Queensland Nurses' Union

Inquiry into

Implementation of the National Health Reform Agreement

Submission to the
Senate Finance and Public Administration References Committee

February, 2013

Introduction

The Queensland Nurses' Union (QNU) thanks the Senate Finance and Public Administration References Committee (the Committee) for providing this opportunity to comment on implementation of the National Health Reform Agreement (the Agreement).

The Agreement sets out the shared intention of the Commonwealth and state governments to work in partnership to improve health outcomes for all Australians and ensure the sustainability of the Australian health system.

In Queensland, that partnership has been soundly tested following the release of the 2012-13 Mid-Year Economic and Fiscal Outlook (MYEFO) at the end of 2012 which reignited the federal/state debate about health funding.

In our submission we consider the Newman government's response to the funding change and the impact on our members and the broader community. The QNU believes all levels of government should be putting more resources into public health and aged care services.

Implementation of the National Health Reform Agreement and the recently announced reductions by the Commonwealth of National Health Reform funding for state hospital services

The MYEFO indicated that payments to the states for National Health Reform (NHR) funding would differ from those projected in the 2012-13 Budget. Changes to the population estimates arising from the 2011 census and the impact of the high Australian dollar on the price of medical and surgical equipment led to a decrease in the level of federal funding. Some states recorded an 'intercensal error' (errors in the Census based estimates of the population at the current or previous Census date), attributing some states with a larger population than the new estimates determined (NSW 1.3% over, Victoria 1.6% over, Queensland 2.4% over), with other states being slightly under-counted (Australian Bureau of Statistics, 2012).

However, notwithstanding the immediate adjustment, the MYEFO also indicated that the states will receive increased NHR funding in 2012-13 of $716.3 million compared with 2011-12 and that NHR funding is expected to grow at an average of 8.2 per cent across the forward estimates (Council of Australian Governments, 2011, p. 74). This reflects the Commonwealth's commitment to provide $16.4 billion of additional funding over 2014-15 to 2019-20 (Council of Australian Governments, 2011, p. 74). In Queensland, the adjustment has meant the state will receive around $103 million less than projected in the 2012-2013 budget.

Not surprisingly, the adjustment of federal health funds has turned into a political issue as Queensland's Health Minister has attributed the raft of job cuts in Queensland Health to the $103 million shortfall. In reality, the Newman government had already signaled massive job losses in its September budget.

Within the context of the overall state health budget of $11.8 billion, the adjustment represents approximately just 0.87%. The Mid Year Fiscal and Economic Review 2012 - 2013 (Queensland Treasury and Trade, 2012) confirms that the state's revenues will grow by nearly $10 billion over the next two years, from $41,565 million in 2013 to $46,980 million in 2014 and then to $51,224 million in 2014–2015. Included in this is a significant growth in Commonwealth grants revenue from $18,427 million in 2012, to $21,785 million in 2013 - 2014 and then to $23,832 million in 2014–2015.

However, it has become politically expedient for the Newman government to blame the federal government for the job losses. When, prior to the adjustment, the Newman government announced it would need to cut 14,000 public sector jobs, the Premier insisted the measures were necessary to tackle the state's financial position (Hurst, 2012). Queensland Health had already stated over 4000 jobs would be cut, then seized on the MYEOF adjustment as an excuse for further job losses. The only certainty, is that nurses and midwives did not cause the shortfall, yet they and their communities are carrying the burden. The Newman government is responsible for paying its nurses, midwives, doctors and other health workers and the operation of the health system. They choose their funding priorities and clearly adequate staffing levels are not high on the list.

The readjustment of federal health funding due to external sources is not new. Nor is the political maelstrom that inevitably follows. In 2004, the (then) Labor opposition accused Tony Abbott the (then) Health Minister of 'ripping $1 billion out of public hospitals' when recalculations of a similar (although much greater) kind occurred (Davis, 2010). In that instance, the budget papers explained the variation from previous estimates -

> 'as a result of a greater proportion of public hospital services provided to non-admitted patients and a reduction in public hospital usage growth beyond growth resulting from demographic changes. This change in usage growth reflects in part the fact that more services are being provided in private hospitals following the introduction of the Government's 30 per cent Private Health Insurance Rebate and Lifetime Health Cover' (Commonwealth of Australia, 2003, p.107).

This most recent dispute over health financing highlights that national health 'reform' is still unresolved and the public spectacle of the 'blame game' is never far from media headlines. Unless the federal government determines a more reliable and accurate method of projecting expenditure and the States develop a mechanism to cover contingencies of this nature, then the political tensions will continue to erupt.

(a) the impact on patient care and services of the funding shortfalls;

As the dispute between the two levels of government plays out in the media, the public are most likely to heed the front-line hospital workers who have taken a public stance not only about the threats to job security but the impact on public health services.

As an example of the disconnect between funding for health services and providing the qualified nursing and midwifery staff who are vital to the ongoing delivery of those services the federal government is providing $393.2 million to the Queensland government for Townsville:

$250 million to expand and redevelop Townsville Hospital:

- expansion of the current operating theatre suite with delivery of two new operating theatres;
- a new clinical block (South Block) adjacent to the current main acute building which will accommodate up to 64 additional beds plus displaced beds and services from the expansion of the current operating theatre suite; and
- upgrade of supporting infrastructure, such as car parking, kitchen, medical facilities, central energy plant and pathology.

$70.1 million for the Townsville Regional Cancer Centre project, of which $67.5 million will go to Townsville Hospital for:

- three radiotherapy bunkers and two new linear accelerators;
- additional clinics, radiation treatment planning and medical physics capacity;
- a brachytherapy suite;
- 23 additional day therapy treatment places for chemotherapy and procedures for medical oncology and haematology services;
- construction of physical space and infrastructure for paediatric oncology services (including consultation and clinic rooms and three chemotherapy treatment places and support facilities for families and carers);
- construction of physical infrastructure to house a PET service; and expansion of space to increase the capacity of clinical trials at Townsville Cancer Centre.

$12.1 million for a Planned Procedure Centre:

- two specific purpose procedure rooms;

- pre-procedure and peri-operative recovery areas including capacity for 12 beds, outpatient consultation rooms, reception and admissions area; and
- change rooms/ensuites, procedure support areas.

$60 million for 45 rehabilitation beds to be housed in a purpose-built facility on the Hospitals eastern campus.

In September, 2012, Townsville HHS announced it would cut 200 health workers' positions. The HHS board did not consult with unions before it made the announcement. At that time, the board confirmed that approximately 40 of these positions were nurses. In January, 2013, the board added another 20 positions to bring the total to 220. Nursing positions to be abolished include:

- 2.29 FTE Assistants in Nursing;
- 6.67 FTE Enrolled Nurses;
- 2.00 FTE Enrolled Nurses Advanced Practice;
- 23.84 FTE Registered Nurses ;
- 27.25 FTE Clinical Nurses;
- 11.00 FTE Nurse Unit Managers.

Townsville is but one example of the ongoing dismantling of Queensland's public health system. There are many other regional and metropolitan areas experiencing similar decimation. So far, Queensland Health has abolished more than 3000 full-time equivalent (FTE) health positions including more than 400 FTE nursing jobs. (See attachment 1 for a comprehensive list of job cuts and the impact on the community).

This includes the complete closure in Metro South of the primary school nurses' health services with the abolition of 8 FTE primary school nurses for children aged 5-12 years. There will no longer be any school-based health services that provide vision tests, health promotion, sexual abuse awareness programs, hygiene procedures and puberty preparation. 126 free hearing clinics have been cancelled so that in all there is no longer a preventative health care program for thousands of primary school-aged children. Ostensibly, these important programs will be undertaken by Medicare-funded general practices if they have the time or resources to do so. Again, the Newman government is dismantling a free public health service and expecting the Commonwealth to pay.

At the same time as Queensland Health is cutting nursing positions and employing very limited numbers of new graduates, Health Workforce Australia (HWA) (2011) predicts that by 2025 there will be a *highly significant workforce shortage of around 109,000 nurses.* It is expected that in 2013, around 90% of new graduate nurses will not be able to find a job in Queensland. We are also extremely concerned by reports indicating Queensland's private hospital and aged care sectors are not employing as many new graduates as they could and should.

This situation is therefore shortsighted and insecure for trainee nurses. It makes no sense to identify an imminent workforce crisis and create more university places to meet demand, and then refuse to employ the graduates. We need more nurses and midwives, not less. The current approach seriously undermines the attractiveness of nursing and midwifery as a career. Our new graduate nurses and midwives are a precious resource, an investment for the future that will achieve a healthier Australian community, not simply a threat to the budgetary bottom line.

(b) the timing of the changes as they relate to hospital budgets and planning;

This political impasse over changes to funding has demonstrated the need for budget certainty. The States need to have confidence that their federal health funding is sound in order to plan appropriately. In many ways the timing of the adjustments has provided the Newman government with a convenient scapegoat for its drastic cuts to jobs and services.

(c) the fairness and appropriateness of the agreed funding model, including parameters set by the Treasury (including population estimates and health inflation); and

As this type of budget adjustment has demonstrated, it is in the interests of both state and federal governments to develop contingency plans to ameliorate the effects of population change and other external factors on funding. Duckett (2013) points out that in its search for significant budget savings, the Kennett government negotiated such a deal for Victoria in the early 1990s. The Keating government accepted a proposal from then Health Minister whereby Victoria received an increase in funds in the first couple of years of the Commonwealth-state funding agreement, offset by reduced funding in the later years.

The QNU believes that the relatively minor Commonwealth funding adjustment obfuscates the real damage to state funded health services caused by the Newman government's policy to withdraw health and aged care services, cut jobs and sell public assets such as government run nursing homes.

We have seen this government evicting elderly people from their state government nursing homes as it embarks on a program of nursing home closures and sales, leaving the full cost with the Commonwealth. Its withdrawal from home and community care services around the state again leaves the cost at the door of the Commonwealth.

The Newman government's indignation at the MYOF adjustments is hypocritical in the wake of its own job cuts and cost shifting of whole sections of health and aged care services to the Commonwealth. We have recently heard that the Children's Health Services have started charging the families of sick children for outpatient supplies (clinical consumables). To compound the problem, it has offered to assist those families to access Commonwealth programs to help with the payments.

Recent rises in private health insurance premiums, which pay for heavily-rationed refund payments for expensive procedures in the private sector demonstrate that publicly run and owned health systems are the most efficient and the fairest way to operate health systems. It is the view of the QNU that the Commonwealth should always prioritise efficient public health services over expensive private programs such as the private health insurance rebate, which consumes billions of dollars in funding each year.

(d) other matters pertaining to the reduction by the Commonwealth of National Health Reform funding and the National Health Reform Agreement

In setting out the services that the Commonwealth will fund, schedule A to the Agreement refers to hospital services, teaching and training functions, research funded by states in public hospitals and public health activities managed by states. The QNU is concerned that health services will continue to decline if the Newman government persists in undermining the state's free public hospital system. It cannot continue to hide behind local hospital boards, the health payroll problems, the Agreement or any other diversion as it vigorously implements its outsourcing and privatisation policy.

The QNU believes that the controversy around public hospital funding may be moderated by Activity Based Funding (ABF) when the Commonwealth fully introduces it from 1 July, 2014. Under this arrangement, the Commonwealth will fund 45% of efficient growth of activity based services increasing to 50% from 1 July, 2017. Efficient growth consists of:

- The national efficient price for any changes in the volume of services provided (determined in Schedule B); and
- The growth in the national efficient price of providing the existing volume of services (Council of Australian Governments, 2011, p.13).

Under clause A36 of the Agreement, the Administrator[1] will provide the Commonwealth and states with a formal forecast of the Commonwealth's funding contribution for each ABF service category before the start of each financial year. The Administrator will also provide

[1] Means the Administrator of the National Health Funding Pool, who is appointed in accordance with clause B24 of the Agreement and performs the functions set out in clauses B26-27. See the Agreement, p.67.

informal estimates of the Commonwealth's funding contribution to states where requested, should a state provide estimated service volume information for all Local Hospital Networks within that state (Council of Australian Governments, 2011 p. 19).

These arrangements may enable both levels of government to negotiate a way to make adjustments so that the states can more readily absorb reductions and the Commonwealth can retrieve excess payments. We are extremely concerned to ensure that ABF methodology is sound and adequately takes into account the quality of care provided, not merely the 'efficiency' of the price struck. In any case, we believe that it may not be possible to strike a nationally efficient price given the significant differentials that exist between States and Territories with respect not only to cost inputs but also jurisdictional differentials surrounding the nature of service delivery (e.g. the decentralised nature of Queensland results in additional costs being incurred in health service delivery).

In the end, health funding will continue to cause debate as the supply of services struggle to keep pace with demand. Health reform is not finished as this public display of blame shifting demonstrates.

Recommendations

The QNU recommends that:

- where future ABS statistics indicate that the Commonwealth may need to make a negative adjustment to Commonwealth funding for hospitals, the Commonwealth should implement adjustments prospectively and over time to avoid state health services having to modify their current operating budget;

- the federal government seeks the involvement of the QNU and the ANF in setting the ABF methodology to ensure that quality indicators are adequately developed and incorporated.

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HANDS OFF OUR PUBLIC HEALTH SERVICES!

Red text denotes cuts confirmed this week

As at 15 February 2013

Hospital and Health Service	CUTS	IMPACT
TOTAL	• 396.52 FTE nursing and midwifery positions abolished. • 2919.30 FTE positions abolished from Queensland Health.	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.
CAIRNS AND HINTERLAND	Decrease in number of graduate nurses intake for the year – that is there will be no midyear intake of graduates.	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.
	Call for volunteers to decrease hours from 1.0 FTE to 0.8 FTE.	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.
	Decrease in graduate employment hours from 0.7 FTE to 0.6 FTE.	Graduate nurses receive less experience and have less incentive to stay in Queensland.
	Community Primary Preventative Services (CPPS) had had car fleet cut by 10% and remaining cars put in pool.	CPPS health professionals don't always have access to cars needed to deliver care.
CENTRAL QUEENSLAND	Emerald Community Health Interface Program nurse has been cut.	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.
	Emerald wound care nurse has been cut.	• 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. • Reduced ability to monitor wound care and train nurses in wound care. • Decreased capacity for optimal wound care.

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CENTRAL QUEENSLAND	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: • 3.0 Nurse Unit Managers • 1.0 Nurse Manager • 3.0 Clinical Nurses • 16.0 Registered Nurses • 3.0 Enrolled Nurses Advanced Practice • 12.0 Enrolled Nurses • 1.0 Director of Nursing • 75.0 Assistants in Nursing Eventide Home Rockhampton positions abolished: • 2.0 Nurse Unit Managers • 2.0 Clinical Nurses • 16.0 Registered Nurses • 16.0 Enrolled Nurses • 58.0 Assistants in Nursing Additional positions abolished: • 1.0 FTE Registered Nurse position abolished (responsible for conducting assessments of residents through Community Health).	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.

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Hospital and Health Service	CUTS	IMPACT
CHILDREN'S HEALTH (including ROYAL CHILDREN'S HOSPITAL	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.
CORPORATE OFFICE (FORMER CHIEF HEALTH OFFICE)	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.
DARLING DOWNS	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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GOLD COAST	Gold Coast Hospital and Health Service restructure has abolished 40.49 FTE nursing positions abolished: Community Sub Acute & Aged Care Services • 1.0 FTE Clinical Nurse • 1.0 FTE Assistant Director of Nursing • 2.63 FTE Enrolled Nurses • 1.0 FTE Nurse Manager Emergency Critical & Support Services • 1.71 FTE Clinical Nurse • 0.74 FTE Clinical Nurse Consultant • 2.48 FTE Registered Nurse Family, Women's & Children's Health • 2.9 FTE Clinical Nurses • 1.0 FTE Nurse Unit Manager • 0.42 FTE Enrolled Nurse Medicine • 0.2 FTE Nurse Consultant • 1.0 FTE Enrolled Nurse • 0.84 FTE Nurse Practitioner MHS & ATODS • 2.5 FTE Registered Nurse • 1.0 FTE Clinical Nurse Nursing and Midwifery Services • 5.0 FTE Registered Nurse • 1.0 FTE Nurse Educator • 1.5 FTE Clinical Facilitator • 1.0 FTE Nursing Director • 0.84 FTE Nurse Manager • 1.0 FTE Enrolled Nurse Strategic Development • 1.0 FTE Project Nurse Manager Surgical Services • 5.89 FTE Registered Nurse • 1.0 FTE Nurse Unit Manager • 0.84 Clinical Nurse Consultant	Significant downgrading of the following health care services in Gold Coast: • Palliative Care • Aged Care Rehabilitation • Early Intervention Management • Discharge • Intensive Care Unit • Medical Imaging • Antenatal Services • Parenthood Classes • Child Health Schools • Child Health Community • Child Health age 0-3 years • Youth & Family • Paediatrics • Cancer Care • Cardiology • Chronic Neurological Diseases • Nursing Education • Perioperative Services • Surgery Preadmission • Wound Management
MACKAY	6 nurses (1 Nurse Unit Manager and 5 clinical nurses) cut from chronic disease unit at Mackay.	Predicted increase in hospital admissions from chronic disease patients.
	6 nurses (1 Clinical Nurse and 5 Assistants in Nursing) cut from Bowen Hospital, along with 1 pharmacist assistant and 1 social worker.	Reduced capacity to provide basic patient care in the hospital.

QNU NURSES AND MIDWIVES

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Hospital and Health Service	CUTS	IMPACT
METRO NORTH	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: • The Primary Health Team will lose 4.2 FTE nursing positions. • Home and Community Care (HACC) will lose 4.0 FTE nursing positions. • 2.0 FTE Nursing Director positions. • 1.0 FTE Director of Nursing. • Health Promotion team will lose 0.9 FTE nursing positions.	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: • All 10hr and 12hr shifts have ceased. Over 300 nursing staff have lodged a grievance. • 1.0 FTE Clinical Nurse Consultant position abolished from Mental Health. • 2.6 FTE nurse educator positions abolished from Centre for Clinical Nursing.	• Affects recruitment and retention of nursing staff. • Reduced capacity for research into mental health care.

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METRO NORTH	Caboolture Hospital: 1. Graduate positions in mental health cut to 0.8 FTE and put on temporary contracts. Mental health beds have been reduced by 10. 2. Graduate positions in maternity cut to 0.7 FTE. 3. AINs now asked to cover evening shifts 4. 12 hour shift cuts in some areas. 5. Approval for leave relief for any period less than 4 weeks to be denied.	1. After a long battle to secure extra resources for this area, the longstanding mental health problems will be exacerbated. 2. Reduced experience and incentive for graduate nurses at Caboolture. 3. Fewer regulated nursing staff on evenings shifts. 4. Affects recruitment and retention of nursing staff. 5. 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.
	The Prince Charles Hospital: • 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 & Lung Transplant. Nursing services: 3.42 Clinical Support Nurses (2.0 FTE abolished, 1.42 FTE temp contracts not renewed). • 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).	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.
METRO SOUTH	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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METRO SOUTH	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. 71.21 nursing positions lost: • 43.68 FTE Assistants in Nursing • 9.96 FTE Enrolled Nurses • 9.80 FTE Registered Nurses • 3.33 FTE Clinical Nurses • 3.33 FTE Nurse Unit Managers • 1.11 FTE Nursing Directors	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.
	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.	Locals requiring medical assistance outside operating hours must call Queensland Ambulance Service and be transported to the Princess Alexandria Hospital in Woolloongabba.
	Realignment across entire Hospital and Health Service so 1 Nursing Director will now cover 7 hospitals.	Significant reduction in nursing leadership.
	Redland Bay Central Sterilising Department has reduced 2 Clinical Nurses at 1.0 FTE to 1 Clinical Nurse at 0.63 FTE.	Loss of 1.37 FTE nursing positions.
	Home and Community Care (HACC) has had 148 FTE positions abolished including: • 7.34 FTE nursing positions • 112 home carers • 12.5 assistant co-ordinators	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.

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METRO SOUTH	Princess Alexandra Hospital: • 37.0 FTE nursing positions abolished, including 6.0 FTE nursing positions from Spinal Injury Unit. • Another 32.0 FTE nursing positions abolished from surgery. • 1.0 FTE nursing position abolished from Intensive Care Unit. • 0.3 FTE Registered Nurse abolished from Sleep Unit. • 1.4 FTE Nurse Educator abolished. • Geriatric and Rehabilitation Unit (GARU) to close 24 beds. • Spinal Injury Unit to close 4 beds. • Surgery to close 28 beds (up from 12) and surgical theatre to reduce by 20 sessions per week. • Decreasing elective surgery admissions. Ceasing Category 3 surgery. • New graduate nurse intake of 22 positions at 0.7 FTE, down from 80 positions at 1.0 FTE. • 10 graduate nurses who were scheduled to start in surgical ward have had their contracts of offer withdrawn.	Significant downgrading of PAH capabilities.

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METRO SOUTH	Queen Elizabeth II Hospital: • 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. • No graduate nursing position intake in 2013. • 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. • Theatre sessions reduced from 70 sessions per week to 60. • Staff told they will have access to annual leave reduced to September and periods over Easter and Christmas.	Significant downgrading of QEII surgical and other healthcare capabilities.
	Logan/Bayside: 10 Nursing Director positions merged down to 5.	Reduced oversight of health care services across Logan/Bayside.
NORTH WEST	12 new graduate nursing positions maintained.	North West the **only** HHS to maintain all 12 new grad positions.
SOUTH WEST	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.
	Waroona Aged Care: 3.0 FTE nursing positions abolished.	Reduced nursing care for residents in Waroona Aged Care.
	Westhaven Aged Care: 1.4 FTE nursing positions abolished.	Reduced nursing care for residents in Westhaven.

Authorised by B. Mohle, Secretary, Queensland Nurses' Union.

HANDS OFF OUR PUBLIC HEALTH SERVICES!

Red text denotes cuts confirmed this week

As at 15 February 2013

Hospital and Health Service	CUTS	IMPACT
SOUTH WEST	Non-nursing increases: 2.0 FTE **increase** in Human Resource hours, 1.0 FTE **increase** in Corporate Services hours.	2 new HR positions and 1 new Corporate Services position in South West HHS.
SUNSHINE COAST	110 jobs to go, details slowly emerging. • 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.	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: • Medical Services management have reviewed Business Planning Framework workloads tool without consulting QNU and decided to reduced nursing hours per patient day. • 16.5 FTE nursing positions abolished from medical wards.	• Undisclosed reduction in nursing positions. QNU has written to Sunshine Coast Hospital and Health Service for clarification. • Reduced care capacity in Nambour Hospital medical wards.
TORRES STRAIT-NORTHERN PENINSULA	11.0 FTE nursing positions abolished: • 1.0 FTE Executive District Director of Nursing. • 1.0 FTE Clinical Nurse ATODS. Bamaga Hospital: • 3.0 FTE Enrolled Nurse. • 1.0 FTE Assistant in Nursing. Thursday Island Hospital: • 1.0 FTE Midwife • 1.0 FTE Clinical Nurse Midwife • 1.0 FTE Registered Nurse • 1.0 FTE Enrolled Nurse Thursday Island Primary Healthcare Centre: • 1.0 FTE Clinical Nurse Consultant	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.

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Hospital and Health Service	CUTS	IMPACT
TOWNSVILLE	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. In January 2013, Townsville HHS confirmed remaining 160 positions to be abolished, and added another 20 positions – bringing total to 220. Nursing positions to be abolished: • 2.29 FTE Assistants in Nursing • 6.67 FTE Enrolled Nurses • 2.00 FTE Enrolled Nurses Advanced Practice • 23.84 FTE Registered Nurses • 27.25 FTE Clinical Nurses • 11.00 FTE Nurse Unit Managers	Frontline services in Townsville devastated.
	Spinal nurse consultant has been cut.	• Reduced clinical consultation on spinal cord injury and rehabilitation. • Reduced clinical consultation to areas north as far as Thursday Island, west as far as Mount Isa, south as far as Mackay. • Reduced home visits for spinal injury patients.
	Retrieval nurse has been cut.	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.

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As at 15 February 2013

Hospital and Health Service	CUTS	IMPACT
TOWNSVILLE	Nursing home nurse has been cut.	• Reduced capacity to assess patient/resident needs when entering a nursing home. • Reduced capacity to assess whether a nursing home can deliver appropriate health needs for patients/residents. • No more liaison point between Townsville Hospital and aged care facility issues in Townsville area. • Reduced education and clinical support for staff in residential aged care facilities. • Reduced clinical expertise when residents return home to the facility after being in hospital. • Reduced education and training of staff in new equipment and best care.
	Respiratory and Sleep Unit Nurse has been cut.	• Reduced management and co-ordination of adult patients with Cystic Fibrosis. • No more Indigenous Respiratory Outreach Care Clinic on Palm Island. • Reduced clinical expertise on respiratory issues. • Reduced education and training on respiratory issues for staff in rural and remote areas. • Reduced asthma education. • Reduced clinics in Mount Isa, Charters Towers, and other rural centres.
	Nurse educator has been cut.	• Reduced delivery of cancer care to patients in North Queensland. • As a result, cancer care likely to become compromised by patient locality. • Access to safe care as close to home as possible will no longer be maximised. • Reduced training and education for nurses working in cancer care in North Queensland. • Reduced access to chemotherapy education for rural patients.

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As at 15 February 2013

Hospital and Health Service	CUTS	IMPACT
TOWNSVILLE	Three palliative care beds closed. No details confirmed on how many nursing positions abolished.	More patients requiring palliative care will be required to travel.
WEST MORETON	Mental Health Services: 40.2 FTE positions abolished, including 18.2 FTE nursing positions.	Reduced mental health care across West Moreton.
WIDE BAY	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.

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