



**Australian
Nursing &
Midwifery
Federation**
Tasmania

SUBMISSION: STATE SERVICE REVIEW

AUSTRALIAN NURSING AND MIDWIFERY FEDERATION TASMANIAN BRANCH

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Organisation Overview

The Australian Nursing and Midwifery Federation Tasmanian Branch (ANMF) is both the largest nursing and midwifery union and the largest professional body for the nursing and midwifery teams in Tasmania. We operate as the State Branch of the federally registered Australian Nursing and Midwifery Federation. The Tasmanian Branch represents around 8000 members and in total the ANMF across Australia represents over 250,000 nurses, midwives and care staff. ANMF members are employed in a wide range of workplaces (private and public, urban and remote) such as health and community services, aged care facilities, universities, the armed forces, statutory authorities, local government, offshore territories and more.

The core business of the ANMF is the industrial and professional representation of nurses, midwives and the broader nursing team, through the activities of a national office and branches in every state and territory. The role of the ANMF is to provide a high standard of leadership, industrial, educational and professional representation and service to members. This includes concentrating on topics such as education, policy and practice, industrial issues such as wages and professional matters and broader issues which affect health such as policy, funding and care delivery. ANMF also actively advocates for the community where decisions and policy is perceived to be detrimental to good, safe patient care.

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Introduction:

The Australian Nursing and Midwifery Federation Tasmania Branch (ANMF) recognise that the focus areas for the State Service Review are very general and it is difficult to respond to each. However, having consulted with some of our members, we provide the following comments. Please note that, while appearing under a heading, comments might apply to more than one focus area. It must be remembered that these comments arise from the perspective of nursing and midwifery. However, that is a large component of employees of the Tasmanian State Service (TSS) under the Department of Health (DOH), Tasmanian Health Service (THS), and Department of Education (DOE).

Focus Areas for Review:

FACILITATING PUBLIC SERVICE CHANGE AND INNOVATION THAT IMPROVES THE DELIVERY OF PUBLIC POLICY AND SERVICES TO SUPPORT THE AIMS OF GOVERNMENT AND MEET THE NEEDS OF THE COMMUNITY:

There are district hospitals across the State which are underutilised. These hospitals are not appropriately funded nor are they staffed for more than a 50% occupancy. However, using these facilities to transfer patients who are no longer receiving acute care would allow for patients to be closer to families and release beds in the acute sector which might assist in relieving bed block in the three major Tasmanian Hospitals. Of course, this will also require additional resources for allied health professional support and oversight by medical practitioners.

Particularly in nursing and midwifery, innovation in service delivery is often constrained by the limited ability for individuals, even at the level of Nursing Unit Manager (NUM) and above, to introduce change which might have even a minor cost impost. Repeatedly, business cases are drafted based on an identified need. Yet, despite evidence being presented in those business cases and often submitted with the support of other stakeholders, the request is denied. NUMs often have responsibility for undertaking duties (for example interviewing for staff) but are micromanaged in their ability to do so with multiple steps required to be signed off in order to replace a nurse who has resigned.

While the replacement process is delayed, there is still a need for a nurse to perform those duties and this is one factor which leads to a need for the working of overtime and double shifts. There needs to be a degree of both responsibility and accountability in senior roles that would allow for innovation and removal of unnecessary barriers that slow important processes such as recruitment down. Both Government and local budgets that look to support innovation along with delegation and accountability for the outcomes in the health space, rather than budgets, would foster a more efficient environment. However, to allow this to occur factors such as data collection methods, sharing and availability need to be addressed.

IDENTIFYING OPPORTUNITIES TO IMPROVE THE DELIVERY OF GOVERNMENT SERVICES, PROGRAMS, PROJECTS AND OTHER INITIATIVES INCLUDING INFORMATION TECHNOLOGY PLATFORMS:

One of the most important things for the TSS is to have an integrated information system which is operative across all of the TSS. In health, it was very obvious during the COVID-19 threat/outbreak that hospitals desperately need connected clinical information systems. E.g. all ICU's on same system, hospital-wide informatics and collection of data in the same method. With COVID-19, no one knew or knows how long, if at all, the virus would stay on paper. Patient records should be available electronically across the state as this would allow for an efficient way to assess the need for transfer or to facilitate a patient's return home as any service that would need to be involved could be contacted on the one platform.

At the moment, the ANMF are advised that patient discharges from the Royal Hobart Hospital (RHH), as an example, may be delayed because it is necessary to first transfer the patient to the local hospital for referral to local services as local community services will not take a referral from a hospital out of area. This is inefficient because a patient might otherwise be able to be discharged home but, instead, an admission is required which contributes to further bed block.

In health, there appears to be no central platform for employee contact details. As an example, during the COVID-19 outbreak, it was not easy to access contact details for employees working at the North West Regional Hospital (NWRH). It would be valuable to create employee portals, such as ones used by the University of Tasmania (UTAS), banks, superannuation funds and others, which would allow employees to directly update their details. In the case of a public health emergency, employees could be prompted to log on and ensure that their details were correct. Ensuring a centralised employee database would also better facilitate the movement and access to staff and skills, both in times of crisis and normal operation.

A considerable portion of time is taken up by nurse managers and ward staff in trying to source relief nurses and midwives and Assistants in Nursing/Sitters (AIN) to replace short-notice sick leave. The small number of casual employees who are available are often pre-booked onto shifts to fill gaps that are known to be in the roster. A rostering app could offer shifts to TSS employees in each region who wish to work on a casual basis or for those who would like to access additional shifts. This would have the potential to circumvent the time wasting involved in calling people in on short notice.

While texts have been used to offer shifts to nurses and midwives, these are felt to be intrusive when people are not wanting work. An app would have the potential to provide better opportunities for nurses who wish to either work on a casual basis or would like to access extra hours of work, short of overtime, and would ultimately improve service delivery. Trying to find replacement staff to cover short-term and late-notice sick leave is very time consuming for NUMs. An app could allow nurses, midwives and AINs to log availability, browse and accept jobs that suit their skills and experience.

A true computerised roster and payroll system including electronic timesheets with a link to transfer that information along with any late changes to the roster directly to the pay office for each shift-working employee would be more accurate and reduce the large administrative burden that falls to NUMs, particularly those who have a large workforce. It would also do away with onerous paper-based processing and the risk of “missing” timesheets.

IDENTIFYING WAYS TO PROMOTE COLLABORATION AND PARTNERSHIPS INCLUDING TO SUPPORT MORE FLEXIBLE MOVEMENT OF EMPLOYEES BETWEEN THE PRIVATE SECTOR, NON-GOVERNMENT AND COMMUNITY ORGANISATIONS AND THE PUBLIC SECTOR:

Tasmania is a small State and around two thirds of the population live in the Southern region. This fact has implications for the delivery of services. For this reason, it would be worth exploring options for collaboration in relation to service delivery. One prime example is maternity services in the North West corner of Tasmania.

It would be valuable if there could be co-joint contracts which would allow employees from both sites to work in either sector, for example, midwives at the NWRH working at the North West Private

Hospital (NWPH) or vice versa. This would provide opportunities for midwives primarily employed in the public sector to maintain their competencies as they are unable to deliver babies in the public sector. It would also enable maintenance and development of the skills of employees primarily employed in the private sector in the pre-natal and antenatal areas. The cross-fertilization of ideas could lead to an innovative approach in the delivery of services. However, such an approach obviously will have industrial implications for questions of entitlements, long service leave, unfair dismissal etc. that will need processes to address them.

However, as a general observation, the ANMF are not supportive of private/public partnerships as the heaviest burden of care will generally fall to the public system with the “easy” and quick cases sitting with the private system.

In addition, the ANMF are not supportive of “privatisation” of public services. The above example of the privatisation of birthing services in the North West is just one example where the service delivery has been adversely affected resulting in impacts on both midwives and the women accessing care alike. In addition, the quality of the services has also been questioned with a significant increase in safety incidents due to reduced focus on quality care provision. The privatisation of health services runs the risk of quality and safety being sacrificed for profits.

ACHIEVING GREATER ECONOMIES AND EFFICIENCIES IN TSS

ADMINISTRATION, INCLUDING OPPORTUNITIES TO STREAMLINE

BUREAUCRACY AND SERVICES WHERE SUITABLE:

There appear to be inefficiencies of recruitment which results in what appear to be huge numbers of fixed-term positions. As an example, when you have a role that requires a Registered Nurse (RN) Grade ¾, it would be more efficient and more attractive to interstate applicants if they could be appointed on a permanent basis, even if they were also allocated to a fixed-term contract to fill the position of someone who is on maternity leave or long-term sick leave. The reality is that a fixed-term employee, such as an RN or an Enrolled Nurse (EN) is likely to get an opportunity to accept another fixed-term contract and may ultimately get a permanent position.

If the applicant was aware, for example, that they could have a permanent position as an RN with the THS but that they would start on a six-month fixed-term contract in an Intensive Care Unit (ICU) or Emergency Department (ED), they might be willing to move to the State even though they understand that their ongoing employment might not be in their area of specialty. It should be noted that the question of employment at the Grade 3/4 level has been the subject of considerable discussion between the THS and the ANMF.

The fixed-term appointments for senior positions are also problematic if there is no assurance of permanency once a contract has ended. People from interstate are unlikely to apply for a six or 12-month position even if it might be a good promotional opportunity. Meanwhile, employees who don't want to “act up” are effectively forced to do so and even required to put an application for the position when they aren't really interested.

Problems have arisen in health when multiple positions have been held against a single position number. The ANMF have previously been advised that, if an aggrieved applicant appeals against an appointment decision, then recruitment to all other positions with that number must cease. This is said to be because of section 39(5) of the State Service Act which says:

If an employee has made application to the Tasmanian Industrial Commission under section 50(1)(a) and the Tasmanian Industrial Commission directs under section 51 that the selection be undertaken again, no appointment is to be made under subsection (4) until that direction is complied with.

When multiple positions are advertised under the one position number, the position of the Agency has been to cease recruitment pending the outcome of the Appeal which can have major implications for an area that is already short of nursing staff.

There have been examples where the pay offices in the regions (North, North West and South) have taken the information from the Nursing and Midwifery Award, yet applied the industrial instrument differently. The most recent example of this was the question of payment of leave loading for a day of annual leave which was treated differently across the three pay offices.

EXAMINING THE EFFECTIVENESS AND EFFICIENCY OF GOVERNMENT SERVICES, INCLUDING THE APPROPRIATENESS AND FEASIBILITY OF FURTHER DECENTRALISATION:

There are many opportunities that exist in health to look at not only meeting health needs but doing so from a shared service perspective. In communities, ensuring that there is access to child health nurses, General Practitioners (GP) as well as services to address issues that arise from domestic violence such as housing and counselling service is just one example where services could be shared. The COVID-19 pandemic has also demonstrated that some services may be facilitated through the use of platforms such as Zoom.

However, any further moves to decentralise services should be carefully aligned with the evidence supporting needs of communities. Decentralisation for the sake of removing services being clustered in a few geographical regions may also prove to be inefficient and unsafe from a health perspective.

While there may be reasons to align a health service with non-health services, if services are to be realigned it is important, both for the professionals working within the health service as well as the users of that health service, to ensure there is appropriate professional support and supervision. One example is the School Nursing Program which sits within schools and under the DOE. While the location of the service is ideal, the service should also be professionally aligned with health. Any movement/realigning or combining of services needs to be carefully considered with significant input sought from stakeholders. Change has to have long-standing benefits. Otherwise, change improperly implemented will just result in further change or staff work-arounds leading to frustrations for the workforce. Ultimately, this could lead to an inability to recruit and retain professional staff. Tasmania cannot afford to be known as the State of constant change.

FACILITATING AREAS OF CULTURAL CHANGE WITHIN THE TSS (E.G. PROMOTING RISK-BASED DECISION MAKING, INCREASING DIVERSITY, PROMOTING INNOVATION, IMPROVING ACCOUNTABILITY AND IDENTIFYING WAYS TO ENHANCE PERFORMANCE):

If there is to be a cultural change then educational support is needed. Feedback from our members who are in management positions is that there is often little in the way of education for managers nor is there much time for them to consider innovative ways of doing things because they are often paddling furiously simply to keep the system running. As an example, nurse managers spend a considerable portion of their time doing comparatively menial tasks such as rostering, signing off on timesheets, trying to call in replacement staff and so have little time, energy or support for planning more strategically.

The lines of communication within the system is also unclear. The THS has been in a constant state of flux for many years. There appears to be no clear organisational structure that is understood by others. For this reason, it is difficult to see if there are governance structures which you could use to advance innovative ideas or other suggestions.

IDENTIFYING WAYS TO HELP DEVELOP THE LONG-TERM CAPABILITY AND AGILITY OF THE TSS:

The public sector, at least in health, does not appear to be particularly interested in the opinions of those who are working within the system. Failing to ask the workers on the ground how things work, how they might be better organised, where failings can be identified, etc. means there is a culture of repeated attempts to change which simply result in more change but not necessarily effective and productive change.

The stories reflected in the Fail Forward initiative can be heard in the Tasmanian Health Sector as noted on that website (<https://failforward.centreforpublicimpact.org/p/4>):

Failing forward happens best when learning from failure is built explicitly into these [structural] routines. When conventions and procedures are designed to maximize continuous learning, rather than just successful delivery, governments can employ more staff to identify failures, can communicate better, and have the time and space to grow.

A root cause analysis looks at problems retrospectively and aims to make improvements going forward. Considering how things go wrong or could go wrong at a small level and seeking suggestions for better solutions could avoid the need for a retrospective analysis. It is the experience of members that errors often occur because of structural inefficiencies and that individuals do not feel empowered to raise their concern. In fact, for example, in the case of a medication error which might have multiple causes, the member at the point of administering or nearly administering a wrong medication is often chastised and subject to disciplinary action rather than consideration being given to a system ensuring that a person administering medications is not interrupted, has time to do the task and has access to a check person as needed.

ATTRACTING, DEVELOPING AND RETAINING A SKILLED PUBLIC SECTOR WORKFORCE WITH THE CAPACITY TO MEET EMERGING ECONOMIC, SOCIAL, ENVIRONMENTAL AND TECHNOLOGICAL OPPORTUNITIES AND CHALLENGES:

All professionals in Australia should have equal pay – nurses in every state paid the same etc. Whilst this matter is outside the remit of this review, the reality is that all health care professionals have national registration which makes moving between states simple. Tasmania can no longer rely on cheap housing to entice new employees. Professionals will look to see the benefits they will receive depending upon their area of work.

As discussed above, professionals are also not keen to come to Tasmania without the assurance of a permanent position.

When nurses or midwives are injured during the course of work, a very small percentage of them have some ability to work but are unable to return to the clinical duties they have been doing because of ongoing restrictions. Yet, despite the TSS providing multiple job opportunities, access to appropriate opportunities is not readily available to these staff who have skills beyond the clinical arena.

IMPLEMENTING ENHANCED WORKFORCE MANAGEMENT PROCESSES ACROSS THE EMPLOYEE LIFE CYCLE INCLUDING OPPORTUNITIES TO IMPLEMENT IMPROVEMENTS TO HOW THE TSS RECOGNISES, DEVELOPS AND MANAGES EMPLOYEE PERFORMANCE:

Managers, at least in nursing and midwifery have been inducted into management roles often with little to no orientation, ongoing mentorship and support. It has been identified in numerous reviews of the NUM role that there is also limited ongoing support for professional development. Over time, the NUM position has not been seen as an attractive role by potential leaders due to the workloads, lack of support and authority to effect real change.

It is understood that the separation of employees for the public service is to be reviewed as part of the State Service review. Without the implementation of the appropriate education of managers to manage performance as mentioned above and supportive performance management procedures to grow the capacity of employees, the fact that an employee may be separated from their position if they do not meet their performance KPIs will not increase performance and productivity.

Managers also lament the inability to make decisions within their delegation and are hamstrung by conflicting advice from human resources (HR), payroll, senior leaders in their organisations and importantly by the lack of information and data available. If managers are expected to truly lead, they need to be empowered with transparent data, authority to make decisions and appropriate resources to implement required change and to address their own learning needs. In addition, budgets need to be available to these leaders for them to understand the need to make decisions in line with strategic objectives. Only then can accountability be enforced.

Consultation:

The ANMF believe that as the State Service Review has the potential to have a significant impact on the community and nurses and midwives, it is critical that they are consulted with in a meaningful way. To that end, the ANMF propose focus groups with members convened by the ANMF and also wide community consultation. In addition, comprehensive analysis of the evidence regarding the Tasmanian population, their health needs and in turn their service needs must be undertaken to ensure any recommendations are evidence based.

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