SUBMISSION TO THE SENATE EDUCATION, EMPLOYMENT AND WORKPLACE RELATIONS REFERENCES COMMITTEE

TO THE SENATE:

My name is Alana Krzemien and I joined Queensland Health as a post-graduate nurse in 1994. I have been a continuous employee of Queensland Health since 1994. I had a 6month period of leave without pay to care for my infant son. During this time I have held full time, part time and casual positions.

I have been part of the Cairns Home and Community Care Services since July 2011. Prior to that I worked in the School Based Youth Health Nurse Program.

This year there has been restructure and many job losses within Queensland Health. To date it has mainly impacted on Southern Queensland Health Services. For our local area it has meant job losses for locals attached to QH Corporate office, such as Total Population Health Unit.

Initially the emphasis on the Cairns & Hinterland Health Service District was focused on improving effeciency and cost savings. The CHHSD management developed the Redesigning from the Outside In Project. The communiques from these workgroups focused on effeciency, streamlining and cost saving, with no reference to job cuts/losses.

My application for the Redesign Team was unsuccessful. We were encouraged to make submissions/suggestions to the team – which I did.

I believe it was sometime later that it was clarified to the CHHSD manager that not only did they need to save money, but also needed to cut FTE. The rumoured amount of expected job losses ranges from 150 to 400 (300-400 was reported by Cairns Post newspaper on 13.2.2012).

Myself, and the general consensus of the team, was that little has been done to consult grass roots workers and line managers of our Home and Community Care team. Our team is ready and waiting for an opportunity to redesign and streamline our own processes. Within our team we have a wealth of knowledge, experience and ideas on how we can work better. However, since the split of DOHA and the Department of Communities there was extended delay in signing our service agreement, many doubts about whether our service agreement would be signed, the length of time of the agreement, and the possibility that funding could be handed back to the state at any time. Queenlsand Health have made several statements that Non-government organisations can do HACC business more effeciently. We know we can do it more effeciently too! Additionally there has been recent closure of Southern HACC programs, but wait

– some programs continued like continence as their was a lack of skill in the existing NGO HACC service providers. HACC services in Rockhampton gone, to be phased out by March 2013. Townsville HACC services saved – which parts we don't know.

There have been rumours to be prepared for announcements on Monday 11 February. Rumours that our District Manager Julie Harley-Jones is in Brisbane "having it all signed off by the Health Minister", rumours that we might be safe. Senior line manager states "there probably won't be any announcements this week". But by Thursday there was email comminique confirming that there will be information forthcoming from Monday 19th. Upper management have to know something, somewhere, but management had at least a month of closed door meetings, feeding the rumour mill with just that - rumours.

So, today being 14th February, as I prepare this submission, to date this is all I have known for the past month - we might go, we might not, we might be transitioned across to NGO Blue Care, we might not. We might be redundant, we might not. Jobs will be saved, they might not. Round and round it goes, while thinking. What NGO service will pick up those clients who are not cost efficient? The ones who are complex and do not fit in the standard occasion of service allocation. How does pulling resourcs out of the Cape and Torres areas help to achieve the Queensland Governments goals towards closing the gap in aboriginal and Torres Strait Islander health?

As a nurse, my assessment of HACC eligibility feels grossly undervalued as other NGO's have these functions done by non-nursing staff. I hear, from within our own unit administration, staff say "it is easy" to complete the Ongoing Needs Identification tool to determine eligibility, and "any one" can do it. Any one can do it, but with years of training and client contact, my experience in mental health nursing and awareness of wholistic health, means that I can do it much better, and the results are improved outcomes for my clients.

In Cairns we get slammed. We experience cyclones, our costs of food and fuel is much higher then our Southern friends. Our costs of building is much more expensive to build to W40 wind ratings. Our main industry is Tourism which fluctuates between investments gone good/bad, airline services available, fluctuations in the Aussie dollar, natural disasters and reports of violent crimes against tourists. Our economy is struggling, redunancies will only make our local ecomonmy suffer more.

I am not frightened of change, change can be good. I think the majority of our health workers are in the here and now of the economics and the business side of health delivery. We are accepting of change. Our team relish it and are waiting in the wings for an opportunity, if only someone would listen and allow us the autonomy to do so. But change is gradual. The changes with the loss of 150 – 200 jobs in this district will gut out the fabric of health care as we know it. Staff close to retiring age will accept their redundancy a couple of years early and take all that knowledge and experience with them. With the aging population of nurses and nursing shortages, we need these nurses to **stay** in the work force!

Couples will move out of the area. People (like myself) will see this as a great opportunity, the opportunity to re-assess everything and drift into an area of the unknown, rocked by the loss of job security so cherished. Instead of the slash and burn that we have seen witnessed in Southern health areas, what about natural attrition, voluntary redundancies for those who wish to, redesiging and streamlining, increased education about cost saving, decreasing the amount of red tape and hoops to jump through? Much could be done over time.

There is little comfort in being transitioned to a NGO. If I wanted to work for an NGO I would have done this prior. Lack of autonomy, lack of resources and low pay rates are a disincentive.

As a front line worker, and being fairly politcally blonde, it is hard to understand the overarching wheels of politics, state and local health management. But what I do know is that Mr Newman has directed responsibility to the board. The board which has been newly appointed. The CHHSD has been directed to save money and cut jobs. So, from my perspective, Mr Newman, the CHHSD manager/s, the Board and the health minister are all euqlly responsible for decisions that are to be annouonced next week (well I think they will be announced next week).

So, no I don't think that the processes have been fair for managers, for frontline staff or their families. I don't think that we have been adequately consulted, very much the opposite. I feel very much in the dark, left with snippets of rumours that trickle in from all sorts of sources.

The slash and burn of numerous jobs in such a quick time is not healthy for any health service, local community, department/unit, families, queensland government or politics. It seems like a hard job done very harshly in the time it takes to crack a whip. Are there other ways to handle it? Myself and my team know 100% that there is.

Alana Krzemien