

AUSTRALIAN INDUSTRIAL RELATIONS COMMISSION

Workplace Relations Act 1996

Section 503 referral to Full Bench to make a workplace determination

Health Services Union

and

Austin Health and others

(BP2007/4059 and others)

WITNESS STATEMENT OF ANN MAREE KEENAN

I, **ANN MAREE KEENAN**, Executive Director, of Austin Health, 145 Studley Road, Heidelberg in the State of Victoria, say as follows:

- 1 I am the Executive Director of Ambulatory and Nursing Services at Austin Health. I have held this position since May 2005.
- 2 I am authorised to make this statement on behalf of Austin Health. I make this statement from my own knowledge except where otherwise indicated. Where I make statements based on information provided by others, I believe such information to be true.

Background

- 3 Before taking up my current role, I was the Deputy Director of Ambulatory and Nursing Services at Austin Health. I held that position between October 2000 and April 2004. Prior to that role, I was the Nurse Unit Manager of the Day Care Unit at Austin Health. I held that position between 1996 and 1999.

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4 My qualifications include:

- (a) Bachelor of Nursing;
- (b) Graduate Diploma in Nursing Administration; and
- (c) Registered Nurse.

5 In my role as Executive Director of Ambulatory and Nursing Services, I report directly to the Chief Executive Officer of Austin Health. I have professional responsibility as the Director of Nursing for the entire health service at Austin Health as well as responsibility for clinical nursing education. I also have operational responsibility for Austin Health's allied health services.

6 In addition to my professional Director of Nursing responsibilities, I have responsibility for the sub-acute wards, mental health services and four allied health disciplines (physiotherapy, occupational therapy, social work and speech therapy). I am also responsible for psychology, dietetics, nutrition, music therapy, and child psychotherapy. I do not have responsibility for Austin Health's radiology department nor the allied health professionals within that department.

Austin Health – Services

7 Austin Health is made up of three facilities: the Austin Hospital, the Heidelberg Repatriation Hospital and the Royal Talbot Rehabilitation Centre.

8 The Austin Hospital is a major teaching hospital as well as being home to a number of state-wide services, including the Victorian Liver Transplant Unit, the Victorian Spinal Cord Service and Victorian Respiratory Support Services. The Austin Hospital also provides medical services to north-east metropolitan Melbourne. Mental health services are provided at Austin Health's Hawden Street facility which forms part of the north-east care team at the Austin Hospital.

9 The Heidelberg Repatriation Hospital treats veterans and war widows, and also provides services to the wider community, including palliative care, veteran mental health services, aged care and outpatient services, such as radiotherapy, nuclear medicine, radiation oncology and radiology.

10 The Royal Talbot Rehabilitation Centre (**Royal Talbot**) is a specialist provider of intensive rehabilitation programs, providing a comprehensive and co-ordinated range of medical, nursing, therapy and support services to people with a wide range of disabilities. Areas of specialty include acquired brain injury rehabilitation, amputee

rehabilitation, neurological rehabilitation, spinal cord injury rehabilitation, orthopaedic rehabilitation and orthotic and prosthetic services.

Allied Health Employees and Departmental Structure

- 11 Austin Health employs approximately 372 allied health professionals within its physiotherapy, occupational therapy, social work and speech therapy disciplines across the three sites. At the Austin Hospital and Heidelberg Repatriation Hospitals these professionals equate to the following full time equivalent (EFT) staff:

Physiotherapy	58.42 EFT
Occupational Therapy	48.9 EFT
Social Work	29.29 EFT
Speech Pathology	17.05 EFT
Total	153.66 EFT

- 12 Austin Health also employs approximately 161 allied health professionals as podiatrists, radiographers, radiotherapists, orthoptics, prosthetics/orthotics, cardiac technologists, medical laboratory technicians, and medical photographers.
- 13 Austin Health has one department for each allied health discipline. The structure is discipline-based rather than campus based which means that the departments operate across all three campuses, although the management of the campuses differs between the Austin Hospital and Heidelberg Repatriation Hospital, and the Royal Talbot. This is discussed below.
- 14 Each of the four departments are individually managed by one manager (Grade 4 or Chief position), who has operational responsibility for their department in respect of the Austin Hospital and Heidelberg Repatriation Hospital campuses. Even though the four departments also operate at the Royal Talbot, each department at this campus is managed by a separate manager (i.e. the Royal Talbot site has separate managerial staff overseeing allied health services). This is an historical arrangement.
- 15 Each department is divided into sub-streams. Some sub-streams are managed by Chiefs who report to their respective department manager. For instance:
- Physiotherapy Department: there are six sub-streams, each lead by a Grade 4 (in two instances the Grade 4 is also a Deputy Director of their respective sub-stream);

- Occupational Therapy Department: there are nine sub-streams, three of which are lead by Grade 4s. The other sub-streams are lead by either a Senior Clinician or Chief Grade 2 or Chief Grade 3;
- Speech Pathology Department: there are five sub-streams, only one of which is lead by a Grade 4. The balance are lead by a Grade 3; and
- Social Work Department: there are six sub-streams, five of which are lead by Grade 4s. The mental health CAMHS service operates as a multidisciplinary team where the structure is such that the team leader comes from another discipline (namely, the Nurse Unit Manager of the Child In-patient unit).

- 16 Department managers (including allied health department managers) have no direct patient care responsibilities. Chiefs or Grade 4s who perform work under department managers may carry out some patient care but are primarily concerned with the management of their team (including supervision and development).
- 17 Now produced and shown to me and marked “**Exhibit AMK-1**” is a copy of the organisational structure of each department.
- 18 While Austin Health has no plans to change the management structure at the Royal Talbot, organisational structures do need to be changed from time to time to meet service delivery requirements or health care needs. Changes should be made on the basis of service delivery rather than the need to comply with set structures, which is what the HSU are proposing. Austin would certainly have a different structure requirement than a regional hospital because of its size and the services it offers. A “one size fits all” approach is not practical.
- 19 The structure provides Austin Health with flexibility so that if changes are required (for example staff leave), it can respond to those changes to ensure that service delivery needs are met. Austin Health is more than satisfied with the existing structure and wants to maintain it.

Funding

- 20 Austin Health’s primary source of funding is from the Department of Human Services (**DHS**). Funding is used to meet the requirements of the services provided by Austin Health, and to meet operating costs such as a wages (including allied health professionals, nurses and management personnel) and other expenses. All of Austin Health’s activities must be undertaken within the constraints of its annual operating budget otherwise the service is at risk of operating at a deficit.

- 21 Austin Health is responsible for managing its funding and determining where that funding will be allocated. For instance, Austin Health is divided into directorates (and within those directorates, departments) and the Chief Executive Officer determines how much funding is allocated to each directorate. I have a budget for my directorate, which is then allocated to each of the four disciplines for which I have professional and operational responsibility. Staff wages and specific programs undertaken during any one year affect the level of funding within my directorate, which in turn, impacts the percentage of funding available to discipline.
- 22 Where expenditure exceeds Austin Health's annual operating budget, the Executive (comprising the Chief Executive Officer, the Chief Medical Officer and six (directorate) Executive Directors) undertakes a review process to determine what cut backs can be made. For example, the review process will consider what services are being provided to the community and whether these can be reduced or delivered differently in order to minimise wasted expenditure. The review process will also consider what system and process improvements can be made to minimise unnecessary expenditure, or whether there are any surplus positions or programs which need to be cut in order to relieve existing deficit.
- 23 If the Commission awarded the HSU some or all of its claims (as contained in the HSU's draft Workplace Determination), the additional expense would force Austin Health to consider what cutbacks could be made across the service. Even just employing chiefs at each site would increase wage costs. Staff numbers would have to be reviewed in order to meet budget. The different components in the HSU claim add up significantly. Given that Austin Health's Board would not allow the organisation to operate in a deficit, consideration would need to be given as to what services may need to cease in order to operate within budget. Discussions would need to be held both internally and externally before this could occur. This would reduce services to the community.

HSU Claim – Draft Workplace Determination

- 24 I have reviewed the HSU's draft Workplace Determination that was filed in the Commission on 28 May 2008. I make the following comment with respect to certain clauses.

Chief Structures

- 25 The HSU claim (clause 21.10.7), if approved, would require Austin Health to appoint a "Senior Chief" in respect of each of department which operates over more than one campus, as well as a "Chief" at each campus, both of whom must be remunerated

according to the total number of staff within those departments and the number of staff for whom each is operationally and/or professionally responsible.

- 26 Austin Health has existing department managers (chiefs) for each of its physiotherapy, occupational therapy, speech pathology and social work departments. It also has a high proportion of “chiefs” (Grade 4s) who lead sub-streams within these departments. The HSU claim (requiring the appointment of chiefs on each campus) would require Austin Health to appoint an additional layer of staff between the existing department managers (chiefs) and the Grade 4/chief sub-stream leaders. Whilst the existing structure is similar to that sought in the HSU claim, a significant difference is that Austin Health is not locked into a prescribed structure. Austin Health has the flexibility to reallocate resources as necessary to meet service delivery needs.
- 27 The HSU claim (clause 21.11), if approved, would require Austin Health to employ at least “one full time senior clinician Grade 4” on each of its three campuses and in each “section” of each department. It is not necessary for a senior clinician to be appointed as well as a Chief but it depends on the size of the department. For instance, some departments at Austin Health already have a Chief and a Senior Clinician because of the size and the complexity of some sub-streams within the allied health disciplines. Some sub-streams also comprise Grade 3 staff who are equivalent to senior clinicians and have extra qualifications and extra skill sets relevant to their respective discipline. For example, in the Liver Renal & Cancer Team (a sub-stream of Social Work) we have a Grade 3 Senior Clinician in addition to the Senior Team Leader (Grade 4) who is in charge of that sub-stream. Whilst this structure may be appropriate in some departments and sub-streams, it is not going to be appropriate for all departments and all sub-streams. Having additional staff (as required by the HSU claim) will not improve services because these staff will have less clinical hours as a result of the increase in administrative duties.
- 28 If Austin Health has to comply with the HSU claim, it would be forced to either upgrade existing employees or recruit new staff to those positions. Whether we appoint people internally depends on whether they have the necessary skill to perform the role. However, even if we upgraded existing staff, we would still need to employ additional staff (eg Grade 1’s) to fill the positions that would now be vacant. Either way, this claim will lead to increased costs because there would need to be more expenditure on wages and employment of staff.
- 29 Another real consideration for Austin Health is the impact of the clause on part time employees. This is because the HSU claim requires a “full time” senior clinician. Austin Health currently employs a part time physiotherapist Grade 4 (Senior Clinician) at the

Heidelberg Repatriation Hospital, as well as a number of Grade 3 staff who fill this role in the absence of the Grade 4. As a result of the claim, Austin Health would have to either convert that role to full-time, recruit another Grade 4 Senior Clinician to fill in the balance of the part-time employee or promote one of its Grade 3 staff to a Grade 4 position and then recruit to fill that vacancy. Part time staff may not wish to convert to full time because of family or other commitments. Regardless of the available options, the HSU claim will result in Austin Health having to spend more money on wages. Austin Health would face the same difficulty in the Social Work Department, as the majority of these staff are also part time, not full time as required by the HSU claims.

- 30 Further, there are departments where the proposed structure would not be appropriate because of the size of the department. For instance, our Speech Therapy Department has a small EFT of 18 which does not necessitate the appointment of a full time Grade 4 staff member.
- 31 Additional staff will not improve patient care needs because the existing structure already meets our service delivery needs. Our campuses are intended to work complementary to each other and the flow of patient care is enhanced by having one structure. The campuses need not be identical and if there is one structure and one person overseeing the department then the departments can complement each other. It makes sense to have one structure when you have a number of people within it to coordinate.
- 32 The HSU claim (clause 21.13) also requires a "Grade 4 Clinical Educator" to be appointed to departments with 25 staff or more. The need for a Grade 4 Clinical Educator at Austin Health in the manner claimed depends on each of the disciplines and whether such a grade is warranted. Some of our department managers already have an education portfolio as part of their Grade 4 managerial role, which includes responsibility for education of their group and/or quality assurance. For example, in our hand therapy sub-stream (which is a sub-specialty of occupational therapy), the current manager has responsibility for making sure Grade 3, Grade 2 and Grade 1 staff receive education specific to hand therapy. Consequently, Austin Health would not require another person to perform that role. These staff are paid as senior level employees and it is expected that they will undertake this role in conjunction with other responsibilities. Whilst one argument may be that this claim could allow clinicians to spend more time carrying out clinical work, the education component of the existing structure is generally regarded as enhancing the role.
- 33 If the HSU's claim was mandatory, Austin Health we would have to employ new people to fulfil this role, which means that we would be getting people to do a job that is already

done by someone else. This will certainly increase expenditure on wages as a result of the new employees or as a result of filling Grade 3 positions if those staff are upgraded to fill the Grade 4 Clinical Educator position.

Staffing Profile

- 34 If accepted, the HSU claim (clause 18) would require Austin Health to appoint a skill mix of health professionals in each department comprising no less than 1/3 Grade 1, 1/3 Grade 2 and 1/3 Grade 3, Senior Clinician or higher classification.
- 35 Depending on the department, Austin Health has a staff profile mix similar to that proposed by the HSU. However, there are some departments in which the HSU claim for staffing profiles would not be suitable. For instance, in mental health we employ a higher mix of Grade 2 staff because of the complexity of the work. On the other hand, in our social work department, we have two thirds Grade 2s and one third Grade 3s due to recruitment issues.
- 36 Staffing profiles depend on a number of factors, including the nature of the service, whether appropriately skilled staff are available to recruit, and the level of staff turnover to accommodate career progression and still maintain appropriate staff mixes. Imposing such a restrictive requirement will be difficult to meet given these factors and the potential for them to constrain Austin Health's ability to comply with the requirement.
- 37 Austin Health's existing structure meets the needs of our services. If we had to comply with the HSU staffing profile, we would have to employ more staff and we would no longer have the flexibility to adjust staffing profiles that is inherent in the existing approach. Further, if we determined that staffing profiles needed to be changed, we would have to go through the HSU's organisational change process which would inhibit this flexibility and would delay our ability to respond to service needs in a timely manner. Health services need to have flexibility to adjust staff profiles to meet the needs of the service and to respond to patient care needs.

Classification Structure

- 38 If approved, the HSU claim (clause 21) will extend the application of the award to other identified groups, such as "Extended Scope Practitioners" and "Advanced Clinical Practitioners".
- 39 Applying these classifications to Austin Health's current structure, a physiotherapist that runs a clinic or has the prescribed skills could be classified as an "Extended Scope Practitioners" and "Advanced Clinical Practitioners". Austin Health has quite a few people in the Physiotherapy Department that have a Masters qualification but it appears

that the HSU's proposed classifications would cover these professionals. The scope and application of the HSU clause is unclear. In any event, Senior Clinicians should have extra qualifications and expertise as part of their existing role without the need to create additional classifications. They are professional staff and are part of a professional's progression they would acquire new skills. The key difference between the current approach and the HSU's proposed claim is that presently there is no automatic recognition of staff with additional qualifications or expertise. Rather, Austin Health (as employer) has the discretion as to whether it recognises a staff member having reached that level.

- 40 Overall, it is unclear who exactly would fall within these classifications. A musculoskeletal qualification is a skill that might be covered by the HSU's proposed classification structure. These staff would be Grade 2 or Grade 3 physiotherapists. Austin Health has a staff member who performs advanced practice in our orthopaedic clinic. He is responsible for assessing patient surgery needs and running the surgery clinic. If this staff member came under the HSU's proposed classifications it would have a dollar impact on Austin Health without delivering any increased skill or service benefit. It really depends what the HSU want them to be paid.
- 41 As to "Care Coordinators", Austin Health already employs such team, which is led by a social worker who is paid at a Grade 3 level rate. Our Care Coordinator team is a multidisciplinary team comprising social workers, physiotherapists and nurses. The role of the lead social worker is equivalent to a nurse unit manager role. Care Coordinators assist with patient discharge and bringing services together (for instance, making referrals to post-acute care). Our existing Care Coordinator team reports to Austin Health's Hospital Demand Manager, who in turn reports to the Executive Director of Acute Operations (as opposed to myself).
- 42 If Austin Health were required to comply with this structure, we would have to hire new people to fill those roles notwithstanding that there will roles and responsibilities that might overlap with managerial or senior clinician roles, and senior clinicians would have another layer of senior clinicians for work to pass through.
- 43 Another aspect of the HSU's claim (clause 21.10.5) regarding classification structures is the treatment of the Grade 1 classification for staff in community health and psychiatric services. If staff do not commence at the Grade 1 level, how do they gain the experience they need in order to progress to the next level. As a result of the HSU's claim, there would be an expectation that those staff would be experienced at the Grade 2 level.

- 44 There would also be a cost impact because Austin Health would have to pay all clinicians at the Grade 2 level, without any benefit to the health service. Working to set model means that we cannot tailor existing services to meet the needs of patients or the needs of the service.

Automatic Progression

- 45 I refer to clause 21.9 which provides for automatic progression through pay points based on length of service and Schedule 1 in which the requirement to be "appointed" to a classification has been removed. The practical consequence of these clauses is that staff would automatically progress through grades and pay points.
- 46 The impact of this requirement is twofold. First, it is likely to result in Austin Health having a number of staff at the same or higher level. Secondly, it will also increase salaries and wages annually because as each staff member progresses to a higher grade they will be entitled to a higher rate (in addition to the annual wage increases provided for under the award) as well as any other allowances applicable to that grade. This will result in higher cost without any increased contribution to service delivery.
- 47 Automatic progression will also take away Austin Health's ability to determine how it needs to staff its departments so as to meet service delivery needs and patient care needs. Austin Health needs to be able to work to a health care need and not a set formula. For example, if we need someone to operate at a Grade 2 or Grade 3 level, then we will promote the most appropriate and qualified person. However, the HSU claim takes away this flexibility without making any positive impact on patient care or service delivery. This approach does not enhance patient care needs. It is not satisfactory for someone to progress automatically if they haven't mastered the skills of the previous grade. This may well affect health care and the issue of skills.
- 48 The practical consequence of the clause in relation to pay points (clause 21.9) is that the Austin would have to increase wage costs but it would not result in any improvement in the quality of services provided by staff. By this I mean that automatic progression may result in staff reaching a particular level (e.g. Grade 2 Year 7) and being entitled to a higher rate of pay but in fact you need them to perform hands on clinical work, which ordinarily attracts a lower rate of pay. This would increase wage-related expenditure and there would be no benefit to staff skills and health care delivery.

Backfilling for certain absences

- 49 If approved, the HSU claim (clause 49.1) would require Austin Health to provide 100% leave cover for any employee who is absent on annual leave for a period of five days or more.
- 50 Presently, Austin Health's Occupational Therapy Department provides a 0.5 EFT to backfill annual leave absence. In instances when backfill is not required, the leave cover position is allocated to other roles in other streams. Putting aside the arrangement in the Occupational Therapy Department, if an employee is away for a long period (i.e. in excess of five days), then we would consider backfilling on an individuals basis. However, our experience is that the system copes if someone is absent for five days.
- 51 If Austin Health had to comply with this claim, it would result in additional cost because we would have to employ additional staff to backfill employees taking annual leave when it may not be necessary to do so. For instance, Christmas and Easter are traditionally quiet periods which do not require backfill to ensure service delivery and high quality patient care.
- 52 Backfilling also depends on staffing profiles and whether Austin Health could actually backfill the required positions with appropriately skilled staff. We cannot secure staff to perform work on an ad hoc basis, and we do not use locum positions in our allied health services because of high costs and continuity of care. The better approach is to have someone who knows the job and knows what to do when covering absent staff.
- 53 Austin Health needs to have the flexibility to determine when to backfill and what it needs to ensure service delivery and high quality patient care. When a position may be backfilled depends on the role and responsibilities of staff who are absent, the period of the absence, the number, skill and workload of other staff. The HSU claim does not provide any discretion or flexibility. It imposes a mandatory requirement in all cases that does not meet the needs of the service.

Fixed Term Employees

- 54 If approved, the HSU claim (clause 15) will restrict fixed term employment to 12 months' duration, after which time employees must convert to permanent employees. Similarly, the employment of temporary employees is restricted to three months otherwise they too will convert to permanent employees.

- 55 Similarly, temporary employees may be required to cover long service leave which may be for more than three months. The clause restricts our ability to cover such absences.
- 56 Austin Health generally employs people on fixed term contracts for specific projects, or to fill maternity leave positions. Specific project funding is received from DHS or other sources and is commonly provided for a set period only (say between 3 months to 12 months). Our usual approach is to advertise the relevant position and appoint someone (either an internal or external applicant) to the project. The difficulty this claim presents is that because Austin Health only receives funding for set periods of time, it would not be able to fund that person becoming a permanent employee if the project continued beyond 12 months.
- 57 If Austin Health were required to comply with this claim it could lead to an unnecessary increase of EFT numbers. For instance, if an internal applicant was appointed to the project position and we had to backfill that person's existing role, if the project continued beyond 12 months we could not roll over that backfill role without having to recruit the person permanently. Once the project ended, we would have two employees and only one position. The same implications arise in relation to long term unpaid leave requests and will constrain the manner in which we manage backfilling of these positions.

Organisational Change

- 58 Austin Health currently has an organisational change agreement in place with all of the unions which is specific to Austin Health. The agreement governs the process for Austin Health when there is any major organisational restructuring, such as redundancies. In accordance with that agreement, if a proposed change was being considered by Austin Health, we would go through the process of identifying what the change is, preparing an employee impact statement, and consulting with unions and employees. This process would be adopted even if we were dealing with an individual employee. Austin Health is a good employer; it uses its existing consultation process and this process meets the needs of Austin Health but at the end of the day the final decision must be for management to determine.
- 59 The HSU proposal has a much broader application and will impact Austin Health's ability to roll out change that has, ordinarily, been regarded as within the scope of an employer's discretion. Reverting to the proposed process to respond to matters such as staffing profiles, remuneration and training will impede decision making processes.

Other HSU Claims

- 60 The HSU claim (clause 30) requires that employers develop and maintain a supplementary roster to record staff who are willing to work additional or changed shifts. The departments that report to me do not generally backfill for short term leave. In the physiotherapy department or the occupational therapy department, if someone calls in sick and the position is not backfilled then patient appointments would be rearranged and work re-prioritised. If staff are required to backfill, we communicate with staff by telephone or face to face and make appropriate arrangements. This system works well. The proposed clause increases the administrative burden and complexity of the roster system unnecessarily.
- 61 The HSU claim (clause 31.3.5) requires that part time employees who work more than their rostered hours be paid overtime. Austin Health does not encourage staff to work beyond their contracted hours. The proposed clause would discourage Austin Health from using or offering overtime to part time employees because the cost would be prohibitive.
- 62 The HSU claim (clause 38.8) requires that staff who work weekends, or are rostered on-call or who perform overtime on weekends, receive an additional one weeks' or five days' annual leave respectively each year. This claim would have the effect of increasing Austin Health's leave liability. It would also increase EFT numbers during these additional periods of annual leave in the event that the HSU's claim for backfilling for annual leave became mandatory. Further, staff who perform these additional hours already receive higher rates of pay or allowances for doing so. In addition, the HSU claim does not specify how much of this type of work would need to be undertaken to qualify for the additional leave.
- 63 The HSU claim (clause 38.5), if approved, would entitle staff to a 48/52 employment arrangement. Austin Health already has some staff who access a 48/52 arrangement. The key issue is about how the 48/52 arrangement is implemented to ensure that staff are not in a debit situation, particularly if they resign. The arrangement is problematic because it is a further administrative cost, for example, additional paper work and time taken to administer the process, and it is also challenging to replace this EFT for a four week period. We would require staff to cover leave absences and this increases the requirements for EFT which can cause fragmentation of care because we rely upon an increased part-time work force to provide care.
- 64 The HSU claim (clause 41.4) entitles staff to 14 weeks' paid maternity leave. This exceeds entitlements in other health professional groups, for example, nursing, which

from 1 October 2008 are to receive 10 weeks' paid leave (the current entitlement is 9 weeks). The key issue for Austin Health is addressing the replacement of staff who are on leave and the impact that this has in filling those vacancies.

65 The HSU claim (clause 46) requires that staff receive two weeks paid professional development leave per year on full pay and are entitled to reimbursement of approved costs up to \$20,000.00 each financial year. This claim is not feasible. It will result in additional cost which cannot be borne by Austin Health. It will also interrupt the provision of clinical services.

DATED: 9 September 2008

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ANN MAREE KEENAN

AUSTRALIAN INDUSTRIAL RELATIONS COMMISSION

Workplace Relations Act 1996

Section 503 referral to Full Bench to make a workplace determination

Health Services Union

and

Austin Health and others

(BP2007/4059 and others)

EXHIBIT AMK-1

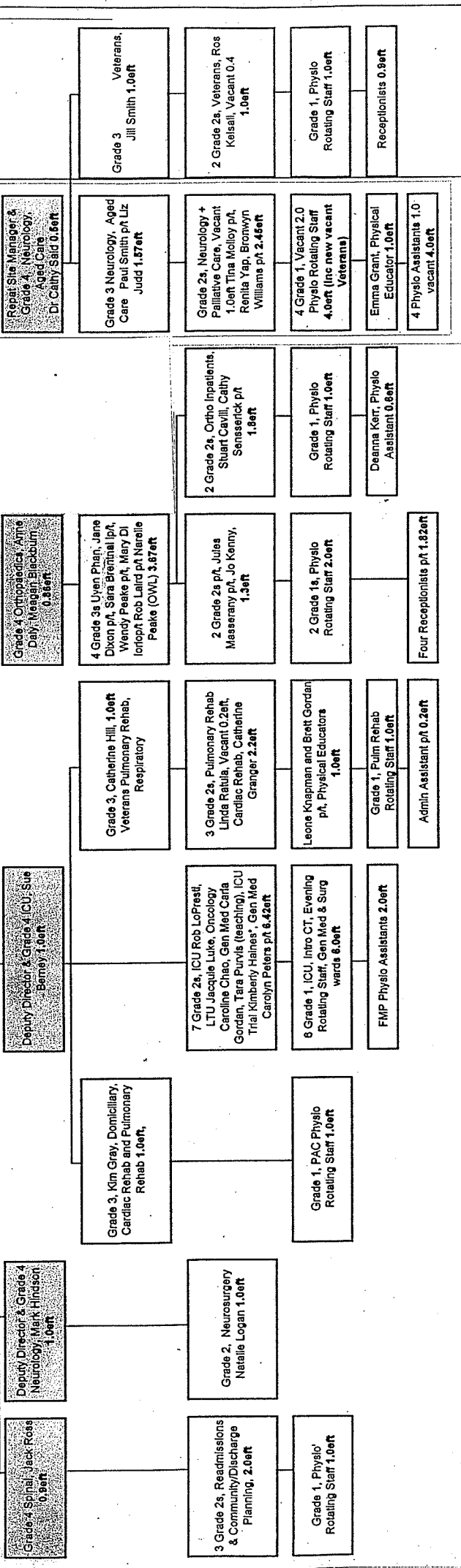
This is the Exhibit referred to in the witness statement of Ann Maree Keenan dated 9 September 2008 and marked **AMK-1**.

**AUSTIN HEALTH
PHYSIOTHERAPY DEPARTMENT 2008**

Total EFT (includes vacant positions and new Veterans position) 64

Business Manager, Guy Metcalfe HS4 0.84eft
Secretary, Jenni Appleby GA1 0.72 Admin Assis, Joan Appleton HS2 0.25eft
Director & Assoc. Clinical Dean, Cathy Nally PJ91 1.00eft
Project Officer, Meagan Blackburn see below for eft

**Spinal Cord Injury
Neurology/
Neurosurgery**



Repat campus Grade 1, Physio Rotating Staff 1.0eft	
Physio Manager RTRC	13.52
Austin Campus	3.4
* Paid from Uni cost recovery	9.65
Includes Admin	5.4
2	5.85
3.9	15.42
Total EFT	58.85

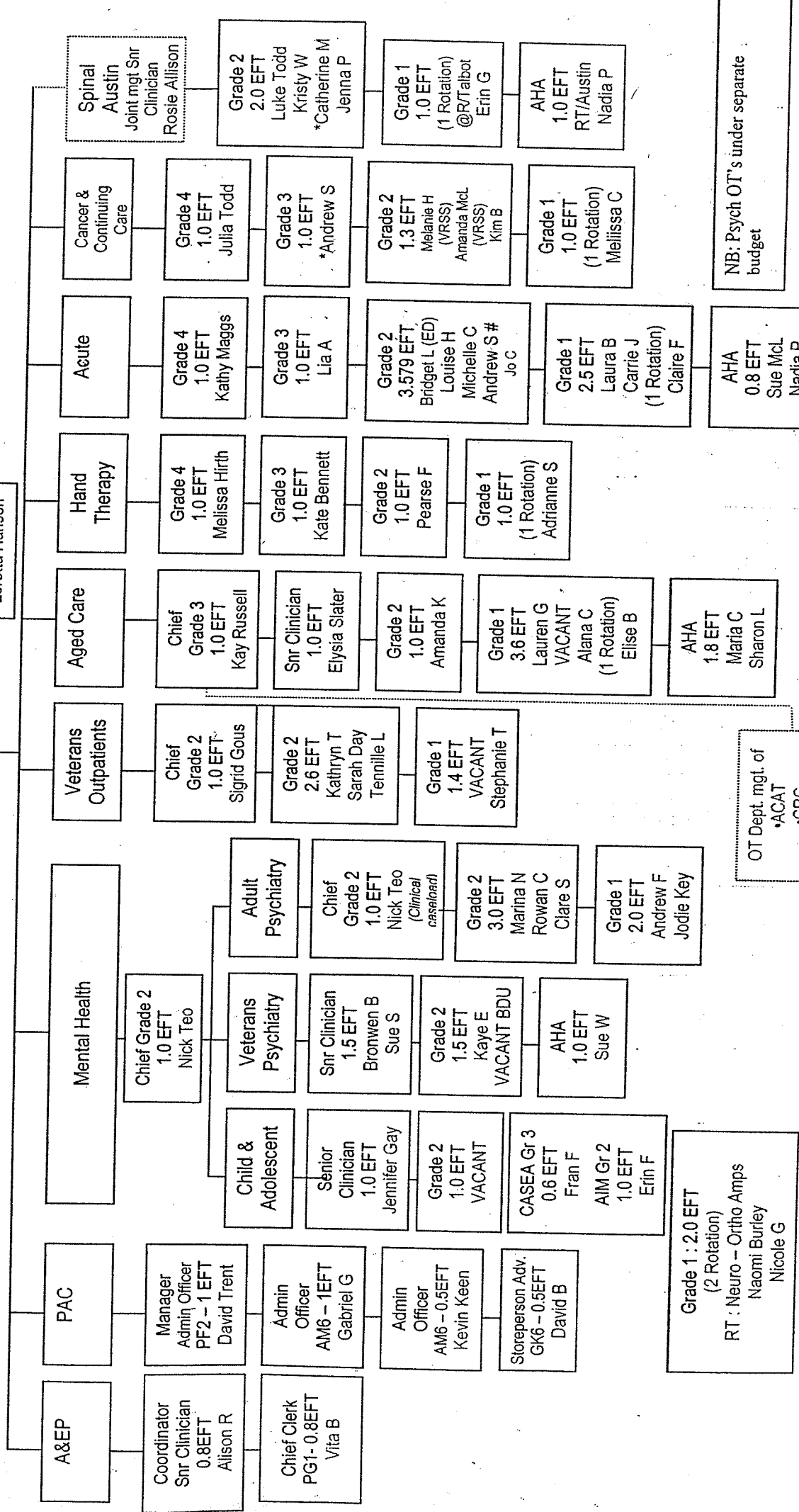
Total EFT 3.9 2 5.85 15.42 5.4 9.65 3.4 13.52 4.9

4 August 2008

Occupational Therapy Department
Austin Health
Austin & Repatriation Hospitals

Manager
Amanda Bladen

Secretary
Loretta Hanson



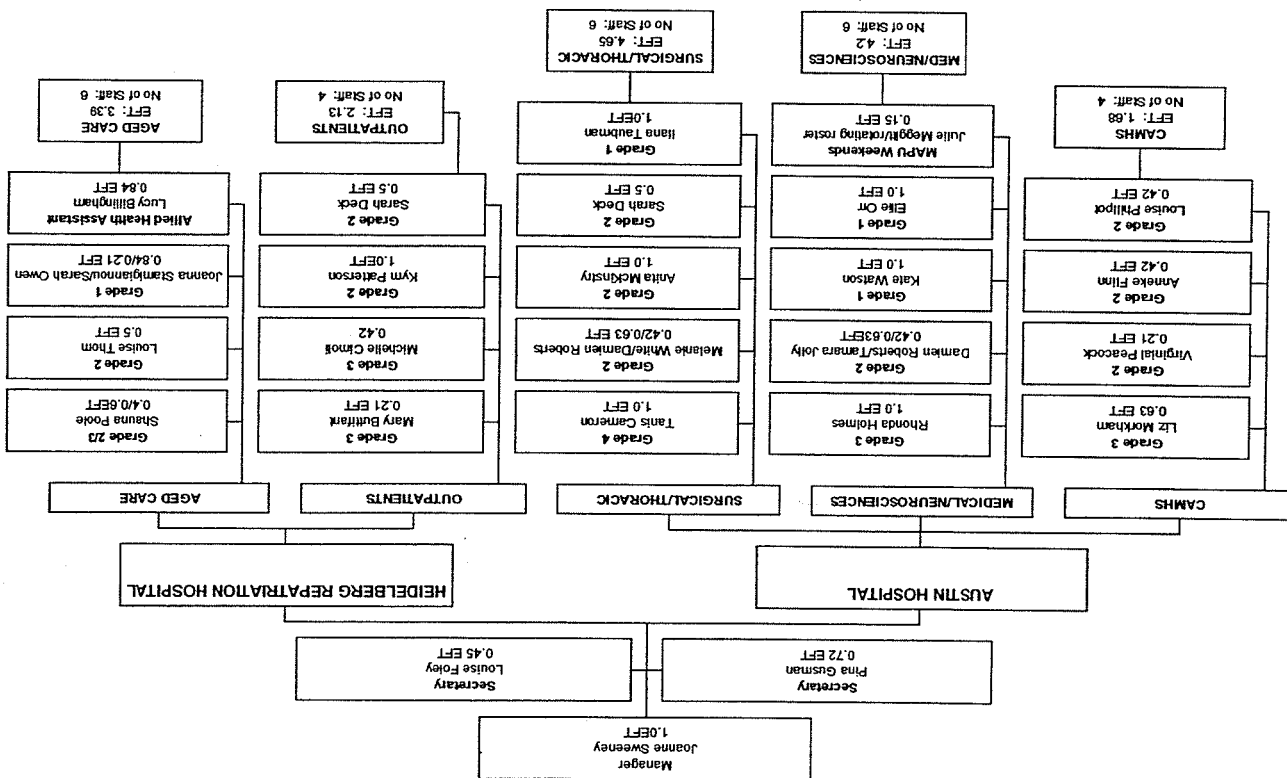
Grade 1 : 2.0 EFT
(2 Rotation)
RT : Neuro - Ortho Amps
Naomi Burley
Nicole G

OT Dept. mgt. of
•ACAT
•CRC
OT staff

NB: Psych OT's under separate budget

Position provides Leave Cover @ Austin
* Catherine Mullins maternity leave cover for Kayt MacDonald

SPEECH PATHOLOGY DEPARTMENT STRUCTURE
August 2008



	EFT	No of staff
Management	1.0	1
Clinical	16.05	23
Secretarial	1.17	2
Total Department	18.22	26

Austin Health Social Work – ORGANISATIONAL CHART – (1st July, 2008)

ADMIN TEAM Dianna Cumming 1.0 EFT Secretary Austin Campus	Maria Illia .45 EFT (replacement of leave) Secretary Austin Campus	Marg Burgess 1 EFT Admin Repat	Joan Applon .02 Stats Austin	ADMIN TOTAL: 2.17 EFT	Debra Leahy – Social Work Manager 1.00 EFT
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ADULT MENTAL HEALTH	CAMHS MENTAL HEALTH	LIVER RENAL & CANCER TEAM	ACUTE & COMPLEX CARE TEAM	ROYAL TALBOT REHAB TEAM	AGED CARE & RESIDENTIAL CARE TEAM
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*Christina Pead-Eporedaris Senior Team Leader SW SWG4, 0.8EFT		Margaret Shelley Senior Team Leader Liver Renal and Cancer Care Team SWG4, 0.5 EFT Program – secondment until 31/1/09) Normally EFT in SW cost centre	Ann Dolson Senior Team Leader / Site Manager Acute and Complex Care Team SWG4 1.0 EFT		Maggie Turczynski Senior Team Leader Aged Community and Residential Care Team/ Residential Care Manager/Site Manager SW/G4 0.92 EFT (.82 EFT SW N3302) (.30 EFT TOP)
David Brophy SWG 3, 1.0EFT	Georgia Oletakis Team Leader Principal SW CSW/G2, 0.84 EFT Inner NE Comm OP Team	Sue Oldfield SWG3, 0.34EFT Senior Clinician Cancer Services	Maria Karantoni SW/G2 0.63EFT N/Science	Rita Fellicissimo SWG3, 1.0 EFT Team Leader Acute Spinal	Mary Popovic SWG2, 1.0 EFT Ward 8/12
Karen Ackland SWG3 0.4EFT NEAMHS thages Worker	Mauraen O'Brian G2, 0.8 EFT Child Inpatient Unit	Sarah Davis SWG2, 1.0 EFT Cancer Services (based at Repat)	Besa Kurteza SWG2, .50 EFT Acute	Rosie Maddick SWG2 1.0 EFT Sub Acute Spinal/Rehab (paid SW Austin CC)	Helena Pyne SWG2, 0.79 EFT Aged Care Inpatient wards
Maria Healy SWG3, 1.0 EFT PTSD	Sue Wells G2, 1.0 EFT Child Inpatient Unit	Jane Plomouliat SWG2, 0.52 EFT Cancer services (based at Repat)	Maria Karantoni SWG2 0.63EFT N/Science	Anna Goden SWG 2 1.0EFT Acute Spinal/Wearing Unit	Jana Barbarovic SWG2 1.0EFT Residential Care / ACUTE
Christina Sim SWG2, 1.0 EFT Veterans Psych	Anne Jarvis G2, 1.0 EFT North Comm OP Team	Louise Whatmore SWG2, 1.0 EFT Cancer services	Janice Twynnyman SW G2 0.50EFT Acute Complex Care	Lyn Barnes SWG2, 0.64 EFT Acute Spinal Readmissions	Dabora Rizzo SWG2, 1.0 EFT Ward 11
Illias Kaitis (fixed term) replacing Tamsin Nicholas SWG2, 0.7 EFT APU	SWG2, 1.0 EFT Central Comm OP Team	Kath Adams SW G2 0.84 EFT Cancer services (fixed term until 31/1/09) Against Marg Shelley EFT	Gaudia Pardo SW G1, .50 Acute MAPU/Gen Med		Tiaree Carr SWG1, 1.0 EFT Ward 12
Audine McGovern- McCabe SWG2, 1.0 EFT Older Veterans Psych	SWG2, 0.5 EFT Inner NE Comm OP Team	Cath Bradley SWG1, 1.0 EFT Liver Transplant	Danielle Sweeney SWG1, 1.0 EFT Acute Gastro/Surg 1 & 2/Pancreatic Surg		Rebecca Wilson SWG1, 1.0 EFT Ward 8
Kathleen Paris SWG2 0.7EFT Secure Inpatient Unit	Frank Cheshtira SWG2, 1.0 EFT Adolescent Inpatient Unit	Branka Kalany SWG1, 1.0 EFT Renal	Melissa Reed SWG1, 1.0EFT Acute Ortho/Surg 2&4 Urology/Plastics		Laura Morelato SWG1 1.0EFT
Pauline Kelly SWG2, 0.5 EFT Drug Dependency Service		EFT TOTAL 6.4			Lyn Robb (GNC) .84
Laura Mullins SWG2, 0.5 NEAMHS -CCS					Gabrielle Greenlaw (GNC) .17 (Annualized EFT) Fixed term contract ends Oct 08
Eleanor Fowler SWG2, 0.6 EFT NEAMHS -CCS					Lee Alexander SW/G2 1EFT CACPI/EACH
Aian Barnister SWG2, 1.0 EFT NEAMHS -CATT					Francis Lagan SWG2 1.0EFT CACPI/EACH
Kathy Hruszals SW/G2 1EFT NECAHS-CATT					Andrew Freeman SWG2 1.0EFT CACPI/EACH

Marie Ben W/O 1.0 EFT Workgroup			Permanent - recurrent funding Sue Meade SW Grd 1.4 (fixed term until 27/7/09) Acute Against Mary Karadimos Lyn Bennett 25 Annualized EFT Fixed term until (Sept 09)			Alison Shelton-Agar Gr2, 0.63 EFT ACAS
						Christine Bowen Gr2, 0.68 EFT CRC
						Susanne Harulyunyun SW Gr1 1.0 EFT TCP
						Anna Gleason SW Gr2 0.5 EFT CLINK 31/7/008
						Tracy Herring SW Gr2 2.9 EFT TCP
						Michael Clark SW Gr2 .63 ACAS
						Flora Gallary SW GR 2.4 EFT Memory Clinic TOTAL 8.42
		EFT TOTAL 6.34	TOTAL ACUTE EFT (Inclusive Ann Dotson) = 9.48	TOTAL SPINAL EFT 4.64	TOTAL .42 (Jill F) N3302	

- Yellow indicates paid by alternate cost centre - Mental Health
- Blue indicates paid for by VRSS
- Grey indicates paid for by ACAS/TCP/CACPS
- Pink indicates paid for by Talbot Centre
- Green indicates paid for by other Acute Cost Centres
- Red indicates paid for by Cancer Services - Wellness program

N3302 EFT TOTAL (1/7/08)
2.17 Admin
1.34 Nursing
29.29 Allied Health

NOTES:
.5 Marg Shelley recurrent funded Grd 4 funds Kath Adams .84 Grd 2 Y4 - on a fixed term contract (ends 31/1/09)
.4 EFT Sue Meade - contract ends 27/7/08 - funded by Mary Karadimos
1 EFT Belinda Rosenhain Gr1 contract ends 26/7/08 against perm/ recurrent funded Grd 2 Y4 - Mary Karadimos (LWOP)
.25 (annualized EFT) - Gabriella Greenlaw CNC - WDI Contract ends Oct 08
.17 (annualized EFT) Lyn Bennett Grd 4 Project Officer Contract ends Sept 08

Royal Talbot Rehabilitation Centre

Allied Health Department Structure

Occupational Therapy – Inpatients

Chief OT Grade 3	Senior Clinician Year 4	Grade 2	Grade 1	Allied Health Assistant Grade 2	Total
1.0 EFT	3.27 EFT	2.6 EFT	3.03 EFT	2.5 EFT	12.4 EFT

Occupational Therapy – Ambulatory Services (including PAC and CISS)

Grade 2	Grade 1	Total
3.62 EFT	0.42 EFT	4.04 EFT

Social Work - Inpatients

Grade 4	Grade 3	Grade 2	Total
1.0 EFT	1.0 EFT	2.46 EFT	4.46 EFT

Social Work – Ambulatory Services (Including PAC and CISS)

Grade 2	Total
1.10 EFT	1.10 EFT

Community Linking and Leisure Services

Chief OT	Rec Th	Rec Th	Total
Grade 2	Grade 2	Grade 1	
Year 1			
1.00 EFT	0.11 EFT	2.2 EFT	3.31 EFT

Psychology Inpatients

Grade 4	Grade 3	Grade 2	Total
Year 5			
0.84 EFT	1.37 EFT	0.32 EFT	2.53 EFT

Psychology Ambulatory Services (Including PAC and CISS)

Grade 2	Total
1.48 EFT	1.48 EFT

Physiotherapy Inpatients

Chief Physio	Grade 4	Sen Clinician	Grade 2	Grade 1	FSO Level 2 Yr 1	Allied Health Assistants	Total
Grade 3							
1.0 EFT	0.5 EFT	2.95 EFT	6.49 EFT	1.82 EFT	0.11	2.0	14.87

Physiotherapy Ambulatory Services (Including PAC and CISS)

Grade 4	Grade 2	Total
0.50 EFT	4.34 EFT	4.84 EFT

Speech Pathology Impatients

Chief Speech Pathologist	Senior Clinician	Grade 2	Grade 1	FSO Level 2 Yr 1	Total
1.0 EFT	0.42 EFT	2.89 EFT	1.11 EFT	0.01 EFT	5.43 EFT

Speech Pathology Ambulatory Services (Including PAC and CISS)

Senior Clinician	Grade 2	Total
0.63 EFT	1.00 EFT	1.63 EFT

Health Sciences Library

Librarian	Total
0.79 EFT	0.79 EFT

Health Information Services

Dep.Chief MRA G1	Total
0.67 EFT	0.67 EFT

Orthotics and Prosthetics

Chief	Grade 3	Grade 2	Grade 1	Total
1.0 EFT	2.0 EFT	4.0 EFT	7.0 EFT	14.0 EFT

Ambulatory Services including PAC and CISS

Grade 2 Dietitian	Allied Health Assistant	Total
0.26 EFT	0.63 EFT	0.89 EFT