The NSWNMA President, Ms Coral Levett, acknowledged the traditional owners of this land, the Gadigal people of the Eora nation, and paid respects to elders both past and present and any other Indigenous Australians in attendance.

To meet the requirements under Federal Privacy Legislation, the President advised delegates that the meeting would be recorded in order to assist in producing meeting minutes.

Ms Levett introduced Ms Maribeth Larkin, a Roman Catholic nun who has worked as a community organiser with OneLA, based in Los Angeles USA, a sister organisation to Sydney Alliance that aims to build the power of civil society. Ms Larkin described her transition from a very timid person to a fervent activist through anger, anger generated by the injustice of public officials’ “lack of attention”. Ms Larkin believed that one of the important aspects of organising was building a capacity to trust each other, to work across the areas that separate people in society such as race, culture and language, to come together and acknowledge the common areas that people care about in their communities rather than their differences. Ms Larkin urged delegates to find what they have in common, celebrate the areas they care about and understand how to trust each other to take action together: that was the work of organising.

Ms Levett introduced Organiser Michael Whaites to brief delegates on the Association’s revised pamphlet on a Financial Transaction Tax (FTT) (or more commonly known as the ‘Robin Hood tax’) – a small tax on risky transactions in the financial sector that could potentially raise billions of dollars annually in Australia, funds that could be used for improved aged care and public health services. Mr Whaites said that France has recently signed up to an FTT and in the last financial year had raised around 500€ million. Advocates state that the FTT was a way to curb some of the speculative trading that led to the GFC in 2008 and significantly, a number of European countries were planning to join France in implementing an FTT. Given the building momentum for the FTT across the world, it was timely to start building momentum for the FTT in Australia.

Mr Whaites said that, currently, the Federal Government was negotiating free trade agreements that will make it easier for foreign-based companies to sue Australia for such things as introducing plain packaging for cigarettes or placing a ban on coal seam gas mining. Through these free trade agreements there was an obligation for governments that sign on to increasingly privatisate their public sector, such as health and education. Mr Whaites urged delegates to attend a rally in Martin Place on 29 November 2013 against the Trans-Pacific Partnership (TPP) and the government’s continued negotiation of these free trade agreements. Mr Whaites encouraged delegates to consider nominating for a core group to consider strategies to implement this campaign for tax justice and fair trade.
1. **Present:**

   See attached list.

   **Chair:**

   Ms Coral Levett

2. **Apologies:**

   J Kiejda  N Bell  W Berry  N Bradford  
   S Brazil  K Cook  G Dansey  D De Martin  
   T Duce    K Eason  A Gittus  D Guthrie  
   J Howell  K Lark  M Leabon  M Mangold  
   D Marshal E McCall L McKenna J Morosini  
   P Muncaster R Norman K Peck  D Ponig  
   C Reilly  K Ryan-Agnew L Scott  S Sides  
   R Thompson J Thurlow B Tiernan  D Wann  
   J Watt    D Zanotto C Waite  K Tastula  
   P Kaye    C O’Flynn M McIlwraith J Clarke  
   L Weir    J Eslick G Barrington A Gouffe  
   F Ross    C Hook  J Byrne  L Mitchell  
   R Golding F Storey

   D57/2013 **MOVED C Cullen SECONDED E Clarke**
   That the Apologies be received.  **CARRIED**

3. **Minutes:**

   D58/2013 **MOVED M Short SECONDED S White**
   That the Minutes of the Committee of Delegates Meeting of Tuesday 17 September 2013 be taken as read and received.  **CARRIED**

4. **Business arising from the Minutes:**

   4.1 **Committee of Delegate - resolutions**

D59/2013

MOVED L Booth  SECONDED J Dilworth

That the Minutes of the Committee of Delegates Meeting of Tuesday 17 September 2013 be adopted.

CARRIED

5. **Tabled Information:**

5.1 **NSWNMA Circulars** (available at [www.nswnma.asn.au](http://www.nswnma.asn.au))

133/2013 Negotiations to commence, To: Westmead Rehabilitation Hospital members, 3 September 2013.

144/2013 The Grange nurses – prepare to bargain, To: Accredited Aged Care Group members, 17 September 2013.

145/2013 Whiddon refuses to bargain but delivers 3% wage increase, To: Whiddon Group members, 19 September 2013.

146/2013 ADHC members – our next pay increase: 2.47% or 2.7%, To: ADHC members, 16 September 2013.

147/2013 Wages offer – how does it compare? To: Westmead Rehabilitation Hospital members, 19 September 2013.

148/2013 Bupa negotiations update, To: Bupa Care Services members, 1 October 2013.

149/2013 Your actions make progress! To: Queanbeyan Residential Care Facility members, 23 September 2013.

150/2013 Northern Coalfields nurses prepare to negotiate, To: Northern Coalfields members, 25 September 2013.

151/2013 Update on negotiations, To: Christadelphian Homes Ltd members, 1 October 2013.


153/2013 Your actions make progress! To: Gondee Aged Care members, 26 September 2013.

154/2013 Your actions make progress! To: Tallwoods Corner Aged Care members, 26 September 2013.

155/2013 Branch Delegate Entitlement, To: All Branch Secretaries, 3 October 2013.

156/2013 Building Stronger Communities Workshop, BOAT, To: Branch Officials and Workplace Activists, Public Health System facilities, 24 September 2013.

157/2013 Building Stronger Communities Workshop, BOAT, To: LHD Directors of Nursing and Midwifery and Directors of Nursing, Public Health System facilities, 24 September 2013.

158/2013 Urgent Update: Calvary makes last minute change to offer, To: Calvary Retirement Communities (Little Company of Mary) members, 1 October 2013.

159/2013 Update on negotiations, To: Bathurst Private Hospital members, 2 October 2013.

161/2013 Anglicare Chesalon postpones negotiations indefinitely, To: Anglicare Chesalon members, 14 October 2013.
162/2013 Urgent update – voting to commence, To: Little Company of Mary members, 10 October 2013.
164/2013 Riviera Health refuses to negotiate, To: Riviera Health members, 14 October 2013.
165/2013 Roseneath Aged Care Nurses’ Enterprise Agreement Approved, To: Roseneath Aged Care members, 14 October 2013.
166/2013 McKenzie agrees to recommence bargaining for new your new agreement, To: McKenzie Aged Care Group members, 14 October 2013.
167/2013 Kenna Nurses: Better wages and conditions – time to endorse your claims, To: Kenna Nurses members, 17 October 2013.
168/2013 Concern over timing of Allity Enterprise Agreement talks, To: Allity Pty Ltd members, 16 October 2013.
169/2013 Little Sisters of the Poor nurses prepare to negotiate, To: Mount St Joseph’s members, 22 October 2013.
170/2013 Catholic Archdiocese of Sydney – Aged Care nurses prepare to negotiate, To: Trustee of the Roman Catholic Archdiocese members, 17 October 2013.
172/2013 McKenzie says NO to your claims, To: McKenzie Aged Care Group members, 23 October 2013.
175/2013 Urgent negotiation update for Westmead Rehab nurses, To: Westmead Rehabilitation Hospital members, 6 November 2013.
176/2013 Kenna nurses claims for a new agreement, To: Kenna Aged Care members, 7 November 2013.
177/2013 Nurses call on Allity for a new wages agreement, To: Allity Pty Ltd members, 12 November 2013.
179/2013 Negotiation update for Blue Care nurses, To: UnitingCare (Blue Care) members, 12 November 2013.
180/2013 Negotiation update for RSL Care nurses, To: RSLCare members, 11 November 2013.
181/2013 Update on negotiations, To: Regis Aged Care members, 13 November 2013.
182/2013 EA negotiations update, To: Christadelphian Homes Ltd members, 14 November 2013.

5.2 NSW Ministry of Health – Circulars (available at your workplace or www.health.nsw.gov.au)
5.2.1 IB2013_036 Lead Apron Allowance, 30 September 2013.
5.2.2 PD2013_036 Service Check Register for NSW Health, 31 October 2013.

5.3 Media Releases

5.3.1 NSWMA (available at www.nswnma.asn.au)
5.3.1.1 No aged care minister & only one women in cabinet are backward steps, NSWMA again warns against more deregulation in aged care – put residents before profits, 18 September 2013.
5.3.1.2 Nurses & midwives slam GST proposal, Strong and effective public services require a strong and equitable taxation system – not just another cost hike for working people, 20 September 2013.
5.3.1.3 Dubbo nurses act on unsafe nursing levels at Dubbo Hospital ED, Dubbo deserves better than this from the State Government, 29 September 2013.
5.3.1.4 Dubbo nurses suspend ED bed closures for two weeks as hospital management moves to fill nurse vacancies, Dubbo deserves better than this from the State Government, 1 October 2013.
5.3.1.5 Albury Mental Health nurses take action over LHD failure to replace nurses on leave and resultant services failures, Albury deserves better than this from the State Government, 15 October 2013.
5.3.1.6 Sutherland Hospital nurses to rally today over staffing level and service cut concerns, Sutherland deserves better than this from the State Government, 15 October 2013.
5.3.1.7 Sutherland Hospital needs more nurses, Advertisement in the St George and Sutherland Shire Leader, 17 October 2013.
5.3.1.8 Campbelltown Hospital needs more nurses, Advertisement in the Campbelltown Macarthur Advertiser, 16 October 2013.
5.3.1.9 Ryde Hospital needs more nurses, Advertisement in the Northern District Times, 16 October 2013 and Independent Weekly, 23 October 2013.
5.3.1.10 Union coverage of NSW nurses and midwives – clarification, 16 October 2013.

5.3.2 Unions NSW (available at www.unionsnsw.org.au)
5.3.2.1 Business groups gloat, injured workers wear the cost, 30 October 2013.
5.3.2.2 NSW unions High Court challenge begins, 5 November 2013.

5.3.3 NSW Minister for Health / Minister for Medical Research (available at www.health.nsw.gov.au)
5.3.3.1 NSW Government boosts fluoride funding, 18 September 2013.
5.3.3.2 Graythwaite Rehabilitation Centre officially opens at Ryde Hospital, 19 September 2013.
5.3.3.3 Innovation Symposium shines light on smarter delivery of health care in NSW, 11 October 2013.
5.3.3.4 New mental health unit at Wagga Wagga Base Hospital officially open, joint media release by Minister for Health / Minister for
Medical Research and Minister for Mental Health / Minister for Health Lifestyles, 21 October 2013.

5.3.3.5 Nurses and midwives boost for rural and regional NSW, 31 October 2013.

5.3.4 NSW Government / Departments / Opposition

5.3.4.1 Western NSW strategic health services plan launched, Minister for Mental Health / Minister for Health Lifestyles, 13 September 2013 (available at www.health.nsw.gov.au).

5.3.4.2 Ensuring the rights and dignity of young people with psychosis, Minister for Mental Health / Minister for Health Lifestyles, 16 September 2013 (available at www.health.nsw.gov.au).

5.3.4.3 Achieving better lifestyles for those with a disability, Minister for Disability Services and Ageing, 27 September 2013 (available at www.adhc.nsw.gov.au).

5.3.4.4 Latest report on mental health services finds room for improvement, Bureau of Health Information, 3 October 2013 (available at www.bhi.nsw.gov.au).

5.3.4.5 Email from Director-General, Family and Community Services re The National Disability Insurance Scheme NSW Enabling Bill 2013, 23 October 2013.

5.3.4.6 Bathurst Hospital talks deliver sustainable solutions, Western NSW Local Health District, 8 November 2013 (available at wnswlhd.health.nsw.gov.au).

5.3.5 NSW Other

5.3.5.1 NSW Govt must act after king hit murder, Last Drinks Campaign, 6 November 2013 (available at www.lastdrinks.org.au).

5.3.5.2 Community demands action on alcohol, NSW/ACT Alcohol Policy Alliance, 11 November 2013 (available at www.naapa.org.au).

5.3.6 Australian Nursing and Midwifery Federation (available at www.anmf.org.au)

5.3.6.1 Aged care workers left in wilderness as Coalition takes wage increases, 27 September 2013.

5.3.6.2 ANMF welcomes scrapping of the education cap, 6 November 2013.

5.3.6.3 Extended prescribing power for nurses, 14 November 2013.

5.3.7 ACTU (available at www.actu.asn.au)

5.3.7.1 New Employment Minister must act in support of jobs, wages and workers' rights, say unions, 16 September 2013.

5.3.7.2 GST hike would hit working people, crack down on rorts instead: ACTU, 20 September 2013.

5.3.7.3 Aged care pay deals cut after Abbott Government teases up compact, 23 September 2013.
5.3.7.4 Politics before worker’s savings? Government attack on industry super funds needs scrutiny, 8 October 2013.

5.3.7.5 Relief for low paid workers as hospitality employers lose bid to cut penalty rates, 10 October 2013.

5.3.7.6 The gap is growing between rich and poor – Australia must act to reduce levels of poverty, 14 October 2013.

5.3.7.7 Thousands die or are injured at work – we need vigilance on safety in the workplace, 15 October 2013.

5.3.7.8 Revamped building watchdog takes us back to the Howard Government’s attack on workers’ rights, 16 October 2013.

5.3.7.9 Workers urged to speak up as pregnancy discrimination overtakes disability for the top complaint in workplaces, 6 November 2013.

5.3.8 Federal Minister for Health / Federal Minister for Sport
(available at www.health.gov.au)

5.3.8.1 Abbott Government commitment to Mental Health, 10 October 2013.

5.3.8.2 New one stop shop clinical training centre opened, 1 November 2013.

5.3.8.3 Federal Government to review electronic health records, 3 November 2013.

5.3.10 Federal Government / Opposition / Departments

5.3.10.1 My Aged Care, Department of Social Services, 18 September 2013 (available at www.myagedcare.gov.au).

5.3.10.2 Coalition Government to ensure certainty for employers and employees, Minister for Employment, 11 October 2013 (available at http://ministers.employment.gov.au).


5.3.10.4 Coalition ‘scrap the cap’ on self-education, Minister for Education, 6 November 2013 (available at http://ministers.employment.gov.au).

5.3.10.5 Better protection for members of registered organisations, Minister for Employment / Minister Assisting the Prime Minister on the Public Service, 14 November 2013 (available at http://ministers.employment.gov.au).

5.4 Miscellaneous

5.4.1 Fee cut for final-year students applying for registration to practise, Nursing and Midwifery Board of Australia, 8 October 2013.
6. **Correspondence:**


Letter of response advising the Ministry will provide, as requested by the NSWNMA, quarterly statistics on redundancies across NSW Health during 2013/14.

6.2 a. From A/Deputy Director-General Workforce and Corporate, NSW Ministry of Health re Northern Beaches Redevelopment, 12 September 2013.

Letter of response advising Northern Sydney LHD has arranged a meeting for 13 September to discuss issues around the *Request for Proposal*, prior to its release, and that as Northern Sydney LHD is the sponsor of this project, union consultation should be led by the LHD.

b. From Chief Executive, Northern Sydney Local Health District re Northern Beaches Health Service Redevelopment – Employment arrangements, 19 September 2013.

Letter of response advising the arrangements to be put in place covering the employment arrangements for staff transferring to the Northern Beaches Hospital, with stakeholders to be advised of the broad commitment by fact sheets and Q&A. The letter provided current indicative arrangements for employment matters, such as, offers of employment; terms and conditions and other entitlements for transferring employees; employment guarantee; subcontracting and transfer arrangements and transfer payments.

c. From Director, Workplace Relations, NSW Ministry of Health re Northern Beaches Health Service Redevelopment, 3 October 2013.

Letter confirming that NSLHD will lead the industrial consultation with the unions regarding the Northern Beaches Health Service redevelopment, with this arrangement consistent with that established by Sydney LHD for the Chris O’Brien Lifehouse. The letter also strongly encouraged input and comment be made now on employment arrangements while the *Request for Proposal* is under development.

6.3 a. To Prime Minister of Australia re Support for a Financial Transaction Tax in Australia, 17 September 2013. and

b. To Premier of NSW re Support for a Financial Transaction Tax in Australia, 17 September 2013.

Letter conveying the May CoD resolution supporting the introduction of a Financial Transaction Tax (FTT) within Australia, providing the reasons why the Association supports such a tax and encouraging wider public debate to take place.
c. From NSW Treasurer / Minister for Industrial Relations re Financial Transaction Tax, 8 November 2013.

Letter advising that the option for removing financial taxes (such as a debits tax or similar) has been removed following the introduction of the GST in 2000 and the signing of the Intergovernmental Agreement on Commonwealth-State Financial Relations, where the States and Territories agreed not to re-introduce similar financial taxes in the future.

6.4 From Associate Director, Workplace Relations, NSW Ministry of Health re Implementation of Clause 4A Multiple Assignments – Public Hospital System Nurses’ and Midwives’ (State) Award, 20 September 2013.

Letter of response advising the actions being taken to implement Clause 4A of the Award, such as, teleconferences with the LHDs and HealthShare to provide information and for problem solving; an information bulletin being issued; HealthShare carrying out a number of initiatives; and, the LHD HR departments conducting information sessions and assisting staff.

6.5 a. To Chief Executive, South Western Sydney Local Health District re Health and Safety Issues – Bankstown-Lidcombe Hospital Emergency Department, 20 September 2013.

Letter and comprehensive report provided following a workplace inspection carried out after the assault of a nurse in the ED in June 2013. The letter and report noted significant potential non-conformance with WHS legislation and NSW policy directives and standards with a strong recommendation that an exhaustive risk assessment be carried out by an independent person.

b. To General Manager, Bankstown-Lidcombe Hospital re Personal duress alarm system for Emergency Department and Ongoing Communication with NSWNMA, 28 October 2013.

Letter stating anecdotal advice has been received regarding the purchase of a personal duress alarm system for the hospital’s ED. The letter requests specific information about the system to ensure its compliance with mandatory standards, and that a response be provided as soon as possible, in order that members could be informed.

6.6 To HR & Corporate Services Manager, Royal Rehabilitation Centre Sydney re Negotiation of a federal agreement, 23 September 2013.

Letter seeking further information and a response to issues raised regarding the negotiation of a separate federal agreement for the proposed ward providing private rehabilitation services at the Centre.

6.7 To Acting Director-General, Workforce and Corporate, NSW Ministry of Health re Funding of local services, 23 September 2013.

Letter conveying the September CoD resolution regarding the funding of local services, particularly related to Northern NSW LHD. The letter provided a number of specific examples where funding had been provided by the MoH to
Northern NSW LHD, with no further action taken by the LHD either to recruit to positions or the purchase of equipment or specific Units being established.

6.8 **To NSW Chief Nursing and Midwifery Officer, NSW Ministry of Health re Shortage of Midwives in NSW, 4 October 2013.**

Letter seeking information regarding the decreasing numbers of midwives notably in rural areas following the closure of many rural hospital midwifery units over the years, as well as midwife shortages in large metropolitan hospitals. The letter also notes the issues with AHPRA and the dual registration of nurses and midwives, and states the NSWNMA is keen to work collaboratively with the MoH regarding the establishment of a midwifery re-entry to practice program and to investigate a suitable partnering university for the Royal Hospital for Women to undertake this program.

6.9 **From Premier of Queensland re Nursing redundancies, 11 October 2013.**

Letter and pro forma response which is a reply to a campaign conducted by the QNU regarding redundancies offered to experienced nurses working at several Brisbane hospitals. The letter advises that over the years a trend and mismatch has developed between the number of nurses graduating and the number of positions available within Queensland Health, stating the redundancies are not due to budget cuts, but that nurses are staying in the workforce longer. The letter suggests these offers are in response to expressions of interest received by management over time for voluntary redundancy and that it is the government’s responsibility to plan for a skilled nursing workforce in the future.

6.10 **From Deputy Director-General Corporate Services, Family & Community Services re Workers Compensation Legislation Amendment Act 2012, received 11 October 2013.**

Letter outlining the obligations of Family and Community Services (FACS) under the Act’s legislation regarding journey claims and injury management in of injured FACS workers in the workplace.

6.11 **To Chief Executive Officer, AHPRA re International Criminal History Checks, 22 October 2013.**

Letter providing comment to the public consultation paper, indicating the Association’s preference for Option 5, where applicants have an Australian criminal history check before registration, register provisionally, and work while the complete criminal history check is conducted post-registration. The Association also identified, with this Option, some minimal risk to a small number of the public whilst waiting on the checks, along with the consideration of cost to the applicant.

6.12 **To Director of International Affairs, Korean Federation of Public Services and Transportation Workers’ Unions re strike in defence of quality public health care against a profit seeking administration, 25 October 2013.**

Letter expressing the Association’s support of healthcare sector workers who are taking strike action in Seoul, Korea to achieve quality public healthcare against a profit-seeking administration.
6.13 To Executive Officer, Nursing and Midwifery Board of Australia, AHPRA re Draft Registration standard endorsement of registered nurses and/or registered midwives to supply and administer scheduled medicines under protocol, 28 October 2013.

Letter providing the Association’s comments on this Protocol, suggesting AHPRA might give consideration to expanding the role of RNs and RMs in the management of medication, stating anecdotal advice that nurses and midwives in rural and remote practice have demonstrated/provided ample evidence that this type of protocol driven model is safe and effective in improving access and efficiency.

6.14 From Deputy Director-General, Governance, Workforce and Corporate, NSW Ministry of Health re NSW Health Retrieval Network Helicopter Tender, 28 October 2013.

Letter advising the Ministry of Health has commenced a procurement process for the purchase of new helicopters to support the new Helicopter Retrieval Network, along with a fact sheet which advises the process available to potential suppliers.

6.15 From Deputy Director, Workplace Relations, NSW Ministry of Health re NSW Health Service Check Register (SCR) – new policy, 1 November 2013.

Letter advising the new policy (PD2013_036) has been finalised and will soon be available. The letter acknowledges the NSWNMA input, with many NSWNMA comments reflected in the finalised document. The letter notes the key policy changes as: new criteria for creating SCR records; new criteria for reviewing and removing SCR records; for a review of the completed records every two years; changes to the risk management process; clarification of the role of the SCR in relation to locum doctors and agency staff; updated templates and tools; and, the inclusion of MoH staff.

6.16 From Minister for Health / Minister for Medical Research re Midwives maintaining nursing registration, received 1 November 2013.

Letter from the Minister to the Presiding Member, Nursing and Midwifery Board of Australia regarding an issue raised at the NSWNMA Annual Conference on dual nurse/midwife registration. The letter points out the contradictory position of the advice given by the Board to registrants and the information published by the Board in its FAQ, regarding recency of practice in one or both of the professions, requesting urgent consideration by the Board of this issue.

6.17 From Director of Workforce and Culture, Northern Sydney Local Health District re Northern Sydney Local Health District Voluntary Redundancy Program, 1 November 2013.

Letter advising the LHD has called for expressions of interest across the LHD for voluntary redundancies, with the exclusion of those frontline nursing staff that provide direct patient care. The letter advises the EOI is sought as a result of the ‘changing needs of the Health Workforce, including service re-design in line with the NSLHD’s Clinical Service Plan’.
6.18 To Chief Executive, Southern NSW Local Health District re WHS and Professional Nursing concerns in Chisholm Ross Centre, 6 November 2013.

Letter outlining some specific safety concerns raised by members over the past months, regarding the management and training of aggression; compliance with nursing practice standards; discrimination for reporting WHS risks and refusing unsafe work; lack of feedback on response to incident reports; and, reduction of security support.

6.19 From Executive Director, Clinical Operations (Custodial Health), Justice Health & Forensic Mental Health Network re Application of new rosters to implement unpaid meal break, 11 November 2013.

Letter advising Justice Health’s intention to remove paid meal breaks from the rosters of staff at all facilities across the service following the decision of the NSW IRC of April 2013, with the new rosters to take effect from 10 February 2014.

6.20 To Chief Executive Officer, Leading Age Services NSW-ACT re Aged Care Funding and the LASA Model Agreement, 13 November 2013.

Letter seeking an assurance that the commitment in Clause 50 of the LASA model enterprise agreement will remain, and that there will be ongoing discussion about how the funds previously allocated for the Supplement will be distributed.

6.21 To Manager Employee Relations, Aged & Community Services Association of NSW & ACT re Aged Care Funding and the ACS Template Agreement, 13 November 2013.

Letter seeking an assurance that the commitment in Clause 50 of the LASA model enterprise agreement will remain, and that there will be ongoing discussion about how the funds previously allocated for the Supplement will be distributed.

D60/2013 MOVED J Cleaven SECONDED T Riley
That the tabled information and correspondence be received.

CARRIED

7. Report:

PRIVATISATION OF ADHC AND THE FORCED TRANSFER OF STAFF

Mr Holmes reported that the O’Farrell Government will exit the disability sector by 2018. On 6 December 2012 then-Prime Minister Julia Gillard and Premier Barry O’Farrell signed a Heads of Agreement on the National Disability Insurance Scheme (NDIS) between the Commonwealth and NSW. What was not known to most was that Clause 33 of the Heads of Agreement stated:

Following commencement of the full NDIS, the NSW Government will not provide any residual specialist disability services or basic community care services.
On 9 October 2013, the Director-General of Family and Community Services (FACS) emailed the Association, unions and the members advising that:

“…by 2018 FACS will no longer provide disability services; people with disability will receive their support from non-government organisations (NGOs) and possibly the Commonwealth. It was time for us to begin talking to staff and their industrial representatives about how to transition our disability services to the NGO sector.”

Shortly after 9 October 2013, Mr Holmes said the government introduced the National Disability Insurance Scheme (NSW Enabling) Bill 2013 that progressed into the Upper House of the State Parliament on 23 October 2013. On 29 October 2013, a meeting was held with the Minister, the Association, relevant unions and Unions NSW where it soon became evident that despite the lack of consultation with unions, the Bill was going to be advanced through parliament that night. Following considerable debate and several attempts by the Greens and the ALP to amend the legislation, the Bill was passed. Mr Holmes said this Bill gave the Minister very wide powers to transfer staff to the NGO sector and while many people believe that the non-government sector meant not-for-profit, nothing in the language of the legislation excludes for-profit providers from delivering services to the NDIS and the disabled.

Delegates would be aware that the Association has approximately 1400 members in disability services, nurses who provide specialist services to the most dependent, disabled people residing in government-run large residential services and in community-based services in this state. Many of the disabled residents in the large residential services have very complex care needs: they not only suffer a disability of their mental capacities, they also suffer psychiatric mental health issues and complex medical issues. It was a highly specialised area of need and the Association’s grave concern was that, from its experience with NGOs that manage facilities such as aged care, NGOs do not have a history of continuing to employ high levels of registered, licensed staff. The question for members in disability was whether they will still be able to deliver the standards of care that the disabled clients need, and whether they will have any choice about their future careers. The legislation makes it clear there is no intention to divert those staff members into other public service positions or to provide conditions such as redundancies. The legislation is written to allow the government to simply transfer the services of the disability members without their consent to an NGO, for the government to set up mini-corporations to effect that transfer and to avoid some of the limitations normally applicable when privatising a public service.

Despite emails of reassurance from the Director-General that all will be well, the Association’s disability members have a different view: no one likes to be coerced or directed to make significant changes in their working lives. While the timeline is 2018 for many members, that deadline will arise earlier as progress was made by NGOs who believe they can take over this part of the disability service delivery. Mr Holmes added that the Home and Community Care (HACC) service, run and funded by the FACS sector and included some community nursing services that are funded by the HACC program, will also move to the NGO sector. In addition, there will no doubt be implications for community health services where those positions are funded through HACC programs.

The Association will be campaigning on the importance of the delivery of care by qualified licensed workers so that those vulnerable people with disabilities receive guaranteed, appropriate levels of care, as well as campaigning to have those services continue in the public sector. The NSWNMA was facing a very difficult battle with both
levels of government having signed off on the proposition that the NSW Government would relinquish disability services to the NGOs with the intention of handing over the entire service, including staff.

Mr Holmes said the Association’s campaign against the privatisation of disability and community health services will commence in early 2014. This was no easy campaign to win against a government very willing and able to push through their legislation, a further example of privatisation by stealth.

**MEDICARE LOCALS**

In addition to various messages on Medicare Locals emanating from the new Commonwealth Government, Mr Holmes said the Association was seeing trials occur where community nurses were being based within some Medicare Locals. Some LHDs were also handing their services over to the Medicare Locals and either making their staff redundant or requiring their staff to work for the Medicare Local. In Queensland, public health was jettisoning large numbers of community health services to the fledgling Medicare Locals.

**MENTAL HEALTH COMMISSION OF NSW**

The Association had met with the NSW Mental Health Commissioner who was charged with ensuring that mental health services were properly delivered to the people of NSW. From discussions, Mr Holmes believed the agenda was a return to the former concept of the 1983 Richmond Report, essentially the movement of mental health services into community services, particularly the preferred model of NGOs. There was some recognition that it was necessary to retain acute care in public services however there is a belief that with sufficient community services in the NGO sector, governments will be able to fund that service out of the decreasing need for acute inpatient services in the public health system. Many had seen the impact of the Richmond approach and policies that attempted to discharge patients from specialist institutions into the community; unfortunately, many of the patients from that era wound up in sub-standard hostels, on the street or in the prison system. Mr Holmes believed the Association should approach the Mental Health Commission’s direction with a great deal of concern and vigilance. The Minister for Mental Health had already dispensed $1.2 million to NGOs for a pilot program to operate a combination of mental health, physical health and community services to prove that NGOs can coordinate all of those services under the one banner and deliver a better level of service for mental health services than currently. While mental health services in the public health sector could benefit from considerable assistance, Mr Holmes said some NGOs did not enjoy a good reputation in caring for vulnerable people.

**PRIVATISATION OF PUBLIC HOSPITAL SERVICES ON SYDNEY’S NORTHERN BEACHES – MANLY AND MONA VALE HOSPITALS**

The new Northern Beaches Hospital will be built, owned and operated by a private provider, and the public health services of the Manly and Mona Vale Hospitals will be handed over to that private operator. The contenders are Ramsay Health Care, Healthscope and Sydney Adventist, a not-for profit organisation that also operates another major private hospital on the North Shore. Delegates will recall the Minister’s speech at Annual Conference when she stated “…we would require the new operator to offer employment to the existing staff on their current positions without interview for a period of five years with all award and salary provisions intact.” However, in discussions with the LHD, the Association was informed that the LHD’s intention was
that the current employment conditions will remain frozen for only two years, or as required by the federal legislation. Currently, the legislation introduced by the former Labor Government required five years’ protection, however it was uncertain whether that legislation will survive the reviews and recommendations of the Productivity Commission or the Commonwealth Commission of Audit on making industrial relations more flexible for employers. Mr Holmes said the Association will campaign to inform the community about the impact on their services under this State Government.

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

The Association participated with Unions NSW and four other unions in a challenge to the electoral funding laws in NSW which, in essence, attempt to limit and constrain organisations such as the NSWNMA, Unions NSW and other unions, in engaging in broader political campaigning and comment. The case was now being considered by six justices of the High Court. It was not possible, according to the lawyers, to challenge the cap on the ability to expend more than $1.2 million on a political campaign in the six months prior to a state election. More importantly, the unions were also caught by not being able to contribute to another third party campaigner, such as Unions NSW, to join together with other unions in campaigning on political issues. In the context of how the union movement ran the *Your Rights at Work* campaign, the NSW electoral funding laws completely exclude the capacity of unions to run a similar campaign at a state level. The intention of the legislation was to diminish the power of unions to act collectively; it also affected every other community organisation that might join together financially to run a campaign. While the High Court decision was awaited, another High Court challenge was being mounted by unions in Queensland against the much more draconian laws implemented in that state. The Newman Government has attacked the fundamental rights of unions to campaign with legislation that requires unions to conduct a full ballot of their entire membership if they wish to spend more than $10,000 on a very broadly defined political campaign.

**PHS CAMPAIGN**

Members have received a wage increase of 2.27% following the government’s decision to deduct the 0.25% superannuation component from the 2.5% wage increase. When the IRC disagreed with the government’s decision, the government moved a regulation in parliament to override the IRC. That regulation was disallowed by a vote in the Legislative Council with the assistance of the Shooters and Fishers Party, the Greens and the ALP. The government subsequently returned to the IRC seeking the right for a case to be heard by the Full Bench of the IRC, arguing that NSW cannot afford to pay the additional 0.25% superannuation to public sector workers and that workers must pay for any superannuation increase; the outcome of the case was awaited. Mr Holmes added that the government has reconstituted the IRC of NSW leaving only one judge; any additional judges required are to be seconded from the Supreme Court.

**AHPRA AND NURSING AND MIDWIFERY BOARD OF AUSTRALIA**

Following the announcement of the possibility of a re-entry program for midwives and the necessary participation of a university, it appears that because of a lack of demand, the re-entry program will not eventuate. Mr Holmes said the Association had attempted to challenge the issue of re-entry to practice; however, the cases will now not run because of health issues for the nurses and midwives involved.
NMBA POSITION STATEMENT ON CONCURRENT RN/EN REGISTRATION

The NMBA has determined that nurses cannot hold concurrent RN/EN registrations and dual licences will end in May 2014. Mr Holmes said this was a serious employment limitation particularly in areas where jobs were in short supply. For example, if an EN had upgraded their qualification to RN but there were no positions for RNs, they have to relinquish their registration as an RN in order to retain their work as an EN and then face re-entry to practice difficulties should they wish to practice as an RN. This was another area of short-sightedness on behalf of the professions and it was one that Mr Holmes hoped to be able to challenge when a suitable candidate was identified.

COMMUNITY-BASED PALLIATIVE CARE SERVICES

The government has funded NGOs HammondCare and Silver Chain to provide palliative care services, claiming this was a $35 million addition to palliative care services and did not mean a reduction in services currently provided in the public health system. Mr Holmes said it was a trend with all of the conservative governments across the nation to hand over these types of services to the non-government sector.

SERVICE CHECK REGISTER FOR NSW HEALTH

A new policy document had been released that included some improvements from discussions with the Association although Mr Holmes advised delegates to be well aware of the policy when assisting a member who may be facing disciplinary action. It was an important document that has the capacity to lock people out of employment in the public health system if they are placed on this register as a result of disciplinary action or an unfinished investigation. Some small progress had been made with the potential for review where previously a review had been almost impossible.

BLUE MOUNTAINS BUSHFIRES

Mr Holmes reported that sadly a number of members had lost or sustained serious damage to their homes in the Blue Mountains bushfires. The NSWNMA has made a donation of $10,000 to the Red Cross bushfire appeal and Mr Holmes acknowledged the Association staff who also contributed $2,500 from fundraising. The Association has also offered fee relief assistance to any members affected by the bushfires.

METRO TARGETS CAMPAIGN

As part of the ongoing ratios campaign, Mr Holmes said the Association undertook a Metro Targets campaign, that commenced coincidentally in the week prior to the Miranda by-election, in the targeted metropolitan areas surrounding Sutherland, Campbelltown and Ryde Hospitals. Mr Holmes congratulated those branches that participated in the campaign, added many thousands of signatures to the petition and engaged in conversations with the community about the Association’s ongoing campaign for improvements to nurse to patient ratios.

Mr Holmes acknowledged that many members gave up their day’s wages for the ratios campaign strike action on 24 July 2013 and thanked the Association staff who also made a contribution, many of whom also gave a day’s wages. As a result, the Association raised for charity $10,544 in solidarity with members who took strike action that benefited APHEDA, the Lions Nurses’ Scholarship and Youth off the Streets.
JUSTICE AND FORENSIC MENTAL HEALTH NETWORK

While paid meal breaks have been a long-held tradition, Justice Health has now advised that they intend to remove this allowance from nurses in Justice Health facilities. These are unique and difficult facilities to enter and exit necessitating security checks and walking long distances from the prison hospital to the exit gates to take a meal break outside the workplace. Mr Holmes expected Justice Health branches to make their views on the removal of this allowance known to management.

Questions were invited to the report:

Ms Angela Pridham, Illawarra Shoalhaven Mental Health Nurses branch, referred to AHPRA re-entry to practice policy for midwives, and expressed concern that the NSW Chief Nurse may not be aware of the large number of midwives who will have to relinquish their midwifery registration. Many of these midwives work in Child and Family and use their midwifery qualification but are not deemed to have recency of practice in order to retain their registration.

Mr Holmes said NaMO was principally interested in assisting midwives who want to return to practice through the supervised practice pathway. Mr Holmes urged those midwives who were prepared to commit to at least two years of service that they contact NaMO and indicate their desire to return to midwifery practice. Midwives who were seen to be not practising in midwifery but have been working as RNs were in a much more difficult position in being able to retain their registration. The position of the NMBA was very clear that such midwives should not keep their registration; in addition, a part of the midwifery profession accords with that position if midwives were not capable of stepping back immediately into the role. Mr Holmes agreed that thousands of currently-registered midwives will make a decision to remove themselves from that roll, but once removed there was no way back and that was the short-sighted approach being taken by the profession. Anyone who was part of the health system can contact NaMO to make enquiries about the options available, and the more calls and emails they received, the more they will understand the level of angst and the consequences.

Mr Richard Rogers, Hastings Area Community Nurses branch, referred to the privatisation of public health facilities and said he experienced privatisation of Port Macquarie Hospital under the Greiner/Fahey Government in 1992. Mr Rogers said it was important not to take privatisation lightly and while Mona Vale Hospital was under siege at present it will not be long before the rest of the hospitals are also privatised. Under the privatised system, Mr Rogers said the patients were treated entirely differently; even the CEO of the Port Macquarie Hospital said during the induction for nurses that the most important people in the hospital were the doctors, not patients. Where government gives full control to the private sector, patients will receive much poorer service. Importantly, public health must be retained in public hands.

Ms Lilian Booth, Orange Community Health Nurses branch, said she was a HACC-funded nurse and this meeting was the first time she had heard about privatisation. As Ms Booth was about five years from retirement, she wondered what would happen to people like her who currently worked under the umbrella of her LHD in conjunction with a service providing community and acute and post-acute care, the only service in the state that managed both. Mr Holmes said the Association had no further information to date although the government had been in discussions with United Voice who had the general provision of home and community services.
Ms Annette Alldrick, Shoalhaven District Hospital branch, said some ENs in her hospital had undertaken the Bachelor of Nursing, a course that finished in the middle of the year, and they were unable to enter a new graduate nurse program until 2014. In the meantime, the new graduates were not allowed to work as RNs. If the ENs reach a point where they will not be able to hold both registrations, Ms Alldrick asked whether they should delay registering as RNs until they can work as RNs: if they have to wait six months to work as RNs, whether they were able to register as RNs six months after completing their training course. Mr Holmes said everyone who undertakes an education program, such as the Bachelor of Nursing, has some aspiration to work as an RN but they have to be careful to ensure there is a position available for them before they give up one or other of their licenses. These ENs are an example of a potential case to determine if the Association can challenge this policy decision by AHPRA and the NMBA. Mr Holmes acknowledged that the other branches of the ANMF did not share the views of the Association and the NSWNMA will be alone in its challenge to this policy. Mr Holmes said the issue was really the fundamental rights of people to be able to improve themselves and utilise those skills.

Mr David Hughes, Byron Shire Community Nurses branch, referred to the Medicare Locals. His understanding was that the LHDs had no funding, no information, no guidelines, no relationship with the Medicare Locals and yet they would be handing over staff to work with the Medicare Locals when the doctors have refused to pay more than RN8 wages and want CNSs and CNGs. Mr Hughes said his LHD Board passed a resolution that a pilot would commence on 1 October 2013 of handing staff over to the Medicare Locals, yet the Chief of Staff denied that the document existed. There is considerable angst among community nurses at present knowing that the LHD is attempting to dispense with community nursing, and has been for some time. A large part of community nurses’ role is palliative care and the government funding private palliative care services erodes the work base of community nursing. By ridding the LHD of community, CNSs and CNCs, and HACC-funded nurses, Mr Hughes said it was obvious that the prospects were poor for community nurses.

Ms Shauna Boyle, Mullumbimby District Hospital branch, sought clarification that a new graduate was permitted to work as an AiN because they needed a job, even though they were now registered. Mr Holmes said that if the employer says the job available is an AiN position, the graduate can work as an AiN. Some people argue that the employee cannot possibly work within their scope because they were now too qualified. If the position should be paid at RN because of the classification, there was an argument; however, if the position was an AiN position and the graduate wants to work as an AiN, it was self-defeating to suggest that they should not work in the position and be unemployed.

Ms Bonnie-Jo Tavian, Broken Hill Base Hospital branch, referred to the EN/RN issue and said she has moved from AiN to EN to RN. On all occasions, even when working as an EN, Ms Tavian had been told that until her registration was confirmed and her new graduate program started, if anything happened and it became a Coroner’s issue, Ms Tavian would be asked why she did not act as a responsible RN because she had the knowledge and skills to be an RN even though her position was an EN. Mr Holmes said that was always a legal argument to bluff people but the reality was that Ms Tavian will have acted in an emergency situation in accordance with her best knowledge. Mr Holmes reiterated that as both EN and RN registrations cannot be held concurrently from May 2014, nurses will have to make a decision as to their best employment prospects, whether as an EN or RN.
Ms Dianne Lohman, Kempsey District Hospital branch, referred to RNs awaiting the commencement of their new graduate programs and working as an AiN. If the AiNs were working casually, which mostly occurred in the public sector, the casual position they were taking was an RN position and they should be paid as an RN. Mr Holmes said that to argue for payment as an RN, it was important to establish that it was in fact a registered position in which the AiN was working.

D61/2013 MOVED T Dungey SECONDED E Makepeace
That the Report be received.

CARRIED

8. Resolutions:

8.1 Blue Mountains Mental Health branch (Annual Conference GB.6)

Background information provided by the branch

The important historical buildings of the Parramatta Female Factory Prison should immediately be nominated for Convict World Heritage listing and steps taken to protect this important historical site from further dereliction. This site is part of the critical beginnings of convict women's history in Australia and represents an irreplaceable heritage and should not become the whim of the highest bidder. Adequate funding and restoration of the site should be the NSW State Government's priority. This proposed ‘sell off’ illustrates the neo-liberal agenda of privatisation of public spaces including the dismantling of public services enforced by authoritarian policies. We therefore ask the NSWNMA to lobby the O'Farrell Government on behalf of the Parramatta Female Precinct Association.

D62/2013 MOVED P Lammiman SECONDED P Buckney
This Committee of Delegates requests that the NSWNMA demands that the O'Farrell State Government cease its planned sell-off of the Parramatta Female Factory Prison site.

Mr Lammiman said the Parramatta Female Factory was established in 1821; the Parramatta Mental Health Asylum was established in 1847; the Roman Catholic Orphanage was based on the site and the Parramatta Girls’ Home was a children’s welfare institution until the 1980s. It was important to remember that Cumberland Hospital was also on this site as well as the Norma Parker Detention Centre for Women. The members believed that the historical significance of the site was very important and should be maintained.

CARRIED

8.2 Blue Mountains Mental Health: Blue Mountains Community Nurses and Springwood Hospital branches

MOVED P Lammiman SECONDED P Buckney
This Committee of Delegates calls upon our Union Executive to consider organising a raffle to raise financial support within the Association and their supporters for the residents of the Blue Mountains affected by the recent bush fires. We are aware that a growing number of local residents, including nurses and midwives, have lost their homes.

WITHDRAWN
8.3 **Royal North Shore Hospital branch**

D63/2013

**MOVED** E Makepeace  
**SECONDED** C McCloughan

That this Committee of Delegates (CoD) asks the NSWNMA to hold a young members forum within the next six months, possibly coinciding with a CoD meeting.

The aim is to engage the next generation of members and discuss what issues are key to this generation and to identify how the NSWNMA can best communicate, campaign and engage younger members. It would also be an opportunity to educate members about their rights at work and the role of NSWNMA.

Mr Makepeace believed it was essential to capture and activate some of the younger members, to determine the best means of communicating with them and the issues that affect them. To this end, Mr Makepeace suggested that a forum could be held prior to a CoD meeting, similar to the aged care and rural forums, that was open to all members. With the way that unions were being framed in the media and the government’s attitude, some of the younger members did not always understand the work of the union and were distracted by the negativity. The forum would offer an opportunity to explain what the Association does, how it worked and how the younger members can become involved.

Mr David Pfanner, John Hunter Hospital branch, said he started nursing many years ago as an innocent 22-year old and was shocked at the treatment of nursing employees. As a result, Mr Pfanner began fighting for nurses at that time and has continued that fight with recent involvement in the IRC hearings related to John Hunter Hospital. Mr Pfanner urged delegates to help involve young members in their branches and to support the motion.

Mr Gil Wilson, Lismore Base Hospital branch, spoke in support of the motion and sought clarification that the motion would apply to delegates or all young nurses, and whether resources would be available for young rural nurses to become involved.

Ms Levett suggested that if the motion was endorsed, the first step would be to establish a small working party of interested members to determine the parameters of the forum.

Ms O’Bray Smith, Royal Prince Alfred Hospital branch spoke in support of the motion.

Mr Holmes thanked Mr Makepeace and the North Shore Hospital branch members for raising this worthy suggestion; it was important to ensure the Association engaged young people and that the messaging and the agenda was appropriate for such a forum. Engaging younger people was an issue across the entire union movement and will be the challenge of union survival in the future.

Mr Makepeace, in his right of reply, said the intention of the motion was to open up the forum to members, not only delegates, to encourage the involvement of new people.  

*CARRIED*
8.4 **Royal North Shore Hospital branch**

D64/2013 MOVED E Makepeace               SECONDED L Latham

That this Committee of Delegates request that the Log of Claims Committee consider including nurse to patient ratios for 23-hour surgical wards, day only surgery wards and Short Stay Surgical Units in the 2015 Award claim.

Mr Makepeace said the 23-hour surgical wards, day only surgery wards and SSUs were not included in ratios or NHPPD, an acute area with many post-op patients and admissions that had a right to be considered for ratios in the 2015 log of claims. The pre-op area had 17 beds with three nurses, a ratio of approximately one to eight; the post-op day only procedure area has 15 beds with two nurses, a ratio of one to 12 acute post-op patients and the area of the greatest number of workload issues; the overnight area with 23 beds had a ratio of about one nurse to 5.75 patients during the day and approximately one to eight at night. Mr Makepeace said that some patients stay in the 23-hour ward for up to three days and some up to six days because of bed block. These surgical patients need an official admission and a lengthy hospital stay and because there were no beds in the surgical ward, they were on the 23-hour ward and not receiving the same nursing hours.

Ms Mandy Short, Coffs Harbour Hospital branch in speaking for the motion, said in her hospital's 48-bed ward, eight of the beds had become a trial 23-hour unit. The LHD has decided that the 23-hour unit was 4.96 NHPPD and she questioned how the LHD arrived at this figure when it was not an NHPPD ward.

Mr Jason Mullavey, Nepean Hospital Penrith branch, said his hospital also had a similar 42/43-bed unit made up of day-only beds and the staff were advised that the day-only beds came under the ACORN Standards.

Mr Holmes said the Association had not been able to reach agreement with the MoH to include any of the recommendations on pre-op and short stay wards that might have originated from ACORN.

Ms Debra Smith, Auburn District Hospital branch, said that ACORN did not include pre-assessment units, day surgery units, high volume short-stay surgical units, any similar units, and now the new title, 28-hour surgical units. Another issue to consider was the “churn” factor; in her day surgery unit, Ms Smith said the patients can be turned over three times in a day.

Mr Holmes said he supported the inclusion of this request in the next log of claims. In doing so, considerable research and inclusion of all of the variances identified by members and delegates will be required, and the Association will be requesting delegates to assist the NSWNMA in this research. Developing the claim was a lengthy process to establish what was available, what has been instituted elsewhere, and whether there was any evidence that can be used. It was appropriate to have time to develop the claim, an area that has been identified on a number of occasions for its lack of information and standardisation.

CARRIED
8.5 **Mona Vale Hospital branch**

**D65/2013** MOVED R Brown SECONDED G Wilson
That this Committee of Delegates requests that NSWNMA lobby the Ministry of Health (MoH) to allow nursing and midwifery staff to wear shorts. Shorts are available from Total Apparel Management (MoH uniforms) for all staff other than nursing/midwifery.

Ms Brown said that the Mona Vale Hospital wards had no air conditioning and sought support for the motion.

Mr Wilson said the staff at his hospital had also requested the DoN to pursue the request for staff to wear shorts.

Mr Jason Mullavey, Nepean Hospital Penrith branch, said this issue had also been raised at his hospital and the staff were informed that the Ministry had said that wearing shorts was a decision or policy of local management. **CARRIED**

9. **General Business:**

9.1 **NSWNMA office closure – Christmas and New Year**

Ms Levett advised delegates that the offices of the Association will be closed over the Christmas and New Year period, on the non-public holidays of Friday, 27 December, Monday, 30 December and Tuesday, 31 December 2013. During this time, Association Officers will be on call for urgent enquiries and information regarding the on-call arrangements will be available via a recorded message on the Association’s switchboard number. The office will re-open on Thursday, 2 January 2014.

9.2 **NSWNMA Biennial Branch Elections**

Ms Levett advised that the number of a branch’s financial members at 31 December 2013 determines the number of delegates and alternate delegates each branch may elect for the biennial branch elections. The election notice for delegates and alternate delegates to Committee of Delegates and Annual Conference has been published in the November 2013 issue of *the Lamp*. All branches must hold their Biennial General Meeting (BGM) in the months of January, February or March 2014. With the exception of the positions of delegate and alternate delegate, all branch positions are filled at the BGM. Branch election kits will be posted in January 2014 to all branch secretaries and will also be available on the branch officials’ page of the NSWNMA website.

As in 2012, the Association will also ask branches to nominate a branch official to be considered as a representative on the Public Health Sector Local Health District JCC.
9.3 **Stockton Hospital branch**

D66/2013

**MOVED M Grant**  
**SECONDED T Rae**

This Committee of Delegates meeting condemns the total privatisation and outsourcing of services and responsibility by the NSW Government for the delivery of disability care. This Committee of Delegates recognises and supports the intent of the National Disability Insurance Scheme, however we fundamentally disagree that this initiative could only be delivered through a privatised model of care.

This Committee of Delegates endorses a campaign by the NSWNMA in conjunction with other relevant unions to ensure that people with disability and high care needs continue to receive services provided by appropriately qualified nursing and other staff via a public service that is fully accountable to the people of NSW.

Mr Grant said the government’s decision to privatise disability services gave staff members no choice about their careers, no choice in redundancy, and no retraining to move into other public systems. The government will guarantee existing wages and conditions for one or two years, after which staff will revert to the award used by the private employer. All AiNs, ENs and RNs in disability services would look forward to a lack of permanency, a lack of security, they could become contract workers, and they will earn much less than they are earning now.

Ms Jeanette Pascoe-Davis, Riverside Centre branch, spoke in support of the motion and said that Riverside was another ADHC facility currently under devolution. It was a shock to the staff to be told that by 2018 the State Government would withdraw funding from all disability services in favour of NGOs. Ms Pascoe-Davis said her branch members were also anxious about the issues raised by Mr Grant: their job security and no choice of service into which they will be moved. The private sector does not work under the same rules, regulations and policies of the government sector and the disability nurses were very concerned about maintaining their professionalism. The members were also very apprehensive about the services that the clients will receive because the service has to grow exponentially – to grow a sector rapidly and employ thousands more staff to support the services will reduce the quality of that staff because NGOs do not have the capacity to train the staff to the level required in that short amount of time. Ms Pascoe-Davis believed the government would not be able to provide sufficient funding to maintain the quality of services that the clients need and currently receive.

Mr Robert Dobson, Kanangra Centre branch, spoke in support of the motion and said that many of his clients have behavioural as well as mental health problems. Mr Dobson believed the NGOs cannot give the same service that disability nurses have been giving over the years: some clients had been in the residential facilities for 30, 40, 50 years and moving them out will be very detrimental to their health and wellbeing. Mr Dobson urged support for ADHC workers in this fight.

Mr Richard Noort, Justice Health Court Liaison branch, spoke in support of the motion and expressed his concern that this was just the beginning: next it will be mental health, then it will be specialty areas. The government has given a
timeframe to transition ADHC; that timeframe also happens to coincide with a state election and Mr Noort said that members need to be angry, and need to let the government know that the community will not allow privatisation of the public system.

Mr Grant, in his right of reply, said the clients being cared for by ADHC have a specialised service for their many and varied needs. With nurses disappearing, Mr Grant questioned how these clients will be cared for appropriately in the future.

CARRIED UNANIMOUSLY

9.4 Manly District Hospital branch

D67/2013 MOVED F Deegan SECONDED R Brown
This Committee of Delegates of the NSWNMA deplores the proposed treatment of staff at Manly and Mona Vale Hospitals. We utterly reject the assumption by the LHD and the Minister that the private sector can replace public sector health care on the Northern Beaches. It is simply an abrogation of the Minister's responsibility to the public, driven by ideology rather than patient need.

Of particular note, the Committee of Delegates condemns the LHD/NSW Government proposal to ‘hardwire' woefully inadequate temporary two year transition arrangements into the contractual arrangements with the new private provider. We reject the LHD and Ministerial attempts to label these as protections: they are an insult and are less than the current legislative minimum.

This Committee of Delegates commits to engage in a community and industrial campaign to resist this Government’s agenda to privatise the public health system and its brutish and duplicitous attempts to force Northern Beaches nurses on to lesser wages and conditions two years after the transfer.

Ms Deegan said this motion referred to the privatisation of the Northern Beaches Public Hospitals and the appalling proposed transfer arrangements for the nurses and midwives. Despite the Minister's promise of staff conditions to remain for five years, it now appears that term will be a maximum of two years.

Mr Gil Wilson, Lismore Base Hospital branch, in speaking for the motion, said that the Prime Minister was the Federal Member of Warringah which takes in Manly. Mr Wilson suggested that the Prime Minister should be asked whether he had been asked for a formal response to the Northern Beaches privately-run public hospital and whether he was in support of privatisation of the health system.

CARRIED UNANIMOUSLY
9.5  *Mona Vale Hospital branch*

**MOVED R Brown**  **SECONDED F Deegan**

This Committee of Delegates of the NSWNMA deplores the proposed treatment of staff at Manly and Mona Vale Hospitals. We utterly reject the assumption by the LHD and the Minister that the private sector can replace public sector health care on the Northern Beaches. It is simply an abrogation of the Minister’s responsibility to the public, driven by ideology rather than patient need.

Of particular note, this Committee of Delegates condemns the LHD/North Sydney Clinical District proposal to ‘hardwire’ woefully inadequate temporary two year transition arrangements into the contractual arrangements with the new private provider. We reject the LHD and Ministerial attempts to label these as protections: they are an insult and are less than the current legislative minimum.

Additionally, this Committee of Delegates rejects the privatisation of public health facilities. Residents of the Northern Beaches and taxpayers should have the same access to public health facilities as all residents and taxpayers of New South Wales.

This Committee of Delegates commits to engage in a community and industrial campaign to resist this Government’s agenda to privatise the public health system and its brutish and duplicitous attempts to force Northern Beaches nurses onto lesser wages and conditions two years after the transfer.

Ms Brown said, in effect, the government was removing the right of people who voted in the government to public health on the Northern Beaches, a decision soundly rejected by nurses.

**CARRIED UNANIMOUSLY**

9.6  **PHS Log of Claims Committee (LoCC)**

As delegates were aware, Mr Holmes said the result of this year’s PHS campaign was that the government ignored the majority of the Association’s claim and proceeded to submit to the Commission a 2.27% pay increase. For the 2014 PHS claim, the LoCC recommends:

- a continuation of the ratios claim in full endorsed by branches in March 2013;
- a pay claim for 2.5% p.a. for July 2014, and
- an additional claim to reduce the minimum consecutive shifts that can be worked from seven to six.

In addition, Mr Holmes said that as the Association’s claim will run into the year prior to the state election, many other public sector unions will also be bargaining. Currently there was no cross-union agreement on how to approach public sector bargaining in 2014, however the LoCC recognised that some flexibility will be required on how collective public sector unions might campaign, or whether to maintain individual bargaining positions. As in 2013, the Association’s major focus in any of its campaigns will of course be on improving and extending nurse to patient ratios. The NSWNMA message of
wanting to deliver safer patient care was continuing to be as relevant as it has always been and the LoCC will be making those recommendations for branches to endorse in early 2014.

There being no further business the meeting concluded at 8.44pm.

Date of Next Meeting:
Tuesday 21 January 2014 at 7.15pm
at NSWNMA, 50 O’Dea Avenue, Waterloo