



Queensland Government
Queensland Health

Queensland Health & Health Unions

STRATEGY PAPER

Effective Consultation Processes And Practices

Prepared by the Relationship IBB

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TABLE OF CONTENTS

PURPOSE	3
EXECUTIVE SUMMARY	4
BACKGROUND	5
CURRENT JOINT CONSULTATIVE FRAMEWORKS	5
BARRIERS TO THE EFFECTIVENESS OF EXISTING CONSULTATIVE STRUCTURES	7
PRINCIPLES FOR EFFECTIVE CONSULTATION IN QH	8
INTEREST BASED BARGAINING APPROACH	9
CONSULTATION STRUCTURES	10
SUMMARY OF CONSULTATIVE FORUMS / FUNCTIONS	12
ISSUES RESOLUTION STRUCTURES	16
SUMMARY OF ISSUES RESOLUTION FORUMS / FUNCTIONS	18
RECOMMENDATIONS	21

PURPOSE

The purpose of this strategy paper is to provide recommendations on strategies to improve consultation practices and processes within Queensland Health (QH).

These recommendations for structural changes do not exclude or in any way detract from all the informal consultation that goes on in the workplace. We encourage dialogue at the grass roots level and are one mind in promoting the solution of issues / problems at the local level.

COMMITMENT TO CONSULTATION

RIBB welcomes and is committed to involving employees and their union representatives in the decision-making processes affecting the workforce.

RIBB recognises that for the consultative process to be successful, initiatives, changes and other issues effecting the workplace need to be implemented through an open and consultative process with their employees and their union/s at an early stage of the process.

Consultation requires the exchange of timely information relevant to the issues at hand, and a genuine desire for the consideration of each party's views, before making a final decision. Employees will be encouraged to participate in the consultation processes by allowing adequate time to understand, analyse, seek appropriate advice from their union and respond to such information.

EXECUTIVE SUMMARY

RIBB proposes to redefine and reinvent the current consultative framework that exists in QH. Improvement to the current arrangements will be achieved through:

1. The formal separation of consultative forums from issue resolution and bargaining forums.
2. A role for consultative groups will be to focus on strategic and proactive issues and to have a forward planning focus.
3. Issue will be resolved through separate structures called "Issue Resolution Group" which is to focus on resolving specific concerns, industrial or employment conditions related issues in a timely and effective manner.
4. Resolving all issues at their most immediate level wherever possible.
5. The formation of a state-wide consultative group (comprised of the Executive Management Team and union Secretaries) which would meet on a quarterly basis to consider strategic organisational issues.
6. The maintenance of a corporate Industrial Relations Unit with appropriately skilled staff to assist managers and unions to resolve escalated issues. Increase central resources in this unit to provide support for workforce unit staff in Area Health Services, Districts and line managers in HR/IR policy application.
7. The reinforcement of QH's current grievance resolution process.
8. The upholding and practicing of the newly developed Code of Conduct.
9. Adopting an Interest Based Bargaining (IBB) approach to consultation and negotiations. Training of all people involved in consultation and/or negotiation in IBB.
10. A review of the role of all existing consultative groups.

BACKGROUND

RIBB considered their own experiences and information outlined in the Queensland Health Systems Review Report (October 2005) to develop the strategies outlined in this paper. In particular, RIBB noted comments from the Report which described the culture in QH to consist of; tokenistic consultation, a lack of teamwork and a culture of power and control. This review also noted that leaders, managers and supervisors do not engage effectively with staff to deal with staffing problems and they do not encourage staff contribution in resolving problems.

CURRENT JOINT CONSULTATIVE FRAMEWORKS

The plethora of consultative frameworks needs to be reviewed and where possible culled to ensure that the time spent in consultation is effective and efficient.

RIBB outlined the existing consultation groups in QH to consist of:

GROUP	FOCUS AREA
1. Consultative Groups	
<i>State Bargaining Unit</i>	Enterprise bargaining, dispute resolution, referred issues, workplace reform (including negotiating sub groups or committees)
<i>Nursing Interest Based Bargaining</i>	Enterprise bargaining (future role of this Committee to be determined)
<i>Medical Interest Based Bargaining</i>	Enterprise bargaining referred issues, workplace reform. This committee is likely to replace the Medical Workforce Forum
<i>Relationship Interest Based Bargaining</i>	Enterprise bargaining in relation to: <ul style="list-style-type: none"> • Workplace harassment/bullying and its management, • Employee/organisational and union relationships, • Effective consultation processes and practices, • Consistent, fair and equitable HR/IR processes and practices,

GROUP	FOCUS AREA
	<ul style="list-style-type: none"> • Workload management, • Staff complaints.
<i>District Consultative Forums</i>	Local workplace issues, dispute resolution, workplace reform
<i>Equivalent to District Consultative Forums</i>	SSP Agency Consultative Committee and QHPSS; Information Directorate; Corporate Office; and Public Health Consultative Forums
<i>Local Consultative Forums at Workplace Level</i>	Local workplace issues, disputes, workplace reform
2. Issues Groups	
<i>Various consultative groups established to focus on specialist areas and may be required report back to the SBU.</i>	<ul style="list-style-type: none"> • Workplace Harassment Committee • Employment Equity Advisory Committee • Nursing Workload Specialist Panel • Queensland Health Workplace Health and Safety Advisory Committee • Workload Management Subcommittee
3. Occupational Groups	
<i>Various consultative groups set up around discipline areas or occupational groupings and may be required report back to the SBU.</i>	<ul style="list-style-type: none"> • Peak Nursing Body • Public Hospitals Oversight Committee (including sub-committees) • Oral Health Workforce Committee • Building, Engineering and Maintenance Services SBU Sub-Committee • Medical Workforce Forum (possibly to be replaced by MIBB) • Visiting Medical Officer Liaison Committee • Mental Health Consultative Forum • Allied Health Professionals Taskforce Steering Committee including sub-committees • Administrative Training Subcommittee • Nurse Practitioner Group • Indigenous Health Worker Review

GROUP	FOCUS AREA
4. Queensland Health Systems Review	
<i>Various consultative groups set up around implementation of the Action Plan.</i>	<ul style="list-style-type: none"> • QH Reform Consultation Group • Corporate Office Restructure Reference Group • ASU Reference Group

BARRIERS TO THE EFFECTIVENESS OF EXISTING CONSULTATIVE STRUCTURES

RIBB discussed the following issues as barriers to the effectiveness of existing consultative processes and practices:

- ❑ Industrial disputation, enterprise bargaining, consultation and collaboration are handled by the same bodies and this contributes to an ineffective environment for consultation and collaboration,
- ❑ Multiple levels of consultation sometimes hinders the relationship building process,
- ❑ Open, honest communication and trust is lacking in some consultative forums,
- ❑ The Terms of Reference for some forums mix strategic with operational problem solving issues,
- ❑ Some representatives have not been trained in collaboration or problem solving approaches to consultation,
- ❑ The high level of bureaucracy and red tape stifles decision making, relationship building and problem solving,
- ❑ Skill or capability issues,
- ❑ Occupational silos are sometimes propagated by the structure of consultative groups, and
- ❑ Workplace issues are prematurely escalated to District levels when they should be resolved at the lowest or most immediate level.

When reviewing the existing consultative structures RIBB will use Principles for Effective Consultation and the above observations as a guide.

PRINCIPLES FOR EFFECTIVE CONSULTATION IN QH

In addition to a commitment to comply with the values and behaviours outlined in the Code of Conduct, RIBB believes the following principles are essential for effective consultation:

- ❑ All consultative and issue resolution forums are to endeavour to resolve issues at the local level in the first instance,
- ❑ All consultative and issue resolution forums are to promote local management, employee and union involvement in decision making processes,
- ❑ Consultative groups are to be formally separate from issue resolution and bargaining forums,
- ❑ Consultative groups are to focus on strategic and proactive issues and have a forward planning focus,
- ❑ Planning and change management functions are to be separated from issue resolution and bargaining functions,
- ❑ Consultation forums are to be collaborative in nature and have a forward planning focus,
- ❑ Issue resolution groups are to focus on resolving specific concerns, industrial or employment conditions related issues in a timely and effective manner,
- ❑ Consultative and issue resolution forums are to be joint forums between Queensland Health and the relevant unions,
- ❑ Business information are to be openly shared amongst consultative team members,
- ❑ Trust is an essential component for effectiveness,
- ❑ All members of consultative groups will be appropriately skilled in IBB,
- ❑ All consultative groups and the issues resolution group are to have clearly defined terms of reference,
- ❑ All consultative groups are to have sufficient mandate to be able to resolve issues which fall within their terms of reference,
- ❑ Ensure consultation is clear, concise, widely accessible, and allows adequate response times,
- ❑ Provide feedback on responses received and how they influenced the outcome,

- RIBB will monitor the effectiveness of consultation,
- Each consultative group will have appropriate composition of people to enable the effective progressing of issues,
- Opportunities will exist to proactively raise operational and other issues before they become difficult problems,
- Training to be conducted for all senior and front-line Managers on the role of unions and their history.

INTEREST BASED BARGAINING APPROACH

This strategy paper recommends that an interest based bargaining approach (IBB) to consultation and negotiation is the preferred approach.

IBB is about:

- Information sharing, exploring of issues and options, and working towards solutions rather than fixed positions.
- Avoiding fixed positions that ultimately result in confrontational, highly positional negotiation styles and personality issues influencing discussions and behaviors.
- Separating the person from the problem.
- Providing opportunities for the consultative groups to discuss and explain proposals, explore options and problem solve issues.
- Good will to reach a solution through a problem solving, solution orientated approach.
- Conducting discussions on a “without prejudice” basis.
- Considering what the other parties value.
- Generating ideas for each other and consciously discovering joint interests and needs in formulating proposals.
- Magnifying the benefits (expand the pie) and share the outcomes including taking a longer term view of things.
- Preparing well, sharing information openly, and having collaborative research.
- Building relationships by acting professionally, treating others (including their ideas) with dignity and respect, listening carefully to each other and being honest about what you need, fear, and want.
- Setting and maintaining agreed timetables – doing what you say you will.

- Decision makers/leaders supporting the outcome and dealing with principals/constituencies including providing effective and flexible mandates and solution ownership.
- Celebrating progress.

QH is already utilising all or some of the above principles in communication / consultation however, the consistent effective applications of all of the principles requires significant behavioral changes.

CONSULTATION STRUCTURES

FUNCTIONS OF STATE/AREA/DISTRICT or EQUIVALENT/LOCAL CONSULTATIVE FORUMS

The focus for consultative groups will be on collaborating and consulting using an IBB approach at the local level, wherever possible. Key functions of consultative forums will include:

- Forward planning and change management (involving all unions),
- Forward planning and change management (involving individual unions),
- Examining the case for change,
- The implementation of change,
- The implementation of new policies,
- Analysing and developing recommendations for various trends evidenced through data
- Resolving local issues (not including award and industrial relations interpretation matters). Note: Award or industrial issues unable to be resolved locally through management and union intervention will be referred to the Issues Resolution Group.

STATE LEVEL CONSULTATION

RIBB proposed that formal structure between all health unions and the Queensland Health Executive Management Team (EMT) to meet on a quarterly basis. This high level forum will deal with QH strategic issues including financial considerations (funding, capital plans), culture/ climate considerations, workforce strategy and development, whole of Health issues/strategies, implementation of review findings, relationship issues and major labour issues.

RIBB recommends that current State wide IBB structures such as RIBB, Medical IBB, Nurses IBB and other occupational IBB are to be retained as long as they continue to be effective in resolving issues.

AREA, DISTRICT AND EQUIVALENT AND LOCAL CONSULTATIVE FORUMS

The structure of Area, District and Local consultative forums is outlined in detail in the "Summary of Consultative Forums / Functions".

Whilst the Area level of consultation is not yet clear, the more crucial forums are Local and District based. QH has already some working models of consultative committees at these levels, hence there is organisational memory and resources to model highly effective committees.

The formation, composition and meeting times for Local and District consultative groups will be based on the needs of that region and will be agreed between the relevant forum representatives in those regions.

SUMMARY OF CONSULTATIVE FORUMS / FUNCTIONS

SUGGESTIONS	STATE	AREA <i>Indicative only</i>	DISTRICT	WORKPLACE
Functions	<ul style="list-style-type: none"> • High level strategic issues including but not limited to: <ul style="list-style-type: none"> ○ Financial considerations (funding, capital plans) ○ Culture/ climate considerations ○ Workforce strategy and development ○ Whole of Health issues/strategies ○ Implementation of Review Findings ○ Relationship Issues ○ Major Labour Issues ○ Strategic Planning 	<ul style="list-style-type: none"> • Consultation for Health Service plans and/or Area or multiple districts • Issue resolution where root cause is one related to area functions (not Award of entitlement dispute) • Workforce planning matters (recruitment, retention, training and reform) • Inter-district matters where there are mutual issues • Trends/common issues with multiple districts • Implementation of RIBB recommendation at area level (eg. Consistent HR/IR practices and Policies) • Referred matters from State-wide Group • Escalated matters from Districts • Matters to be referred to State level group and or IBB Committees • WH&S trends at area level • Budgetary trends at area level • HR/IR trends at area level 	<ul style="list-style-type: none"> • Strategic and Business Planning • New or altered work practices and processes • District change strategies • Financial considerations or issues • Culture scan results • Strategies to address cultural issues • Unresolved workplace issues • Training and Development Strategies • Workforce Management (WH&S, Equity, IR/HR, Recruitment and retention, Workload, Payroll Issues) • Service Provision • Matters referred from workplace consultative groups • Referred matters from Area Consultation Group 	<ul style="list-style-type: none"> • Occupational health and safety • Training and Development at business unit level • Working co-operatively (openly accountable) • Workplace Grievances • Workplace Issues

SUGGESTIONS	STATE	AREA <i>Indicative only</i>	DISTRICT	WORKPLACE
Information	<ul style="list-style-type: none"> Budget information Labour statistics Organisational change initiatives/business cases QH strategic plan Review findings and implementation strategies State Government initiatives Trend data Whole of Organisation initiatives 	<ul style="list-style-type: none"> Financial Matters (budget and expenditure) Organisation Climate surveys HR/IR matters (inc bullying and workforce trends) Planning matters (demand, workforce, epidemiological and demographic data, Information and Technology, equipment etc) Workplace Health and Safety (Workcover and QComp), Incident aggregated data 	<ul style="list-style-type: none"> Data to support function outcomes Business Cases Finance Reports (budgets) Workload/Workforce Issues Formal Minutes Information from upstream groups/forums 	<ul style="list-style-type: none"> Cascading of information – team briefing Consistent and widely distributed Sharing of information
Membership/Who	<ul style="list-style-type: none"> EMT and Union Secretaries 	<ul style="list-style-type: none"> Area GM Union Officials/Reps DM reps Area HR/IR Director Other exec staff including senior clinical staff <p><i>Need further input when structures are known</i></p>	<ul style="list-style-type: none"> District management (to be determine on a district by district basis) Union Organisers/representatives <p>(Development of IBB skills for rep's)</p>	<ul style="list-style-type: none"> Local Union Reps/Delegates Supervisor Work unit members <p>Local area has flexibility in how it is formed (eg. At hospital, community centre etc) but District forum must approve</p> <p>Definition of local could be a work unit, an occupational group etc</p>
How Often/Format	<ul style="list-style-type: none"> On a quarterly basis or as required 	<ul style="list-style-type: none"> Video conferencing option 4-6 times per year Facilitated and IBB based process 	<ul style="list-style-type: none"> As agreed but a minimum of quarterly (Local empowerment exists here - depends on district size and issues) 	<ul style="list-style-type: none"> Monthly or as required (depends on size) Minutes should be taken and copied to District Consultative Forum

SUGGESTIONS	STATE	AREA <i>Indicative only</i>	DISTRICT	WORKPLACE
Where does information go?	<ul style="list-style-type: none"> • Area Consultative Group • Joint communication from the forum on a quarterly basis to all staff • Refer relevant matters to the Industrial Relations Unit • Then disseminated through the usual management forums in QH • Union structures 	<ul style="list-style-type: none"> • State-wide – escalation and de-escalation • MAU for resolution • Specialty and technical units • District and Local Consultative Forums • Union member consultation 	<ul style="list-style-type: none"> • Area • Workplace • Unions 	<ul style="list-style-type: none"> • Horizontal distribution • District • Other Work Units
Success Indicators (for indicative purposes only)	<ul style="list-style-type: none"> • 90% participation by membership at forums • An effective working relationship • EMT members understand the strategic issues unions are having in QH on a broad level • Issues raised are resolved within one quarter • Joint lobbying of Government for QH needs • Joint participation and implementation of major organisational change • Shared understanding (unions and Management) of strategic direction of QH 	<ul style="list-style-type: none"> • Consultative process endorsed through staff survey • Decrease in matters referred to State Wide team • Increased returns in terms of organisational climate • Key stakeholders commitment and attendance • Consultative mechanisms at District and Local level effective • Improvements in data set trends • Project outcomes 	<ul style="list-style-type: none"> • Workable partnerships • Agreement at District Level • Workplace/Facility KPI • Scheduled versus actual meetings • Regular review • Attendance 	<ul style="list-style-type: none"> • Stakeholder attendance • Improved staff participation • Staff confident to raise local issues

SUGGESTIONS	STATE	AREA <i>Indicative only</i>	DISTRICT	WORKPLACE
<p>Notes:</p> <ul style="list-style-type: none"> • Union capacity to service this model will need to be explored in further detail especially as some union rep's will be attending multiple consultative groups/forums • Consideration should be given to how we stage when each of these consultative forums meet (a planned approach) • What are the organisational success factors for the effectiveness of these group • Smaller districts may combine groups, adjust discussion topics, determine meeting needs – meets the need of the District • How do we develop a mechanism where meetings aren't cancelled at the last moment 				

ISSUES RESOLUTION STRUCTURES

The focus of the Issue Resolution Group will be very different to that of the consultative groups. The Issue Resolution Group will focus on complaint; dispute and industrial issue resolution using an IBB approach either through formal processes or informally with the relevant union/s and managers.

Issues resolution will be guided by the following:

- Complaints, industrial issues and disputes are to be solved at the source of origin where ever possible within the time frame set down on page 17.
- It is envisaged that issues occurring at the District (or equivalent) level will be resolved through the direct Supervisor and/or the District Manager.
- Issue Resolution Group will formally exist at the State Level with appropriate union and Area level representation.
- The Terms of Reference for the Issue Resolution Group will be on resolving issues relating to employment conditions.
- The Issue Resolution Group may rely on specialist HR/IR assistance through the state-wide corporate Industrial Relations Unit.
- Prior to matters being referred to the Industrial Relations Commission and or the OPMS the issue will be referred to the corporate Industrial Relations Unit and the Enterprise Bargaining and Implementation Group. This does not remove the rights of either party to refer a matter to the Industrial Relations Commission.
- Further clarification of roles and responsibilities of the Industrial Relations Unit and the Area HR/IR people is required prior to implementation of this model.
- Issues resolution process is separate to the staff complaint or grievance process. Once a grievance has been lodged the parties will follow QH's dispute resolution process as described in the Award.

ENTERPRISE BARGAINING AND IMPLEMENTATION GROUP

The Enterprise Bargaining and Implementation Group will negotiate enterprise bargaining agreements and will facilitate education and training regarding the implementation and interpretation of enterprise bargaining agreements.

The focus of this group will be linked to both the Consultative and the Issue Resolution Group. Whilst the functions are quite separate, the state-wide Issues Resolution Group and the Bargaining and Implementation Group could be carried out by the same representatives.

TIMELINES FOR ISSUES RESOLUTION

Issues to be resolved within the following timeframe:

LEVEL	RESPONSE
local level	2 working days
district level	7 working days
state level	14 working days

Such timeframes are flexible with agreement between the parties. Separate to these timeframes, upfront acknowledgment of receipt of issue should occur.

Grievances will need to be handled within the time framework set down in the Grievance Resolution process.

SUMMARY OF ISSUES RESOLUTION FORUMS / FUNCTIONS

FRAMEWORK	ISSUE RESOLUTION GROUP AT STATE LEVEL	ENTERPRISE BARGAINING AND IMPLEMENTATION GROUP	CORPORATE INDUSTRIAL RELATIONS UNIT
Functions	<ul style="list-style-type: none"> • Award interpretation/Agreements/Policies • IR Policies • Consider and allocate timeframes for resolution of issues • Dismissal filter prior to State-Issues Resolution Group • Disputes at a multi-union/state-wide level • Formal and informal arrangements (sub groups) • Monitor area statistics • Provide IR updates to organisation • State-wide education support • Tailored intervention for areas with trends 	<ul style="list-style-type: none"> • Negotiation of Enterprise Bargaining Agreements as required • Negotiate/Implement agreements • Jointly develop a training agenda around the EB, interpretation, training for HR Managers, Managers around IR • Jointly review how we could provide some easy to understand checklists etc for Line Managers where there is confusion 	<ul style="list-style-type: none"> • To provide consistent accurate interpretation of awards, agreements, HR/IR policies and IRMs. • Support local management with advice in the above areas. • Contact point for unions if issues can not be solved locally • Provide information and education for line management on employee relations matters
Information	<ul style="list-style-type: none"> • Best practice • IR Updates • Reports on outcomes from Area disputes • 		<ul style="list-style-type: none"> • IR Updates • Information session on agreements, HR/IR policies
Membership/Who	<ul style="list-style-type: none"> • CHIRPSC / Industrial Relations Unit • Area HR/IR • Shared Services Provider • Unions • ED, Corp Services - depend on structure • District Representatives 	<ul style="list-style-type: none"> • Management and union representative as appropriate 	<ul style="list-style-type: none"> • Professional, experienced IR staff
How Often/Format	<ul style="list-style-type: none"> • Industrial Relations Unit could instigate a meeting with relevant people before referring to IRG – group of people with areas of speciality • Need for sub-groups to meet on an as needs 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 24/7 service model

FRAMEWORK	ISSUE RESOLUTION GROUP AT STATE LEVEL	ENTERPRISE BARGAINING AND IMPLEMENTATION GROUP	CORPORATE INDUSTRIAL RELATIONS UNIT
	basis <ul style="list-style-type: none"> • Other consultative groups can refer issues to the State Issues Resolution Group • Resolution processes will exist at local, district and area level • State-wide resolution group would meet on a monthly basis • Dispute resolution works in a timely manner 		
Where does the information go?	<ul style="list-style-type: none"> • HR District representatives • IR Network • Managers • QHEPS • Relevant expert Staff • Unions <p>Communication channels need improving Management lists held Corporately and need to be update regularly</p>		<ul style="list-style-type: none"> • State IRG • State level Consultative Forum
Success Indicators (for indicative purposes only)	<ul style="list-style-type: none"> • Disputes of similar nature are not referred (i.e. if one referred, communications about resolution assists in early resolution of future issues) • Education and training indicators (re: complaints/disputes) • Improved results in climate survey • Timely resolution of disputes • Level of trust between unions and QH to resolve issues at this level • Reduced level of disputation and of referrals to IRC and IRG • Reports on success stories 	<ul style="list-style-type: none"> • Timely resolution of Enterprise agreement • Education and training indicators around EB 	<ul style="list-style-type: none"> • Disputes of similar nature are not referred to Unit • Improved results in climate survey • Length of time to resolve issues • Level of trust between unions and QH to resolve issues at this level • Reduced level of disputation and of referrals to IRC and IRG • Reports on success stories

FRAMEWORK	ISSUE RESOLUTION GROUP AT STATE LEVEL	ENTERPRISE BARGAINING AND IMPLEMENTATION GROUP	CORPORATE INDUSTRIAL RELATIONS UNIT
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Notes:

- Further work is required in refining success factors and determining measures for each of the success factors
- Further discussion required on principles and criteria on which issues are first resolved with Area HR/IR and which might automatically go to the Industrial Relations Unit

RECOMMENDATIONS

RIBB recommends the following:

1. The suggestions outlined in this strategy paper are endorsed and promulgated by the Director General,
2. RIBB is the approved steering committee for implementation on new consultative frameworks,
3. An Executive Director is identified as the project sponsor and appropriate resources for implementation of the project plan are assigned,
4. IBB principles are devolved throughout the organisation to promote effective working relationships through an organisational training program to identified forums to create interest based relationship groups at local levels. This program should be developed centrally and approved by RIBB to ensure the training is consistent and IBB principles are reinforced.
5. The future role of all existing consultation groups is considered and defined as part of the implementation of this project,
6. A detailed project plan including an implementation, communication and training plan is developed by the Executive Director in consultation with the unions.