

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 VICTORIA MASON

I, **VICTORIA MASON**, of Darebin Community Health, 125 Blake Street, East Reservoir, in the State of Victoria, say as follows:

- 1 I am employed as the Chief Executive Officer (**CEO**) of Darebin Community Health. I have held this position for just over four years.
- 2 Prior to being appointed CEO of Darebin Community Health I was the CEO of Nillumbik Community Health. I held that position for approximately 2.5 years.
- 3 I have a Masters of Business, Masters of Public Health, Bachelor of Science, Graduate Diploma in Dietetics and a Graduate Diploma in Health Education.
- 4 As the CEO of Darebin Community Health I am responsible for the strategic direction of the organisation. I am responsible for determining how funds are allocated, for the quality of care provided and for all staffing matters. I report directly to the Board of Governance.
- 5 I am authorised to make this statement on behalf of Darebin Community 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.

Darebin Community Health - Structure

- 6 Darebin Community Health offers a wide range of health services including general medicine, dental, allied health (including physiotherapy, occupational

therapy, podiatry, speech pathology and dietetics), nursing, counselling, health promotion and social support.

- 7 Services are provided at the following four sites:
- East Reservoir
 - Northcote
 - 300 Bell Street, Preston
 - Level 1, 306 – 308 Bell Street, Preston
- 8 Generalist services, including, a general medical practice, dentist, physiotherapy, and occupational therapy are provided at the East Reservoir and Northcote sites. Specialist services, including chronic disease services and paediatric services are provided at the Preston sites.
- 9 In 2006 the Board of Management commissioned the development of a service plan for Darebin Community Health for the period 2006 – 2011. The main aim for commissioning the plan was to develop a model of care for Darebin Community Health that best reflected the needs of the local community, the government's health policy directions and which adopted available evidence in relation to optimal community based health service delivery.
- 10 The final plan recommended the development of an organisational structure that focused on the delivery of services through the following three programs:
- Primary Health Care – single service, episode care;
 - Child, Youth and Family services; and
 - Services for clients with chronic and/or complex conditions.
- 11 At the time of commissioning the plan, Darebin Health was structured along professional lines, for example, there was a Physiotherapy Team and an Occupational Therapy Team.
- 12 In July 2007 Darebin Community Health implemented a new structure, so that it is now organised along program lines (not professional lines). The new structure facilitates the delivery of a holistic primary health care service.
- 13 Under the new structure, each team is headed by a team leader . The team leaders report to Program Managers. Team Leaders also act as Clinical Leaders

providing clinical governance support for staff with the same, or similar professional backgrounds.

- 14 Darebin Community Health employs approximately 185 staff, including doctors, nurses, allied health professionals, and dentists.
- 15 Approximately 23.5 Equivalent Full Time of Darebin Community Health's employees are allied health professionals. Allied health professionals employed by Darebin Community Health, include: Physiotherapists, Occupational Therapists, Speech Pathologists and Podiatrists.
- 16 Allied health professionals work in multidisciplinary teams within each program. All allied health professionals report to the team leader of the team in which they are employed. The team leader may or may not be an allied health professional. For example, one team leader is a Counsellor, one is a Nurse and another is a Dietician. Team leaders who are allied health professionals are classified at the Chief Grade 1, or Grade 2 level, depending on the number of employees they supervise.

Funding

- 17 Darebin Community Health receives most of its funding from the State Government through the Victorian Department of Human Services (**DHS**). Most of that funding is provided to Darebin Community Health on a recurrent basis.
- 18 Darebin Community Health is currently funded for allied health by DHS through two streams –the Community and Women's Health stream and the Home and Community Care stream. The amount of funding Darebin Community Health receives for each stream is based on the number of hours of service Darebin Community Health provides to clients. The funding for each stream is provided under the terms of a Funding and Service Agreement, which outlines the number of hours of service Darebin Community Health must provide. The number of hours of service Darebin Community Health must provide, and the amount of funding it receives each financial year is generally determined by the number of hours of service provided in the previous year. The amount of funding is also increased by the forward CPI.
- 19 Approximately 80% of funding is spent on wages and salaries. This means that any changes to the wages and conditions of any of Darebin Community Health's employees, which are not funded, will cut into funding and will likely result in cuts

to the number of staff employed by Darebin Community Health, and/or cuts to the services provided by Darebin Community Health.

- 20 A further source of funding is the Hospital Admission Reduction Program (**HARP**) which Darebin Community Health operates at its Preston site. Funding is received from DHS via local health services on an input basis, that is, it is not funded based on the number of hours of service provided to clients rather on purchasing staffing.

Response to Health Services Union claims

- 21 I have seen a copy of the draft Workplace Determination prepared by the Health Services Union (**HSU**). If the Australian Industrial Relations Commission made a workplace determination on the terms proposed by the HSU, many of the matters contained in the workplace determination would have a significant effect on the operation of Darebin Community Health. I respond to those matters below.

Staffing profile

- 22 At clause 18 and Schedule 2 of the Health Services Union (**HSU**) draft Workplace Determination, the HSU seeks that there be a skill mix of Allied Health professionals in each “department” of no less than 1/3 grade 1, 1/3 grade 2 and 1/3 senior clinician or higher classification (**Staffing Profile**).
- 23 Darebin Community Health teams are each staffed with Allied Health professionals with the level of experience and skill necessary to effectively deliver services, and treat and manage patients. The skill mix of Allied Health professionals in each team varies according to the complexity of the conditions being treated in each department/team and the level of knowledge and experience required to effectively treat and manage patients, and in respect of some departments/teams, the extent to which allied health professionals are required to work autonomously.
- 24 The staffing profile of each of the Darebin Community Health teams is different to the Staffing Profile sought by the HSU because of the service delivery requirements of those teams. Most allied health professionals are employed at the Grade 2 level. For example, Physiotherapists and Occupational Therapists, who practice in home based services need the experience and skill of the Grade 2 level because they are required to treat patients autonomously and therefore require a well developed level of judgment (which develops with experience). It would not be appropriate to employ Physiotherapists and Occupational Therapists at the Grade 1 level because they are not experienced enough to work without supervision.
- 25 The proposed Staffing Profile is unsuitable and unworkable in respect of those teams (HARP & Living Well) where the service needs to be delivered in an environment which requires experience and skill to work autonomously.
- 26 If Darebin Community Health was required to implement the Staffing Profile sought by the HSU a significant number of additional allied health professionals, mostly at the Grade 1 and Grade 3 levels, would have to be employed. This would have significant funding implications for Darebin Community Health and the cost would ultimately have to be sourced at the expense of shutting down some services and potentially at the cost of having to make the positions of some allied health professionals at particular levels redundant.

27 Further, the proposed Staffing Profile would have a negative impact on Darebin Community Health's ability to deliver services and provide quality treatment and care. For example, if demand required the employment of additional Physiotherapists at the Grade 2 level, Darebin Community Health would be forced to employ additional Physiotherapists at the Grade 1 level. The addition of Physiotherapists at the Grade 1 level would not improve service delivery, or patient care and management – it would however restrict Darebin Community Health from employing additional Physiotherapists at the Grade 2 level, which would improve service delivery and potentially improve patient care and management. Similarly, the addition of an equal number of Physiotherapists at the Grade 3 level would ultimately reduce the number of staff dedicated to clinical work.

Chief Structures

- 28 At clause 21.10.7 of the HSU draft Workplace Determination, the HSU seeks that:
- a hospital department, howsoever called, that operates on more than one campus, appoint a Senior Chief and a Chief, who will be remunerated according to the total numbers of staff in the department and the numbers of health professionals that the Chief is operationally and/or professional responsible for;
 - a hospital department, howsoever called, that operates on one campus appoint a Chief and a Deputy Chief of the department, who will be remunerated according to the total numbers of staff in the department and the numbers of health professionals that the Chief is operationally and/or professional responsible for.
- 29 It is not clear whether clause 21.10.7 is intended to apply to Community Health Services like Darebin Community Health.
- 30 As noted above, Darebin Community Health is structured around the holistic needs of clients using a program based structure made up of multidisciplinary teams.

- 31 It is unnecessary to appoint a Chief at the East Reservoir, Northcote and Preston sites. The current approach of the Chiefs working across all three sites is appropriate given the number of health professionals, including allied health professionals employed in each discipline across both sites.
- 32 Darebin Community Health requires flexibility to employ health professionals at the level required to best deliver services to clients, not to maintain a staffing profile that does not take into account the particular needs of the Darebin Community Health.

Appointment of Senior Clinician – Grade 4

- 33 At clause 21.11 of the HSU draft Workplace Determination, the HSU proposes that at least one full-time Senior Clinician at the Grade 4 level be appointed for each health professional discipline on each site and in each section of the relevant department.
- 34 If Darebin Community Health was required to implement this proposal, it would be forced to employ a considerable number of additional allied health professionals (at the Grade 4 level). This requirement would have obvious funding implications for Darebin Community Health.
- 35 Irrespective of the funding implications, the proposal is not practical in respect of Darebin Community Health, which needs, more than anything, health professionals performing generalist clinical work, not Senior Clinicians. The services provided by Darebin Community Health are not specialised enough such that there is a need to employ allied health professionals at the Grade 4 level.
- 36 Approximately 16 additional employees would therefore have to be employed if Darebin Community Health was required to implement this proposal.

Appointment of Clinical Educator – Grade 4

- 37 At clause 21.13 of the HSU draft Workplace Determination the HSU proposes that an Clinical Educator, Grade 4 be appointed in any department where there are 25 or more allied health employees.
- 38 Darebin Community Health does not employ clinical educators.

- 39 Darebin Community Health could not afford to employ additional staff without cutting services.

Classification at Grade 1, 4th year of experience

- 40 At clause 21.10.5 of the draft Workplace Determination, the HSU proposes that, allied health professionals in community health shall not be classified at less than Grade 2, first year of experience.
- 41 Darebin Community Health does not employ allied health professionals at the Grade 1 level because the services provided by Darebin Community Health require that allied health professionals are able to work autonomously. Allied health professionals at the Grade 1 level do not possess the requisite skill or experience to work autonomously. Nevertheless, it is important that Darebin Community Health has the flexibility to employ allied health professionals at the level necessary to best service the needs of clients. As the demand for services increases, it may be desirable to employ allied health professionals at the Grade 1 level.

Backfill

- 42 Clause 50 of the HSU draft Workplace Determination proposes that the employer must provide 100% coverage for any period of five days or more that an employee is absent from work.
- 43 Darebin Community Health does not have a pool of allied health professionals to utilise for backfilling. It could therefore not implement this proposal without having to employ additional allied health professionals, including additional physiotherapists, occupational therapists, podiatrists and social workers.

Restriction on fixed term engagements

- 44 At clause 15 of the draft Workplace Determination, the HSU seeks that the employment of employees on fixed term contracts be restricted to a period of 12 months, and if the period of engagement extends beyond 12 months, that the employee be deemed to have been employed as a permanent employee.
- 45 Darebin Community Health sometimes receives project funding. Funding for a project is provided for a fixed period or until a particular project is complete – it is not ongoing.

- 46 If Darebin Community Health receives funding for a specific project it may need to employ additional Allied Health professionals. It is critical that Darebin Community Health has the flexibility to engage those additional Allied Health professionals for as long as it receives the funding.

- 47 It is not uncommon that funding will extend beyond 12 months. It is therefore necessary that Darebin Community Health be able to engage additional Allied Health professionals on a fixed term basis, but beyond a 12 month period, without being required to continue to employ the Allied Health professional beyond the duration of the funding.

DATED: 9 September 2008

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VICTORIA MASON