NURSES AND MIDWIVES
(TASMANIAN PUBLIC SECTOR)
ENTERPRISE AGREEMENT 2014

Log of Claims
Without Prejudice
PREAMBLE

This Log of Claims (LOC) has been developed following extensive consultation with Australian Nursing and Midwifery (ANMF) public sector membership. The ANMF membership has endorsed this Log of Claims, which includes the negotiation of a 3 year Agreement. This claim reflects issues conveyed through an online survey, input from Branch Council, ANMF Workplace Representatives and Special Interest Group meetings, resolutions from the ANMF Annual Delegates Conference, and through contact with ANMF Organisers and Information Centre.

The claim builds on the career structure by introducing career pathways in clinical, education, management and research/projects/policies streams. The single spine career structure does not recognise and enable a career pathway for nurses and midwives.

Unfortunately few clinical promotable positions were implemented through the life of the previous Agreements and this claim addresses the skill mix and mandates additional Nurse/Midwife Practitioner Candidate and Nurse/Midwife Practitioner, Clinical Nurse/Midwife Educator and Clinical Co-ordinator roles. To ensure a sustainable nursing and midwifery workforce, the claim includes Transition to Practice Nurse Graduate positions employed at Grade 3 Year 1.

The claim also includes the requirement to ensure the NHPPD is implemented in a timely manner to respond to the dynamic nature of health care, to have wards re-benchmarked every year and identifies new areas/settings where benchmark tools have to be implemented within 6 months of the new Agreement being signed.

Professional development claims are included to ensure a highly skilled nursing and midwifery workforce for present and future Tasmanian health requirements.

Members responding to the ANMF survey indicated that bullying and harassment, double shifts and excessive use of on-call, the inability to take annual leave due to staff shortages and skill-mix and the aging workforce have been significant issues of concern in the workforce. The claim seeks improvement of conditions which when implemented will provide a safe environment for nurses and patients.

The Minister of Health has committed to honouring all pre election promises. ANMF seeks to negotiate an implementation plan for all commitments.
THE CLAIM

The provisions of *The Nurses and Midwives (Tasmanian State Service) Interim Agreement 2013*, other current existing conditions/Agreements and *The Nurses and Midwives (Tasmanian State Service) Award 2012* to be maintained, unless there is agreement to vary.

The parties agree to consolidate all remaining terms and conditions of employment of *The Nurses and Midwives Heads of Agreement (HoA) 2010* and *The Nurses and Midwives (Tasmanian State Service) Interim Agreement 2013* into the simplified *Nurses and Midwives (Tasmanian State Service) Award 2013*, where agreed. Any outstanding terms and conditions of the Agreements are to be incorporated in the new Agreement.

The LOC also seeks any negotiated improved benefits from the Public Sector Wages Agreement, particularly (but not limited to) Job Security and Breast Feeding clauses.

1. **BUILDING ON CAREER STRUCTURE**

   The development and introduction of the following;

   (a) **A four (4) stream Career Pathway**

      (i) Clinical pathway comprising Primary Health and Acute Health
      (ii) Education pathway
      (iii) Management pathway
      (iv) Research/Projects/Policy pathway

   (b) **Review of Classification Descriptors and titles.** Review classification descriptors and incorporate work value review outcomes.

   (c) **Develop clear differentiated roles between each Grade**

      **Grade 1 - Assistant in Nursing (AIN)**

      (i) Limit this category of employees to include only students of nursing.

      (ii) AINs roles only to be implemented in regions where trial has been implemented, successful and conditions agreed.
Grade 2 – Enrolled Nurse

(i) Implementation and access to 6 month Transitional to Practice Program.

Grade 3/4 – Registered Nurse

(i) Access to Formal Capability Assessment at any year of service of Grade 3. Ability to seek Advanced Progression every 2 years at any year of service based upon Performance Development Assessment (PDA) in line with other state public sector employees.

(ii) Remove requirement for Grade 3/4 to undertake two yearly, Formal Capability Review. All Grades 3/4 will only be subject to annual PDAs.

Grade 4 – Registered Nurse

(i) Grade 4 Registered Nurses should have a minimum of one (1) shift each 28 day roster of indirect hours to undertake their portfolios.

(ii) Access to Grade 4 should continue to be determined using both the Revised Formal Capability Assessment (FCA) with eligibility at any year and on merit through the selection process.

(iii) Community Nurse;

(A) Maintain separate title of Community Nurse as a Grade 4.

Grade 5 – Registered Nurse

(i) All acute wards will have as a minimum a Clinical Coordinator/Grade 5 rostered on each morning and afternoon shift, seven days per week.

(ii) All Clinical Coordinator/Grade 5 will be rostered as indirect patient hours and will not be allocated a direct patient load.

(iii) Review of Classification Descriptor for Grade 5 including:

(A) Clear differentiated role from Grade 3-4 and from Grade 6 in the duties, responsibilities and qualifications.
(B) Need to recognise the various settings the Grade 5 can be employed by the DHHS.

(iv) As a minimum the following primary health nurses to be classified as Clinical Nurse Specialist/Grade 5
(A) Family Child Health Nurse  
(B) Palliative Care Nurse  
(C) Community Mental Health Nurse/Crisis Assessment & Triage (CAT)  
(D) Community Nurse Specialist  
(E) Rural/Remote Area Nurse

Grade 6 – Registered Nurse

(i) 1 FTE Clinical Nurse Educator per ward.

(ii) Appointment of Nurse Practitioner Candidate (NPC) – 6 in South, 4 in North and 2 in the North West with a minimum 1 NPC in Primary Health for each region.

Grade 7 – Registered Nurse

(i) Sabbatical Leave shall be extended to all Grade 7 Registered Nurses

(ii) All NUMs to have access to administrative support

(iii) NUM review recommendations to be implemented within 6 months of signing the new Agreement.

Grade 7a – Registered Nurse

(i) Regional Clinical Nurse Educator (CNE) for each speciality in each region.

(ii) Following positions to be included - CNE (Strategic Education Manager) and Clinical Nurse Consultant (CNC) managing resources.

Grade 7b – Registered Nurse

(i) All Nurse Unit Managers are to be classified as Grade 7b.
Grade 8

(i) Appointment of Nurse Practitioners (NP) – 4 in THO South, 3 in THO North and 2 in THO North West with a minimum of 1FTE of NP in Primary Health in each region.

(ii) Nurse Practitioners will be entitled to shift penalties and all shift work conditions and entitlements and all clinical hours in excess of their ordinary hours will be entitled to be paid overtime.

Grade 9 – Registered Nurse

(i) Appointment of State-wide Director of Nursing for the following specialities:
   (A) Child Health and Parenting Services (CHAPS).
   (B) Palliative Care.
   (C) Primary Health.

Over-lapping Pay Points

(i) Removal of over-lapping incremental pay points (pp) at Grade 5, Grade 6, Grade 7a, Grade 7b and Grade 8.

   (A) Grade 5 remove pp 20 and compress to 3 salary increments

   (B) Grade 6 remove pp 23 and compress to 3 salary increments

   (C) Grade 7a remove pps 25 and 26 and compress to 2 salary increments

   (D) Grade 7b remove pp 28 and compress to 3 increments

   (E) Grade 8 remove pp31 and compress to 4 levels

2. PATIENT CARE – WORKLOADS AND SAFETY AT WORK

2.1 Workloads

   (a) Maintain Nursing Hours per Patient Day (NHPPD) Consent Order T13323 of 2008.
(b) All areas/wards to be re-benchmarked annually, in accordance with the NHPPD Model.

(c) Benchmark Tools to be implemented within 6 months of the signing of the new Agreement for the following areas:
   (i) Birthrate Plus
   (ii) CHAPS Model of Care
   (iii) Renal Services
   (iv) Caseload Mental Health as per Victorian Mental Health model.
   (v) Holman Clinic

(d) A review and renegotiation of the *Caseload Midwifery Industrial Agreement 2012* to occur with variation of the Nurses and Midwives (Tasmanian State Service) Award no later than one month prior to the expiry of the agreement in June 2015. The review shall include penalty rates, overtime and leave.

(e) Double shifts continue to be at unacceptable levels. Monthly Proact reports on double shifts worked are to be continued to be tabled at Safe Staffing Outcome Committees and Joint Union and Management Consultative Committees (JUMIC).

2.2 Workplace Safety and Well-being

(a) During the life of the Agreement, the parties will develop strategies and policies and a risk assessment tool, in the following areas:
   (i) Zero Tolerance to Violence
   (ii) Ageing Workforce
   (iii) Safe Access to and from work
   (iv) Solo Nurse
   (v) Double shifts
   (vi) Leave Management Policy
   (vii) Bullying and Harassment

3. IMPROVING QUALITY – PROFESSIONAL DEVELOPMENT

3.1 Professional Development

(a) Mandatory training – employees are to undertake training in paid time – whether undertaken at the work place or at home via online access. ACHS standards now require nurses and midwives to complete 17 units which takes as a minimum 16 hours to complete.
(b) Study leave – employees to have access to online study, including post graduate and distance education.

(c) Professional Development/Conference Leave

(i) All employees working 0.5FTE or greater will be entitled to 5 days paid professional development leave per calendar year.

(ii) All employees working less than 0.5FTE will be entitled to 3 days paid professional development leave per calendar year.

(iii) All employees working 0.5FTE or greater to be paid $500 Professional Development allowance annually.

(iv) All employees working less than 0.5FTE to be paid $300 Professional Development allowance annually.

(d) Rural & Remote

(i) The current Remote Professional Development Package of $3,090 to be paid, without pro rata in advance on 1 July each year.

(ii) Rural & Remote nurses will have access to CRANA or equivalent course annually in paid time including the payment of course fees.

(iii) Rural and remote areas shall provide subsidised family accommodation as per Education Department to encourage recruitment.

(e) Preceptor Entitlement

(i) All employees who are required to precept will have access to Preceptor training annually in paid time and the payment of course fees.

(ii) Preceptor Allowance to be increased to $5.00 per hour.

4. WAGES AND CONDITIONS

4.1 Wages
(a) ANMF (Tas Branch) seeks a relative wage increase effective from 1 December 2014, with an additional 0.5% for productivity increase each year.

(b) Penalty for late payment of all scheduled agreement increases.

   (i) Any wage related increases (including allowances) not paid on the date stipulated within the agreement will attract the following penalties:

      (A) Late payment by one pay period, 5% p.a. interest accruing daily.

      (B) Late payment by 2 pay periods or more, 10% p.a. interest accruing daily.

(c) Allowances increases

   (i) All Work Related Allowances and Expenses will be increased in accordance with rates prescribed by the Tasmanian Industrial Commission’s Minimum Wage Decision each year.

4.2 Conditions

(a) Paid meal-break for identified areas

   A paid meal break shall be rostered where employee/s is/are unable to leave their area/ward due to clinical and/or safety needs.

(b) Casual Employees

   (i) Loading

      (A) All casual employees and part timers receiving loading to be paid 25% loading in lieu of paid leave entitlements and holidays with pay.

      (B) Employee rostered/requested (including casual employees) to work a 6 hour shift and who is requested to extend beyond this period, will be paid at the relevant overtime rate for the hours worked beyond this period.
(c) Leave

(i) Public holiday

In addition to the Public Holiday Entitlements Joint Fact Sheet dated 14/04/2011 (HoA 2010)

(A) Any shift-work employee rostered to work on a public holiday will be able to elect one of the following options:

(I) Paid 250% of ordinary rate for hours worked on a public holiday or;

(II) Paid 150% of ordinary rate and accrue additional annual leave for hours worked on a public holiday.

(d) Shift workers

(i) A shift worker on completion of night duty is to have 2 days (48 hours) as rostered days off. The day of completion of the night shift is to be considered as a day of work i.e. sleep day.

(ii) An employee who has worked a double shift which includes night duty, shall have 24 hours off from the completion of the double shift without loss of payment for any rostered shift included in these hours.

(e) On-Call/Recall – impact on leave and break between shifts

(i) On-Call Leave Accrual

Nursing staff participating in the on-call roster will be entitled to accrue paid On-Call Leave.

(A) One (1) hour on-call will accrue 3.7 minutes of paid on-call leave.

(B) On-Call Leave will be credited after each financial year and must be taken within 12 months of being credited.

(C) This on call leave does not attract annual leave loading.

(D) All employees are to receive four (4) clear days per fortnight guaranteed free of on-call or recall unless
otherwise agreed. A “day” for the purposes of this clause is an unbroken 24 hour period.

(E) A call period for the purpose of this clause is maximum 12 hours.

(ii) Any employee rostered on-call and who is then required to continue working on completion of their rostered shift to complete clinical duties, is to be paid on-call rates i.e. first recall a minimum payment of four hours’ work at double time, applicable to the employee’s salary, for the period. Subsequent recalls are to be paid as per second recalls. The employee continues to be paid the on-call allowance for all rostered on call hours.

(iii) An employee recalled to duty is to be entitled to be absent from work, without loss of pay, until or unless they have been off duty for a continuous period of 10 hours on completion of the recall. There will be no disadvantage for a shift already rostered.

(iv) Any day worker employee rostered on-call who is recalled to duty is to be entitled to be paid

(A) For the first recall a minimum payment of four hours’ work at double time, applicable to the employee’s salary; and

(B) For each subsequent recall a minimum payment of three hours’ work at double time, applicable to the employee’s salary.

(f) Recruitment and Retention

(i) Transfer of Employment Status of a nurse employee from Fixed-Term Employee to Permanent Employee on the completion of one year of employment. (Excludes nurses working in Commonwealth funded limited term project positions).

(ii) Rural & Remote

(A) Establish a register/pool of nurses (pool) willing to work in the areas across THO’s

(B) Provision of free accommodation and paid travel as incentives for working in Remote/Rural Areas
(C) Continue with graduate incentive program as per HoA 2010

(D) Inclusion of Bruny Island in Remote sites

(E) Inclusion of New Norfolk in Rural sites

(iii) To ensure a sustainable future workforce the employer is to make available state-wide 150 FTE Graduate Nurse positions per annum with relevant Educator support.

(iv) An employee who is nursing a child shall have access to private facilities for breastfeeding or expressing and storing breast milk.

A full time or part-time employee who works more than three (3) consecutive hours who is breastfeeding is entitled to up to one (1) hour paid leave per day to express and or attend upon their child to breastfeed or feed (this includes any period away from the workplace).

Productivity measures include, but are not limited to:

i. Reduction of double shifts
ii. Reduction of the use of Agency, casual and overtime.
iii. Introduction of Clinical Co-ordinators in lieu continuing to pay In-charge allowance to Grade 4s when no Grade 5 in charge.
iv. Nurse led (criteria led) discharge
v. Retrospective pays
vi. Pay off ProAct system
vii. Hospital in the Home savings
viii. Improved Human Resource management
ix. Implementation of lean systems