

Attn Bay Buzz,

I understand you are investigating certain matters at the Hospice. I write this anonymously for reasons made obvious in the enclosed memo. It has been unsafe to address these issues through normal channels.

The memo was sent directly to PSS Board Members as it was believed they were being misinformed. The memo has one error. Due to poor communication from management it was thought the facilitator to work with the management staff problems was a PSS employee. This is incorrect and she was an independent.

The major problem you face in having nurses come forward to discuss the issues with you is they have been instructed not to and risk their employment. Compounding this is the issue they do not wish to alarm HB people with evidence of what they experience of unnecessary patient suffering which emanates from the current management. They are between the rock and hard place and in turn are often debilitated by this scenario.

Please use this material to improve Cranford.

Attention Presbyterian Support Board re Cranford issues:

Dear Board member

I have written anonymously to avoid the repercussions which others have encountered.

This memorandum has been written in belief that the Board has been misinformed of Cranford problem and is more deserving of accuracy to properly form its decisions.

It is well known twelve other messengers conveying issues at Cranford by signed letter have been placed under what could be termed intolerable stress. It is widely understood they requested that issues of stress and low staff moral be addressed. It is also believed the response from Cranford management was aggressive and intimidatory. Three staff in particular being separated out and targeted as minority malcontents. The writer wishes to make the point that the messengers were twelve of the in-house nurses and it was not just a few intractable trouble makers as has been inferred by management. In addition to this an effective gag has been placed on staff by CEO Barry Keane and Director of Nursing Sandra Sanderson. For readers convenience I attach the warnings they instructed staff with marked "A" and "B" respectively.

In this climate of staff being gagged and apparent management angst it has become evident to the writer that staff have fragmented into identifiable factions. Some wish to engage with management about the issues but are fearful they will be labelled as a troublemaker. Some appear to want to confront management they are so angry. Some are aggressively uncommunicative. Some blame their colleagues (the original messengers) for causing trouble and are angry. Some seem to duck for cover. Others proffer advice to stressed colleagues to just do what they tell you. Some are confused, these are mostly new staff. Others experience is that management do not trust their observations and feel devalued. The list goes on.

Cranford has become an apparent angry fragmented work place with many looking for other employment. Some are conflicted as they also do not want to cease their commitment to Cranford. Resultant pent up angst has spilt out into the newspapers. It is evident staff are now looking for a solution beyond the immediate Cranford management who many have lost trust and respect for. It is unfortunate but evident contempt between parties is emerging.

Because the issue became public the Director of Nursing issued a letter to the paper in response. She indicated that the dissatisfaction was limited to only a few malcontents. She categorically stated "Things are not hideous nor is there widespread discontent among nurses." The message she gave was that all was well, "C" attached. It is disconcerting that the Director is unaware of the unpleasant and uncommunicative workplace. Perhaps this is because she is unacquainted of the general ease of communication, trust and

respect which often characterised teamwork under the Cranford's prior modality of an interdisciplinary team. The writer does not suggest it was perfect but the team had a common heart empathetic practice based on teamwork and respect with the patients' needs top priority.

The Director of Nursing did not see the damage caused to staff trust by the dismantling of the earlier practice and deconstruction of pharmacists' roles in the team as she had not arrived from the UK. The pharmacists' had given years of dedication and service often beyond the call of duty. They had been seen by many as leaders in their field and were accorded high opinion. They carried a historical knowledge of Cranford practice and protocol which was an invaluable resource to both Cranford and its patients and the community. It has been said PSS saw this history as undesirable with the changes it had in mind for Cranford. Hence the further appointment of the Nurse Director from the UK. All three senior Cranford management have no prior history here in Hawke's Bay. They have no background of the nature of Hawke's Bay culture, the community role and relationship with the various contributors to Cranford.

The manner of disempowerment of the pharmacy team (and nurses) who were apparently viewed as acting beyond their station by the new Medical Director Mike Harris which the new CEO Barry Keane evidently supported could be described as inappropriate. Some would say this is understated and claim that their manner set in motion an environment of confusion, devaluation, and humiliation and undermine. In such a claimed circumstance Cranford lost these valued pharmacists'. There are staff who have been deeply affected; some very troubled have left Cranford. The management has often been described as bullying with staff discussing who would be targeted next and proffering advice keep your head down. The prior interdisciplinary team became fractured.

As stated the then newly appointed COE and Medical Director and later appointed Nurse Director lacked prior Cranford-Hawke's Bay history. The Medical Director graduated as a specialist subsequent of his Cranford appointment. This meant he lacked the years of practice which builds knowledge for confidence. It is believed PSS made inappropriate management appointments with a new broom agenda to radically change Hawke's Bay Cranford culture and community involvement. Many volunteers have packed it in. Present Cranford management have adopted a repetitive jargon to encourage change; "The way forward" "Need to take Cranford into the future"; "We need to adopt best practice". In view of the treatment which the pharmacists' endured under this mantra it seems management failed to appreciate that their message lacked a sensitivity or awareness of its effects and interpretations made by staff. "My way or the highway"; "Your practice is provincial and antiquated"; "We will drag you kicking and screaming into this century" are some of the generated interpretations and responses which the writer recollects.

For reasons explained below the Nursing Directors memo last para was found particularly provocative by some staff **"B"** attached and quoted here next;

Change is hard because people overestimate the value of what they have and underestimate the value of what they may gain by giving that up. (Belasco J and Stayer R, 1994).

Board members will be acquainted of the Sandy McLeod review of Cranford. Staff interviewed were asked that if they were dying which regime would they prefer; the old or the new. It is understood D McLeod was regularly told preference was under the old. Pain and symptom control under the new management has caused staff concern and distress. This in turn has caused confusion and mistrust about the professed best practice and the way forward they are being led into. They worry the management process of change has compromised patients care. Most agree practice requires embracing efficiency and improvements but they don't wish it at the expense of their patients.

By picking three of the twelve management has sent a signal to staff; don't complain or we will single you out. After publication of the Boards disclaimer in respect of staff discontent I feel obliged into taking this action because I felt the staff had nowhere to turn to. I also believe the Boards explanation of the Cranford issues was misinformed. The obvious solution to this writer is to by pass the management and to inform Board Members directly of the issues and staff reactions as I have perceived them. I write this so the Board can better ascertain the accuracy or not of the statements it has published.

It is the writer's belief that the Board's disclaimer has actually compounded the problems. For convenience I attach the Boards publication marked **"D"**. I also attach a letter from a George Francis which responded to the Board marked **"E"**. No doubt the reader of my memo will believe I support George's view and they are right. Not because of bias but because of the experience and knowledge I have gleaned. I am not on my own and some nurses have expressed desire to marry and bear George's children. Clearly this is said in humour but I ask you to note the relief of those nurses in that statement. It reflects gratitude that someone understood what they were going through and who was offering them support. This kind of rapport is casualty at Cranford but rebuilt it is the elixir necessary to resolve the problems.

It is apparent to many that the CEO's actions against the three have capacity to stain the history of Cranford. The writer understands he is viewed by many staff as ambitious and Cranford will be a passing phase left behind. It can be reasonably argued that high ambition 'may' be found in self and not service orientated managers. Those driven for self often have different and hidden agendas' to those required by their employer. They are often articulate and plausible but may exhibit a marked difficulty to self evaluate. Ambition for self 'may' motivate misuse of power to cover up deficiencies or appoint blame elsewhere. Intimidation or misinformation 'may' be employed as the solution.

The writer emphasises these are propositions only but worthy of contemplation. I have no doubts the Board's disclaimer has capability to victimise those Cranford staff already distressed. Evidence the Board may have been misinformed is its contention that Cranford discontent is limited to a few. The Board's view may have been coloured by a survey analysis presented by PSEC to Cranford staff as representing their views. Attached marked "F" is the first page. The analysis claims the vast majority of participants expressed positivity. It suggests 89% express satisfaction. I believe this misleads as it is generally known few staff responded. If so it could be well argued these few respondents were but a compliant few as many felt it was a waste of time and did not respond in protest. For authenticity the percentage of participants required to be stated in the report. It is believed this report cannot be relied on. Detail of participation should be easily obtained after such intense scrutiny and analysis. It would not be difficult to have another survey respond directly to the Board for accuracy.

The Board's disclaimer advises that the discontent is confined to a small number. It is fair to say this seems to target the three who have already been targeted by Cranford management. This situation is obviously fraught for the Board in many respects. If the writer's proposition is correct then the Board has responded inappropriately from misinformation. It is evident Cranford's problems have created the Board a problem which possibly requires it to obtain better independent appraisal and advice.

A facilitator has been appointed as a means to resolve the problem. The facilitator is a staff of PSS and it appears she holds no qualifications. It occurs to the writer with the problems rampant that independence of the PSS employee facilitator and safety of staff are unaddressed issues. No information appears which gives staff reassurance that honest held truth expressed will have no repercussions.

Put this in perspective; group is being PSS facilitated with Cranford CEO present; this CEO is in serious issue with the three messengers who will also likely be required to attend. PSS Board has publically taken issue with the few dissidents. In this light facilitation seems hasty and ill considered by Cranford management. Safety and sanctuary is a known Holy Grail for successful facilitation.

I believe the personal damage to so many is so great it is beyond redemption. If allowed to continue staff defections from within the most experienced staff will probably diminish the tension. This will probably also diminish quality of Cranford. In the meantime the CEO may well have left for greener pastures.

I do not envy the Board your dilemma about the pathway for our Hawke's Bay patients' in your care.

Yours sincerely

Someone who loves the heart of Cranford and the community spirit it has generated.