

2017  
July

# INNOVATION



—  
**Feature**

Aged Care  
Under Attack

—  
**Plus**

Palliative Care  
Week 2017



In 2016, we were recognised for our passion. For our communications, our advice, for standing up for what matters and the fact our products are tailored specifically for our members. It's nice to know we're getting it right.

award



Chant West Specialist Fund of the Year 2016



winner

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<b>Erin Kemp</b>	RHH – Neurosurgical

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# Branch Secretary Message



## Code Yellow and the Budget

During my eight week election campaign, I door knocked thousands of houses and spoke to many people; all who have the greatest respect for nurses. Nurses received consistent praise and respect at every door and despite much anger at a lack of access to the public health system, people could not speak more highly of the care they received 24/7. This was the same view for aged care facilities, but there was a concern around poor staffing levels and the staff being “run off their feet”, which was also a consistent theme.

Conversely, the community appeared to be cynical of the politicians and health policy makers. The community are angry with the lack of access to elective surgery (one person waiting 3.5 years), specialist appointments (nine months), diagnostic procedures e.g. colonoscopy (waiting for 18 months), and dental care (two years). This is not a health system to be proud of and explains why we have increasing presentations and demand in our Emergency Departments.

The recent Federal and State budgets were seen to be a potential panacea. Unfortunately this is far from reality! The Federal budget, while proving certainty of funding to the Mersey Hospital, delivered little else for Tasmania. The successful hospice@HOME program missed out on ongoing funding to provide care packages to enable Tasmanians who wish to die at home (see page 2). This program is vital to provide choice, and to keep people out of hospital.

The State budget appears to have a big spend on health but the reality is confusing. Hidden in the budget papers, are funds for beds which have already been open for years and/or used for flex capacity. The important figure is net gain - how many new beds and what FTE of new nursing positions. More importantly is the question, what is the vision for the opening of the new RHH? As forward estimates to 2020-21 do not indicate any increase in beds or staff.

On the papers, it looks like an increase of budgeted operational expenses to 6.7% but that is based on the current years budgeted figures, not the actual for this year and we know from history that hospitals overrun budgets consistently. Pleasing outcomes are the recognition for additional beds across the State and the additional 4 beds at LGH, 8 beds at NWRH and 2 RHH ICU, 8 transit lounge and 22 beds at Repat (yet to be built) are welcomed. However, there is no budget for any more beds to open.

This is at a time when pressures are escalating across the State and the RHH goes on Code Yellow due to bed block and increasing demands on the ED. ANMF will be working with all key stakeholders to work towards developing a blueprint for the future.

**Neroli Ellis**  
Branch Secretary



# Focus

## hospice@HOME Funding

ANMF is deeply concerned with the lack of funding announcements for hospice@HOME and palliative care in both the Commonwealth and State Government budgets

Pilot project hospice@HOME, delivered by The District Nurses, was allocated \$35m in funding from the Federal Government for four years as part of the “Better Access to Palliative Care.” The aim was to provide support for all Tasmanians who wished to die at home, unfortunately this pilot period has now finished. The program does however, continue to run for current clients thanks to residual funding. Despite, hospice@HOME residual funding being available, a term from the Commonwealth Funding Agreement dictated no new clients after 31 March 2017.

The service was, and still is, state-wide. The delivery of the program to country, rural, and remote areas has been a highlight of the project. According to Australian Bureau of Statistics (ABS) data, in 2015-2016 there was a higher proportion of patients living in outer regional areas than inner regional areas.

It is estimated that the pilot of hospice@Home has saved our hospital system \$12.4m over the four years. More importantly, it respects people’s wishes to die at home with dignity. 70% of Australians want to die at home, yet currently only 14% actually do. The project reached over 44,500 episodes of care and 1,515 calls were made to the free statewide 24/7 telephone service. In addition to brokering wrap around packages of care to meet patient specific needs, social work, equipment and workforce development were offered.

This program worked alongside the state funded palliative care services offered through the Tasmanian Health Services (THS). It also assisted to keep people out of emergency departments (ED) and hospital beds at a time when bed pressures in hospitals were enormous.

Disappointingly, the Federal Budget announced \$1 million a year for hospice, and of that money only half is allocated to The District Nurses to provide the after hours telephone service. But without any staff to refer patients and families after hours, the end result will be either an ambulance, or family transport to ED. ED or an acute ward bed is not the appropriate setting for terminally ill people who wish to die at home.

The remaining \$500,000, has been allocated to Palliative Care Tasmania, which is the advocacy group for palliative care.

ANMF has requested the State Government provide additional resource to support THS palliative care and community nursing, to provide the home care previously provided by hospice@HOME. We were very disappointed to see no allocation to fill this Gap. ANMF will continue to lobby both Federal and State Governments. Our community deserve choice.



You can learn more about hospice@HOME and The District Nurses online at [hospiceathome.org.au](http://hospiceathome.org.au) or by calling 1800HOSPICE (1800 4677 423).

# — Focus Palliative Care



Last month ANMF joined in celebrations for National Palliative Care Week. The annual event, which runs from the 21st to the 28th May, is a great opportunity for the community to recognise and reflect on the vital role that palliative care workers play. The theme for the 2017 celebrations was ‘You matter, your care matters. Palliative care can make a difference’

The Tasmanian Association for Hospice and Palliative Care Inc. (TAHPC) started the week long celebrations with an afternoon tea to acknowledge the work of the medical, nursing, allied health, volunteers, and administrative and ancillary staff of the Specialist Palliative Care Service (SPCS).

During the afternoon tea, Colleen Johnstone, the general manager of TAHPC addressed the guests. She spoke of the amazing service and work done by all involved in palliative care. She had particular admiration for the team in SPCS, referencing them as “the backbone of the service.”

The SPCS provide clinical leadership and specialist advice in palliative care practice in Tasmania through consultancy and liaison, collaborative care, education and advocacy. Their sole focus is to offer extensive knowledge and experience, and promote a healthy approach to death, dying, grief, and loss. They support clients, families, and their carers across all care settings, including at home, in hospital, and in residential aged care facilities.

The SPCS provides an amazing service with a small team of specialist nurses ensuring clients have 24 hour, seven-day access to an after hour’s on-call telephone

service. The SPCS have just completed a successful six-month trial to reduce their on-call service demands by initiating a change process by engaging other community service providers to encourage them to participate in afterhours service needs. Unfortunately there is no data available to identify the number of acute hospital admissions that have been avoided due to this service, but there would likely be many.

Unfortunately, this service relies on Government funding to provide the essential resources to enable health care workers to deliver the growing service demand. Without this funding, less people will be able to stay at home longer and the current services cannot expand. ANMF continue to lobby for adequate resourcing of palliative care, including suitable numbers of nurses and midwives to provide palliation to those who may request it.



The Honourable Kate Warner AM, Governor of Tasmania speaks at the The Tasmanian Association for Hospice and Palliative Care morning tea.



# Update

## Aged Care Enterprise Bargaining

ANMF have been busy in the aged care sector negotiating enterprise Agreements. We are working hard to maintain conditions and increase pay rates for our members

### Southern Cross Care

Southern Cross Care employees have sent a strong message to their employer in the ballot for the employer's proposed Enterprise Agreement. 628 employees voted out of 1,053 eligible employees, so the return rate was 60%. 50 ballot papers were ruled to be invalid. 70% of valid votes cast were no votes.

ANMF notes that most of the invalid votes were attempted no votes which were ruled to be invalid because voters put a cross in the relevant box instead of ticking the box. ANMF reminds members to read ballot instructions carefully when voting to ensure that every vote counts.

ANMF hopes that Southern Cross Care will reconsider its position in the face of this clear result, but further action from ANMF members may be necessary. ANMF Organisers are meeting with members throughout the state to discuss their options.

### Island Care

Bargaining is about to begin for the new Island Care Agreement, which will also cover the Davey St and Old Beach facilities previously covered by the St Ann's Agreement. Combining enterprise Agreements is a complicated process that can be confusing for members. ANMF has consulted extensively with members at all sites, developing a log of claims for a combined Agreement. This will include conditions that benefit members covered by the current Island Care Agreement, as well as members covered by the current St Ann's Agreement. ANMF will continue to consult with members as bargaining progresses.

### Wynyard Care Centre

ANMF is pleased to advise that after employees voted no to the employer's proposed Agreement in two ballots, the employer has agreed to maintain current conditions and apply the FairWork Commission annual award increases to employee wage rates each year.

### Other Agreements

ANMF will soon begin negotiating for new Agreements at the following workplaces:

- Bupa South Hobart
- May Shaw
- Christian Homes
- Queen Victoria Home


ANMF is currently negotiating for new Agreements at the following workplaces:

- The District Nurses
- The Gardens
- Meercroft
- Masonic Care Tasmania
- OneCare (nurses only)
- Tandara (carers only).

### Drafting in Progress

ANMF has reached in principle Agreement with employers at the following sites, and hopes the final Agreement documents will soon be ready for ballot:

- Huon Eldercare nurses Agreement
- Medea Park nurses Agreement
- Corumbene nurses Agreement
- Corumbene non-nurses Agreement.



## Focus Premature Deaths

Nurses working in aged care often face high workloads, with residents presenting complex medical histories and often multiple co-morbidities. As such, care assistants play a very important role as part of the nursing team in supporting residents; however registered nurses are ultimately responsible for the assessment and management of residents

Enrolled nurses are limited by their scope of practice, and must work under the supervision – direct or indirect – of a registered nurse. Unfortunately some employers are prepared to make ‘indirect supervision’ - supervision that is provided by an RN who is not on site. This has implications for enrolled nurses (who are accountable to the Nursing and Midwifery Board of Australia (NMBA) for their practice) as well as for an RN who has to determine whether they need to attend the workplace to more fully assess the resident and provide assistance to the EN/care staff.

It was therefore interesting to read an article published in the Medical Journal of Australia on 5 June, entitled *Premature deaths of nursing home residents; an epidemiological analysis*.

The authors reviewed the incidences of death reported to coroners across all Australian jurisdictions that had occurred in accredited nursing homes between July 2000 and June 2013. A premature death was defined as one that occurred ‘sooner than necessary’. Over the time frame in question it was estimated that around 15.2% of deaths that occurred were premature. Unsurprisingly, the largest cohort of premature deaths was caused by

falls, which accounted for 81.5% of deaths - the majority of which occurred in the 85-94 age group. Over the time period in question the number of premature deaths following a fall increased from 1.2 per 1,000 admissions (2001-02) to 5.3 per 1,000 admissions (2011-2012).

The authors commented that it was notable “from an injury prevention viewpoint ... that most non-natural causes of deaths ... were related to falls (81.5%); choking (7.9%) and suicide (4.4%)”. As a result the paper raises the question about “governance structures for the care and safety of nursing home residents” and the authors point out that “operators are regarded as being responsible for improving the residents’ care”

From reports given to ANMF by members it appears that some deaths related to falls may also be linked to poor staffing. Residents (in part aiming to maintain their independence, or perhaps because they are confused) may attempt to move to the bathroom, get out of a chair or a shower without assistance resulting in a fall. Better staffing levels and improved risk assessments may well help reduce some of these avoidable deaths.

Staffing levels across the Aged Care Sector in Tasmania are not regulated. Perhaps there is a need to consider minimum safe staffing for some of the most vulnerable members of our community.

Do you have a story about your experience in the aged care sector? Whether it be professionally or personally, we would like to know. Email [agedcare@anmf.org.au](mailto:agedcare@anmf.org.au).

1. Ibrahim Joseph E, Bugelja Lyndal, Willoughby Melissa, Bevan Marde, Kipsaina Chebiwot, Young Carmel, Pham Tony, Ranson David L. MJA 206(10) 5 June 2017 – doi: 10.5694/mja16.00873 accessed ahead of print
2. The authors note that the increase may be, in part, a better awareness of (and changing legal requirements) obligations to report certain deaths.



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## Feature

# Aged Care Under Attack

The Aged Care Sector is under attack in Tasmania. The greatest challenges currently faced are by those Nurses and Care workers in the Residential Aged Care Sector

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These challenges include the realisation of The Aged Care Funding Index (ACFI) cuts and the impact on staffing, patient care and employment conditions; the increasing reduction in skill mix; and more recently the take over of Presbyterian Aged Care Sites in Tasmania by Regis Aged Care.

### ACFI Funding

The ACFI matrix was altered by the Federal Government in 2016 which ultimately reduced funding to residential aged care. This is likely to equate to a 1.2 billion dollar reduction in aged care funding over the next four years.

The most targeted criteria of the ACFI matrix was in regard to complex health care management. ANMF are aware that the complexity of residents in aged care is constantly increasing and the care requirements of each resident are multi-faceted. However, these residents have been directly targeted with key nursing care requirements being undervalued with a reduction of funding allocated via the ACFI matrix. Some of the nursing tasks that now have a reduced score on the ACFI matrix and subsequent funding scale include; blood pressure management, complex pain management and management of chronic skin conditions. These are specific nursing duties that require critical thinking and ongoing specialised care to ensure quality care outcomes for all residents with chronic health care needs. It is well known that fragmented and condition specific care, results in poor health outcomes<sup>1</sup> which is why this type of nursing care is so important.

The ANMF have lobbied both State and Federal Governments to reverse the ACFI funding cuts. Most recently ANMF worked hard to get aged care onto the agenda in the recent Federal budget. However, the Federal budget did not reverse any of the ACFI cuts, nor did it provide any regulation for the provision of mandated safe staffing and skill mix in aged care across the nation<sup>2</sup>.

In Tasmania, the reality of the ACFI matrix alteration and the subsequent funding reduction has already started to have an enormous adverse outcome for all in aged care. ANMF continue to be involved in re-negotiating Enterprise Agreements in the aged care sector. ANMF have enthusiastically pursued appropriate conditions and wage increases on behalf of members noting the significant increase in workloads and pressures faced in the aged care sector. However, Aged Care providers are citing the ACFI funding cuts as the reason why they are unable to provide a reasonable formal offer to employees. A number of wage offers from employers have been well below the Consumer Price Index (CPI) and sets a worrying trend for those staff in aged care.

### Regis Aged Care Take Over of Presbyterian Care Tasmania

In a further change to aged care in Tasmanian, Regis Aged Care has bought out Presbyterian Care Tasmania. This effects three residential aged care sites in Tasmania including, Legana Presbyterian Care and Norwood Presbyterian Care in Northern Tasmania, and Warrane in Southern Tasmanian.

The ANMF recently met with members at all sites and will continue to meet with members on an ongoing basis to report back on developments. Following the take over announcement ANMF immediately sought an overview of the intentions of Regis Aged Care to ensure the interests of nursing and care staff were considered and protected wherever possible.





Key issues the ANMF were able to determine included:

### Changing Employment Conditions:

**Nurses:** The incoming employer has made an application to the Fair Work Commission to set aside the current agreement which, until December 2019, covers nurses. Unless there is an order to revoke that Agreement it cannot be replaced until the expiry date is reached. If the Agreement continues the incoming employer will need to ensure that the current conditions of employment, which were negotiated with PresCare, remain in place.

- Regis has indicated that they wish to revert to the Modern Award and intend to look to negotiate a replacement Agreement in the future. If that application is successful conditions of employment will change and may well result in a lesser rate of pay or other entitlements: At least in the short term.
- The Modern Award represents minimum conditions which have to be provided by an employer. These conditions are generally below Agreement conditions.
- Regis MAY 'grandfather' entitlements currently paid to some employees but for how long and what conditions may be protected, is unknown.
- A review of salaries currently paid to nurses in other Regis facilities indicate that nurses may be paid up to 10% less than comparable nurses in other Tasmanian Aged Care facilities.
- If the application made by Regis is successful, and conditions revert to the Modern Award, this will become the starting point for any further negotiations – i.e. this will be the comparison to see whether a proposed Agreement is 'better' rather than the current Agreement being the starting point. It is likely that conditions currently enjoyed will be lost.

**Care staff:** Regis intends to maintain the same Agreement (which has passed its nominal expiry date) so carer conditions should not change at this time. However, it is assumed that Regis will seek to negotiate a new Agreement to cover care staff in the near future.

### ANMF aiming to maintain the current Nurses Agreement

- When the Fair Work Commission considers the application by Regis they need to take into account a number of matters. This includes the opinion of the transferring employees.
- The ANMF believe that nurses who transfer their employment to Regis will, if the application to revert to the Modern Award is successful, be disadvantaged and lose conditions they currently enjoy. ANMF have generated a petition to for all nurses to sign to demonstrate to the Commission that nurses do not agree to change their employment conditions.
- The ANMF have also lodged an application to oppose the application to terminate the Agreement.

Despite the significant challenges in aged care nurses and care staff continue to provide a consistently high level of care to the residents they care for. ANMF are passionate about supporting nurses and care staff and will continue to advocate for all members in the aged care sector.

1. Trehearne, B., Fishman, P and Lin, E. (2014). Role of the Nurse in Chronic Illness Management Making the Medical Home More Effective. *Medical Economics*, 32(4), pp. 185.
2. Thomas, L 2017, Nursing students and aged care losers in Health Budget, *Australian Nursing and Midwifery Journal*. 24( 11), pp. 13.

# Update Member Eligibility



## The first half of 2017 has seen ANMF achieve changes to its membership eligibility rules

This now means we can enrol the following categories of employees as members, whilst continuing to maintain our traditional coverage of nurses and midwives:

- Extended care assistants, personal care assistants and assistants in nursing working in residential aged care facilities
- HSO4 and HSO5 employees in the public sector who are primary engaged in nursing care (and who are not technicians, orderlies, AHP assistants, therapists, therapy assistants or ambulance officers)

Along with the above, ANMF's previous eligibility rules continue to apply. ANMF membership is still open to all employees engaged in the nursing or midwifery industry, who can produce evidence of ANMF-approved training. For example, a Certificate III in Aged Care or Disability Services.

As a result of these changes, in early June the ANMF held morning and afternoon tea's to celebrate care workers as a part of the nursing team. Mandy Clark, ANMF Member Engagement Officer explained, "these celebrations were held across the state to not only celebrate and welcome our carers as a part of the nursing team, but to achieve an important milestone for ANMF of reaching 8,000 members by 1 June. We want to grow our membership, with more members we can achieve greater collective outcomes."

ANMF crossed the state visiting rural sites including Queenstown, Roseberry, Smithton, St Helens and Campbell Town.

"Going out to primary health sites was an important focus for ANMF as we know that care workers are the back bone of support to the nursing team, particularly in our rural sites" said Mandy.

As well as recruiting new members, ANMF also took the opportunity to listen to current members about their workload concerns. From this, where required ANMF Organisers have arranged follow up meetings with members and management to work through these issues. We look forward to continuing to advocate for our members, whether they be nurses, midwives or carers in public or private, rural, remote or urban locations.

If you have any enquiries regarding your membership, please contact us on (03) 6223 6777 or 1800 001 241 (if outside Hobart). Alternatively send an email to [enquiries@anmftas.org.au](mailto:enquiries@anmftas.org.au)

## Congratulations!

To coincide with changes to ANMF recruitment and celebrate reaching 8,000 members, a competition was held for new and existing members to win an iPad mini. Congratulations to Kristy Irvine! Our lucky winner Kristy is an Care Worker from the Midlands.



We would like to offer our congratulations and sincere thanks to Lynette Valmai Joseph, who is retiring from nursing. Lynette was a nurse for over 40 years and a valued ANMF member for 35 years. We would like to extend our appreciation for all her hard work and dedication. Pictured here with Acting Branch President James Lloyd and Branch Secretary Neroli Ellis.

# My Benefits Member Offers

From our members:  
"I love using the 5% off  
at Coles! With a small  
family every little bit  
helps in the long run."

Jen, RHH

## Have you been enjoying your new Member Benefits? Here are some of the great offers available for ANMF Tasmania members...

To access, redeem and explore all of the offers available visit [my.anmftas.org.au](http://my.anmftas.org.au)

\*Offers correct at time of print. For latest listing and terms and conditions please refer to the ANMF website.



### Cafe and Dining

PRESENT YOUR CARD OR PHONE

**20% OFF**

#### The Pier Hotel

up to the value of \$25

5 Elizabeth Street  
George Town TAS



### Shopping

E-GIFT CARD

**5% OFF**

#### Jetstar

Valid on any flight, anytime  
departing from Australia



### Activities

PRESENT YOUR PHONE

**2-FOR-1**

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terms online via My Benefits

Hastings Caves Road  
Hastings TAS

PRESENT YOUR CARD OR PHONE

**20% OFF**

#### Fox and Hounds Inn

up to the value of \$25

6789 Arthur Highway  
Port Arthur TAS

E-GIFT CARD

**5% OFF**

#### Coles

Save on your groceries  
and more!

PRESENT YOUR PHONE

**2-FOR-1**

#### Putters Adventure Golf

terms online via My Benefits

10 Main Road  
Moonah TAS



## — Focus Notifications To AHPRA

Under section 130 of the *Health Practitioner Regulation National Law (Tasmania) Act 2010*, all registered health practitioners or students must inform the Board within seven days of becoming aware of a “relevant event” or change in their status in relation to certain events. Failure to do so does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken

### Nurses and Midwives MUST report certain events including:

- If you have been **charged** (in any jurisdiction) with an offence punishable by 12 month imprisonment or more; or
- If you have been found guilty of an offence punishable by 12 months imprisonment or more.
- If you no longer have professional indemnity insurance arrangements in place.
- Your **right to practice has been restricted** because of your conduct, professional performance or health.
- If **your authority under a state law to administer, obtain, possess, prescribe, sell, supply or use a scheduled medication is cancelled or restricted.**
- If your registration in another country is suspended, cancelled or made subject to a condition.

It is important to remember that an ‘offence punishable by 12 months imprisonment or more’ does not mean you have actually been sentenced to that, but that the maximum sentence that **could** be applied is for 12 months or more.

There are some other conditions which are more likely to apply to medical or other practitioners than to nurses.

### Students must also give notice if:

- They have been charged, or convicted, or found guilty of an offence that is punishable by 12 months imprisonment or more OR if their student registration has been cancelled under the law of any other country.

The fact that you have simply been **charged** with an offence (which could lead to 12 months imprisonment) requires notification. The most common events which come to the attention of our Information Centre staff, which need to be notified to AHPRA, are where you have been **suspended from work** (with or without pay) OR where you are advised you are **not to administer medications**.

It does not matter if the restriction is a short-term matter. ANY restriction on your right to work as a nurse must be reported to AHPRA. This reporting will not necessarily result in any restrictions being imposed. In fact, when a workplace has put in (for example) a programme to deal with medication mismanagement, AHPRA will often leave the matter in the hands of the employer.

If in doubt, **REPORT**. There is a form available on the AHPRA website that you can download. If you feel you need to provide a ‘notice of certain events’ to AHPRA please contact the ANMF Information Centre staff for further advice and assistance on (03) 6223 6777 or email us at [info@anmftas.org.au](mailto:info@anmftas.org.au).



# Update Regional Roundup

## Southern Roundup

### Risdon Prison Complex (RPC)

ANMF recently met with members at RPC who continue to have concerns about the current process for medication management. ANMF will now formally request an update on the progress of the electronic medication management system.

### Department of Psychiatry (DoP) RHH

Concerns continue to be raised with ANMF about the current environment and layout of the relocated DoP. The current plans for the new building (K Block) may not be updated and the same known issues may be repeated.

These concerns include; lack of natural sunlight, lack of space for activities, lack of personal space, noise issues stemming from discussions in the nurses stations being heard through the windows, a seclusion room being inadequate and unsafe for use, feedback from patients that it feels more like a prison with nurses seen as containment officers not caregivers, and that the egress from the HDU medication room is unsafe. ANMF will formally raise these concerns with both THS and Redevelopment.

### Child Health and Parenting Services (CHaPS)

ANMF enjoyed participating in the CHaPS International Nurses Day celebrations at the Menzies Centre. The day was attended by approximately 100 nurses from CHaPs and Women' and Children's Services (WACS) with the focus for the day being on Safe Sleep Space.

CHaPS are celebrating their centenary anniversary with the Child Health Association (formally named the Child Welfare Association) which started in 1917. One of the main events will be a Gala Fundraising Ball on Friday 22 September 2017. You can learn more about the ball by visiting [www.chatas.com.au](http://www.chatas.com.au).

### RHH Emergency Department (ED)

ANMF continue to work with members in the ED

at the RHH regarding the situation with bed block, specifically, patients requiring beds on the Department of Psychiatry (DoP). ANMF initially contacted management in the ED outlining some short-term solutions put forward by members to facilitate patient flow. Unfortunately, whilst management of DoP have responded, no action has been taken to alleviate the situation. The ANMF has written to the CEO of THS, Dr David Alcorn, asking that he provide action to the solutions put forward, such as increased community support. ANMF also requested the CEO recognise that interdepartmental co-operation is necessary in order to increase patient flow of the DoP patients.

### RHH Theatres

ANMF met with members regarding the change proposal to implement a Clinical Nurse Specialist role within Operating Theatres. This is currently on hold while management review the Associate Nurse Unit Manager (ANUM) role and how this relates to the CNS role. Other issues such as annual leave entitlements, two clear days after night shift, and skill mix were also raised. These issues have been outlined by ANMF in correspondence to Operating Theatre management, requesting a response.

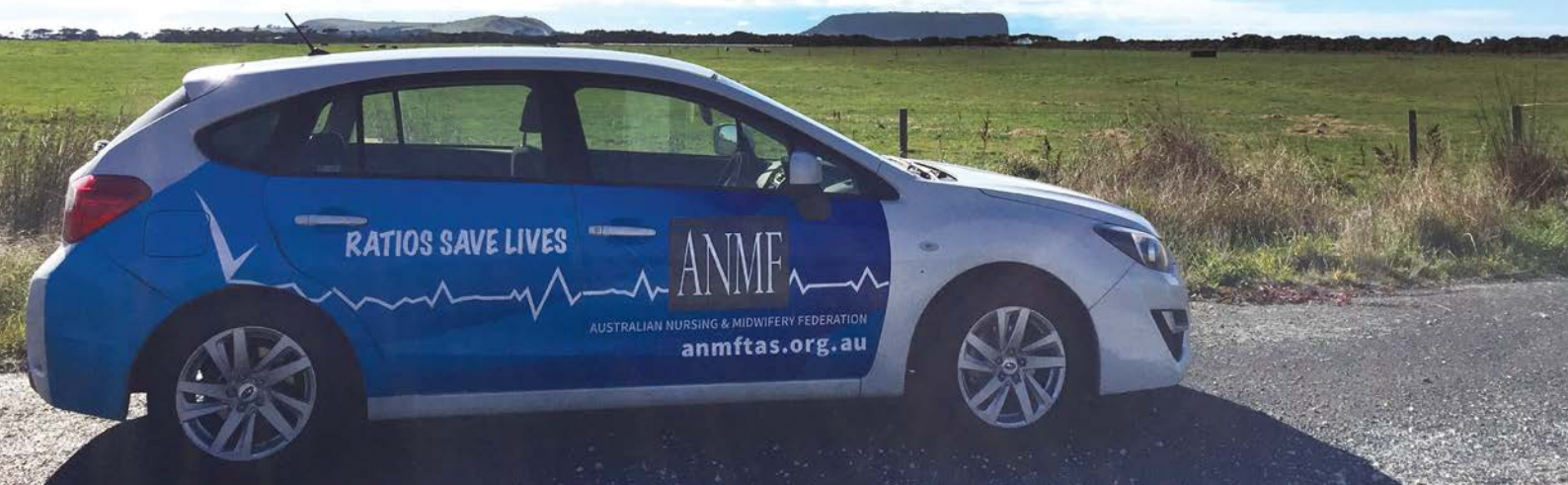
### RHH Maternity

Members on Maternity are working with management and ANMF to find provision of permanent hours for those members on rolling fixed-term contracts. Management are preparing a brief to go to the Statewide EDON requesting methods are looked into to increase access to permanent hours on the Maternity Unit.

### RHH 2A Surgical

ANMF met with members who have reported that there is an increase in acuity and workload on the unit. ANMF understands that there is currently re-benchmarking of the Nursing Hours per Patient Day being undertaken by management. ANMF await the outcome of the re-benchmarking, and will communicate outcomes back members.





## Northern Roundup

### High occupancy and acuity the LGH

This month wards at the Launceston General Hospital (LGH) have continued to experience consistently high levels of occupancy and patient acuity, resulting in workload concerns from members to ANMF in the form of workload grievances.

### Concerns in the acute mental health sector and HDU

There have been significant concerns raised from ANMF members in the acute mental health sector regarding their work health and safety, and current workloads. This is due to increased patient acuity on the ward and in the high dependency unit (HDU). ANMF met with Tasmanian Health Service (THS) management to discuss these significant concerns and are pleased to report the following change; THS will now pay the 6.5% Correctional and Mental Health Allowance as per Part IV 2 of the Nurses and Midwives (Tasmania State Service) Award 2017, for nurses working in HDU. This is to recognise and acknowledge the increase in acuity and difficulties when working in a secure environment. Whilst we welcome this acknowledgement, ANMF made clear that there is no price that can be placed on the safety of our members and that of their patients. We will continue to advocate for a sustained, safe working environment for our members.

### Workload concerns at 6D

After receiving a request, ANMF met with members on ward 6D at the LGH to discuss workload concerns. Proceeding this, ANMF wrote to management on behalf of members to raise a step one workload grievance. ANMF have since met with THS management to discuss these concerns, the outcomes achieved were as follows; an additional staff member will be placed on the roster to work on the weekend morning shifts. This will see a staffing level of 8 + 1 in charge, + 1 additional staff member. This commenced on the 20th May 2017. We will continue to monitor workloads in this area and advocate for our members.

### PEN for LGH ED

THS have put forward a proposal to introduce a Psychiatric Emergency Nurse (PEN) into the LGH ED, under the governance of Mental Health Services and by moving FTE from the community and placing them in the ED. This proposal holds significant gaps as it is based on flawed data that has been acknowledged in numerous other forums. In addition to the above, by removing services from the community it is only going to increase the pressure on the LGH ED as there will be an increase in admissions due to the limited ability of the crisis and triage team (CATT) to tend to the community. ANMF are sitting in on a working group discussing this proposal. We will continue to advocate for our members in this area with our position being that this new service needs to be funded via additional resources.

## North West Roundup

### ANMF tour the North West for IND

The ANMF enjoyed attending the North West Regional Hospital and various other sites in the area, to celebrate nurses on International Nurses Day (IND). It was a great way to engage with members and show our support and appreciation for their continued hard work and dedication to this vital profession. ANMF officials enjoyed attending morning teas, and delivering chocolate frogs to nurses as a small token of our appreciation for their ongoing efforts. We are committed to providing ongoing support and advocating on behalf of members so you can continue to deliver optimum professional nursing care to members of the North West communities.



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\*To register to attend this conference you must be an ANMF Workplace Representative