



## Queensland Nurses' Union

### Inquiry into the

**The conditions of employment of state public sector employees and the adequacy of protection of their rights at work compared with other employees**

Submission to the  
Senate Education, Employment and Workplace  
Relations Committees

February, 2013



## Introduction

The QNU thanks the Senate Education, Employment and Workplace Relations Committee (the Committee) for providing this opportunity to comment on the employment of state public sector employees and the adequacy of protection of their rights at work as compared with other employees.

We share the Senate's concern that the recent job losses orchestrated by the Newman government in Queensland and this government's changes to legislation regarding job security, consultation and bargaining afford public sector workers less protection and entitlements than those covered by the *Fair Work Act 2009*.

It is also the case that health workers in Queensland are already at a further disadvantage due to the 2012 amendments to the *Industrial Relations Act 1999* and the *Industrial Relations Regulations 2011* that enable automatic recovery of overpaid wages. The Newman government introduced these legislative changes in response to administrative difficulties arising from the Queensland Health payroll system implementation failure rather than seek recovery of overpayments through established procedures.

Our public sector members have therefore experienced a significant deterioration of workplace rights at the hands of the Newman government that has an agenda to reduce the size and industrial capacity of its own workforce and the trade unions whose interests they represent.

We ask the Committee to read this submission in conjunction with that of Together Queensland and our state peak body, the Queensland Council of Unions (QCU).

## About the QNU

Nurses and midwives<sup>1</sup> are the largest occupational group in Queensland Health and one of the largest across the Queensland government. The QNU - the union for nurses and midwives - is the principal health union in Queensland. The QNU covers all categories of workers that make up the nursing workforce in Queensland including registered nurses, registered midwives, enrolled nurses and assistants in nursing who are employed in the public, private and not-for-profit health sectors including aged care.

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<sup>1</sup> Throughout this submission the terms 'nurse' and 'nursing' are taken to include 'midwife' and 'midwifery' and refer to all levels of nursing and midwifery including Registered Nurses and Midwives, Enrolled Nurses and Assistants in Nursing.

Our more than 48,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNU.

## **Protection of state government employees' rights at work**

In August, 2012, the Queensland Parliament passed the *Public Service and Other Legislation Amendment Act 2012* (the Amendment Act). Part 5 of this legislation amended key sections of the *Industrial Relations Act 1999* in that it gave no effect to contracting, employment security and organisational change provisions in industrial instruments covering state government entities. In respect to industrial awards, the Amendment Act also included principles related to termination, change and redundancy provisions about notifying or consulting on a decision.

As a consequence, government entities are not required:

- to notify of the decision until the entity considers appropriate;
- to consult about the decision until it notifies the decision; and
- to consult about the decision other than in relation to implementation of the decision.

(See Attachment 1 for a list of the relevant unenforceable clauses in the *Nurses and Midwives (Queensland Health) Certified Agreement 2012*) and the *Queensland Health Nurses and Midwives Award - State 2012*.

In all, the Amendment Act reaffirms managerial prerogative to decide first and then consult.

## **Previous Newman government changes to the *Industrial Relations Act 1999*.**

For more than two years, the QNU expended significant resources working co-operatively with Queensland Health to rectify the payroll system failure. Through no fault of the QNU, we coped with the intense distress Queensland Health's incompetence caused our members. We withstood these pressures in a spirit of collaboration with Queensland Health because we shared common ground in seeking to resolve this crisis by ensuring our members were paid correctly and on time. Yet at the first opportunity, and without consultation or notice, the Newman government's newly appointed Attorney-General and

Minister for Justice introduced a Bill into the Parliament to change the overpayment recovery process through legislation.

These actions set a dangerous precedent for Queenslanders. The payroll system failure occurred through administrative incompetence and the introduction of ineffectual technology by the executive arm of government. The mechanisms for addressing this failure lay with the executive and the consultative processes enabled by industrial awards and agreements. They do not and should not lie with the legislature. The Newman government's use of legislation to fix errors of process are indicative of an unfettered exercise of political power. Queensland Health should operate within the apparatus of the executive arm of government to address administrative matters such as those associated with recovery of overpayments.

Even before the Amendment Act came into force, we clearly saw the Newman government's contempt for the use of consultative mechanisms both in its approach to dealing with individual overpayment matters and its determination to pursue overpaid health workers through the weight of legislation. As these legislative changes apply only to 'health employers' and 'health employees' - commonly known as Queensland Health and its employees - they have produced an inferior set of industrial laws for these workers separate to the existing laws that apply to all other employers and employees covered by the *Industrial Relations Act 1999*.

Not only was this legislation unnecessary, in essence it discriminates against one section of the workforce, the very workers who continued to keep the health system running in the face of enormous frustration and despair at the ongoing deficiencies of the payroll system.

## **International Conventions**

It is the view of the QNU that the changes introduced through the Amendment Act are at variance with the federal standards set out under the *Fair Work Act 2009* and breach Australia's obligations under International Labour Organisation (ILO) Conventions. ILO conventions are legally binding international treaties that may be ratified by member states and set out basic principles and rights at work (International Labour Office, 2005). We believe the Amendment Act offends ILO Convention 98 *Right to Organise and Collective Bargaining* and ILO Convention 158 *Termination of Employment* both of which Australia has ratified.

We also draw the Committee's attention to the ILO *Nursing Personnel Convention 149* (as yet unratified by Australia). This convention recognises the vital role of nursing personnel and other health workers for the health and wellbeing of populations. It sets minimum labour standards specifically designed to highlight the special conditions in which nursing

is carried out. The convention and its recommendation are intended to strengthen the rights of nursing personnel and to guide policy makers and workers' and employers' representatives in planning and implementing nursing policies within the framework of a given country's overall health policy (International Labour Office, 2005).

Article 5 of Convention 149 states:

1. Measures shall be taken to promote the participation of nursing personnel in the planning of nursing services and consultation with such personnel on decisions concerning them in a manner appropriate to national conditions.
2. The determination of conditions of employment and work shall preferably be made by negotiation between employers' and workers' organisations concerned.
3. The settlement of disputes arising in connection with the determination of terms and conditions of employment shall be sought through negotiations between the parties or, in such a manner as to ensure the confidence of the parties involved, through independent and impartial machinery such as mediation, conciliation and voluntary arbitration.

As the largest employer of nurses in Queensland, the state government should undertake this role within the spirit and charter of this convention. However, not only does the Amendment Act operate counter to convention 149, the Act represents the Newman government's disregard for its nursing workforce and the public that it serves. This legislation undermines the whole premise of good faith bargaining when a state government with a 'reform' agenda exercises its power through the legislature to override the terms of industrial agreements to which it is a party.

Although the Supreme Court rejected an Australian Workers' Union (AWU) and Together Queensland challenge to the relevant parts of the Amendment Act<sup>2</sup>, the state government's ability to withdraw its industrial obligations for matters at its choosing gives it an advantage that no other private sector employer has. In a blatant act of political opportunism, the Newman government has clearly exercised its legislative capacity to

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<sup>2</sup> The AWU Union has filed an application for special leave to appeal to the High Court against the Supreme Court's decision. According to its application for leave to appeal, the AWU will argue, amongst other things, that the removal of job security provisions from state public sector agreements undermines the integrity and impartiality of the Queensland Industrial Relations Commission as a state court, contrary to the separation of powers principle in Chapter III of the Commonwealth Constitution.

The AWU also seeks a declaration that the employment security provisions in s23B of the *Public Service and Other Legislation Amendment Act* are inconsistent with Part 6-4 of the *Fair Work Act 2009* (additional provisions relating to termination of employment), and invalid to the extent of any inconsistency (s109 of the Commonwealth Constitution).

retrench public sector workers in order to serve its ideological preference for private enterprise.

Job security, contracting out and consultation provisions are important, longstanding employee entitlements. They represent a commitment by the employer to provide secure employment to its workforce. Yet the Queensland experience reflects an international trend to restrict the range of subjects that collective bargaining can cover and to reduce the ability of public sector unions to function. For example, in 2011, in the US, Republicans in many states introduced bills in state legislatures to weaken or eliminate the collective bargaining rights of state and local employees (Freeman and Han, 2012). Like Australia, the public sector is the stronghold of unions and enterprise bargaining.<sup>3</sup>

In enacting legislation that withdraws the state government's obligation to consult with employees and their unions about organisational change and to provide secure employment, this government has acted decisively to remove trade unions from the process and limit their capacity to defend their members. It is for these reasons that the QNU asks the Committee to explore other options that may be available under the Commonwealth Constitution.

## **Constitutional Considerations**

For most of last century, Commonwealth industrial relations law was based on the conciliation and arbitration power of the Commonwealth Constitution (s 51(xxxv)). This head of power limited the Commonwealth's role in industrial relations legislation to establishing a mechanism for settling interstate industrial disputes.

In the 1990's, both the Keating and Howard Governments amended relevant industrial relations laws using the external affairs power (s 51(xxix)) to legislate on minimum wages, leave entitlements and anti-discrimination, and the corporations power (s 51(xx)) to legislate with respect to a corporation's ability to enter into enterprise bargaining agreements, both collectively and with individual employees.

In 2005, the Howard Government's *Work Choices* legislation was founded primarily on the corporations power, skirting the conciliation and arbitration power to make industrial

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<sup>3</sup> ABS (2011) national data collected about trade union members in their main job for August 2011 showed:

- 20% of full-time employees and 14% of part-time employees were trade union members in their main job; and
- 43% of public sector employees compared with 13% of private sector employees were trade union members in their main job.

relations laws for constitutional corporations, unencumbered by previous limitations. The effect was to bring approximately 85% of workers within the remit of the federal industrial relations system. A subsequent High Court challenge<sup>4</sup> confirmed that the Commonwealth could indeed rely on the corporations power when legislating on industrial relations matters (Arditi, 2009).

While the *Fair Work Act 2009* has since replaced the *Work Choices* legislation, the constitutional considerations remain. The federal legislation now covers the vast majority of Australian workers.

## The External Affairs Power

Section 51(xxix) of the Constitution empowers the Commonwealth Parliament to make laws with respect to 'external affairs'. As the Constitution does not elaborate on the meaning or ambit of 'external affairs', it has been left to the High Court to determine. Over the years, the High Court has held that 'external affairs' relates to, amongst other things, Australia's ratification or implementation of a vast range of international instruments, such as treaties and conventions, as well as trade agreements.<sup>5</sup> In 1993, the Keating Government invoked the external affairs power to make changes to the *Industrial Relations Act 1988* (Cth) that gave domestic effect to ILO conventions. These amendments covered a broad range of subject matters, including minimum wages, parental leave, discrimination, equal pay and the right to strike (Arditi, 2009).

Victoria, with other States, brought proceedings against the Commonwealth<sup>6</sup>, arguing that the provisions relying on ratification of the ILO treaty were invalid as they fell outside the 'external affairs' powers of the Commonwealth. The majority of the High Court endorsed the view that:

(2)(a) In accordance with principles of constitutional interpretation "external affairs" is to be construed with all the generality which the words admit. It is a mistake to construe s 51(xxix) as if the subject matter of those relations to which it applied in 1900 were not continually expanding, or as if the phrase were crystallised at the commencement of Federation.

(b) According to basic constitutional principle, though with some qualifications, the intrusion of Commonwealth law into a field previously the preserve of State law is not a reason to deny validity to the Commonwealth law provided it is, in truth, a law with respect to external affairs.

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<sup>4</sup> See *New South Wales v Commonwealth* [2006] HCA 52.

<sup>5</sup> See *Koowarta v Bjelke-Petersen* (1982) 153 CLR 168

<sup>6</sup> See *Victoria vs the Commonwealth (Industrial Relations Act Case)* 187 CLR 416

(c) A law, to be one with respect to "external affairs", must be reasonably capable of being considered appropriate and adapted to implementing the related treaty (Victoria vs the Commonwealth).

In effect, the Court's decision confirmed that, in appropriate cases, the external affairs power is an alternative head of power available to the Commonwealth to legislate with respect to industrial relations (Arditi, 2009).

## **Impact on Nursing**

The impact of the Newman government legislation has been felt by the workforce and the broader community. This government has declared over 10,000 positions redundant with more to come. Prior to the election, Campbell Newman promised to deliver 'more nurses, not more red tape'. He was strenuous in his declaration that no 'frontline health worker' would lose their job. Yet within months of taking office, Queensland Health has abolished close to 400 full time equivalent (FTE) nursing positions and almost 3000 FTE positions overall from Queensland Health. (See attachment 2 for a full list of the nursing positions that Queensland Health has cut to date).<sup>7</sup>

The QNU notes with regret the duplicity of this government that has deliberately deceived the electorate with its assurances, yet at the first opportunity has worked vigorously to cutback the public sector workforce and curtail the services it provides. The Amendment Act has given licence to the Newman government to abolish frontline health positions and overturn the spirit of interest based bargaining that hitherto characterised enterprise bargaining for nurses. Interest based bargaining is distinguished by a focus on the parties' interests rather than their positions or the outcomes they seek. The parties acknowledge that they can have shared, conflicting or different interests, but work in partnership to achieve durable outcomes. This model of bargaining has proved very successful for Queensland Health and the QNU because its underlying strength lies in the commitment both parties share for professional standards and a strong public health care system.

Nursing is a profession that relies on consultation and collaboration to bring about effective health outcomes. Despite the current industrial regime that has invalidated Queensland Health's requirement to consult with its workforce, some hospital and health services have continued to engage nurses through the established consultative forums. These forums recognise that public health is a people-centred industry. It is labour intensive, emotionally sensitive and therefore highly prone to tensions between people,

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<sup>7</sup> The list primarily details how the abolished nursing and midwifery positions will affect communities. It does not detail every one of the current total of 396.52 FTE nursing positions abolished. The QNU is identifying additional abolished positions every day.



systems and processes. This environment relies on a workplace culture that supports consultation because less nursing positions will result in declining health standards.

Enabling Queensland Health to retreat from any responsibility to consult with its workforce over job losses will do nothing to restore good faith within the nursing workforce. The Newman government must restore the ability to engage its workers and their representatives through constructive dialogue, not through the heavy-handed use of legislation.

## **Recommendations**

The QNU supports the arguments made by Together Queensland in its submission to the Inquiry and endorses its recommendations that the Committee considers the scope of the external affairs powers as a possible vehicle for enabling state public sector employees:

- To bargain with certainty;
- To have confidence around the settlement of collective agreements; or
- To have redress in an independent tribunal to settle the matter by arbitration, if the negotiations fail

in order to ensure industrial sameness between state public sector workers and all other workers.

The QNU also calls on the Commonwealth to ratify the ILO *Nursing Personnel Convention 1997 (No.149)* in order to recognise and strengthen the rights of nurses and their vital role in the health system.

## References

Arditi, J. (2009) *Industrial Relations: The Referral of Powers* Briefing paper No. 7/09, NSW Parliamentary Library Research Service.

Australian Bureau of Statistics (2011) Cat No. 6310.0 - Employee Earnings, Benefits and Trade Union Membership, Australia, as at August 2011.

Freeman, R. & Han, E. (2012) 'The War Against Public Sector Collective Bargaining in the US' *Journal of Industrial Relations*, 54, 3, pp. 386-407.

International Labour Organization (2013) *Conventions and Recommendations* retrieved 12 February, 2013 from <http://www.ilo.org/global/standards/introduction-to-international-labour-standards/conventions-and-recommendations/lang--en/index.htm>

International Labour Office (2005) *ILO Nursing Personnel Convention No. 149*, Geneva.

*NSW v Commonwealth* [2006] HCA 52.

## Relevant unenforceable clauses from the *Nurses and Midwives (Queensland Health) Certified Agreement 2012*

### 30. Job Security and Permanent Employment

Queensland Health is committed to maximising permanent employment and job security for its permanent nurses and midwives.

The parties acknowledge that job security for nurses and midwives assists in ensuring workforce stability, cohesion and motivation.

Job reductions by forced redundancies will not occur.

Volunteers and other unpaid persons will not be used to fill funded vacant positions.

Queensland Health supports the accepted industrial principle that temporary and casual nurses and midwives have the right to raise concerns with Queensland Health in relation to their employment status or any other work related matters without fear of victimisation.

### 31. Contracting Out

31.1 It is the clear policy of Queensland Health not to contract out or to lease current services. There will be no contracting out or leasing of services currently provided by Queensland Health at existing sites except in the following circumstances:

in the event of critical shortages of skilled staff;

the lack of available infrastructure capital and the cost of providing technology;

extraordinary or unforeseen circumstances; or

it can be clearly demonstrated that it is in the public interest that such services should be contracted out.

Any dispute between the parties arising out of this clause will be dealt with in accordance with clause 10 Prevention and settlement of disputes relating to the interpretation, application or operation of this Agreement.

#### 31.2 Consultation Processes – General

Where Queensland Health seeks to contract out or lease current services, the union will be consulted as early as possible. Discussions will take place before any steps are taken to call tenders or enter into any otherwise binding legal arrangement for the provision of services by an external provider.

For the purpose of consultation the union will be given relevant documents. Queensland Health will ensure that the union is aware of any proposals to contract out or lease current services. It is the responsibility of the union to participate fully in discussions on any proposals to contract out or lease current services.

If, after full consultation as outlined above, nurses and midwives are affected by the necessity to contract out or lease current services, Queensland Health will:

negotiate with the union employment arrangements to assist nurses and midwives to move to employment with the contractor;

ensure that nurses and midwives are given the option to take up employment with the contractor;

ensure that nurses and midwives are given the option to accept deployment/redeployment with Queensland Health; and

ensure that as a last resort, nurses and midwives are given the option of accepting voluntary early retirement.

### 31.3 Consultation Processes – Emergent Circumstances

Queensland Health can contract out or lease current services without full consultation with the union in cases where any delay would cause immediate risks to patients and/or detriment to the delivery of public health services to the Queensland public.

In all cases information must be provided to the union for review in relation to these cases and to assist in determining strategies to resolve any issues that arise. These circumstances would include:

in the event of critical shortages of skilled staff; or

extraordinary or unforeseen circumstances.

## 42. Commitment to Consultation

- 42.1 The parties to this agreement recognise that for the agreement to be successful, the initiatives contained within this agreement need to be implemented through an open and consultative process, in accordance with clause 40 of this agreement.
- 42.2 The parties to this agreement are committed to involving nurses and midwives and their union representatives in the decision-making processes affecting the workforce. Nurses and midwives 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.
- 42.3 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.
- 42.4 Local, Nursing and Midwifery, and District Consultative Forums (LCF/NaMCF/DCF) will continue in accordance with the Terms of Reference agreed by the parties represented on such Forums.

## 43. Organisational Change and Restructuring

- 43.1 The parties agree that organisational change and restructuring will be conducted in accordance with the agreed processes outlined in the Queensland Health Change Management Guidelines.
- 43.2 When Queensland Health decides to conduct a review, union representatives will be advised as soon as practicable and consulted from the outset. All parties will participate in a constructive manner.

## **Relevant unenforceable clauses from the *Queensland Health Nurses and Midwives Award State – 2012.***

### **4.7 Termination of employment**

#### 4.7.1 Statement of employment

The employer is to, in the event of termination of employment, provide upon request to an employee who has been terminated a written statement specifying the period of employment and the classification or type of work performed by the employee.

#### 4.7.2 Termination by employer

(a) To terminate the employment of an employee the employer must give the following notice:

Period of continuous service    Period of notice

Not more than 1 year    1 week

More than 1 but not more than 3 years    2 weeks

More than 3 years but not more than 5 years    3 weeks

More than 5 years    4 weeks

(b) In addition to the notice in clause 4.7.2(a) employees 45 years of age or older who have completed at least 2 years' continuous service with the employer are to be entitled to an additional week's notice.

(c) Payment in lieu of the notice will be made if the appropriate notice period is not given. The employment may be terminated by part of notice specified and part-payment in lieu thereof.

4.7.3 In calculating any payment in lieu of notice, the minimum compensation payable to an employee will be at least the total of the amounts the employer would have been liable to pay the employee if the employee's employment had continued until the end of the required notice period. The total must be worked out on the basis of:

(a) the ordinary working hours to be worked by the employee; and

(b) the amounts payable to the employee for the hours including for example allowances, loadings and penalties; and

(c) any other amounts payable under the employee's employment contract.

4.7.4 The period of notice in this clause does not apply in the case of dismissal for misconduct that justifies instant dismissal, or in the case of casual employee, or an employee engaged by the hour or day, or an employee engaged for a specific period or tasks.

#### 4.7.5 Notice of termination by an employee

(a) An employee must give 2 weeks' notice of termination.

(b) If an employee fails to give notice the employer has the right to withhold monies due to the employee to a maximum amount equal to the ordinary time rate of pay for the period of notice.

#### 4.7.6 Time off during notice period

(a) During the period of notice of termination given by the employer, an employee is to be allowed up to one day's time off without loss of pay for the purpose of seeking other employment. This time off is to be taken at times that are convenient to the employee after consultation with the employer.

(b) In the absence of mutual agreement between the employer and the employee, annual leave or any part thereof described by clauses 12.6, 13.13, 14.3, 14.9, 15.8 and 16.6 must not be considered as or nominated as notice for the purpose of termination of employment.

(c) Where an employee ceases duty and has accrued credits that have not been used under the ADO system, such credits must be paid to the employee on termination. Where the ADO has been taken in anticipation of credits, any shortfall at the date of termination may be recovered from the employee. The shortfall may be recovered from any final monies payable to the employee.

#### 4.8 Introduction of changes

##### 4.8.1 Employer's duty to notify

(a) Where Queensland Health decides to introduce changes in production, program, organisation, structure or technology that are likely to have significant effects on employees, the employer is to notify the employees who may be affected by the proposed changes and, where relevant, their union.

(b) "Significant effects" include termination of employment, major changes in the composition, operation or size of the employer's workforce or in the skills required; the elimination or diminution of job opportunities or job tenure; the alteration of hours of work; the need for retraining or transfer of employees to other work or locations and the restructuring of jobs, provided that where this Award makes provision for alteration of any of the matters referred to herein an alteration is to be deemed not to have significant effect.

##### 4.8.2 Employer's duty to consult over change

(a) The employer is to consult the employees affected and, where relevant, their union about the introduction of the changes, the effects the changes are likely to have on employees (including the number and categories of employees likely to be dismissed, and the time when, or the period over which, the employer intends to carry out the dismissals), and the way to avoid or minimise the effects of the changes (for example, by finding alternative employment).

(b) The consultation must occur as soon as practicable after making the decision referred to in clause 4.8.1.

(c) For the purpose of the consultation, the employer is to provide in writing to the employees concerned, and where relevant, their union, all relevant information about the changes, including the nature of the changes proposed, the expected effects of the changes on employees, and any other matters likely to affect employees provided that any employer will not be required to disclose confidential information, the disclosure of which would be adverse to the employer's interests.

#### 4.9 Redundancy

Employees of Queensland Health will receive the superior entitlements as contained in Queensland Health Human Resources Policy B36 Surplus Employees and Priority Placement Employees. Redundancy occurs where the employer decides that the employer no longer wishes the job the employee has been doing to be done by anyone, and this is not due to the ordinary and customary turnover of labour.

##### 4.9.1 Consultation before termination

(a) Where an employer decides that the employer no longer wishes the job the employee has been doing to be done by anyone, and this is not due to the ordinary and customary turnover of labour, and that decision may lead

to termination of employment, the employer is to consult with the employees directly affected and, where relevant, their union.

(b) The consultation is to take place as soon as it is practicable after the employer has made a definite decision that will invoke the provisions of clause 4.9.1(a), and is to outline the reasons for the proposed terminations, measures to avoid or minimise the terminations and/or their adverse effects on the employees concerned.

(c) For the purpose of the consultation the employer is to, as soon as practicable, provide in writing to the employees concerned and, where relevant their union, all relevant information about the proposed terminations including reasons for the proposed terminations, the number and categories of employees likely to be affected, the number of workers normally employed and the period over which the terminations are likely to be carried out, provided that the employer is to not be required to disclose confidential information, the disclosure of which would be adverse to the employer's interests.

#### 4.9.2 Transfer to lower paid duties

(a) Where an employee is transferred to lower paid duties for reasons set out in clause 4.9.1 the employee is entitled to the same period of notice of transfer as the employee would have been entitled to if the employee's employment had been terminated under clause 4.7.

(b) The employer may, at the employer's option, make payment in lieu thereof of an amount equal to the difference between the former amounts the employer would have been liable to pay and the new lower amount the employer is liable to pay the employee for the number of weeks of notice still owing.

(c) The amounts must be worked out on the basis of:

(i) the ordinary working hours to be worked by the employee;

(ii) the amounts payable to the employee for the hours including, for example, allowances, loadings and penalties; and

(iii) any other amounts payable under the employee's employment contract.

#### 4.9.3 Transmission of business

(a) Where a business is, whether before or after the date of insertion of this clause in the Award, transmitted from an employer (transmitter) to another employer (transmittee), and an employee who at the time of such transmission was an employee of the transmitter of the business, becomes an employee of the transmittee:

(i) The continuity of the employment of the employee must be deemed not to have been broken by reason of such transmission; and

(ii) The period of employment that the employee has had with the transmitter or any prior transmitter is to be deemed to be service of the employee with the transmittee.

(b) In clause 4.9.3 (a), "business" includes trade, process, business or occupation and includes a part or subsidiary (which means a corporation that would be taken to be a subsidiary under the corporations law, whether or not the corporations law applies in the particular case) of any such business and "transmission" includes transfer, conveyance, assignment or succession whether by agreement or by operation of law and "transmitted" has a corresponding meaning.

#### 4.9.4 Time off during notice period

(a) Where a decision has been made to terminate an employee in the circumstances outlined in clause 4.9, the employee must be allowed up to one day's time off without loss of pay during each week of notice for the purpose of seeking other employment.

(b) If the employee has been allowed paid leave for more than one day during the notice period for the purpose of seeking other employment, the employee, at the request of the employer, will be required to produce proof of attendance at an interview or the employee will not receive payment for the time absent. For this purpose a statutory declaration will be sufficient.

#### 4.9.5 Severance pay

(a) In addition to the period of notice prescribed for ordinary termination in clause 4.7.2, and subject to further order of the Commission, an employee whose employment is terminated for reasons set out in clause 4.9 is entitled to the following amounts of severance pay:

Period of continuous service Severance pay (weeks' pay)

Less than 1 year Nil

1 year but not more than 2 years 4

More than 2 years but not more than 3 years 6

More than 3 years but not more than 4 years 7

More than 4 years but not more than 5 years 8

More than 5 years but not more than 6 years 9

More than 6 years but not more than 7 years 10

More than 7 years but not more than 8 years 11

More than 8 years but not more than 9 years 12

More than 9 years but not more than 10 years 13

More than 10 years but not more than 11 years 14

More than 11 years but not more than 12 years 15

More than 12 years 16

(b) "Weeks' pay" means the ordinary time rate of pay for the employee concerned. The following amounts are excluded from the calculation of the ordinary time rate of pay: overtime, penalty rates, disability allowances, shift allowances, special rates, fares and travelling time allowances, bonuses and any other ancillary payments.

#### 4.9.6 Superannuation benefits

(a) The employer may make an application to the Commission for relief from the obligation to make severance payments in circumstances where:

(i) the employer has contributed to a superannuation scheme which provides a particular benefit to an employee in a redundancy situation; and

(ii) the particular benefit to the employee is over and above any benefit the employee might obtain from any legislative scheme providing for superannuation benefits (currently the federal Superannuation Guarantee levy) or an award based superannuation scheme.

#### 4.9.7 Employee leaving during notice



(a) An employee whose employment is terminated for reasons set out in clause 4.9, may terminate such employment during the period of notice, and, if so, is entitled to the same benefits and payments under this clause had such employee remained with the employer until the expiry of such notice, provided that in such circumstances the employee is not entitled to payment in lieu of notice.

#### 4.9.8 Alternative employment

The employer, in a particular case, may make application to the Commission to have the general severance pay prescription amended if the employer obtains acceptable alternative employment for an employee.

#### 4.9.9 Employees with less than one year's service

Clause 4.9 does not apply to employees with less than one year's continuous service and the general obligation on employers should be no more than to give relevant employees an indication of the impending redundancy at the first reasonable opportunity, and to take such steps as may be reasonable to facilitate the obtaining by the employees of suitable alternative employment.

#### 4.9.10 Employees exempted

Clause 4.9 does not apply:

- (a) where employment is terminated as a consequence of misconduct on the part of the employee; or
- (b) to employees engaged for a specific period of time or for a specific task or task(s); or
- (c) to casual employees.

#### 4.9.11 Redundancy dispute procedure

(a) Clauses 4.9.11(b) and (c) impose additional obligations on an employer where an employer contemplates termination of employment due to redundancy and a dispute arises (a redundancy dispute). These additional obligations do not apply to employers who employ fewer than 15 employees.

(b) Where a redundancy dispute arises and discussions occur in accordance with this clause the employer will, as early as possible, consult on measures taken to avert or to minimise any proposed redundancies and measures to mitigate the adverse affects of any proposed redundancies on the employees concerned.

(c) Where a redundancy dispute arises, and if it has not already done so, an employer must provide affected employees and the relevant union or unions (if requested by an affected employee) in good time, with relevant information including:

- (i) the reasons for any proposed redundancy;
- (ii) the number and categories of workers likely to be affected; and
- (iii) the period over which any proposed redundancies are intended to be carried out.

#### 4.9.12 Notice to Centrelink

Where a decision has been made to terminate employees in the circumstances outlined in clause 4.9, the employer shall notify Centrelink as soon as possible giving all relevant information about the proposed terminations, including a written statement of the reasons for the terminations, the number and categories of the employees likely to be affected, the number of workers normally employed and the period over which the terminations are intended to be carried out.



# HANDS OFF OUR PUBLIC HEALTH SERVICES!

Red text denotes cuts confirmed this week

As at 15 February 2013

Hospital and Health Service	CUTS	IMPACT
<b>TOTAL</b>	<ul style="list-style-type: none"> <li>396.52 FTE nursing and midwifery positions abolished.</li> <li>2919.30 FTE positions abolished from Queensland Health.</li> </ul>	<p>The list below primarily details how abolished nursing and midwifery positions will affect communities. It does not detail every one of the current total of 396.52 FTE nursing positions abolished. The QNU is identifying new abolished positions every day.</p>
<b>CAIRNS AND HINTERLAND</b>	<p>Decrease in number of graduate nurses intake for the year – that is there will be no midyear intake of graduates.</p>	<p>Cairns region receives fewer nursing graduates to replace large numbers of retiring nurses. Worsens predicted shortfall in nursing. Nursing Support Unit staffing has been allowed to decrease so the graduate nurses will be filling positions that are usually filled by more experienced nurses.</p>
	<p>Call for volunteers to decrease hours from 1.0 FTE to 0.8 FTE.</p>	<p>Clinics that usually run at capacity (ie. most of them) will now be understaffed. Expected blow out in waiting times and less hours for nurse educators to train and oversee nurses.</p>
	<p>Decrease in graduate employment hours from 0.7 FTE to 0.6 FTE.</p>	<p>Graduate nurses receive less experience and have less incentive to stay in Queensland.</p>
	<p>Community Primary Preventative Services (CPPS) had had car fleet cut by 10% and remaining cars put in pool.</p>	<p>CPPS health professionals don't always have access to cars needed to deliver care.</p>
<b>CENTRAL QUEENSLAND</b>	<p>Emerald Community Health Interface Program nurse has been cut.</p>	<p>This is a liaison between community and the hospital. Reduced discharge planning. Reduced ability to co-ordinate community services and physiotherapy once patients get home.</p>
	<p>Emerald wound care nurse has been cut.</p>	<ul style="list-style-type: none"> <li>Reduced ability to provide wound care in the home. This service will need to be carried out by private providers charged to the individual patient.</li> <li>Reduced ability to monitor wound care and train nurses in wound care.</li> <li>Decreased capacity for optimal wound care.</li> </ul>



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As at 15 February 2013

Hospital and Health Service	CUTS	IMPACT
<b>CENTRAL QUEENSLAND</b>	Emerald palliative care co-ordinator nurse has been cut.	Cancer patients no longer have nurse at their side from the beginning of their cancer journey to end. Patients no longer receive assistance with appointments for chemo and radium treatment. Patients must organise own travel and accommodation.
	Emerald cardiac rehabilitation facilitator nurse has been cut.	Emerald Hospital no longer able to offer cardiac rehab. Patients must travel three hours to Rockhampton to get treatment.
	Emerald childhood immunisation nurse has been cut.	Emerald Hospital no longer able to offer childhood immunisation. Locals must travel to outlying multi-purpose health centres to get immunisations.
	Moura Hospital: state government proposing to close down hospital completely. Community and union joint action has pressured state government into retracting proposed closure. QNU awaiting written confirmation that hospital will remain open.	No hospital services for community in Moura – including large mining workforce.
	Home and Community Care (HACC): 30.09 FTE positions abolished, including 0.53 FTE Clinical Nursing positions.	Severely reduced capacity to deliver community healthcare.
State government to sell North Rockhampton Nursing Centre and Eventide Home Rockhampton aged care facilities. North Rockhampton Nursing Centre positions abolished:	A total of 200 residents face uncertainty over their future living arrangements, and over 200 nurses face being made redundant. The QNU understands the tender process will conclude on 27 February, and that the state government is prepared to sell facilities and aged care packages as individual services.	
<ul style="list-style-type: none"> <li>• 3.0 Nurse Unit Managers</li> <li>• 1.0 Nurse Manager</li> <li>• 3.0 Clinical Nurses</li> <li>• 16.0 Registered Nurses</li> <li>• 3.0 Enrolled Nurses Advanced Practice</li> <li>• 12.0 Enrolled Nurses</li> <li>• 1.0 Director of Nursing</li> <li>• 75.0 Assistants in Nursing</li> </ul>		
Eventide Home Rockhampton positions abolished:		
<ul style="list-style-type: none"> <li>• 2.0 Nurse Unit Managers</li> <li>• 2.0 Clinical Nurses</li> <li>• 16.0 Registered Nurses</li> <li>• 16.0 Enrolled Nurses</li> <li>• 58.0 Assistants in Nursing</li> </ul>		
Additional positions abolished:		
<ul style="list-style-type: none"> <li>• 1.0 FTE Registered Nurse position abolished (responsible for conducting assessments of residents through Community Health).</li> </ul>		



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<b>CHILDREN'S HEALTH (including ROYAL CHILDREN'S HOSPITAL)</b>	99 FTE total positions abolished, 26 FTE nursing positions abolished. Clinical nursing, management, research, and education have been cut.	Direct service delivery to patients and their families will be affected.
	8.0 FTE primary school nurse (children 5-12 yrs) positions abolished. Primary school nurses health service completely abolished.	Reduced preventative healthcare for primary school-aged children. 126 free hearing clinics cancelled. No more school-based health services: vision tests, health promotion, sexual abuse awareness programs, hygiene, puberty preparation.
<b>CORPORATE OFFICE (FORMER CHIEF HEALTH OFFICE)</b>	3 school-based youth nurse co-ordinator roles have been cut. Now school-based youth nurses have no line managers.	Reduced service delivery in education and treatment for sex education, teenage pregnancies, drug and alcohol use, suicide and depression.
	1.0 FTE Nursing Director for Cervical Screening reduced to 0.5 FTE Clinical Nurse Consultant.	Reduced oversight of service which provides pap smears for Queensland women.
	1.0 FTE Nursing Director for Bowel Screening reduced to 0.5 FTE Clinical Nurse Consultant.	Reduced oversight of service which provides screening for bowel cancer.
<b>DARLING DOWNS</b>	State-owned Farr Home aged care facility in Kingaroy will be closed after Darling Downs Hospital and Health Board Chair Mike Horan stated on record that no state-owned aged care facilities would be closed. 1 Director of Care, 1 Clinical Nurse, 3 Registered Nurses, 6 Enrolled Nurses or Enrolled Nurses Advanced Practice, 1.68 Assistants in Nursing to go.	12 residents will be transferred to a private care provider which has lower ratio of nurses to residents.



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As at 15 February 2013

Hospital and Health Service	CUTS	IMPACT
<b>GOLD COAST</b>	<p>Gold Coast Hospital and Health Service restructure has abolished 40.49 FTE nursing positions abolished:</p> <p>Community Sub Acute &amp; Aged Care Services</p> <ul style="list-style-type: none"> <li>1.0 FTE Clinical Nurse</li> <li>1.0 FTE Assistant Director of Nursing</li> <li>2.63 FTE Enrolled Nurses</li> <li>1.0 FTE Nurse Manager</li> </ul> <p>Emergency Critical &amp; Support Services</p> <ul style="list-style-type: none"> <li>1.71 FTE Clinical Nurse</li> <li>0.74 FTE Clinical Nurse Consultant</li> <li>2.48 FTE Registered Nurse</li> </ul> <p>Family, Women's &amp; Children's Health</p> <ul style="list-style-type: none"> <li>2.9 FTE Clinical Nurses</li> <li>1.0 FTE Nurse Unit Manager</li> <li>0.42 FTE Enrolled Nurse</li> </ul> <p>Medicine</p> <ul style="list-style-type: none"> <li>0.2 FTE Nurse Consultant</li> <li>1.0 FTE Enrolled Nurse</li> <li>0.84 FTE Nurse Practitioner</li> </ul> <p>MHS &amp; ATODS</p> <ul style="list-style-type: none"> <li>2.5 FTE Registered Nurse</li> <li>1.0 FTE Clinical Nurse</li> </ul> <p>Nursing and Midwifery Services</p> <ul style="list-style-type: none"> <li>5.0 FTE Registered Nurse</li> <li>1.0 FTE Nurse Educator</li> <li>1.5 FTE Clinical Facilitator</li> <li>1.0 FTE Nursing Director</li> <li>0.84 FTE Nurse Manager</li> <li>1.0 FTE Enrolled Nurse</li> </ul> <p>Strategic Development</p> <ul style="list-style-type: none"> <li>1.0 FTE Project Nurse Manager</li> </ul> <p>Surgical Services</p> <ul style="list-style-type: none"> <li>5.89 FTE Registered Nurse</li> <li>1.0 FTE Nurse Unit Manager</li> <li>0.84 Clinical Nurse Consultant</li> </ul>	<p>Significant downgrading of the following health care services in Gold Coast:</p> <ul style="list-style-type: none"> <li>Palliative Care</li> <li>Aged Care Rehabilitation</li> <li>Early Intervention Management</li> <li>Discharge</li> <li>Intensive Care Unit</li> <li>Medical Imaging</li> <li>Antenatal Services</li> <li>Parenthood Classes</li> <li>Child Health Schools</li> <li>Child Health Community</li> <li>Child Health age 0-3 years</li> <li>Youth &amp; Family</li> <li>Paediatrics</li> <li>Cancer Care</li> <li>Cardiology</li> <li>Chronic Neurological Diseases</li> <li>Nursing Education</li> <li>Perioperative Services</li> <li>Surgery Preadmission</li> <li>Wound Management</li> </ul>
<b>MACKAY</b>	<p>6 nurses (1 Nurse Unit Manager and 5 clinical nurses) cut from chronic disease unit at Mackay.</p> <p>6 nurses (1 Clinical Nurse and 5 Assistants in Nursing) cut from Bowen Hospital, along with 1 pharmacist assistant and 1 social worker.</p>	<p>Predicted increase in hospital admissions from chronic disease patients.</p> <p>Reduced capacity to provide basic patient care in the hospital.</p>



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As at 15 February 2013

Hospital and Health Service	CUTS	IMPACT
<b>METRO NORTH</b>	Eventide Nursing Home in Sandgate will close 100 beds and 57 staff from their facility in Brighton. Facilities in Zillmere and Kippa-Ring were also initially flagged for closure – they have 60 high-care beds each. Nurses at Ashworth House in Zillmere have been asked to consider taking redundancy.	Residents are being transferred to private aged care providers. Unclear what will happen to residents with high care needs given lower staffing levels, skill mix and additional costs of consumables in private aged care. Eventide told residents with dementia they will be moving to a new home, QNU has received reports that some of these residents are now in distress, with instances of residents packing their bags each day with the expectation they will be moved somewhere. Aged care beds in Ashworth House now being closed by attrition – means decreased access to aged care beds for elderly residents in Zillmere.
	The Health Minister has confirmed that across Metro North over 1000 FTE total positions will be abolished. So far the QNU can confirm 12.1 FTE nursing positions abolished: <ul style="list-style-type: none"> <li>• The Primary Health Team will lose 4.2 FTE nursing positions.</li> <li>• Home and Community Care (HACC) will lose 4.0 FTE nursing positions.</li> <li>• 2.0 FTE Nursing Director positions.</li> <li>• 1.0 FTE Director of Nursing.</li> <li>• Health Promotion team will lose 0.9 FTE nursing positions.</li> </ul>	Capacity of Metro North to deliver health care devastated.
	Home Care: 98.1 FTE total positions abolished. Primary health and post-acute CNs will be downgraded to RNs.	Affected clients will have to pay for private services or receive none.
	'Patient journey time' has been cut to 6 weeks and only for post-acute (ie. Coming out of hospital) patients.	Anybody who needs care despite not being in hospital, or who has been in hospital but needs care for more than 6 weeks will have to make their own arrangements.
	Royal Brisbane and Women's Hospital: <ul style="list-style-type: none"> <li>• All 10hr and 12hr shifts have ceased. Over 300 nursing staff have lodged a grievance.</li> <li>• 1.0 FTE Clinical Nurse Consultant position abolished from Mental Health.</li> <li>• 2.6 FTE nurse educator positions abolished from Centre for Clinical Nursing.</li> </ul>	<ul style="list-style-type: none"> <li>• Affects recruitment and retention of nursing staff.</li> <li>• Reduced capacity for research into mental health care.</li> </ul>





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Hospital and Health Service	CUTS	IMPACT
<b>METRO NORTH</b>	<p>Caboolture Hospital:</p> <ol style="list-style-type: none"> <li>Graduate positions in mental health cut to 0.8 FTE and put on temporary contracts. Mental health beds have been reduced by 10.</li> <li>Graduate positions in maternity cut to 0.7 FTE.</li> <li>AINs now asked to cover evening shifts</li> <li>12 hour shift cuts in some areas.</li> <li>Approval for leave relief for any period less than 4 weeks to be denied.</li> </ol>	<ol style="list-style-type: none"> <li>After a long battle to secure extra resources for this area, the longstanding mental health problems will be exacerbated.</li> <li>Reduced experience and incentive for graduate nurses at Caboolture.</li> <li>Fewer regulated nursing staff on evenings shifts.</li> <li>Affects recruitment and retention of nursing staff.</li> <li>Nurse on leave for 4 weeks or less will not be replaced. Remaining staff must work extra to cover for them, reducing nurse-to-patient ratios and increasing fatigue.</li> </ol>
	<p>The Prince Charles Hospital:</p> <ul style="list-style-type: none"> <li>28.42 FTE nursing positions abolished: Surgery: 2.0 FTE Nurse Unit Managers, 17.0 FTE Registered Nurses, 2.0 Enrolled Nurses. Internal medicine: 1.0 FTE Nurse Unit Manager from acute services, 1.0 FTE Nurse Unit Manager from sub-acute services. Thoracic oncology: 1.0 Clinical Nurse Consultant, 1.0 Clinical Nurse Teacher from Heart &amp; Lung Transplant. Nursing services: 3.42 Clinical Support Nurses (2.0 FTE abolished, 1.42 FTE temp contracts not renewed).</li> <li>Bed closures: Ward 2A reduced from 26 beds to 22. Ward 2B reduced from 30 beds to 22. Ward 2C reduced from 26 beds to 20 (16 on weekends). Ward 2D reduced from 20 beds to 16. Ward 2E reduced from 27 beds during week to 20 on weekends).</li> </ul>	20% closure of surgery beds. Significant effect on delivery of frontline health care services.
	Redcliffe Hospital: 7.7 FTE nursing positions (Clinical Nurses and Registered Nurses) abolished from paediatrics.	Reduced medical care for infants, children, and adolescents in the Peninsula area.
<b>METRO SOUTH</b>	Queensland Tuberculosis Control Centre was announced to close. No more statewide co-ordination of tuberculosis treatment and control.	After concerted campaign from QNU, government agreed to maintain the Centre under the Metro South Hospital and Health Service. Centre will now remain open.



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<b>METRO SOUTH</b>	<p>Moreton Bay Nursing Care Unit for aged care residents to close in June 2013. Hospital and Health Service have said there are fire safety issues but not clear what these issues are.</p> <p>71.21 nursing positions lost:</p> <ul style="list-style-type: none"> <li>• 43.68 FTE Assistants in Nursing</li> <li>• 9.96 FTE Enrolled Nurses</li> <li>• 9.80 FTE Registered Nurses</li> <li>• 3.33 FTE Clinical Nurses</li> <li>• 3.33 FTE Nurse Unit Managers</li> <li>• 1.11 FTE Nursing Directors</li> </ul>	<p>At least 85 residents will need to be relocated – no details of where. Loss of local nursing home places for local residents. Cost implications for residents and family members. Lower ratios of staff to residents will mean a different level of care for residents.</p>
	<p>Wynnum Hospital 24-hour emergency centre now closed. "Wynnum Hospital" changed to "Wynnum Health Service". Operating hours to be cut from 24 hours to 8am-10pm.</p>	<p>Locals requiring medical assistance outside operating hours must call Queensland Ambulance Service and be transported to the Princess Alexandra Hospital in Woolloongabba.</p>
	<p>Realignment across entire Hospital and Health Service so 1 Nursing Director will now cover 7 hospitals.</p>	<p>Significant reduction in nursing leadership.</p>
	<p>Redland Bay Central Sterilising Department has reduced 2 Clinical Nurses at 1.0 FTE to 1 Clinical Nurse at 0.63 FTE.</p>	<p>Loss of 1.37 FTE nursing positions.</p>
	<p>Home and Community Care (HACC) has had 148 FTE positions abolished including:</p> <ul style="list-style-type: none"> <li>• 7.34 FTE nursing positions</li> <li>• 112 home carers</li> <li>• 12.5 assistant co-ordinators</li> </ul>	<p>Approximately 4300 clients who previously received care will have to pay for private services or go without. A Rapid Response Service with just 19 staff has been proposed to replace HACC.</p>





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METRO SOUTH	<p>Princess Alexandra Hospital:</p> <ul style="list-style-type: none"> <li>37.0 FTE nursing positions abolished, including 6.0 FTE nursing positions from Spinal Injury Unit.</li> <li>Another 32.0 FTE nursing positions abolished from surgery.</li> <li>1.0 FTE nursing position abolished from Intensive Care Unit.</li> <li>0.3 FTE Registered Nurse abolished from Sleep Unit.</li> <li>1.4 FTE Nurse Educator abolished.</li> <li>Geriatric and Rehabilitation Unit (GARU) to close 24 beds.</li> <li>Spinal Injury Unit to close 4 beds.</li> <li>Surgery to close 28 beds (up from 12) and surgical theatre to reduce by 20 sessions per week.</li> <li>Decreasing elective surgery admissions. Ceasing Category 3 surgery.</li> <li>New graduate nurse intake of 22 positions at 0.7 FTE, down from 80 positions at 1.0 FTE.</li> <li>10 graduate nurses who were scheduled to start in surgical ward have had their contracts of offer withdrawn.</li> </ul>	Significant downgrading of PAH capabilities.
METRO SOUTH	<p>Queen Elizabeth II Hospital:</p> <ul style="list-style-type: none"> <li>39.0 FTE nursing positions abolished: 18.0 FTE positions vacant and 21.0 FTE positions through voluntary redundancy, including 11.0 FTE from surgical wards and 3.5 FTE from theatres. Other positions cut from post-anaesthesia care unit (PACU), case management, outpatient department, and rehab. 1.0 FTE Nurse Unit Manager position abolished.</li> <li>No graduate nursing position intake in 2013.</li> <li>Closure of 10 surgical beds, closure of Ward 5B, rehab reduced by four beds, mix of general surgical, gynaecological, urology, and orthopaedic beds to close.</li> <li>Theatre sessions reduced from 70 sessions per week to 60.</li> <li>Staff told they will have access to annual leave reduced to September and periods over Easter and Christmas.</li> </ul>	Significant downgrading of QEII surgical and other healthcare capabilities.
	<p>Logan/Bayside: 10 Nursing Director positions merged down to 5.</p>	Reduced oversight of health care services across Logan/Bayside.
NORTH WEST	12 new graduate nursing positions maintained.	North West the <u>only</u> HHS to maintain all 12 new grad positions.



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<b>SOUTH WEST</b>	Charleville Hospital: 5.84 FTE nursing positions abolished, 7.34 FTE reduction in total.	Reduced nursing care for patients in Charleville.
	Cunnamulla Hospital: 3.0 FTE nursing positions abolished, 6.0 FTE reduction in total.	Reduced nursing care for patients in Cunnamulla.
	Mungindi Hospital: 0.5 FTE reduction in nursing hours.	Reduced nursing care for patients in Mungindi.
	Quilpie Hospital: 2.68 FTE nursing positions abolished.	Reduced nursing care for patients in Quilpie.
	Roma Hospital: 4.4 FTE nursing positions abolished, 6.93 FTE reduction in total.	Reduced nursing care for patients in Roma.
	Thargomindah Hospital: 1.0 FTE nursing position abolished.	Reduced nursing care for patients in Thargomindah.
	Morven Outpatients Clinic: Director of Nursing position abolished.	No nursing care for patients in Morven.
	Warooka Aged Care: 3.0 FTE nursing positions abolished.	Reduced nursing care for residents in Warooka Aged Care.
	Westhaven Aged Care: 1.4 FTE nursing positions abolished.	Reduced nursing care for residents in Westhaven.
	<b>SOUTH WEST</b>	Non-nursing increases: 2.0 FTE <b>increase</b> in Human Resource hours, 1.0 FTE <b>increase</b> in Corporate Services hours.
<b>SUNSHINE COAST</b>	110 jobs to go, details slowly emerging. <ul style="list-style-type: none"> <li>2 Clinical Nurse positions will be reduced to 1 Registered Nurse position – so 1 Clinical Nurse will be downgraded, the other will be made redundant.</li> </ul>	Frontline services will be affected.
	Transport Assistant in Nursing has been cut.	Patients and elderly residents requiring transport to/from hospital and home will have no nursing assistance unless it is a medical emergency.
	8-hour shifts cut back to 6-hour shifts for leave purposes.	Increase in nursing workloads – nurses on shift will have to work extra to cover the 2 hours that previously would have been covered by the fill-in.
	Gympie Child and Family Health: 1 Clinical Nursing Consultant position cut, 0.5 FTE Clinical Nurse position cut.	Regional areas lose more nursing from an area which is already minimally resourced. Reduced capacity for post-natal and youth health issues.
	Gympie Hospital: 1.0 FTE Nurse Educator cut.	Reduced training and education for nurses working in Gympie Hospital.
	Nambour Hospital: <ul style="list-style-type: none"> <li>Medical Services management have reviewed Business Planning Framework workloads tool without consulting QNU and decided to reduced nursing hours per patient day.</li> <li>16.5 FTE nursing positions abolished from medical wards.</li> </ul>	<ul style="list-style-type: none"> <li>Undisclosed reduction in nursing positions. QNU has written to Sunshine Coast Hospital and Health Service for clarification.</li> <li>Reduced care capacity in Nambour Hospital medical wards.</li> </ul>



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<b>TORRES STRAIT-NORTHERN PENINSULA</b>	<p>11.0 FTE nursing positions abolished:</p> <ul style="list-style-type: none"> <li>1.0 FTE Executive District Director of Nursing.</li> <li>1.0 FTE Clinical Nurse ATODS.</li> </ul> <p>Bamaga Hospital:</p> <ul style="list-style-type: none"> <li>3.0 FTE Enrolled Nurse.</li> <li>1.0 FTE Assistant in Nursing.</li> </ul> <p>Thursday Island Hospital:</p> <ul style="list-style-type: none"> <li>1.0 FTE Midwife</li> <li>1.0 FTE Clinical Nurse Midwife</li> <li>1.0 FTE Registered Nurse</li> <li>1.0 FTE Enrolled Nurse</li> </ul> <p>Thursday Island Primary Healthcare Centre:</p> <ul style="list-style-type: none"> <li>1.0 FTE Clinical Nurse Consultant</li> </ul>	<p>Bamaga and Thursday Island hospitals healthcare coverage will be greatly reduced. Major workloads issues for remaining staff. ATODS and Clinical Nurse Consultant cuts will have negative effect on preventative health including alcohol and drug abuse and chronic illnesses such as heart disease.</p>
<b>TOWNSVILLE</b>	<p>In September 2012, Townsville HHS announced 200 health worker positions to go. Unions were not consulted before announcement was made. QIRC intervened to require Townsville Hospital and Health Board to consult with health unions. Approximately 40 positions were confirmed as nursing positions.</p> <p>In January 2013, Townsville HHS confirmed remaining 160 positions to be abolished, and added another 20 positions – bringing total to 220.</p> <p>Nursing positions to be abolished:</p> <ul style="list-style-type: none"> <li>2.29 FTE Assistants in Nursing</li> <li>6.67 FTE Enrolled Nurses</li> <li>2.00 FTE Enrolled Nurses Advanced Practice</li> <li>23.84 FTE Registered Nurses</li> <li>27.25 FTE Clinical Nurses</li> <li>11.00 FTE Nurse Unit Managers</li> </ul>	<p>Frontline services in Townsville devastated.</p>
	<p>Spinal nurse consultant has been cut.</p>	<ul style="list-style-type: none"> <li>Reduced clinical consultation on spinal cord injury and rehabilitation.</li> <li>Reduced clinical consultation to areas north as far as Thursday Island, west as far as Mount Isa, south as far as Mackay.</li> <li>Reduced home visits for spinal injury patients.</li> </ul>
	<p>Retrieval nurse has been cut.</p>	<p>Reduced education to rural/remote nursing staff in the use of emergency medical equipment. Reduced training for support staff in treatment of critically ill and trauma patients.</p>



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<b>TOWNSVILLE</b>	Nursing home nurse has been cut.	<ul style="list-style-type: none"> <li>• Reduced capacity to assess patient/resident needs when entering a nursing home.</li> <li>• Reduced capacity to assess whether a nursing home can deliver appropriate health needs for patients/residents.</li> <li>• No more liaison point between Townsville Hospital and aged care facility issues in Townsville area.</li> <li>• Reduced education and clinical support for staff in residential aged care facilities.</li> <li>• Reduced clinical expertise when residents return home to the facility after being in hospital.</li> <li>• Reduced education and training of staff in new equipment and best care.</li> </ul>
	Respiratory and Sleep Unit Nurse has been cut.	<ul style="list-style-type: none"> <li>• Reduced management and co-ordination of adult patients with Cystic Fibrosis.</li> <li>• No more Indigenous Respiratory Outreach Care Clinic on Palm Island.</li> <li>• Reduced clinical expertise on respiratory issues.</li> <li>• Reduced education and training on respiratory issues for staff in rural and remote areas.</li> <li>• Reduced asthma education.</li> <li>• Reduced clinics in Mount Isa, Charters Towers, and other rural centres.</li> </ul>
	Nurse educator has been cut.	<ul style="list-style-type: none"> <li>• Reduced delivery of cancer care to patients in North Queensland.</li> <li>• As a result, cancer care likely to become compromised by patient locality.</li> <li>• Access to safe care as close to home as possible will no longer be maximised.</li> <li>• Reduced training and education for nurses working in cancer care in North Queensland.</li> <li>• Reduced access to chemotherapy education for rural patients.</li> </ul>
<b>TOWNSVILLE</b>	Three palliative care beds closed. No details confirmed on how many nursing positions abolished.	More patients requiring palliative care will be required to travel.
<b>WEST MORETON</b>	Mental Health Services: 40.2 FTE positions abolished, including 18.2 FTE nursing positions.	Reduced mental health care across West Moreton.



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Hospital and Health Service	CUTS	IMPACT
<b>WIDE BAY</b>	Closure of pathology lab in Maryborough.	Maryborough residents will have to wait while their samples are sent to the pathology lab in Hervey Bay before they can receive a diagnosis.
	State government proposing to sell Yaralla Place nursing home.	Residents at Yaralla Place face uncertainty over living and care arrangements. Nurses employed at Yaralla Place face being made redundant.
	Eidsvold Hospital: state government proposing to close down hospital completely. Community and union joint action has pressured state government into retracting proposed closure. Premier Campbell Newman stated publicly that the hospital would remain open, but the QNU has since received correspondence stating that a review of the hospital's model of care 'may have significant effect upon employees'.	No hospital services for community in Eidsvold.