

**Submission
No 108**

**INQUIRY INTO OPERATION AND MANAGEMENT OF
THE NORTHERN BEACHES HOSPITAL**

Organisation: Health Services Union

Date Received: 26 July 2019



Submission to the NSW Legislative Council Inquiry into the operation and management of the Northern Beaches Hospital

Thank you for your invitation to make a submission to this inquiry. The Health Services Union NSW/ACT/Qld represents some 40,000 workers in both public and private health as well as ambulance paramedics and aged care workers. Within the hospital system we cover all levels of support staff and health professionals, as well as junior medical officers.

The information we are supplying will reflect the experiences of our members and staff and has been collected via online surveys and face-to-face interviews at both the Northern Beaches Hospital and within the Northern Sydney Local Health District (NSLHD). In gathering information for this submission, three HSU officers spent a day at NBH consulting with members and held two meetings specifically with allied health staff. In all about 25 allied health and a similar number of support staff contributed. We also met with allied health workers employed by NSLHD. We have made every effort to deidentify their comments to protect them from any adverse consequences. This is necessary because staff are not afforded protection and are scared of stepping forward. Their anonymity is a condition they place on being willing to speak.

The planning process

Soon after the NSW Government's announcement that an agreement had been reached with Healthscope Ltd to build and operate a new Northern Beaches Hospital at Frenchs Forest, the HSU, along with other Health Unions, commenced a consultation process with the representatives from the NSLHD to discuss the impact on existing employees of Mona Vale and Manly Hospitals. These meetings were held approximately every two months from October 2015 until the new Northern Beaches Hospital opened.

Over this time the unions involved consistently attempted to get details of the proposed new hospital, asking for particular information from representatives of NSW Health and representatives of Healthscope. The information requested not only involved matters around conditions of employment for staff transferring but also to the models of care and staffing structures.

Answers given to unions changed and varied over time. The employer and Healthscope refused to provide detailed written information regarding these issues. Further, NSLHD and Healthscope broke numerous commitments to provide information by certain times.

The employer representatives were so uncooperative, Healthscope in particular, that the unions were forced to seek the assistance of the Industrial Relations Commission and a number of representations were made directly to the Minister for Health.

As an example of the hostility towards consultation with employees, following repeated requests for details of models of care, Healthscope continuously advised that it had not as yet developed those models. Finally, just two months out from the new hospital opening, Healthscope stated to the unions that it would not be providing the proposed models of care to staff.

Despite requests for discussions on service models, rosters, ensuring that staff were equipped to do their job, two weeks out from the transfer of the staff and rosters were not prepared. As well, it wasn't until staff were taken on an induction tour of the new hospital that they became aware of the requirements of their work. For example, the HSU was informed by food services staff that they had just learnt at this stage that they would only serve hot breakfasts to the private patients and serve cold breakfasts to the public patients. At the same time medical imaging staff advised of learning that they were expected not only to work for hospital patients but also for privately referred patients. These conditions were reported by HSU members to the union officers involved in the negotiations.

As information regarding the staffing models of Healthscope finally emerged it became clear that the staffing establishment and requirements would differ substantially from those within the public system. As an example, in NSW public hospitals there are senior allied health clinicians or clinical specialists who take on a teaching role. In larger public hospitals allied health senior clinicians are experts in their field and lead research projects. The Healthscope model includes no such senior positions. As a result, Northern Beaches Hospital, a large 'public hospital' does not have a staffing structure for allied health professionals that supports and promotes clinical expertise and research. Allied health staff at NBH are now reporting the effect of this:

The current structure does not align with that of NSW Health and therefore leaves poor support for junior staff, and poor career progression opportunities, and insufficient recognition and remuneration (and high levels of pressure and stress) for senior staff as they are managing too many staff. NSW Health have these structure guidelines in place for this reason.

NBH allied health practitioner

Requirements for support staff would also be substantially different. The position descriptions for the managers of both the housekeeping and the catering services had an essential requirement of 'experience working in a five-star hotel.' This criterion had the effect of making experienced and highly qualified hospital workers ineligible to apply for those positions. There was no mandatory requirement for demonstrated expertise in running a

large hospital and the strict dietary and infection control standards such a facility demands. Those position descriptions are attached to this submission as annexures A and B.

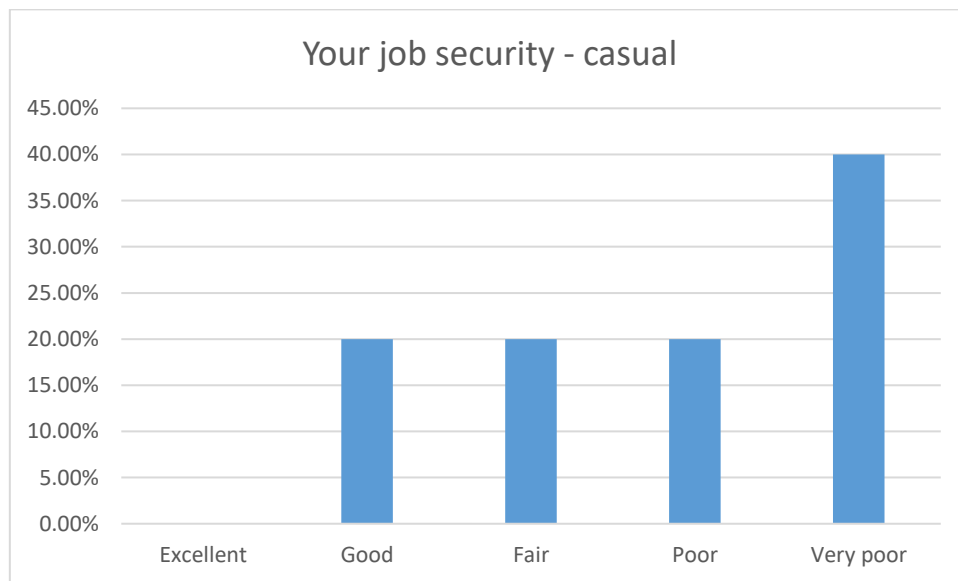
The operational hospital

The HSU conducted a survey of NBH staff under our coverage and asked them how satisfied they were with various aspects of their employment. One thing that became immediately apparent was a general reluctance of many of the respondents to discuss their working conditions for fear of reprisal:

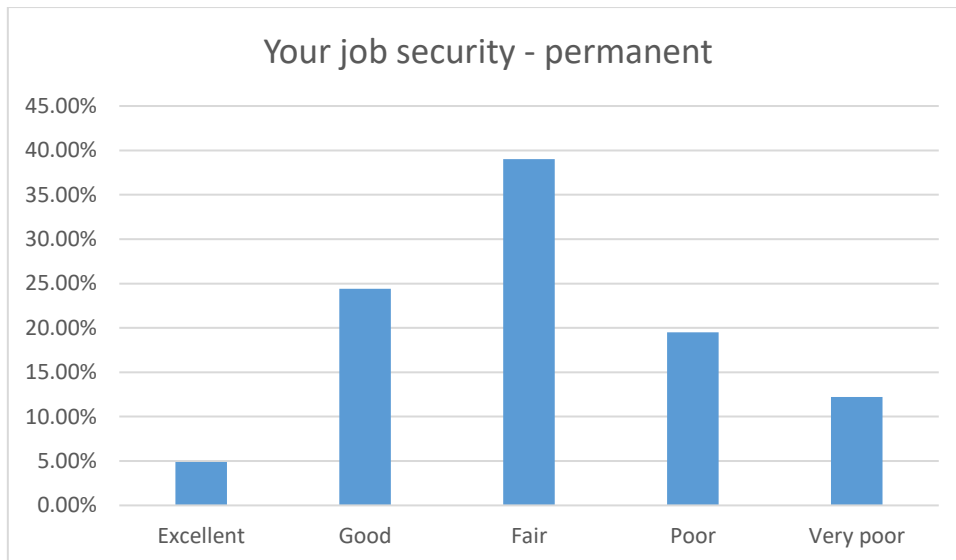
Senior staff do not feel secure in their roles. Staff are concerned that outside of this parliamentary inquiry they will be held liable for breaching code of conduct by discussing their concerns at the inquiry if they are asked or discussing the concerns with the HSU.

NBH allied health practitioner

Although this attitude is not restricted to casual staff, the nature of casualised work means it is particularly severe within that group who are vulnerable to having their hours withdrawn. On the question of job security, sixty percent of casual respondents rated their job security as poor or very poor.



This is marked contrast to the responses of permanent staff.



It is clear too that more and more positions are being filled by casuals. Such arrangements are detrimental not only to those individual staff members, but, due to lack of institutional knowledge and experience, to the efficient and safe running of the facility.

Sometimes our rosters are changed without notice and often there are 80% casual staff and our manager is completely aware of this situation however ignores any request to address the issues despite the fact that we have raised this at every meeting we have had. Often the casual staff have never worked in the hospital before and rely on the permanent 10 part time staff to support them and often get lost and slow down the progress of this shift.

NBH catering officer

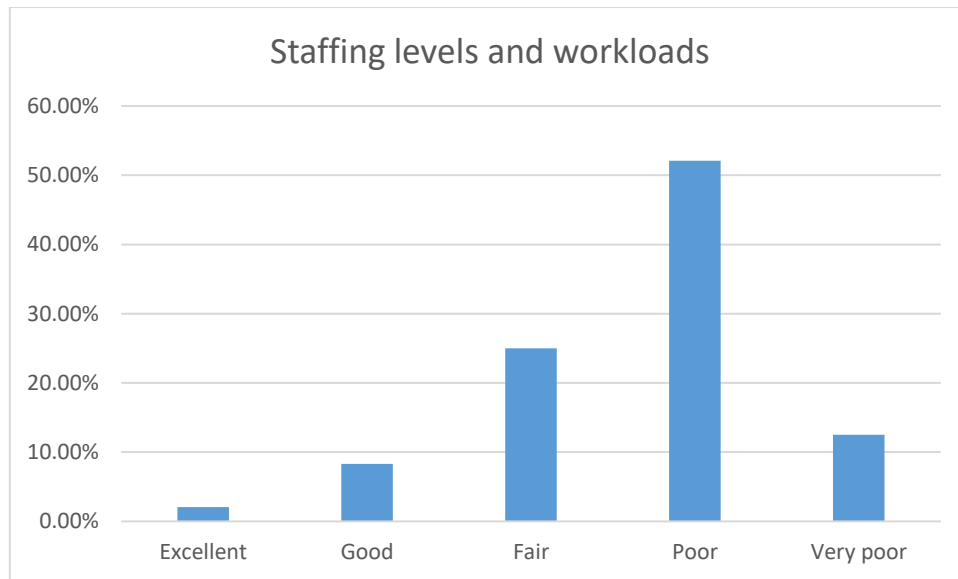
My department is staffed by casuals most of the time and this can be difficult.

NBH environmental services officer

On the general subject of staffing and workloads, only 10.41 percent of workers across all areas gave a positive response while 64.5 percent rated them as poor or very poor.

Blocks on recruitment and backfilling positions after resignations. Leaving already understaffed departments further understaffed. Increasing stress and burnout risk.

NBH allied health practitioner



A further issue of concern regarding workloads is the widely reported fact that there are no systems in place to keep track of the extent to which needs are not being met:

Hundreds of patients missed (not seen) every month due to insufficient staffing. Promised more staff but put on hold for a 'review' which took a long time and only repeated issues already identified by allied health. Even keeping record of how many patients seen: no Healthscope systems to do this.

NBH allied health practitioner

Basically we are way overworked, overloaded with patients with not enough staff. We are only asking for another 3-4 staff members for Occ Therapy and have been declined this, Then hear they are employing over 400 nurses, so think only a few staff members we are asking for is very minimal. (5) We have over 250 patients we are missing each month that we are not seeing due to staff shortages.

NBH allied health practitioner

On top of the pressure caused by excessive workloads, staff have frequently related their fears that patient health is suffering because of a lack of time and resources and the imperatives of a for-profit institution:

Significant pressure from admissions staff on patients in ED to use their private health insurance, often to the detriment of their clinical care. E.g. patients have been disadvantaged by using their PHI after pressure from Healthscope employees to do so. Any RiskMans submitted to Healthscope are not being investigated appropriately or by appropriate staff. E.g. newly acquired stage 4 pressure injury which occurred on hospital ward due to poor nursing care and skin checks. The main reviewer of risk management incident was senior nurse on the same ward, leading to a non-bipartisan review to help improve patient care and patient safety.

NBH allied health practitioner

The prevalence of pressure injuries in newly discharged NBH patients was also reported during HSU interviews with allied health staff working in rehabilitation and therapy within the NDLHD. These practitioners share a perception that care at the NBH is 'too localised', there is 'no holistic approach', and there is a fear that 'they focus on treating the one issue and are pressured to push the patients through the system.' Their reports are anecdotal, but come from knowledgeable observers with many years' collective experience. In the case of pressure injuries, a disproportionate number would reflect a lack of attention by staff and a lack of appropriate pressure relieving equipment.

The NSHD staff also reported serious problems treating ex NBH patients due to an absence of medical records and inadequate discharge procedures:

They can access our records, but their system doesn't talk to ours. Before they opened, they agreed that they would implement the CERNER [electronic medical record] system but in the end they went with something else. We can get admissions information and that's it.

Allied health practitioner, NSLHD

We're not getting enough information to know how to treat a patient. I had a young man in for physiotherapy who'd had broken bones pinned, but I didn't know which bones. Sometimes I'll get therapy referrals where the doctor has written 'treat as you see fit' and I don't know what I'm treating.

Allied health practitioner, NSLHD

Further questions around patient wellbeing arise in the context of the two-tier system within the hospital. It is reported that patients are pressured into using their private health cover rather than being admitted as public patients. This not only makes them liable for excess charges but affects the type and level of care they receive both as inpatients and upon discharge.

Elderly patients have been almost forced to use their health fund without knowing they will miss out on services for safe discharge home. Allied Health has to restrict services to private patients due to short staffing levels.

NBH allied health practitioner

Private surgeons have their own protocols which aren't shared/known hospital wide... APAC and ComPacks hard/impossible to get for private patients and rehab is hard to get for public patients - only Mona Vale for public.

NBH allied health practitioner

[Healthscope staff] targeting patients to attend their rehab site despite acute allied health team's recommendations for patient safe for home and not requiring rehab. Patients then get transferred to rehab and bill their insurance when not required.

NBH allied health practitioner

The many problems arising from poor planning and preparation for the hospital's opening have been widely reported. The lack of the most basic supplies and equipment made the commencement of services extremely stressful to staff and patients alike:

I was on admissions at the start and there were no pens. Nobody knew anyone's phone number. It was a nightmare; the patients didn't know where to go and we didn't know where to send them.

NBH administration officer

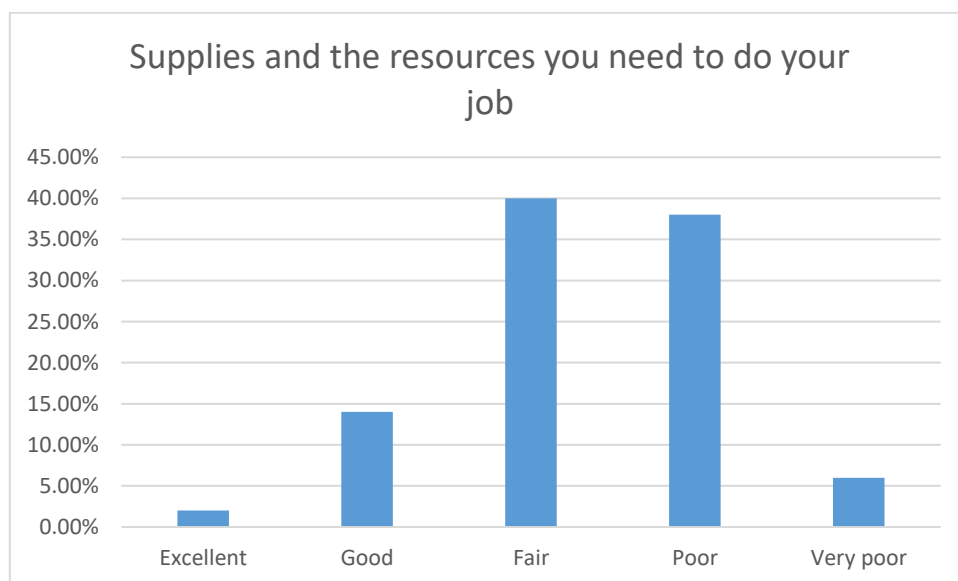
Since I transferred from manly hospital it's been a complete challenge. When we first came to the hospital, we had one mop and bucket between two wards and it took them nine weeks to order new mops and buckets. During that time we struggled to keep the floors clean and there were some days that we were unable to mop the floor – instead of using mops we were cleaning up spills with towels, sheets, blankets basically whatever we could use to avoid somebody slipping.

NBH environmental services officer

While things have improved there is still evidence of widespread under-resourcing at the hospital.

We do not have enough office space. There is not enough desks or computers. We can never get a computer on the ward as nursing and Drs are constantly on the computer so we can never get our reports and documentation done. There is no meeting rooms available to book for meetings or supervision, or we do book rooms and turn up after confirming a booked room and other people are already in the rooms and won't leave. There is nowhere to do staff appraisals, nowhere to have a private or confidential discussion with staff or patients.

NBH allied health practitioner



Equipment and resources – poor system and unreliable. Often unable to access the equipment needed promptly and difficult to organise access to necessary equipment.

NBH allied health practitioner

I work out in the cold in the mornings. I've asked for a uniform jacket but all they gave me was a sleeveless vest

NBH environmental services officer

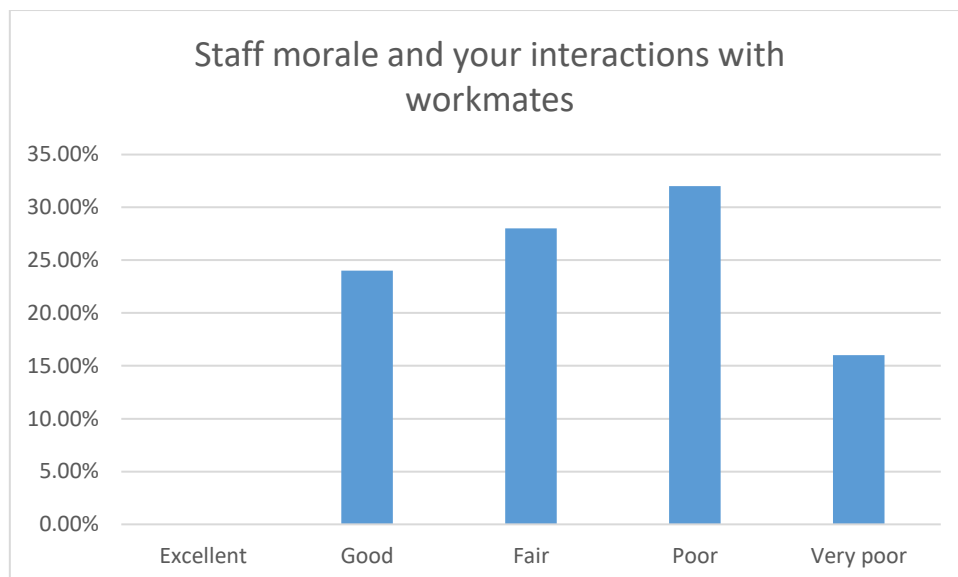
For workers at NBH all these difficulties, combined with the public perception that the hospital is dysfunctional, have resulted in prevalent dissatisfaction and low morale.

Morale within teams are manageable and ok but collectively the hospital morale is low. Staff have been commenting that they are tired of stating where they work and the barrage of questions that comes with it and the negative comments directed at them.

NBH allied health practitioner

Low staffing levels increasing burnout and staff dissatisfaction. Lots of sick leave required as an example. Low staff morale as not providing high quality service due to staff shortage. Hard for staff as we need to work different between private and public patients.

NBH catering officer



PPPs – a failed model

It is obvious that privatising public health services adds a profit imperative to the operation of facilities that are already expected to provide more than they can afford. Too often the transfer of services has in the end meant privatising profits while the risks continue to be absorbed by the public sector.

The systemic problems at NBH should have come as no surprise to the NSW government. In the case of the 1996 privatisation of Port Macquarie Base Hospital the auditor general famously described the government of the time as ‘paying for the hospital twice and then giving it away’.¹ The 2014 McKell report, *Risky Business: the pitfalls and missteps of hospital privatisation*, which is [available online](#) and contains a wealth of information that should be of interest to the committee, concludes that:

*...although a public hospital may be privately operated, the essential services offered by these facilities remain the ultimate responsibility of a government. Should there be a failure of private operators to effectively operate a hospital, it will be the government – and by association, taxpayers – that will foot the bill to fix any failures that have occurred. In essence, although a private entity would be entitled to capture any profits arising from the operation of a hospital, the risks are still largely borne by the government and its taxpayers.*²

This was certainly true of Port Macquarie. In that case the administrative costs to the government of the sale, serious flaws in the tendering process, the blow-out in running costs at the facility and the eventual collapse of the venture made for a spectacular failure.

The Port Macquarie fiasco is an example that serves to highlight all of the false assumptions of the privatising mindset. The factors which enabled that failure were described by Demi Chung in the Economic and Labour Relations Review in 2009:

*The evidence suggests that the PMBH experiment was not motivated by a wish to provide better patient care, improved access to hospital services or a desire to obtain value for money for taxpayers. It was an experiment to establish a model enabling the private sector to deliver public health services which were traditionally the responsibility of government. However ... the misalignment of interests between the two sectors and the inexperience of the private sector in public health service delivery meant that the experiment failed at a cost to taxpayers.*³

The tendency within private health for the creation of casual rather than permanent positions makes for an insecure workforce. The 2012 ACTU paper on insecure work, *Lives on Hold*, reported that because of the precarious nature of their employment casual workers are unable to plan ahead, find it impossible to get car or home loans, are too afraid to speak up about health and safety issues at work and are disadvantaged when it comes to training opportunities or superannuation contributions.⁴

That relative powerlessness carries over to workplace bargaining. Staff who are concerned about their job security are not in a strong position to bargain to improve their pay and conditions, or even to maintain what they have. Such workers are at a further disadvantage in that they are often anxious as to the consequences of bringing in union representatives as their bargaining agents or mediators.

Recommendations

The failures of Northern Beaches Hospital did not start when the hospital opened. They started when the model was developed. The repeated failure of Healthscope to address the areas of concern raised by staff and unions since 2015 was only ever going to end in problems. An HSU officer involved in the development negotiations described the process: 'It felt like watching a very slow train wreck, knowing it would inevitably crash.' Even more than fixing the immediate problems, the government owes it to the people of this state to ensure that it never happens again. To this end, **the HSU seeks a binding government commitment to ensure that in the future public health services will remain entirely in public hands.**

For the purposes of addressing the current deficiencies at NBH, the most pressing needs are:

- A fully independent review of current staffing arrangements, including the use of casuals and temporary workers, with a view to identifying the levels of staffing needed to provide acceptable patient care;
- An audit of plant and supplies to determine and meet employee needs;
- A requirement for the establishment of information systems to allow the hospital to share clinical information with practitioners within NSW health;
- Protocols to ensure adequate information is exchanged on patient handover or discharge;
- Termination of the contract and transfer of the facility to public operation.

¹ NSW Auditor, *NSW Auditor General's Report for 1996*, 408.

² *Risky Business: the pitfalls and missteps of hospital privatisation*, McKell Institute 2014, p22

³ Chung D., 'Developing an Analytical Framework for Analysing and Assessing Public-Private Partnerships: A Hospital Case Study' 2009) 19 *The Economic and Labour Relations Review* 69, 70.

⁴ *Lives on hold: Unlocking the potential of the Australian workforce. The report of The Independent Inquiry into Insecure Work in Australia*, ACTU, May 2012

Position Title	Housekeeping Manager
Facility /Corporate	Northern Beaches Hospital
Unit/Department	Housekeeping
Classification	Neg rate
Reports to:	Director of Operations
Accountable to:	Chief Executive Officer, NBH
Vaccination category	Category B - NSW Health PD2011_005: Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases
Supervises /Manages (if applicable)	Number of staff: approx. 60fte <input type="checkbox"/> Organisation Chart Attached Dept/Unit Budget: TBD
Position Summary	<p>The Housekeeping Manager will provide operational direction for the service to ensure efficient and effective management and coordinate the delivery of the service that is evidence based.</p> <p>The position is responsible for providing leadership and direction for all aspects the service, e.g.: strategic direction, operational processes, budget and business direction of the Housekeeping services.</p> <p>The Manager is responsible to ensure a high standard of service is provided to all areas of the hospital.</p> <p>Areas of responsibility include but not limited to: Wards, Outpatient Clinics, administrative areas, on-call rooms, Main Entrance and all common areas e.g. corridors, public amenities.</p> <p>Third party providers – Medical Imaging, Pharmacy, Pathology, Hard FM and Retail may require cleaning services from the hospital team. Additionally, the doctors in the Specialist Consulting Suites may require services. For all of these parties, charges will be made for such services under specific agreements.</p> <p>The Theatre Cleaning Supervisor is responsible for cleaning all areas of the interventional suite (Operating theatres, Recovery and CSSD) whilst maintaining a high standard of hygiene as applicable to ACORN and Infection Prevention and Control standards and according to cleaning procedures and policies at NBH.</p> <p>Ensure department procedures are in place to provide a quality service:</p> <ul style="list-style-type: none"> • Develop the department's operational policies and procedures • Manage change and implement strategies to assist the department in this process • Responsible for the development, implementation and review of area task lists and work schedules • Develop the department's operational plan in consultation with housekeeping services staff and other stakeholders • Develop the department's objectives in line with the Hospital's and Healthscope's Strategic Plan, ensures the department is operating within the developed objectives. <p>The Manager will work as part of the health care team, adhere to Healthscope and NBH policies and procedures, participate in working groups (as required), demonstrate a commitment to quality improvement through National Safety and Quality Health Service (NSQHS) Standards & EQulPNational, Work Health and</p>

	<p>Safety (WHS) and achievement of NBH accreditation.</p> <p>They will undertake an ongoing personal and professional development program.</p>
Qualifications - Mandatory	<ul style="list-style-type: none"> • At least 5 years' previous management experience within the Healthcare or hospitality industry • Previous experience working in 4 or 5 star hotel • Knowledge of National Safety and Quality Health Service (NSQHS) Standards & EQIPNational, Work Health and Safety (WHS), Equal Employment Opportunities, Infection Prevention and Control standards, Waste management • Proven Management and Human Resource Management knowledge and ability • Competency in computer programs e.g.: Microsoft word Excel, and Kronos. • Effective and proven communication and interpersonal skills • Highly developed verbal and written skills • Ability to work within a team environment with little or no supervision
Qualifications - Desirable	<ul style="list-style-type: none"> • Leadership and management qualification or working towards • Ability to manage multiple tasks in an organised manner
Personal Competencies Required	<ul style="list-style-type: none"> • Well-developed communication skills both written and verbal • Proficient interpersonal skills • Demonstrated leadership and supervisory skills • Demonstrated planning and organisational skills • Well-developed problem solving and conflict resolution skills • Demonstrated effective change management skills • Demonstrated commitment and provision of exceptional service • Proven ability to lead a team, providing teaching, coaching and mentoring • Professional self-awareness and reflective practice • Ability to engage, motivate and collaboratively influence others of all disciplines to achieve required outcomes • Demonstrated professional/positive approach • Act as role model to staff. • Ability to develop positive relationships with a diverse range of people across hospital departments • Demonstrated ability to work well within a team
Job Competencies Required	<ul style="list-style-type: none"> • Deliver a service utilising contemporary practices • Demonstrate collaborative leadership skills to enable management and supervision of staff • Ensure that the delivery of services is at optimal level, is evidence based, KPI efficient and meets the needs of clients. • Develop and/or implement new systems/practices according to services/client need • Experience with human resource management

	<ul style="list-style-type: none"> • Knowledge of budget and KPIs management • Knowledge of the private hospital sector management • Practical use of IT Systems • Data analysis skills • Report/ business case writing skills • Able to establish a professional working relationship with stakeholders • Sound understanding of WHS • Knowledge and application of accreditation process and quality/risk management • Participate in training and education of staff • Knowledge of Prevention & Infection Control requirements and standards • Knowledge of accreditation processes and quality/risk management <p>Ensure all mandatory training is completed annually (or as required for some training). It is each staff member's responsibility to undertake this training.</p>
<p>Key Responsibility 1</p>	<p>Team Work and Communication</p>
<p>Performance Criteria 1</p>	<ul style="list-style-type: none"> • Ensure staff are kept abreast of the department/hospital directions using appropriate communication channels • Communicate openly with the DNCSS, on issues affecting the provision of services within the service and identify solutions to address • Respond and communicate to all stakeholders in a timely manner • Read and apply as required, all NBH communications including information provided by NBH Executive, relevant managers and stakeholders • Demonstrate effective interpersonal and communication skills that promote teamwork and enhance a collaborative work environment within the department • Ensure staff are kept abreast of best practice • Assist in providing clear, accurate and comprehensive documentation as directed by the Director of Operations • Provide hands-on services as required. • Facilitate high quality teamwork within the service and throughout the NBH.
<p>Key Responsibility 2</p>	<p>Leadership</p>
<p>Performance Criteria 2</p>	<ul style="list-style-type: none"> • Manage, supervise, support and collaborate with staff of the service • Facilitate and support quality teamwork within the service • Provide leadership and direction to all staff in the service • Identify solutions to address the learning needs of staff within the service • Participate in the orientation of new staff and ensure all resources are developed, implemented and continuously improved • Chair team meetings • Ensure any documentation is maintained in a timely and accurate manner • Ensure all mandatory training is completed annually (or as required for some training). It is each staff member's responsibility to undertake this training.

Key Responsibility 3	Human Resource Management
Performance Criteria 3	<ul style="list-style-type: none"> • Manage and supervise staff • Authorise staff timesheets/attendance records as required • Ensure all new employees are orientated and supported • Participate in annual appraisals with staff as required • Assist with staff attendance at mandatory training sessions • Participate in recruitment of staff • Ensure competency of staff and appropriate supervision for less experienced staff • Management of equitable and cost efficient staff allocations that meet the needs of the service • Participate in relevant committees/working parties as directed by the DNCSS • Foster a culture of nurture and support for the developing a positive culture.
Key Responsibility 4	Financial and Material Resource management
Performance Criteria 4	<ul style="list-style-type: none"> • Be aware of the daily labour requirements and manage staffing accordingly • Monitor and manage expenditure relating to supplies and consumables • Participate in the development and implementation and monitoring an effective waste management programs • Monitor statistics on the volume and cost of waste to identify areas that have improved and areas that require improvement. • Monthly reports are to be provided to Nursing Unit Manager, and department heads of the volume and costs of clinical waste generated in their department. • Co-ordinate waste management quality and awareness activities • Ensure staff are aware of imprest levels and the need for efficient management of resources • Ensure appropriate processes are established and complied with to effectively manage high cost consumables and equipment • Manage trialing of new equipment/consumables, which is only to be undertaken if a change in procurement contract or if NBH is looking at new products • Actively participate in preparing the annual capital equipment requirements for the service • Prepare and submit capital expenditure requests and relevant documentation to the DNCSS annually or as required • Monitor the standard of service provided; benchmarking, measuring trends and client feedback.
Key Responsibility 5	Policy and Legislation
Performance Criteria 5	<ul style="list-style-type: none"> • Ensure awareness and understanding of all relevant policies and legislation • Comply with all relevant policies and legislation

<p>Key Responsibility 6</p>	<p>Quality /Risk Management</p>
<p>Performance Criteria 6</p>	<p>Promote quality improvement focused on outcomes that facilitate the achievement of accreditation by incorporating the NSQHS Standards and EQulPNational and:</p> <ul style="list-style-type: none"> • Assisting in developing annual quality objectives and best practice to facilitate the achievement of the service and NBH goals and objectives • Ensuring that the quality objectives focus on measurable outcomes • Monitoring the outcomes of quality activities and identify areas for improved performance • Benchmarking against data obtained from other Healthscope facilities where applicable. • Actively participating in quality improvement and risk reduction activities and preparation for accreditation events • Promoting quality improvement focused on outcomes, incorporating the NSQHS Standards and EQulPNational to facilitate the achievement of accreditation • Managing client complaints in accordance with Healthscope and NBH Policies and procedures as applicable • Participating in meetings, committees or working groups and audits as required • Participating in the development, implementation and evaluation of the services business plan incorporating quality • Ensuring staff within the service are consulted and engaged in identifying areas of improvement and provide encouragement to staff to take ownership of assignments • Documenting and reviewing relevant Healthscope and NBH policies and procedures • Participating in the investigation of departmental complaints and implement changes in practice as indicated.
<p>Key Responsibility 7</p>	<p>Work, Health and Safety (WHS)</p>
<p>Performance Criteria 7</p>	<p>Implement measures to maintain the safety of staff, visitors and self by:</p> <ul style="list-style-type: none"> • Complying with Healthscope and NBH's WHS policy, infection control standards and other relevant policies and procedures • Ensuring a safe working environment and safe systems of work • Using equipment and material safety data sheets for safe management of all solutions/chemicals used within department • Attending WHS mandatory training • Organising or providing information, instruction, training and supervision to ensure staff are safe from injury and risks to health • Assisting where required with education/training and supervision to ensure staff are safe from injury and risks to health • Identifying, investigating and reporting in Riskman all hazards and incidents immediately • Completing all workplace inspections per schedule including identifications and actions for improvements • Ensuring staff who suffer a work-related injury or illness are referred to the

	<p>WHS Coordinator to initiate the Injury Management Program and ensure a current return to work program is documented in consultation with the worker and rehabilitation provider (if applicable)</p> <ul style="list-style-type: none"> • Participating in waste management programs for the reduction and recycling of waste to support environmental sustainability • Being aware of and using material safety data sheets (MDS) and personal protective equipment (PPE) for the safe management of all body fluids, spills, solutions and chemicals as required.
Key Responsibility 8	Service Excellence
Performance Criteria 8	<p>Support NBH in maintaining a high degree of service excellence by:</p> <ul style="list-style-type: none"> • Demonstrating an overall commitment to customer satisfaction by delivering exceptional care and service to patients, patient families, doctors, staff, third party providers and all visitors attending the hospital • Integrating the highest standard of care and service excellence in daily activities • Providing prompt, friendly and professional assistance in accordance with Healthscope and NBH's core values, code of conduct and policies • Ensure all staff demonstrate a total commitment to customer satisfaction and deliver excellent care and service always • Creating and maintain a constructive and productive working environment that fosters a positive hospital experience for all.
Appraisal	<p>Appraisal performed at 3 months from commencement of position and then annually; or when there is a change of position or any time there is a need to review performance. A review of the Position Description will occur at the time of the appraisal, and changed as required or dated and signed that it has been reviewed.</p>

Note: Statements included in this position description are intended to reflect in general the duties and responsibilities of this position and are not to be interpreted as being all-inclusive.

Position Description authorised by		
Manager Signature	Manager Print Name	Date
Department Head Signature	Department Head Print Name	Date

Employee Acknowledgement		
<p>I hereby acknowledge that I have received a copy of my Position Description and have read the duties and responsibilities that have been outlined. I understand that I may be required to undertake other duties and responsibilities which may arise from time to time which reasonably form part of my role.</p>		
Employee Signature	Employee Print Name	Date

CATERING MANAGER

POSITION DESCRIPTION

7

Position Title	Catering Manager
Facility /Corporate	Northern Beaches Hospital
Unit/Department	Catering
Classification	Hotel Services Manager, negotiated rate
Reports to	Director of Operations
Supervises /Manages (if applicable)	Number of staff: Approximately 60fte X <input type="checkbox"/> Organisation Chart Attached Dept/Unit Budget: TBA
Position Summary	<p>The position is responsible for providing leadership and direction to the Catering Department to compliment the strategic direction, operational processes, budget and business direction of the hospital; and ensuring efficient and effective management of the service.</p> <p>They are accountable and responsible for the effective management of human, financial and material resources and to ensure customer service is maintained at optimal levels.</p> <p>The Catering Manager will work as part of the health care team, adhere to Healthscope and site policies and procedures, participate in working parties or committees (as required). This role will demonstrate a commitment to Quality Improvement through National Safety and Quality Health Care Standards (NSQHS) and EQULPNational including achievement of accreditation.</p> <p>The team will deliver services under a Patient Centred Care model.</p> <p>The Catering Manager will take an active role in the management of WH&S issues pertaining to the department to ensure a safe work environment and safe practice for staff.</p> <p>They will ensure the identification, implementation and evaluation of catering systems / processes to ensure compliance with government / legislative requirements in relation to food safety.</p> <p>The Catering Manager will maintain a professional commitment to ongoing learning and development.</p>
Qualifications - Mandatory	<ul style="list-style-type: none"> • Chef qualification at a tertiary level • Demonstrated experience in operational and financial performance • Experience managing a catering department or similar • Extensive understanding of food safety • Previous experience in a 4 or 5 star hotel food and beverage environment • Experience in managing large function/food production operations
Qualifications - Desirable	<ul style="list-style-type: none"> • Appropriate trade certificate/s • Food Safety Supervisor Certificate • Demonstrated understanding of budget development and management • Previous experience in a private hospital • Previous experience with the use of Chefmax system
Personal Competencies Required	<ul style="list-style-type: none"> • Excellent customer service skills • Excellent leadership, team building skills and interpersonal skills

CATERING MANAGER

POSITION DESCRIPTION



	<ul style="list-style-type: none"> • Ability to prioritise and plan, use innovation and creativity • Excellent negotiation and problem solving skills • Excellent written and verbal communication skills • Demonstrated change management skills • Act as role model to staff • Positive approach to responsibilities • Demonstrated ability to work well within a team and maintain a positive work culture
Job Competencies Required	<ul style="list-style-type: none"> • Knowledge of human resource management • Knowledge of budget management and KPIs • Knowledge of the private hospital sector • Computer literate / data analysis skills • Report / business case writing skills • Able to identify cost effective utilisation of resources • Prepare and submit capital expenditure requests to CEO via Director of Operations • Have a sound understanding of the food regulations and storage requirements, ensure compliance
Key Responsibility 1	Food Services
Performance Criteria 1	<p>In conjunction with the Executive Chef:</p> <ul style="list-style-type: none"> • Review menus to ensure the delivery of nutritious meals that are cost effective whilst meeting the needs of the patients and offering variety, utilising recipes from the Healthscope national recipe database. • Work in partnership with Dietitian Team Leader and dietitians as required • Ensure timely preparation and delivery of patient meals, morning /afternoon tea and supper, by ensuring food service audits are undertaken, which include food delivery times • Ensure availability of supplies and that food imprest levels are maintained in a cost effect manner • Ensure food is stored securely and appropriately according to regulations • Ensure produce delivered is fresh • Ensure all equipment is maintained in a safe and functional manner • Ensure staff comply with infection control guidelines on hygiene and safe food handling • Responsible for the cooking of meals (where required) and supervising food preparation activities • Ensure internal/ external functions are adequately staffed and serviced • Ensure there is a significant point of difference for private patients in the menu, service and delivery of meals.
Key Responsibility 2	Financial and Material Resource Management
Performance Criteria 2	<ul style="list-style-type: none"> • Be fully aware and work towards the achievement of budget parameters • Actively participate in preparing the annual operating budget, which estimates

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	<p>financial expenditure for human and material resources and capital equipment requirements for the department</p> <ul style="list-style-type: none"> • Regularly monitor expenditure of labour hours, food and supplies and adjust weekly, in conjunction with the Executive Chef. • Ensure staff are aware of imprest levels and the need for efficient management of resources • Discuss capital expenditure requirements with the Director of Operations/Chief Executive Officer and submit capex request accordingly • Monitor meal orders required to produce against labour hours required and balance with staff rosters • Meet regularly with Director of Operations to discuss financial management of department • Ensure compliance with Chefmax system
Key Responsibility 3	Communication
Performance Criteria 3	<ul style="list-style-type: none"> • Communicate, interpret and ensure the hospital and catering mission and values, its objectives, the policies and standards are implemented. Ensure that the catering staff remain updated • Communicate openly with the Director of Operations on issues affecting the provision of services within the department, identify solutions to address any issues arising • Establish networking initiatives with other Healthscope hospitals and creatively implement
Key Responsibility 4	Human Resource Management
Performance Criteria 4	<ul style="list-style-type: none"> • Manage and supervise Catering staff in conjunction with the Executive Chef • Prepare equitable and cost efficient staff rosters • Monitor sick leave, schedule annual leave and complete rosters to ensure department needs are met • Maintenance of staff rosters, annual leave and other leave on Kronos including fortnightly timecard completion • Chair monthly team meetings • Encourage a participative team approach to service delivery, canvass ideas and strategies to enhance the service delivery of the department • Ensure staff are kept abreast of the hospital's directions through the use of appropriate communication channels • Ensure staff are trained in safe food handling and are aware of the importance of participating in the national food safety program and are kept abreast of any changes in regulations relating to the management of food • Ensure all staff undertake a yearly performance appraisal and interview • Ensure that staff performance issues are dealt with in a timely manner and in accordance with Healthscope policy in liaison with the HR Manager • Develop and identify effective workforce planning, professional development and succession planning strategies to meet the needs of the department • Actively assist in the recruitment of staff for the catering service • Maintain customer service, promote good public relation to enhance the profile of the Catering Department both within and outside the hospital • Ensure professional skill level of chefs and appropriate supervision for general

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	catering staff
Key Responsibility 5	Quality / Risk Management
Performance Criteria 5	<p>Promote quality improvement focused on outcomes that facilitate the achievement of accreditation by incorporating the NSQHS Standards and EQUIP National and:</p> <ul style="list-style-type: none">• Assisting in developing annual quality objectives and best practice to facilitate the achievement of the departmental and NBH goals and objectives• Ensuring that the quality objectives focus on measurable outcomes• Monitoring the outcomes of quality activities and identify areas for improved performance• Benchmarking against data obtained from other Healthscope facilities where applicable. <p>Support NBHs commitment to quality improvement and achievement of accreditation by:</p> <ul style="list-style-type: none">• Actively participating in quality improvement and risk reduction activities and preparation for accreditation events• Managing patient complaints in accordance with Healthscope and NBH Policies and procedures as applicable• Participating in meetings, committees or working groups and audits as required• Ensuring a business plan (including quality) for the department is developed, evaluated and redirected as identified• Documenting and reviewing relevant Healthscope and NBH policies and procedures• Undertaking audits as per quality KPIs and to ensure compliance with state legislation /regulations• Ensuring all staff within the department are consulted and engaged in identifying areas of improvement and provide encouragement to staff to take ownership of projects• Reviewing supplier contracts and the quality of the produce delivered In collaboration with head office procurement• Ensuring all food is stored in compliance with food regulation standards• Maintaining records to evidence adherence to checking procedures for temperature control of fridges, food produced, etc.
Key Responsibility 6	Work Health and Safety
Performance Criteria 6	<p>Implement measures to maintain the safety of staff, visitors and self by:</p> <ul style="list-style-type: none">• Ensuring catering staff comply with organization WH&S policy, infection control standards and policy and procedures• Ensure hygiene and safety requirements of the department are met• Ensuring a safe working environment and safe systems of work• Maintain equipment and material safety data sheets for all solutions, chemicals used within department• Ensure staff attend mandatory training• Organise or provide information / instruction / training and supervision to ensure staff are safe from injury and risks to health• Identify, investigate and report onto Riskman all hazards and incidents immediately

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	<ul style="list-style-type: none">• Complete all workplace inspections as per schedule including identifications and actions for improvements• Ensure staff who suffer a work related injury or illness are referred to the Early Intervention Management Program, that a current return to work program is documented in consultation with the worker, and rehabilitation provider and liaison with the RTW Coordinator• Report any staff injuries, risks and hazards to the WHS Manager immediately• Participates in waste management programs for the reduction and recycling of rubbish in order to support environmental sustainability.
Key Responsibility 7	Service Excellence
Performance Criteria 7	Support the NBH in maintaining a high degree of service excellence by: <ul style="list-style-type: none">• Demonstrating an overall commitment to customer satisfaction by delivering exceptional care and service to patients, patient families, doctors, staff, third party providers and all visitors attending the hospital• Integrating the highest standard of care and service excellence in daily activities• Providing prompt, friendly and professional assistance in accordance with Healthscope and NBH core values, code of conduct and policies• Ensuring all Catering staff demonstrate a total commitment to customer satisfaction and deliver excellent care and service at all times• Creating and maintain a constructive and productive working environment that fosters a positive hospital experience for all• Provide relevant supervision, training and support in excellent health care and service delivery
Appraisal	Appraisal performed at 3 months from commencement of position and then annually; or when there is a change of position or any time there is a need to review performance. A review of the Position Description will occur at the time of the appraisal, and changed as required or dated and signed that it has been reviewed.

Note: Statements included in this position description are intended to reflect in general the duties and responsibilities of this position and are not to be interpreted as being all-inclusive.

Position Description authorised by		
Manager Signature	Manager Print Name	Date
Department Head Signature	Department Head Print Name	Date
Employee Acknowledgement		
I hereby acknowledge that I have received a copy of my Position Description and have read the duties and responsibilities that have been outlined. I understand that I may be required to undertake other duties and responsibilities which may arise from time to time which reasonably form part of my role.		
Employee Signature	Employee Print Name	Date