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.

1. **PRESENT**

See attached list.

**CHAIR**

Ms Coral Levett

2. **APOLOGIES**

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<tr>
<th>A Ausburn</th>
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<th>D Beeks</th>
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D17/2015  MOVED  C Cullen  SECONDED  T Gleeson
That the Apologies be received.  CARRIED

3.  MINUTES
D18/2015  MOVED  L Latham  SECONDED  E Makepeace
That the Minutes of the Committee of Delegates Meeting of Tuesday 17 March 2015 be taken as read and received.  CARRIED

4.  BUSINESS ARISING FROM THE MINUTES
4.1  Committee of Delegate - Resolutions
Council at its 14 April 2015 meeting endorsed resolutions D14/2015, D15/2015 and D16/2015 from the Committee of Delegates meeting held on 17 March 2015.

Resolution D15/2015 - Well Women’s Health Program (SESLHD)
In accordance with the resolution, Mr Holmes reported that the NSWNMA wrote to both the Ministry and the LHD and, along with the Ministry, participated in a further review of the Well Women’s Health Program. As a result, the Association concluded that an ongoing role for nurses existed in the program; however, the CNC roles had been reduced over the years and, on a regrade, would not be considered CNC level. Mr Holmes said CNC2 positions would remain, and the occupants of the CNC roles in the Well Women’s Health Program are considering their options.

Resolution D16/2015 – Unsafe Workload Objection Form (HNELHD)
Following the request for the Association’s assistance in the development of the Unsafe Workload Objection form, Mr Holmes advised that the form was now available to delegates and members. The form was a means for nurses and midwives to raise their concerns and provide written feedback to management about directives on the allocation of work and breaches of Clause 53 of the public health system award. Mr Holmes said the Association was developing the form for downloading from the members’ section of the website.

D19/2015  MOVED  M Cashman  SECONDED  E Romney
That the Minutes of the Committee of Delegates Meeting of Tuesday 17 March 2015 be adopted.  CARRIED

5.  SUSPENSION OF STANDING ORDERS
D20/2015  MOVED  S White  SECONDED  G Wilson
That Standing Orders be suspended:

5.1  NSWNMA Council
For the election of a Returning Officer who will call for nominations to:
> fill a vacant position on the NSWNMA Council, and
if required, to conduct a ballot and call for the nomination of scrutineers.

5.2 Presentation by UTS: Fit for the Future? What 5,000 NSW Nurses and Midwives say about their health

To allow Professor Lin Perry and Professor Christine Duffield from the University of Technology Sydney to give a presentation to delegates on the study of the health of the nursing and midwifery workforce, jointly partnered by UTS and NSWNMA.

CARRIED

5.1 NSWNMA Council

Ms Levett reminded delegates that the vacant Councillor position was advised at the March 2015 CoD meeting following the resignation of Ms Di McKillop from the NSWNMA Council. In accordance with Association Rule 27(g), the casual vacancy can be filled with the appointment of a delegate ... by and from Committee of Delegates at a meeting of Committee of Delegates provided that notice of the intention to fill the vacancy was given at the preceding meeting. Delegates must be present at this meeting to nominate.

For the information of delegates, Ms Levett said the Association Council is made up of the elected officers – the General Secretary Brett Holmes and the Assistant General Secretary Judith Kiejda – along with 21 delegates elected from the Committee of Delegates. The Council is the Committee of Management of the Association and is responsible, in conjunction with the elected officers, for the management and oversight of the Association’s business. The newly-elected Councillor who has not nominated for the four-year term that closed in April 2015, will hold office until midnight on the day prior to the commencement of Annual Conference (Tuesday, 28 July 2015) and would be required to attend two Council meetings to be held on Tuesday, 16 June 2015 and Tuesday, 7 July 2015.

D21/2015 MOVED G Clark SECONDED P Hibbert
That Tony O’Grady be appointed the Returning Officer to conduct the election of a Councillor to the NSWNMA Council under Rule 27(g).

CARRIED

The Returning Officer called for nominations to the vacant Councillor position advising that if there is only one nomination, that nominee will be declared elected unopposed. If there is more than one nomination, a secret ballot will be conducted at this meeting.

As only one nomination was received from Delegate Edward Makepeace of the Royal North Shore Hospital branch, Mr O’Grady declared Mr Makepeace elected unopposed.

5.2 Presentation by UTS: Fit for the Future? What 5,000 NSW Nurses and Midwives say about their health.
Ms Levett advised that 18 months ago a partnership bid from NSWNMA and UTS Health Researchers, Professor Lin Perry, Professor Christine Duffield and others, was successful in obtaining funding from the Australian Research Council for a study of the health of the nursing and midwifery workforce. More than 5,000 nurses and midwives responded to a web-based survey providing a response that is broadly representative of the NSW workforce. Ms Levett welcomed Professors Perry and Duffield to provide a report on the outcomes of the survey.

Professor Perry said that one year ago, when work commenced on this study and the researchers conducted a literature search, very little information was available on the health of the nursing and midwifery workforce. This study is not only important, but also ground-breaking because it is making a large contribution to a very important field.

**Representative Electronic Survey**

The first objective of the research was to construct the first representative electronic survey to determine the health of the workforce and prevalence of modifiable risk factors. Where possible, established questionnaires were used, such as the Australian Longitudinal Study on Women’s Health and Nurses and Midwives e-Cohort Study, along with questions from established tools where available and use of the experience with pilot work in two Sydney hospitals.

The survey asked questions about demographic characteristics, workforce characteristics and general health and well-being. Questions were also asked about health behaviours (such as routine health screening uptake), job satisfaction, intention to leave their job within six or twelve months, and quality of life.

**Responses**

Professor Perry said the researchers were overwhelmed by the large response rate of 5,446 that, after culling, resulted in a final sample of 5,041 respondents. Given approximately 88,319 registered RNs and ENs, 9,524 registered midwives in NSW and approximately 60,000 NSWNMA members, the researchers considered the response rate was representative of NSW as shown in the following table:

<table>
<thead>
<tr>
<th></th>
<th>Respondents</th>
<th>NSW Registrants</th>
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<tr>
<td>Mean age</td>
<td>48.0 yrs</td>
<td>44.6 yrs</td>
</tr>
<tr>
<td>Female</td>
<td>88.5%</td>
<td>89.8%</td>
</tr>
<tr>
<td>Hospital-based</td>
<td>59.6%</td>
<td>62.6%</td>
</tr>
<tr>
<td>Metro</td>
<td>65.7%</td>
<td>68.4%</td>
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Over 70% of the response rate came from RNs, RMAs, ENs and CNSs, with a sound response across the board – not only from the work settings but also from the different specialties.

More than half of the respondents were full-time workers, although many part-time workers also responded; the majority were shift
workers, and the survey respondents as a whole were very experienced with average years in work of 21.5.

Nursing and Nurses’ Health
It is known that nurses have a degree of advantage compared to the population as a whole because they are a working age group, employed, predominantly female, largely graduate, have a socio-economic advantage and a high health literacy. Nurses’ occupational risk factors include an ageing profile, shift work, stress – dysfunctional coping, manual/desk work and occupational exposures and physical injuries.

Health Record
Survey respondents report:
• Average number of sick days 5.5 +/- 12.7
• Average number ‘mental health’ days 1.7 +/- 7.2
• Hospital admission 16.8%
• At least one chronic disease 64.9%
  – mood disorders 26.1%
  – bone and joint 19.4%
  – cardiovascular 19.0%
  – respiratory 18.8%
  – diabetes 8.3%

Disease symptoms ‘sometimes or more often’ in the last 12 months, with the average total symptom count of 3.4 +/- 2.7 symptoms, is indicative of the symptom load with which respondents were working. Pain was experienced in the past four weeks often by 34.5%, sometimes by 39.3%, rarely by 17.8% and never by 8.3%.

Compared to the Australian Population
The survey results indicate broadly similar rates of mental health diagnoses, some chronic diseases although rates of asthma are markedly higher compared with the Australian population. Only 50.5% reported excellent or very good health compared with 55.1% of the Australian population.

Other Results
• 13.1% of respondents smoke, compared with the Australian average of 16.3%.
• 10.8% of respondents drink five plus days per week or 14.8% in the ‘risky drinking’ category, compared with the Australian average of 19.5%.
• 28% of respondents are considered overweight, 34.6% under / normal weight and 27% obese - similar to Australians generally.
• 88% of respondents had a waist circumference that placed them in the ‘at risk’ category (for cardio-vascular disease), considerably more than the Australian population at 66%.

Professor Perry said the researchers were very appreciative of the contribution by the respondents that provided rich data for the research project. The next step is the consultation stage where the researchers will review the policies and practices that can be
recommended to help support the health of the nursing and midwifery workforce.

6. **RESUMPTION OF STANDING ORDERS**

D22/2015 MOVED L Booth SECONDED A Alldrick
That Standing Orders be resumed.
CARRIED

7. **TABLED INFORMATION**

7.1 **NSWNMA Circulars** (available at www.nswnma.asn.au)

- 31/2015 Member Negotiation & Advocacy Training, To: All Branch Officials, Public Sector Branches and Health Care facilities, 24 March 2015.
- 32/2015 Member Negotiation & Advocacy Training, To: All Branch Officials, Private Hospitals and Aged Care facilities, 24 March 2015.
- 36/2015 NSWNMA Education Calendar 2015, To: Branch Secretaries, Directors of Nursing & Midwifery, Nurse Educators – Public, Private & Aged Care facilities, Armidale (150km radius), 23 March 2015.
- 37/2015 NSWNMA Education Calendar 2015, To: Branch Secretaries, Directors of Nursing & Midwifery, Nurse Educators – Public, Private & Aged Care facilities, Newcastle (150km radius), 23 March 2015.
- 38/2015 Alwyn nurses – still no improvement in wages offer, To: Alwyn Rehabilitation Hospital members, 23 March 2015.
- 39/2015 Fresenius Medical Care nurses – it’s time for a new agreement, To: Fresenius Medical Care members, 24 March 2015.
- 40/2015 Hirondelle nurses – wages offer clarified, To: Hirondelle Private Hospital members, 23 March 2015.
- 41/2015 NSWNMA Survey results: We’ve heard what’s important to you, To: Leading Aged Care Services members, March 2015.
2015 Award Claim, It’s time to vote, To: Public Health System members, April 2015.

Mater nurses & midwives – negotiations for your new agreement conclude, To: Mater Hospital members, 2 April 2015.


Voting kit for Union Representatives, To: LASA Aged Care members, April 2015.

2015 Enterprise Agreement: Improving your pay and conditions, To: LASA Aged Care members, April 2015.

Ramsay: nurses celebrate better pay & on call allowances, To: Ramsay Health Care members, 2 April 2015.

Odyssey House nurses – time to vote on new agreement, To: Odyssey House members, 13 April 2015.

Adventist nurses & midwives – discussion being for new agreement, To: Adventist Healthcare members, 15 April 2015.

Drug and Alcohol: what the draft claim includes, To: PHS D&A members, 30 April 2015.

High Volume Short Stay and Day Only Unit: what the draft claim includes, To: PHS members working in High Volume Short Stay and Day Only Units, 28 April 2015.

Maternity Services without Birthrate Plus®: what the draft claim means, To: PHS members working in maternity services without Birthrate Plus, 30 April 2015.

Stella Maris management makes wages offer, To: Stella Maris Aged Care members, 20 April 2015.

St Joseph’s management makes wages offer, To: St Joseph’s Village members, 20 April 2015.

Alwyn nurses – negotiations drawing to a close, To: Alwyn Rehabilitation members, 20 April 2015.

Hirondelle nurses – negotiations drawing to a close, To: Hirondelle Private Hospital members, 20 April 2015.

What the claim means for nurses in Medical/Surgical Wards, To: PHS members working in medical/surgical wards, 30 April 2015.

What the claim means for Community Health & Community Mental Health Nurses, To: PHS members working in Community Health, 30 April 2015.

What the claim means for Critical Care Nurses, To: PHS members working in Critical Care, 30 April 2015.

What the claim means for Paediatric Nurses, To: PHS members working in paediatrics, 30 April 2015.

What the claim means for Emergency Department Nurses, To: PHS members working in ED, 30 April 2015.

What the claim means for Inpatient Mental Health Nurses, To: PHS members working in Mental Health, 30 April 2015.

Neonatal Intensive Care Units: what the claim includes, To: PHS members working neonatal ICUs, 30 April 2015.


66/2015 Forster Private nurses – to vote on new wage offer, To: Forster Private Hospital members, 22 April 2015.

67/2015 IVF Australia nurses & midwives – it’s time to have your say, To: IVF Australia members, 22 April 2015.


69/2015 Hunter Valley Private nurses – time for a new agreement, To: Hunter Valley Private Hospital members, 29 April 2015.

7.2 NSW Ministry of Health – Circulars
(available at your workplace or www.health.nsw.gov.au)

7.3 Media Releases

7.3.1 NSWNMA (available at www.nswnma.asn.au)

7.3.1.1 Nurses and midwives save lives, we don’t tell lies! 18 March 2015.

7.3.1.2 Nurses call on Liberal-Nationals to consult before hitting “go” at Metford, 19 March 2015.

7.3.1.3 Nurses and midwives put community on notice over staffing issues at Tamworth, 20 March 2015.

7.3.1.4 Nurses seek improved ratios for Muswellbrook, 23 March 2015.

7.3.1.5 Nurses and midwives seek fair go for public health from Baird government, 30 March 2015.

7.3.1.6 Delay in contact release shows disdain for hardworking nurses and midwives, 7 April 2015.

7.3.1.7 Nurses continue to lead health professionalism, 28 April 2015.

7.3.1.8 Nurses and midwives honour May Day tradition, 1 May 2015.

7.3.1.9 Government put on notice over safe patient care, 5 May 2015.

7.3.1.10 CWA recognises need for nurse-to-patient ratios, 8 May 2015.

7.3.1.11 Time to celebrate our hardworking nurses, past and present, 12 May 2015.

7.3.1.12 Abbott diagnoses poor health outcomes for NSW, 13 May 2015.

7.3.1.13 Disgruntled patients steal nursing film limelight, 14 May 2015.

7.3.1.14 Bed closures possible at Lismore base Hospital, 15 May 2015.

7.3.2 Unions NSW (available at www.unionsnsw.org.au)

7.3.2.1 Baird Government ignores the needs of 57,000 injured workers yet again, 17 March 2015.
7.3.3 **NSW Minister for Health**  
(available at www.health.nsw.gov.au)  
7.3.3.1 Green light: $251 million for major redevelopment of Shellharbour Hospital, 20 March 2015.  
7.3.3.2 2015 Excellence in Nursing and Midwifery Awards, 30 April 2015.  
7.3.3.3 Take a bow: Minister thanks NSW midwives, 4 May 2015.  
7.3.3.4 Foundation laid for $30 million Mona Vale Community Health Centre, 11 May 2015.  
7.3.3.5 NSW emergency department patients rate their care positively, 14 May 2015.

7.3.4 **NSW Government / Departments / Opposition**  
7.3.4.1 NSW research Centre among the world’s best, Minister for Mental Health/Minister for Medical Research, 27 April 2015 (available at www.health.nsw.gov.au).  
7.3.4.2 Joining forces to enhance schizophrenia research, Minister for Mental Health/Minister for Medical Research, 6 May 2015 (available at www.health.nsw.gov.au).

7.3.5 **Other**  
7.3.5.1 Health groups unite to call on the government to release children from immigration detention, joint media release by 15 peak health groups, 18 March 2015 (available at www.racp.edu.au).  
7.3.5.2 Time to roll alcohol measures out state-wide, Premier, Last Drinks Coalition, 16 April 2015 (available at www.lastdrinks.org.au).  
7.3.5.3 Managing length of stay and unplanned readmission in NSW public hospitals, Audit Office New South Wales, 23 April 2015 (available at www.audit.nsw.gov.au).  
7.3.5.4 NSW hospitals provide high quality, efficient care, AMA NSW, 23 April 2015 (available at www.amansw.com.au).

7.3.6 **Australian Nursing and Midwifery Federation**  
(available at www.anmf.org.au)  
7.3.6.1 Abbott Government must restore health funding, 15 April 2015.  
7.3.6.2 ANMF Statement: University misconduct claims, 22 April 2015.  
7.3.6.3 Review must strengthen, not dismantle Medicare, 22 April 2015.  
7.3.6.4 Remembering the “Lemnos nurses” this ANZAC Day, 24 April 2015.  
7.3.6.5 ANMF welcome subsidised childcare for nurses, 28 April 2015.  
7.3.6.6 ANMF celebrates International Nurses Day 2015, 12 May 2015.  
7.3.6.7 Paid parental leave: more questions than answers, 12 May 2015.

7.3.7 **ACTU** (available at www.actu.asn.au)  
7.3.7.1 ACCI pulls the rug out from under 1.86 million workers, 19 March 2015.  
7.3.7.2 Expanded Comcare would disadvantage injured workers, 23 March 2015.
7.3.7.3 Statement from ACTU Secretary Dave Oliver and President Ged Kearney on the election of the new ACTU Assistant Secretary, 24 March 2015.

7.3.7.4 Tax debate must be about fairness not profits, 30 March 2015.

7.3.7.5 Unions urge PC Inquiry to give more rights at work to casuals and women, 1 April 2015.

7.3.7.6 Business misleading public about impact of minimum wage rises, 22 April 2015.

7.3.7.7 ALP super policy a step in the right direction, 22 April 2015.

7.3.7.8 Tax debate must be about fairness not profits, 30 March 2015.

7.3.7.9 Unions urge Abbott and Barnett Governments to stop the funding cuts and closures of Aboriginal communities, 1 May 2015.

7.3.7.10 Strike action highlights Budget failure, 11 May 2015.

7.3.7.11 Spectacular PPL backflip & cuts to family support payments compromise childcare package, 11 May 2015.

7.3.7.12 Budget fail – no jobs, no growth, no opportunity, 12 May 2015.

7.3.8 Federal Minister for Health / Federal Minister for Sport

7.3.8.1 Mental Health funding confirmed, 2 April 2015.

7.3.8.2 Abbott Government plans national approach on Mental Health, 16 April 2015.

7.3.8.3 Abbott Government to deliver a healthier Medicare, 22 April 2015.

7.3.8.4 Pharmaceutical submission guidelines to be reviewed, 25 April 2015.

7.3.8.5 New Primary Health Networks to deliver better local care, 11 April 2015.

7.3.8.6 $100 million to protect against national emergencies, 11 May 2015.

7.3.9 Federal Government / Opposition / Departments

7.3.9.1 Ley opens the door to attack on Medicare as chaos continues in Primary Health Network tenders, Shadow Minister for Health, 11 April 2015 (available at www.catherineking.com.au).

7.3.9.2 Abbott’s $50 billion in cuts slice away Australia’s health system, Senator Deborah O’Neill, Chair of the Senate Select Committee on Health, 15 April 2015 (available at www.aph.gov.au/~/media/Committees).


7.3.9.4 MBS Review must not be another excuse to cut health funding, Shadow Minister for Health, 22 April 2015 (available at www.catherineking.com.au).

7.3.9.5 Inaugural meeting of the National Ice Taskforce, joint media release by Minister for Justice and Assistant Minister for Health, 22 April 2015 (available at www.dpmc.gov.au/taskforces/national-ice-taskforce).

7.3.9.6 Abbott offers nothing to Aged Care workers, joint media release Shadow Minister for Ageing and Shadow Parliamentary Secretary for Aged Care, 6 May 2015 (available at www.shayneneumann.com.au).

7.3.9.7 Coalition Government launches advertising campaign to combat ice, Assistant Minister for Health, 10 May 2015 (available at www.health.gov.au).
7.3.9.8 Jobs for families, child care package delivers choice for families, Prime Minister, 10 May 2015 (available at www.pm.gov.au).

7.3.9.9 Growing jobs and small business package to help small businesses invest more, grow more, and employ more, Federal Treasurer, 12 May 2015 (available at http://jbh.ministers.treasury.gov.au/).

8. **CORRESPONDENCE**


Letter of response, advising the CE has called for additional information from the various sites before providing a detailed response, stating that at the SCC meeting on 16 March 2015, an agreement was made by the NSWNMA on a way forward and that liaison with workforce managers across the Networks would take place followed by a report back to the NSWNMA provided.


Letter of response, advising the NSWNMA would await the LHD’s further assessment, refuting any agreement was made at the meeting on 16 March about a ‘way forward’, noting that only additional information was requested. The letter points out that in any circumstance, staffing shortfalls need to be addressed in line with the PHS Award and Clause 53 – Staffing Arrangements.

8.2 To Secretary, Ministry of Health re Recognition of Service of Overseas Qualified Nurses, 19 March 2015.

Letter providing background and anecdotal information regarding the Ministry’s current approach to the recognition of service of overseas qualified nurses, seeking clarification around the Ministry’s actions, pointing out the NMBA approved bridging programs provide fitting orientation into the Australian health system.

8.3 a. To Deputy Secretary, Governance Workforce & Corporate, NSW Health re Well Women’s Program – South Eastern Sydney Local Health District, 26 March 2015.

Letter conveying the resolution from the March CoD regarding the deletion of the Women’s Health CNC community positions, in favour of generic positions, requesting the Ministry’s intervention in order expert clinical care can continue to be provided to marginalised women in this region.

b. From Deputy Secretary, Governance, Workforce and Corporate, NSW Ministry of Health re Well Women’s Program, 23 April 2015.

Letter of response to the March CoD resolution, noting the Association’s concern, saying the SESLHD proposal involves both deletion and creation of positions, with the intention of enhancing the service, rather than reducing the service to the most vulnerable.

8.4 From Federal Secretary, ANMF re Regulation of Assistants in Nursing, however titled, 31 March 2015.
Letter confirming the ANMF will continue to lobby the Australian Health Ministers Advisory Council and other appropriate bodies regarding the registration of AiNs.

8.5  

a. To Minister for Health re Re-election to Government, 11 April 2015.

b. To Minister for Mental Health, Minister for Medical Research, Assistant Minister for Health, Minister for Women, Minister for the Prevention of Domestic Violence and Sexual Assault re Re-election to Government, 11 April 2015.

Letter acknowledging the government’s re-election and the appointment of the Minister to their portfolio; and, requesting regular briefing meetings be established between the Minister and the NSWNMA so that a positive working relationship can be developed.

c. From Minister for Health re Congratulatory correspondence, 17 April 2015.

Letter of response stating the Minister is “…happy to meet with the Association to discuss significant issues pertaining to nursing and midwifery in our public hospitals as the need arises.”

8.6  

From Executive Director Clinical Operations (Custodial Health), Justice Health & Forensic Mental Health Network re Operational changes in Justice Health & Forensic Mental Health Network, 13 April 2015.

Letter advising the operational changes to occur over the coming months due to the increase in prisoner population, where additional beds will be placed in some correctional centres as well as the recommissioning of some closed correctional centres.

8.7  

From Director Workforce and Culture, Central Coast Local Health District re Identification of suspected bonded asbestos – Woy Woy Hospital, 10 April 2015.

Letter advising of the identification of suspected bonded asbestos on the grounds of Woy Woy Hospital, with information and a safety fact sheet provided to staff.

8.8  

a. From Adjunct Associate Professor Vicki Taylor, Northern Sydney Local Health District re Northern Beaches Health Service, 16 April 2015.

Letter advising the meeting date and time for a briefing and to commence engagement with management representatives regarding the Northern Beaches Health Service. The meeting is scheduled for Tuesday 12 May 2015 at 10.00am at Manly Hospital.

b. From Chief Executive, Northern Sydney Local Health District re Northern Beaches Hospital Contract Value, 8 May 2015.

Letter clarifying cost figures quoted in the media, stating costs quoted in a media release in 2014 related to the infrastructure cost for the hospital and road upgrades, with the figure quoted in April 2015 being the value of the contract with Healthscope over the next 20 years, adding that PPPs undertaken by NSW Health are required to be recognised in the State’s balance sheet and to meet standards for assessment.

8.9  

To Manager, Government Relations and Policy, ACSA re The Aged Care Workforce in Australia Position Paper, 30 April 2015.
Letter providing the Association’s comments and in principle support on this Position Paper regarding the development and implementation of an Aged Care Workforce Development Strategy, noting the Paper provides useful direction in terms of future workforce planning. However it was noted the under-representation of unions on advisory groups, advising the NSWNMA would be seeking future membership, and inclusion in both future planning and negotiations.

8.10 To NDIS Quality and Safeguards re NDIS Quality and Safeguarding Framework, 1 May 2015.

Letter providing the Association’s comments on the Framework, considering the ‘risk based’ market approach as problematic, expressing concern that personnel working for people with a disability should have the appropriate minimum qualifications, skills and experience.

8.11 a. To Secretary of Health, NSW Ministry of Health re Public Health System Nurses’ and Midwives’ (State) Award, 1 May 2015.

and

b. To Minister for Health re Public Health System Nurses’ and Midwives’ (State) Award, 5 May 2015.

Letter providing the Association’s proposals for the PHS Award due for commencement from 1 July 2015.

8.12 From Executive Director, Human Resources, Department of Family & Community Services re Nurses’ (Department of Family and Community Services – Ageing, Disability and Home Care) (State) Award 2011, 7 May 2015.

Letter providing the Department’s offer of a 2.5% per annum increase to existing salary and salary related allowances to apply from the first full pay period on or after 1 July 2015, in line with the Wages Policy Taskforce parameters. The Department requests a response by 29 May 2015, and upon receipt of acceptance of the offer, an application will be made to the NSW Industrial Relations Commission.

D23/2015 MOVED G Clark SECONDED O’B Smith
That the tabled information and correspondence be received.

CARRIED

9. GENERAL SECRETARY’S REPORT

NSWNMA ELECTION

Mr Holmes thanked delegates for their ongoing faith in the management of the NSWNMA in re-electing Mr Holmes and Ms Kiejda unopposed to the leadership for the next four years. Mr Holmes assured delegates that he and Ms Kiejda will continue to dedicate their lives to the work of the union, always aware that everything they do is subject to the consideration of the membership and its support of the leadership, as well as the democratic processes that are available to members and delegates to nominate for positions. Mr Holmes urged delegates to share in that democratic process and take the opportunity to select Councillors at the upcoming Council election. Ballots will be distributed on 22 May 2015 and Mr Holmes invited delegates to encourage all branch members to cast their votes in the election.

MAY DAY 2015
Delegates were presented with a video account of the May Day Rally held on 3 May 2015.

**INTERNATIONAL MIDWIVES’ DAY (IMD) AND INTERNATIONAL NURSES’ DAY (IND)**

Mr Holmes said the Association conducted two events to celebrate IMD and IND: a short story competition and a short film contest. The winning entry of the short story competition was a brilliant and moving midwife’s story by member Trish Lowe and is available on the Association website. The winner of the short film festival was member Samantha Clutsom with a film entitled *Hairbrush* that was screened for delegates.

**FEDERAL BUDGET**

Mr Holmes reported that despite an overall increase in public hospital funding of $16.4 billion to the states and territories, the Commonwealth Government has not reversed the cuts contained in last year’s budget and has also stripped $1.9 billion in this budget from a range of programs.

In a remarkable change of parental leave policy from Prime Minister Abbott who went to both the 2010 and 2013 elections promising new parents would be paid their full salary for six months capped at an annual income of $150,000, this generous PPL scheme has since been dumped. Instead, almost 80,000 new mothers will lose some or all of their parental leave payments, with parents now unable to claim both an employer-funded paid parental leave scheme and the taxpayer-funded 18-week minimum wage scheme. Mr Holmes said this is an appalling attack on women’s rights and workers’ rights. The union movement has fought over many years for paid parental leave in as many areas as possible and campaigned, along with the rest of the community, for a paid parental leave scheme that assisted those workers who cannot access paid parental leave through their workplace.

The budget includes proposals for improvements to child care that do not come into effect until 2017; changes will be made to some of the fringe benefits entitlements where the meal and entertainment allowances are capped at $5,000; the rationalisation and streamlining of health programs continues, along with de-funding of small organisations that were offering unique services. The Haymarket Foundation, an organisation that has for many decades provided support for the homeless and disadvantaged people in inner Sydney has been de-funded, a number of members will be made redundant and that service will disappear. Those who sought the unique health services from the foundation will now visit the emergency departments of Royal Prince Alfred and St Vincent’s Hospitals for assistance; these disadvantaged people were used to other benefits such as access to showers and food and other support that is not commonly available in a busy ED. While the Association is very mindful of attacks on the public health system, Mr Holmes said the NGO sector is also being hit hard. Many of them were cast aside because they have been placed in a bidding war against each other where the government is deciding who can write the best proposal rather than deliver the best service.

The government has continued its attack on Medicare with the freezing of indexation of Medicare, spending $34 million on Inquiries into the streamlining and creation of more efficient delivery of health services, cuts to the MBS and co-payments on the PBS. Mr Holmes said news reports indicate the government is discussing the prospect of convincing pharmacists to reduce the price of prescriptions by one dollar; the incentive to the pharmacist is to take over some of the roles of GPs and nurses, such as dressings and other minor activities, as another way of cost-shifting. The pharmacists will of course charge for those extra services.

**STATE ELECTION OUTCOME**

Mr Holmes reported that 15 seats changed party status at the 2015 election with Labor gaining 14 seats and The Greens gaining an additional seat in Ballina. The high swings to Labor were Goulburn 20.2%, Upper Hunter 20.8%, Charlestown 22.1%, and the three
greatest swings were in the North Coast electorates where coal seam gas was an important issue – Clarence 22.2%, Lismore 24.1% and Ballina 27.7%. The Goulburn and Upper Hunter results were achieved with the hard work of other unions along with Association members campaigning on health issues and ratios at their local hospitals. Mr Holmes said there is no doubt that where members are active and can work across the broader union movement, they have an impact on voting outcomes. There is much work to do if the actions of members and the Association can change governments and it will be important to continue to pressure MPs in those seats that saw a 20% shift.

Mr Holmes congratulated the Grafton Base Hospital branch members who held a rally outside the hospital in the lead up to the State election as a part of the ongoing ratios campaign for Peer Group C hospitals, and put pressure on their local National Party MP Chris Gulaptis. Congratulations were also extended to Muswellbrook District Hospital branch members who stepped up their campaign for ratios in the lead up to the election and donned their Association scrubs to man polling booths in their town on election day.

In addition, the Country Women’s Association (CWA) Grafton branch submitted a proposal to their annual conference in Tamworth in support of the nurse to patient ratios claim across the state. Mr Holmes said it will be necessary for the members and the Association to continue to work with community groups such as the CWA to maintain pressure on the politicians.

**PUBLIC HEALTH SYSTEM NURSES’ AND MIDWIVES’ (STATE) AWARD**

Mr Holmes reported that the Association officially lodged the 2015 Award claim on 1 May 2015; Councillors also undertook an activity outside Parliament House on the first day of Parliament as part of GNU action to send a message to the Minister. The offer has now been received in which the MoH, not surprisingly, quoted from the NSW Government Wages Policy:

> Public Sector employees may be awarded increases in remuneration or other conditions, but only if employee-related costs in respect of those employees are not increased by more than 2.5% per annum.

As expected, the government response has completely ignored the claim for improvements or extensions to nurse to patient ratios/NHPPD, and Ministry representatives have offered a 2.5% wage increase for one year only. Mr Holmes believed the Association should consider its strategy and has requested parameters from Treasury to extend that offer to two years.

As a union, the NSWNMA has considerable work ahead to build strength and power. The necessity of continually engaging in fruitless discussions every twelve months is a distraction from working with members at the workplace, from developing workplace leadership, from continuing to strengthen the support for activities in the workplace, and Mr Holmes sought delegates’ consideration of a two-year agreement with the government. With four years until the next state election, the government is unlikely to change its wages policy that is delivering billions of dollars in savings; the government has a majority in the Lower House and only requires the support of the Christian Democrats in the Upper House to maintain the status quo.

The Federal Government projects the inflation rate at 1.7% in June 2015, well below the 2.5% pay increase, and continues to make projections to 2017 of 2.5% maximum growth. Mr Holmes believed that members would not be financially disadvantaged with a 2.5% wage increase each year over a two-year agreement. Delegates would have seen the Federal Government approach to wages for Commonwealth public servants when it offered
1.3% for the Defence Force (subsequently increased under pressure) and offering even less to the remainder of the Commonwealth public service. Mr Holmes said he had not observed a similar approach in NSW and the State Government has agreements with other public sector workers that cover two or more years: the Teachers have a two-year agreement from December 2014 to December 2017; the Police agreement extends to June 2017; the PSA has a one-year agreement, and members in disability services and the NSWNMA have been offered a one-year agreement. As it would not be unusual for the government to consider a two-year offer, such an offer would allow the union to prepare for the greater fight to come if the Association is to achieve progress in the public sector.

In the meantime, Mr Holmes believed the NSWNMA has to place as many resources as possible across the aged care and private sectors. One of the difficulties of a constant cycle of campaigning is the need to spread resources thinly and make choices about areas in which to campaign. Along with addressing the challenges in the aged care sector, Mr Holmes believed it vital to grow the strength of the membership in private hospitals. If the State Government is continuing its privatisation agenda, it is critically important for the NSWNMA to ensure that it has more branches and considerably greater power and strength within the private hospital sector so that when bargaining, the differentials in pay are not an incentive for the government to continue its privatisation program.

**LISMORE BASE HOSPITAL**

Members closed beds in the women’s health area as a result of management decision to cut over 100 hours from that unit following a BirthRate Plus assessment of 100 fewer births at Lismore Base Hospital. This decision was made in spite of an increase in acuity. Mr Holmes said that members are objecting to the use of beds in the unit for post-operative gynaecology surgery and any overflow in female surgical patients. Management proposal was to reduce staffing to four on night shift in the maternity unit which has 15 beds plus delivery. The previous night, four women were admitted for delivery, at least one of whom was latex sensitive and could not be admitted to the delivery suite. The situation was further complicated by post-operative caesareans, resulting in a staff member working a double shift and employing the hospital rover position for most of the shift, clearly demonstrating the members’ concerns that a reduction in staffing on the night shift is unsustainable and unsafe.

**RAMSAY HEALTH CARE**

Ramsay has made it very clear that it will be bidding for privatisations of public hospitals in whichever format, and the Association is doing its best to achieve effective outcomes for members. In reality, Mr Holmes believed that some of the private hospital members’ wages will move ahead of the public sector under the current government wages policy – a beneficial result in a climate where a government wants to privatise. As previously mentioned, it was important for the union to build power in the private sector in order to broaden staffing certainties.

**THE CHRIS O’BRIEN LIFEHOUSE AT RPA**

The Association has negotiated the first private hospital agreement that has included NHPPD and nursing staff in inpatient wards at Lifehouse are now mandated to a minimum of 5.5 NHPPD.

**AGED CARE RN24/7**

The consultation period for the potential removal of registered nurses from the Public Health Act 2010 ends on 30 June 2015. The aged care operators are strident in claiming that the legal requirement to have an RN on duty is totally unnecessary, that they need the flexibility to make the choice about whether or not they require an RN on duty. Mr Holmes...
noted that many of the aged care operators believe erroneously that aged care facilities are not busy at night.

**LASA ‘FOR PROFIT’ AGED CARE SECTOR MODEL ENTERPRISE AGREEMENT**

Mr Holmes said the NSWNMNA is due to renegotiate a template agreement with LASA, the employer Association that represents its members at over 40 facilities. LASA has advised the Association that because of Federal Government funding changes, cuts to dementia payments and the Productivity Commission, it is the intention of the LASA employers not to bargain, although they may remain on their current expired agreements and may offer an administrative pay increase. Recently, a case was heard in the Fair Work Commission (FWC) that may or may not be relevant to the circumstance: an employer was able to seek to have an expired agreement terminated by the FWC in the public interest. This is the first time that an EBA had been terminated and the workers returned to the minimum award arrangements. Mr Holmes said the Productivity Commission is reviewing penalty rates, other conditions within the awards and the foundation of the *Fair Work Act 2009* which governs the basic conditions. Mr Holmes believed that the LASA employers’ refusal to enter bargaining is based on their optimism for a Productivity Commission outcome that removes penalty rates, bringing on the next federal election and allowing the Liberals and Nationals to include the penalty rate issue in their policy position. Interestingly, a form letter distributed to LASA employees omits any reference to the Productivity Commission and only mentions the currently unsettled Commonwealth funding arrangements.

The immediate attack on penalty rates is in the retail and hospitality sector because it is considered an area that is not strongly unionised, despite the fact that both United Voice and the SDA are fighting strongly to maintain penalty rates, and many employers across the economy are looking to attack workers’ rights.

Mr Holmes added that, fortunately, not all aged care employers are part of the LASA position and the Association is continuing to bargain with other employers in the aged care sector. If an employer refuses to bargain they can be forced to the negotiating table with a petition signed by more than 50% of employees; however, this does not mean the employer has to agree to a bargain. To force employers to bargain, an absolute majority of employees who are prepared to take action is required, and these employers are fully aware that staff members in most of the aged care facilities are no more than 50% unionised, nor willing to take serious industrial action.

**SYDNEY ALLIANCE**

Sydney Alliance is close to achieving a joint parking permit for homecare workers, including community nurses, to be implemented across three Local Government Areas (LGA). Mr Holmes commented that the NSWNMNA work with Sydney Alliance is beginning to bring benefits for some community members.

**PROFESSIONAL LEGAL MATTERS**

An increasing number of NSWNMNA members are being asked by their employer to provide statements following the death of a patient and critical incidents. Mr Holmes reminded delegates that members were under no compulsion or obligation to provide a statement to a hospital’s legal representative. If a statement is required by police, the Association implores members to contact the NSWNMNA prior to giving the statement. Mr Holmes emphasised that staff members should be reminded to be wary of the employer’s legal representatives whose sole purpose is to represent and minimise costs for the employer and the health facility.

Questions were invited to the report.
Mr Gil Wilson, Lismore Base Hospital branch, thanked the Association organisers for their support and assistance during the recent dispute that saw 182 hours removed from women's care, representing one midwife removed from every shift, every day.

Mr Holmes confirmed for Ms Di Lang, Bega District Hospital branch, that the Association would be developing a media strategy in relation to the LASA negotiations. Ms Lang believed that the issue should be made public because the LASA members' refusal to bargain was just the beginning, and it was important not to lose RNs, ENs or qualified nurses from any aged care facility.

Mr Andrew Sipowicz, Westmead Hospital branch, referred to the Association’s proposed 2.5% award wage increase for two years and asked the advantage of the two-year agreement when many economic specialists suggest that the government’s projected figures may not be tangible and could change quickly.

Mr Holmes said the advantage is that the 2.5% is secured over the two-year period and although it is not known whether the economy might suddenly flourish, creating an inflation rate of over 3.00%, such an inflation rate has not been seen for a number of years. Currently, private sector wages growth is the lowest on record and even public sector wages growth is very depressed. Mr Holmes said it was unlikely to see any wages-based inflation as no one is bargaining large outcomes; the extensive outcomes in the mining sector have disappeared and many jobs have ebbed out of that sector. Mr Holmes said the Association believes the State Government is unlikely to change its wages policy upwards, although a risk of a downwards trend exists in any situation. The 2.5% increase secured for two years will allow the Association to direct its resources towards developing power and strength at the workplace.

Mr Holmes confirmed for Mr Sipowicz that the government has not changed its position on the Association’s ratios claim and has made their policy very clear. While some promises of increased nursing numbers had been made by the Minister during the recent election campaign, the only way to achieve an outcome for ratios or improved numbers is a political outcome through continual pressure on the politicians. The NSWNMA will not win ratios at the bargaining table under the current legislative arrangements; the Association convinced the Opposition prior to the election that ratios are in their best interests and the best interests of their constituents, and that is the only approach to win the ratios claim.

Mr Holmes agreed with Mr Sipowicz that the Association should have a relationship with the Christian Democrats who have the balance of power in the Upper House, along with other cross benchers, who may provide some protection as they can oppose legislation believed not to be in their best interests or that of the community they represent. The Association is currently in discussions with the Christian Democrats on the RN 24/7 issue as there may be an opportunity to use their influence in retaining that legislation.

Ms Michele Nicholson, Liverpool Hospital branch, noted that Campbelltown and Macquarie Fields also won Labor seats in the last state election. During the election campaign, the current government promised considerable funding to Campbelltown Hospital for the second stage of redevelopment. The government was not re-elected in that seat and now there is no funding for that redevelopment. Ms Nicholson asked how pressure could be applied on the government for that funding in a huge growth area where the health facilities are severely understaffed and not keeping pace.

Mr Holmes believed the new MPs in those areas will need support in understanding the needs of the community, their role in advocating for their community and ensuring that the government honours its promises during the election that were predicated on the sale of
poles and wires. Mr Holmes believed the promises of funding were not based purely on whether the government was re-elected in that electorate. No doubt the government will want to regain that electorate at a future election and there is ample opportunity to work with members, the community and the incumbents in maintaining that pressure.

D24/2015 MOVED L Dine SECONDED M-L White
That the General Secretary’s Report be received. CARRIED

10. RESOLUTIONS

10.1 NSWNMA Council

D25/2015 MOVED K Rodgers SECONDED O’B Smith
That this Committee of Delegates of the NSWNMA undertakes to campaign at work and in the community to defend Medicare and public health and to push back against privatisation and user-pays.

Ms Rodgers said the motion seeks to continue community efforts to defend Medicare and public health and rebel against privatisation and user-pays. Politicians, both state and federal, have made it clear that user-pays and privatisation is their preferred model; delegates know that if the government starts to tear down Medicare, it will be disastrous for emergency departments, for the communities and for the most vulnerable. Patients who present late to ED because they cannot afford a $5 rise in their PBS scripts and are not taking their medications appropriately, are sicker and ultimately require an acute bed in an expensive hospital. Ms Rodgers said this attack on Medicare and on every fragment of the community is a disgrace, and she urged delegates to support the motion in defending Medicare.

Mr Holmes spoke in support of the motion and said that delegates had received the ACTU Pledge that is part of the national campaign in which the Association is participating. Some aspects of the pledge had been modified to reflect the Association's major interests, and a version of the pledge related to penalty rates will be issued shortly. The pledge claims are the standards developed from ACTU surveys of community members, unions and others on the issues for which the union movement stands. Mr Holmes urged delegates to sign up to the pledge, to encourage their branch members to approve the pledge and for branches to become part of the social media campaign in support of the pledge and the campaign.

CARRIED UNANIMOUSLY

10.2 Coffs Harbour Hospital branch

D26/2015 MOVED M Short SECONDED P Clerkin
This Committee of Delegates of the NSWNMA condemns the ‘Over 45 Health Check’ pilot being conducted by the Mid North Coast Local Health District and demands the NSWNMA pursue the legal validity of such a health check in relation to the Anti-Discrimination Act 1977.
The motion was amended by the mover and seconder to read:

This Committee of Delegates of the NSWNMA condemns the ‘Over 45 Health Check’ pilot being conducted by the Mid North Coast Local Health District and demands the NSWNMA pursue the legal validity of such a health check in relation to the Anti-Discrimination Act 1977. Health check ceases while the legal validity of such a health check is pursued via both the Federal and NSW Anti-Discrimination Commissions.

Ms Short said the Mid North Coast LHD is conducting a health check pilot on staff over 45 years that involves a physical examination and a series of exercises. Ms Short said the branch members had no concerns with a health check for all staff, however the over-45 health check has resulted in some staff members not applying for positions because they believe they will fail the health check. The pilot is for two years and Ms Short believed it blatantly unfair that people are not being given jobs in the LHD because of a failed health check; if the pilot is applied across all LHDs, it will have serious implications for staffing. The nursing workforce currently has an average age of 48 years and Ms Short believed nurses can still work with injuries that can be managed, provided they can provide proof of their capacity to work. It is well understood that the employer is required to ensure their staff works in a safe environment. The Anti-Discrimination Act 1977 contains a clause that states the employer must provide reasonable adjustment and that clause appears to have been overlooked in this health check pilot. People who have applied for jobs and failed the health check now have to provide a ‘Fitness to Continue’ in their current position. Ms Short believed the health check is blatantly discriminatory against an ageing workforce.

Mr Holmes advised that the employer has an obligation to meet the requirements of WHS that also have to be balanced against the requirements of anti-discrimination legislation. The issue of reasonable adjustment raised by Ms Short is the proper and due consideration of whether the worker with an injury, ill health or disability can perform tasks if adjustments are made to accommodate the effects of their injury, ill health or disability. Reasonable adjustment has to be addressed at individual levels. Mr Holmes understood that a complaint to the NSW Anti-Discrimination Board under way will ascertain whether the Anti-Discrimination Board considers it discriminatory in selecting the 45-year age level. The Ministry of Health would be required to present evidence on why 45 years was selected as a level at which to commence the tests, against the option of simply applying the health check to everyone which would be non-discriminatory. It is not a simple issue and no doubt the health checks will not be easy to halt. Mr Holmes suspected that while the program had been commenced for workers compensation risks and WHS requirements, there is nevertheless a major question about the consequence for the workforce and whether the 45-year age to implement these tests was properly considered.

Mr Paul Clerkin, Coffs Harbour Hospital branch, spoke in support of the motion on two grounds: the philosophical objection to age-
related discrimination and the implementation of the health check policy. Mr Clerkin said there did not appear to be any reason to select the age of 45 for the health checks, and suggested that given the median age of the workforce and the cumulative underlying chronic conditions of some employees, the health check may be the initiation of a staff culling. The health assessments are being undertaken by a private company engaged by the LHD and if an employee wants to appeal against the findings, the private company has to agree to release that report for the appeal to be considered. Mr Clerkin recounted the experience of his wife who had to undergo a health assessment: she was passed for one position, however because she failed the exercise component of the health check, she was able to commence her new role but was unable to return to her old job in the nursing pool even though she had been employed for eight years without incident. Mr Clerkin said the health checks seem to be opening up an area of impaired workers’ rights and also introduce elements of anxiety in staff changing jobs or remaining in their current position. If this was a clinical trial, Mr Clerkin believed it would have been halted because of the considerable damage to the participants.

This Committee of Delegates of the NSWNMA condemns the ‘Over 45 Health Check’ pilot being conducted by the Mid North Coast Local Health District and demands the health check ceases while the legal validity of such a health check is pursued via both the Federal and NSW Anti-Discrimination Commissions.

CARRIED UNANIMOUSLY

10.3 Hastings Area Community Nurses branch

D27/2015 MOVED S McMaster SECONDED O’B Smith

That this Committee of Delegates investigates issues around Work Health and Safety associated with the Community Health Outpatient Care (CHOC) and eMR rollout for community based outreach staff whilst in abnormal and variable environmental and safety conditions.

There are no current WH&S Guidelines for Outreach Staff with CHOC. This Committee of Delegates is requesting that endorsed WH&S guidelines are produced prior to CHOC going live to ensure the safety of all staff that are involved with the CHOC implementation.

Ms McMaster said the Community Health Outpatient Care (CHOC) and electronic medical rollout is reportedly to be introduced by 2016 in the Hastings and MNCLHD. The branch members’ concerns are related to WHS guidelines for a device that is possibly cumbersome to transport and its use during home visits. The members are seeking that WHS guidelines are put in place prior to the CHOC roll out.

Ms Debra McIlveen, Tweed Valley Community Nurses branch, said she and her colleagues had been informed that with the implementation of CHOC they would soon be receiving new laptops with touch screens. Discussions related to security had not taken place to date although Ms McIlveen believed the new system will be
very effective and she was looking forward to 'stepping into the future'.

In her right of reply, Ms Masters said that community health nurses in her LHD have not received computer training, and while community health may well be appropriate for electronic medical records, she believed some forward planning is required.

CARRIED

11. GENERAL BUSINESS

11.1 Blacktown Hospital branch

D28/2015  MOVED J Holmes  SECONDED M Buckley

This Committee of Delegates calls upon the NSWNMA to commence peak level discussions with Unions NSW and other public sector unions with the view of having a combined approach to the Baird Government to amend relevant government sector policy and industrial instruments to ensure that employees becoming parents via surrogacy arrangements and a subsequent parenting order have clear and explicit entitlements similar to that currently available under maternity, adoption and parental leave provisions. It is not an acceptable or equitable situation to have these parents treated differently simply because of inflexible interpretations of award or policy provisions that were drafted at a time predating surrogacy arrangements.

Ms Holmes said the motion has been submitted with a view to updating the award for parental leave to include surrogacy arrangements. Recent experience at her hospital involves a new mother who has been denied parental leave and had received advice from the MoH that she is not entitled to any leave. The branch members believed that updating the parental leave award would be valuable because surrogacy will become more common and an issue for many people who have been through the emotional and financial treadmill of unsuccessful IVF treatments. The branch members are seeking that discussions occur to include surrogacy in parental leave provisions.

Mr Holmes spoke in support of the motion and said it was appropriate that this matter be raised at the Unions NSW and peak body level. The issue of surrogacy will require a change across the public sector rather than addressing it in the nurses' award and it will be necessary to convince the government that this is an appropriate modern move. The Association is assisting members to resolve their individual concerns, however this motion is an appropriate means to progress the issue outside of those discrete discussions.

Mr Holmes confirmed for Mr Stan White, Royal Prince Alfred Hospital branch, that paid surrogacy is illegal in NSW. Further, it is not the responsibility of the Association to become involved in the arrangements around which the surrogacy has been undertaken: the
arrangements would be subject to parenting orders, along with the legal component that the surrogacy parents are required to meet. Mr Holmes said these are separate issues from the general principle that if parents have a child as a result of a surrogacy which has legal recognition, they should be entitled to some assistance as if they were adopting because that is ultimately the equivalence.

Ms Annette Alldrick, Shoalhaven District Hospital branch, said it is now almost impossible to adopt and surrogacy is the only possible opportunity to become a parent for many people. These parents should be treated with exactly the same respect and legal protection as any other parent.

Ms Holmes in her right of reply clarified that everyone assumed that adoption leave would come into play when her colleague’s surrogate baby was born. The pregnancy and the request for leave was well known to management and staff from a very early time in the pregnancy and everyone was very surprised that the MoH refused parental/adoptive leave.

CARRIED UNANIMOUSLY

11.2 2015 Annual Conference

Ms Levett reminded delegates that the 70th Annual Conference would be held on 29, 30 and 31 July 2015 at the Grand Pavilion, Rosehill Gardens. Professional Day will be on 29 July 2015 and Annual Conference business will be conducted on Thursday and Friday, 30 and 31 July 2015. Agendas and notices of motion will be sent to Branch Secretaries by late June 2015.

Ms Levett outlined the program and arrangements for accommodation, transport, the Welcome Reception and the Conference Dinner with the theme 70’s Disco.

Delegates will again have the choice of bringing their own electronic device (iPad or laptop) and downloading the Conference meeting papers via the Guidebook App. All delegates will still be provided with a USB containing an electronic version of all Annual Conference meeting papers.

There being no further business the meeting concluded at 9.25pm.

DATE OF NEXT MEETING:
Tuesday, 15 September 2015 at 7.15pm
at NSWNMA, 50 O’Dea Avenue, Waterloo