General Secretary’s Report
COMMITTEE OF DELEGATES MEETING
Tuesday, 16 May 2017
New South Wales Nurses & Midwives’ Association
held at 50 O’Dea Avenue, Waterloo

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KEY DIRECTION 1
Grow our capacity to influence

In order to win better outcomes for our members, the Association* must grow our influence. Influence comes when Association members and member leaders have the ability to use their collective power to enforce rights and achieve new outcomes in their workplaces, their sector and within the health system. We define the health system as inclusive of everywhere our members work.

STRATEGIES

1.1 Grow power and influence by increasing the number of Association members
1.2 Identify new member leaders who can build their workplace influence
1.3 Equip Association member leaders with the skills, knowledge and confidence to lead members to use their influence
1.4 Grow the number of Association members actively engaged across the health, disability and aged care systems
1.5 Ensure a focus on retaining as many members as possible

(* Association should be read to mean the New South Wales Nurses and Midwives’ Association and the Australian Nursing and Midwifery Federation New South Wales Branch)

Bupa Aged Care Services

Dispute: Rights of part-time employees to ‘retain’ their contracted hours and shifts

Bupa has introduced a new model of care to their facilities nationwide. This has resulted in changes/reductions to shift times for part time employees, with consequential changes to contracts of employment.

Key Direction 1
Strategy 1.1: Grow power and influence by increasing the number of NSWNMA members
Strategy 1.2: Identify new member leaders who can build their workplace influence
Strategy 1.5: Ensure a focus on retaining as many members as possible

Key Direction 2
Strategy 2.7: Strategically use legal and industrial tribunals to deliver outcomes for individual members or groups
Action
The Association represented members across a number of facilities as an appointed representative in relation to the above changes in the second half of 2016. Many of these led to acceptable outcomes. Others did not. Some of these formed part of three disputes initiated by the Association in the Fair Work Commission (‘FWC’) around the changes. The third dispute squarely centred upon whether Bupa can change the times that part time employees work without their concurrence. The term of the enterprise agreement (similar to that of the Nurses Modern Award) is as follows:

a. A part-time employee is an employee who is engaged to work less than an average of 38 ordinary hours per week and whose hours of work are reasonably predictable.

b. Before commencing part-time employment, Bupa and a part time employee will agree in writing the guaranteed minimum number of hours to be worked and the rostering arrangements which will apply to those hours. The minimum hours which a part time employee will be required to work on a rostered day or shift is 3 hours. [emphasis added]

c. The terms of the agreement may be varied by agreement and recorded in writing.

Bupa argued that the agreement provisions regarding the ability to give notice for a change of roster superseded or ‘overrode’ the above requirements.

Outcome
 A single member of the FWC at first instance found in favour of the Association that the times and days that part time employees work should be contained and set out in their contract.

 In response, Bupa lodged an appeal to this decision.

 Consequently, the matter was subject to a Full Bench hearing on 3 February 2017.

 However, in handing down this decision in recent times, the Full Bench overturned the decision of the single member of the FWC. This decision is currently being reviewed as to its consequences regarding the interpretation of the contested agreement clause.

Central Coast Local Health District
Central Coast Activists
As part of campaigning by the ALP around the health issues of the Central Coast, a roundtable with local nurses and health care workers was arranged and held on 20 April 2017 by Senator Deborah O’Neil to meet with the Leader of the Opposition, the Hon Bill Shorten.

Central Coast activists from Gosford Hospital, Long Jetty Continuing and the Mental Health Community Health branches voiced the issues that affect the area including:

- Registered Nurses in Aged Care
- Mental health nursing
- Anti-Privatisation of Wyong
- Nursing ratios across NSW
- Federal Health funding and Medicare
Key Direction 1
Strategy 1.2: Identify new member leaders who can build their workplace influence

Action
The advocacy of the NSWNMA Central Coast leaders in voicing the issues of local nurses and patients at the roundtable was effective and courageous. Very real and local issues were heard by the Leader of the Opposition and health was stated to be an important social and electoral focus.

Outcome
- The Leader of the Opposition initiated further contact with the roundtable attendees and welcomed discussion around the skills mix in Aged Care to be organised with the NSWNMA.
- Mr Shorten made it clear that he opposed the privatisation of public health and believed the NSW Government should reverse the decision.
- Mr Shorten encouraged the fight to save Wyong Hospital.

Family and Community Services

Disability Services: Rollout of the NDIS
The rollout of the NDIS gathers pace amidst continuing concerns with the complete withdrawal of the public sector as a provider of disability services and the current transfer arrangements for Family and Community Services (‘FACS’) staff. The Association holds concerns regarding the Enabling Act being used to transfer current FACS employees and the ‘guaranteed’ entitlements following them. In addition, the transfer payment amount being made available as a result of this ‘compulsory transfer’ is manifestly inadequate.

Key Direction 1
Strategy 1.5: Ensure a focus on retaining as many members as possible

Key Direction 2
Strategy 2.4: Actively use political and community lobbying campaigns to assist with advocacy and bargaining outcomes

Key Direction 3
Strategy 3.2: Identify the features of a world class, well-funded, integrated health system

Action
The Association, and a small delegation of workplace representatives from across the spectrum of disability settings, met with the Minister for Disability Services on 27 March 2017 to discuss the concerns of members with the current framework and processes being utilised for the NDIS rollout and the exclusion of the public sector from being a much needed service provider. FACS also had senior officials present, including the Secretary of FACS.

The conduct of the meeting was free flowing and permitted Association attendees to provide to the Minister and those attending from FACS both information and observations based on their experience, along with questions that needed to be answered. These included:
(i) the difficulties that may or would foreseeably arise from a ‘break up’ of such integrated services with any shift to differing NGO providers, with the provision of medical care and support in a decentralised environment via differing NGO providers being a challenge;

(ii) accordingly, any loss or diminution of the current model of care and the suite of services available on site would potentially result in such care and services being beyond individual NGO providers or falling upon an over-stretched and ill prepared public health system;

(iii) there was utility and benefits in the public sector remaining a service provider, even if as a provider of last resort (safety net);

(iv) concerns were raised as to whether staff transfers will be like to like positions and not result in changed or expanded responsibilities with no additional recognition; and

(v) issues pertaining to the industrial adequacy of the transfer arrangements for FACS staff were also discussed.

Outcome
- The Minister acknowledged that NGO providers would need to demonstrate their capacity to provide/maintain care to residents.
- FACS confirmed that heightened activities would be occurring to assess the needs of residents in the coming months, including their multi-disciplinary requirements from varying health professionals.
- FACS believed that their contact with potential NGO providers demonstrated a capacity to provide the complex services required, albeit this was based on a general overview/estimation of needs.
- The Minister was confident however that sufficient funding would be available under the national scheme to ensure such complex support was able to be provided.
- FACS was keen to discuss and resolve concerns regarding the industrial arrangements for transferring staff, and these have been subject of ongoing discussions.
- FACS confirmed that June 2018 was the ‘deadline’ to have completed transition to solely NGO providers.
- The Association provided an update to members shortly after the meeting with the Minister for Disability Services occurs.

Note:
The Public Service Association, which undertook a 24 hour stoppage on 14 February 2017 across all FACS sites in defiance of IRC orders made to cease and refrain from such action, was fined $84,000 by the Supreme Court for such a contravention. The Supreme Court noted in arriving at this penalty that the PSA had aggravated its offence by continuing to proceed with the action even after the Supreme Court on 9 February 2017 had found - in a preliminary decision - which the PSA was in breach of the orders made by the IRC.
Healthe Care Australia

Toronto Private Hospital

In March 2017, Toronto Private Hospital formed a branch. This hospital was the last of the eight Healthe Care Private Hospitals to form a branch. The other facilities are located at: Toronto, Dubbo, Brisbane Waters, Gosford, Lingard (at Merewether), Maitland and Hurstville.

Key Direction 1
Strategy 1.1: Grow power and influence by increasing the number of NSWNMA members
Strategy 1.2: Identify new member leaders who can build their workplace influence

Action
There have been three branch formations in the last 12 months in preparation for bargaining for the next enterprise agreement.

Outcome
- All current Healthe Care Private Hospitals now have an established Association branch.
- Over the last 12 months across all Healthe Care sites, there has been an increase in membership density by 13%.

Healthscope Private Hospitals

Enterprise Agreement

The Enterprise Agreement expires in 2020.

Key Direction 1
Strategy 1.1: Grow power and influence by increasing the number of Association members
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Strategy 1.3: Equip Association member leaders with the skills, knowledge and confidence to lead members to use their influence
Strategy 1.4: Grow the number of Association members actively engaged across the health, disability and aged care systems
Strategy 1.5: Ensure a focus on retaining as many members as possible

Key Direction 2
Strategy 2.1: Review and implement improved Association approaches and processes for collective bargaining and enforcement of rights

Action
Norwest Private Hospital

Members have been working together with the NSWNMA in relation to proposed roster changes for perioperative nurses. These changes were significant for members as the process has been poor and without enough consultation.
The NSWNMA wrote on behalf of members to Norwest Private Hospital management requesting that the proposed introduction of roster changes on 3 April be withdrawn.

Management responded with a new implementation date of 1 May 2017 to allow further time to consult.

Workplace leaders of Norwest Private Hospital operating theatres continue to work with the NSWNMA to ensure the resolution of outstanding WHS items identified during the December 2016 inspection are being appropriately actioned and reported to nursing staff.

Organiser visits, Facebook posts, SMS and email updates are continuing, in order to educate members about their current conditions, their rights to consultation with proposed roster changes, and Workplace Health and Safety-related items.

**Sydney South West Private Hospital and Nepean Private Hospital**
The NSWNMA has been working with members and the Branch to resolve workplace issues in Operating Theatres. A series of visits to the facility was conducted to heighten presence and visibility.

**The Hills Private Rehabilitation Hospital**
A series of visits were conducted to engage members and increase visibility. The NSWNMA will work with members to outline a plan to resolve workplace issues identified during these visits.

**Hunter Valley Private Hospital Theatres**
An organised membership successfully thwarted a novel management interpretation of the change to roster by agreement provision.

Management proposed to theatre nurses a roster displaying only a morning or afternoon start, with the actual starting times of the morning or afternoon shifts to be notified to the nurse the day before, facilitating staggered starts. Members collectively refused the proposal, particularly by utilising past “Know Your Rights” leaflets, when in discussion with management.

**Sydney Clinic (The)**
Successful membership engagement and increased NSWNMA visibility occurred when conducting a discussion and “Q&A” session about the AHPRA 2016 registration standards, CPD and PII changes. Interest in the revamped ANMF CPD on line learning also occurred.

**Facebook**
Our NSWNMA Facebook page for Healthscope nurses and midwives continues to be used as a tool to support organising and member education.

There has been improved member engagement on Facebook with increased ‘likes’ and ‘shares’. Page ‘likes’ are now over 400, expanding our reach and encouraging off-line discussions in the workplace.
Education
Ongoing Enterprise Agreement education continues at scheduled visits and through Facebook posts, ‘Know Your Rights’ leaflets and topics for offline workplace discussions.

Other matters
Online recruitment continues to be steady.

The NSWNMA Healthscope team has reviewed the maintenance plan for 2017, setting strategic goals for continued member growth and leader development.

Outcome
- NSWNMA visibility and presence heightened.
- Good membership growth.
- Greater Branch power, confidence and influence at some key sites.
- New activists identified.
- Increased member leader engagement and activity by members in the workplace.

Ramsay Health Care
Nowra Private Hospital – Changes to routine shift times
Members were advised that there would be cuts to shift lengths, which would reduce contracted hours for some members. A collective workplace action was undertaken with the following objectives:

- Education on the benefits of collective action;
- Educate on union Enterprise Agreement rights;
- Use the opportunity to recruit and engage with members on other employer-wide issues; and
- Develop activism around collective action.

Key Direction 1
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Strategy 1.5: Ensure a focus on retaining as many members as possible
Action
Members met to discuss the issues and what action to take. Members endorsed a resolution stating the issues around changes, which was sent to management.

Management responded in writing in the required timeframe due to member pressure.

Outcome
- Increase in membership.
- Educated activists through collective action.
- Members engaged and educated on Enterprise Agreement rights.
- Members were given alternative solutions to cuts in contracted hours.

Warners Bay Private Hospital – Roster changes
Changes were made to the regular roster across the Christmas 2016/17 period without fair consultation in accordance with the Enterprise Agreement.

Additionally, start and finish times were not published on the roster in accordance with the Enterprise Agreement.

Changes to the regular roster meant that the regular handover system from outgoing to oncoming nurses changed to third party handover, which was not compliant with hospital policy or best practice.

Key Direction 1
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Action
A site and ward campaign was implemented to:

- enforce Enterprise Agreement compliance and safe handover practice;
- educate members on their Enterprise Agreement rights, professional obligations and power of acting together;
- develop new and existing member leaders;
- increase membership; and
- form a new Branch at the hospital from collective action and engagement.
Active members circulated information and had conversations with their colleagues on their rights, asked non-members to join, held union meetings and collectively met with management to discuss the issue.

The Association corresponded with management requesting compliance with the Enterprise Agreement and the hospital’s regular handover practice.

**Outcome**

- Management made adjustments to the Christmas roster in response to members’ requests and resumed regular handover practice.
- Management confirmed that the regular roster would resume in the following roster period and that consultation would occur in accordance with the Enterprise Agreement for any future proposed changes.
- Nurses working on the ward and across the hospital engaged on the issue and education on their rights.
- New and existing member leaders experienced a successful campaign with a sequence of actions leading to a win.
- Through this campaign experience, member leaders formed a new Branch, have been meeting regularly and taking up new issues.

**South Eastern Sydney Local Health District**

**Dispute: Langton Centre - security and safety in the workplace**

There has been an issue regarding WHS and security at the Langton Centre. The lack of security support has been the subject of multiple external and internal reviews that recommended improved security for nurses and other health care workers at this site. Nurses have sought the commitment of management for the provision of a Health and Security Assistant (HASA) during business hours. There is currently an external private security service providing an opening and closing service at this site and Police are utilised within business hours as required.

**Key Direction 1**

**Strategy 1.3:** Equip NSWNMA member leaders with the skills, knowledge and confidence to lead members to use their influence

**Strategy 1.4:** Grow the number of NSWNMA members actively engaged across the health, disability and aged care systems

**Strategy 1.5:** Ensure a focus on retaining as many members as possible

**Action**

Members held a branch meeting due to their frustration with the employer’s inaction regarding the provision of a HASA. Members drafted resolutions that require management to respond with the commitment to provide a HASA.
The Branch has completed a WHS survey, developed by the NSWNMA, which provided very concerning results. This survey proves that security incidents are occurring within the workplace and waiting room during business time. Episodes of aggression are happening on a weekly basis, and the members feel that having a HASA would help.

Clinical management is claiming that a security service may impact the services ability to provide a therapeutic environment and harness therapeutic relationships. The members feel it is unreasonable to use the therapeutic rights of the patient as an excuse for inaction on improving safety in the workplace.

The Branch and members are willing to escalate this beyond local management if their concerns are not adequately addressed.

**Outcome**

- This Branch is growing their influence through using collective power and utilising workplace processes to achieve safety for all staff and patients.
- Members are continuing with branch actions to achieve the best outcomes by utilising their strength and to grow their influence within their workplace.

**Western NSW Local Health District**

**Dubbo Health Service**

Long-standing issues around recruitment and retention of nursing staff have led to consistently high numbers of Transitional Registered Nurses filling nursing vacancies. This has led to a larger number of year 1, year 2 and year 3 RNs which form a large part of the regular workforce.

**Key Direction 1**

**Strategy 1.1:** Grow power and influence by increasing the number of NSWNMA members
**Strategy 1.2:** Identify new member leaders who can build their workplace influence
**Strategy 1.3:** Equip NSWNMA member leaders with the skills, knowledge and confidence to lead members to use their influence
**Strategy 1.4:** Grow the number of NSWNMA members actively engaged across the health, disability and aged care systems

**Action**

Members have exhausted all avenues of the reasonable workload process, and efforts to escalate concerns around skill mix with management were dismissed.

Members have spent more than three years trying to address their concerns over patient safety with increasingly acute hospital activity. Branch meetings are routinely attracting 20-30 members who resolve that an open letter should be sent to the Chief Executive alerting him to concerns regarding skill mix.

A public branch meeting was held outside the hospital on 30 May to consider the response from management to the open letter.
Outcome

- The open letter was circulated over a 10-day period, and more than 280 signatures were obtained by the majority of nursing staff and forwarded to the Chief Executive.

- More than 50 nurses attended a public branch meeting ‘Lunch on the Lawn’ event and were well supported by the Paramedic Service and local media outlets. Members were unhappy with the LHD response to the open letter and made a further resolution to hold a meeting with only the LHD DoN in order to seek additional Education resources to assist in upskilling the junior workforce. Further discussions are occurring in the hope to restore communication pathways to local management.
KEY DIRECTION 2

Be innovative in our advocacy and bargaining

New challenges and environments require new thinking and continuous improvement of professional and industrial advocacy and bargaining.

The Association will directly represent and organise members and their workplaces, as well as engage with the community and other key stakeholders, to achieve advancement in professional and industrial outcomes.

STRATEGIES

2.1 Review and implement improved Association approaches and processes for collective bargaining and enforcement of rights

2.2 Ensure that advocacy and bargaining aligns with our growing capacity to influence

2.3 Ensure existing Ratios systems are implemented and enforced properly through member education and member leader vigilance

2.4 Actively use political and community lobbying campaigns to assist with advocacy and bargaining outcomes

2.5 Campaign to extend enforceable staffing arrangements for safe patient care into other sectors

2.6 Review Association approaches and processes for linking professional advocacy to organising and growth

2.7 Strategically use legal and industrial tribunals to deliver outcomes for individual members or groups

Save our Weekend – penalty rates campaign

Key Direction 2

Strategy 2.1: Actively use political and community lobbying campaigns to assist with advocacy and bargaining outcomes

Key Director 3

Strategy 3.5: Advocate and influence decision makers on key issues that affect Association members and delivery outcomes
Action
Our worst fears were realised on 21 March when national health provider Sonic Health Plus proposed to cut the Sunday penalty rates of its nurses by a staggering 25%. The company’s proposal is the “start of the slippery slope” for nurses working in so-called “non-essential” areas of health service delivery. Sonic Health Plus proves that employers are now lining-up to start stripping away penalty rates from nurses and other employees.

All the state branches of the Australian Nursing and Midwifery Federation quickly launched a rapid response digital and social media campaign which quickly went viral and picked up by media outlets.

Outcome
- The rapid actions of the federation resulted in a back down of the proposed cuts by Sonic Health Plus. This issue quickly garnered national attention and resulted a week later in a national delegation of nurses travelling to Canberra, including a member from NSW, to meet with the Opposition leader, Bill Shorten, to highlight the financial impact a loss of penalty rates would have on nurses. Nurses were invited to sit in the gallery during question time.
- The Association will continue to raise awareness around this issue through the Lamp, social media and free media whenever the opportunity arises. Workplace resolutions with pledges of support have been distributed to all delegates so that branches have the opportunity to vote and commit to fighting these unfair attacks on workers’ conditions. A digital campaign will be launched strategically so that members can raise their voices about this cut to workers’ take home pay and to ensure that tampering with penalty rates is a vote changing issue.

Justice Health & Forensic Mental Health Network

Forensic Hospital
An unacceptable level of violence towards nurses, including a number of assaults against nurses in the Forensic Hospital of increasing seriousness. The latest resulting in facial fractures.

Key Direction 2
Strategy 2.3: Ensure existing Ratios systems are implemented and enforced properly through member education and member leader vigilance
Strategy 2.7: Strategically use legal and industrial tribunals to deliver outcomes for individual members or groups

Action
Members have been using the USCC process to address the increase of violent incidents against nurses, however management has failed to act. After a serious injury to a nurse on 27 February 2017 members have taken the following actions:

- SafeWork NSW notification and inspection
- NSWNMA WHS Inspection
- Resolution calling for immediate action to introduce security
- Resolution calling for the Mental Health Tribunal to review of a patient
- Resolution seeking review of current Treatment Team approach
Members have notified of their intention to escalate this matter both to the Minister for Mental Health and to the media.

The NSWNMA has also undertaken a detailed survey of the Forensic Hospital staff to ascertain how members felt about their safety.

**Outcome**

- SafeWork issued Improvement Notices to Justice Health on 13 March 2017 which includes a staffing review; the NSWNMA is seeking a full investigation.

- There was some contention amongst members about the introduction of ‘security officers’. The NSWNMA conducted a secret ballot on 22 March with the result confirming that the majority of staff endorsed the introduction of security officers to manage this patient which has since been conveyed to the executive.

- Justice Health has since established a ‘Safety Strategy Meeting’ which meets twice weekly. Attendees include nurse health and safety representatives (HSR) and NSWNMA organisers. However, the committee make up is heavily weighted with management with the meetings on occasion being hostile.

- Although there have been eight meetings, there has been no real change nor have any of the concerns of members been genuinely addressed, nor any commitment to move from their current practices. Members are actively exploring other strategies particularly around their roles as HSRs, however, Justice Health continues to be obstructive.

- Additionally, the NSWNMA continues to pursue both the Minister and the Ministry to highlight the unacceptable levels of violence towards nurses and the treatment of the nurse HSRs and branch officials when they attempt to advocate to keep members safe.

- The Minister for Mental Health has been briefed on member and Association concerns and has undertaken a site visit taking time to discuss member views.

**Ministry of Health and Northern Sydney Local Health District**

**Dispute: Northern Beaches redevelopment – consultation process**

The NSW Government has contracted Healthscope to build and operate (and be the employing entity of staff) at a new Northern Beaches Hospital located at Frenchs Forest. This new hospital would be in lieu of public health services currently provided at Manly and Mona Vale Hospitals, with Manly Hospital closing entirely, and residual services remaining at Mona Vale Hospital. Unions NSW and public health unions had been unsuccessfully seeking definitive answers on a number of longstanding (global) issues related to this redevelopment.

**Key Direction 2**

**Strategy 2.7: Strategically use legal and industrial tribunals to deliver outcomes for individual members or groups**
Key Direction 3
Strategy 3.4: Develop initiatives, affiliations and partnerships on issues that affect NSWNMA members

Key Direction 1
Strategy 1.5: Ensure a focus on retaining as many members as possible

Action
Many Association members working at Manly and Mona Vale Hospitals in late March joined their colleagues from other unions at joint meetings to receive an update on the development and transition to the Northern Beaches Hospital. The meetings were well attended and adopted a clear mandate that staff were entitled to be provided with better information and particulars regarding the new hospital and what may be on offer for employees. Importantly, members attending endorsed a staff petition to be distributed under the auspices of Unions NSW to confirm that mandate, and importantly seek information about the job matching process and the time that should be made available to staff to make such an important decision (which the meetings believed should be 12 months).

Outcome
- The meetings and the petition circulated had an immediate effect on the Local Health District and Ministry of Health.
- Members have received an email directly from the LHD confirming that the transfer payment to be made available to Manly and Mona Vale Hospital staff transferring to Healthscope will be provided on a sliding scale, with a maximum of eight weeks at base rate of pay if permanently employed for six years or more. Setting aside the appropriateness of this amount or approach, this response has only taken nearly four years to be confirmed.
- The Ministry of Health has now also written to Unions NSW and public health unions with some feedback regarding employment entitlements and conditions to be maintained for transferring staff, along with their enforcement. Unions are currently reviewing this feedback but it is evident that concerns will remain. Importantly, the application or otherwise of the Government Sector Employment Amendment (Transfers to Non-Government Sector) Regulation 2016 (NSW) that would, as it currently stands, prevent a redundancy payment being considered and/or paid to staff electing not to transfer to the Northern Beaches Hospital, remains outstanding.
- No further news to date has been received on job/skill profiles to be utilised at the new hospital; job matching; and the EOI process to be adopted - especially the time that will be made available to staff to make this important decision.
- The Ministry also concedes it is still considering options regarding the enforcement around certain transferring terms and conditions (i.e. the two year job guarantee and application of certain policies during that period).
- A survey is currently being undertaken of members to prioritise concerns and preferences.
- Unions NSW and public health unions are currently seeking a meeting with the Minister to discuss these concerns further.
KEY DIRECTION 3
Promote a world class, well-funded, integrated health system

Increasingly, health is becoming a defining political issue in our country and budget decisions impact on the delivery of care. The Association will be an effective advocate for delivery of quality outcomes of care in an ever-changing health system and influence policy and decision-makers to invest in prevention and universality.

STRATEGIES

3.1 Consult with Association members on their vision of an integrated health system
3.2 Identify the features of a world class, well-funded, integrated health system
3.3 Develop an education program for Association members and member leaders
3.4 Develop initiatives, affiliations and partnerships on issues that affect Association members
3.5 Advocate and influence decision makers on key issues that affect Association members and the delivery of care

Northern NSW Local Health District

Inquiries

Following the death of a patient on 3 June 2014 in a seclusion room at Lismore Base Hospital, the NSW Minister for Health, Brad Hazzard and the Minister for Mental Health, Tanya Davies, announced on Friday, 12 May 2017 that two separate inquiries would be launched.

A parliamentary inquiry and an independent investigation, headed by the NSW Chief Psychiatrist, Dr Murray Wright, will be held into the use of seclusion and restraint of mental health patients across NSW.

RN 24/7 Campaign

Shooters Fishers and Farmers Party – Private Members Bill
Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2016

Robert Brown, the Shooters Fishers and Farmers Party MLC, introduced a Private Members Bill to re-instate the requirement in the NSW Public Health Act for a registered nurse to be on duty at all times in any residential aged facility that had high care residents. The Bill had its first and second readings in the NSW Upper House – and debate on the Bill was partially heard before Easter, then adjourned until Thursday, 4 May, where it passed through the Upper House.
Key Direction 3  
Strategy 3.2: Develop initiatives, affiliations and partnerships on issues that affect NSWNMA members

Key Direction 4  
Strategy 4.1: Build and develop partnerships with key community, academic and political organisations to promote issues that define our Vision and Key Directions  
Strategy 4.3: Advance and promote nursing and midwifery as professions creatively and through multiple platforms

Action
The Shooters Fishers and Farmers Party has worked closely with the NSWNMA to develop and support this Bill. On each occasion, the NSWNMA and community supporters have had a visible presence in the public gallery, and this has been acknowledged in the parliamentary debates as captured in Hansard documents.

Aged Care Roundtable partners have asked their members to lobby MPs to support this Bill.

Outcome
- Following an engaging debate, with support from the ALP, Christian Democratic Party, The NSW Greens and the Animal Justice Party, the government withdrew its opposition to the Bill, and it passed the Upper House.
- Rural providers, particularly in the Northern Tablelands, worked closely with Nationals MP, Adam Marshal, and others, to ensure that the Bill was not passed.
- The Bill was presented to the NSW Lower House for debate on Thursday, 11 May 2017 by Shooters Fishers and Farmers MP for Orange, Phillip Donato. The Liberal National Members of Parliament spoke and voted against the Bill, 45 to 35. The Shooters Fishers and Farmers Party, the ALP, the NSW Greens and Independent Members for Sydney and Lake Macquarie voted in favour.

NSW Ministry of Health

Security Action Plan

With the last meeting of the Security Roundtable held in November, the NSWNMA wrote to the Ministry requesting a meeting as soon as possible, and this occurred on Friday, 5 May 2017. The meeting was attended by representatives from the Ministry, ASMOF, HSU and Unions NSW, and the NSWNMA General Secretary and Assistant General Secretary.

Key Direction 3
Strategy 3.4: Develop initiatives, affiliations and partnerships on issues that affect NSWNMA members
Strategy 3.5: Advocate and influence decision makers on key issues that affect NSWNMA members and the delivery of care

Key Direction 1
Strategy 1.5: Ensure a focus on retaining as many members as possible
**Action**
This was a lengthy meeting, with the Ministry providing a document listing the work carried out to date on the 12 Point Action Plan on Hospital Security.

**Outcome**
The meeting covered the topics in the 12 Point Plan of:

- **Action 1: Training on management of disturbed and aggressive behaviour**
  Andrea Herring from HETI gave a comprehensive report on the development of the training package which has three e-learning modules, and these have are now being rolled out. It is a ‘train the trainer’ model and presentation of the training package was given at the meeting. It is comprehensive and certainly had taken workplace comments into consideration when the package was put together. For example, due to comments from LHDs that staff could not attend a whole day, the course has been broken into 2/24 chunks and it was recognised this training needs to occur in work time.

  The final phase is the physical skills workshop, which is yet to be rolled out and will be a one day off site face-to-face workshop because there is a need to know that those who have done the training are proficient and that can only be done face-to-face.

  This will be followed with 12 practice sessions including a video refresher; to date there are 89 staff trained as trainers.

- **Action 3: ED security audit**
  Delegates may remember the security audit undertaken around this time last year, which raised 57 security issues in EDs across the state – many of them complex.

  It was recognised that there would be no ‘quick fix’ to have the issues resolved however it can be reported that the meeting was ‘walked through’ a lengthy document which showed that all of those 57 items are being addressed and while most are ‘on track’ there are some that have been completed.  It would be fair to comment, that the Ministry was not pleased with the results of the compliance to security requirements across the LHDs and they will be taking a tighter monitoring role which will include random spot checks to ensure future compliance.

  The Ministry is currently working on a MoU with Justice Health (along the lines of the MoU with NSW Police) as currently there is no agreement on the transfer of patients which has the potential to expose staff to unsafe practices/environments.

  Security alarms have been a major point of contention in the audit process and certainly on workplace visits undertaken by the NSWNMA, as well as those undertaken by the Ministry, it is obvious that many staff do not take their wearing of duress alarms seriously.  It is recognised that there are some systems that are less than perfect and even some cases where they do not work, however an employee must use what has been supplied.

  If the duress alarm is ineffectual, does not work, or is faulty, the employee has a responsibility to document and report it.  If the unit is faulty but works occasionally, the employee must wear the duress alarm in line with workplace policy.  In complying with workplace policy, employees, if in the unfortunate instance of an incident occurring, cannot then be criticised in any way and therefore management is unable to transfer blame.  It is now acknowledged that systems **must** work and these are being upgraded where necessary.
Delegates are reminded they must wear their devices and inform other employees of their obligations under workplace policy.

A list of minor capital works occurring at facilities around safe locking of premises with remote locking was provided to the meeting.

The Ministry envisages that all policies needing to have enhanced security measures will be concluded by the end of this financial year. As well, new build, renovation or refurbishment will have to be supported by formal documented assessment with regard to safety and security. This applies to all departments not just EDs. The Ministry intends to be more prescriptive on audits and documentation.

- **MoU between NSW Health & NSW Police**
  There has been a great deal of consultation and work undertaken on the MoU at peak level, which has been distributed for consultation with comments due by 12 May 2017. This is another area that will require good governance once in place and any areas where the standards of the MoU are not met the matter will be dealt with by LHD Chief Executive and the Local Area Command Officer for the Police.

  It will be very important to ensure correct implementation at unit level. There is much custom and practice and culture in both agencies (both Health and Police) that may need to be altered to ensure this works. Therefore once the MoU is adopted it will be most important for our members to be familiar with it. The MoU has been written in a way that both health workers and police will understand, however, there is a degree of repetition throughout, creating a large document, which has been done on purpose. It is a way to reinforce the contents but more importantly it has been designed to be able to be used in single modules with similar content in overlapping modules.

- **Other**
  Ongoing discussion is occurring with the HSU around security personnel and their responsibilities, with planning for a consistent view across the state around security personnel.

  The Ministry has drafted an Information Sheet – *Removing Individuals from NSW Health hospital premises* – which will be helpful when finalised and released across the health system.

- **Summary**
  Whilst it may seem as though not a lot has been achieved, the Association is confident that the Ministry understands its responsibilities for workplace safety and security and while it took a very unfortunate incident to achieve real change, the audit uncovered many glaring breaches with the Ministry now very committed to remedying that situation.

  The security audit did show that employees have not complied in many instances, such as, not wearing duress alarms, implements left lying around that could be used as weapons, leaving rooms unlocked that have implements that could be used to inflict injury, e.g. plaster rooms.

  Delegates are asked to reinforce with their branch members and colleagues that it is everyone’s response to ensure workplace health and safety.
Working with Children Check

The pending completion of Phase 1 in NSW Health of the WWCC implementation drew to a close on 31 March 2017, as per Schedule 1 of the Child Protection (Working with Children) Act 2012 and complementary Child Protection (Working with Children) Regulation 2013. Phase 2 now begins.

Key Direction 3
Strategy 3.4: Develop initiatives, affiliations and partnerships on issues that affect NSWNMA members

Key Direction 2
Strategy 2.7: Strategically use legal and industrial tribunals to deliver outcomes for individual members or groups

Action

Public health unions met and discussed with the Ministry of Health the conclusion of Phase 1 of the WWCC rollout. As from 31 March 2017, any employee whose employment has been deemed as requiring a WWCC clearance and do not hold such by that date, may well find their employment in jeopardy.

Phase 2 has now commenced for the remaining LHDs/Networks, and already some of the same old problems have resurfaced regarding a blanket approach to who requires a WWCC.

Outcome

- The Association provided assistance to a handful of members as part of Phase 1 concluding. The Ministry was also able to provide assistance to resolve some outstanding individual issues after representations from the Association.
- The Association will make required representations as needed regarding Phase 2, and if necessary, escalate issues to the Ministry.

International Labour Organisation (ILO)

Tripartite meeting

Just prior to concluding his role as United Nations Secretary General, Ban Ki-moon initiated a High Level Commission on Health Employment and Economic Growth (HEEG Commission) to investigate the massive changes to health systems globally with particular regard to decent work and accessibility to quality public health care. One of the 10 recommendations from that Commission’s report was to establish a tripartite (governments, employers and workers) meeting to explore improving employment and working conditions in health services.

Key Direction 3
Strategy 3.2: Identify the features of a world class, well-funded, integrated health system
Strategy 3.4: Develop initiatives, affiliations and partnerships on issues that affect Association members
Strategy 3.5: Advocate and influence decision makers on key issues that affect Association members and the delivery of care
Action

PSI (Public Services International) as the global union representing public health workers was chosen as the workers’ representative to this meeting. UNI (Union Network International) which represents private sector employees was also present for workers. The two unions were allowed a total of eight delegates to participate in the meeting. PSI had six representatives and UNI had two. Judith Kiejda, Assistant General Secretary was chosen to be one of the eight and represented at this very frenetic five day meeting in Geneva from 24 to 28 April with hours of business running until the work was completed.

The Association’s work within PSI, particularly over the last few years has placed this union at the forefront regarding issues in health at the global and regional levels. Our profile along with the fact that Australia is the only country that has mandated ratios/staffing in a number of models across a number of states, is why we were invited, which was an honour and a proud achievement.

Outcome

- The meeting was a remarkable experience with 55 governments represented. Australia was not represented at government level and the only G8 government represented was Russia. However many of the larger Asia Pacific governments did attend, such as, India, Indonesia, Philippines, and Thailand so it was very worthwhile hearing what they had to say. The employer groups were represented, with their Vice President, David Long, General Manager People & Culture, Northcott Disability Services in Parramatta, in attendance.

- This was a fascinating experience to observe the functioning of the ILO and more importantly delegates emerged from the meeting with an adopted document which can now be used when lobbying our governments around issues of health staffing and access to quality public health services.

- The governments’ language was very helpful and in most discussions were very close to the worker perspectives. All three parties agreed that the health workforce must be seen as an investment and not a cost and that mandated staffing is the only way to establish decent work in health across the globe. At one point the very articulate government representative from Brazil said that until we had ‘…the right numbers, with the right skills, at the right time in the right place, that the delivery of safe, public health would be difficult.’ Aged care was included in all the discussions with the same outcomes as those suggested for acute care.

- The adopted document is a document that will assist in our discussions with governments particularly in the future when we might have governments more in tune with our thinking on health matters than we currently have.

NSW Parliament

Government Sector Employment Amendment (Transfers to Non-Government Sector) Regulation 2016

Disallowance motion to be debated in the NSW Parliament.
Key Direction 3
Strategy 3.4: Develop initiatives, affiliations and partnerships on issues that affect NSWNMA members

Action
Delegates will recall from previous updates that the then Baird NSW Government (without any prior warning or consideration to consult) had the Government Sector Employment Amendment (Transfers to Non-Government Sector) Regulation 2016 (‘Regulation’) gazetted. The Regulation further eroded the rights of government sector workers whose role may be subject to privatisation.

Unions NSW and affiliates have agitated with cross bench members of the NSW Legislative Council to support a disallowance motion on the Regulation (i.e. have it set aside) tabled by the ALP Opposition.

Outcome
- After numerous postponements, this debate has once again been rescheduled and is planned to occur on 23 May 2017.

Key Direction Leadership Team 3

10 Questions to Ask Project

Key Direction 3
Strategy 3.1: Consult with Association members on their vision of an integrated health system
Strategy 3.2: Identify the features of a world class, well-funded, integrated health system
Strategy 3.3: Develop an education program for Association members and member leaders
Strategy 3.4: Develop initiatives, affiliations and partnerships on issues that affect Association members
Strategy 3.5: Advocate and influence decision makers on key issues that affect Association members and the delivery of care

Action
Association officers continue to engage with members of the NSW Aged Care Roundtable and last met on 30 March with a further meeting planned for 8 June. The main focus of the roundtable has been to develop a series of consumer information leaflets “10 Questions” furthering the work of the completed RN 24/7 campaign to keep registered nurses in NSW aged care facilities.

Outcome
- A letter, co-signed by some of the round table members was sent to NSW Minister for Health, the Hon Brad Hazzard asking that s104 of the NSW Public Health Act (2010) be retained.
- A further 10 Questions leaflet covering LGBTI issues is in the final stage of development.
- A rollout of leaflets across NSW is being scheduled.
- The Association is co-presenting the 10 Questions project with Partners in Culturally Appropriate Care (PICAC) at a CaLD conference to be held in Adelaide.
An abstract has been submitted to co-present the *10 Questions* project with the Royal Australian College of General Practitioners NSW faculty at the Australian Association of Gerontology Conference in Perth in November.

The *10 Questions* leaflets have attracted various media stories and exposure furthering the work of the federal aged care campaign.

**NSWNMA Education Program & Scholarships**

**Key Direction 3**  
**Strategy 3.4: Develop initiatives, affiliations and partnerships on issues that affect Association members**

**Aged Care Nurses Forum**

**Action**  
A regional Aged Care Nurses’ Forum took place on 10 May in Tweed Heads. The theme was ‘Elder Abuse’ and was supported by Senior Rights Service, Northern Rivers Community Legal Centre and Alzheimer’s Australia.

**Outcome**
- 30 participants from the Tweed area attended.
- Education was provided to members and non-members with a focus on improving the safety and quality of individual practice.
- Feedback has been positive with a further Aged Care Nurses’ Forum planned to be held on 20 October at the NSWNMA office in Waterloo.

**Bob Fenwick Mentoring Grants Program**

**Action**  
Expressions of interest were received from 28 mentees and 14 mentors, with 20 mentees approved for the program.

**Outcome**
- The 20 successful mentees and mentors have been notified and the mentee placement dates have now been set.

**Edith Cavell Trust**

**Action**  
The Edith Cavell Trust Scholarship opened for application on 1 May 2017 for studies being undertaken in the 2018 academic year.
Outcome
- The scholarship closes for application at 5.00pm on Monday, 31 July 2017.
- The scholarship will be promoted through the *The Lamp* and promotional posters will be distributed to facilities throughout the state.

Medication Safety for nurses and midwives

**Action**
A new education session on the 2017 calendar, Medication Safety for nurses and midwives, was held in March and April in Waterloo and Liverpool respectively. The aim of the seminar is to provide support and guidance to nurses and midwives around medication administration and safety.

**Outcome**
- There were 49 participants across the two days.
- Education was provided to members and non-members with a focus on improving the safety and quality of medicines use and individual practice.
- Feedback has been positive with three further workshops planned for the year: two to be held at the NSWNMA office in Waterloo and one in Newcastle.

Sydney Alliance

**Housing Affordability**
The NSWNMA has engaged with members and housing experts to identify models of housing affordability that would meet the needs of our members.

**Key Direction 3**

**Strategy 3.1:** Consult with Association members on their vision of an integrated health system

**Strategy 3.4:** Develop initiatives, affiliations and partnerships on issues that affect Association members

**Action**
The NSWNMA has participated in a number of meetings called by Sydney Alliance and housing experts to consider affordable housing in Sydney and promote the interests of our members.

Together with Unions NSW, the NSWNMA recently approached the Inner West Council and made a submission to include shift workers in their target groups for workers who should benefit from affordable housing targets. Members spoke at their recent Council meeting about the risks of shift workers, including nurses and midwives travelling long distances.
The Association wrote to Unions NSW to inform them of the amendments that Inner West Council has made, and encouraged affiliates to support the Sydney Alliance Housing Assembly.

The NSWNMA participated in and addressed the Sydney Alliance Affordable Housing Assembly attended by over 350 members of civil society organisations, and Housing Minister Anthony Roberts. We spoke of the complex needs across the range of our membership for safe and affordable housing.

**Outcome**
- The Inner West Council amended their policy on affordable housing to include people on low, low to middle, and moderate incomes, as well as shift workers.

**Work Health and Safety**

**Key Direction 3**  
**Strategy 3.4:** Develop initiatives, affiliations and partnerships on issues that affect Association members

**Collaborative Partnership on the Health Benefits of Work**

**Action**  
NSWNMA officers participated in the Federal Collaborative Partnership on the Health Benefits of Work (an on ongoing project looking at identifying and removing barriers to participation in work for people who have an injury or are unwell).

**Outcome**

- Association views were represented in this forum, particularly around the importance of people being able to see their own GP, not an employer provided doctor, and a need to shift the behaviour of employers with regard to the identification of suitable duties and modifications to work environments.

**International Day of Mourning**

**Action**  
A Memorial Service was held for The International Day of Mourning on 28 April 2017 at Reflection Park at Darling Harbour, with Association representatives attending.

**Outcome**

- The International Day of Mourning is recognised worldwide as a day to remember workers who have died from workplace incidents or disease.
- Each year tripartite events take place around the world with an overarching theme of a safety and health culture.
- Messages, thoughts and flowers were left at the memory lines of the memorial.
NSW Bariatric Innovation Group (NSWBiG)

**Action**
WHS Professional Officers attended a NSW Bariatric Innovation Group (NSWBiG) and consulted with staff involved in the management of bariatric patients and a supplier of bariatric equipment on the needs provisions available.

**Outcome**
- Representation at this meeting was demonstrated from multiple facilities including Orange, Central Coast and private care providers.
- Further information of forthcoming meetings and events is available on the AUSBiG website www.ausbig.com.au.

Workplace Inspections

*Calvary Mater Mental Health, Newcastle*

**Action**
A workplace visit was conducted by NSWNMA officers at the Mater Mental Health Unit, with management relating to incidents of aggression.

**Outcome**
- Consultation related to incidents that had occurred was conducted and a revision of the facilities carried out.
- Restrictions of working within a Public Private Partnership (PPP) were noted.
- The Association has prepared a paper relating to the constraints of working alongside and within a PPP.

*Hunter Valley Care*

**Action**
A work health and safety session on bullying was conducted for nurses from aged care facilities operated by Hunter Valley Care in response to member concerns about management behaviours across the group.

**Outcome**
- Education was provided to members from across these facilities to provide the skills needed to be able to challenge inappropriate management behaviour.

*Morisset Mental Health Inpatient Facility*

**Action**
A workplace visit related to security concerns was conducted at Morisset Mental Health Inpatient facility by NSWNMA officers in conjunction with branch officials.
Outcome

- Commitment was gained from management to undertake a risk assessment of client vehicle transport. Other issues raised by branch officials will be the subject of future resolutions.

**St John of God - Hawkesbury**

**Action**

A workplace visit was conducted at this facility related to concerns about the endoscope cleaning room – particularly with regard to ergonomics and peracetic acid storage and exposure.

**Outcome**

- Commitment was gained from management to arrange for testing for exposure and to arrange more appropriate storage.
- Short term solutions to resolve ergonomic issues are being investigated as the facility is looking to relocate the endoscope cleaning room and issues will be resolved with the renovation.

**NSWNMA Reference Groups**

**Key Direction 3**

**Strategy 3.5:** Advocate and influence decision makers on key issues that affect Association members and the delivery of care

**Affordable Housing Reference Group**

**Action**

Members were invited to express an interest to join an Affordable Housing Reference Group (AHRG).

**Outcome**

- A link to a short survey was included in the email sent to members; 1,010 members responded to the survey. The data collected will be valuable to inform future discussions with government and community organisations.

**Aged Care Reference Group**

**Action**


**Outcome**

- A federal aged care campaign update was provided by the Assistant General Secretary.
- An open Single Quality Assessment Framework was discussed with issues taken forward through the Association submission to inform the consultation.
Climate Change Action Reference Group

**Action**

**Outcome**
- At this meeting nominations were called for a Climate Activist nurse/or midwife Association member to attend a three day residential workshop on Climate Change Activism to be conducted by the Climate and Health Alliance (CAHA). NSWNMA member and branch official, Jacquie Myers, who is an enthusiastic Climate Change supporter and member of CCARG was nominated to attend the residential workshop from 16 to 18 June 2017 in Melbourne.

Drug and Alcohol Reference Group

**Action**
The Drug and Alcohol Reference Group (D&ARG) met on 26 April 2017.

**Outcome**
- The Association’s Policy on Alcohol and Other Drugs (AOD) Issues in the Workplace, which was presented as a draft to last year’s Annual Conference was reviewed and will be submitted again to this year’s conference for re-endorsement.
- The annual Mental Health and Drug & Alcohol Nurses Forum is planned for 8 September 2017 with the theme: ‘Medicinal Marijuana’.

Mental Health Reference Group

**Action**
The Mental Health Reference Group (MHRG) last met on 21 March 2017.

**Outcome**
- The issue of privatisation of NSW Hospitals was discussed, with the MHRG advised that Western NSW LHD had taken back the management of the Dubbo Hospital rehab unit from the NGO.
- Other issues discussed were the training support provided in LHDs and how LHDs will need to band together to share resources; and, the wearing of uniforms in Community Mental Health and the impact of that on staff safety.

Midwifery Reference Group

**Action**
The Midwifery Reference Group (MRG) met on 22 March 2017.
Outcome

- The use of protected titles was discussed and it was noted that under the National Law, the protected titles for midwifery care are midwife and midwife practitioner.

Professional Issues Committee

Action

The Professional Issues Committee (PIC) met on 3 April 2017

Outcome

- The NMBA has announced that the new Nurse and Midwives Health Program has commenced. It will be run by Turning Point (an organisation established in 1994 to provide leadership and training related to drug and alcohol issues) to assist nurses and midwives with drug and alcohol issues.
- The NMBA are looking at an exam for assessing overseas nurses seeking registration.
- The second Transitioning to the Workplace Seminar report was distributed to PIC. The seminar was developed to ensure newly registered nurses and midwives are provided some basic skills to start their professional journey transitioning into the workforce.

Submissions and Inquiries

NSW Mental Health Commission – Living Well in Later Life Project

Key Direction 3

Strategy 3.5: Advocate and influence decision makers on key issues that affect Association members and the delivery of care

Action

The Association provided a submission to the NSW Mental Health Commission’s, ‘Living Well in Later Life Project’ in regard to the draft ‘Living Well in Later Life – the Case for Change’ and the accompanying ‘Consensus Statement.’

Outcome

- The Association agreed with the overall theme to improve mental health of older clients by making the public and the health workforce more responsive to the mental health needs of this population.
- Those experiencing mental health problems in the elderly population will increase proportionately and this needs to be urgently addressed.
- The Association also called on the NSW Mental Health Commission to rethink its stance on supporting the privatisation model currently being adopted by the government for our mental health system.
The Association also commented that the sector did not want to find itself without the skilled workforce or the resources to provide a health service that puts quality of care and patient safety first in all health sectors, including aged care.

The Commission was asked to put its support behind a publicly managed model that is appropriately staffed by professionals who have the competencies, knowledge and commitment to providing a responsible public mental health service that delivers best care.

A secondary submission was made focusing on aged care issues and incorporating member comments and feedback gained through consultations.

Banning CSG in NSW and Opposition to the Santos Proposal – The Narrabri Coal Seam Gas Project

Action
The Association provided a submission to the Hon Anthony Roberts, NSW Minister for Planning, Housing and Special Minister of State in NSW on Banning CSG in NSW and Opposition to the Santos Proposal – The Narrabri Coal Seam Gas Project, following the resolution endorsed at the March CoD meeting.

Outcome
- This submission highlights the Association’s concern about the health risks associated with Coal Seam Gas (CSG) or unconventional gas. It argues that CSG must be banned in NSW, including the ceasing of the new Santos Narrabri CSG project and its development of 850 wells.
- The submission presented a brief history of CSG in NSW and included a discussion of the capacity of the NSW Government to provide guarantees of the safety of CSG. It was noted that in 2014 there was heavy contamination of aquifers with carcinogens Radon and Radium by Santos in the Pilliga area of NSW.
- Evidence is provided from the United States Environmental Protection Agency and doctors who provided support for health concerns in Queensland where CSG was introduced earlier in Australia.
- Finally there are worrying trends of air pollution health risks like cancers in people living less than half a mile from CSG wells; whilst babies, unborn children and children are at more risk due to exposure to endocrine disrupting chemicals and their susceptibility in terms of their development.

Single Aged Care Quality Framework

Action
The Australian Government is committed to the quality of care of older people and considers the health, safety and welfare of aged care recipients a high priority. As part of reforms to the aged care system, the government is developing an end-to-end, market-based system with the sector where the consumer drives quality. This includes a Single Aged Care Quality Framework (single quality framework) with:
• a single set of aged care standards for all aged care services;
• a streamlined approach for assessing provider performance against quality standards;
• improved information on quality to help consumers to make choices about the care and services they need.

The single quality framework will:

• increase the focus on quality outcomes for consumers;
• recognise the diversity of service providers and consumers;
• simplify regulation and reduce effort for providers by;
  - minimising duplication between the standards, other provider responsibilities and other legislation; and
  - streamlining the way provider performance is assessed and monitored against quality standards.

**Outcome**

- A submission was made expressing concerns regarding the reduction in aged care regulation these standards propose.
- Calls were made for adequate regulation of aged care staffing and skills mix and aligning our recommendations to the federal aged care campaign.
KEY DIRECTION 4
Promote the Association as a significant and professional advocate for the health system and our members

The Association must be a viable organisation in the public arena and vocal advocates of health and industrial relations. Our reputation must be protected and our Values actively promoted as a way of enhancing the professional advancement and standing of our members in their workplaces. We will continue to strive to be an organisation relevant to all nurses and midwives, build relationships with key stakeholders and be an influential voice in the communities where our members work and live, as well as nationally and internationally.

STRATEGIES

4.1 Build and develop partnerships with key community, academic and political organisations to promote issues that define our Vision and Key Directions
4.2 Develop risk management strategies to uphold the Association’s reputation
4.3 Advance and promote nursing and midwifery as professions creatively and through multiple platforms
4.4 Ensure our Vision and Values are reflected in all our communications and actions

Key Partnerships

Environmental Sustainability Conference

Action
The ANMF Victorian Branch held their Health and Environmental Sustainability Conference on 28 April 2017 at the Melbourne Convention and Exhibition Centre.

Key Direction 4
Strategy 4.1: Build and develop partnerships with key community, academic and political organisations to promote issues that define our Vision and Key Directions

Outcome
- The NSWNMA was represented at this conference which was well received by the 700 participants. The diverse topics around climate change and sustainable health care were mostly delivered by notable speakers. The new Climate Change Act, passed on 23 February 2017, was discussed. It sets an emissions reduction target of net zero emissions by 2050 for the Victorian Government and emitting sectors of the economy.
Housing Affordability Summit

Action
The NSWNMA was invited to attend a Housing Affordability Summit. The Summit was organised by The McKell Institute.

Key Direction 4
Strategy 4.1: Build and develop partnerships with key community, academic and political organisations to promote issues that define our Vision and Key Directions

Outcome
- The Summit consisted of presentations and panel discussions on a range of issues including negative gearing, stamp duty, affordable housing providers and presentations from the Hon Anthony Roberts MP (NSW Minister for Planning, Minister for Housing and Special Minister of State), the Hon Chris Bowen MP (Shadow Treasurer) and the Hon Ryan Park MP (NSW Shadow Treasurer).

National Rural Health Alliance

Action
The National Rural Health Alliance Biennial Conference was held in Cairns from 26 to 29 April.

One of the strengths of this conference is its capacity to generate recommendations for action to improve policies and programs for rural and remote health. The recommendations play a key part in setting the rural and remote health sector’s agenda for subsequent years. At the 14th Conference, delegates were able to propose recommendations for action through the Sharing Shed, an on-line forum in which they could also make comments on existing proposals and vote for their favourites. A number of resolutions were produced at this conference and are outlined below.

Key Direction 4
Strategy 4.1: Build and develop partnerships with key community, academic and political organisations to promote issues that define our Vision and Key Directions

Outcomes
- National Rural Health Strategy
  - The conference called on commonwealth, state and territory governments and all political parties for urgent non-partisan commitment to a new National Rural Health Strategy and long term funding for an associated National Implementation Plan.
  - The Strategy and Plan should be finalised by June 2018 through broad consultation with the rural and remote sector, including co-design with consumers.
  - The Plan should identify the concrete, on-the-ground building blocks, including funding models needed to bridge the divide in health outcomes for people living outside the major cities of Australia. This should include broadening of the Multi-purpose Services Model (MPS).
  - A minimum data set of performance indicators (both qualitative and quantitative) should be developed, based on domains identified in consultation with the National Rural Health Alliance, to underpin, inform and evaluate implementation of the Plan.
Aboriginal and Torres Strait Islander Health and Wellbeing

- Conference delegates stood united in their commitment to bridging the inequities in health and wellbeing of our First Peoples.
- Health professional registration and accreditation bodies must ensure that all health practitioners working in rural and remote Australia achieve and maintain competency to deliver and manage culturally safe services. Cultural safety must be embedded into all health worker training and education.
- The conference delegates called on the commonwealth and state and territory governments to work together to integrate culturally safe eye, ear and oral health checks into Aboriginal and Torres Strait Islander health checks, and facilitate timely treatment and management where indicated.

Healthy Start in Life

- COAG should produce a Healthy Start in Life Manifesto, inclusive of a commitment to resource high impact cross-portfolio/whole-of-government actions.
- The manifesto should recognise the moral, social, scientific and economic case for the importance of building strong families, including pre-conception and the 1001 critical days from when a baby is conceived until age two.
- The manifesto should target those most in need and those most at risk, with a particular focus on those who are disadvantaged in rural and remote Australia, and among Aboriginal and Torres Strait Islander peoples.

Digital Health & High Speed Broadband

- The conference delegates recognised that broadband is a fundamental enabler of participation in modern society, health, education and business, and as such is a social determinant of health.
- The conference delegates called on the commonwealth government to introduce minimum service obligations legislation, to ensure universal access to high speed broadband and telecommunications coverage in rural and remote areas.
- The conference delegates called for the development of a National Digital Health Strategy that recognises the complexities and opportunities of improving health services in rural and remote Australia. Resourcing should prioritise implementation in rural and remote areas first.
- The conference delegates called for partnerships between health services, Governments and telecommunications providers to expand access to consumer-held technologies, such as point-of-care testing equipment. Partnership agreements should give priority to communities and population groups of highest need.
- Funding models must enable multi-disciplinary, multi-modal and integrated models of care that ensure local presence and coordination.

Arts in Health

- The conference delegates recognised that the Arts intrinsically improve health through connecting people, opening conversations and delivering physical and psychological benefits, and that a whole-of-community approach should be central to the Strategy.
- The conference delegates called on state and territory governments to develop an Arts in Health Strategy to harness and grow the wisdom, resources and impact of the sector.
The conference delegates agreed that health organisations should collaborate with funding partners, philanthropic organisations, arts organisations and local artists to grow the Arts in the Health sector, with rigorous evaluation, to build and share the evidence base.

Governments, Philanthropic and Arts sectors should partner with (and fund) Aboriginal and Torres Strait Islander and other community artists to foster engaged cultural safety for health professionals and deliver health benefits to community.

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**Research & Evidence Based Practice**

- The conference delegates called on governments to increase their investment in rural health research, including capability development and research translation.

- The conference delegates called for the 2013 revision of the NHMRC Guidelines for Ethical Conduct in Aboriginal & Torres Strait Islander Health Research protocols to be urgently completed, and mandated for adoption by all Health Research Ethics Committees.

- The conference delegates called on governments at all levels to increase their investment in primary prevention and early intervention, as the most cost effective means of improving health outcomes. The investment relating to rural and remote should be at least equivalent to the proportion of burden of disease.

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**Health Workforce**

- The conference delegates called on the commonwealth government to make a long term commitment to rural health workforce scholarships, including expansion of regionally-based training pathways.

- The conference delegates called for broadening of the Rural Generalist Pathway to embrace the full rural and remote health professional workforce, including allied health professionals.

- The conference delegates called on Commonwealth and state governments, health provider executives and professional bodies to actively invest in training and support for health managers who are at the front line of change and performance of health systems.

- The conference delegates called on the Australian Commission on Safety and Quality in Healthcare to work with remote stakeholders to develop and secure funding to implement National Standards for Remote Health Worker Safety and Security.

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Brett Holmes
General Secretary
Annexure 1

New Agreements Approved by Employees

Agreements with the following employers have either been voted ‘in favour’ by employees and are in the process of being lodged with the Fair Work Commission or are now ratified by the Fair Work Commission, and are awaiting the mandatory seven days before becoming operational.

<table>
<thead>
<tr>
<th>Owner</th>
<th>No. of Sites</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christadelphian Homes Limited</td>
<td>7</td>
<td>Aged Care</td>
</tr>
<tr>
<td>Cranbrook Care Group</td>
<td>5</td>
<td>Aged Care</td>
</tr>
<tr>
<td>Estia Health</td>
<td>19</td>
<td>Aged Care</td>
</tr>
<tr>
<td>St John of God Health Services</td>
<td>2</td>
<td>Private Hospitals</td>
</tr>
</tbody>
</table>