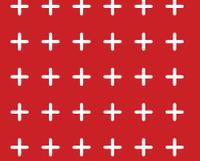


EBA 2020. Fairer. Safer.

Securing a sustainable nursing and midwifery workforce for all Victorians.

2020 PUBLIC SECTOR ENTERPRISE AGREEMENT
nurses and midwives



EBA CAMPAIGN UPDATE 8
THURSDAY 16 APRIL 2020

Victorian public sector nurses and midwives overwhelmingly endorse proposed Victorian public sector nurses and midwives enterprise agreement 2020-2024

Over 1800 members from Victorian public sector workplaces, including public hospitals, public aged care facilities and community health centres have today overwhelmingly endorsed an in principle agreement reached on 28 March 2020 between the ANMF, Victorian Hospitals' Industry Association (VHIA) representing health services and the Victorian Department of Health and Human Services (DHHS) for a new proposed Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2020-2024 (the 2020-2024 EA).

Reflecting the unprecedented circumstances existing due to the COVID-19 pandemic and the associated public health measures in place, a virtual statewide public sector members meeting was held at 1.45pm earlier today with ANMF members securely registering their attendance.

ANMF will develop a frequently asked questions document, based on questions members asked at the statewide meeting, and send to all public sector members.

ANMF (Victorian Branch) Secretary, Lisa Fitzpatrick and Assistant Secretary Paul Gilbert addressed the meeting and provided details of the proposed 2020-2024 EA.

Members were provided the opportunity to seek answers and clarification relating to matters presented at the meeting.

A detailed explanatory presentation was provided to ANMF members throughout the meeting.

A copy of the PowerPoint presentation provided to members can be accessed via this link anmfvic.asn.au/2020EBASummary

At the conclusion of the meeting, ANMF members participated in an electronic ballot and overwhelmingly endorsed the proposed 2020-2024 EA.

Next steps

The in principle agreement reached on 28 March 2020 will be drafted into a new proposed 2020-2024 EA that will then be the subject of a ballot prior to being submitted to the Fair Work Commission for approval, in accordance with the provisions of the *Fair Work Act 2009*.

Further information concerning the proposed 2020-2024 EA is detailed below and should be read in conjunction with the PowerPoint presentation document.

ANMF will develop a frequently asked questions document, based on questions members asked at today's statewide meeting, and send to all public sector members.

Increased wages and allowances

The wage increases that will apply are those contained in the eight year wages deal reached in 2016 from the first full pay period on or after (FFPPOA):

1 December 2020 by 3%;

1 December 2021 by a further 3%;

1 December 2022 by a further 3%.

This means we have maintained or exceeded parity with NSW nurses (after salary packaging) and that, for example, an employee who commenced their nursing or midwifery career in 2016 would have achieved the wage increases over the eight year period listed in the table on the next page.

Does your ward/unit/small workplace have two Job Reps?

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Classification	1/04/2016	1/04/2017	1/04/2018	1/04/2019	1/12/2020	1/12/2021	1/12/2022
EN LEVEL 2 (5 routes)	\$1,018.30	\$1,072.20	\$1,131.30	\$1,201.70	\$1,263.60	\$1,315.00	\$1,368.10
RN/RM GRADE 2	\$1,083.10	\$1,158.00	\$1,239.80	\$1,394.00	\$1,509.30	\$1,628.20	\$1,762.70
CLINICAL SPECIALIST	\$1,469.40	\$1,513.50	\$1,562.70	\$1,746.70	\$1,799.10	\$1,853.10	\$1,908.70
ANUM/AMUM	\$1,553.50	\$1,634.70	\$1,687.80	\$1,943.40	\$2,001.70	\$2,061.80	\$2,123.70
NUM/MUM	\$1,815.00	\$1,869.50	\$1,914.90	\$2,023.40	\$2,285.30	\$2,353.90	\$2,424.50
G3B HITH or CH	\$1,524.70	\$1,591.60	\$1,643.30	\$1,800.00	\$1,854.00	\$1,909.60	\$1,966.90
CNC A/B	\$1,625.90	\$1,707.90	\$1,804.50	\$2,000.00	\$2,060.00	\$2,121.80	\$2,185.50

1. Long service leave

The parties will develop a one stop shop clause regarding long service leave (LSL) to reflect that some employees currently have a benefit under the Victorian Long Service Leave Act 2018 (casual registered nurses and midwives who are entitled to 13 weeks long service leave after 15 years) and other employees have a generally superior entitlement under the EA (26 weeks after 15 years) – all enrolled nurses, and full and part time registered nurses and midwives.

The effect of this will include earlier access to LSL for all enrolled nurses, and full and part time registered nurses and midwives phased in from July 2021 to July 2023, by which date access will be available at seven years instead of the current 10 years.

Up to 24 months of parental leave taken after November 2019 will also count as service.

	Casual RN/ midwife	Permanent RN/midwife/ all enrolled nurses	
Accrual	0.866 weeks per year	1.7 per weeks year	
Services	Parental leave paid and unpaid up to 24 months		Taken after November 2019
Entitlement at	7 years	10 years	Now
		9 years	From 1 July 2021
		8 years	From 1 July 2022
		7 years	From 1 July 2023
	13 weeks after 15 years	26 weeks after 15 years	

2. Annual leave

The 2020–2024 EA will contain improved annual leave entitlements for employees who are rostered to work on part of 10 weekends or more per year. This includes extending the sixth week of annual leave to part time employees who work weekends.

The following table summarises the improved benefit.

Weekend worker	Old agreement	New agreement
Full-time	6 weeks per annum	6 weeks per annum
Part-time	5 weeks per annum	6 weeks per annum
New test	<ul style="list-style-type: none"> Who work rostered hours on part of 10 weekends or more per year Weekends include Sunday night shifts Where less than 10 occasions are worked per year the employee is to be credited with a pro rata entitlement. Existing employees getting the 6th week under old test continue 	

3. Parental leave and superannuation contributions

An employee who is on parental leave, including paid and unpaid parental leave, will continue to receive employer superannuation contributions as though the employee was still at work.

4. Parental leave

The 2020–2024 EA contains an improved entitlement to parental leave and an increase in the quantum of paid primary carer leave and paid secondary carer leave.

The qualifying period for measuring paid parental leave has been reduced from 12 months service to 6 months service.

The paid primary carer leave will increase from the existing 10 weeks pay to 14 weeks pay from 1 April 2021.

The paid secondary carer leave will increase from the existing one week pay to 2 weeks pay from 1 April 2021.

5. Ward/unit amalgamations

The 2020–2024 EA will prohibit the amalgamation of wards that result in an increase in workload or an increase in patient risk without the agreement of ANMF and the employer.

Where agreement cannot be reached, the matter will be referred to the Dispute Resolution Panel which will have regard to the DHHS guidelines concerning ward amalgamation which will reflect historical and contemporary practice and standards.

6. Gender based discrimination

The 2020–2024 EA will establish an industry-level standing committee of representatives, CEOs, the ANMF and VHIA to review audit results and promote gender equity issues.

7. Managing employee performance and conduct

The 2020–2024 EA will contain a new clause that updates the existing disciplinary clause, titled 'Managing performance and conduct'.

The clause continues to apply the principles of natural justice and procedural fairness.

The clause has been varied to allow an employee to elect not to dispute or respond to the allegations made against them but to still raise matters in mitigation of any potential action from the employer. Importantly, the clause also provides that any proposed performance improvement plan must not be punitive in nature, for example by altering the employee's classification, work location or hours of work.

The clause also includes new obligations on employers before they can terminate an employee during their first six months of employment – the qualifying period when employees are not protected against unfair dismissal under the *Fair Work Act*.

8. Flexible work arrangements

The parties have agreed to draft and issue a comprehensive document setting out the flexible work arrangements across the public health system.

9. Nurse/midwife managers Level 5 and above – classification and pay rates

There will be four levels of health service for the purposes of nurse/midwife managers 5-9.

NM9	Only executive DONs would be graded at NM9
NM8A	New rate of \$3236.05 for NM8A – campus DON of the Monash Clayton sized hospitals, major regionals
NM8B	Larger health services not named in 8A, e.g. Echuca
NM8C	Smaller health services not named in 8A or 8B
NM8D	Single service delivery sites – aged care and Tweddle
NM6	A, B, C or D dependent on campus DON level above
NM5	A, B, C or D dependent on campus DON level above (after hours coordinators)

Classifications and associated pay rates for nurses and midwives employed as executive directors of nursing/midwifery, directors of nursing/midwifery, deputies, assistants and after hours coordinators have been agreed.

10. Advanced practice and NUM/MUM classifications

Between now and April 2021, with the assistance of external consultants, a comprehensive structure is to be developed to address:

- classifications for advanced practice, liaison nurses/midwives and clinical coordinators
- updating CNC descriptors
- the three level NUM/MUM structure.

This will then be finalised by the Disputes Resolution Panel (DRP). Community health career structure gaps will then be identified and resolved through the DRP.

11. Disputes Resolution Panel

Between now and April 2021, it is intended (with the assistance of external consultants) to create proposed classification descriptors and identify potential options for resolution for:

- i. Three level NUM/MUM structure
- ii. CAPR stream classifications (liaison, clinical co-coordinators and advanced practice – recognising the work the SCC has already completed) and associated translation arrangements
- iii. descriptors for CNCs.

This will be finalised by the new Disputes Resolution Panel, which will also resolve disputes about:

- ward amalgamations, and
- existing classifications.

The community stream structure will be progressed, recognising that some CHC roles will fall under the CAPR stream.

12. Clinical nurse specialist/clinical midwifery specialist

The 2020–2024 EA will require that any requirements to continue to meet the clinical nurse specialist (CNS)/clinical midwifery specialist (CMS) criteria will occur during rostered and paid time.

Further, new provisions will be introduced providing for portability of CNS/CMS classification from one employer to another employer within the same specialty/clinical area.

The new employer will advise the transferring CNS/CMS of the next CNS/CMS advertising period and if the employee applies for CNS/CMS and is successful, the employee will be back paid at the CNS/CMS rate from the date of commencement in the role with the new employer.

The community stream structure will be progressed, recognising that some CHC roles will fall under the CAPR stream.

13. Midwifery governance

From 1 January 2021 Goulburn Valley Health and Latrobe Regional Hospital will have a full time senior midwife classified at NM5A to assist with midwifery governance.

This means all Level 5 and 6 maternity capability framework facilities will have such an equivalent role.

14. Change time

Where an employee performs a role that requires changing into specific clothing that are necessary to perform work – such as operating theatre staff – an employer will be required to ensure that this occurs during the paid shift.

15. Meal breaks

The 2020–2024 EA will provide for improved requirements relating to meal breaks. These include:

- An employer will be required to have a written escalation process to address circumstances where an employee cannot take a schedule meal break.
- Strengthened provisions requiring payment for a meal break that was unable to be taken and/or an employee is not allowed to leave the ward or unit area for their meal break.
- In circumstances where employees are regularly unable to take their meal break (including being unable to leave the ward or unit area for their meal break) a mandatory crib time arrangement will operate which entitles an employee to a paid meal interval for not less than 20 minutes to commence between 3 hours and 5 hours of duty.

16. Shift Lengths – 8:8:10 roster for full and part-time employees.

The 2020–2024 EA will provide that from 1 July 2021 a 8:8:10 roster for full and part-time employees will be required to be implemented in 24/7 working areas at:

- East Wimmera Health Service. (Charlton, Wycheproof and Birchip - St Arnaud campus and Donald campus are already named)
- Edenhope Health Service
- Western District Health Service - Hamilton and Penshurst
- Kerang District Health.

17. 12 hours shifts

The 2020–2024 EA will provide that any 12 hour shift trial or agreement must allow:

- Two meal breaks per 12 hour shift – one unpaid 30 minute meal break and one 20 minute paid meal break.
- Three 10 minute paid rest breaks.
- A 12 hour shift trial or agreement may only be terminated in the manner provided in the shift trial or agreement, or where the employer seeks to terminate the agreement, the employer must comply with consultation clauses in the 2020–2024 EA.

18. Cumulative recall (without return to work)

From 1 July 2021 if an employee:

- i. Was on-call for telephone advice or similar before a rostered shift; and
- ii. During the preceding 8 hours had:
 - a) exceeded two hours work (rather than the time paid): or
 - b) had 3 or more recalls over a period of 4 hours or more, and

the employee is due to commence their rostered shift within 4 hours of the completion of the last recall, the employer will:

- i. Not require the employee to resume or to continue to work without having had 10 consecutive hours off duty without loss of pay for rostered ordinary hours, or
- ii. Pay the employee at the rate of double time until released from duty for 10 consecutive hours, without loss of pay for rostered ordinary hours occurring during such absence.

19. Emergency on-call/recall

From 1 July 2020, employees in cath labs or operating theatres (including anaesthetics and recovery) who are rostered on-call for the purposes of an emergency:

- will not be required to perform routine overtime (beyond the end of a procedure that commenced before the conclusion of the rostered shift)
- will be entitled to recall to duty in the event they remain on duty (after the completion of a procedure that commenced before the conclusion of rostered ordinary hours)
- as far as is practicable, and having regard to fatigue considerations, each employer will seek to ensure that non-emergency overtime/recall will be allocated to other employees.

20. Overtime and recall

The 2020–2024 will provide that a request or direction made by the nurse or midwife in charge of the ward that an employee work overtime is to be deemed as an approved overtime. This provision has been included to prevent an employer from requiring written authorisation from executive management for approval of overtime and will empower the nurse or midwife in charge of the shift.

Any recall that occurs on a public holiday will not impact on the rostered off public holiday benefit.

All time spent travelling to and from the place of duty when recalled will be deemed to be time worked and attract the relevant overtime penalty.

An employee will be entitled to a paid 20 minute rest break after more than 4 hours of overtime.

21. Rosters – posting of rosters/change of roster allowance

The 2020–2024 EA will require an employer to implement the following matters from 1 July 2020:

- The minimum length of a posted roster will be 28 days.
- The roster must be posted 28 days before it comes into force, rather than 14 days currently.
- There must also be a posted roster for on-call arrangements.

From 1 July 2020 an employee who is required to change their roster without 14 days' notice (currently 7 days) will receive a change of roster allowance of \$33.10.

From 1 July 2020 an employee who is required to change their roster without 7 days' notice will receive a change of roster allowance of \$66.20.

22. Occupational health and safety and occupational violence and aggression – post incident support

The 2020–2024 EA will require an employer to improve the support it provides to nurses and midwives following an incident. This will include:

- access to post incident support services.
- appropriate action to prevent further injury to employees.
- conducting an incident investigation in a timely manner and implementing workplace controls to prevent a recurrence.
- Providing information regarding the employee's rights including workers compensation claims and reporting to police.

23. Occupational violence and aggression (OVA) reporting

The 2020–2024 EA will require an employer to provide to the OVA committee (which will continue to have a mandated requirement for ANMF representation):

- data relating to code grey and code black matters and other alerts relating to the risk and violence
- the number of reported incidents of OVA
- the number of incidents that have resulted in an injury to staff/patient/visitors, and
- the number of incidents that have resulted in property damage
- systemic recommendations and actions concerning risk management and OVA.

24. Occupational health and safety – education for managers

Employers will be required to ensure that nursing/midwifery managers and supervisors receive education and the support to ensure:

- OH&S risk assessments are undertaken.
- OH&S incident investigations occur, and
- employees are properly consulted on OH&S issues.

25. Occupational health and safety – HSR Elections

The 2020–2024 EA will require employers to provide in writing to the ANMF annually (or within 28 days of receiving a written request from ANMF) a copy of the Designated Work Group list and the names of the Health and Safety Representatives for each designated work group.

26. Post registration midwifery students

From 1 January 2020 post registration midwifery students funded through the Workforce Development Fund will be employed at a minimum of 0.6 EFT, and rotation through birthing suites is to occur in paid time.

27. Fixed term employment

The 2020–2024 EA will further limit the use of fixed term employment to ensure it is not used for filling vacant ongoing positions, but rather for things like backfill of existing positions during parental leave and other extended leave.

28. Special disaster leave

Employees unable to attend for work due to a disaster such as a fire or flood will be entitled to up to three days per year of paid leave.

29. Voluntary emergency management leave

Employees will be entitled to up to two weeks paid time to undertake voluntary emergency service, such as the SES or CFA.

30. Defence service leave

An employee undertaking defence force service will be entitled to make up pay for any pay lost when compared with payments received from the defence force.

31. Mandatory education

Any education that is a mandatory requirement from an employer must be provided in paid time, including for casual employees and not require any part of an employee's existing professional development leave to be utilised.

32. Ceremonial leave

An employee will be entitled to substitute an existing public holiday to enable attendance at a NAIDOC event, subject to operational requirements.

33. Annual leave approval process – high demand periods

Employers will be required to develop and publish a protocol to ensure that annual leave requests are managed fairly and equitably for high demand periods, such as school holidays and Christmas/New Year.

34. Study leave

From 1 January 2020, study leave has been expanded to clarify that areas of workforce priority, such as for enrolled nurses studying to become registered nurses, or registered nurses studying to become midwives, can also access study leave.

35. Superannuation contributions

The 2020–2024 EA will ensure that an employee may nominate their preferred superannuation fund and that all superannuation contributions (both the employer contribution and any employee nominated contribution) is paid into the complying fund nominated by the employee.

36. Sunday night shift allowance

From 1 July 2023, the Sunday night shift allowance rate for full and part time employees will increase from \$89.90 per shift to \$154.60 per shift.

In 2021 the parties will be collecting data to analyse whether the increased rate impacts on the capacity of a health service to meet their roster requirements from their existing full and part time staff.

37. Base employment campus – relocation payment

A new clause will be introduced to address the circumstances arising where an employer requires an employee to relocate from one campus to another location to undertake their duties. The clause does not permit an employer to relocate an employee but sets out compensation where such circumstances arise.

The clause provides for payment where an employee is required by the employer to relocate from their base employment campus before or during a shift, temporarily or permanently.

- Within rostered shift – paid time and vehicle allowance
- Outside rostered shift – vehicle allowance and travel time allowance, if additional travel time exceeds 15 minutes, and reimbursement for additional costs – e.g. car parking.
- Temporary relocation – actual cost up to \$1,900
- Permanent relocation – actual cost up to \$1,900

38. Lead apron allowance

From 1 April 2020 an employee who is required, as part of their usual duties, to wear a lead apron is to be paid a lead apron allowance of \$8 per shift or part thereof. The lead apron allowance will increase in accordance with the salary increase percentages thereafter from 1 December 2020, 1 December 2021 and 1 December 2022.

39. Biometric time keeping

An employer will be required to mitigate or avert the impact on an employee with a genuine difficulty in complying with a requirement to utilise biometric technology. This clause will apply to any or new existing biometric technology and any new or existing employee.

40. Portability of personal leave

An employee who transfers from employer A to employer B but who remains engaged as a casual employee with employer A will be entitled to transfer their accrued personal leave to employer B (subject to the existing cap contained with the 2020–2024 EA to a maximum of 180 days).

41. Qualification allowance – Certificate IV TAE

From 1 January 2021, a 3.5% allowance will be payable where the employer requires the employee to hold a current Certificate IV TAE. The new allowance will not apply to an employee who is already in receipt of a higher qualification allowance.

42. Public aged care facility – enrolled nurse – higher duties allowance

In circumstances where an employer has been unable to meet its obligations to provide a registered nurse to be in charge of a nursing home ward (as provided for in the Safe Patient Care Act 2015) an enrolled nurse who assumes the in-charge responsibilities will be paid at the ANUM rate for that period.

43. New maternal and child health nurse provisions

The MCH nurse education requirements have been updated and an appropriate definition and classification for a maternal child health co-ordinator.

44. International experience

A new clause has been included to confirm when previous experience is counted for internationally qualified nurses or midwives, in line with the new NMBA requirements.

45. Letter of appointment

Employers will be required to ensure that an updated letter of appointment is provided to an employee where their employment arrangements change.

46. Modernising and updating the proposed 2020-2024 EA

Midwives will be named in all relevant clauses in the agreement.

A campus will be defined to ensure that the associated staffing obligations are appropriately observed.

47. Scope of 2020-2024 EA

The scope of the 2020-2024 EA has been amended to clarify the applicable enterprise agreement that covers a registered or enrolled nurse who works in an AOD hub in an emergency department, providing treatment for people that present with mental health or alcohol and other drug issues.

This employee will be covered by the 2020-2024 EA as the service, department, unit or program of the employer is determinative of the applicable EA rather than the duties of the individual employee.

48. Who is covered by the 2020-2024 EA

The 2020-2024 covers any public sector registered nurse, midwife, enrolled nurse, registered under-graduate student of nursing or midwifery or a trainee enrolled nurse and early parenting workers employed by the employer covered by the 2020-2024 EA.

49. Date and period of operation of the 2020-2024 EA

The proposed 2020-2024 will operate from 7 days after its approval by the Fair Work Commission and provides for the full settlement of employment terms and conditions for employees covered by the 2020-2024 EA for the period from 1 April 2020 to 30 April 2024.

This employee will be covered by the 2020-2024 EA as the service, department, unit or program of the employer is determinative of the applicable EA rather than the duties of the individual employee.

50. Nurses to patient ratios and midwives to patient ratios

Since 2015 nurses/midwives to patient ratios are contained in the Safe Patient Care (Nurse to Patient and Midwives to Patient ratios) Act 2015 rather than the enterprise agreement.

Current and scheduled improvements and extensions to the nurse/midwife to patient ratios are contained in the PowerPoint presentation presented at the virtual statewide public sector members EBA meeting.

53. Additional variations to the 2024 EA

The parties have agreed the following additional matters:

The consultation clause has been amended to ensure roster changes that are not major changes still requires consultation. The clause has been further amended to provide for greater clarity and improved process, along with a requirement to include proposed position descriptions as part of the change impact statement process.

- Agreed transitional arrangements have been updated for RIPERN nurses, enrolled nurses and registered nurses.
- The definition of an early parenting centre has been expanded.
- The parental leave clause has been varied to provide for 20 “keeping in touch” days over a 24 month period. There is also capacity for an employee to seek to return to work earlier whilst on parental leave.
- Pay slips provided by an employer must list all deductions and the reason for the deduction.
- The definition of a registered nurse and an enrolled nurse has been updated to provide greater clarity.
- The redundancy clause has been updated to reflect nursing/ midwifery classification streams and classification levels.
- Matters associated with vehicle usage and power mass unit have been updated.
- The skill mix clause within the EA has been updated to align appropriately with the Safe Patient Care Act.
- Specific information relating to the pay rates applicable to casual workers who are employed on weekends and who perform overtime have been included in the EA.
- An individual employee is entitled to request the substitution of a public holiday for an alternative day.
- The definition of a ‘no lift coordinator’ has been updated.
- The personal leave clause has been updated to ensure that the amount of paid personal leave applicable in the first, second, third and fourth year of service is the greater of the entitlement contained within the National Employment Standards or provided for in the EA. This provision has been included to address potential matters that may arise from the High Court Mondalez proceeding.
- An employer will be required to appoint a NUM/MUM at a minimum 0.2 EFT in each week in circumstances where the ward or unit operates less than 5 days per week.

Members with any queries in relation to this matter are requested to contact the ANMF via records@anmfvic.asn.au



Frequently asked questions

EBA 2020. Fairer. Safer.

Securing a sustainable nursing and midwifery workforce for all Victorians.

Proposed Victorian public sector
Nurses and midwives enterprise agreement
2020-2024



Following on from the statewide virtual meeting of 16 April 2020, there were a number of queries that ANMF indicated we would respond to after the meeting. This information is to be read in conjunction with the more detailed information contained in the 16 April EBA Update (anmfvic.asn.au/newsflash16april).

A small number of the queries related to difficulty accessing the virtual meeting. ANMF understands that some health service computer systems blocked the link through the health service's firewall. The current pandemic meant ANMF and our members had to approach this meeting in a new and untested environment. While employers were notified of the meeting, and were encouraged by their representatives to enable members to participate in paid time, it was not until we actually tried the online virtual meeting approach that these problems surfaced.

A number of questions related to clarification about existing entitlements, such as who has access to carers' leave, failure to pass on wage increases and not being paid your qualification allowance. ANMF encourages members to make those type of inquiries to our Member Assistance service via anmfvic.asn.au/memberassistance

Please remember that, **while these new outcomes have been endorsed overwhelmingly by members, they do not become enforceable until the EBA has been approved by the Fair Work Commission. Terms that apply from a date prior to the Fair Work Commission approval steps will be backdated to the relevant date.**

1. How do ANMF decide what claims to pursue?

Each year ANMF and hundreds of our Job Reps and Health and Safety Reps meet at the Annual Delegates Conference. Job Reps and HSRs bring motions, requested and supported by members at their workplace, to the conference for improvements to enterprise agreements, ratios and other issues. The motions are debated and put to a vote. If the motions are supported by the majority of delegates, they then inform the various EBA logs of claims that the ANMF takes to Branch Council for endorsement. We also seek changes arising from disputes or difficulties we have had with existing EBA terms and develop ideas internally to address what we believe will be of benefit to our broader membership.

The Annual Delegates Conference usually happens in June of each year. Due to the COVID-19 pandemic it is not possible to hold the conference this year.

If you want to become more involved, and you are not an ANMF Job Rep or HSR already, please visit anmfvic.asn.au/reps for information about how to become one.

2. Sixth week of annual leave

A number of members sought clarification about access to the sixth week of annual leave.

From 1 July 2022 both full and part time enrolled and registered nurses and midwives will have access to the sixth week of annual leave if they work "ordinary hours" on a part of 10 weekends or

more over the year. "Ordinary hours" does not include overtime or on-call, and is a term that generally means rostered hours.

Where less than 10 occasions are worked per year you will be credited with a pro rata entitlement.

If you are getting the sixth week of annual leave under the old 'test' you will continue to do so even if you do not meet the new test, unless at your initiative you change jobs.

3. Meal breaks

It is currently the case that if you occasionally miss out on your meal break, or you are not allowed to leave the ward or unit for your meal break, you are entitled to be paid for that meal break at 150%, so a 30 minute unpaid break would become a 45 minute payment for missing out on your break.

It is ANMF's preference to ensure that members wherever possible are free to leave the ward for their meal breaks. In support of that there will be two new provisions:

- an escalation process to respond to missing out on your break, or not being allowed to leave the ward for your break; and
- where you are regularly missing out on your meal break, or not allowed to leave the ward – a paid meal break of a minimum of 20 minutes must be provided to commence between 3 hours and 5 hours of duty – this is referred to as "Crib Time" in the current agreement, but the wording will change to make it mandatory.



4. Long service leave

Currently all enrolled nurses (Including casuals), and full and part time registered nurses and midwives have an LSL entitlement of 26 weeks after 15 years contained in the EBA, accessible pro-rata from 10 years. That means you accrue LSL at 1.7 weeks per year of service. Unbroken service between public sector employers in Victoria counts as service with your current employer.

Since the 2016 EBA, if you are employed full or part time now, previous continuous casual service with your current employer, or another public sector employer, also counts as service with your current employer, but that casual service accrues at half the rate of permanent employment, to reflect the different rates of accrual for casual employees under the *Victorian LSL Act*.

Since November 2019, up to 24 months of parental leave counts as service under the Victorian LSL Act, the EBA clause will be amended to provide this same entitlement to full and part nurses and midwives reliant on the EBA.

Casual registered nurses and midwives have not historically had an EBA entitlement to LSL, but they do have an entitlement under the Victorian LSL Act, that entitlement is 13 weeks after 15 years, accessible pro-rata from 7 years. That means you accrue LSL at .866 weeks per year of service.

If you move from permanent to casual your entitlement then becomes the lesser casual entitlement, although we are intending to include a provision that allows you to remain on the casual bank with your old employer and transfer your service to your new full or part time employer.

The aim of the new EBA clause is to ensure that your entitlements are not contained in two different places, the EBA and LSL Act, and instead have all the relevant terms within the one clause.

As to whether LSL can be taken one day at a time, yes if it is taken as part of a transition to retirement arrangement. Otherwise LSL will be taken in one period or more periods of at least one week.

5. Cumulative recall (without return to work)

This is a complex clause that applies from 1 July 2021 and is perhaps best explained by an example.

If I was rostered to start work at 7:00am for a rostered shift, but was on call overnight to assist patients or staff, and I meet a certain threshold of recall I will be entitled to a 10 hour break before recommencing rostered work, without loss of pay. The key is that my last recall must have occurred within 4 hours of my rostered shift time, in this example since 3:00am. If your last recall occurred at or after 3:00am, and the total recall in the preceding 8 hours (so between 11:00pm and 7:00am):

- exceeded two hours work (rather than the time paid): or
- had 3 or more recalls over a period of 4 hours or more.

If your employer does not, or cannot, give you the 10 hour break, you must be paid at the rate of double time until released from duty for 10 consecutive hours, without loss of pay for rostered ordinary hours occurring during such absence

6. After hours coordinators

Each campus of each health service will be categorised as either A, B, C or D. If the campus Director of Nursing/Midwifery is classified as NM8A, then the After Hours Coordinators will be classified at NM5A.

The weekly rates for After Hours Coordinators will (as of 1 December this year) be

NM5A \$2,266.00

NM5B \$2,214.50

NM5C \$2,163.00

NM5D \$2,060.00

The campus definitions are broadly:

A	<i>The main campus of a major metropolitan or major regional health service</i>
B	<i>The main health service campus of large regional health service, typically an ex Base Hospital or large District Hospital not named in A</i>
C	<i>A mid-range sized campus of a metropolitan health service, A campus that is a metropolitan community hospital; A campus that was a District Hospital but not named in B</i>
D	<i>A small health service including high care sites</i>

7. Campus

The new definition of campus will be:

(j) Campus – means a site operated by an Employer that provides day procedure surgery or multi-day inpatient services or residential aged care but excludes:

- a site that is a Community Health Centre;
- a site where the only service is Aged Care beds that do not meet the definition of High Care beds under the Safe Patient Care Act;
- Dental Health Services Victoria
- Private residences

Provided that a satellite service collocated on a Campus controlled by another Employer is not a separate Campus for the purposes of this Agreement

8. Rosters

Some members expressed concern that their employer is not currently issuing a 28 day roster 14 days before it comes into operation. This is a requirement of the current EBA, and a failure to comply with this is a breach of the current EBA.

9. Plus “in-charge” and ratios

Neither the current EBA, nor the new one, contain ratios – these are now contained in the *Safe Patient Care Act*. During the presentation, ANMF explained briefly a number of improvements to ratios that have occurred, are effective from 1 March 2020, or are scheduled occur between now and 2024.

Most existing ratios require a ‘plus in-charge’ on AM and PM shifts. The Act does not describe the role of the in-charge nurse or midwife, rather that the relevant ratio (e.g. 1 to 4) applies to the beds (e.g. 28 beds) and therefore 7 nurses/midwives are required – plus the ‘in-charge’ position. Then changes to the Act are extending that plus in-charge requirement to night shift in a number of areas, and also into particular ‘sub-wards’ within wards, such as short stay units in Level 1 emergency departments, and maternity units with a special care nursery comprising 8 or more cots.

While it doesn't mean that the "plus in-charge" has no patient load, it does mean that the NUM/MUM or ANUM/AMUM is not counted in meeting the relevant ratio.

Improvements to ratios do not take place as part of bargaining, but is a separate process of engagement between the ANMF and the State Government.

10. Mandatory education

Casual employees do not have an entitlement to professional development leave. The new mandatory education provisions will apply to all nurses and midwives, including casuals, and require any education that is mandated by the employer (as distinct from, for example, mandated by the Australian Health Practitioner Regulation Agency or the Nursing and Midwifery Board of Australia) to occur within paid time. This would extend to employer mandated education delivered by a third party.

11. Parental leave

Paid parental leave (both primary and secondary) is to be taken contemporaneously with the birth or placement of the child.

12. Relationship with the mental health EBA

There are two enterprise agreements that apply to public sector nurses (not midwives) one being the *Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2016-2020* – that these improvements relate to, and another – the *Victorian Public Mental Health Services Enterprise Agreement*

2016-2020, that applies to all staff employed in certain public mental health services. The latter agreement is due for renegotiations, and usually we achieve the same outcomes for nurses employed under that EBA.

It has been confusing in the past for both for employers and members to be certain of which EBA applies.

The changes to the *Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement* confirm that it is the nature of the ward/unit/department/service that you work in that determines which EBA applies. The new EBA will contain an example around the new AOD/MH Hubs within Level 1 emergency departments. These are part of the emergency department, seeing emergency department patients. Hence the ward is the emergency department, and the new *Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2020-2024* will apply.

13. What rate of pay will apply to an enrolled nurse who commences as a registered nurse?

The current EBA (as will the new one) states that an enrolled nurse who completes an undergraduate course which leads to registration and is subsequently registered as a registered nurse will commence at the Grade 2 increment immediately above the rate of pay (including senior allowance and/or qualification allowance (where applicable) applicable to that employee.

14. Why doesn't the 8:8:10 roster pattern apply at my workplace?

The 2016-2020 EBA names numerous campuses that must have an 8:8:10 roster pattern for both full and part time employees. Each of these campuses was added to the EBA during previous bargaining rounds. They were included because they were named in Job Rep resolutions moved and passed at our Annual Delegates Conference, prior to 2017, on behalf of members in their workplace.

The new EBA adds further workplaces to this list:

- East Wimmera Health Service (St Arnaud campus and Donald campus are already named in the 2016-2020 EBA hence Charlton, Wycheproof and Birchip campuses).
- Edenhope Health Service.
- Western District Health Service – Hamilton and Penshurst campuses.
- Kerang District Health

Our 2020 claim was for all workplaces to make the 8:8:10 roster the default roster for full and part time employees. In negotiations it was apparent that we would not succeed in achieving this across the board, and instead we focussed on those that were both named in Annual Delegates Conference resolutions in 2017 or 2019 and were still working with an 8:8:8 roster pattern.

15. Where to from here?

Over coming weeks, the ANMF, the Victorian Hospitals' Industrial Association and the Department of Health and Human Services will be undertaking the drafting work to incorporate all the improvements into a new enterprise agreement.

Once this is complete, the revised proposed agreement will be circulated to all employees who will be covered by it, with information explaining the changes. There is one complexity in this that we cannot easily control, and that is, because the agreement applies to more than one employer bargaining together, approval must be given by the Federal Workplace Relations Minister for a 'single-interest' agreement. Then that 'single interest application' must be approved by the Fair Work Commission. This process is awaiting finalisation.

Once those steps are complete, the proposed EBA will then go to a vote of all public sector nursing and midwifery employees, and if a majority of those who vote support the new EBA, an application will be made to the Fair Work Commission for its approval. Once approved, the EBA legally operates seven days later.

Terms that apply from a date prior to the Fair Work Commission approval steps will be backdated to the relevant date.