

## MEDIA RELEASE

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### Winter bonus may help with vicious cycle of understaffing

The Andrews Government's \$3000 winter bonus for public sector health care workers is an important acknowledgement of their pandemic work over an extended period, and an important retention and recruitment incentive.

The bonus comes on top of the government's public sector hospital support surge allowance paid for just over 24 weeks between October 2021 and March 2022. Nurses and midwives received \$30 or \$60 per shift depending on whether they worked in a COVID zone. A full-time nurse or midwife working eight-hour shifts received an additional \$3600/\$7200 or \$8640 if they worked 12-hour shifts (\$90 per shift) in a COVID zone.

ANMF has been in discussions with the Department of Health and government representatives for several weeks to finalise this package to acknowledge the challenges and ease some of the pressures nurses and midwives are facing.

The winter bonus and free meals for staff working night shift will be available to full-time, part-time (pro-rata) and 'bank' public sector nurses and midwives.

ANMF has urgently written to all private health sector employers today urging them to make similar payments to their nurses and midwives to recognise the difficulties all healthcare workers are facing.

Australian Nursing and Midwifery Federation (Victorian Branch) Secretary Lisa Fitzpatrick said 'In many instances nurses and midwives are holding the system together with redeployment, overtime and double shifts and some are hanging on by a thread.

'Acknowledgement is really important, but what we really hope is that nurses and midwives who have taken some time out may be able to return so health services can start to fill the vacancies on rosters and we can start working within ratios again,' Ms Fitzpatrick said.

'Understaffing causes more understaffing and we can't fix shortages caused by COVID and flu.

'But if the bonus helps hospitals encourage some staff back by valuing their important work, we can start to address some of the workforce shortages and ease some of the stress that is causing burn out and resignations.

‘We can reverse the cycle: better staffed hospitals that are valuing their staff will keep their nurses and midwives, and attract more back,’ Ms Fitzpatrick said.

The Andrews Government has agreed to fund a further package, including a \$45 per-shift stipend. This will be available where ANMF, in consultation with its members, makes a maximum eight-week local agreement with a public health service employer for a unit or ward unable to meet ratios on the forward roster and which is therefore using the extended team model.

Section 36 of the *Safe Patient Care Act 2015* allows ANMF and health services to enter into a local agreement that will require health services to provide vacancy data and recruitment information.

Victoria was the first place in the world to introduce nurse/midwife patient ratios in 2000 in public hospitals. The Andrews Government legislated the mandated minimum staffing levels in 2015 and has almost completed a five-year program of improved and new ratios.

These ratios provided Victorian hospitals with a protective buffer for the first two years of the pandemic.

Ratios would have been lost if ANMF members had not stopped the Baillieu/Napthine government from replacing nurses and midwives with unqualified health assistants during the 2011-12 enterprise bargaining negotiations in the state’s longest community and industrial campaign, which included bed closures and twice-daily walkouts.

‘In normal times having legislated ratios ensures our public healthcare services are safely staffed,’ Ms Fitzpatrick said.

‘Three years into a pandemic, we have ratios and we have funding but we also have a critical shortage of nurses and midwives able to work.

‘We have not seen a shortage like this since the Kennett government closed beds and made thousands of nurses redundant in the 1990s.’

After extensive consultations with members, ANMF is also seeking further reforms to increase the workforce. These include changes to outdated or inflexible employment and rostering practices that are preventing nurses and midwives from working to their full capacity. Examples include employers refusing requests for set shifts to fit in with childcare or refusing reduced shifts on return from parental leave.

*The Australian Nursing and Midwifery Federation (Victorian Branch) has more than 96,000 members – nurses, midwives and aged care personal care workers – across the Victorian health and aged care sectors.*

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