

**Submission to the Senate
Education, Employment and Workplace Relations Committee**

15 February 2013

Please accept this submission to the Senate Education, Employment and Workplace Relations Committee on the conditions of employment of state public sector employees and the adequacy of protection of their rights at work as compared with other employees.

I have recently been made redundant by Queensland Health and this submission focuses on my experience of the redundancy process and the impact redundancies are having on the staff left behind and on the functioning of Queensland Health.

Submission Summary

My hope is that the Committee will ensure that the rights of public sector workers are protected and that no other employee has to suffer the stress and humiliation of an unwanted redundancy. The impact of the large number of redundancies in Queensland Health on the individual, the staff left behind and the organisation is described.

Issues identified from my experience of the redundancy process are summarized below. Also, I received many emails from colleagues after my redundancy was announced. Below are some key phrases extracted from those emails that summarise their feelings about the redundancy process and the impact of the redundancies on staff and Queensland Health.

Issues Identified from My Experience of the Redundancy Process

- Lack of consultation
- No planning or direction
- Delays
- Lack of transparency
- Accepting the redundancy was not voluntary
- Lack of compassion
- Lack of openness
- Favouritism and discrimination
- Targeted
- Rehiring
- No help with the practicalities of termination

Redundancy process

- *the process being followed appears to be bordering on being corrupt*
- *whole process has been poorly handled due mainly to no forward planning resulting in rash decisions being made on the run*
- *its unfortunate that economic rationalism has taken precedent over good government and the welfare of patients and staff*
- *people matter more in the long run than all of the previous events*

Impact on staff

- *staff morale and trust have been shattered*
- *staff have also been treated unjustly*
- *the contributions of people like yourself who put in over and above are not recognised or valued*
- *a suckful way to end a career*
- *forced into retirement that you were not ready for*
- *It is a very different environment at the moment*
- *who knows how much certainty we will have in the future*
- *The hardest thing is not choosing your exit*
- *I hate what is happening in Path Qld these days. I face an uncertain future here too*
- *it isnt very nice at the moment with all this uncertainty. We all wonder who will be next*
- *the current landscape is not encouraging and very different for us all & I can't imagine we have seen the last of it*
- *Although we continue here, our hearts are no longer in it*
- *to lose someone from your team has been very harrowing and it is still not completed*
- *This has caused me much anxiety.*

Impact on Queensland Health

- *The loss of knowledge is alarming*
- *put Public Health back many years*
- *Qld health has lost so much experience that it is horrifying*
- *local medics don't like the reduction of micro services*
- *miss your leadership, expertese and knowledge, professionalism, ethical behaviour and humour- qualities the organisation desperately needs*
- *Sadly many of us (me included) will never feel the same about Queensland Health.*
- *It is not as nice an environment to work in as it used to be*

Request to the Committee

I request the Committee:

1. Protect the rights of all workers.
2. Ensure state public service workers are consulted if their workplace is to be restructured and they are included in any negotiation concerning the future of their position.
3. Ensure state public service workers are treated fairly, equitably and with respect.
4. Ensure state public service workers are not unilaterally forced into unwanted redundancy.
5. Ensure state public service workers have the same protections as other workers.

About Myself

I have over 40 years experience as a scientist working in public pathology laboratories.

Qualifications

BAppSc (QUT), (Medical Laboratory Science), 1970

BA (Queensland), (Government / Public Administration), 1979

Fellowship of the Australian Institute of Medical Scientists (Microbiology), 1984

MPhil (Griffith), (Research and Thesis), 1994

Grad Cert Mgmt (QUT), (Health Management), 1999

Justice of the Peace (Qualified) in the State of Queensland (30 years)

Employment Experience

1969 to 1985 Commonwealth Department of Health

Two years as a Commonwealth Cadet while studying full-time, then worked in the Commonwealth Health Laboratories in Townsville (three years) and Toowoomba (13 years). From 1977 to 1985 I was Scientist-in-Charge of the Department of Microbiology at the Toowoomba Laboratory.

1986 to 2012 Queensland Health

Twenty seven years as Chief Scientist in the Division of Microbiology at the Royal Brisbane and Women's Hospital. The Pathology Department is now called Pathology Queensland – Central Laboratory. This is a referral and reference laboratory for the 33 laboratories in the Pathology Queensland network.

Redundancy Process

My Redundancy Time Line

13 September 2012. I was advised verbally by my Director that my position was to be made redundant. The content of this advice was word for word from the memo on how to notify staff of their redundancy – full of platitudes and motherhood statements.

29 October 2012. I received a letter (dated 12/10/2012) from the Chief Operating Officer (COO) of the Health Services Support Agency (HSSA) advising me that my position was no longer required.

1 November 2012. I received a letter (dated 30/10/2012) from the COO of the HSSA advising me that they were unable to identify an alternative suitable role for me in HSSA and I have been designated as a surplus employee.

26 November 2012. I received a letter (dated 19/11/2012) from the Chief Executive of the HSSA offering me the choice between accepting a voluntary redundancy or pursuing transfer options. The decision had to be made within 14 calendar days.

3 December 2012. I accepted the redundancy offer.

16 December 2012. Terminated from Queensland Health.

Issues Identified from My Experience of the Redundancy Process

1. Lack of consultation

There was no consultation or discussion with staff on the restructuring of microbiology services. There was no consultation with me about my position or my role in the organisation. The first time I knew microbiology positions were under the threat of redundancy was at a staff forum on 10 September. The first time I knew my own position was under threat was 13 September when I was advised that I was to be made redundant.

2. No planning or direction

In my work area two staff were informed that were to be made redundant. However, weeks later it was pointed out that the positions they held were also occupied by other staff. Management then had to ask all staff filling those positions to apply for their own job, minus two positions. Naturally this caused great stress in the work unit. This is just one example of how appalling the process was handled. Every manager seemed to do something different. No one could answer questions about the process.

3. Delays

Why was there a delay of over six weeks between verbal notification and written notification and other delays throughout the process?

4. Lack of transparency

My Director denied that he had any part in deciding on my redundancy but I found out later that he was asked for advice on who could be made redundant. The decisions were made on his advice. No reason apart from 'restructuring of services' was ever given. No reason was ever given as to why I was chosen and not another individual of the same classification, or a non-front line officer from the work unit. I feel the decision was based on bias and discrimination.

5. Accepting the redundancy was not voluntary

It was made clear at a number of meetings held by the Chief Executive that there was no opportunity for surplus staff to be redeployed in HSSA or elsewhere in the Public Service because of the specialised nature of our skill set and work experience. I know of no one from Pathology Queensland who was redeployed. If you did not accept the redundancy within 14 days you would miss out on the six weeks bonus and still be made redundant. Effectively the redundancy was not voluntary.

6. Lack of compassion

I underwent pre-planned hip replacement surgery on 14 November and was on sick leave during this whole process. All issues had to be dealt with by telephone or email. Because of my condition, I asked if my termination date could be extended so I could return to work to clear out 44 years of accumulated documents and personal effects from my office, and notify colleagues and friends around Australia of my situation. Permission was denied. My partner and I had to clear out my office over two weekends before 16 December, me struggling with limited mobility on a set of crutches. Despite all the platitudes, no consideration or help was offered by HSSA.

7. Lack of openness

On 22 November 2012 I contacted my local state Member of Parliament, Dr Chris Davis, Member for Stafford and Assistant Health Minister and asked a series of questions (see Appendix A). On 2 January 2013 I received a response (dated 19/12/2012) from the Acting Chief Executive. (see Appendix B). The response was also full of platitudes and motherhood statements and did not address several of the questions asked.

8. Favouritism and discrimination

In HSSA, the only staff targeted for redundancy were front line laboratory staff – despite the Premier assuring the Public Service that front line staff would not be affected! No managers, no one from Corporate Office, no one from a bloated and ineffectual 'training group' were made redundant. The only staff affected were productive laboratory scientists and technicians.

9. Targeted

I feel I was targeted for redundancy because of a case before the Industrial Relations Commission. Through the Together Union I was seeking a review of an appeal relating to my position classification after the Health Practitioner Enterprise Bargaining (HPEB1) outcome dating back to 2008. My position was classified as HP7 by the evaluation team but changed back to HP6 by Queensland Health. My initial appeal against this was unsuccessful but under HPEB1 I was able to have the appeal reviewed by the Industrial Relations Commission. The case was due to go before the Commission in early 2013. The Union and I were confident of success but now that I am no longer a public servant I cannot

take a case before the Commission. If successful, Queensland Health would have to pay me back pay from 2007.

10. Rehiring

At least 10 staff were made redundant in my work area. Management is now recruiting 1.7 FTE to help cope with the work. They are also retraining an officer to perform the duties of an individual made redundant. If those positions were considered unnecessary, why are they now allowed to fill them? If they are considered new positions, why not keep on a redundant officer to fill the role?

11. No help with the practicalities of termination

No advice or help were offered to deal with the practicalities of termination such as cessation of salary sacrificing, how to access your superannuation, termination of hospital car parking, plus the numerous other notifications and paperwork required at such a time.

Impact of Redundancy

Impact on Me

I am still smarting from what happened to me and the way it happened. I did not seek a redundancy, I do not want to retire and I did not want to end my 44 year career in public pathology in this way. My biggest regret, however, was not having the time to plan my departure and say farewell to my friends.

I know there is no going back and I have to move on and start a new life, but have not yet decided what to do in the future. When asked, I say I am 'unemployed' rather than 'retired'.

Impact on a Redundant Colleague

I received the following email from a colleague who was also made redundant. It speaks for itself (name and original email available if required).

'...My career is only half yours only 21 years but the pain of leaving in this way is no less painful. I feel devastated by what has happened to me (us)...I put on a brave face when people ask how I am.. And everyone keeps telling me it will be easy to get a new job... They don't know how hard it is... I am not ready or able to retire yet but I am sure will find it difficult to find another job...

I got my job 2 months after I emigrated 21 years ago and my work colleagues became my surrogate family, (having no family in australia) so not only have I lost a job, I have been separated from my friends and " family". .. Only someone who is going through this personally can understand how it feels. I truly am sorry Mike that you are also a victim.

I Hope that with time the hurt we feel will lessen and we are able to move on... '
(Supervising Scientist, Brisbane)

Impact on Staff and Queensland Health

I received the following emails from colleagues after my redundancy was announced. They give a snapshot of how the process is affecting the staff left behind and parts of Queensland Health (name and original email available if required).

'It has been a difficult time and many decisions have been made that will, in my view, have future negative impacts on the organisation. The loss of knowledge is alarming.'
(Supervising Scientist, Brisbane)

'Just don't know where things are heading but it is a very unsettled time and in my view has put Public Health back many years. Qld health has lost so much experience that it is horrifying.

Hopefully it can recover in the future but staff morale and trust have been shattered.'
(Supervising Scientist, Brisbane)

'Local medics don't like the reduction of micro services We have been told that we are spending too much on couriers to transport micro specimens, especially CSF.'
(Senior Scientist, Ipswich)

'I feel bad about the way you have been "made redundant" - and a bit embarrassed for Path QLD sake. You should definitely not take it personally. Some of my staff have also been treated unjustly, and the process being followed appears to be bordering on being corrupt.'
(Director, Brisbane)

*'It is a very troubling time for our pathology colleagues and I just don't know what the future is going to bring.
It is a real shame that the contributions of people like yourself who put in over and above are not recognised or valued.'*
(Laboratory Manager, Townsville)

'A suckful way to end a career, let alone a year. It provides one of those reminders that punctuate life which show that these sorts of things can happen to anyone, regardless of their experience, service or dedication. A sombre reminder indeed.'
(Research Scientist, Brisbane)

'This whole process has been poorly handled due mainly to no forward planning resulting in rash decisions being made on the run.'
(Chief Scientist, Brisbane)

'I was very touched by your email and appreciate your disappointment with how you have been forced into retirement that you were not ready for.'
(Senior Scientist, Brisbane)

'Many of us will sadly miss your leadership, expertese and knowledge, professionalism, ethical behaviour and humour- qualities the organisation desperately needs.'
(Senior Scientist, Longreach)

*'- people matter more in the long run than all of the previous events.
keep in touch'*
(Senior Scientist, Brisbane)

'It may be in the future more of us will be affected by further cuts and privatisation and its unfortunate that economic rationalism has taken precedent over good government and the welfare of patients and staff.'
(Supervising Scientist, Redlands)

'During the time I've been here I've always found you very approachable and supportive in a constructive way - always the best when circumstances are difficult. It is a very different environment at the moment.'
(Supervising Scientist, Brisbane)

'It is not pleasant that these decisions are being made and affecting lives in this way. I was lucky to survive but who knows how much certainty we will have in the future.'
(Manager Corporate Office, Brisbane)

'The hardest thing is not choosing your exit.'
(Chief Scientist, Brisbane)

'Your knowledge and experience will be sorely missed. I hate what is happening in Path Qld these days. I face an uncertain future here too in TW.'
(Supervising Scientist, Toowoomba)

'- it isnt very nice at the moment with all this uncertainty. We all wonder who will be next'
(Senior Scientist, Brisbane)

'the current landscape is not encouraging and very different for us all & I can't imagine we have seen the last of it.'
(Supervising Scientist, Kingaroy)

'Sadly many of us (me included) will never feel the same about Queensland Health. Although we continue here, our hearts are no longer in it.'
(Supervising Scientist, Brisbane)

*'It has been a stressful time here Chem have to lose 1.5FTE HP3 we only have 8.3!! Luckily we had a 0.5 vacancy but having to go through a process to lose someone from your team has been very harrowing and it is still not completed and I am sure will go to appeal.
This has caused me much anxiety.
It is not as nice an environment to work in as it used to be.'*
(Supervising Scientist, Gold Coast)

Request to the Committee

I request the Committee:

6. Protect the rights of all workers.
7. Ensure state public service workers are consulted if their workplace is to be restructured and they are included in any negotiation concerning the future of their position.
8. Ensure state public service workers are treated fairly and with respect.
9. Ensure state public service workers are not unilaterally forced into unwanted redundancy.
10. Ensure state public service workers have the same protections as other workers.

Appendix A

Dear Dr Davis,

I am a constituent of yours and have been advised that my position in Qld Health has been made redundant. I am a Chief Scientist in microbiology in the Pathology Dept at RBWH (Pathology Qld Central Laboratory). I currently supervise the serology, virology and molecular diagnostic labs that provide diagnostic tests for all public hospitals in Qld and are referral and reference labs for private and public labs in Qld, northern NSW, ACT, Pacific Countries and other places. This a very important front line position.

I have over 40 years experience in public pathology including 27 years as Chief Scientist at RBWH. I did not seek redundancy, I do not want to retire, and I certainly do not want to end my career in this way. It has been made clear to me that there are no other positions for a HP6 microbiologist in QH or the Public Service. I am 'forced' to accept the redundancy - despite government comments to the contrary.

As my elected representative and Assistant Health Minister could you please look into my case and act on my behalf to have this decision reversed.

Could you also find out the following:

- . Why was my position chosen? There are many non-laboratory, non- front line positions in Path Qld that are unaffected by redundancy.
- . Was there a business case to support the decision? If yes, could I see a copy of it?
- . Who made the decision? Was it based on advice and if so, who provided that advice?
- . What is the new organizational structure for the work units I supervise?
- . Who will fulfil my role?

In regard to a redundancy, what rights do I have to appeal the decision? What rights do I have to negotiate the package and termination date?

I am currently on sick leave recuperating from hip replacement surgery. I think it is heartless of QH and the government to pursue this redundancy while I am on sick leave and to want it finalised before Christmas.

As my elected representative could you please look into these matters on my behalf.

Regards, xxxxxxxx

Appendix B

I refer to your email to Dr Chris Davis, Member for Stafford and Assistant Health Minister on 22 November 2012 regarding redundancy. This has been referred to the Health Services Support Agency (HSSA) for response.

As you know the government is committed to budget savings and reductions in public service staff in all government departments. As an agency of Queensland Health the HSSA has been set budget targets to meet to bring the government expenditure under control.

The HSSA is looking at a variety of initiatives to change their operational activities to reduce expenditure while continuing to provide the front line services it currently provides.

As part of the Government's commitment to provide more efficient and effective health services to the people of Queensland, there are changes in all areas, including Pathology Queensland. The initiatives have resulted in staff reductions across a number of positions and laboratories throughout Pathology Queensland. However, any changes are made only after giving full consideration to the paramount importance of quality of care and patient safety.

It is deeply regrettable that there are staff losses as a consequence. Redundancies arising from operational management changes in no way reflect on the expertise, professionalism or diligence of those in such positions. I acknowledge that this is a difficult time for you and for others in similar situations. However, the HSSA, is doing all it can to support staff during the transition period. I am advised a range of support services are available to those affected by redundancy.

I am advised that newly created Diagnostic and Scientific Services service line, of which Pathology Queensland is now a part, has made an operational management decision to implement a more direct organisational structure at the Central Microbiology Laboratory with all operational sections now reporting directly to the Principal Chief Scientist.

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The position of Chief Scientist, Serology Virology and Molecular was unique at the Central Lab in that no other division has two chief scientists supervising within the same functional division. Removal of this position results in an increase in one position (total seven) reporting directly to Principal Chief Scientist Microbiology. The previous responsibilities of the position are to be distributed to the Supervising Scientist Serology, Supervising Scientist Microbiology Diagnostic Unit and the Principal Chief Scientist. The change will provide more direct management of the operations of all sections of the Central Microbiology Laboratory.

With respect to negotiating a package, I can advise that HSSA is adhering to the principles identified in the relevant industrial instruments, including Directive 11/12 Early retirement, redundancy and retrenchment.

I am aware that your termination date has been identified as 16/12/2012. I am also informed that Diagnostic and Scientific Services was requested to consider extending the termination date, however upon considering the request determined that there was no operational or organisational need to extend your separation date. There are no specific provisions for negotiating your package or your separation date where there is no operational or organisational need to do so.

Employees who are aggrieved by decisions or actions made under Directive 06/12 may access their agency complaints process, in accordance with relevant departmental policies. Should you wish to appeal, you may do so by submitting an application under Public Service Commission Directive 19/10: <http://www.psc.qld.gov.au/library/document/directive/2010/2010-19-appeals.pdf>.

Yours sincerely

Helen Little
A/Chief Executive
Health Services Support Agency
19/12/12

Cc Office of Dr Chris Davis MP, Member for Stafford and Assistant Health Minister.