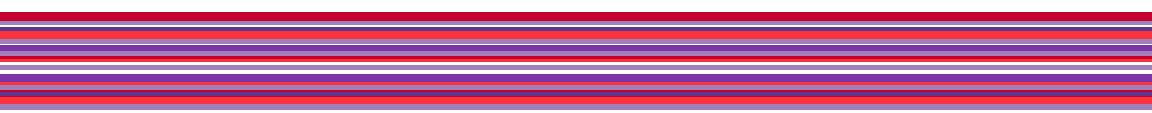




Submission by  
Health Services Union  
of Western Australia (HSUWA)

To the  
EDUCATION AND HEALTH STANDING COMMITTEE:  
Inquiry into the transition and operation of  
services at Fiona Stanley Hospital







Our Ref.: HO.083.15

Ms Lucy Roberts  
Acting Principal Research Officer  
Education and Health Standing Committee  
Legislative Assembly Committee Office  
Level 1, 11 Harvest Terrace  
West Perth WA 6005

By email: [laehsc@parliament.wa.gov.au](mailto:laehsc@parliament.wa.gov.au)

23 June, 2015

Dear Ms Roberts

**Re: Inquiry into the transition and operation of services at Fiona Stanley Hospital - Submission by Health Services Union of Western Australia (HSUWA)**

Thank you for the opportunity to make a submission to the above inquiry.

The HSUWA is the trade union that represents more than 16,000 people employed in WA's public hospitals and health services, including for example administrative staff, clerks, health technicians, physiotherapists, pharmacists, medical imaging technologists, clinical psychologists, social workers, medical scientists, speech pathologists, occupational therapists, dieticians, podiatrists, mental health workers, and other health professionals. All play a vital role in providing and / or supporting clinical services at the Fiona Stanley Hospital campus. The HSUWA also represent administrative, security, and various technical and facilities management employees employed by Serco at Fiona Stanley Hospital.

The HSUWA submission is primarily based on the results of a survey of members in late April / early May 2015. The union surveyed members state-wide about the attitudes of members to privatisation and to the specific question of the transition and operation of services at Fiona Stanley Hospital. Included are the relevant edited comments provided by members in the survey about their experiences in the transition and operation of services at Fiona Stanley Hospital. Also included are some further comments by members arising out of the survey process.

We look forward to the opportunity to present further information at any hearing that may be convened by the Committee and once again thank you for the opportunity to make a submission. Please contact the undersigned, or Richard Barlow on (08) 9328 5155 or [union@hsuwa.com.au](mailto:union@hsuwa.com.au)

Yours Faithfully

Dan Hill  
Secretary

## Introduction / Executive Summary

The general view of the union and members is that the Fiona Stanley Hospital is a remarkable achievement which has the potential to be a world leading health service. The highly complex and challenging reconfiguration and transition to the new service has been handled with great skill and understanding by the thousands of multi-skilled employees, those who have moved to the new hospital, and those who stayed to deliver outstanding services at Royal Perth Hospital and Fremantle Hospital. This is a testament to the capabilities of health employees at all levels across the health system.

But 80% of those same employees believe the changes in WA's health system have been badly managed by the State Government. With such a significant change it is not surprising that there are areas which could be improved. The transition and operation of clinical services at FSH has been tested by inadequate workforce planning, the implementation of a new interdisciplinary management structure, and a failure to properly plan procedures and processes for the new Hospital.

The management by Serco of the services it is contracted to deliver at Fiona Stanley Hospital has added to the complexity of service delivery particularly in the transitional phase and has had some critical early failures.

The evidence appears to be mounting that there have been avoidable risks to patients and staff and that there needs to be some urgent effort by the Government to address these failures.

## Workforce Planning

The HSUWA were calling on the Government and Department of Health to release its workforce planning for FSH. [See page 24 - the copy of the letter to Kim Hames Re Workforce Planning for Fiona Stanley Hospital ] Repeated requests fell on deaf ears and the Department did not properly consult with the union about changes to the organisational structure at FSH for the Allied Health workforce or the classifications and line management responsibilities for these positions. Advice from well placed and senior Allied Health members was that the workforce numbers were much lower than national benchmark standards, and the proposed interdisciplinary management structure did not provide adequate clinical management support or quality control. Members advise that the FSH Pharmacy Department is still significantly under staffed and struggling to meet demand for services. Health Record services managed by the Department of Health are already on to their third temporary manager at a time when the service needs stable leadership. The late decision by the Department to retain the health information management workforce within WA Health may have contributed to the lack of processes and procedures in this area.

The implementation of a programme management model for Allied Health is in and of itself unremarkable. This interdisciplinary management model claims to be more patient centred and has been used at different sites and services over many years. The management of FSH do not seem entirely confident with the model having appointed most of the interdisciplinary leadership positions on 4-year fixed term contracts. The advice to the union was that this was to see if the model would work. There are challenges with such a structure, they tend to flatten the career path for health professionals, with mid level positions being limited to interdisciplinary management roles or professional lead roles with no specific line or clinical management responsibilities. The management model has the potential to reduce the range and depth of highly specialised skills amongst health professionals. The management model can also bend towards 'semi skilled' clinical decision making as managers may make decisions about clinical service delivery to patients without being qualified in that professional discipline. Feedback from members is that staffing levels are not well matched to activity levels and there are limited relief staff.

There has been considerable feedback from members about the clinical and work procedures and processes for the new Hospital - these views are quite widespread. For Allied Health the issues raised point to inflexible procedures and decision making which limits the practitioner's professional discretion about appropriate treatment. In other Allied Health areas members advise that there is a lack of process and procedure, and the management structure means junior practitioners are not getting the clinical support they need. In Health Records there appears to be a lack of procedures and processes, and an unmanageable workload for co-ordinators, some have more than one hundred employees to directly supervise. Added to this are the low levels of support for DOH staff in the adjustment to new communications systems and other facilities and services managed by Serco.

## Privatisation and Outsourcing

The HSUWA are opposed to the privatisation of government services and campaigned extensively against the outsourcing of non clinical services at Fiona Stanley Hospital. This policy position was informed by extensive polling, both of members of the union and the community. It is worth revisiting some of that data.

The survey process included a direct mailed questionnaire and focus groups co-ordinated by WA Opinion Polls. There was a high correlation between the results with over 80% of members opposed to privatisation of public health services.

In the focus groups, member opposition to privatisation came most strongly from those workers who had experience of working in both the public and private sectors with spontaneous comments that pay and conditions would be reduced with privatisation.

These member opinions have been reinforced by public opinion polling in key marginal State electorates around the proposed Fiona Stanley site and the mooted Midland Health Campus location with over 75% opposed to privatisation of the hospital services.

Opinions have not shifted in the intervening years with privatisation still strongly opposed by the community.

The contracting of certain non-clinical services to Serco at FSH is a current and likely future reality. The problems with the operation of the contract have been well documented, the most prominent being the removal of sterilisation services from the contract and the contractual abatements of approximately \$1 million. The persistent difficulties with Information and Communication Technology (ICT) provided by Serco and its sub contractors have also been reasonably exposed. Feedback from members is that what has been made known to the public about ICT failures at FSH are the tip of the iceberg. The concerns of ICT users may seem somewhat esoteric until the real world connections can be properly understood. For example, information that does not move around at the right speeds can mean that time limited diagnostic tests fail. Feedback from members is that this is happening at FSH.

## Conclusions / Recommendations

It is unclear from the Terms of Reference whether the Committee will make recommendations for changes at FSH to mitigate any identified deficiencies. The transition and operation of clinical services at FSH in areas such as workforce planning, the temporary interdisciplinary clinical management structure, and procedures and processes, are all manageable with sufficient leadership and resourcing.

It is premature to comment on the management by Serco of the services it is contracted to deliver at Fiona Stanley Hospital or whether these are meeting the operational and (secretive) financial goals set by the Government. Also of considerable concern to staff, patients and taxpayers is the persistent unease about ICT services. We urge the Committee to make recommendations to Government in this critical area which would improve public confidence. These may be matters best examined by the Auditor General.

We also urge the Committee to reconsider a recommendation made by a previous Education and Health Standing Committee in its 2010 report *Destined to Fail: Western Australia's Health System* which said :

"Recommendation 7

***The Western Australian Government include in each annual health budget an outline of the cost of services to be provided at public private partnership health facilities and a comparison with the cost of these services provided at government-provided facilities."***

## HSUWA Survey of members April / May 2015

The union surveyed members state-wide about the attitudes of members to privatisation and to the specific question of the transition and operation of services at Fiona Stanley Hospital. Included are the relevant comments provided by members in the survey about their experiences in the transition and operation of services at Fiona Stanley Hospital.

The union conducted an online survey of members in April / May 2015. The impetus for the survey was the consistent feedback from members about how change was being managed in the health system, and particularly the reconfiguration of services in the Metropolitan area. The survey received 650 responses in total, 555 of those were from members in Fiona Stanley Hospital and the Metropolitan Health Services. A copy of the Question Summaries is attached from page 25.

The survey results clearly show that members overwhelmingly believe that the public health system is under significant stress and the system and the reconfiguration / transition are not being well managed by the State Government. Almost 80% of members believed the recent changes in WA's health system have been badly managed by the State Government. Similarly, almost 70% of members believe the transition to FSH has been badly managed. Over 60% believe that patient care has been compromised. Approximately 66% of members believe that there is a lack of leadership for health.

The survey outcomes echo the sentiments expressed by members in the comments, and in meetings, conversations, phone calls, and emails, with union officials and representatives, the message is reflective of these results.

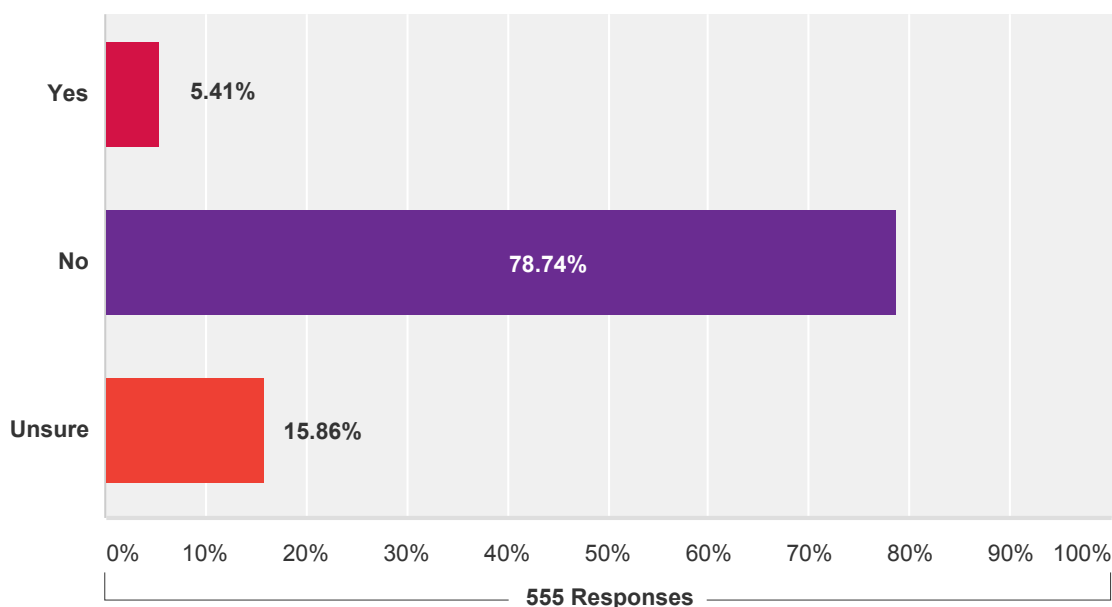
### Member Comments

In the survey responses there were a number of comments provided by members about FSH and the changes that have occurred. Attached below are the comments by members directly relevant to FSH, the reconfiguration process, and changes in the health system. These responses have been edited for clarity

### Key Points

- Pushing patients out of hospital to access non existent community services
- lack of consultation with staff
- poor communication
- bad planning
- excessive bureaucracy
- under staffing
- poor integration between WA Health and Serco
- dysfunctional ICT systems

## Q1 Do you feel change in Western Australia's public health system is being well managed by the State Government?



1. We spend more time monitoring statistics and doing paperwork than we spend performing clinical duties. We are drowning in red tape.  
5/6/2015 10:38 AM
2. Too much reliance on outside processes and consultants to force in models of processes without recognising the models that have been in place for many years and have evolved to work efficiently. The forced in process and corporate drive models implemented by business consulting forms do not work in public health!  
5/5/2015 12:54 PM
3. Adverse implications for patients eg eligible for hospital transport when treated at RPH prior to transition, but not now eligible for FSH transport.  
5/5/2015 11:54 AM
4. Top heavy no real consultation with staff  
5/5/2015 10:13 AM
5. They are making cuts to ground staff and expecting more output and "efficiency". Very demoralising for staff who are already working so hard.  
5/4/2015 4:06 PM
6. Phone system failure, ramping, flooding from ruptured NEW pipes, sterilisation issues, incorrect food given to people with allergies....  
5/4/2015 12:52 PM
7. Problems with FSH hospital ongoing. Closing of FH ED and parts of RPH with services going to FSH has not created more beds. Waiting lists too long.  
5/4/2015 12:26 PM
8. Poor communication to staff at times. Unclear what is happening  
5/2/2015 5:24 PM

9. Serco should not be anywhere near our hospitals - phase 3a opening of Fiona Stanley Hospital was very badly organized and to date processes are still not satisfactorily in place!  
5/1/2015 5:10 PM
10. Too few staff in key areas. Increased red tape demand on senior staff  
5/1/2015 2:29 PM
11. *It's a very complex system, but a number of projects of late don't appear to have been managed as well as they could have, plus the effects on frontline services that the government have not acknowledged to be consistent with their political messages (eg. through not filling positions that become vacant)*  
5/1/2015 1:18 PM
12. Changes being made are often not 'best practice' for the patient. It appears that the government whilst saying they are taking into account the views of the workers in health are not being heard.  
5/1/2015 10:58 AM
13. Planning done by people who don't understand what goes on in the various departments  
5/1/2015 9:48 AM
14. More and more times spent on paperwork rather than with clients/patients  
5/1/2015 9:46 AM
15. Bad planning - in the case of FSH very little planning in some areas. Too much reliance on private contracts - wasting taxpayers money  
5/1/2015 9:35 AM
16. Staff cuts decrease customer focus, decentralizing services mean patients are treated closer to home but by less experienced clinicians and any upskilling is organized poorly at best  
4/30/2015 9:36 PM
17. Insufficient staffing, managing from the bottom up instead of from the top down, contracts not being done in a timely fashion and staff not getting paid - and this is deemed acceptable , continuous contracts - hence if this is the case then - positions should be filled permanently, high stress levels amongst staff. I have been with Health a long time, never known things to be so grim, hours of unpaid overtime, lack of supervision and or go to person after hours and on weekends -Health is very unwell.  
4/30/2015 9:07 PM
18. Under resourced with staff. Problems with ABF and ceasing to have specific allied health depts.  
4/30/2015 4:51 PM
19. *Cutting staffing levels and resources does not make any sense with a growing population but still expecting a high level of service.*  
4/30/2015 4:20 PM
20. Bureaucracy has increased, autocratic arrogant young managers who think they are "leaders" and ripping apart of highly experience interdisciplinary teams to make so called "Allied Health"  
4/30/2015 3:42 PM



21. It's a pinch from Peter to pay Paul and aboriginal health is not sufficiently resourced and notifications for funding is made 2-3 weeks before funding runs out.

4/30/2015 2:21 PM

22. *Because there trying to manage it like a production line instead of a hospital*

4/30/2015 2:14 PM

23. Fiona Stanley is an example of their ability Executive do not collaborate or communicate change effectively

4/30/2015 2:01 PM

24. The main reason is the lack of depth of information used in the planning of FSH - in many instances, the same data was supplied multiple times, in other instances consultation was conducted after the decisions had been made.

4/30/2015 1:33 PM

25. Insufficient thought and consultation with others lead to problems when changes are made. Executive managers make arbitrary changes without actually spending time in the area they are changing.

4/30/2015 10:21 AM

26. The government's representatives have failed to listen to staff input regarding the planning of new hospitals. Experienced, highly regarded clinical and non-clinical staff have been sidelined in favour of architects and new graduates who are suddenly experts in designing hospital services. There's a lot of ill-feeling about this. There are also whispers about a health department review but there has been no consultation with staff regarding efficiencies and cost-saving measures, which many staff are not opposed to in principle.

4/30/2015 9:11 AM

27. It looks like PCH will repeat the errors of FSH

4/30/2015 7:38 AM

28. Inefficiencies and not listening to recommendations by professionals and people already experienced in specific fields

4/29/2015 10:22 PM

29. Government has initiated new hospitals - that was good. People managing the build have pushed their own ideas and not listened to the collected wisdom of those who work in the field. This has led to built in stressors an inefficiencies.

4/29/2015 6:35 PM

30. Staff numbers have been cut far in excess of "projected" activity. Actual activity is significantly above these projections with no relief in sight for staffing numbers. Medical and Nursing numbers are way in excess of required numbers but all other areas are expected to cut numbers to accommodate excess. Talk of the affordable FTE being reduced further to 85% of our workforce build with no date set as to when recruitment to 100% can take place.

4/29/2015 5:40 PM

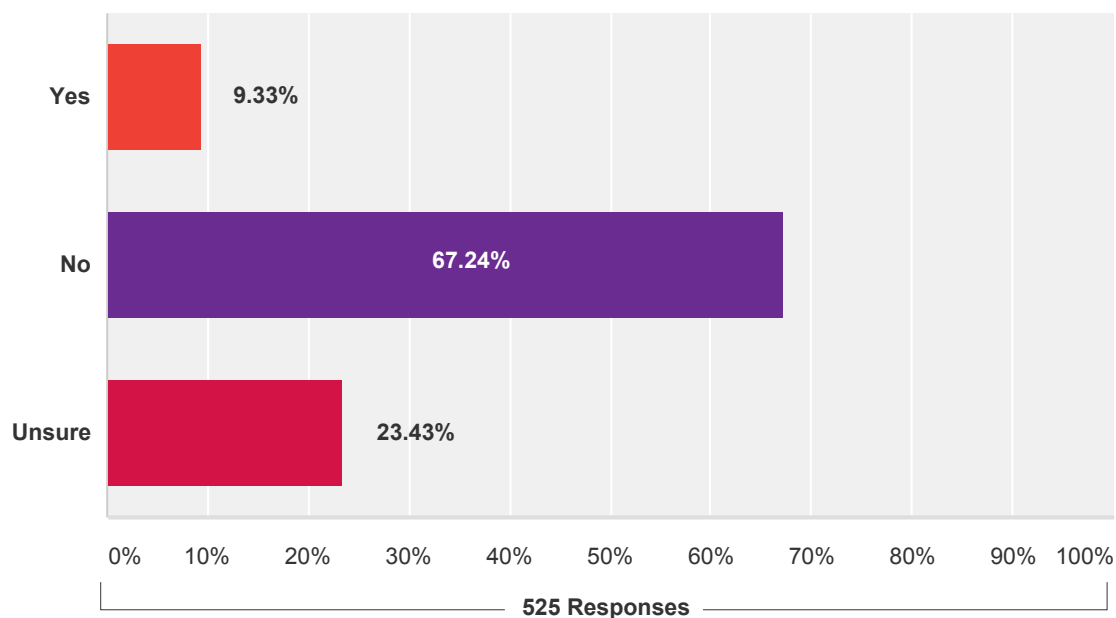
31. Is the State Government aware of the extent of the frustration of Health employees with dealing with Facilities Management at FSH! If so, are they okay with the service standard that is being provided by Facilities

32. Management? Money wasted on political ideologies ie private-public partnerships, constant reviews without implementing findings, funding models not taking into account WA's unique situation wrt remoteness & which is about to change again!!

4/29/2015 5:27 PM



**Q3 Do you feel the transition to Fiona Stanley Hospital has been managed well?**



1. Personally the transition was managed poorly. As a permanent employee, I was required to formally re-apply for a position in the transition. No acknowledgement or apology to staff for the high stress caused. Waste of public money with delays to opening etc,

5/5/2015 11:47 AM

2. *The hospital building is brilliant. The workforce management model has been devised by lunatics who are too narcissistic to admit they are wrong. It's a crazy model that places unrealistic expectations on workers.*

5/4/2015 8:32 PM

3. People did not know what job they were going to, the set up of departments was unknown. Poor mobile phone coverage, problems with sterilization, problems with road signage when arriving to Fiona Stanley

5/4/2015 4:32 PM

4. *Too much time and money was spent on making sure the hospital looked good and had lots of fancy (but unnecessary) technology, while workforce planning especially at the clinical level was left to the last minute with an insufficient budget*

5/4/2015 3:33 PM

5. Other hospitals are being left short staffed or with staff that are not fully skilled so as to staff FSH  
5/4/2015 2:18 PM
  6. It appears that systems had not been fully tested/implemented prior to transition  
5/4/2015 9:30 AM
  7. Serco contract and lack of cohesion with DoH processes. Lack of detailed analysis of projected presentations at ED. Terrible management of IT implementation  
5/3/2015 6:57 PM
  8. I have experienced the care there as a patient and had very negative feed back from staff.  
5/1/2015 3:40 PM
  9. Dept. that were not moving to FSH were made to do merit based assessment and now we have people working in areas that they know nothing about nor are they interested in that area. In general everyone is unhappy and no longer going beyond the call of duty just doing the bare minimum.  
5/1/2015 9:35 AM
  10. Some things appear smooth but patients are left without medical governance, some clinics are not running smoothly and services are fragmented between FSH and FH, some clients are being discharged without services and a less than desirable perception is emerging  
4/30/2015 9:40 PM
  11. I was made a redeployee and then given redundancy after being promised we would all have positions in the new world!  
4/30/2015 9:33 PM
  12. I am at Rockingham - and it appears to be fraught with problems - hopefully FSH will get better and support the peripheral hospitals -rather than the other way around.  
4/30/2015 9:10 PM
13. ***My husband was there and did not receive meals on 6 occasions as they insisted on him putting his meals in on the computerised system. He had a brain injury and couldn't even remember his name let alone operate a brand new system. Nurses were not willing to help so he missed his meals.***  
4/30/2015 4:34 PM
14. No real consultation with front line clinicians. Ignoring clinicians concerns. Applying an economic "McDonalds" approach  
4/30/2015 3:47 PM
  15. There are issues arising that should not happen with the opening of a "state of the art" hospital. Proper planning for staffing across health should have been worked out months earlier.  
4/30/2015 3:25 PM
  16. FSH has too big a catchment and will continue to struggle unless hospitals like Freo continue to have an ED.  
4/30/2015 2:09 PM
  17. Poor project management and a dependency on HIN to carry out work without extra funding and resources has seriously put older hospitals in a dangerous situation with outdated technology  
4/30/2015 2:04 PM

18. Severe lack of clear lines of delineation and responsibility in areas where Serco and WA Health work together, issues arisen that could have been avoided with more forethought and collaboration with end users and/or more testing of capabilities of systems

4/30/2015 12:50 PM

19. Overall there has been lack of clarity about how it would work and how staff would be allocated to clinical areas.

4/30/2015 12:31 PM

20. ***No proper policies or procedure in place***

4/30/2015 10:18 AM

21. Being involved within health I can say that the opening of FSH has caused great problems within the other sites with the closure of dept and transfer of doctors who do not want to work at that facility

4/30/2015 10:13 AM

22. I'm in IT so can only observe on that. The fundamental flaw was unrealistic expectations up front (eg. paperless).

4/30/2015 10:09 AM

23. No contact details were given to contact staff which was particularly difficult with Statewide services to which all hospitals refer. Also clients were not given contact details so continually rang outlying services for assistance that they could not provide.

4/30/2015 10:04 AM

24. ***Poorly unco-ordinated transition period, - patients on trolleys for hours, patients sent to wrong areas, \_Inadequate staffing levels (ALL areas) - Automated delivery system repeatedly failing ,***

4/30/2015 9:56 AM

25. Well, I have been part of it & seen it first-hand. Planning was inadequate/over-optimistic. Facility was not ready for transition (equipment wrong or missing etc) despite repeated boasts of on time & under budget

4/30/2015 9:46 AM

26. Limited direction, limited accountability and decision making, not run as a public hospital but as an independent unit from WA Health. Difficulty in sharing current IT systems in use at Health with FSH.

4/30/2015 9:43 AM

27. FSH was opened too early - before all systems and procedures were properly tested and in place - not only the stuff ups written in the newspaper but first hand from friends and colleagues who have had to use FSH services

4/30/2015 9:29 AM

28. Delays in appointments to positions, last minute recruiting. Although info re: required consumables and equipment (for patient care) were provided long before opening - much of that hadn't been ordered at the time the hospital was opened

4/30/2015 9:06 AM

29. Moving the patients from other sites was well managed, Services provided within the hospital by contractors place patient health at risk.

4/30/2015 9:05 AM

30. There were always going to be issues with a brand new hospital. There has been lots of communication. I feel the biggest issue at FSH is the lack of education considering we've been there >6 months and had no Physiotherapy specific education

4/30/2015 9:00 AM

31. ***Very poor, hope they learn before PCH move***

4/30/2015 9:00 AM

32. Interface between WA Health and Serco seems hit and miss

4/30/2015 8:07 AM

33. They dismantled working models and tried to rebuild with poorly trained staff who have no knowledge of how hospitals are run in WA

4/30/2015 7:19 AM

34. Our department is split between two sites and when I need to contact FSH regarding patients I can never get through. Patients are also getting shunted from site to site. Some patients blatantly don't want to go to FSH but have no choice. As far as the management of staff goes it has been atrocious.

4/29/2015 9:11 PM

35. All transitions will have teething problems, this is a shambles

4/29/2015 8:29 PM

36. Administrators actively trying to stop my team from communicating. The separation of Allied Health out from the rest of the hospital system is seriously unhelpful.

4/29/2015 8:11 PM

37. Understaffed and impossible to get information regarding patient care from them with transferring patients

4/29/2015 7:52

38. PM groups can work together.

4/29/2015 7:19 PM

39. No support.. No decent management, No Trainers.. No matching staff to their skills. Not interviewing staff just throwing them in the job. No communication

4/29/2015 6:50 PM

40. ***IT systems were not introduced pre move. Untested or just plain dodgy contractors are providing a non- service eg, when I call them to empty rubbish bins in a particular room they try to tell me the room does not exist!***

4/29/2015 6:39 PM

41. Some patients unable to have surgery, FSH not providing the post acute care rehabilitation has forced work back to other hospitals - eg SCGH

4/29/2015 6:17 PM

42. Confusion over transition of patients and services. This is still ongoing! Numerous complaints from the public as there has been no communication.

4/29/2015 5:42 PM



- 43. People in high level positions with little to no experience & poor planning  
4/29/2015 5:30 PM
- 44. It is absolute chaos. The model for supervision is non existent leaving staff and patients at risk  
4/29/2015 5:30 PM
- 45. Serco and BT have made life very difficult for staff to do their job  
4/29/2015 5:29 PM
- 46. Hand picked collaboration. Poor communication. Poor oversight of services shifted to Serco.  
4/29/2015 5:24 PM
- 47. I think the staff are trying their hardest, but the transition is being used as an excuse to stop improvements - e.g."we will fix that when the transition is finalised"  
4/29/2015 5:23 PM

**Q5 Can you provide an example of an issue at Fiona Stanley Hospital that is compromising patient care or making it difficult for you to do your job?**

for example...

- 1. Orderly - lack of services Outpatient clinic contact difficult at times as often not speaking directly to staff but to answering machine. Sterilisation of surgical equipment  
5/6/2015 10:09 AM
- 2. Insufficient orderlies Sterilisation of surgical instruments Answering machine on during working hours when trying to contact outpatient clinic  
5/6/2015 10:01 AM
- 3. IT/communication failures Not giving out direct telephone numbers to call back if unable to be put through on initial call.  
5/5/2015 1:35 PM
- 4. ***Staff/workload Overworked, insufficient time allocation to reasonably meet the demands of ward, allied health structure provides no support for allied health clinicians within their disciplines***  
5/5/2015 12:55 PM
- 5. Patient management issues Transport as above. Inadequate relief cover staff in allied health especially OT & SW. Existing staff are expected to cover, which reduces patient service. Management positions are covered or those assisting management, eg managerial admin.  
5/5/2015 12:00 PM
- 6. Management continuously produce new procedural and administrative tasks for the workers that add nothing to clinical care. It carries a message that management believe that the workers cannot be trusted and must be accountable for everything they do. Unfortunately, eventually clinical mistakes will be made because too much time and energy is being spent on satisfying management's demands and not consumer demands.  
5/4/2015 8:32 PM

7. Staff/workload Good people leaving FSH after 4 months in their jobs.  
5/4/2015 5:28 PM
8. IT/communication failures Try phoning in for information concerning relatives in emergency... end up waiting for both switchboards  
5/4/2015 4:48 PM
9. I work in an outpatient setting. Outpatient allied health services has been hit particularly hard by staffing cuts as part of the transition to FSH. The area I work in is now staffed at only 30% of the staffing in the previous equivalent service before the transition. I have had to reduce treatment times and the number of treatments I am able to provide to patients. Many patients are discharged too early from what is the specialist outpatient service at FSH, or are even unable to access at all and are instead referred to secondary service where there is insufficient expertise to deal with there treatment. Almost no time is available for admin, education, professional development - and these are often done during unpaid overtime. Insufficient staffing of outpatient clerks also means that mistakes are being made with bookings requiring the time of clinical staff to follow-up on these.  
5/4/2015 3:33 PM
10. Affecting my area directly - a number of incorrectly labelled specimens.  
5/4/2015 12:54 PM
11. Pipe leaked affecting surgeries. Patients self-discharging as they are not feeling care is adequate  
5/4/2015 8:24 AM
12. The banning or refusal to treat verbally aggressive or unsuitable patients at FSH. These patients are then sent to other sites to contend with.  
5/4/2015 7:36 AM
13. Triage system in ED and lack of staff. Day surgery/short stay unit poorly designed and understaffed. Serco PES is appallingly setup and managed -> bored patients have more pain and increased demands on staff  
5/3/2015 6:57 PM
14. The AM cleaner on ward 7d is expected to clean all 24 rooms as well as two step clean carded rooms and be prompt and fast whilst doing discharge cleaning its not fair and things get missed or not done  
5/1/2015 5:13 PM

15. ***Many problems from no phone reception to unsafe practices***

5/1/2015 3:27 PM

16. ***IT requests to Serco /BT go through multiple handballs, it makes communism look super efficient and slick***

5/1/2015 2:32 PM

17. IT/communication failures Other A lack of systems and processes were in place before opening so it is often unclear who does what and how to do it, thus a lot of normal tasks take a big effort and a lot of time to do  
5/1/2015 11:06 AM

18. Continuing confusion with SOPs. For example, the production of Death Certificates. This procedure is compromised by poor communication within the hospital i.e. equipment failures, lack of understanding amongst nursing, allied health and medical staff as to their responsibilities. For many staff there is fundamental problem with getting access to or finding the relevant information. Staff have the option to either call the 'help desk', do an intranet search using the FSH Hub or use their departmental manuals. If a doctor enters "death certificate" into the FSH intranet site they will receive 199 results and the first item titled "Death Certification, Registration and Reporting Requirements" is an Osborne Park Hospital document! Furthermore, the computer systems are often 'down'. A Help Desk enquiry will result in the operator stating that they will need to speak to their supervisor and they don't know anything about the death certification process. There are manuals on the Wards, however the information contained within them is discordant. This impacts on relatives, coroners representatives, funeral directors and cemeteries. A breakdown in the death certification process can result in delayed funerals ( many relatives have their families travelling from interstate and overseas) which can result in the individual doctor being fined \$1000.

5/1/2015 10:59 AM

19. *Calling to ask simple question on behalf of client - what age does child ER go up to - no one knows*

5/1/2015 9:54

20. Poorly given instruction where to go, wrong appointment time given, not well organised for Non English Speaking people. Very Poor Signage , Poor colour choice. For such a huge hospital, which is not friendly at all (depressive). Choice of decorative colours are wrong. Grey colouring choice is wrong. Signs not visible. Big hospital should have large printed directions. No free parking available. Food too expensive and too many eateries. And many other things

5/1/2015 12:42 AM

21. Lack of communication and organisation throughout the entire hospital

4/30/2015 11:07 PM

22. Fragmentation of services in the ortho / hams clinics between FSH and FH and slower patient follow up as services not all onsite

4/30/2015 9:40 PM

23. *Serco and computing... so long to rectify issues. patients are waiting for results.*

4/30/2015 9:31 PM

24. Unfinished infrastructure, unclear or unsustainable operational processes such as managing patient appointments. insufficient resources to manage changed clinical services.

4/30/2015 8:38 PM

25. Staffing cuts in Rehabilitation accompanied by a greater pressure on earlier discharges to meet ABF targets.

4/30/2015 5:52 PM

- 26. *Discharging patients too quickly which inevitably causes difficulty in sustaining them safely at home and leads to readmission.***

4/30/2015 4:54 PM

- 27.** Patient appointments not done, systems in place that prevent ease of treatment - some systems cannot allow pre booking of treatment.

4/30/2015 4:34 PM

- 28. *Not enough resources to keep up with workload***

4/30/2015 3:57 PM

- 29.** Paperless FSH compromises referral on to community services in MH

4/30/2015 3:25 PM

- 30.** Difficult external referral pathways for rehab clients moving from another public hospital to FSH catchment area

4/30/2015 2:33 PM

- 31.** Having to log jobs to Serco /Agility - for porters cleaners etc required at my most vital time so don't have the time to stop to log

4/30/2015 2:28 PM

- 32.** Sending Patients to wrong ward/department, unsure of a lot of contact details, requesting an orderly, rather no one turns up or 3 turn up at the same time delaying patients transfer, altering times of requests e.g. requesting a non urgent ambulance for patient transport home at 11.00 eg when checking when ambulance may come time has been altered by 1/2 hour or more with no notification, patients getting impatient and wanting to go home. could make a list but haven't got the time at the moment.

4/30/2015 2:24 PM

- 33. *The work up to the opening was ridiculous. People hired to plan patient work flows which were useless when staff actually came on board.***

4/30/2015 2:16 PM

- 34.** Long waits for patients to go to tests and procedures (e.g. X-Ray) as no HSAs readily available to take patients. 4/30/2015 2:10 PM IT services are poorly run and coordinated, serious security issues remain. No clear management or lines of responsibilities for Serco to be held too

4/30/2015 2:04 PM

- 35. *IT systems inadequate. parking for staff not proritised for on call late shifts .we have to pay***

4/30/2015 2:04 PM



36. Burst water mains, problems with sterilised equipment. Under staffing. How can you close all of these hospitals. Not take their experience  
4/30/2015 2:04 PM
37. We need more staff. Unable to hire more staff, ones we have are stressed overworked and thanks to the media and all their negativity towards the hospital are dealing with patients already negatively perceiving the hospital. The staff are amazing and are working above and beyond to make it a wonderful hospital!  
4/30/2015 2:01 PM
38. I quit there after 3 weeks. I can send you a letter detailing most of my concerns It is a managed care system that under services outpatients  
4/30/2015 2:00 PM
39. Central "help desk" process in lieu of a proper switch board system that can actually put you through to the department/service you are needing. Whenever I call them they cannot answer my question and often no one gets back to me. Over-dependence on technological solutions that are not always working eg ID card needed to access everything but I have staff who have been waiting for a card for over 6 weeks because the ID card printer broke.  
4/30/2015 1:42 PM
40. Discharge of a patient home residing in our catchment area without any temporary service support in the home leaving the client to struggle at home vulnerable and unsafe.  
4/30/2015 1:22 PM
41. Telephone communication is very difficult and disorganised, mobile phones sometimes have no reception and telephone numbers difficult to access  
4/30/2015 1:15 PM
42. My son came home with someone elses medication  
4/30/2015 12:53 PM

43. ***Not knowing who to contact about certain issues - back and forth between Serco FM and WA Health***

4/30/2015 12:50 PM

44. Not enough staff medical and clerical. My cousin was a patient there for a DVT the nurses were so busy because there wasn't enough of them patient nurse ratio was all out, they forgot to give him his clexane medication for the potentially life threatening clots on his lung.  
4/30/2015 12:38 PM
45. Differing IT and telecom systems between FSH and rest of Health  
4/30/2015 12:22 PM

46. ***Serco workers do not have the same flexibility as WA Health workers. Tighter restrictions on what they can and can't do. Compromising patient experience.***

4/30/2015 12:12 PM

47. Handover- not allowed to do email handover. They have been faxing handovers to us (but we don't have a fax machine in our office) so there was once when the handover went to the triage officer and been referred as an outpatient while it was actually an inpatient transfer!  
*4/30/2015 12:04 PM*
48. Sterilisation not performing, hot water left running to prevent legionella- no ring main, macerators consumables to expensive using slipper pans instead not washed between patients.  
*4/30/2015 11:45 AM*
49. Table for ordering meals, tv etc not available if person restricted in movement  
*4/30/2015 11:26 AM*
50. Patients shipped back & forth b/n hospitals many times, pt's unstable, poor handovers, pressure to transfer inappropriate pts. Endangers pts, very expensive, pts & relatives distressed. Inexperienced staff in some senior clinical and management positions resulting in poor (or nil!) decisions being made  
*4/30/2015 11:04 AM*
51. Poor construction of the Pathology building leading to leaks, toilets not flushing, cupboards falling apart.  
*4/30/2015 10:57 AM*
52. Delay in portering of samples and blood, problems with chute system, hopeless helpdesk that does not assist with issues in a timely fashion  
*4/30/2015 10:52 AM*
53. For example, amputee clinic - they only get 6 physiotherapy appointments?? No long term follow-up and discharge options limited? Spinal patients follow-up PT also seems murky.  
*4/30/2015 10:46 AM*
54. Telecommunication problems, theater problems, waitlist clerk problems, staff problems – largely because FSH decided to cherry pick staff rather than take on experienced staff from other sites as promised  
*4/30/2015 10:13 AM*
55. Although there are agreements in place about what the Serco catering staff will be doing in the hospital, these tasks are often not performed (such as helping a patient to order using their PES screen when they are not able to do it). There are other catering matters when the policy on how situations are managed are changed. There are times when Serco has changed how they are doing some things but not communicated this to the clinical staff. I have been on the receiving end of aggression from patients because they are confused or upset about the catering system. The individual staff members from Serco that I have worked with have been excellent. The difficulty is the two separate structures (WA Health and Serco) that often seem to be working against each other not together. There are also issues with Serco not being flexible with the way that imprest and ward stocks are handled. This leads to running out of stock on wards or not being able to get specific products that are required for patient care.  
*4/30/2015 10:06 AM*
56. Initially, FSH staff were unable to fax and receive faxed documents - unsure if the issue is now resolved but it went against our policy not to e-mail patient identifiable information. The paperless medical record situation is also not compatible with other sites and does compromise patient care as notes may not be available at the point of care in a timely manner as per the National Standards.  
*4/30/2015 10:06 AM*
57. A client needed custom made mitts to push wheelchair, hold stylus and use with cooking utensils. Patterns and equipment to make these were at REC and now FSH

however it took over 3 months for them to be supplied. We have had to develop a referral system that bypasses the central referral system to reduce this for other clients. This has also occurred with pressure injury surfaces that are need urgently and can cause admission if not addressed in a timely manner.

4/30/2015 10:04 AM

58. Not enough cleaners, orderlies and areas being rushed to clean/prepare before next patient. FSH going on bypass (and only having low numbers of patients) which would impact on other hospitals .

4/30/2015 9:56 AM

59. Unable to easily contact specific Secretaries or Departments as we have not been provided with a comprehensive phone/contact list

4/30/2015 9:54 AM

60. We are having great difficulty getting cleaning, patient movement & maintenance done in a timely manner. Pool cars are almost impossible to access. IT support is generally poor, not due to the people doing the work but the overly restrictive policies & the difficulty of getting these changed or even definitive decisions. Getting the justification for admin decisions is almost impossible.

4/30/2015 9:46 AM

61. ***Lack of computers is a major issue. There is not enough desks especially with privacy if you need to make private calls. This going to be worse once students are in full force here***

4/30/2015 9:40 AM

62. Difficulty of carers in contacting staff twho are treating their patients

4/30/2015 9:31 AM

63. Serco does not pay its DoH accounts (cannot say to which area of DoH as this would be a breach of confidentiality)

4/30/2015 9:29 AM

64. The push to discharge patients in LOS less than 4 days seems to be paramount and the patient's care needs sometimes seems to be pushed to one side to achieve this.

4/30/2015 9:21 AM

65. There is not enough staff for the Occupational Therapy profession, which means that staff are overworked & the level of service delivery to patients is minimised. We are not able to fully do our role, because we are spread too thin. We also have to work weekends, and take our TOIL during the week - meaning that on days when people have RDOs, staffing is even lighter.

4/30/2015 9:06 AM

66. I receive calls from patients put through from the help desk that should not come through to me at all and all is needed is to call the registrar on call. By the time the patients have gone through several extensions and still not been put through to the correct person, they give up!

4/30/2015 9:04 AM

67. Being able to contact the correct allied health workers is difficult as the clerks do not have the correct contact numbers

4/30/2015 9:01 AM

68. Within the cancer centre people are waiting a really long time for their doctors appointments and chemo (waiting time in the clinic)

4/30/2015 8:55 AM

69. Can't get patients into outpatient clinics/amputees only get 6 sessions of rehab !!!

4/30/2015 8:40 AM

70. No medications in store to meet patient demands, patients missing meals, long wait times, debacle over CSSD.

4/30/2015 8:39 AM

71. *The autonomous way (outside of the Health Service) in which FSH has been established has led to parallel processes being established. This has created confusion and frustration as the remaining hospitals within the health service have found it difficult to engage with the services provided at FSH.*

4/30/2015 8:36 AM

72. A patient who should have been seen at FSH by oncology and was told that they had not been transitioned and could not be seen at oncology, then later told they would have to go to SCGH oncology and they told patient they wouldn't see them either and they needed to go back to breast clinic at RPH. This patient contacted us very, very distressed. This is one example of ongoing patient issues we are dealing with everyday!!

4/30/2015 7:54 AM

73. Low staff FTE leaves increased workloads for existing staff

4/29/2015 10:20 PM

74. Spinal patients are waiting weeks for pressure mattresses compromising patient care

4/29/2015 10:05 PM

75. Staff have had no emergency training. No on site computer people. (the ones we need the most). No Department Supervisors for each shift. Staff not knowing how to do there jobs. Too many chiefs. Nursing staff working against one another. Clerical staff not really working together. No training, expected to come in early or days off if I want training.

4/29/2015 6:46 PM

76. Too few staff and a lot of stuff put in the too hard basket. If I ask them to empty the bins in a room they will empty the small bins and ignore the overflowing wheelie bins

4/29/2015 6:39 PM

77. The turnaround time between communicating a required change and the change being implemented by BT.

4/29/2015 6:39 PM

78. SCGH had to deal with influx of Radiotherapy bookings during the transition to Fiona Stanley at seemingly very little notice. Our patients were delayed as a result

4/29/2015 5:53 PM

79. I don't know what the contract details are so I don't know what the service standard is. My access pass has been deactivated on two occasions since transition. I have never had this issue at RPH, Fremantle, QEII or KEMH sites! Poor follow up of service requests. Service requests closed before action complete. 24hrs after reporting a ceiling water leak it hadn't even been looked at. When followed up Service request was closed and an



identical request opened. Is this to make the statistics look good? Dealing with Facilities management is frustrating and consumes more time than necessary due to inefficient practices! Cleaning of the section I work in is much poorer than what was at RPH site.

4/29/2015 5:48 PM

- 80. *No link to an Allied health staff reporting to divisional or service heads makes it almost impossible to give them meaningful and appropriate professional feedback (eg after a poorly managed discharge)***

4/29/2015 5:48 PM

- 81.** Allied Health department. staff are left to their own devices without appropriate professional support

4/29/2015 5:25 PM

- 82.** From my point of view, the new allied health line management structure and total dismantling of individual allied health departments as have always existed historically with respective heads of department, is a very significant retrograde step professionally. Opportunities for adequate supervision are much harder to work into the new structure. The professional lead roles are intended to have only strategic planning and policy responsibility, however a constant tension exists as staff must refer to these positions for clinical consultation. Allied health co-ordinators appear to jostle with professional leads to respectively secure their roles. In one case, the allied health co-ordinator is a physiotherapist, the head of service above her is an occupational therapist, and the Director of Allied Health is trained in accounting and physiotherapy. It is evident that management do not have understanding of social work as a profession. Similarly they do not understand speech pathology, dietetics etc. I very much miss working within a department of social workers who understand my ethics and what I stand for with regard to services to patients. Any organisational structure which dilutes professional supervision opportunities as does the current structure at FSH, cannot be in the best interests of optimum quality of service to patients. I cannot understand why such a major organisational change was ever promoted and allowed to take hold. New graduates and allied health staff of lesser experience can easily slip through the organisational crack in the context of reliable supervision requirements.

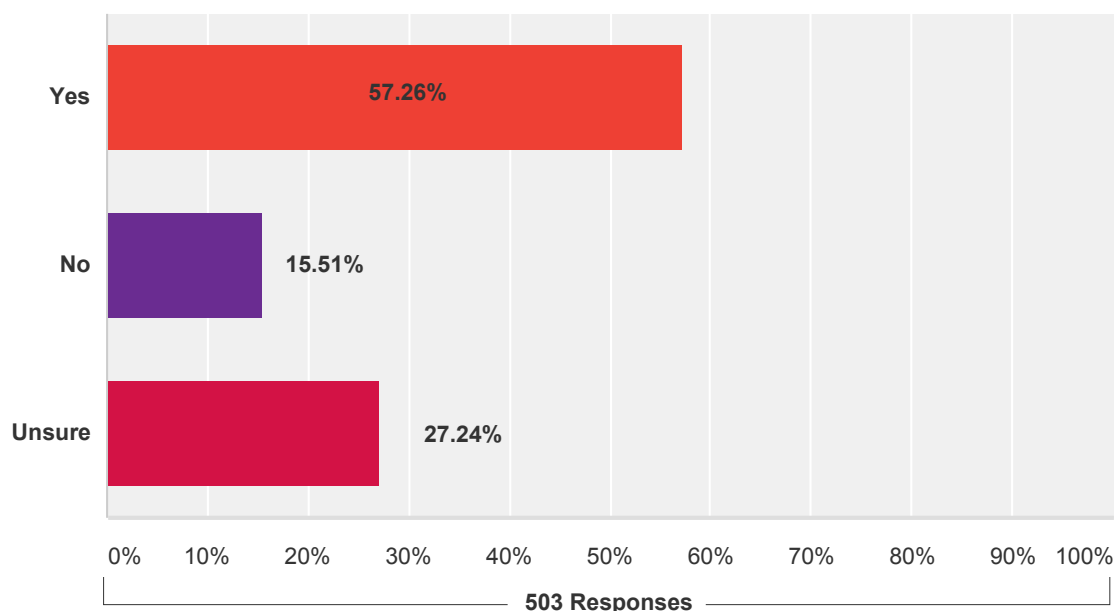
A second concern is the inadequacy of existing FTE within allied health. Relief cover is woefully inadequate or non existent. Managers present excuses such as delays in recruitment, but the fact remains that the hospital has been open for months and we are running on the smell of an FTE oily rag. Dr Hames needs to turn his attention away from the ramp outside ED and examine the FTE allocations and the processes which severely delay recruitment of staff who can actually contribute to patient discharge. Basically the same number of staff in the Aged Care Assessment Team at Fremantle Hospital are now required to provide a service to FSH as well. Blind Freddy can see that a hospital the size of FSH requires an additional fully staffed unit of ACAT staff based at the FSH site to avoid delays to assessments which thus directly delay discharges. What is the point of opening an enormous hospital and then not committing to adequate funding to run it well, indeed constricting the health budget?

6/13/2015 4:06 PM

- 83.** Jamaica Blue coffee is rubbish...

4/28/2015 6:01 PM

**Q8 Over the past 12 months, have you observed cutbacks in funding or resources that have impacted on the quality of care provided?**



1. Serco provision of supplies on ward means patients wait a long time for a bedpan. lack of access to pain team mean patients wait days to get reviewed for pain management, allied health resourcing means patients have to wait longer or are not seen during their admission when they should be

5/5/2015 12:57 PM

2. No staff available to cover staff on leave

5/5/2015 10:06 AM

3. I have noticed that rehabilitation outpatient services are stretched thinly such that patients are limited in how much rehab they can get.

5/4/2015 8:37 PM

4. Change of model - no wait list, just lots of referring out into the community

5/4/2015 5:30 PM

5. *There has been so much focus put on clinicians providing x number of "service events". It's as if there is no regard for quality patient care anymore only numbers of patients attended to whether there was a good outcome or not.*

5/4/2015 4:09 PM

6. Referral/IT systems that disrupt smooth transfers of patient care and reduction in FTE which impacts on capacity to provide quality level of service

5/1/2015 8:08 PM

7. Inadequate FTE being given to our department to do the work we are required to complete  
5/1/2015 11:08 AM
8. Not fixing all the defects at FSH, and not purchasing equipment approved at tender as the funds no longer available  
4/30/2015 8:44 PM
9. Failure to deliver planned/optimal staffing levels of OT for FSH - a severe understaffing  
4/30/2015 1:23 PM
10. Food - the diet and food is dreadful. Serco - delays in portering unwillingness to bend and work outside the box. Lack of equipment. Transport at FSH huge issues. No Transport for patients really.  
4/30/2015 9:42 AM
11. The lean staffing model at FSH is an obvious cutback - results in reduced services to patients & a more "superficial" service.  
4/30/2015 9:09 AM

12. ***RITH were slashed, and of course, now they frequently close their books to referrals. If you want to reduce LOS, you need to have a strong RITH. It's the most stupid short-sighted rubbish I have seen in recent times.***

4/30/2015 8:44 AM

13. FSH outpatient rehab ridiculous-should have been the same level of service as Shenton Park but it is not  
4/30/2015 8:42 AM
14. Outpatient care particularly Oncology not being available at RPH is extremely bad for our patients having to travel to FSH  
4/29/2015 8:08 PM



**Health  
Services  
Union**  
of Western  
Australia  
(Union of Workers)

**Our Ref.:** HO.124.10

Hon Dr Kim Hames  
Deputy Premier; Minister for  
Health; Indigenous Affairs  
Level 28, Governor Stirling Tower  
197 St George's Terrace  
Perth WA 6000

16 September, 2010

Dear Minister

**Re: Workforce Planning For Fiona Stanley Hospital**

I write to seek details of the State Government's plans for hospital staffing, in the context of the ongoing construction of the Fiona Stanley Hospital and the Government decision to retain Royal Perth as a Tertiary Hospital.

With Fiona Stanley due for completion in 2014 it is not yet clear how the State Government will be able to meet the staffing needs of both hospitals.

Can you please provide details of how the State Government intends to staff both hospitals, including details of services to be cut back at Royal Perth or not to be provided at Fiona Stanley, if either is the case.

Many of our members currently working at Royal Perth Hospital live north of the river and, if their positions are to be relocated to Fiona Stanley Hospital, we would like to see them given as much notice as possible.

Yours Faithfully

Dan Hill  
Secretary

Cc Mr Kim Snowball, Director General

Formerly the Hospital Salaried Officers Association

Address: 8 Coolgardie Terrace, Perth WA 6000 Telephone: (08) 9328 5155 Facsimile: (08) 9328 9107 Email: [hsu@hsuwa.asn.au](mailto:hsu@hsuwa.asn.au) Website: [www.hsuwa.asn.au](http://www.hsuwa.asn.au)

ABN 944 72768 794

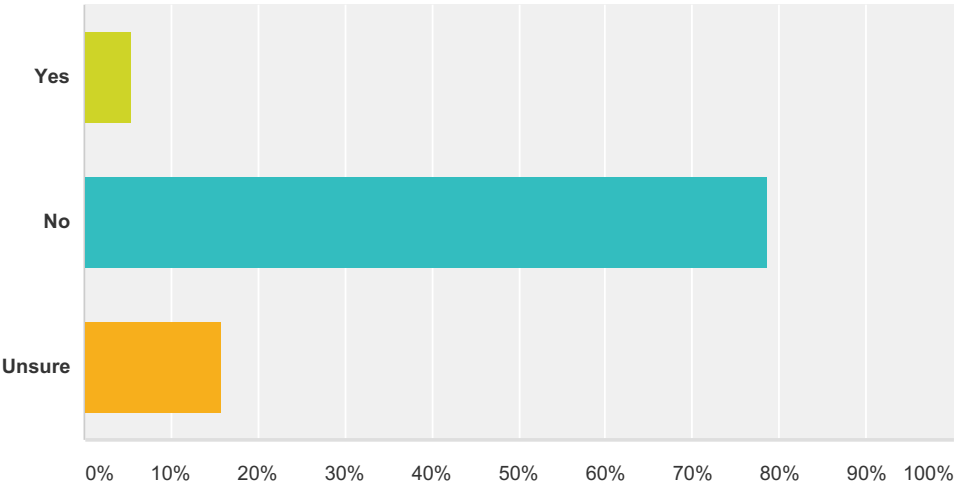
Mail to: PO Box 8204 Perth Business Centre 6849

Please address all correspondence to the Secretary: [Dan Hill](#)



Q1 Do you feel change in Western Australia’s public health system is being well managed by the State Government?

Answered: 555 Skipped: 9

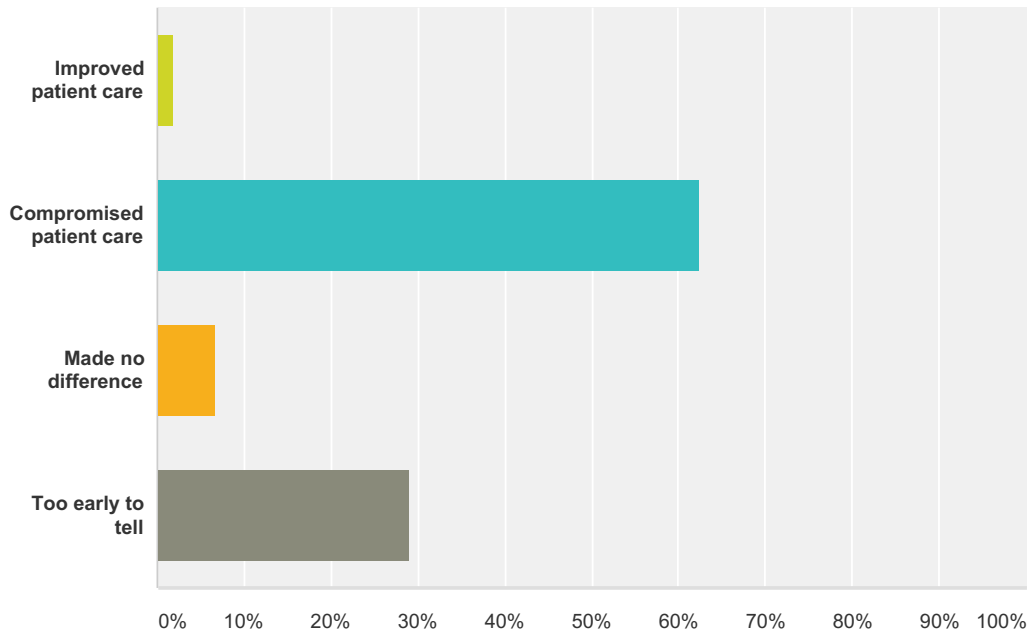


Answer Choices	Responses	
Yes	5.41%	30
No	78.74%	437
Unsure	15.86%	88
Total		555

## HSUWA Member Survey

### Q2 How do you feel change in Western Australia's public health system has affected patient care?

Answered: 555 Skipped: 9

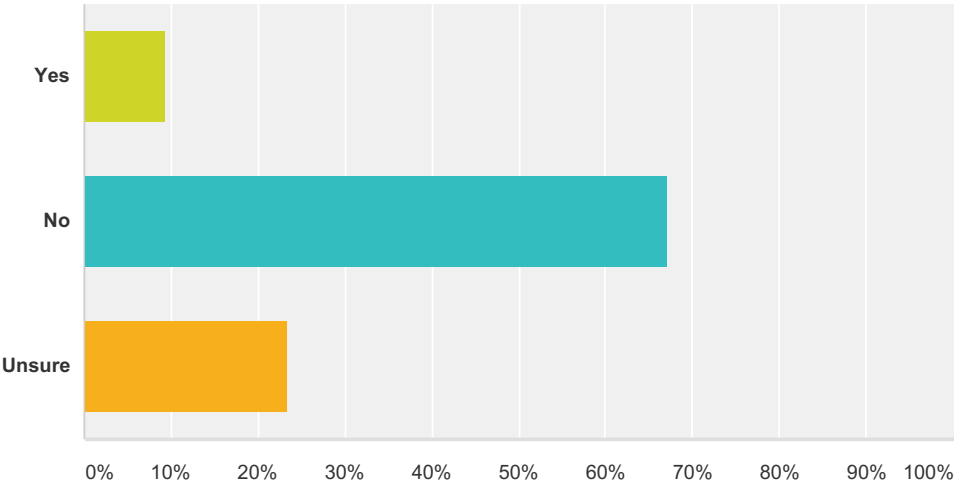


Answer Choices	Responses	
Improved patient care	1.80%	10
Compromised patient care	62.52%	347
Made no difference	6.67%	37
Too early to tell	29.01%	161
Total		555

HSUWA Member Survey

Q3 Do you feel the transition to Fiona Stanley Hospital has been managed well?

Answered: 525 Skipped: 39

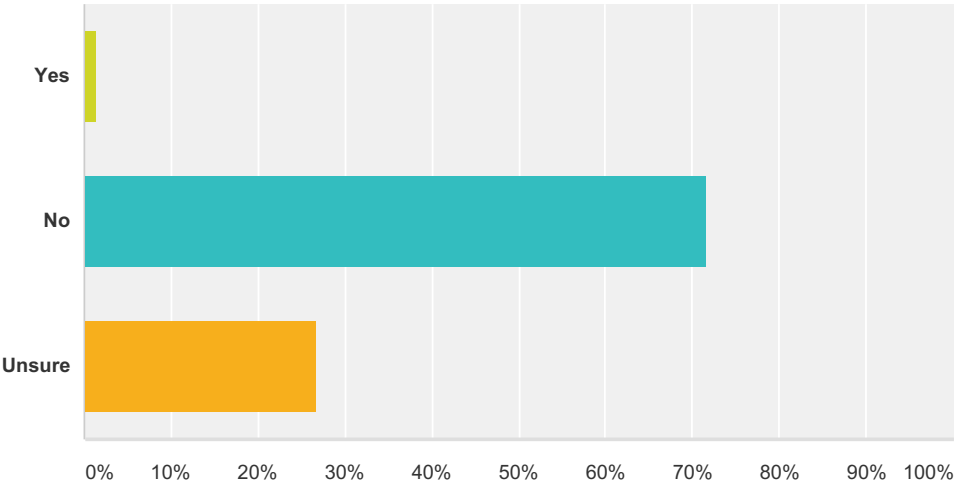


Answer Choices	Responses	
Yes	9.33%	49
No	67.24%	353
Unsure	23.43%	123
Total		525

HSUWA Member Survey

Q4 Do you believe Serco is doing a good job delivering its contract at FSH?

Answered: 522 Skipped: 42



Answer Choices	Responses	
Yes	1.53%	8
No	71.65%	374
Unsure	26.82%	140
Total		522

## HSUWA Member Survey

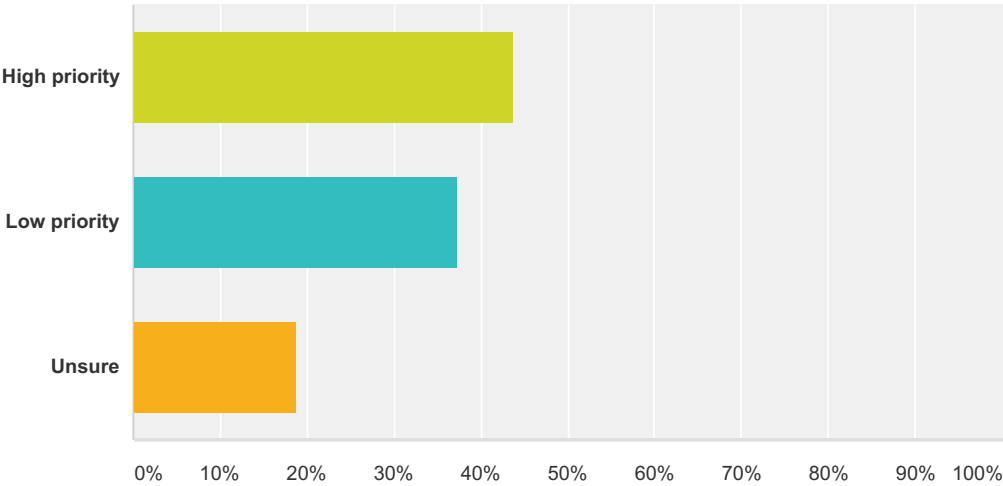
**Q5 Can you provide an example of an issue at Fiona Stanley Hospital that is compromising patient care or making it difficult for you to do your job?**

Answered: 317 Skipped: 247

# HSUWA Member Survey

## Q6 Do you think providing a quality public health system is a high priority or a low priority for the state government?

Answered: 503   Skipped: 61



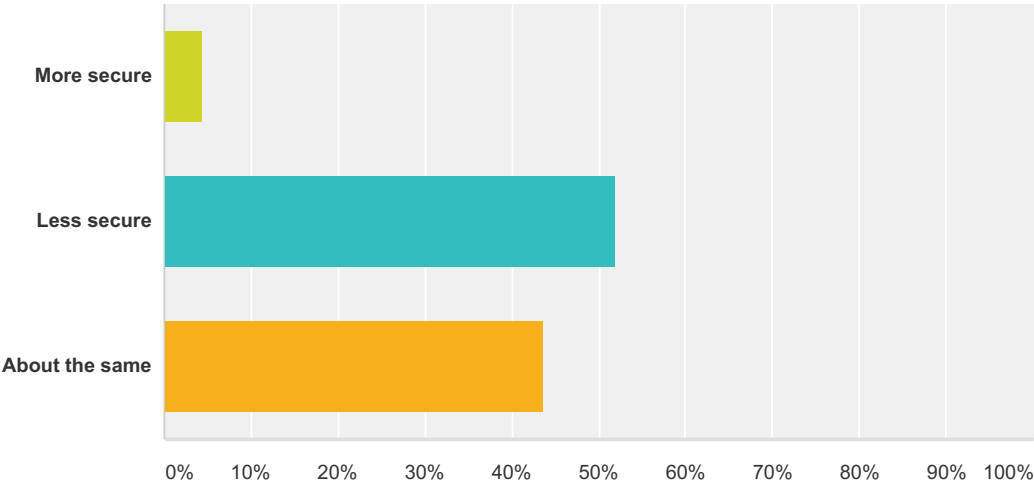
Answer Choices	Responses	
High priority	43.94%	221
Low priority	37.38%	188
Unsure	18.69%	94
Total		503



HSUWA Member Survey

Q7 Compared to 12 months ago, how secure do you currently feel in your job?

Answered: 505 Skipped: 59

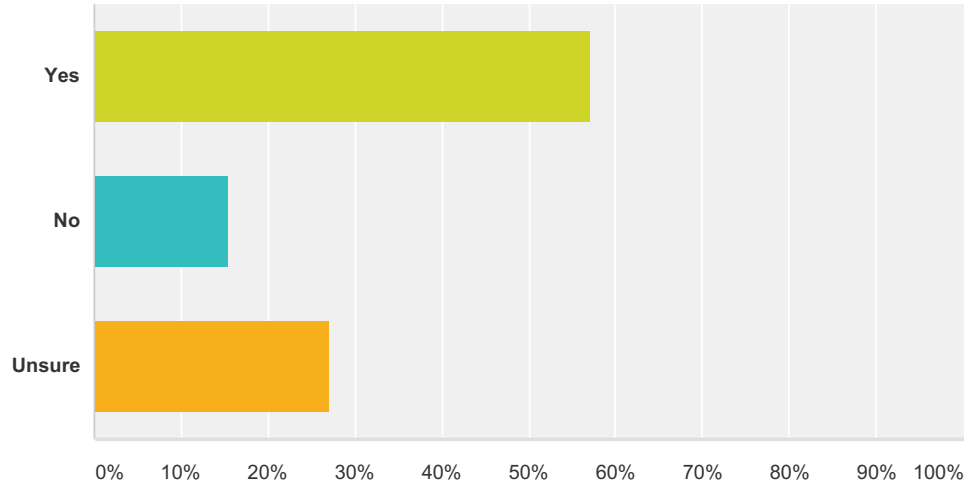


Answer Choices	Responses	
More secure	4.36%	22
Less secure	52.08%	263
About the same	43.56%	220
Total		505

## HSUWA Member Survey

### Q8 Over the past 12 months, have you observed cutbacks in funding or resources that have impacted on the quality of care provided?

Answered: 503 Skipped: 61

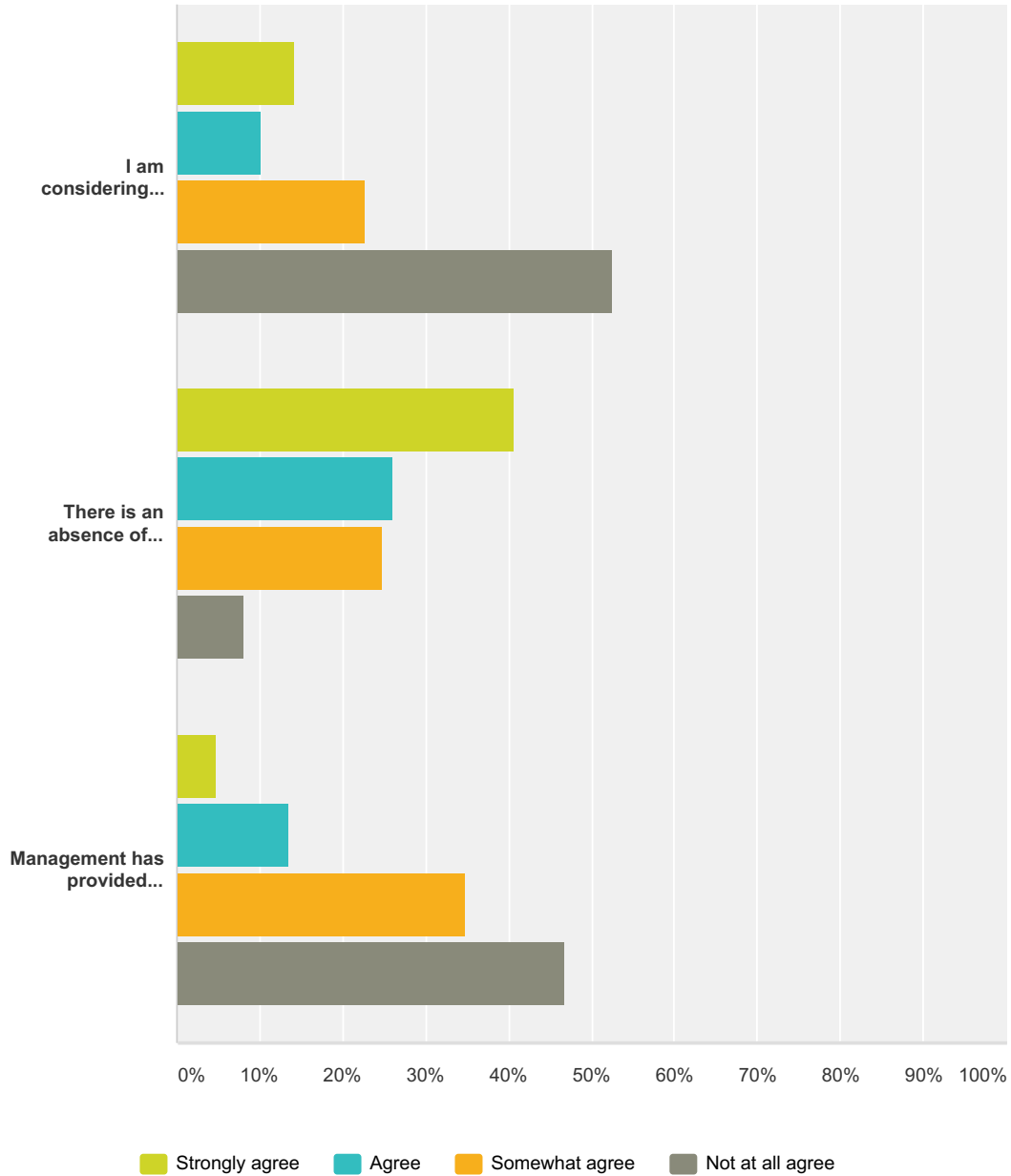


Answer Choices	Responses	
Yes	57.26%	288
No	15.51%	78
Unsure	27.24%	137
Total		503

# HSUWA Member Survey

## Q9 For each of the following statements, please indicate how much you agree with each statement:

Answered: 501 Skipped: 63



	Strongly agree	Agree	Somewhat agree	Not at all agree	Total
I am considering leaving the health system over the next 12 months	14.23% 71	10.22% 51	22.85% 114	52.71% 263	499
There is an absence of leadership in the public health system	40.80% 204	26.20% 131	24.80% 124	8.20% 41	500
Management has provided adequate communication about how changes in health affect me	4.80% 24	13.60% 68	34.80% 174	46.80% 234	500