# General Secretary’s Report

New South Wales Nurses and Midwives’ Association

Committee of Delegates Meeting

held at 50 O’Dea Avenue, Waterloo

Tuesday, 19 November 2013

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Public Sector

AGEING DISABILITY & HOME CARE

Privatisation of ADHC & the forced transfer of staff
In early October the Director-General of the Department of Family & Community Services informed staff that

“by 2018 [ADHC] will no longer provide disability services. People with disability will get their supports from non-government organisations and, possibly, the Commonwealth.”

The State Government introduced the National Disability Insurance Scheme (NSW Enabling) Bill 2013 and all but rammed it through the Parliament in late October, notwithstanding opposition to its privatisation elements and transfer ‘arrangements’ by the Association, the Public Service Association of NSW and ASMOF. It should be noted that the Bill allows the transfer of assets, clients and staff to the for profit private sector.

The State Government has effectively tied their ADHC privatisation agenda to the ongoing fate of the NDIS scheme. They argue that opposition to privatisation of ADHC is opposition to the NDIS and therefore the disability community. They are aided in this position by the December 2012 Heads of Agreement between the Commonwealth and NSW Governments on the National Disability Insurance Scheme that, at Clause 33, states:

“Following commencement of the full NDIS, the NSW Government will not provide any residual specialist disability services or basic community care services.”

Apart from the threat of privatisation, our members if transferred under the Bill, face many issues. First and foremost is the capacity of the Minister to transfer a member to another employer (NGO or private sector) which “does not require the consent of the person transferred.”

There is a provision that once forcibly transferred to the new non-government employers, our members will be on the ADHC Nurses award wages and conditions that they were on prior to the transfer. There is no certainty as to how long this protection would last nor any commitment to longer term job security. Most other transition issues are either unknown or uncertain.

The Association is developing a campaign to oppose the privatisation and is involved in consultation with ADHC regarding the inadequacy of the transition arrangements.

A meeting of ADHC branch officials was held on 7 November 2013 to discuss the announcement of ADHC services moving to non-government organisations and branch meetings will be occurring across the state for members to express their concerns. Stockton Hospital branch members are liaising with local media, the community and working with the Association on the impact on the industrial rights of workers as a result of ADHCs decision to move its services to NGO providers.

The future for people with a disability and complex medical needs or challenging behaviours is also uncertain but of deep concern.
MEDICARE LOCALS

The NSWNMA is conducting research into Medicare Locals in an attempt to gain a better understanding of how they operate, the environment they are operating in and where our members fit into this picture.

Medicare Locals replace the Divisions of General Practice and were set up to address service gaps and the overlapping of services in primary health care delivery. Their potential success lies in their ability to form effective partnerships with LHDs, other Medicare Locals and Non-Government Organisations.

Medicare Locals were intended to broker services, however, there is pressure from the Federal Government for them to provide services directly. This means that Medicare Locals are now in competition with other service-providers, thereby undermining the potential for partnerships and the intended benefit of the structure.

Medicare Locals are likely to be reviewed in 2014. Their fate will depend upon the government’s response to the review.

MENTAL HEALTH COMMISSION OF NSW

The NSWNMA was invited to attend a meeting with Mr John Feneley, NSW Mental Health Commissioner on 7 November 2013.

The Mental Health Commission is currently preparing a draft Strategic Plan for Mental Health in NSW. The Commission has held six forums in regional NSW and is working with a Community Sector Reference Group to provide advice on the Plan.

The Commission would like to see a more shared responsibility of mental health that would include the health sector, other relevant NSW government agencies and the wider community in general, with the focus on a whole of government and community based approach. The Commission sees great potential in community managed organisations becoming much larger partners in community mental health service provision in NSW.

It was clearly voiced that the NSWNMA does not support privatisation of the health service (including mental health) in any form and that any changes to the mental health services need to ensure safest possible care for clients and safe conditions for staff.

The NSWNMA has offered to assist the Commission with the ongoing development of the draft mental health strategy.
NSW State Government & High Court Challenge

HIGH COURT CHALLENGE – ELECTORAL FUNDING, EXPENDITURE & DISCLOSURES ACT 1981 (NSW)

Introduction
The Keneally Labor Government introduced significant amendments to the Electoral Funding, Expenditure & Disclosures Act 1981 (the Act), effective from 1 January 2011, that:

- Allocated public funds to parties, candidates and groups for:
  - the conduct of State Parliamentary election campaigns, and in the case of parties
  - administrative and policy development expenses

- Capped the value of:
  - political donations that might lawfully be accepted, and
  - electoral communication expenditure\(^1\) that may lawfully be incurred

- Required disclosure, for State Parliamentary and Local Government election campaigns, of the:
  - source and amount of all political donations received, and
  - the amount of electoral expenditure incurred.

The general caps on political donations (i.e. the maximum lawful donation a party can receive during a one year disclosure period) were, and remain, as follows:

- $5,000 to or for the benefit of a registered party (or group), and

- $2,000 to or for the benefit of:
  - a non-registered party
  - an elected member
  - a candidate
  - a third-party campaigner e.g. the New South Wales Nurses and Midwives’ Association (the Association)

The above amounts are aggregated amounts over the financial year and, importantly, political donations to persons of the same political party are aggregated.

For relevant purposes, the cap on electoral communication expenditure by a registered Third Party campaigner was $1,050,000. [The current cap is $1,166,600 for a general state election (and $22,300 for a by-election).]

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\(^1\) **Electoral Expenditure** is generally defined as “expenditure for or in connection with promoting or opposing, directly or indirectly, a party or the election of a candidate or group of candidates or for the purpose of influencing, directly or indirectly, the voting at an election.” In the case of Third Parties, 2012 amendments redefined Electoral Expenditure so that it “does not include expenditure incurred by an entity or other person (not being a registered party, elected member, group or candidate) if the expenditure is not incurred for the dominant purpose of promoting or opposing a party or the election of a candidate or candidates or influencing the voting at an election.”
Subsequently, the O’Farrell Coalition Government further amended the Act to:

- Ban political donations to political parties, candidates and third parties from all sources other than electors on the electoral roll (meaning that the Association could not, for example, donate money towards electoral communication expenditure incurred by Unions NSW)
- Outlaw payment of affiliation fees to political parties by affiliates (in practice this is only applicable to unions affiliated to the ALP), and
- Include electoral communications expenditure incurred by affiliates within the expenditure caps set for a political party (once again, only applicable to the ALP)

The Association has always been of the view that both sets of amendments restricted our ability to campaign in support of our members’ interests by impinging on our rights to freedom of speech and rights of association. (It is worthy to note that media corporations are not excluded from the provisions of the Act, although they do not seem to comply with its provisions.)

The Association made submissions to, and appeared before, two State Parliamentary inquiries into the provisions of the Act. (A common theme throughout the inquiries was that the piecemeal nature of the legislation made it very difficult to understand and administer.)

**High Court Challenge**

The Association’s opposition to the relevant sections of the Act gained broader support within the union movement after the O’Farrell Government’s amendments that:

- prohibited all donations other than by individuals on the electoral roll
- prohibited payment of affiliation fees to political parties, and
- aggregated expenditure by affiliated organisations within the expenditure caps of political parties

Unions NSW (as first plaintiff) lodged a constitutional challenge to the validity of the laws along with the AMWU, the USU, the TWU and the NSW Teachers Federation (a mix of affiliated and non-affiliated unions).

The action (in its final form) sought declarations that the following sections of the Act were invalid:

- Section 95F, relating to caps on electoral communications expenditure;
- Section 95G(6), relating to the aggregation of electoral expenditure caps amongst affiliated entities;
- Section 95I, which makes it unlawful to exceed expenditure caps; and
- Section 96D, relating to the restriction of donations to political parties, candidates, groups of candidates and third parties to individuals who are enrolled to vote.
The matter was heard before a Full Bench of the High Court in Canberra on 5 and 6 November, with Brett Walker SC appearing on behalf of the Plaintiffs. Intervening in the matter (all supporting the NSW Government) were:

- The Commonwealth of Australia
- The State of Queensland
- The State of Victoria, and
- The State of Western Australia

The Court has reserved its judgement.

It is neither proper, nor possible, to predict the decision of the Court, however the submissions of all parties were rigorously tested by the Court.

**Conclusion**

One disappointing aspect of the case from the Association's point of view is that ultimately, on senior legal advice, it was not argued that the imposition of caps on donations and electoral expenditure per se would be unconstitutional.

The Association has always maintained that the best course of addressing concerns about the influence of money upon politicians and political parties is by way of full disclosure, with no limits on expenditure on electoral communications.

An alternative position, that caps might be acceptable but that the present ones were too restrictive, was not supported by the evidence. Among the plaintiffs it was only the Association that had, in the past, come close to or exceeded the relevant caps on electoral communication expenditure.

Nevertheless, the importance of the matters pursued by the Association and other plaintiffs cannot be underestimated when we consider the limitations that have been imposed upon the ability of individuals, groups and representative organisations by the NSW Act. They reflect a worrying and growing trend by political parties of all persuasions to restrict the power and influence of individuals and groups to examine, analyse and criticise governments, preserving the field for politicians and parties to control the flow of information (or misinformation) to the electorate at large.

That further restrictions on the freedom of speech and freedom of association will emerge is unquestionable. The Queensland Government has enacted more restrictive and onerous controls in relation to electoral funding and expenditure than the NSW Act prescribes (also matters of a High Court challenge). In addition, Counsel representing the State of New South Wales submitted (and confirmed under questioning by the High Court) that the current legislation was “one step along the way to the banning of all political donations”.

As the State of NSW submitted that the primary reason for the donation and expenditure restrictions was to prevent the corrupting influence of money, and the appearance of undue influence being exerted on politicians, it would seem that our State legislature does not trust politicians to remain free from corruption unless all their funds come from the public purse.
Workforce Matters

AHPRA & NURSING AND MIDWIFERY BOARD OF AUSTRALIA

Re-entry to Practice Policy
The Association is assisting midwives struggling to regain their midwifery registration because they have not met the Recency of Practice Registration Standard which was introduced by the Australian Health Practitioner Regulation Agency (AHPRA) Nursing and Midwifery Board of Australia in July 2010.

Many nurses and midwives did not meet the Recency of Practice Registration Standard due to taking time out of the workforce because of their family responsibilities. For midwives trying to regain their midwifery registration there are no Board approved re-entry to midwifery courses offered in NSW. As an alternative to a re-entry course, the Board has approved supervised clinical practice to be undertaken unpaid as a student registrant. However, there are currently no Board approved guidelines for supervised clinical practice which is another barrier for midwives seeking a suitable clinical placement.

The Association is currently representing two midwives who lodged complaints to the Australian Human Rights Commission (AHRC) and the Association filed an application in the Human Rights Division of the Federal Circuit Court of Australia on behalf of a midwife whose complaint failed to settle in the AHRC.

It is the Association’s submission that AHPRA and the Board’s changes to the terms and conditions of registration of midwives constitutes discrimination under the Sex Discrimination Act 1984 and the Disability Discrimination Act 1992. Furthermore, the implementation of the re-entry to practice policy also constitutes discrimination on these grounds because of AHPRA and the Board’s failure to make reasonable adjustments to accommodate our members’ carer’s responsibilities and/or disabilities.

Re-entry program: Midwifery
At a recent meeting with the NSW Chief Nursing and Midwifery Officer regarding a re-entry program for midwives in NSW, the Chief Nurse responded that she did not believe this was necessary as there were good figures for midwifery numbers (both Bachelor of Midwifery and Post Graduate midwives), and that the Nursing and Midwifery Office had received no feedback about midwives requiring this course.

The NSWNMA noted that we had been directly approached by approximately five to six midwives asking about a re-entry program as well as midwives speaking on Nurse Uncut about this issue. The Chief Nurse was of the opinion that there would need to be 30 plus midwives requesting this program.
NMBA POSITION STATEMENT ON CONCURRENT RN/EN REGISTRATION

The NSWNMA suspects that there are a small number of nurses in NSW who hold both registration as an RN and an EN. Since the introduction of the National Law in 2010, however, concurrent registration is to be phased out. The NSWNMA argued in favour of allowing concurrent registration on behalf of affected members, noting that it had always been possible in NSW and we were not aware of any associated safety issues, but this argument did not win the day.

The period of transition that was implemented by the Nursing and Midwifery Board of Australia (NMBA) for nurses who hold concurrent registration as an RN and EN ends in May 2014.

According to the NMBA position statement:

Views were polarised as to when this should occur, so the National Board applied the principle of no disadvantage in relation to managing those nurses who hold concurrent registration at this time. Given that certificate programs in enrolled nursing will be phased out in 2014, it was decided it was appropriate to cease the transitional arrangements at that time.

…Nurses holding concurrent registration will be required to elect to be either enrolled or registered no later than 31 May, 2014.

Nurses who currently hold registration as an RN and EN can continue to hold concurrent registration until that date.

Nurses who hold concurrent registration must be able to demonstrate they meet the National Board’s registration standards on continuing professional development and recency of practice as both enrolled nurse and registered nurse.

Nurses who no longer wish to hold concurrent registration can either:

➢ write to AHPRA and surrender their enrolled nurse registration, or
➢ choose not to renew either their enrolled or registered nurse registration when renewing registration on 31 May

Nurses who have held concurrent registration and have allowed their enrolled nurse or registered nurse registrations to lapse are not eligible to regain both lapsed registrations and must choose to seek registration as either an enrolled nurse or registered nurse.

Hopefully this issue will only affect a small number of members. If you are one of them and concerned about the implications this will have for your employment, we would be keen to hear more about your situation. For any further information or if you have any queries, please contact NSWNMA Professional officer, Angela Garvey on agarvey@nswnma.asn.au.
NSW Ministry of Health

COMMUNITY BASED PALLIATIVE CARE SERVICES

On 11 October 2013, NSWNMA officers attended the Palliative Care Services briefing with the representatives from the NSW Ministry of Health.

The Ministry representatives apologised that the NSWNMA had not been ‘briefed/consulted’ regarding the Palliative Care Services funding, prior to the media announcement occurring.

In a media release dated 12 September 2013, Minister Skinner announced an additional $35 million enhancement funding for Community Based Palliative Care Services across NSW with an extra $3 million per year for 30 Clinical Nurse Specialists and Clinical Nurse Educators to commence in 2013/14. This funding is to address the 70% of Australians who wish to die at home.

Initiatives include:

- Support packages for people dying at home, with 3-year contracts for specific geographical areas awarded to:
  - Hammond Care Consortium to cover the Murrumbidgee, Southern NSW, Western NSW, Far West and South Eastern Sydney LHDs
  - Silver Chain to cover the Northern NSW and Hunter New England Local Health Districts; South Western Sydney Local Health District (most Sydney metropolitan LHDs and the only LHD awarded a contract, which will operate with Silver Chain)
- Support services for dying children and their families
- Palliative Care volunteer services – to be re-tendered

The Association was informed of the following:

- that it was “new money” and that the suite of funded services was to enhance existing services
- clinical governance would remain with the LHDs and the private providers would become part of the Palliative Care team
- some teams would be lead by CNCs and others by Palliative Care Aides (Hammond Care)
- it is based on a South West Sydney Pilot project
- it is about equity of access, however this is not demonstrated by the proposed differences between the groups
- MoUs will be agreed between LHDs and private providers which are not developed or yet signed; the MoU will address issues of clinical governance
The NSWNMA questions were unanswered regarding the rationale behind privatisation and the inequity of services between rural and metropolitan areas with rural areas more likely to receive the palliative care aide model of care.

There are significant professional and industrial concerns with the real potential to reduce/remove the role of nurses in community based palliative care. The MoH representatives were not able to explain exactly what roles and functions would be undertaken by each of the groups in the different areas particularly what level of clinical care would be provided. They were also unable to provide information on the training of the non-nursing workers who will be involved in the services.

The NSWNMA will follow up with private sector employers to discuss industrial arrangements and seek information on the training and education that non-nursing workers will have completed.

~ DRAFT MANAGING POTENTIAL MISCONDUCT POLICY DIRECTIVE

The Association, ASMOF and the HSU have been involved in ongoing discussions with NSW Health in relation to the draft Managing Potential Misconduct Policy which will replace the current Policy Directive 2005_225 A Framework for Managing the Disciplinary Process in NSW Health. The Health Legislation Amendment Act 2013 amended the Health Services Act 1997 to enable NSW Health organisations to suspend employees without pay in specified circumstances.

On 13 November 2013 NSW Health provided a revised draft of the policy for discussion with the health unions on 25 November 2013. The revised draft contains some constructive amendments that reflect the submissions made by health unions – however, there are also some sections of serious concern, in particular section 4.4 which retains the discretion not to reimburse employees suspended without pay even where no final action is taken against them.

It is the Association’s submission that where an investigation of potential misconduct concludes that no final action is to be taken against an employee it should automatically follow that the employee is reimbursed lost salary. A decision to withhold re-payment is manifestly unfair, not only to the exonerated employee but where applicable to their families, and cannot be justified on any accepted standards of fairness.

MIDWIFERY CASELOAD PRACTICE ANNUALISED SALARY AGREEMENT

The NSWNMA and the Ministry of Health are reviewing the state-wide template agreement. The Ministry has rejected the Association’s proposal to engage an external consultant to collect data and calculate the adequacy of the 29% loading in compensation for Award entitlements not received under the Agreement. In response, the Association is preparing to conduct its own research.
A number of LHDs have signed a consolidated LHD Midwifery Caseload Practice Agreement (as listed below), and they join a growing number of LHDs in the move from separate agreements for local practices to consolidated LHD agreements:

- Northern NSW LHD: Lismore Base, Mullumbimby and Tweed Valley
- Sydney LHD: Canterbury and Royal Prince Alfred
- Western NSW LHD: Dubbo and Orange

~ PRIVATISATION OF PUBLIC HOSPITAL SERVICES ON SYDNEY’S NORTHERN BEACHES

In early May the O’Farrell Government announced that it would privatise the provision of public hospital services on Sydney’s Northern Beaches. They propose to close Manly Hospital and downgrade Mona Vale to provide sub-acute services only. Under the plan, a new privately built and operated hospital is to be running by 2018. The Sydney Adventist, Healthscope and Ramsay hospital groups are the shortlisted potential operators.

The LHD and Minister have boasted that staff would be afforded the same award based wages and conditions upon transfer. What they have not spelt out is that these wages and salaries would remain frozen for a maximum period of two years, unless a replacement enterprise agreement was negotiated in the meantime. If no agreement is negotiated, then the employees would revert to the private operator’s existing enterprise agreement after two years.

The proposed privatisation is problematic in at least three respects:

- it represents the first major privatisation attempt in Health by the O’Farrell Government
- the proposed transition provisions for staff moving from the Public Health System to the new private operator are deficient when compared to other arrangements in Health (e.g. Schedule 3 etc), the legislative minima and the Minister’s previous statements, and
- the secrecy of the process, whereby nearly everything is ‘protected’ by blanket commercial in confidence provisions; such provisions lack transparency and provide no assurance to members as to their status in any transfer

The Association continues to campaign against the privatisation and its iniquitous transfer provisions.

SERVICE CHECK REGISTER FOR NSW HEALTH

On 31 October 2013, NSW Health published a new Policy Directive relating to the Service Check Register (SCR); PD2013_036 Service Check Register for NSW Health. The major changes in the new policy are as follows;
1. Mechanisms designed to facilitate the independence of the Chief Executive when reviewing Service Check Register entries.

2. Service Check Register records must now only be made where there is a “risk” posed by the employee.

3. Improved recruitment processes, i.e. the information provided regarding employees with a Service Check Register record must be “factual, relevant and objective and must be presented in writing”.

4. Job applicants with Service Check Register records must now be given the opportunity to respond if that record is having an adverse impact on their application.

5. Employees must now be told that resigning will not cause their Service Check Register record to disappear.

6. Greater capacity to remove Service Check Register records, i.e. under the new policy records “must” now be removed if there “is no longer the risk relating to the alleged misconduct or misconduct ... which resulted in the creation of the SCR record”. If an employee requests a review of their record, the public health organisation must take account of the following;
   - the seriousness of the misconduct and the identified risks
   - the length of time that has passed since the misconduct, i.e. the longer the period of time with no further incident the lower the risk
   - submissions of the employee regarding any action taken by them to address risks (e.g. remedial courses) or changes in their circumstances
   - written references
   - changes in, or the removal of, registration conditions
   - details of any courses undertaken

7. Capacity for merits review by the Ministry of Health i.e. if an employee is dissatisfied with the decision of a public health organisation in response to a request to correct, amend or remove a SCR record, “they can seek a review of that decision by the Workplace Relations Branch within the Ministry of Health”.

The only negative change is that the policy now applies to more types of misconduct, e.g. breaches of professional standards, refusing to carry out lawful directions, corruption, serious wrongdoing that is a matter of public interest, criminal charges or convictions that have an adverse impact on the workplace and making vexatious allegations in public interest disclosures.

Under the old policy a record could only be made in relation to a “serious disciplinary matter” i.e. serious sex offences, violence offences, unsatisfactory professional conduct or professional misconduct. The NSWNMA vigorously resisted the expansive definition of “misconduct”. In practice however, the expanded definition probably now reflects the broad interpretation NSW Health had adopted in relation to “serious disciplinary matters” in the old policy.
TRANSITIONAL REGISTERED NURSES

The NSWNMA has received informal advice that Northern Sydney LHD will reduce their transitional registered nurse in-take for 2014 with the number reduced from last year’s in-take of 220. Across the public health system around 1,800 newly graduated registered nurses and midwives will be employed in 2014, as compared to just over 2,000 graduates employed in 2013.

Local Health Districts & Networks

BLUE MOUNTAINS BUSHFIRES

The bushfires which blazed through the Blue Mountains and Lithgow areas during mid-October destroyed tens of thousands of hectares of bushland and around 200 homes in the Blue Mountains, with a large number destroyed in Winmalee alone.

At the height of the bushfires, the evacuation of patients from Springwood Hospital and residents from a number of aged care facilities was put into place. The Nepean Blue Mountain Local Health District had a central role in disaster management and established a disaster co-ordination centre. Evacuations of the sites went well and all organisations provided good support to their employees.

All Nepean Blue Mountains LHD staff who were rostered to work were paid regardless of their ability to attend. There have been no reports of any denial of leave so that staff could protect their property or provide care to their family.

There was an unconfirmed outbreak of gastro-enteritis and URTIs amongst aged care residents in several facilities following the evacuations.

The following facilities were evacuated:

- Springwood Hospital: patients and staff where relocated to Nepean Hospital
- Endeavour Nursing Home (Domain Principal Group): residents were moved to other Domain Principal Group sites
- Springwood Retirement Village (Anglicare): residents were moved to other Anglicare facilities
- Buckland Nursing Home: residents were moved to Jamisons Gardens (a SummitCare facility)
- Kurrajong Community Nursing Home (a community run facility): residents were moved to a community centre in Penrith and to Hawkesbury District Hospital
- Bodington Nursing Home (Catholic Healthcare)
To assist those affected by the bushfires, some employers have indicated they will financially assist those staff whose property has been destroyed or damaged. The Domain Principal Group will give $2,000 to each staff member whose house has been destroyed or damaged, with one director donating $10,000 to the fund. Tresillian Family Care Centres took up a collection from across their Centres to assist affected employees.

The NBMLHD have established a Trust Fund for bush fire victims as one means of directing funds to health staff.

The NSWNMA Executive Council agreed that a donation of $10,000 be made to the Australian Red Cross bushfire appeal. The NSWNMA has contacted all members living in the area to offer financial assistance by way of membership fee relief; to date, seven members have been assisted. NSWNMA staff also held a fundraising BBQ and cake stall and raised $2,480 to assist those affected.

**METRO TARGETS CAMPAIGN**

The NSWNMA conducted a targeted issues based campaign to promote, and as a component of, the broader ratios campaign in targeted metropolitan areas surrounding Sutherland, Campbelltown and Ryde hospitals. The campaign was named *Metro Targets Campaign*.

The goals of the campaign were to conduct a week of activities focused on obtaining signatures for the campaign petition with member involvement while raising local community awareness of the campaign and the particular circumstances of each of the public hospitals in these areas. The activities ran from 14-18 October 2013.

The *Metro Targets Campaign* was supported by advertisements run in the local newspapers in Sutherland (*St George & Sutherland Shire Leader*), Campbelltown (*Macarthur Advertiser*) and Ryde (*The North Shore Times* and the *Independent Weekly*) respectively, which outlined the need for each of these hospitals for ‘equal treatment’. These ads were also shared by members via social media.

NSWNMA members from the branches at each of these facilities and organisers attended 14 different activities over five days during this week, collecting a total of 2,474 signatures and an additional 656 signatures collected at two other community events.

In addition to these activities, phone calls were undertaken to a proportion of members in the three areas, asking their feedback on the Ratios campaign so far. Members were asked about their knowledge of the campaign, satisfaction with the various activities and what activities they would most likely to take part in from here. The information collected is a valuable snapshot of the campaign from members’ points of view. It will contribute to continuous evaluation and help shape future activities.
Signing of Petitions
The Association attended two community events and along with activities conducted in the three metro sites to collect signatures for the petition for the Ratios campaign:

- **Sutherland:**
  Activities included: collection of 690 signatures to the petition; attending a Community Cabinet, with all NSW Government Ministers present; and, hold a rally opposite the hospital with local media and TV in attendance.

- **Campbelltown:**
  Activities included the collection of 329 signatures from community members at sites, such as, Campbelltown railway station; Riverside Crescent Park (including the signatures of 22 labourers working on the site); at Macarthur Square and in Queen Street, Campbelltown.

- **Ryde:**
  The collection of 60 signatures at Eastwood railway station and Top Ryde shopping centre and 130 signatures from 150 members who attended a BBQ organised by the branch. Additionally, NSWNMA organisers and 10 members manned a stall at the Granny Smith Festival collecting 1,265 signatures.

- Diwali/Deepavali Indian Festival of Light at Sydney Olympic Park. The Association joined Unions NSW on their stall and collected 286 signatures over a busy lunch period.

- “Erko Berzerko” Erskineville Primary School Annual Fair. The community is very supportive of the Association’s campaign and 370 signatures were collected.

A total of at 79,424 signatures have now been collected for the petition.

Ratios Campaign: solidarity support following industrial action
Following the industrial action taken by public health system members in July, NSWNMA staff, as a show of solidarity, donated a total amount of $10,544.78 or one day’s pay to three charities: APHEDA ($5,227.06); Lions Nurses Scholarship ($1,700) and to Youth off the Streets ($3,617.72).

CENTRAL COAST LOCAL HEALTH DISTRICT

Local Health District Matters

**Leave Accrual for Nurses on Rotating Rosters**
HealthShare released a memo advising that a configuration change to StaffLink actioned on 2 September 2013 retrospectively increased annual leave balances for nurses employed on rotating rosters. Leave balances have been corrected and HealthShare is now reviewing cases of negative leave balances to identify potential overpayments.
Central Coast Mental Health Service
Management, in consultation with the NUMs, decided that uniforms would be worn by staff in the Mental Health inpatient units. Staff members were then requested to vote on wearing scrubs or a corporate uniform; of the 124 staff, only 78 voted resulting in 66% nominating scrubs. Following branch members’ concerns that scrubs posed a choke risk, management undertook a risk assessment that found there was no appreciable difference in risk between scrubs and corporate uniforms.

Gosford Hospital
Following concerns raised regarding allegations that part-time staff working in the Paediatric unit were being treated as ‘gap fillers’, several Award breaches were corrected. Senior management will continue to review future rosters before they are posted and additional educational rostering has been provided for staff preparing rosters.

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

Bulahdelah Community Hospital
After several months of inactivity, HNELHD has provided a draft staffing model (including FTE nursing positions) following their decision to close the ED and inpatient services. The LHD proposal includes positions for 6.88 FTE. The LHD has indicated that they will provide a nurse led clinic seven days per week for 16-hours per day. The proposal is currently being reviewed by members and the Association.

John Hunter Hospital
The dispute over operating theatre staffing is still ongoing with the Association wishing to undertake an audit on the staffing numbers across John Hunter Hospital and the Royal Newcastle Centre according to the ACORN standards. The LHD has objected to the Association’s audit, but the NSW IRC has suggested that the Association has the right to inspect the staffing numbers so we can determine if there has been an Award breach. The audit will be undertaken on a date to be arranged in the near future.

The Commission’s Deputy President Harrison agreed with the Association’s submission that it is entitled to seek clarification around the ACORN 2008 staffing level calculations. DP Harrison denied he had any jurisdiction to make orders on an independent review but stated that the NSWNMA can conduct its own review using its own expert. The Association is currently checking the availability of an ACORN expert to conduct a review of the John Hunter Hospital ACORN calculations.

~ Report back to NSW IRC
A report back to Deputy President Harrison was heard on Monday 18 November 2013. It was agreed between the parties that this matter be discontinued on the basis that HNELHD has now recruited the 7.0 FTE it was funded for and supposed to have recruited in March this year.
Further, HNELHD, in collaboration with the operating theatre staff, have developed an escalation plan for managing staffing shortages and throughout this dispute management have committed to attending a weekly USCC where some workloads issues have been addressed.

At the last USCC, the Association sought from the LHD a briefing on their ACORN 2008 staffing calculations. The Association will prepare its own calculations based on that briefing and this will be finalised shortly. The application and calculation of the ACORN 2008 standards has been one area of disagreement between the parties. The Commissioner has previously advised both parties that the NSWNMA would need to commence new proceedings in the IRC if the LHD’s ACORN 2008 calculations were disputed.

The NSWNMA and the branch will review the findings of the above report in deciding what action to take next.

**Maitland Hospital**

*Operating Theatres On-Call Roster*

Members raised the issue of insufficient staff to cover the 2nd on-call roster for operating theatres. A submission was prepared by members seeking that a third nurse is rostered on-call in accordance with the ACORN 2008 minimum staffing requirements of three nurses in operating theatres. The reasonable workload committee accepted the workload submission as recommended by operating theatre staff. Management have since advised they have reviewed the on-call roster and agree that the staffing arrangements needed to include a third nurse rostered for the 2nd on-call team. This result was unusual for the ease with which the branch and operating theatre nurses were able to convince management of the need for additional nurses.

**Reasonable Workload Committee**

The branch recently advised that the reasonable workload committee is made up of eighteen members. Management representatives include the hospital’s General Manager, the DoN and NUMs from each of the six clinical specialties at the hospital. It has also come to the attention of the Association that nurses and midwives who bring workload submissions to the committee are included as employee representatives for the specific meeting which they attend. The Association has requested an urgent review of the membership and met with the DoN on 6 November 2013 to demand that the size of the committee is reduced and that both the General Manager and DoN are removed from the committee.

**Muswellbrook District Hospital**

The remaining residents of the Aged Care Facility were moved upstairs to the first floor on 15 October 2013, so that work can commence on the construction of the new ED.

The NSWNMA continues to work closely with facility management to ensure the safety and wellbeing of staff and residents. Work, health and safety issues include the discovery of asbestos at the site, the reduction of accessible fire escapes, and the fire panel is located in the construction area which is not easily accessible to staff or the fire brigade in cases of an emergency.
There are concerns that the system in place to monitor wandering residents has failed on a number of occasions. Since moving upstairs the residents have limited access to outside areas, and the previously frequent bus trips out into the community are now down to a weekly or second weekly occurrence, as there is simply not enough staff available to meet their needs. Recent local media attention and pressure on the LHD has seen an additional three hours of nursing care made available to the residents.

A local action group continues the fight to secure a new hospital for the community of Muswellbrook.

**Tamworth Hospital**
The Tamworth Hospital branch wrote to HNELHD Mental Health Executive regarding a proposed restructure of the Mental Health Services management. Neither the NSWNMA nor the branch had received any information about this restructure from the LHD. The branch wrote to the LHD regarding this issue, with the LHD providing a restructure proposal to the NSWNMA. These documents were sent to the relevant branches for comment.

The branch also raised concerns with the LHD Mental Health Executive that a Mental Health CNE at Tamworth Hospital had not been backfilled following the secondment of the incumbent to a NUM position. The Mental Health Executive responded and has since confirmed that the CNE position exists. The branch will now formally seek a commitment that the LHD will commence recruitment without any further delay.

**ILLAWARRA SHOALHAVEN DISTRICT LOCAL HEALTH DISTRICT**

**Local Health District Matters**

*Restructure: Milton Ulladulla / Shoalhaven & Shellharbour / Kiama Hospitals*

The General Managers have commenced in their roles, with Mr Ian Power responsible for Shellharbour and Kiama Hospitals and Mr Joel George responsible for Shoalhaven and Milton Hospitals. Advertising for the DoNM position closed on 3 November 2013.

Under the implemented restructure, Milton Hospital will not be downgrading NM positions and the LHD review of CNC roles is underway and is envisaged to take at least six months.

*Restructure: Mental Health*

Ms Paula Hakesley, the new Mental Health Director has advised that two alternative draft proposals have been developed as a result of examination of the current proposal and feedback from members. Both proposals will require approval by the LHD DoNM and the Chief Executive prior to a review by the NSWNMA and members.

The LHD is currently discussing the overnight management of the State Mental Health Telephone Access Line, including an examination of an alternative trial.
MID NORTH COAST LOCAL HEALTH DISTRICT

Coffs Harbour Hospital
Members had raised the issue of having a supernumerary in-charge within the ICU, which had been an agenda item on the reasonable workload committee for some time.

The branch met in August and September to review and discuss their actions, and in mid-September requested from management that ICU nurses be removed from the MET call team. The branch has now received a response from the DoN, agreeing to a supernumerary in-charge after hours and on weekends for a three month trial and continued staffing of 1:1 in ICU and 1:2 in HDU. There will be regular reports and an evaluation of this trial and the members will work with the NUM to assist with reporting.

Community Health
The workload of the stoma and continence nurses was raised at a recent reasonable workload committee. The current workload means there is a 12-week waiting list for continence assessment at Coffs Harbour, and 16-weeks at Macksville. Over time there has been increasing demands on this service, and a subsequent increase in resources.

The North Coast Cancer Institute has increased pressure for stoma, continence and PEG referrals and they have no time to teach self-catheterisation. There is an increasing demand to support children with PEG tubes.

The staffing numbers consist of 1.4 FTE (a CNS and CNC) but require three FTE to meet service needs. At a meeting on 31 August 2013 between the LHD DoNM, General Manager and members, an agreement was reached that they would supply an additional one FTE for a four week period to allow time for the LHD to discuss with the local doctors their willingness to fund additional resources (as they currently use the LHD resources (CNC) free of charge). An additional one FTE has been rostered while the LHD sources other funding.

MURRUMBIDGEE LOCAL HEALTH DISTRICT

Albury Community Mental Health
This service does not backfill planned leave which has resulted in an unreasonable workload for the remaining nursing staff. The branch has raised this issue at multiple branch meetings, staff consultative committee meetings and reasonable workload committee meetings and each time this issue has remained unresolved.

Members introduced work bans on all non nursing duties to encourage management to begin to address this issue. After a further week of poor response from management, the branch increased the work bans and no longer attended meetings or data collection for their non government organisation partnerships.

The branch, NSWNMA, and LHD have had discussions to develop a solution, resulting in the LHD agreeing to recruit to all vacancies and utilise two FTE of the staffing establishment as permanent 'backfill' positions. This will ensure that staff can take leave, and their caseloads will be managed in their absence. This is still being finalised with the LHD and members have begun lifting the work bans as each position is filled.
**Albury Mental Health Services**
The LHD has proposed to transition the mental health services in Albury to Albury Wodonga Health (AWH). The Albury Base Hospital staff were transitioned from Murrumbidgee LHD to AWH some years ago, and the mental health services are the remaining services to transition which is planned to be completed by June 2014. This transition is further complicated by the geographical arrangement of AWH which must consider cross border arrangements, different models of care in each state and different state legislation. The NSWNMA is currently reviewing all relevant documents.

**Albury Wodonga Health**
This site is proposing a restructure to have a ‘Chief Nurse’ over both the Albury and Wodonga sites. This would see the current arrangements of a DoN on each site removed. The NSWNMA is awaiting formal documentation and details of this proposal.

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**NEPEAN BLUE MOUNTAINS LOCAL HEALTH DISTRICT**

**Local Health District Matters**

**Annual Leave Dispute**
Meetings have occurred with Ministry of Health representatives and the Association in an attempt to find a resolution to the dispute. Following the meetings the Association has written, on a without prejudice basis, to the Ministry with a possible resolution to the original dispute at Nepean Hospital Dialysis Unit. We await a response. Whilst we hope this will settle the Nepean dispute the state-wide dispute regarding the accrual of six weeks annual leave still remains unresolved.

**Community Nurses**
A complaint was forwarded to the NSWNMA concerning Community Nurses being directed to wash / vacuum pool vehicles. The issue was raised with LHD management who agreed this contravened the current ministerial policy directives. Subsequently, members have been told they are no longer required to perform these duties.

**Restructure: Child & Family Health**
The restructure of the service is complete and has been signed off by the Association. The branch has managed to secure the permanent employment of nurses who have been in an acting role for two years or more and the creation of a CNE for child and family health. A number of outstanding issues have been identified within the child and family health service including the number of CNC positions, clinical education and the FTE required to meet service needs. The Blue Mountains Community Nurses Branch and the Nepean Community Nurses Branch have agreed that these matters be referred to the staff consultative committee meeting for resolution.

**Hawkesbury District Community Hospital**
Staff in the child and family service, within community health, have complained of a culture of bullying. This issue is currently being investigated by the Association. Members have also complained of the non replacement of 3.2 FTE of RN positions within the child and family service. Following intervention by the branch and the Association, management has agreed to employ 1.6 FTE RNs, plus 0.6 FTE child protection nurse.
Nepean Hospital
The NSWNMA has received a reply from management regarding smoking by patients in the Drug and Alcohol Inpatient Unit. A number of strategies are allegedly being implemented. However, follow-up with members has revealed that this is only partially in place. The NSWNMA will continue to monitor progress via members and take further action if necessary.

NORTHERN NSW LOCAL HEALTH DISTRICT

Lismore Mental Health
Adult Mental Health Unit
A number of issues were raised with the physical maintenance of the building and furniture safety. Since the intervention of the branch and NSWNMA, a number of repairs have been implemented and a USCC is meeting on a regular basis. NSWNMA officers participated in a risk assessment of the furniture and other issues raised by members.

Staffing levels
This inpatient unit underwent a review of staffing levels in February 2012, following the implementation of NHPPD/ratios. There has been no agreement to any reduction in staffing numbers.

The NSWNMA has stated that the introduction of six NHPPD into the Award for Mental Health was to provide a minimum number of staff on a roster to meet the average occupancy. There is an expectation that numbers would flex up to meet clinical needs and this is outlined very clearly in Section VI: Inpatient Mental Health Staffing arrangements.

Even though the LHD Executive is insisting this is a target, the Association believes it is a minimum.

The NSWNMA has continued to suggest that the HDU and specials be excluded from the NHHPD/ratios, on the basis that a patient who needs to be specialled, requires 24-nursing hours which cannot be achieved in a tool that only provides six NHPPD. The branch will meet to consider the response once it is received.

NORTHERN SYDNEY LOCAL HEALTH DISTRICT

Local Health District Matters
Review: CNC positions
Northern Sydney LHD management is currently reviewing CNC positions with the view to making them CNC across the Northern Beaches and Hornsby. The LHD has removed many policy and research components from the sites and has centralised those functions to provide consistency across the LHD. Each position is being examined on their roles and functions in full consultation with the branches.
**Voluntary Redundancies**

The LHD has made the decision to offer voluntary redundancies for non-frontline nursing staff across the LHD, encompassing Royal North Shore, Hornsby, Manly, Mona Vale, Ryde and Macquarie Hospitals and Sydney Home Nursing Service. Expressions of interest (EOI) have been called prior to 15 November 2013 and the LHD has requested a meeting with NSWNMA to review all EOIs.

**Graythwaite Centre**

The NSWNMA was invited to participate in a pre-commissioning inspection of the specialist rehabilitation centre at Ryde. A number of issues were identified with the building but they were of a relatively minor nature. At this stage there is no personal duress alarm system though there are fixed duress alarms at staff stations and in other key areas. This will limit the type of patient that can be accepted and members will need to monitor to ensure that high risk patients or patients with behavioural issues are not admitted.

**Manly and Mona Vale Hospitals**

Management have proposed that the Manly and Mona Vale staff cafeterias be discontinued as they are currently operating at a loss. The Manly branch has requested that the lunch service continues from Monday to Friday and that vending machines are put in place. The Mona Vale branch has requested that management approach independent vendors.

**SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT**

**Local District Health Matters**

**Budgetary issues**

At the August Joint Consultative Committee, the Chief Executive Mr Terry Clout, announced that a ‘budget recovery program’ for all South Eastern Sydney facilities would be undertaken as a priority for all services across the LHD. Mr Clout explained that while there will be an increase in the LHD budget it will not cover increasing costs and that therefore cuts are necessary.

Budget allocations for facilities/services in the LHD have not yet been finalised with the intention that this would take place by the end of August or early September 2013. Mr Clout explained that there will be a “significant ask” in these allocations to reduce costs and increase revenue through realignment and rationalisation of how services are provided. This will be expected of all services at all levels. It appears that the key strategy to control costs will be to cut FTE by moving staff into existing vacancies. There will be some job losses, however at this stage, LHD management cannot confirm how many or where as this is to be determined at individual service levels.

**Prince of Wales Hospital**

An announcement has been made that staffing at Prince of Wales Hospital will be restructured. Unions are in consultation and it is likely that 75 FTE will be affected however no nursing positions will be directly affected at this time.
SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT

Bankstown-Lidcombe Hospital
The Bankstown-Lidcombe Hospital has been cooperative in providing documentation as requested other than a couple of documents that allegedly could not be found. WorkCover has also been investigating this incident where a nurse was assaulted by a mental health patient in the ED in June. However, hospital management has not been forthcoming about what undertakings they have made to WorkCover and what risk reduction strategies are being implemented in the ED.

At a USCC meeting on 2 September 2013, it is understood management announced they had signed off on a duress alarm system. However no information has been provided about the alarm system's features or specifications. The Association's report has been completed and sent to management. Following this, a letter was sent requesting information on the proposed duress alarm system along with regular updates on progress. A meeting has been tentatively arranged for 5 December 2013.

Bowral Health Service
The Association is assisting members with a re-location to an unsatisfactory office area. Management's proposal is to move four staff into a small space that the Ministry's Office Accommodation policy says is only suited to two people. After NSWNMA intervention, management have installed new workstations and a further risk assessment is to be carried out. Detailed information is being provided to members on office accommodation requirements and space sizes. The situation will continue to be monitored and, if required, a complaint made to WorkCover.

Campbelltown Hospital
The Maternity unit at Campbelltown Hospital has been experiencing workload issues due to a lack of midwifery staff. Working with the Macarthur branch, the midwives re-established the reasonable workload committee to address the workload issues in the unit.

The committee has met twice, recommending straightforward solutions to resolve the issues, principally the recruitment of sufficient numbers of qualified midwives. Staffing has improved in the unit since the commencement of this process, however there has not yet been successful recruitment of enough midwives with management suggesting the recruitment of lesser qualified staff as an option. This will be followed up by the branch and the midwife reasonable workload committee representatives at the next committee meeting in early December.

Centre for Education and Workforce Development
This service is currently in the process of separating from South Western Sydney LHD. Affected staff members have been invited to nominate the LHD in which they would like to work. In most cases, these requests will be able to be accommodated with little displacement. Association officers are currently working through a consultation timetable with the Districts.
Fairfield Community Health

Fairfield Community Health branch members have been working through the process of the amalgamation of two of its community health centres, Cabramatta and Prairiewood. Branch members from both centres have participated in the USCC, established for consultation around the amalgamation, for approximately three months. The move occurred in October, however some issues have not yet been resolved. These have been raised with the LHD Community Health management, with the USCC reconvened to follow up. If the issues are unable to be resolved via the USCC, the branch will seek further formal assistance from NSWNMA.

The amalgamation process has revealed several underlying workload issues which have been contributing to many of the community health nurses' general concerns, particularly the current number of vacancies for the two centres and the failure of management to recruit to these. The community health branches have requested the establishment of a reasonable workload committee to address their issues. The committee met in October to become established and met again on 14 November.

SOUTHERN NSW LOCAL HEALTH DISTRICT

Local Health District Matters

Southern ASET/AARC roles

The LHD contacted members to advise that their temporary contracts in the Aged Care Service Emergency Team (ASET) and Acute to Aged Related Care Services (AARC) roles will not be renewed and they will be required to reapply for the proposed dual graded ‘Care Navigator’ role. The LHD did not consult with the Association regarding these changes, and after NSWNMA intervention, the proposals, affected letters and related documents were withdrawn. The LHD has now commenced formal consultation regarding these positions with discussions ongoing.

Chisholm Ross Centre Goulburn

Staff at this workplace have been raising safety concerns with management which have not yet been resolved. The staff at this site are required to participate in physical restraint despite only 13 of 52 staff being trained in this technique. Local management have attempted to discipline staff for refusing to participate in these restraints, despite staff identifying that it is outside of their scope and unsafe. This unit has acute and HDU mental health beds and therefore is a high risk site for aggression and violence. WorkCover has conducted inspections, yet their recommendations have not been adequately acted upon. The NSWNMA has called on the LHD Executive to have this issue resolved, in accordance with their obligations under the legislation.

Delegate Multi Purpose Service

The ED in this MPS has not been utilised adequately for some years due to a decrease in resources and exposure. This ED currently has 300 presentations per year and 90% of these are in the low acuity category of 4 and 5 patients.

The LHD has proposed two options to staff at this site: they can reduce the service to provide a clinic model of care, or they can up skill their emergency management techniques and utilise telehealth technologies to allow an ED model of care to be provided. Discussions between the LHD, NSWNMA, and the community of Delegate are ongoing.
Goulburn Mental Health
The LHD has advised the NSWNMA they are proposing to introduce AiNs into the rehabilitation and acute mental health facilities. The LHD has held discussions with staff, proposing this model.

The LHD has also advised the NSWNMA they intend to decrease the number of rehabilitation beds, due to low occupancy, and increase the number of acute beds. This has also been discussed by the LHD with staff. The NSWNMA is meeting with the branch to discuss these proposals.

Queanbeyan Hospital
The ED currently has 3.66 FTE vacancies in a total staffing establishment of 12.5 FTE. These positions have been vacant for several months and no active recruitment attempts have been made. This has resulted in ED staff working large amounts of overtime to cover the 30 plus vacant shifts each month.

SYDNEY LOCAL HEALTH DISTRICT
Concord Centre for Mental Health
A complaint was received from a member about WHS risks on the IPCU and also complaints of bullying and harassment by managers for raising WHS risks. Advice has being provided to the member and the Branch has been alerted to the WHS concerns. It is understood that some action has been taken to address the situation. In the meantime, the NSWNMA is monitoring outcomes and the member’s situation.

Royal Prince Alfred Hospital
Several wards are experiencing cuts to nursing hours, based on an apparent decrease in occupancy. Several NUMs are currently undertaking spot checks in order to determine whether appropriate nursing hours are being provided.

WESTERN NSW LOCAL HEALTH DISTRICT
Local Health District Matters

Strategic Plan
In October 2013, the LHD proposed changes in line with their ‘Strategic Plan’ and ‘Staffing Establishment’ document. On 6 November 2013, a further document titled ‘Staff reviews and staffing establishments – industrial consultation paper’ was provided to the Association regarding changes to MPS’s and smaller facilities. The implication of these changes to the sites is not yet known.

Bathurst Base Hospital
Proposed changes were provided to the Association and branch officials at a USCC meeting even though a formal letter received by the NSWNMA advised of non-specific changes. The initial proposal was:
five beds to close in the rehabilitation ward with 4.30 FTE frontline clinical nurses to be moved into vacant positions in other areas of the hospital; this equates to one nurse per shift reduction

ICU/HDU/CCU is to have one nurse per shift removed from their roster, seven days per week; this equates to 5.50 FTE and would also impact on service provision by way of bed closures

the NUM positions across Critical Care and ED would amalgamate

the CNE position in ED would be halved from 0.84 FTE to 0.42 FTE

elective surgical lists would be decreased with a loss of 1.65 FTE

the Critical Care rotation in ICU, operating theatre and ED would also be removed, which will equate to a loss of 3.0 FTE

Further, all of the positions being removed are current vacancies and no temporary contracts would be renewed. The branch then considered how they would collectively deal with these issues.

On 7 November 2013 the General Manager of Bathurst Health Service addressed a branch meeting of over 85 members, where he stated the following;

a full review of Bathurst Health Service would be conducted by month’s end by an independent financial reviewer; until this occurs and is completed, some of the changes previously mentioned will be placed on hold

Critical Care reductions that were previously mentioned have now been withdrawn and there will be no changes to the Critical Care staffing or services

the ED/Critical Care management amalgamation is on hold for now

the operating theatre changes will still occur

the rehabilitation changes will be placed on hold

the NSWNMA will have input into the Terms of Reference of the review

The General Manager confirmed that reductions and changes will still occur before Christmas 2013. The Association will have a better idea of where changes will occur once the review is complete.

Bloomfield Hospital

The Association was notified by members working at Bloomfield Hospital that they were not receiving the shoe allowance. When the Association raised this issue with the LHD it became apparent that there were a number of issues with the payment of allowances across the District.

The Association has been working with the LHD to rectify this issue and to date, has assisted 30 members with obtaining the shoe allowance and appropriate back pay. As this issue has now been addressed by the LHD, any member who believes they are not being paid the correct allowances should contact their human resources staff in the first instance.
WESTERN SYDNEY LOCAL HEALTH DISTRICT

Local Health District Matters

Community Health Restructure
With this restructure close to finalisation, the remaining issues include the grading of the nurse manager position and some adjustments to position descriptions. Pending these issues being rectified, members will likely be in a position to agree to the proposal.

Westmead Hospital
A branch meeting was held on 24 October 2013 to discuss the long term car parking plan. The meeting was well attended and the branch presented information regarding the plan to management. Management will now take the concerns of members back to their management team for review.

Specialty Networks & ADHC

JUSTICE & FORENSIC MENTAL HEALTH NETWORK

Cessnock Correctional Centre
The Association is consulting with Justice Health on workload issues raised by members: currently, Maximum Security has five FTE and Minimum Security has 1.9 FTE vacancies. Minimal interest has been shown to the expressions of interest in short term secondments to Cessnock. All vacancies have been advertised.

Forensic Hospital
Management have agreed to back pay staff with time in lieu for the 10.5 hour night duty shift that has now reverted back to 10-hours as per the Award. Time in lieu will be calculated for each individual staff member and this will be managed by the NUM. Time in lieu will be taken at a time that is convenient for the unit, in consultation with staff. This will occur from the pay period commencing 4 November 2013.

The Association raised concerns regarding staffing arrangements in the Austinmer unit at the Forensic Hospital following an incident on 26 August 2013 resulting in a nurse being injured and requiring hospitalisation. With seven vacancies in the unit, members have expressed concern with understaffing and the requirement for consistently high overtime. Management is undertaking a review and the recommendations will be discussed with branch members.
Long Bay Hospital
The Association and the Justice Health Service Statewide branch members have raised concerns about the workload expectation and staffing arrangements in the Mental Health Unit at the Long Bay Hospital which, at times, is resulting in nurses not being able to take a break. Apart from the apparent unsafe staffing level there may be a breach of Clause 53, Section VI of the award.

Justice Health management is investigating Association concerns of allegations of bullying and harassment.

A meeting with the Justice Health Service Statewide branch officials, management and the Association discussed actions to move forward, including:

- a review of rosters
- a review of areas
- process mapping of staffing across the state, including the Mental Health Unit at Long Bay Hospital
- monthly meetings to discuss and resolve local issues with management, branch officials and the Association representatives

The Association has recommended that work health and safety be an item on the agenda for discussion at the local Joint Consultative Committee meeting to address bullying and harassment issues.

Parklea Correctional Centre
The branch has requested that a reasonable workload committee be established. Over the past six months Justice Health has had no representation at the monthly WHS committee meetings, with recommendations forwarded from the Association.

Corrective Services NSW has increased inmate numbers from 823 to 845 (an increase of 22 inmates) without consultation. This issue had been raised at the Joint Consultative Committee meeting after management stated that full consultation would occur prior to any movement or increase of inmate numbers between Corrective Services and Justice Health. This issue will be monitored by the Association to ensure appropriate consultation occurs.

Removal of paid meal breaks
The Association was notified by Justice Health on 13 November 2013 of their intention to remove paid meal breaks from staff at all facilities across the service, on top of the removal of paid meal breaks from the Forensic Hospital earlier this year. At that time, the Association argued for the retention of this entitlement in the Industrial Relations Commission, however the IRC did not agree with our position and Justice Health was supported in removing the paid meal break. While this move is not surprising, it is disappointing.

The result for members will be that each shift will be extended by 30 minutes to allow for an unpaid meal break to be taken. Consultation with the Association will occur before the change is introduced, which Justice Health intends to implement as of 10 February 2014.
Correspondence has been sent to all Justice Health branch officials to advise them of the correspondence and that Union Specific Consultative Committees, involving branch representatives, will be convened. The Association will also arrange a teleconference of all Justice Health branches in the near future to work through the implications.

**Workplace Matters**

Members have raised concerns around unfair rosters, staffing levels and workloads across Justice Health. Local issues have also been raised relating to bullying and harassment.

**ST VINCENT’S HEALTH**

**St Vincent’s Public Hospital**

The Sacred Heart Hospice announced a proposal to amalgamate two units within the facility. The NSWNMA is in consultation regarding the proposal, however, the health service commenced implementation of the proposal prior to full consultation. This has resulted in a dispute notification to the Fair Work Commission on 27 August 2013 requesting the establishment of a USCC.

A restructure of the Community Health Team (Flexicare program) has also been announced and the NSWNMA is aware that a number of nursing positions may be affected by the proposal. USCCs are being held with the Community Health Team; the NSWNMA continues to work with the branch in these restructures.

**SYDNEY CHILDREN’S HOSPITAL NETWORK**

**Education Restructure**

The NSWNMA is in dispute with the Sydney Children’s Hospital Network (Sydney Children’s Hospital, Randwick and the Children’s Hospital at Westmead) regarding its proposed education restructure. The NSWNMA has managed to secure a management position with responsibility for Nurse Educators as a nursing position. Further information and assurances are now being sought from the Sydney Children's Hospital Network in relation to the remainder of the structure.

**AGEING, DISABILITY & HOME CARE**

**Casuarina Grove Wyong**

Casuarina Grove is a Specialist Supported Living - Complex Ageing Service. Since the closure of Peat Island in 2010 and the evolution of Casuarina Grove the responsibilities of the Residential Unit Nurse Managers (RUNM) has increased. All RUNM positions were initially graded as RUNMs Level 1.
The applicants for regrading were able to provide the evidence that since Casuarina Grove opened, the complexities of the clients had increased, and a significant number of clients had particular challenging behaviours.

The process of regrading these positions was a lengthy one with initial reluctance to grade all positions and the insistence from ADHC that all positions would need to go to competitive interview.

The final outcome agreed is that all substantive RUNM positions will be regraded to Level 2 and all staff in those positions currently, will be directly appointed. It was determined that the regraded positions are within five percent of the current substantive salary of all RUNM employees at Casuarina Grove. It was also determined that as the process was drawn out, that back-pay will be paid from January 2013.

**Suzanne Road Group Home**
ADHC has proposed to change the current model of care by employing Disability Support Workers instead of a nursing led model of care. The Association has raised significant concerns about this proposal with ADHC on behalf of members and the clients in their care.

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**Private Hospitals**

**WORKPLACE MATTERS**

**Adventist Health Care Limited**

*Sydney Adventist Hospital*

With continued concerns around the onerous requirements for members to achieve and maintain CNS status, members have now called a branch meeting to discuss the issue following ratification of the EBA on 1 November 2013.

**Healthe Care Australia Pty Ltd**

Nominated members have continued to meet regularly during the negotiation period. Maitland Private has reformed their branch and Mayo Private has requested a workplace visit by the NSWNMA to address their workload issues.

**Healthscope Limited**

*Nepean Private Hospital*

On 22 October 2013 the Association was advised that Nepean Private Hospital was about to appoint a trainee Anaesthetic Technician into a vacant position of NUM in Anaesthetics and Recovery.
While the title of NUM had been removed the position description was otherwise unchanged. In the absence of a branch and with hostile management, the NSWNMA was at the point of notification to the Fair Work Commission before Healthscope provided another position description removing the management, recruitment and direct supervision of nurses from the role. Additionally, the position was renamed from Manager to Anaesthetic Technician.

Identified activists are now recruiting within the operating theatre and examples of the erosion of nursing management positions have been reported. Members are currently arranging an offsite meeting to organise a response.

**Ramsay Health Care Australia Pty Ltd**

*Figtree Private Hospital*

Following a resolution by the branch to address workloads, members have collected data and urged management to formalise a workloads process. A further meeting on 25 September 2013 between the NSWNMA, branch executive and the DoN, agreed to an initial consultation, however there was strong resistance to establishing any process that resembles that of the public sector.

**Surgery Centres of Australia**

*The Surgery Centre (Hurstville)*

Members contacted NSWNMA on 20 September 2013 to advise that the facility had gone into receivership. As a result, Evolution Health has taken over management, and while members are all currently employed, Evolution had advised they will be shedding positions. Additionally, it is evident that entitlements have not been paid and there are a number of creditors. NSWNMA officers have continued to support members through the process and it is anticipated that by the end of November staff will be informed of who will remain employed.

**Aged Care Sector**

**QUALITY AGED CARE ACTION GROUP (QACAG INC)**

Both the Metropolitan group and the Central Coast group held meetings in October. The main discussion centred on the impact of a change in government and subsequent changes in federal Ministries related to ageing and aged care (as well as health).

There is concern about the implications of no longer having a Minister for Ageing, with the Cabinet reshuffle which sees ageing coming under the large Ministry of Social Services, alongside four other major portfolios (multicultural affairs, settlement services, income support disability employment services, and non-profit sector and volunteering). The Minister is Mr Kevin Andrews, supported by Assistant Minister Mr Mitch Fifield and Parliamentary Secretary, Ms Concetta Fierravanti-Wells. The logistics of this new structure is yet unknown, with little being formally communicated to the aged care sector, and may start to become clearer once Parliament resumes.
The other main topic of discussion was about QACAG’s grave disappointment at the announced halt to the roll out of the wages supplement, and the impact on quality of care when wages remain so low, coupled with staff morale at the loss of this tangible benefit.

QACAG is exploring the use of stories from its members on a shared website, to create a place of connection and activism for people based on their experiences as older people themselves, relatives, or present and past nurses and care staff.

**BARGAINING CAMPAIGNS**

**Aged Care Workforce Supplement**
Prior to the federal election in September there were ongoing discussions with aged care employers in regards to the Aged Care Supplement. Following the election, the newly elected Abbott Liberal Government issued a determination that immediately stopped employers applying for the Aged Care Supplement. Previously, the Supplement provided extra funding for wages to be distributed via Enterprise Agreements, but as this has now been withdrawn it has meant that discussions with a number of employers are now on hold.

Whilst some other employers are still continuing to negotiate new enterprise agreements with the Association, there are a few employers with expired agreements that we were in discussions with prior to the federal election, that have now passed on an ‘administrative’ wage increase in an effort to delay bargaining for a new enterprise agreement. Some of these employers have indicated that they are waiting to see what changes the new government will make to industrial relations laws before entering into a new agreement. The Association is exploring all options to get these employers to the bargaining table to negotiate new enterprise agreements.

While the administrative increases have generally been acceptable percentage wise, the concern is that these increases are not secured in an enforceable enterprise agreement. It is important that wage increases are legally enforceable through a current enterprise agreement. Further these employers are now subject to nominally expired agreements and whilst they continue to apply, there is a concern that nominally expired agreements could become more vulnerable under any future changes to industrial relations laws by the new government.

**The Whiddon Group**
The Whiddon Group Enterprise Agreement expired earlier this year. The Association had a preliminary meeting with Whiddon representatives in June and sent them the members’ wages and conditions claim in August. Management responded to the claims by saying that at this time they were not prepared to enter into negotiations for a new enterprise agreement and that they would be passing on a 3% administrative wage increase in October to employees covered by the expired enterprise agreement.
Notwithstanding the wage increase, the strong feedback from members has been that they want Whiddon management to meet with the Association to negotiate a new Enterprise Agreement. Members are concerned that their wage increase is vulnerable as it is not contained within a legally enforceable enterprise agreement and there are also a number of other significant issues that they want to address through bargaining. The Association wrote to Whiddon management seeking they reconsider their position and agree to bargain with the Association; at this stage a response has not been received. Association officers have recently visited workplaces to speak with members about the next steps to try and get their employer to the bargaining table.

**WORKPLACE MATTERS**

**Anglican Care**

*NSW Nurses and Midwives’ Association v Anglican Care*

On 4 September 2013 the NSWNMA filed an application in the Fair Work Division of the Federal Circuit Court of Australia on behalf of members working with Anglican Care. The case was lodged in order to test the interpretation of section 130 of the *Fair Work Act 2009*.

Employers are currently interpreting section 30 as preventing employees covered by the National Employment Standard under the Act, to accrue annual leave during an absence from work due to illness or injury for which the employee is receiving workers compensation.

The NSWNMA contends that section 49 of the *Workers Compensation Act 1987* is a compensation law referred to in s130(2) of the Act which entitles employees under the National Employment Standards to accrue annual leave while absent from work and receiving workers compensation.

If the NSWNMA is successful in its application to the Federal Circuit Court the outcome will benefit not only members, but all employees covered by the National Employment Standards. Counsel has been briefed and the matter is set down for a Directions Hearing on 9 December 2013.

**Aged Care Services Australia Group**

*Bayview Gardens and Albury and District Nursing Home*

There will be a restructure of rosters across ACSAG facilities, affecting care staff. Bayview Gardens will commence roster changes immediately, with Albury and District Nursing Home following in late 2013 or early 2014.

The NSWNMA met with the Group HR Manager who explained that this proposal will mean that fewer staff will work more hours. Overall RN hours will be reduced by 3.7%, AiN hours will be reduced by 9.7%. The Association has requested an outline of the actual hours lost. Nursing executives are the only full-time employees and are excluded from the proposal, as are nurses employed on 457 visas.

Voluntary redundancies will be offered with forced redundancies only if absolutely necessary. Populated rosters are now being trialled and the Association continues to meet with members about problems arising from the new roster.
**Allity Pty Ltd**  
*Calare Residential Aged Care Facility*

The Association has been informed there will be a reduction in staff. There has been no consultation with either members or the Association. The Association has contacted management to seek confirmation and further information around this proposal, prior to any implementation.

**Aevum Ltd**  
*Cardinal Freeman Aged Care Centre, Ashfield*

The NSWNMA has been informed this facility will be closing. The Association is working with members to ensure that all entitlements are protected and that nurses are given accurate up to date information.

**Bupa**  
*Integrated Health Care Model*

Association officers met with Bupa management on 17 October 2013 to discuss the introduction and trial of the Integrated Health Care (IHC) model. This will place GPs in the facilities to support clinical staff and improve access to quality health care. Bupa’s Medical Services Director advised that the IHC would provide alternative and improved medical management choices for residents and ensure greater effectiveness. The model focuses on offering residents choice and access to personalised medical care and ongoing preventative medical management.

The Association was advised the model would deliver care through an interdisciplinary team and medication management would remain the responsibility of the RN with assistance from appropriately trained and competent carers. Each allocation will be six to eight residents and administering medications will be part of their daily personal care. Bupa advised there will be more RNs recruited to support the GPs. They also advised that their plans for the regional areas could include nurse practitioners.

This model is to be trialled at their Willoughby and Roseville sites before it expands to North Rocks, Bankstown and Narwee. The NSWNMA plans to visit all Bupa sites to inform and gain feedback from members; and, if possible, form branches where possible. The Association will continue to consult and maintain working relations with Bupa.

**Bupa Waratah**

Branch members have raised concerns with the Association about the new practice of issuing pay slips to those who do not have email addresses or access to the internet in order to print their pay slips. Current practice is for the DoN to print them out and distribute them to the staff. Members are concerned about issues relating to privacy and confidentiality. This has been raised with Bupa head office who are currently looking into the issue.

**Chatswood Community Nursing Home**

This facility will be closing in 2015. Meetings have been held to advise members of options for employment over the next two years. Residents continue to be admitted and no changes will commence until July 2014. A redundancy fund has been established and the Association is assured it is adequate to cover all staff. Members will maintain a watching brief and contact the Association if the current strategy changes.
Domain Principal Group

**Dubbo Nursing Home**

The Association met with Domain Principal Group (DPG) management at the end of September, with their HR Manager and DoN addressing the issues at this facility. Since this meeting members have continued to raise concerns around staff/management dynamics. This issue has been conveyed to management and the NSWNMA is awaiting a response from DPG about this and other previously discussed issues. It further appears the DoN, who has only been at the facility a short time, retired in October.

**Murwillumbah Nursing Home**

Approximately six months ago, AiNs were advised they would no longer be receiving handover as per the Enterprise Agreement and have moved to a handover sheet that is updated once a month. Initially, the members were largely unconcerned with this arrangement; however this has now changed with many members now seeing the detrimental effects on the care they deliver to the residents. When the changes first occurred the employer stated that the agreement states only nurses are to receive handover and that it would not be delivered to the AiNs. The employer further stated the term ‘nurse’ is a protected title – one not belonging to AiNs.

At a recent branch meeting, a resolution was carried requesting a formal review of the AiNs not having handover and while they acknowledge the term ‘nurse’ is protected, they assert that most of the work they do is nursing related.

**RSL LifeCare Limited**

**Queen Victoria Memorial Nursing Home**

Two years ago RSLCare purchased the Queen Victoria Memorial Nursing Home from the public health system, acquiring approximately 26 members still under the Public Health System Nurses’ and Midwives’ (State) Award. Some of the members’ entitlements have not been applied and missing from their pay; the Association is working with the branch to address the issue.

**Strathearn Village High Care Facility, Scone**

A workplace visit was arranged after concerns were expressed about risks of client related violence, which had resulted in an assault. Care plans have been undated, however, the facility will have to undertake risk assessments, in consultation with staff and the Health and Safety Committee, so that appropriate controls are implemented.

**SummitCare Wallsend**

Recent events at SummitCare Wallsend have been well publicised in the media, namely the death of two residents from hypoglycaemia, and a third recovery after a suspected overdose of insulin. The deaths are currently being investigated by the police and the Association is assisting both the Branch and members at this facility during this time.
UnitingCare NSW

_Caroola Marima Nursing Home_

Branch members have been seeking a review of their workloads for the past six months with no response from management. A little over six months ago the staffing numbers were reduced across the board leaving the facility understaffed.

A subsequent branch meeting identified the specific issues and carried a resolution that has been forwarded to the new facility manager. The branch members are relieved that the new manager has committed to working with them around these and any other issues they raise.

_Mayflower Village_

The Association commenced proceedings in the Chief Industrial Magistrate’s Court on behalf of 12 members who are or were employed as registered nurses at UnitingCare’s Mayflower Village facility. These members have always been in-charge of the nursing home and the hostel but were only being paid the in-charge allowance for being in-charge of a nursing home. The Association raised this issue with management and the members started being paid the correct in-charge allowance but were not paid any back-pay. In late July, the Magistrate found that the members were entitled to the back-pay and made orders that they be paid the amounts claimed and interest, which totalled over $80,000. Unfortunately, UnitingCare has appealed this decision and the matter is currently before the Federal Court.

Other Industry Sectors

WORKPLACE MATTERS

_SOS Nursing and Home Care Services_

The issue of underpaying members travel time (the time when community nurses travel from one client to another), has been an issue raised with the employer since 2007. The Association has now commenced proceedings on behalf of 13 members to seek back-payment and penalties against SOS and their managing director. This is a repeat offence matter and penalties could be considerable.

SOS is attempting to obtain deeds of release directly from members, working around the Association. SOS is required to file its defence to the claims on 11 November 2013.
Community Sector

NATIONAL ‘GO HOME ON TIME DAY’ GIVES AUSSIES A BREAK

Wednesday 20 November 2013 is this year’s National Go Home on Time Day (www.gohomeontimeday.org.au).

Go Home on Time Day is an annual initiative of The Australia Institute, in partnership with beyondblue. The Day is a light-hearted way to start a serious conversation about work-life balance. Organisations of all sizes are encouraged to participate in the Day – postpone those last minute meetings, plan a post-work picnic with the kids, or if getting out the door on time just is not possible, hold a lunchtime yoga class, or a morning or afternoon tea.

The Australia Institute will release new research in the lead-up to Go Home on Time Day focusing on the experiences of the overworked and the underworked (i.e. those struggling to enter the workforce or those who want to work more hours).

Findings among the overworked include:

›   unpaid overtime equates to $109.6 billion or 7.4 per cent of GDP
›   5.1 million employees eat their lunch while working
›   one in four employees checks work emails and answers work calls outside of work hours

While among the underworked:

›   2.8 million employees want to work more hours than they currently do
›   more than 250,000 Australians are out of the workforce due to caring responsibilities
›   one in four Australians said the main barrier to returning to work is too few jobs

This year, Go Home on Time Day participants are encouraged to make a gold coin donation to beyondblue. For further information, please contact Rita Martin, Government and Community Relations Organiser on tel: 8595 1234 (metro) or 1300 367 962 (non metro) or by email: rmartin@nswnma.asn.au

NSW/ACT ALCOHOL POLICY ALLIANCE

The NSW/ACT Alcohol Policy Alliance (NAAPA) and the National Local Government Drug and Alcohol Advisory Committee held a Community Forum on 24 October 2013 at State Parliament.
The Forum was received with great success with a great deal of discussion on ways to improve community engagement with the liquor licensing system. The presentations and videos are available on the NAAPA website, www.naapa.org.au.

The proposal to establish a Community Defenders Office (CDO) was well received.

The *Save our Streets* campaign has now gone live and a good deal of interest received about it at the Forum. Delegates are asked to please share the link to this campaign http://naapa.good.do throughout your networks.

To follow up from the Forum, NAAPA will be writing to the NSW Premier requesting that the NSW Government fund the development of a CDO.

For more information on the campaign, please contact Rita Martin, Government and Community Relations Organiser on 8595 1234 (metro) or 1300 367 962 (non metro) or by email: rmartin@nswnma.asn.au.

**SYDNEY ALLIANCE**

**Leaders Assembly**
The Sydney Alliance Leaders Assembly is being held on 20 November 2013 at Granville Boys High School from 5.30 to 8.30pm.

We need *your judgement and energy* to decide which of the issues the Alliance has been hearing about should form its public agenda over the next 18 months.

Teams working on housing, transport, apprenticeships, and youth issues will be presenting specific, actionable items in order for the Alliance to decide which to put on the city-wide agenda. You will also have the opportunity to become involved in any of the campaigns.

As a community based movement where *you make the decisions* and take action, you are needed to represent your union. Come along and be a decision-maker – help decide the Sydney Alliance’s city-wide agenda – the agenda that will be presented to MPs across Sydney in the lead up to the 2015 NSW election.

For more information on the campaign, please contact Rita Martin, Government and Community Relations Organiser on 8595 1234 (metro) or 1300 367 962 (non metro) or by email: rmartin@nswnma.asn.au.
International Unions

KOREAN FEDERATION OF PUBLIC SERVICES & TRANSPORTATION WORKERS’ UNIONS

In July of this year, the Director of International Affairs of the Korean Federation of Public Services and Transportation Workers’ Unions (KPTU), Lim Wol-San contacted the NSWNMA about starting an online “conversation” group that would essentially connect members from the NSWNMA to members of KPTU.

The purpose of this group was two-fold. Firstly, for global worksite solidarity where members of both unions could share and exchange stories, ideas, and tactics for workplace organising. Secondly, it would be an opportunity for the group to practice English and their conversational skills. The KPTU run an English conversation group for nurses at Seoul University Hospital, which is one of the worksites they represent. Their main objective was to use their members’ interest in learning English to hopefully spark an interest in the union and in the conditions and struggles of nurses in other countries. One of the campaigns discussed in this group was our 2013 Public Health System campaign. KPTU is also an affiliate of Public Services International.

After some email exchanges it was decided that the best way to foster this exchange of ideas was through our blog site, Nurse Uncut. Nurse Uncut focuses on professional as well as trade union issues for nurses and midwives. It has a large nursing student following and was thought to promote cross cultural exchange and union solidarity to a younger audience. The blog post garnered some interest from Australian nurses and some exchanges were made.

The KPTU, including nurses and doctors from public hospitals also recently went on a two week strike to protest against privatisation. The NSWNMA has written a letter of support and also posted it on Nurse Uncut. Wol-San has fed back to us that these simple gestures meant a lot to the striking nurses. Based on the success of the blog post, the KPTU want to create an email and possibly a Skype group in the near future to continue the conversation.

For those interested in being part of this group please email your interest to the Communications team at nurseuncut@nswnma.asn.au.

Delegate Education

BRANCH OFFICIALS & ACTIVIST TRAINING

BOAT training for 2013 has seen a focus on the Public Health System Campaign and the launch of the revised BOAT program.
Between April and May 63 public health system activists attended BOAT training that sought to provide participants with the skills and knowledge their branches would need for their campaign. The workshops focused on skills in lobbying MPs, dealing with the media and building member activism.

**Building Stronger Communities** aims to see members actively engaging with other organisations within their community with the aim of placing increasing pressure on the O’Farrell Government and will be based on lessons learnt from the Sydney Alliance. This workshop was run in Orange with eight local activists attending. The local Union Community group had mapped potential allies in the district that might help us win improved ratios. This workshop is scheduled to be run in Lismore in early December.

**BOAT 1** is the introductory course for branch officials and activists and aims to equip members with the basic skills and knowledge needed to run an effective and active branch of the Association. 19 members from the Public, Aged Care and the Private sectors attended the course in November. One participant stated:

> “I came here as a newly elected delegate with no experience or any real idea what was expected of me in my role. I now have a much better idea of how to move forward and make a difference in my workplace.”

BOAT 1 will be offered throughout the first quarter of 2014 once the Biennial General Meetings are under way.

**BOAT 2** is designed for branch officials and activists that have a greater level of skill, knowledge and level of activism. The content will look in depth at how to design a campaign, lobby and utilise the media. The workshop explores union power and recruitment at a deeper level. It will be offered once in November and will be repeated throughout 2014.

**Public Sector Staffing Arrangements and Reasonable Workload Committee Training** packages are available through and run by your organiser in your workplace. The packages aim to increase the knowledge and utilisation of Clause 53 within the Public Health System Award.

Branches that are seeking further information or who wish to request training can contact the Association via BOAT@nswnma.asn.au, or you can call NSWNMA Educator, Michael Whaites at the Association on tel: 8595 2165 (metro) or 1300 367 962 (non metro).
Professional Matters

SUBMISSIONS & INQUIRIES

Nursing and Midwifery Board of Australia

Proposed expanded endorsement for scheduled medicines and Draft Registration standard for endorsement of registered nurses and/or midwives to supply and administer scheduled medicines under protocol

The NMBA is currently undertaking feedback on these documents. For some time the practice of nurses in rural and isolated practice has been supported with a special endorsement for scheduled medicines so that rural and isolated patients can access essential medicines even when a doctor or nurse practitioner is not present. These proposals seek to extend that endorsement to midwives and expand it to all areas.

The NSWNMA feedback supports expanding the scope of the current endorsement for scheduled medicines and current approved registration standard being expanded to include registered midwives.

The Association noted that nurses and midwives already support and are very familiar with safe medicines management in a variety of contexts. Rural and isolated registered nurses have demonstrated that, within a risk management framework of regulation and the requirement for specific and additional education and CPD, strengthening their capacity to supply essential medicines under protocol is a safe strategy to enhance timely and safe access.

The NSWNMA supported all the requirements for suitable preparatory education related to medicines management, assessment and differential diagnosis for registered nurses and registered midwives in order to be endorsed. The NSWNMA emphasised that suitable preparatory education should be accessible both in terms of cost and availability.

The Association also noted that the standard does not indicate what requirement there would be, if any, for an endorsed registered nurse or registered midwife to maintain the currency of the endorsement, beyond the CPD requirements, and raised several questions for clarification: what happens if an endorsed nurse or midwife is redeployed for an extended period into an area where the endorsement is not required? Would their endorsement lapse? Would they be required to reapply when they return to a role where the endorsement is required? Is there a timeframe after which an individual would have to redo the preparatory education?

LEGAL MATTERS

There has been an increased demand for assistance in preparing responses to complaints and notifications from both the HCCC and the Nursing and Midwifery Council. There have also been quite a number of requests for assistance and representation with matters in Coronial Inquests.
In the recent months, the Legal officers have attended the Nursing and Midwifery Council more frequently than during other periods, supporting members in various proceedings, such as Section 150 Proceedings, Impaired Registrants Panel and Counselling.

MEMBERS’ EDUCATION AND SEMINAR PROGRAMS

The following courses were held in September:

- Are you meeting your CPD requirements ½ day 4 September Bathurst
- Computer Essentials 1 day 25 September Randwick
- Appropriate Workplace Behaviour 1 day 19 September Penrith
- Legal and Professional Issues ½ day 5 September Orange
- Legal and Professional Issues ½ day 13 September Nowra
- Basic Foot Care AiN 1 day 20 September Wagga

The following courses were held in October:

- Conflict Management 1 day 1 October Penrith
- Conflict Management 1 day 9 October Gymea
- Aged Care Nurses Forum 1 day 18 October Waterloo
- Enrolled Nurses Forum 1 day 25 October Waterloo
- Basic Foot Care RN/EN 2 days 30 & 31 October Tamworth

The following course was held in November:

- Appropriate Workplace Behaviour 1 day 7 November Newcastle

Innovation Symposium

NSWNMA officers attended the Innovation Symposium – Connecting Minds: Innovating care every day in every way, held by NSW Health on 11 October 2013. The event was interesting and was a great way of show-casing the research and project work undertaken in the LHDs.

MENTAL HEALTH MATTERS

Bob Fenwick Mentoring Grants Program

Ten Expressions of Interest have been received up to the 18 October closing date. This has is the best initial response received to date; the applications will be reviewed by the steering committee during November.

Extended Closing Date for Mentee Applications

The Program has a capacity for up to 20 recipients and therefore the closing date has been extended to 30 January 2014 to help fill any unfilled grant places. There has been excellent feedback about the experience from mentees participating in the previous rounds. If members or delegates have considered applying, please do so by the closing date.
Senior Mental Health Nurses required as mentors

The program is also in need of mentors and expressions of interest are sought from suitable senior mental health nurses to apply and mentor other mental health nurses participating in the program. This will help to grow and foster the mental health workforce. Please submit your application by the closing date to be a part of this wonderful mentoring initiative.

Note: Application details can be found on the NSWNMA website at www.nswnma.asn.au. If further information is needed, please contact the NSWNMA on tel: 8595 1234 (metro) or 1300 367 962 and speak with the project manager, Marc Hopkins.

NaMO Mental Health Nursing Advisory Group

The NaMO Mental Health Advisory Group met in October 2013, with a number of agenda items discussed:

› Transition to Mental Health Nursing Program
  The package has been distributed across NSW to LHDs. It is a blended program and funded by NaMO, with a learners work book and teachers guide included.

› Take the Lead 2 project
  This project will commence early next year (a follow on from the first Take the Lead 2009). The Take the Lead program was designed to strengthen the role of the Nursing/Midwifery Unit Manager role across NSW.

› Enrolled Nursing Scholarships
  NaMO advised that 300 scholarships will be available next year to encourage and support the Enrolled Nursing workforce back into Enrolled Nursing.

› New Graduate positions
  It was emphasised that the interview is a critical component of the employment process and new graduates should prepare for this, as competition for positions is very strong and this can be the difference between being successful or not.

The Models of Care: Inpatient Mental Health Working Party

The inaugural meeting of the working party was held on 30 October 2013. Discussion took place around ‘What is a nursing model of care?’ It was agreed that information needed to be gathered from across the state, with a focus on looking at the principles of consumer engagement and a framework of common principles of delivery of care. Correspondence will be drafted and sent to the LHD DoNMs seeking the information.
Translational Research Mental Health Working Party

The inaugural meeting of this Working Party was held on 1 October 2013 and chaired by the Mental Health Project Officer at NaMO. The Working Party will be looking at current mental health research being done in NSW and methods of sharing this across NSW LHDs. A letter will be sent seeking information on research in mental health that Universities and LHDs may be undertaking. NaMO will build a database of the research information, with the intention of showcasing the relevant research discoveries across NSW in the future.

NCOSS Health Policy Advisory Group

NSW Health: NGO funding

NSW Health held its first workshop session for NGO funding on 16 October 2013. The members of the NCOSS Health Professional Advisory Group felt that clarification from NSW Health on the definition of partnerships and the need for training support for NGOs on the tender process were important. NGOs would like to have greater involvement in decisions about tender development and the contracting process. Members also expressed concern regarding survival of small specialist services, as NSW Health is encouraging them to merge or partner with larger organisations.

A presentation was given by Ms K Burchfield, Integrated Care Branch of NSW Health who advised the Branch is currently undergoing review of its purpose and structure. It was originally formed to develop and support a sustainable and integrated health and social care system, with care focused on people’s needs. Integrated Care is about system design to make it more about the person and not the system or service.

Branch structure:
The Branch comprises four units: Aged Care; Primary & Community Care; Hospital Substitution; and, Priority Programs

Branch priorities:
Integrated care strategy and roadmap; partnerships with government, NGOs and the private sector; and, strengthening community-based services

NCOSS 2014-15 Pre-Budget Submission

The Pre-Budget Submission was launched at NSW Parliament House on 14 October 2013, with NCOSS providing their Pre-Budget Submission to all NSW MPs, and senior executives in NSW government agencies. NCOSS will also seek follow-up meetings with key decision-makers over the coming months. Priority health areas include:

- a cross-portfolio approach to improve transport to health services
- expansion of the Aids and Equipment Program
- increased funding for community-based integrated mental health services
- enhance funding of Health Care Interpreters Services
- establish and implement a Health NGO Sector Development Program

The full NCOSS Pre-Budget Submission document can be found at www.ncoss.org.au
SCHOLARSHIPS

Edith Cavell Trust
At this stage the Affidavit associated with the Edith Cavell Trust Scholarship changes, that is, to allow midwives, assistants in midwifery and assistants in nursing to be able to apply for scholarships and all modes of study: full-time, part-time, distance, face-to-face and multimodal (distance and face-to-face) for all categories has been presented to the Attorney General and at a later stage will be submitted to the Supreme Court. The changes will also seek that donations and bequests to the Edith Cavell Trust be included into the scholarship funds.

Lions Nurses Scholarships
The Lions Nurses’ Scholarships have opened for 2014 and applications will close on 29 November 2013. Eligible ENs, RNs and midwives are invited to apply.

Lions have recently secured tax dedication status for donations made to their Nurses Scholarships Foundation and they are now lobbying corporate organisations as well as their clubs in NSW and the ACT for donations.

Recently, NSWNMA officer, Phillipe Millard, addressed around 500 Lions delegates at an N3 Conference on the Central Coast to report back on the great work they are doing for nurses and midwives in NSW and the ACT and to thank them for their ongoing support in providing scholarships.

It was pleasing to share with them the great relationship the NSWNMA and Lions have developed and many of them were impressed to hear how we support them by engaging them for BBQs and assisting them by selling their Christmas Cakes.

UNIVERSITIES AND COLLEGES

This month the NSWNMA, sponsored graduation events at Charles Sturt University campus in Wagga Wagga; the University of Sydney and University of Newcastle, (Callaghan, Port Macquarie and Central Coast) campuses. Students and educators were very grateful for the sponsorship and a letter of welcome and congratulations from the Association were read out at all events. Membership forms and information was also distributed at each event.

Last month the NSWNMA, along with the Sydney University Nursing Society (SUNS), hosted the screening of the movie, Sicko by Michael Moore. 35 students attended from The University of Sydney, University of Technology Sydney, University of Western Sydney and University of Tasmania. The evening was a great success and allowed for networking opportunities amongst students and also assisted the NSWNMA by developing some key student contacts. Nine students also joined as associate members on the night.

Plans are underway to organise more of these type events in 2014 and extend these evenings to some universities where access for the Association is more difficult.
WORK HEALTH & SAFETY

WorkCover Assist 2011 Education and Training Grant
The proof DVD has been signed off by WorkCover and sent to be burnt, printed and affixed to the Essentials for Nurses and Midwives publication. The completed publications will be distributed at the November CoD to delegates to take back to their branches. Special thanks to all NSWNMA staff and nurses/midwives from hospitals and nursing homes who generously gave their time to participate in the filming.

Only nine evaluation responses have been received. Delegates who received a copy of the publication for review, are asked to complete the survey monkey evaluation at link: https://www.surveymonkey.com/s/TDVVHR7

Professional Issues Committee

PROFESSIONAL ISSUES COMMITTEE

The Professional Issues Committee last met on 14 October 2013. The professional issues discussed included the ongoing national registration issues; the Bob Fenwick Memorial Grants Program for 2013; Policy review; Transitional Nurse Recruitment; the Public sector campaign; Aged Care issues. The committee will next meet on 16 December 2013.

Midwifery Reference Group
Forums for the Review of Midwifery Accreditation Standards using the 2nd consultation paper were held in Wagga on 15 October and in Sydney on 30 October 2013. In Wagga there was one participant and in Sydney the ANMF position was supported by two NSWNMA professional officers along with a professional officer from the ANMF Victorian branch, and two other supporters. In addition there were also approximately eight to nine participants attending on behalf of the Australian College of Midwifery, as well as other senior midwifery colleagues, who contributed to discussion around topics like continuity of care for women and minimum midwifery practice requirements.

The Midwifery Reference Group is responding to Minister Jillian Skinners’ media release about the additional 40 CNE/CME and CNS/CMS positions to be made available in rural and regional NSW. Included in this letter is a response to the Chief Nursing and Midwifery Officer’s correspondence about the same subject which does not specify rural and regional locations and as well as requests for clinical midwifery educators for small rural and regional units in NSW, Westmead and Canterbury hospitals have also been added.

The NSWNMA has set up a working party to look at staffing requirements and skill mix issues for those units that are too small to qualify for Birthrate Plus and expressions of interest have been received by midwives who are interested in joining.

Brett Holmes
General Secretary
Annexure 1

OTHER BARGAINING UNDERWAY

Bargaining for Agreements that is continuing, in varying stages of progress, includes the list below.

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**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 Fair Work Commission or are now ratified by Fair Work Commission, and are awaiting the mandatory seven days before becoming operational.

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