



RATIOS **SAVE LIVES**



**NURSES AND MIDWIVES
(TASMANIAN PUBLIC SECTOR)
ENTERPRISE AGREEMENT 2016**

LOG OF CLAIMS

Without Prejudice

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PREAMBLE

This Log of Claims (LOC) has been developed following extensive consultation with the Australian Nursing and Midwifery Federation (ANMF) public sector membership. This claim reflects issues conveyed through an online survey, input from Branch Council, ANMF Workplace Representatives and resolutions from the ANMF Annual Delegates Conference, and through contact with ANMF Organisers and the Information Centre.

The Log of Claims, which includes the negotiation of a three year Agreement has now been endorsed by ANMF members.

There are four key themes to the claim:

1. BUILDING ON THE CAREER STRUCTURE

ANMF has identified the need for a comprehensive review of the Classification Structure given issues that have arisen since its implementation. ANMF recommends a separate classification review subcommittee be established to review the structure.

2. SAFE PATIENT CARE - WORKLOADS AND SAFETY AT WORK

This claim seeks to introduce a comprehensive Nurse to Patient Ratio model to replace the existing staffing model, Nursing Hours per Patient Day.

3. IMPROVING QUALITY - PROFESSIONAL DEVELOPMENT

Increased access to both mandatory training and professional development will improve the quality of care provided.

4. RECRUITMENT AND RETENTION

Nurses and midwives are portable professions and it is important to retain quality employees and be able to attract new employees to Tasmania to reduce overtime and the number of double shifts. Maintaining relativity with nurses and midwives working interstate and in the Tasmanian private sector is essential.

THE CLAIM

There will be no reduction of existing Enterprise Agreement/Award provisions without mutual agreement.

Wherever possible provisions from the two current industrial agreements should be transferred to the Award or retained in the 2016 Enterprise Agreement. Any general additional conditions negotiated in PSWUA will be included.

1. BUILDING ON THE CAREER STRUCTURE

Agreement to form a subcommittee to address issues that have arisen within the current structure which includes:

(a) Career Pathways

- (i) Conclude the review of the community nursing structure including clearly delineated roles Grades 3, 4, 5 and 6 in the community settings.
- (ii) Management pathway – develop clear differentiated descriptors for various roles: Grade 5 (a) Clinical Coordinator and introduction of Associate NUM (A/NUM) classification: (b) clinical role at grade 5 of Clinical Nurse Specialist.
- (iii) Research and Educators pathway – develop clear differentiated roles at Grades 3/4 – 8.

(i) Review of Classification Descriptors and Titles

Review of all classification descriptors/matrix and titles to ensure meeting continuing relevance in the THS structure.

A. Grade 1 - Assistant in Nursing (AIN)

- (i) Review of trial provisions.

B. Grade 4 – Registered Nurse

- (i) Guaranteed quarantining of two days (pro rata) per 28 day roster period to undertake portfolio obligations/requirements.
- (ii) Access to Grade 4 should continue to be determined using both the Revised Formal Capability Assessment (FCA) with eligibility at any year and on merit through the selection process for direct entry Grade 4 positions.
- (iii) Re-introduce the title of Community Nurse at Grade 4.

(iv) Introduce the title of School Nurse at Grade 4.

C. Grade 5 – Registered Nurse

A range of primary health nurses to be classified (as a minimum) at Grade 5, with titles to be protected.

D. Grade 6

Introduction of Advanced Practice Nurse classification and title.
Clinical Nurse Consultant – develop differentiation within the structure acknowledging that some roles can have State-wide responsibilities.

E. Grade 7a – Registered Nurse

Any existing Grade 6 RNs/ RM's with financial delegation to be classified at Grade 7a.

F. Grade 7 NUM

Review existing classification descriptors.

G. Grade 8/9

- i. Day work Nurse Practitioners to be paid overtime for all clinical hours worked in excess of their ordinary hours. DW Nurse Practitioners to also be paid shift penalties when working shift work.
- ii. Comprehensive review of the classification matrix and titles.

H. THS Nursing Leadership Structure and Governance

The consultation provisions of the Award are to be followed with respect to any changes proposed to senior nursing roles and structure at Grades 5 and above.

As a minimum any proposed change must:

- (1) maintain the integrity of the career structure and
- (2) maintain an appropriate nursing clinical governance framework as envisaged within the structure
- (3) In the event that mutual agreement is unable to be achieved regarding the proposed change, either party may notify a grievance in accordance with the Award.

2. SAFE PATIENT CARE – WORKLOADS AND SAFETY AT WORK

2.1 Ratios Save Lives

- (a) Introduce nursing ratios in accordance with the **Appendix A**.
- (b) Double shifts continue to be worked at unacceptable levels. Monthly Proact reports on double shifts per ward/unit worked are to be continued to be tabled at Safe Staffing Outcome Committees and Joint Union and Management Consultative Committees (JUMIC), however so titled.

2.2 Workplace Safety and Well-being

- (a) Zero Tolerance to Violence policy and principles to be jointly developed with funding to implement strategies identified.
- (b) Solo Nurse – introduce a mandatory requirement that an additional employee should accompany a nurse/midwife when attending all after hours callouts and visits.
- (c) Nurses working in the community:
Introduce safety measures to minimise all reasonably perceived risks associated with nurses and midwives working in community, remote and rural locations. Issues to include communication devices, personal alarms and a review of existing uniforms including protective waterproof weather items (equity with other public sector employees eg police, ambulance).

3. IMPROVING QUALITY – PROFESSIONAL DEVELOPMENT

3.1 Professional Development

(a) Mandatory Training

- (i) In addition to the existing provision add the following:
In the event that mandatory training is unable to be taken in paid time, a mandatory training allowance is to be paid as compensation. The allowance, which is payable on 1 January each year to all employees, including casual employees, will be equivalent to minimum 21 hours ordinary pay (minus any payment made for mandatory training undertaken in paid time at the workplace in the previous 12 months).
- (ii) Include mandatory training in the relief factor as days per employee per year.

(b) Professional Development/Conference Leave

- (i) All employees are to be paid a \$1,500.00 Professional Development allowance annually on a pro rata basis.
- (ii) Casual employees to be entitled to a Professional Development Allowance of \$700.00 annually.

(c) Preceptor Entitlement

- (i) All employees who are required to precept will have access to Preceptor training annually in paid time and the payment of course fees.
- (ii) Increase the preceptor allowance to \$50.00 per shift in recognition of the THS receiving \$75.00 per shift per student.

(d) In Charge Allowance

Grade 3 nurses required to be in charge after hours will be paid an increased allowance of \$27 per shift.

4. RECRUITMENT AND RETENTION

4.1 Wages

(a) Wage Increase

ANMF (Tas Branch) seeks an annual wage increase to ensure relativity between salaries paid in private acute hospitals in Tasmania and interstate.

(b) Allowances Increase

- (i) All Work Related Allowances will be increased in accordance with rates prescribed by the Tasmanian Industrial Commission's Minimum Wage Decision each year.
- (ii) All expense related allowances to be increased in line with other public sector awards including:
 - a. District Allowance
 - b. Meal Allowances
 - c. Vehicle Use
 - d. Overtime Meal Allowance
 - e. Uniform Allowance
- (iii) Agreed methodology for increasing all allowances.

4.2 Conditions

(a) Casual Employees

Increase the casual loading to 25%.

(b) Leave

(i) Paternity Leave

- A. Increase the paid entitlement to two weeks.
- B. Clarification that paternity leave is available to a spouse (as defined) and not limited to 'male' employees.

(ii) Parental Leave

- A. Include accrued personal leave as a form of leave that can be accessed during the period of parental leave (as certified by a medical practitioner).

(iii) Annual Leave

- A. An employee may apply to cash out any accrued annual leave balance in excess of four (4) weeks.
- B. Accrued leave can be taken at a higher rate than employed FTE at the employees request to alleviate increasing liability for the employer: ie a nurse working 0.5 FTE could apply to take accrued leave at 0.6-1.0 FTE.
- C. Acknowledgement of unpaid overtime, NUMs to receive an additional five days of annual leave. No leave loading will be payable on this leave.

(iv) Long Service Leave

Shift penalties to be paid for any period of LSL taken.

(v) Family and Domestic Violence Leave

Paid leave entitlement of 20 days as a discrete form of leave.

(c) On-Call/Recall and Overtime

(i) On-Call Leave Accrual

- A. Nursing staff participating in the on-call roster will be entitled to an additional week of leave if they are rostered on on-call for more than 250 hours in any financial year.
- B. On-Call Leave will be credited after each financial year and should be taken within 12 months of being credited.
- C. This on-call leave does not attract annual leave loading.

- (ii) All employees are to receive four (4) clear days per fortnight guaranteed free of on-call or recall unless otherwise agreed. A

“day” for the purposes of this clause is an unbroken 24 hour period.

- (iii) Any employee rostered on-call and who is then required to work in excess of one hour at the completion of the rostered shift to complete clinical duties, (but may not be able to leave place of employment), is to be paid as if they had been recalled to work i.e. first recall a minimum payment of four hours' work at double time, applicable to the employee's salary, for the period. Subsequent recalls are to be paid as per second recalls. The employee continues to be paid the on-call allowance for all rostered on call hours.
- (iv) An employee recalled to duty is to be entitled to be absent from work, without loss of pay, until or unless they have been off duty for a continuous period of 10 hours on completion of the actual recall. There will be no disadvantage for a shift already rostered.

Provided that in exceptional circumstances if the employee is required to return to work a shift already rostered and has not had the 10 hour break specified in this clause, then the employee will be paid for the rostered shift, together with an additional penalty to equate the overall rate paid to double time (plus any applicable shift penalties).

- (v) For the purposes of the Award, 'place of employment' means the employee's immediate work area i.e. ward, unit, or site whichever is applicable. The test is that the employee has concluded their rostered shift duration and has left the immediate work area thus necessitating that they be 'called' to return to their place of employment.
- (vi) The overtime penalty be increased to 200% for all employees.
- (vii) Meal breaks – a paid meal break of 20 minutes is to be allowed at the conclusion of each period of 4 hours of overtime worked.

(d) Rural & Remote

- (i) Provision of free accommodation for employee and family if requested, and paid travel and relocation reimbursements (both ways) as incentives for working in Remote/Rural Areas.

- (ii) Additional airfares \$500 per annum to assist with attendance at professional development for nurses working on King Island and Flinders Island.
- (iii) Continue with graduate incentive program as per HoA 2010.

(e) Graduate Nurses

To ensure a sustainable future workforce the employer is to make available a minimum state-wide 150 FTE Graduate Nurse (Transition to Practice) positions per annum with relevant Educator support and to be funded as shift workers.

4.3 Magnet Core Principles be adopted and implemented during the life of the Agreement to assist with retention and recruitment of nurses and midwives.

5. RESOLVING OUTSTANDING EBA/AWARD ISSUES:

- (a) **Clause 22.4 Community Mental Health Multi-disciplinary allowance** – review applicable positions to pick up any newly created roles that should also be paid the allowance.
- (b) **Night duty –break after**
- (c) **Five days/shifts medical certificate free days v 38 hours**
- (d) **Break between shifts-SW**

APPENDICES:

Appendix A – *Ratios Save Lives – ANMF Tasmanian Branch Draft Ratio Model*