te Whatu Ora does not need to reinvent the wheel or even be innovative in its approach to change processes (although it would be appropriate for Te Whatu Ora to be an exemplar when it comes to meaningful actions to promote workers wellbeing through a change process).—Te Whatu Ora needs to follow well established principles to engage with workers in a meaningful way.

One of the more optimistic comments from our members outlines the choice Te Whatu Ora has now:

I think it's necessary to restructure in order to create better collaboration and efficiencies. Change is uncomfortable but is a reality of life. Te Whatu Ora understandably cannot provide detail about where lower tiers will sit until they

sort out the upper levels, so a lot of us don't really quite know where we will stand in the long run. I think Te Whatu Ora have been honest and transparent. Time will tell whether they genuinely listen to feedback from staff

Recommendation 11: Te Whatu Ora develops an exemplar approach to change, including codesign and a union steering group to oversee change.

Recommendation 12: Te Whatu Ora reconsult on the current wave— of 8 change proposals, the next round of proposals are developed through active engagement from unions and members, provide sufficient information about the current state, and include the structure as a whole, not just the leadership team. In the re-consultation, Te Whatu Ora must comply with all expressed Management of Change provisions in any IEA/CA/MECA in order to meet its obligations under the Employment Relations Act 2000.

Time will tell whether they genuinely listen to feedback from staff.

Procurement and Supply Chain: Poor process has led to a high risk proposal.

I agree with the vision and intent, but I am not convinced the proposal (as it stands) is fit-for-purpose. It is flawed. If Te Whatu Ora can hit the reset button around this process, should (or should have) engage the teams on the ground (like ours). This will be well worth the effort to understand the status quo ground up and make (actually) effective decisions. Plus you will win the confidence of the folk in the hospital and they will support you in your vision given you have "done your homework", and will work with you to enhance it further.

Our members strongly supported the goals of this proposal.— Members reiterated the difficulties with the old system and the importance of building a better system that delivered on the health reforms.— However, they believed the process of change, which was not developed in consultation of work that took place on the ground, was jeopardising that process and introducing significant clinical risk.

In members' voices

It makes sense. At this stage it is logical. It makes sense. The old DHB system was wasteful, costly and top heavy. I need to have an updated Job Description. - My manager and I need to be communicated with so we can look ahead.

The proposal in parts is good however the execution and how this will be implemented at a local operational— level especially since those delivery roles have been proposed disestablished is concerning.

The vision and the intent behind this change process is a noble one and an idea whose time has come. The strong criticism I have as an observer within this process is the means and method through which they have approached this.

Talk to us! Talk to the people on the ground! Talk to the clinicians. Humble yourselves and understand what is happening and take time to understand this properly and then connect the dots. You will surprise yourselves and win the confidence of many. DO YOUR HOMEWORK! Do it once (or twice) but DO IT RIGHT. New Zealand needs you to step up. The system needs you. We as citizens need our leaders to listen to us on the ground!

The vision and idea I fully support. Our system is broken, there is much bureaucracy and duplication, we need to simplify and empower the health system. But this will not work with a "Corporate style" top-down approach from individuals working in ivory towers. - - But this specific proposal is hard to discern if it will work well for the broader health system as there are many gaps - - It necessitates a BOTTOM-UP approach

Lack of engagement

Our members working in hospitals around the country emphasised that they had not been consulted in the development in the current proposals.— This led to a lack of knowledge about the current state.— Many members said that the proposal did not show understanding of their current role. Members were very clear that they should have been engaged through the development of the process and they had not been.

Our members were particularly concerned that the proposal seemed to be drawn up based on information held by payroll, without understanding the limits of that information.— They drew particular attention to all the work that had been done during the admin and clerical pay equity process to map roles and the work that had been done.— This process showed very clearly that payroll information was not good information about the sort of work someone did.

They did not do any consultations with the people working in districts whereas they did mass consultation beforehand with shared services.

Te Whatu Ora have not consulted as at the grassroots in the creation of this new model. This is the case for several hospitals, not just ours. There was no engagement whatsoever to understand the objectives of our service as a local entity and no opportunities were offered to provide input.

There is no evidence of a deep dive into the roles before the proposal to disestablish them with the staff in those roles especially at tier 5.

To date there has been a lack of communication and ground-level engagement to enable people into the conversation around these proposed changes.

This absence of engagement with local hospital Procurement & Supply Chain personnel in formulating such a document is extremely problematic and questionable.

They have no idea what my job title is, and what my job entails on a daily basis.

This document does not represent a proposal that has had any due diligence conducted. No consideration has been given to the local operating state within the hospitals, offering no clarity or confidence in how such a model can actually function.

My title change doesn't make any sense either, I understand the rationale around why, and that Te Whatu Ora wants everyone who is in or does my /or a similar to be under one title. However I do not think this new title describes what is involved in the role or roles I perform on a daily basis. Again this is where dialogue should have happened before these changes were put forward. The thinking about aligning all processes Nationally is a good idea , but it has to be implemented properly.

They need to engage to get a broader picture of what is actually needed to make these roles function, and what the relationship within these roles and others is.

There was no consultation beforehand to understand my role or where it fits in. I would have expected my manager to have a conversation with me about it. But in all conversations, there was never mention of disestablishment, only reporting changes.—_So it was a shock.

They haven't done the work the right way by talking to us first.

Nobody has spoken to me about this at all.

I feel there should have been proper engagement before this process started not come out to employees with a change process that you have not consulted on with them first.

Understand what people do first!—_Where you want to go, and then decide how to get there.—_Come talk to us!—_You know where we are and that we exist.

Don't base your decisions on incorrect JD's and titles, come talk to us!!

Why not using tools and resources we already had?—_Especially for admin, already have mapping.—_Used stale PDs and titles without talking to anyone.

People asked on multiple occasions to engage and be part of pre consultation and were rejected each time.—_Felt shut down and excluded.—_Secrecy.—_Why?? We wanted to get it right and help.

Lack of clear information

The change proposal document lacked key information to allow our members to understand what was being proposed and making suggestions.—_Our members particularly repeatedly raised the lack of:

- Job descriptions
- Explanations for decisions

- Clarity of structure below the leadership level

These are all necessary so that members understand what is proposed and can give meaningful feedback.

In addition, our members drew attention to contradictions and lack of justification for mapping decisions.—_There was no transparency about why some jobs were mapped and others were not.

Our members ability to understand what was proposed was further disrupted when additional information not in the proposal document was provided as part of their questions. Selectively sharing information on the next steps in response to questions further confuses the picture.—_All information must be given in the proposal.

After going through the proposal, I would say there is no clarity on the roles for the people who have been disestablished like myself.

Why is my reporting line changing, why can't it stay how it is? - What support will I have moving forward? - What does my new Title " job description" look like? and do I get to see this before changes are made?

Te Whatu Ora could also be utilising more up to date role descriptions by consulting with those of us who were involved in the pay Equity Role Mapping process.

I think there needs to be a full structure put out to make it easier to understand, rather than just affected roles.

There were many mistakes in the proposal that it made it the document virtually unreadable.

Its hard to feedback on something when it is a vague idea - no clear parameters especially JOB DESCRIPTIONS!!

JOB DESCRIPTION please - even a vague one is needed to feedback adequately; or to consider whether there is scope for some of us to take up higher positions if they become available (which at the meetings they have said this will likely be an opportunity).

There have been 2 meetings regarding my Purchasing role but I came away none the wiser as there was no clarification as to how exactly the whole process will impact on my role & I felt like the team were making things up as they went along as I do not think they know themselves.

I don't have an idea of the proposal. Please provide more information

Its very hard to feedback when we don't have Job descriptions.

The document doesn't show an organization chart to the level of my position which is being changed? It is therefore unclear as to if the role remains?

how can they map people from so easily into the new positions where there has been a significant change in position description for the new role they have been mapped to like purchasing officer becomes purchasing manager, information analyst becomes implementation specialist and so on.

The criteria for such remapping is questionable and worthy of critical review. It is evident from the above it is not based on the retention of skills, experience, or minimal change. Note the actual criteria for determining the redeployment or disestablishment of roles has never been made transparent.

My title would change, what does the new role even mean?

A colleague sent off a question and received a response which is not in line with what we were advised at the consultation meeting held in - further clarification is needed please. - The question was asked around the role of Purchasing officer . The response advised that there will be a review of purchasing roles.- It then advised 'Part of the review will address potential governance issues, assessing segregation of duties between creating requisitions, purchase orders and the ability to receipt'

It would be helpful to have even blurbs / descriptions of all the roles in the new structure. A lot was made of the idea that there are more jobs than employees in the middle/lower end of the structure, and that they would like people with experience to be promoted, and this is a perk of the new structure. So if we would like to apply for a higher position this would be helpful to know what the next step up from our current role is, and what they do.

I attended a face to face at NSH - but from what I could see, we end up at a dead end or-hitting a wall, as we are all guessing what the new 'role description' is. The feedback is, it is just consultation, so they can't give us descriptions... but we can't feedback without more detail.- Also the idea that everyone is doing the same thing based on the 'payroll description' is a big problem.

Risks of the proposal

Our members believed that there was significant risk in the proposals and that risk was a result of their development without a strong awareness of the current state for and consultation with roles that based in hospitals.

The first risk they identified was disruption of the supply chain.- Roles that are proposed to be disestablished currently play key roles in ensuring that wards and operating theatres have the supplies that they need.- Disruptions to those supply chains will have a high impact on hospital's ability to provide services.

The second risk they identified is that clinical staff would be required to fill gaps created by the disestablishment of roles.- This would exacerbate staff shortages and pose particular difficulties during the upcoming winter period.

Te Whatu Ora does not need to take these risks. Te Whatu Ora can redevelop these proposals, ensuring they have full knowledge of what existing roles done and ensuring there is continuity

High risk of operational disruptions, procurement delays, inefficient supply distribution, leading to decreased operational efficiency and increased administrative burden. This can negatively impact the reputation of the hospital, and lead to decreased patient satisfaction.

Business continuity – who have they identified who is going to be doing our job...who will do what we do now?? – Who will carry the relationships?

Hospital staff, such as nurses, doctors, and administrators, will need to take on additional responsibilities related to inventory management and supply chain, increasing their workload and distracting them from their primary clinical or administrative duties, which will impact overall patient care and operational efficiency. The complete opposite of the hospital initiative of “Releasing Time to Care”

It is evident on multiple grounds that this new model will create significant risk to the hospital and its patients if in any way considered. For example the team I work within is a significant function on the ground managing the day-to-day Procurement, Supply Chain, and implementation needs of our clinicians and end users while actively managing key contracts and supplier relationships. This site-based engagement has been critical in ensuring business continuity and optimum running of the largest hospital in New Zealand through the most difficult of times.

My proposed disestablishment will leave gaps across 6 wards and clinical areas which will need to be covered. It will have a huge impact across the service.

Escalations and clinical support is vital to keep services running timely and this is not the role of a service desk. Local knowledge and support for both technical and business support is essential.

Is there budget to cover gaps within services that will be left if all staff move to purely inventory roles. A lot of managers are worried about these gaps.

It is not clear who would do this work if my position is disestablished but this work is essential and has to be done. – Wards without stock are dysfunctional. – It would presumably fall to the clinicians (eg doctors, nurses, Allied Health) and this would be seriously inefficient.

Recommendation 13: That a revised proposal is developed in consultation with local procurement and supply chain workers. – This proposal should clearly lay out both the current state and the entire proposed structure and also include job description. The proposal should prioritise a low risk approach to the transition and ensuring the continuity of the supply chain and ensuring that disestablished roles are not replaced with clinicians time.

Recommendations

Overall process

1. Te Whatu Ora restore trust with workers by genuinely listening to feedback from staff about the damage the process has done.
2. Te Whatu Ora apologise to affected workers for the impact of this process.
3. In all future stages of restructuring, Te Whatu Ora ensures those directly impacted understand the impacts upon them as individuals and their rights to support, advice union or legal and or other. Clear concise information must be provided. This could include workshops and webinars. Te Whatu Ora must meet all its obligations under Employment Relations Act 2000.
4. Te Whatu Ora develop processes on what transition is required and how it will be implemented and supported in consultation with workers, unions, and internal users of services. All future proposals contain details about the transition.
5. Te Whatu Ora engages appropriately with the unions and workforce prior to any further change processes commencing. This will be to ensure appropriate process is followed, the process is adequately resourced, all information and data is provided, and the workforce is able to be fully supported.
6. Te Whatu Ora follow up from the 4 May joint meeting with health unions and the suggestions and recommendations put forward are put into an agreed process moving forward.
7. Te Whatu Ora clarifies its intent for those on IEA's 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.
8. Te Whatu Ora explicitly address equity issues in future consultation and change processes. That documents actively address what Te Whatu Ora is doing to meet the needs of disabled workers and workers in different stages of pregnancy and on parental leave.
9. Te Whatu Ora take into consideration public holidays and school holidays when undertaking consultation.
10. Te Whatu Ora provides a wider range of options for feedback that does not require people to learn new systems in a stressful time.
11. Te Whatu Ora develops an exemplar approach to change, including codesign and a union steering group to oversee change.
12. Te Whatu Ora reconsult on the current wave—of 8 change proposals, the next round of proposals are developed through active engagement from unions and members, provide sufficient information about the current state, and include the structure as a whole, not just the leadership team. In the re-consultation, Te Whatu Ora must comply with all expressed Management of Change provisions in any IEA/CA/MECA in order to meet its obligations under the Employment Relations Act 2000. Data and Digital

Procurement and Supply Chain

13. That a revised proposal is developed in consultation with local procurement and supply chain workers.—This proposal should clearly lay out both the current state and the entire proposed structure and also include job description. The proposal should prioritise a low risk approach to the transition and ensuring the continuity of the supply chain and ensuring that disestablished roles are not replaced with clinicians time.