

STOP-WORK MEETINGS

CANTERBURY DHB

Nearly 200 APEX members from Canterbury DHB turned out to a stop-work meeting at the end of February to discuss staff wellbeing and workload.

Dozens of radiographers, radiation therapists, laboratory workers, medical physicists, pharmacists, anaesthetic technicians, psychologists, sonographers and other allied, scientific and technical professionals halted work for 2 hours to fill the local YMCA auditorium.

APEX National Secretary Dr Deborah Powell opened the meeting to report on a forum attended by union representatives the day before with DHB senior managers about their new wellbeing and people capability strategy. At the forum, the DHB had presented data showing staff were doing well at increasing throughput – keeping people out of hospital, reducing bed days, reducing falls, increasing self-care and community care, etc. But the same data are forecasting unrelenting and increasing demand in the near future.



We are now suffering the consequences of rapidly rising demand for health services: this was the message from every department at the stop-work. Members spoke about the workload impacts they are facing.



They spoke of burnout, increased sick leave (but equally a reluctance to be sick because of the impact that has on colleagues), being unable to take annual leave, inadequate staffing in many areas, delay getting replacement staff on boarded (let alone hiring additional staff to meet the growing demand), unsupported health and safety frameworks, and so on.

APEX has written to Michael Frampton, the DHB's HR Director, to ask how the DHB plans to deal with a steadily increasing workload. In particular, APEX is keen to understand how the DHB knows the following:

- If staffing levels in each area are adequate?
- If safety risks are being run as a result of staffing levels?
- What the complement FTE is now, and what is projected to be needed as demand continues to grow?

West Coast Stop Work

On 7 March, APEX members in radiography, IT and laboratory services at West Coast DHB held their own stop-work meeting. The meeting was well-attended by 75% of our West Coast members. The meeting was to discuss the need for workforce planning for this hard-to-staff area, and to find ways to ensure there is feedback from reported incidents and the planned transition into the new Grey Base Hospital, currently under construction.

MEET YOUR DELEGATES

JANELLE FRITH: CSSD HAWKE'S BAY

What do CSSD technicians do?

We work with theatre and re-process all of their reusable instruments. During decontamination, the equipment is cleaned, thermally disinfected, packed, and then sterilised. So, you know, we're doing a really important job, and have to get it right.

How did you end up in CSSD?

The opportunity came up in the newspaper and I thought it sounded interesting. My main worry was whether any body parts came out the back. I asked about this in my interview and they said "no", so no problem!

Why did CSSD techs join APEX?

A lot of us felt our old union just weren't listening. There was just a huge lack of support.

Tell us about bargaining last year

The process was new to me, but it went really well. Fantastic outcome: basically we got everything we asked for. One thing we achieved was getting changing time. We've been asking for that for years. Before our new agreement, we had to be on the floor at the time we started. So, if I started at 0800, I had to be on the floor at 0800. With the new changing time clause we have 6 minutes at the beginning and end of our shifts to get changed.

It used to be really hard to get merit progression, too, but our new agreement makes it easier. We have lots of ways to help staff get merit steps, such as recognising expertise in certain specialties. One of my roles as delegate is to encourage staff to go for merit.

What is satisfying about your job?

I get real satisfaction from knowing that we help patients stay safe. We treat each instrument that comes in as if it could be used on yourself. You never know!



CODE OF GOOD FAITH

YOUR RIGHTS AND RESPONSIBILITIES

In 2004 the Government amended to the Employment Relations Act 2000, codifying what 'good faith' means in the public health sector.

The resulting Code of Good Faith for Public Health sets out how health professionals, DHBs, employers providing services to DHBs (such as private laboratories) and unions representing health professionals – of which APEX is one – should conduct themselves in their interactions.

Collective bargaining

Employers cannot communicate directly with union members during collective bargaining, negotiate with non-union members to influence or undermine collective bargaining, or discourage employees from joining or remaining with a union.

Employers must recognise that collective bargaining and collective agreements need to:

“Provide for the opportunity for participation of union officials, delegates and members in decision-making where those decisions may have an impact on the working environment of those members.”

The Code also provides for patient safety during industrial action through obligations to provide life-preserving services. Disagreements

over the scope of life-preserving services during industrial action between employers and APEX are adjudicated by a clinical expert. Mr Andrew Connolly, chair of the Medical Council, has, for example, acted as the clinical expert in collective bargaining arrangements involving APEX.

General principles

The general requirements of the Code are that parties must do the following:

(a) engage constructively and (b) participate fully and effectively. Parties must treat each other with courtesy and respect and “recognise the role of health professionals as advocates for patients”.

Meetings must:

- Address not only the industrial issues between the parties but issues facing the public health sector, the

BARGAINING UPDATE

Northland DHB Pharmacy have dates set in late April to begin bargaining.

Waikato DHB Physios are currently in bargaining negotiations.

Audiology bargaining begins on 26th April.

Pathlab Whakatane voted in favour of ratification.

Northland OTs are waiting for a final meeting on career progression.

T-Lab: heading to mediation after members rejected 1.57% and 1.5% over 24 months.

Southern Psychology returned to mediation on April 6 over clawbacks on CPD.

MoE Psychologists will return to bargaining on 19 and 20 April

Waitemata Dental is back to bargaining on 1 May.



Right to publicly comment

Clauses 14 to 18 of the Code provide health professionals with a right to make public comments about the state of the public health system, including things not working well at their employer. The principle clause states

“Employers must respect and recognise the right of their employees to comment publicly and engage in public debate on matters within their expertise and experience as employees.”

However, before you make a public comment about your employer's operations, you must have raised the issue with them and given them a reasonable opportunity to respond.

If you are dissatisfied with their response, you can exercise your right to comment, but must make it clear you are either speaking in a personal capacity or speaking on behalf of your union, with its authority to do so.

Crucially, you must be sure not to breach patient or professional confidentiality.

employer, and the employees;

- Search for solutions that will result in productive relationships and enhanced delivery of services;
- Ensure that any change is managed effectively.

Parties must use “best endeavours” in a constructive way to resolve differences between them.

