SUBMISSION ON THE THREE DHB-MHAID

Submission to Nigel Fairley
Date: 26/10/2014

Contacts:

Jo Coffey, NZNO Organiser
DDI 04 460 4854 OR 0800 283 848 | WWW.NZNO.ORG.NZ
NEW ZEALAND NURSES ORGANISATION | PO BOX 2128 | WELLINGTON 6140

Graham Cuffley, PSA Organiser
DDI 04 495 7633 OR 0508 367 772 | WWW.PSA.ORG.NZ
NEW ZEALAND PUBLIC SERVICE ASSOCIATION | PO BOX 3817 | WELLINGTON 6140

About the New Zealand Nurses Organisation

The New Zealand Nurses Organisation is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 46,000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership and is the arm through which our Te Tiriti o Waitangi partnership is articulated.

About the New Zealand Public Service Association

The PSA – the Public Service Association Te Pūkenga Here Tikanga Mahi –is New Zealand's largest union, representing 58,000 workers in central government, state-owned enterprises, local councils, health boards and community groups. for policies that improve public services and the working conditions of those who deliver them, we are a powerful public voice and a key player in New Zealand politics.

Executive Summary

The unions remain mindful of the cost neutrality of this project.

As the service grows across all 3 DHBs there will be many options for increased efficiencies to systems and practices without staffing levels and terms and conditions being compromised.

NZPSA and NZNO see significant opportunities for the DHBs, patients/clients and staff/members in the overall direction of the proposed changes.

However significant change frequently brings threats as well as opportunities. It is our responsibility to provide our members with the best possible support.

That said, we wish to play the appropriate role in what is a massive change process and take advantage of the opportunities raised by a combined service.

To achieve this aim we will need the best possible union engagement at all levels and sufficient time to meet those obligations. How these things may be achieved should be a priority for all parties.

Introduction

NZPSA and NZNO represent hundreds of members at the three DHBs. Many of those will be affected directly by these proposals. The direction that the services are taking will inevitably lead to a variety of changes for the majority of staff.

As such it is imperative that the very staff who directly deliver the services are given the strongest possible chance to contribute to the future of a major service.

Whilst the proposal directly impacts on the MHAID services of the three DHBs, it follows the general goal of a united health service across the DHBs has a whole of country approach. The model of change used for this process will be closely scrutinised both in the Wellington region and nationally.

NZPSA and NZNO welcome the opportunity to contribute to the thinking that will drive some of the changes sought by the DHBs.

In seeking to contribute as individuals and collectively as union members, staff will need to be afforded adequate time to consider and respond to proposals.

In addition there remains uncertainty about the role of employer in the new service. Whilst the unions have been reassured that the “One employer” model is not to be utilised, it is unclear at this stage what the implications of the process on the workforce employment terms and conditions will be. We expect to be fully informed of thinking on these issues and to be engaged on any proposed changes to terms and conditions.

Timescales

The whole direction contained in Blue Print 2 presents an array of exciting challenges that should not be placed at risk by seeking to achieve this level of permanent change in too short a timescale.

NZPSA and NZNO are aware of the problems with long drawn out change processes, however we strongly believe that the current timescale to be too short for a number of reason.

We anticipate further changes to the proposals before any final decisions are reached. These changes may well require further discreet engagement. There is no time period for this in the present time scale. Further the proposed launch date will arrive as significant numbers of staff/members return from their summer break with resultant changes to personal routines. We question whether that is likely to be the most effective time for the implementation of change.

Finally, the ultimate impact on staff/members will obviously evolve over a period of time and as the impact gets closer to the level at which each member works the greater their need for engagement and input to changes and improvements.

Many staff are expert professionals in their field of practise and that is the point at which they make their major contribution.

We strongly recommend that the projected timescales are re-examined to provide adequate time for consideration of alternative delivery models.

Work-streams

There is agreed support among union members for the proposed general grouping of work-streams. The unions believe that there is a positive place for direct and appropriate collective union input into each of those work-streams.

We anticipate the earliest possible engagement on the details and protocols directing these work-streams and are currently delegating responsibilities to union representatives.

It is our belief that the work-stream on staffing issues needs to be fully engaged at this point, so as to provide as much security to staff as possible.

We urge all three DHBs to accelerate this piece of work and provide it with the priority that members require.

It is paramount that staff/members are given certainty with regard to future employment and the retention of existing roles.

Alternatively, if it is envisaged that changes to either may be made then, such considered changes are notified to the unions at the very first opportunity.

Property

The rationalisation of the property portfolio is an obvious step in seeking to maximise investment in property used to deliver and support the new model service with the emphasis on delivery of care within the community. There is a clear opportunity for the reduction of expenditure but the priority must be a property portfolio fit for purpose and future-proofed.

The location of future service delivery outlets will also have the potential to impact on staff and working practises. This can provide creative opportunities for staff development if handled constructively or lead to resistance to change if imposed.

Senior Leadership

The creation of single leads for service across the 3 DHBs is a laudable step to achieving consistent quality of service interpretation and delivery.

However we consider that several of the leadership roles are unrealistically over-scoped. In some cases we believe that this will lead to isolation from the front line service and lead to a dilution of expertise and leadership.

There are also unexplained discrepancies is the allocation of senior roles across the full range of services. This in particular reflected in the Allied Health field where it is clear that senior leadership is spread far too thin.

It is of concern that a majority of professional leader's roles are proposed for disestablishment. In addition the FTE allocation of as little as 0.2 for a post covering 3 DHBs looks seriously inadequate.

The model for CNSs is very different but this difference is not justified.

It is further the view that some reporting lines do not best serve the clinical needs of the staff.

There are especially strong views about the potential to undermine nursing practise. This is best summarised as

The unions have a number of positive suggestions to make around potential changes to reporting lines and FTEs. These will be a summarised in **appendix 1** to this submission.

Service Groupings

Overall it appears logical to maintain a separation between local and regional/national resources.

A new structure though, may have the capacity to explore a greater synergy between the local, regional and national services. This may well assist in the domain of research.

However there are questions concerning the detailed line up of services.

These questions and suggestions are contained in **appendix 2**

Technology.

An integrated, modern and mobile workforce stands to be significantly advantaged with the development of mobile technology.

Frontline staff must be directly engaged to discover where technology, especially shared technology, can most benefit the delivery of services.

Staff/members report frustration with technology failing to aid efficiency as much as it could.

Maori and Pasifika mental health services

Union members believe that these services are best advanced and delivered by single dedicated teams.

The aim to provide high quality Maori and Pasifika health services across the 3 DHBs is commendable. However the day to day practises of the teams are best supported by specifically trained and skilled staff. They are not automatically replaced by a MDT team member.

The unions fully support the position articulated by our members in these services.

The focussed work of these teams may well assist in future needs driven by refugee communities.

Appendix 1

There is considerable disquiet among nursing staff at the proposed new structure.

1) Professional leadership appears too thin on the ground with far too much responsibility for a single post-holder.

   The unions consider there is a clear need for a number of roles around the level of "Associate Director of Nursing" level.

2) Nursing roles are clearly subject to change.

   The earliest possible engagement with staff around any proposed changes to roles and/or practises is essential. Staff/members can then contribute to job design thus increasing effectiveness.

3) Nursing professionals see direct reporting to other nursing professionals as crucial in development of a workforce.

   The unions support a rethink on the proposal to have the professional reporting line go through a level of Operations Managers.

Allied Health staff share many of the same concerns around leadership resource and do not support the reduction in these posts.

It is not possible guess the impact of these proposals may have on Clerical staff at this stage. However the deletion of the Senior Administration role appears short sighted at this time as Clerical work needs the same amount of consideration as the other roles providing this service to the community.

Both unions suggest an immediate dialogue on how to address these common concerns will benefit the timely progress of the project.

It may well be that further face to face explanation of some of the rationale involved in generating these proposals, may lead the unions to consider the detail of our suggestions.

Appendix 2

A few areas of service groupings have caused concern.

1) Maori/Pasifika health services. The proposal appears to run contrary to all the views expressed around these services. The rationale does not appear to show a true grasp of the nature of the work.

The unions request a rethink around this model.

2) The psychogeriatric service may well sit more comfortably within child and family services given the method of care delivery.

3) The unions would request that more of the detailed thinking around groupings, (at least the contentious one) is released for staff/members understanding. This would enable to better consider the various merits of each option.