

Nurses and Midwives Enterprise Agreement 2018

In developing up this log of claims the Australian Nursing and Midwifery Federation (Tasmania Branch) has consulted extensively with members at all Public Sector Sites – by way of face to face (workplace meetings) and large membership meetings – as well as by survey and through consultation with members of Branch Council.

Our broad process of consultation revealed that the most widely and deeply felt issues were related to recruitment of new nurses and midwives along with a need to retain the current nursing and midwifery workforce.

It is acknowledged that the THS has also undertaken some consultation with employees seeking to ascertain any specific requests they may have. These employees may, or may not, be members of the ANMF. If those claims run counter to any of this document the ANMF will stand in support of the endorsed log.

The ANMF have an obligation to put forward the issues raised most consistently by our membership. This document reflects the endorsed log of claims from a broad spectrum of ANMF members across the THS.

Priorities

1. Wage Increase

ANMF will seek a wage offer for nurses and midwives in Tasmania which would see them achieve a competitive wage increase that would aid in retaining the current workforce and assist with recruitment.

2. Workloads and staffing

(a) Model of care

ANMF seek a commitment that a new model of care (which may include a hybrid Nursing Hours Per Patient Day/Ratio tool) will be implemented as a matter of urgency. The model should provide indirect care hours for the following: Associate Nurse Unit Managers, Nurse Unit Managers, Clinical Nurse Educators, Clinical Nurse Consultants, Clinical Nurse Specialists and Clinical Coordinators.

Any recommended model which is adopted should apply to all areas within the THS.

Further ANMF seek a model to compliment the agreed Birthrate Plus methodology which calculates staffing requirements for infant/neonates across maternity units.

A date for introduction of agreed workload provisions to be included in the agreement.

(b) Staffing

- i. ANMF request a moratorium on all fixed term positions. In particular ANMF ask that all nurses, midwives and assistants in nursing, who have been employed for more than 12 months on a fixed term contract be offered permanency.
- ii. ANMF seek an increase in permanent pool staff at the RHH and LGH with the establishment of a permanent pool at the MCH and NWRH.
- iii. ANMF request a review of the current agreed relief factor. It is noted that the current relief factor is insufficient. The relief factor should be increased.
- iv. Better attention is needed for succession planning. For example, some individuals in CNC positions have upgraded to Nurse Practitioner (NP) status yet the NP role has seen the CNC role lost. There is need to support specialist nurses, short of NP status, to attain skills which would allow them to perform specialist duties to augment the nurse/midwifery workforce.

(c) Graduate Nurses

As part of the moratorium on fixed term contracts, ANMF request permanent positions be offered to graduate nurses who complete their transition to practice within the Tasmanian Health Service (THS).

Seek an increase in uptake of graduate nurses – either through a transition to

practice program OR by way of mentored ward/unit based relationships.

To support graduate nurses, ANMF request employment of Clinical Nurse Educators on each ward/unit/service. These nurses should be part of the ward and readily available to provide clinical support to staff.

Clinical Facilitators will also be rostered on each shift in specialty areas to support less experienced staff.

Student Midwives

Registered Nurses who are upgrading their qualification to become a midwife are currently not paid for their clinical practical time. Given that the THS is now employing registered nurses on some maternity wards the ANMF believe that those doing meaningful work as part of a clinical placement should be paid for the hours worked.

In addition, in order to promote opportunities for staff ANMF request that a scholarship fund be established to assist employees meet the cost of undertaking a post graduate midwifery course. In addition ANMF seek that these students be provided with paid study leave for time where they are required to physically attend university.

3. Retention of nurses and midwives.

Matters raised above (including: staffing, leave, added relief factor) are elements which (along with appropriate salary and financial incentives) should aid in the retention of nursing and midwifery staff. However there may be additional retention incentives that could be explored during these discussions. These could be financial – for example using a sliding scale allowance to encourage nurses over the age of 55 to remain in or reenter the workplace (the example used is from the Teachers agreement for recruitment to difficult areas but a similar principle could be applied more generally). However incentives are not necessarily only financial but could include matters such as altered patterns of rostering; changed placements; mentoring of new graduates in a 'buddy' type system (use of experienced staff as mentors) – it might be worth some professional research being done in this space by the Office of the Chief Nurse. It is as important to look at retention as it is to explore recruitment. Retention also has benefits for the employer – for example reduction in turnover costs as well as holding onto staff who have the knowledge and skills to enable them

to upskill the new generation of nurses.

4. Maternity and Paternity Leave

In line with recommendations of the World Health Organization the ANMF request:

- i. an increase in paid maternity leave to 26 weeks and
- ii. an increase in paid partner leave to 3 paid weeks.

5. Personal (sick) Leave

Donation

ANMF request establishment of a special leave fund whereby members may elect to donate excessive personal leave for the use of other THS nurses, midwives or assistants in nursing who have exhausted their leave entitlements but have ongoing health issues. Application will need to be made and extenuating circumstances to be considered.

Parental Leave

Employees who are on parental leave, and become unwell for a period of time greater than 1 week, should have access to their accrued paid personal leave entitlements (subject to the same requirements of certification by a medical practitioner).

6. Annual Leave (Day and Shift)

As a recruitment and retention tool members have sought additional annual leave entitlements: 6 weeks for day workers and 7 weeks for shift workers.

7. Nurse Unit Managers (NUM's)

There is a need to recognise and reward NUM's who have larger than average establishments or budgets. Request an allowance for NUM's who have a higher number of FTE (than average) or a larger budget allocation/responsibility.

8. Enrolled Nurse

- a) Seek additional increments of service (i.e. pay levels) for enrolled nurses.
- b) Seek an agreement on wage levels (which may be as an allowance) for EN's appointed to a specialist EN position.

9. Day Worker Overtime Rates

Day workers, who are required to work overtime to provide clinical care, should receive double time for all additional time worked.

10. On-Call

ANMF seek a commitment for the 2016 agreement for good on-call rostering practices to be implemented by no later than December 2018, as well as a plan to reduce (particularly in small units) unreasonable on-call requirements.

RN's at grade 8 and above to receive payment (at base salary rates) for time spent after hours while on call taking phone calls.

A minimum rest period prior to undertaking the next rostered shift should form part of an agreement.

ANMF will request established and agreed criteria for being called back to work from annual leave. Aside from internal or external disasters annual leave recall should occur only by mutual agreement.

11. Paid Mandatory Training Time

3 paid days for all nurses, midwives and assistants in nursing to complete employer required mandatory training.

The THS to provide ALS training (or equivalent) for all Registered Nurses and Enrolled Nurses working at rural and primary health sites.

12. Professional Development Allowance

Increase the current professional development allowance to \$1,300 pro rata, as well as 5 paid professional development leave days per annum.

13. Rural and Remote

Request a community assistance expense allowance to assist with the increased costs associated with living in a rural and remote community. An allowance of \$2,900 per annum will be sought for those living in departmental housing and on fixed term contracts. For those who take permanent appointments the below allowances will be requested:

- Currie (King Island), Lady Barron and Whitemark (Flinders Island) – \$9,279 per

annum for the first two years and \$6,378 per annum for each year thereafter.

- Bruny Island, Queenstown, Rosebery, Strahan and Zeehan – \$6,378 per annum for the first two years and \$3,481 per annum for each year thereafter.

Please note: This allowance will not replace the current remote and rural professional development allowance.

- There needs to be support to find accommodation provision for those working in rural and remote areas. This includes provision for family accommodation.

14. Child Care

Ask the employer to explore options of onsite (or nearby) child care for Nurses, Midwives and Assistants in Nursing to encourage those on parental leave to return to the workforce with an ability to access child care that is supportive of shift working patterns.

15. Violence and Aggression Management

Despite promises of action/education in the past little has occurred to reduce the risk of exposure to violence or aggression for nursing and midwifery staff. ANMF request a firm commitment for implementation of aggressions and violence minimisation strategies – including educational sessions for employees. A timeframe for implementation will be no later than January 2019.

These strategies should include a Violence and Aggression reporting hotline to allow for the reporting of incidents as well as immediate access to counselling, debrief and support.

16. High Dependency Unit (HDU psychiatric wards) allowance

Correctional health staff are entitled to a forensic allowance of 6.5%. It is noted that the Award (Part IV – Allowances, clause 2) lists a Correctional and Mental Health Allowance.

With the loss of a Psychiatric ICU in the state the acuity of patients in the HDU can be high. Members seek an extension of this allowance for shifts worked in HDU.

17. Environmental Responsibility

Members ask the THS to implement strategies to improve environmental responsibility across all THS sites e.g. improved recycling, focus on renewable energy and consideration of waste generation when selecting medical consumables.

18. Award/Agreement corrections, clarifications or amendments

(i) Multi-disciplinary Allowance (MDA)

- This allowance is clumsy, not easily understood by members and difficult to administer for pay staff. Request that the allowance be replaced by a simple % allowance component to bring nurses/AHP salaries into near salary alignment where the professions work collaboratively in joint teams.
- Areas where new collaborative teams are being established (for example Alcohol and Drugs) should also be eligible for this allowance as the same principles of salary alignment apply.

(ii) Payout of leave

- Members would like to be able seek a pay out for accrued paid Public Holidays (as they can with accrued annual leave).

(iii) 12 hour shifts

- 12 hours shifts are an option available under the current industrial instruments. Clarification and uniformity around the rostering arrangements, including ADO's, in-service and professional development, is sought.

(iv) Personal leave

- In light of computerised systems the current award clause for the accrual of personal leave is outdated. ANMF suggest that the clause be simplified to allow nurses, midwives and assistants in nursing to accrue sick leave on ordinary hours worked. This would reduce administrative burdens whereby a manual audit must be undertaken if an individual exhausts their sick leave entitlement yet claims to have worked extra hours (and so therefore entitled to additional leave). We calculate that a nurse should accrue 0.077 hours of personal leave per ordinary hour worked.
- Correct an Award anomaly that does not allow those governed by the Nurses and Midwives (Tasmanian State Service) Award to use a statutory declaration for a sick day.

(v) Meals Allowances

- Meals allowances in the Nurses and Midwives (Tasmanian State Service) Award are well below the cost of even a very modest meal. The allowances need to be increased in line with other state service Awards. A mechanism for the regular updating of these allowances should be agreed.