

Retain Recruit Rebuild

EBA#8
2024-28

A Victorian public sector nursing and midwifery workforce plan

It is an understatement to say the last four years have taken an enormous toll on Victorian nurses and midwives.

We worked above and beyond for the Victorian community through the 2020 summer bushfires, the once-in-a-100-year COVID-19 pandemic, multiple flood events and the most significant staffing pressures since the 1990s nursing and midwifery crisis.

The result is a deep level of exhaustion worsened by the rising cost of living's corrosive impact.

The 2024-28 enterprise agreement is an opportunity for the Victorian Government, and the executives who manage our public health services, to repair and acknowledge the workforce. Government and management must demonstrate they have deeply listened and understood nurses' and midwives' concerns and experiences.

This claim is based on ANMF members' resolutions endorsed by previous annual delegates conferences. It provides further clarification of the intent of current EBA clauses and offers practical solutions to reduce unnecessary and unproductive disputes. It identifies ways to significantly improve the working lives of nurses and midwives and our ability to provide safe patient care.

This is a plan to retain our experienced and skilled workforce and to retain our graduates and early career nurses and midwives who will become the experienced workforce of the future. It is a plan to recruit nurses and midwives and encourage those who have taken a break to return.

To **retain, recruit and rebuild** our public sector nursing and midwifery workforce we must have an enterprise agreement that values and rewards nurses and midwives, improves our conditions and entitlements and focuses on safety and gender equality in the workplace.

*We note nurse/midwife patient ratios are not included in the EBA and are enshrined in the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015*. The Andrews/Allan Government continues to implement election commitments to introduce and improve ratios in a number of clinical areas, as well as reviewing the level of individual health services (medical and surgical wards), and emergency departments.

1. Preliminary

- a. All respondents to the current EBA to be respondent to the replacement agreement.
- b. Any services commencing after this claim that are consistent with (a) above also to be respondent to the replacement agreement.
- c. Amendments to reflect the National Employment Standards (NES) where more beneficial.
- d. Amendments to reflect State Industrial Relations Policy where more beneficial.
- e. All existing EBA terms to transfer to the replacement agreement unless specifically amended by this claim or agreed in negotiations.
- f. Update Workplace EBA Implementation Committees (WIC) to be mandatory and include a Central WIC.

2. Addressing high instances of unscheduled absences on weekends and nights by increasing penalty rates for these shifts or amending rostering practices

- a. Reintroduction of permanent night shift.
- b. Night duty staff brought in for training can lose penalties. To avoid disadvantage, add penalties employee would have earned.
- c. Increases in night duty penalties.
- d. A minimum of 47 hours break post rostered night shifts before returning to work, unless requested by the employee to return earlier.
- e. Increased Sunday penalty rate.
- f. Weekend rates to apply from Friday 6pm until Monday 8am.
- g. Applicability of morning shift penalty payments.
- h. Applicability of penalty payments for ANZAC day falling on a weekend.

3. Amending opening hours to provide incentives to employees who work expanded hours to ensure services are available at times convenient to the community

- a. Working away from home allowance.
- b. All non-casual clinical employees to have a home ward.
 - i. Redeployment from home ward to attract new change of ward allowance.
 - ii. Home ward to be included on letter of appointment.
- c. Introducing the right to disconnect – changing the way we source staff.
 - i. Reinforcing change of roster allowance and supplementary rosters.
 - ii. Expansion of applicability of change of roster allowance where there is non-compliance with forward roster requirements.
 - iii. Utilising on-call to address unplanned absences.
 - iv. Only on-call staff can be contacted (unless emergency).
 - v. Increases in on-call allowance for weekends, days off and public holidays.
 - vi. Add on-call allowance to leave loading calculations (and superannuation).
 - vii. Ensure equitable allocation of on-call.
- d. Change of roster, penalties and allowances to apply to double shifts as well as overtime.
- e. Increase overtime rates to minimum double time, double time and a half on weekends and triple time on public holidays.

- f. Amendments to part-time employment clause to require guaranteed minimum number of hours to be worked and the rostering arrangements which will apply to those hours.
- g. Amendments to (further) limit fixed-term/maximum-term employment and clarify notice period.
- h. The extension of transport being provided to the employee by the employer following overtime, including the return journey, when their vehicle remains at work (not just double shifts).
- i. Improved clauses around meal breaks, including paid meal breaks.
- j. 8:8:10 roster for Latrobe Regional Hospital, Echuca Aged Care, and Alexandra District Hospital.
- k. Paid ten-minute breaks during overtime.
- l. On-call emergency recall triggered if required to work one or more hours overtime (including where a case continues).
- m. Increase minimum annual leave from 190 to 266 hours.
- n. Simplify access to the sixth week of annual leave.
- o. If recalled from your annual leave, or have your annual leave cancelled, then employees will receive an extra five days' annual leave. (Recall by agreement.)
- p. Being allowed to retain a buffer of accrued annual leave prior to starting maternity leave in order to allow a safeguard on return to the workplace.
- q. That full-time staff are to be rostered a minimum of two consecutive days off, unless requested otherwise and that rostering of single days off cease.
- r. Employees being able to take long service leave in days rather than week blocks if desired.

4. Removing or reducing restrictions which impede the efficient allocation of resources

- a. Extra benefits for working a higher EFT.
- b. Clear entitlement to paid study leave for ENs studying to be an RN and/or midwife.
- c. Conduct and performance – ensuring that a senior nurse or midwife is involved in managing performance or conduct issues relating to nursing and midwifery.
- d. Study leave to apply to online courses and summer school students.
- e. Promoting the postgraduate midwifery employment model (funding agnostic).
- f. Facilitating agreed rotations between hospitals.
- g. Addressing anomalies in the Research Nurse/Midwife classification structure.
- h. Ensuring alignment of Nurse Practitioner positions and educational opportunities.
- i. Include in long service leave (LSL) provisions right to allow employees to make themselves available for bank/casual employment during a period of LSL or parental leave (including CNS/CMS).
- j. Portability of service from interstate public health.
- k. Portability of service when moving from local government to public health.
- l. Require employers to offer employees keeping in touch (KIT) days while on parental leave.

5. Addressing identified skill or capability gaps and incentivising and facilitating employees' skill development through access to specified TAFE training

- a. Introduction of Registered Enrolled Nurse Students (RENS).
- b. CN1 pay rate in appendix to apply to community ENs.

6. Specific measures to address gender inequity

- a. Wages and allowances to be increased in accordance with government policy, and having regard to gender equity, cost of living, retention, interstate/territory competitiveness and other considerations.
- b. Amendments to flexible work arrangements clause – employer must consider impact of denial on employee; can only refuse on ground of unjustifiable hardship.
- c. Align annual leave and LSL with respect of right to convert to personal leave in circumstances of personal illness or injury during LSL period.
- d. Superannuation to be payable on ordinary time earnings, and:
 - i. on-call allowances
 - ii. during workers compensation leave
 - iii. on defence leave
 - iv. during periods of jury service
 - v. no safe job leave (whether paid or not).
- e. Improved transition to retirement arrangements where retirement date confirmed.
- f. Family violence leave be paid as if at work.
- g. Extending compassionate leave entitlement from two to seven days.
- h. Extended compassionate leave where related to an event occurring outside Australia.
- i. Provisions to recognise and support Aboriginal and Torres Strait Islander peoples' periods of mourning.
- j. Amendments to roster consultation clause to ensure family and caring responsibilities are considered in decision making.
- k. Right to take annual leave and LSL in conjunction with parental leave.
- l. Amendments to anti-discrimination clause to reflect and respect diversity, accommodation of caring responsibilities.
- m. Training occurs in paid time (on rostered shift) but, if necessary, overtime is paid when completed out of hours.
- n. Portfolio holders to have an office day every month to work towards providing staff education and updating communication boards.
- o. Paid time/leave:
 - i. for Associate N/MUMs to have non-in-charge time equal to one shift per fortnight for fulltime employees and pro rata for part time
 - ii. 36 hours paid leave per year and ability to access prenatal leave for assisted fertility appointments
 - iii. 12 days per calendar year for menstruation and menopause (non-cumulative)
 - iv. personal leave accrual consistent with paramedics
 - v. paid parental leave of 20 weeks for primary and 6 weeks for partner leave, removing the delineation between primary and secondary carers. Enable partner to access long paid parental leave where they are the primary carer
 - vi. 20 weeks for primary and six weeks for partner leave for foster parents who adopt a young child (under 16) or surrogacy or the loss of a pregnancy
 - vii. gender transition/affirmation leave
 - viii. an additional ten days (non-accumulative) paid leave for employees who have periodical responsibility of someone with a disability (as defined by the Equal Opportunity Act 2010)
 - ix. clothing change time v allowance v PPE (e.g. instead of ten minutes time, make it ten minutes pay at beginning and end of each shift)
 - x. introduction of up to five paid days per calendar year to volunteer for not-for-profit health aid organisations
 - xi. special disaster leave to "three days per occasion"
 - xii. special paid leave for infectious diseases/isolation.
- p. Minimum numbers of preceptors, merit-based selection of preceptors, and provision of a preceptorship allowance.
- q. The "in-charge" position in the *Safe Patient Care Act* is already in addition to ratios. Where someone is in charge of a shift, including acting and/or where the NUM/MUM is also on duty, that position to also be in addition to ratios.
- r. Skill mix to include operating theatres, recovery units and paediatrics, i.e. 1/3 RN greater than three years' experience, 1/3 RN with one to three years' experience, and 1/3 graduate RN/ENs.
- s. An increase in the number:
 - i. of single-day absences without evidence per year (from three to five)
 - ii. of occasions that a statutory declaration can be used from three to five (currently three in any one year and not exceeding three consecutive working days each).
- t. Changes to the definition of immediate family and adoption to reflect Aboriginal and Torres Strait Islander peoples' kinship relationships and includes foster care, surrogacy, and kinship care. Cultural provisions for Aboriginal and Torres Strait Islander nurses and midwives i.e. recognition of sorry business for the purposes of accessing compassionate leave.
- u. Expanding the definition of care beyond the nuclear family to allow staff to nominate who they care for based on individual circumstances, whether traditional family or not.
- v. Further expansion of subsidies for childcare/caring costs.

7. Targeted wage increases to a specific and identifiable cohort of workforce who have historically been underpaid because of gender (for example, through reclassification of a particular feminised role)

- a. Adjustment of RN and midwife entry rate to reflect degree entry minimum.
- b. Adjustment of EN rates to maintain relativity with RNs and midwives.
- c. NUMs and MUMs to translate to two-level structure with agreed definitions.
- d. All Liaison Nurses and Midwives to be classified in accordance with the Statewide Classification Committee work (last draft).
- e. The following roles to be classified within the CNC/CMC classification structure:
 - i. all Coordinator Nurses and Midwives
 - ii. all Advanced Practice Nurses and Midwives (except Nurse Practitioners and CNS/CMS).
- f. Definitions to be added to describe the work of:
 - i. Nurse Practitioners
 - ii. Endorsed Midwives.
- g. Deletion of "Major Hospital" definition.
- h. Nurse Practitioner Candidates to be paid at CAPR 3.2 (Clinical Nurse Consultant B) after the first year of candidature and until endorsed as a Nurse Practitioner.
- i. No Lift Coordinators to be paid the same regardless of funding.

8. Measures to address specific workforce challenges (for example, workforce attraction and retention payments)

- a. Compensation to hyperbaric nurses whose off-duty periods are impacted by measures to prevent decompression sickness.
- b. Insertion of provisions to better facilitate return to work from illness or injury, particularly psychological injury.
- c. Inclusion of agreed approach to prevent sexual harassment.
- d. Annual increase in qualification allowance for experience following additional qualifications.
- e. Nurses and midwives to have professional and operational responsibility through nurses and midwives, through to NUM/MUMs and DON/M/EDON/M.
- f. DOM required to be appointed relevant to the maternity capability level of the service.
- g. Where there is no MUM or AMUM on shift, sole midwife to be paid at equivalent CMS rates regardless of on call arrangements.
- h. Inclusion of extended postnatal care into the community classification stream.
- i. Amend RUSON/M clause to include masters students working as RUSON/M.
- j. Extend RUSON/M employment to when you commence your graduate year.
- k. Improve rates of pay for RUSON/M and add capacity to work casually.
- l. Increase number of RUSONs/RUSOMs/RENs per ward per shift.
- m. Improved descriptors for DONs/DOMs.
- n. New classifications for 'Team Leaders'.
- o. Amend definition of post basic for CNS/CMS to include masters and double degree entry
- p. CNS/CMS applies from date of application if successful.
- q. CNS/CMS experience payments to reflect and retain experience and expertise.
- r. Amendments to lead apron allowance to specify that any employee required to wear a lead apron is to be paid the lead apron allowance for each shift or part thereof regardless of clinical area.
- s. Portable sick leave – delete portability cap of 180 days.
- t. Creation of a sick leave pool.
- u. Inclusion of definition of a week's pay (and a day's pay for LSL purposes) and define normal weekly hours of work.
- v. 32-hour week – the ANMF and the Employers commit to trialling of a four-day-fulltime-working week.
- w. Telephone allowance to also apply to work use of personal mobile phones.
- x. Ensure carparking is available and at a reasonable cost.

9. Making our workplaces safer

Protecting nurses and midwives – HSRs

- a. Require negotiations concerning the formation of new designated work groups (DWG).
- b. Minimum number of HSR positions per DWG.
- c. ANMF will conduct the election, in consultation with members of the DWG.
- d. Set time for employers to provide ANMF their HSR lists.
- e. Employers will provide new HSRs with information around their right to choose which accredited training course they attend rather than booking HSRs into an employer-preferred course.

Protecting nurses and midwives – OVA

- f. In developing or reviewing an action plan, the Employer will consult with HSRs, the Unions and affected Employees to identify any gaps and implement actions to address these having regard for the requirements.
- g. Unions will be invited to participate in the OVA committee, which will also provide a forum to discuss specific workplace issues relating to OVA.
- h. The Employer will provide written responses to any request from the Union in relation to incidents, with adequate details to allow discussion and consideration of review of items on the Action Plan to prevent further recurrences.
- i. Amendments to consultation clause to cover building construction, and temporary changes.
- j. All nurses and midwives having access to independent ongoing psychological support of their choosing at no cost.
- k. That wherever employees undertake patient manual handling, biannual theoretical and practical education in safe manual handling be mandatory.

10. Because climate change is a health issue

- a. Introduce new climate change mitigation and sustainability clause including:
 - i. introduction of Sustainability Nurse/Midwife Representative (SNR/SMR)
 - ii. ability for SNR/SMRs to access one-day-protected time/month to undertake sustainability activities.
 - iii. access to conference leave for climate-related health topics
 - iv. integrating environmental sustainability into WICs and other local committees.

11. Because continuity of care matters

- a. Strengthen the continuity of care (COC) clause to provide more clarity regarding remuneration and choice for midwives employed in a COC model when they work additional shifts on the ward.
- b. Review and reduce caseload for COC midwives.
- c. Expansion of the Regional Midwife Liaison role.

12. Because we deserve to be paid correctly, and on time

- a. Overtime payable until underpayment rectified by payroll.
- b. Positive obligation on the employer to recover overpayment to salary packaging.
- c. Updates to accident make-up pay to reflect WorkCover-scheme-determined pre-injury average weekly earnings.
- d. Requirement for an employer to ask for qualifications as part of recruitment process.
- e. Evidence for qualification allowance to include where the employer knew, as part of the recruitment process, that you held the qualification.
- f. (Re)inclusion of a component of a course being the trigger for receipt of a qualification allowance.
- g. Leave loading on all annual leave.
- h. Employers to cover the cost of any mandated checks.
- i. PPE allowance for Tier 3 PPE or equivalent.
- j. \$300 health and comfort allowance.
- k. Correct error in casual rates.
- l. Amendments to affected employee definition to ensure salary maintenance applies where their position is not redundant.
- m. Amendments to improve access to LSL and annual leave records.