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 welcomed Ms Mary Yaager, Campaign Director, Unions NSW, to discuss campaign activities being undertaken by Unions NSW in the lead up to the NSW state election, to be held on 28 March 2015.

Ms Yaager said that the support of nurses, midwives, TAFE teachers and other public sector workers in disability services will be crucial to Unions NSW’s election campaign, particularly in workplaces and doorknocking in the community. Ms Yaager said delegates would be aware that big business has an agenda to take control of public services and assets, health and disability services and it was important for the union movement to counter this plan. Ms Yaager outlined for delegates the Unions NSW Agenda for the state election:

- To call for a fairer tax system and government purchasing policies that reward businesses who provide jobs and invest in training for young people.
- To fight for expanded and improved public services to manage the growing population and employing more people to deliver those services, particularly nurses and health industry workers.
- To support the construction of new roads, rail lines, schools, hospitals and other public works.
- To fight to maintain public holidays and penalty rates.
- To demand that rights are restored to sick and injured workers, including journey claims.
- To demand that access to the independent umpire be restored to public sector workers.
- To support reforms to make housing more affordable and available and that 10% of all new developments be set aside for social and affordable housing.
- To demand that public services remain in public hands, particularly Maitland, Byron Bay and the Northern Beaches Hospitals.

Ms Yaager urged delegates to seek endorsement of the Unions NSW Agenda in workplaces and the community. It was planned to convert the agendas into pledges and call on every candidate in the election to sign the pledge. Ms Yaager emphasised the importance of informing the community on the issues through doorknocking; it has been recognised that the union movement won the recent Victorian state election for the Labor Government, and doorknocking by nurses is particularly successful as the community appreciates and trusts nurses.
On 31 January 2015, Unions NSW will be conducting a doorknocking event and seeking community support to sign pledges for quality health care, along with support for firefighters and TAFE teachers. These pledges will be posted back a week before the election asking people in the community to support the Unions NSW Agenda when they cast their vote. Ms Yaager urged support for the Unions NSW campaign for quality health care and keeping public hospitals in public hands.

Ms Levett welcomed Delegate Louise Stammers from Buckland Aged Care Services who participated in the Unions NSW coordinated doorknocking event in Londonderry at the end of 2014.

Ms Stammers said she was involved in the Londonderry doorknocking event on 22 November 2014 after attending Sydney Alliance training on how the media, the market and politicians are driving the country. The upcoming election is the one opportunity for the community to have a say in how the state is managed.

Ms Stammers outlined for delegates the process of doorknocking and said the nurses participating discussed with members of the community the different aspects of health care, such as aged care and ratios; a large contingent of electricity workers talked about the power sell off. Each doorknocker was provided with prepared scripts and a plan, and accompanied by a representative of Unions NSW or Sydney Alliance. Ms Stammers said that despite her nervousness, the doorknocking was a very positive experience engaging people in a conversation, and she firmly believed that it was very important to educate and empower people in the community.

1. **Present**

See attached list.

2. **Apologies**

| B Holmes | J Becroft | S Boyle | P Brookes |
| A Dowling | S Evans | K Godier | H Gordon |
| M Grant | K Hall | L Hardman | D Harman |
| K Hile | L Hopper | J Howell | J Hume |
| S Jeffrey | D Langbridge | R McDermott | S Mills |
| M Nicholson | B Nikolic | R Noort | M Norris |
| N Parsons | E Pevere | C Pout | J Preston |
| P Purdy | T Rae | T Redmond | L Rivas |
| S Ross-Shuley | D Smith | C Spangler | L Sweeny |
| C Taylor | H Teakel | B Tiernan | J Telfer |
| I Walker | J Watt | J Wood | S Jones |
| A Taylor | L Kelly | P Corbett | M Gray |
| A Halls | R Lawler | F O'Neil | F Ross |
| L Taylor | K Lark | J Robinson | S Bray |
| H Perkins | J Eslick | L Latham | C Clark |
| A Short | D Verran | M Body | S Crossingham |
A Hibbard  H O’Brien  K Tastula  C Hook  
T Cripps  J Mullavey  S Lesleighter  A Ausburn

D1/2015    MOVED  S Brazil    SECONDED  J Pascoe
That the Apologies be received.    CARRIED

3.    Minutes

D2/2015    MOVED  L Paterson    SECONDED  G Wilson
That the Minutes of the Committee of Delegates Meeting of Tuesday 18 November 2014 be taken as read and received.    CARRIED

4.    Business arising from the Minutes

4.1    Committee of Delegate - resolutions

Council at its 9 December 2014 meeting endorsed resolutions D60/2014, D61/2014 and D62/2014 from the Committee of Delegates meeting held on 18 November 2014.

At the November CoD, the Tamworth Base Hospital branch withdrew their resolution (General Business item 11.3) with the request that it be resubmitted to the January CoD. The branch has since requested the resolution be withdrawn.

D3/2015    MOVED  P Hibbert    SECONDED  R Smith
That the Minutes of the Committee of Delegates Meeting of Tuesday 18 November 2014 be adopted.    CARRIED

5.    Tabled Information

5.1    **NSWNMA Circulars** (available at www.nswnma.asn.au)
171/2014    Tallwood nurses reject substandard EA, To: Tallwoods Corner Aged Care Facility members, 18 November 2014.
172/2014    Wolper nurses – it’s time to vote on a new agreement, To: Wolper Jewish Hospital members, 18 November 2014.
173/2014    Ballot on protected industrial action underway, To: Allity Pty Ltd members, 18 November 2014.
174/2014    Alwyn nurses – it’s time to improve wages and conditions, To: Alwyn Rehabilitation Hospital members, 20 November 2014.
176/2014 Mater Hospital System Nurses & Midwives’ online survey, To: Mater Hospital members, 27 November 2014.
177/2014 Allity staff to vote on new agreement, To: Allity Pty Ltd members, 27 November 2014.
179/2014 Living Care makes wages & allowance offer, To: Living Care members, 3 December 2014.
180/2014 Allity nurses – update on your draft agreement, To: Allity Pty Ltd members, 8 December 2014.
182/2014 Evolution nurses – your new agreement, To: South Coast Shellharbour Private Hospital members, 18 December 2014.
183/2014 RFBI and Concord Community nurses – time for a new agreement, To: RFBI Concord Community Hostel members, 11 December 2014.
184/2014 Your employer agrees to commence negotiations for a new agreement early 2015, To: Trustee of the Roman Catholic Archdiocese, 16 December 2014.
185/2014 St Vincent’s Private Lismore nurses – To: St Vincent’s Private Hospital Lismore members, 19 December 2014.
186/2014 Ramsay management confirm their claims, To: Ramsay Health Care members, 18 December 2014.
188/2014 Hirondelle nurses want back pay and a higher wage increase, To: Hirondelle Private Hospital members, 19 December 2014.
01/2015 Salvation Army Aged Care nurses – negotiation to begin soon, To: Salvation Army Aged Care – members, various establishments, 6 January 2015.
02/2015 Mater nurses & midwives – negotiation update, To: Mater Hospital Sydney members, 7 January 2015.
12/2015 Branch Officials and Activists’ Training (BOAT) for 2015, To: ADHC Branch Officials, 9 January 2015.
13/2015 Branch Officials and Activists’ Training (BOAT) for 2015, To: Private Hospitals and Aged Care Branch Officials, 9 January 2015.
14/2015 Branch Officials and Activists’ Training (BOAT) for 2015, To: Public Health System Branch Officials, 9 January 2015.
15/2015 Know your Enterprise Agreement, Direction to take Annual Leave, To: Ramsay Health Care members, January 2015.
16/2015 Time to negotiate a wages & conditions Agreement, Advantaged Care Barden Lodge, To: Advantaged Care Barden Lodge members, 12 January 2015.

17/2015 Time to negotiate a wages & conditions Agreement, Advantaged Care Bondi Waters, To: Advantaged Care Bondi Waters members, 12 January 2015.

18/2015 Time to negotiate a wages & conditions Agreement, Advantaged Care Georges Manor, To: Advantaged Care Georges Manor members, 12 January 2015.

19/2015 RFBI nurses – be involved in negotiations, To: Royal Freemasons Benevolent Institution (RFBI) members, 13 January 2015.

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


5.2.2 PD2015_001 Preventing and Managing Violence in the NSW Health Workplace – A Zero Tolerance Approach, 8 January 2015.

5.3 Media Releases

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

5.3.1.1 Local community opposes privatisation of new Maitland Hospital, 24 November 2014.

5.3.1.2 Nimbin nurses fear extra pressures as holidays approach, 2 December 2014.

5.3.1.3 Kempsey nurses rally for better ratios in the bush, 3 December 2014.

5.3.1.4 Nurses welcome win for Nita Reed Community Dialysis Centre, 4 December 2014.

5.3.1.5 Nurses highlight patient safety concerns at Gilgandra MPS, 8 December 2014.

5.3.1.6 No one is buying your bad medicine, Mr Abbott, 10 December 2014.

5.3.1.7 Contract signed, but nurses still in the dark, 11 December 2014.

5.3.1.8 Gilgandra back nurses over patient safety concerns, 16 December 2014.

5.3.1.9 Nurses seek support for improved ratios in Western Sydney EDs, 16 December 2014.

5.3.1.10 Nurses seek improved ratios for Bankstown, 18 December 2014.

5.3.1.11 Leaked TISA text highlights risks to health privacy, 19 December 2014.

5.3.1.12 Improved support for mental health services cautiously welcomed, 21 December 2014.

5.3.1.13 Patients put at risk over cost saving measures at Blacktown, 6 January 2014.

5.3.1.14 Labour urged to protect Medicare bulk-billing and oppose any rebate cuts, joint media release with Doctors Reform Society, Stop Abbott Save Medicare and NSWNMA, 14 January 2015.
5.3.2 **Unions NSW** (available at www.unionsnsw.org.au)

5.3.3 **NSW Minister for Health / Minister for Medical Research**  
(available at www.health.nsw.gov.au)

5.3.3.1 Rebuilding NSW: New Hospital for Rouse Hill, 26 November 2014.

5.3.3.2 Healthy Outlook: NSW Hospitals deliver enhanced patient care, 4 December 2014.

5.3.3.3 $80 million Kempsey Hospital redevelopment reaches new heights, 10 December 2014.

5.3.3.4 Northern Beaches Hospital contract signed with Healthscope, 11 December 2014.

5.3.3.5 Scholarships open for Diploma of Enrolled Nursing, 12 December 2014.

5.3.3.6 Minister launches new recruitment campaign at Orange, 18 December 2014.

5.3.3.7 Local Health District Board appointments, 19 December 2014.

5.3.3.8 Contracts signed: New Aeromedical Services to take flight, 19 December 2014.

5.3.3.9 NSW committed to four-hour benchmark, 12 January 2015.

5.3.4 **NSW Government / Departments / Opposition**

5.3.4.1 Baird’s infrastructure strategy hides plan to privatise health services, Shadow Minister for Health, 26 November 2014  

5.3.4.2 Impact of Abbott and Baird cuts on major western Sydney Hospitals, new report shows NSW hospital performance going backwards, joint media release by John Robertson, NSW Opposition Leader and Walt Secord, Shadow Minister for Health, 4 December 2014  

5.3.4.3 Auditor-General’s Finance Report highlights Sydney and Central Coast Hospitals failing to meet national targets, joint media release by John Robertson, NSW Opposition Leader and Walt Secord, Shadow Minister for Health, 9 December 2014  

5.3.4.4 Strengthening Mental Health Care in NSW: Letter from Minister for Mental Health, Jai Rowell MP, 15 December 2014  

5.3.4.5 Commissioner welcomes Government commitment to mental health reform, Mental Health Commission of New South Wales, 15 December 2014  

5.3.4.6 NSW State Government drops Emergency Department four hour targets, Shadow Minister for Health, 12 January 2015  

5.3.5 **NSW Other**

5.3.5.1 Frontline health experts call on NSW Government to maintain lockouts, NSW/ACT Alcohol Policy Alliance (NAAPA), 13 January 2015  
(available at www.naapa.org.au).
5.3.6  **Australian Nursing and Midwifery Federation** (available at www.anmf.org.au)

5.3.6.1 Abbott kills co-payment – at what cost?, 9 December 2014.
5.3.6.2 Mr Abbott, a GP fee is still a broken promise, 10 December 2014.
5.3.6.3 Securing jobs for graduate nurses and midwives, 11 December 2014.
5.3.6.4 ANMF welcomes new Federal Health Minister, 22 December 2014.
5.3.6.5 GST on fresh good hard to swallow, 9 January 2015.

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

5.3.7.1 Gap between rich and poor growing under Abbott Government, 4 December 2014.
5.3.7.2 Hockey acknowledged he will preside over fall in living standards, 4 December 2014.
5.3.7.3 Australian jobs to go under Abbott’s free trade agreements, 12 December 2014.
5.3.7.4 Employer push to cut penalty rates before Christmas, 23 December 2014.
5.3.7.5 Call for Senate to stop backdoor changes to Medicare, 14 January 2015.

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

5.3.8.1 A strong and sustainable Medicare, 9 December 2014.
5.3.8.2 Labor scaremongering on Medicare, 14 December 2014.
5.3.8.3 Appointment of Julia Gillard to beyondblue, 18 December 2014.

5.3.9  **Federal Government / Opposition / Departments**

5.3.9.2 Pilot partnership proving positive for Charlestown residents, Minister for Human Services, 14 January 2015 (available at http://www.mhs.gov.au).

6.  **Correspondence**

6.1  To General Manager, Bathurst Base Hospital re Health & Safety Issues – Bathurst Base Hospital – Declaration of Emergency Departments as a Mental Health Facility, 1 December 2014.

Letter providing a report following a WHS inspection undertaken on 7 November 2014 identifying the WHS and clinical risks that may arise in the ED, stating that significant resources are required to make the ED safe, and as well, provision of a safe assessment suite (including a bathroom) for mental health patients.
6.2 To Acting Director, Mental Health Drug and Alcohol Office, NSW Ministry of Health re Mental Health High Dependency Units and Mental Health Observation Units, 2 December 2014.

Letter advising of the resolution from the 2014 Annual Conference, indicating the Association’s view the current MoH Policy does not reflect nor meet patient needs, providing other anecdotal evidence and noting that comments made in the Policy confirm the MHDAO is aware of the issues. The Association requested that a comprehensive review be undertaken and be invited as a stakeholder to participate in the Policy review and development.

6.3 To Health Service Manager, Mudgee District Hospital re Health and Safety Issues – Mudgee District Hospital – Emergency Department, 3 December 2014.

Letter providing a report following a WHS inspection carried out on 14 November 2014 regarding risks that may arise from the declaration of the ED under the Mental Health Act as a mental health facility.

6.4 a To All NSW Members of Parliament, Members of the Legislative Council and all candidates in the 2015 State election re Risk to the NSW Public Health Act 2010 requirement for registered nurses on duty at all times in NSW nursing homes, 3 December 2014.

Letter to all current NSW politicians and candidates in the 2015 State election seeking their support in ensuring registered nurses are on duty at all times in NSW nursing homes and to convey to the NSW Minister for Health the importance of transferring these requirements permanently to the Public Health Act 2010.

b From Leader of the NSW Opposition re Requirement for registered nurses on duty at all times in NSW nursing homes, 14 December 2014.

Letter advising of Labor’s strong record of supporting nurses, including those working in nursing homes, reiterating that support and that if elected to Government in the 2015 State Election, this requirement will be permanently included in the Public Health Act 2010.

6.5 To the Hon Jai Rowell, Minister for Mental Health re Declaration of NSW Local Health Districts Emergency Departments in rural areas, 4 December 2014.

Letter expressing the Association’s concern of the MoH decision to declare under the Mental Health Act a number of rural EDs for the purposes of emergency assessment of mental health patients. The Association strongly urges the Government to provide adequate resources to enable facilities to create a safe assessment environment for patients, staff and visitors.

6.6 a To Minister for Health re Response to Lismore Base Hospital branch resolutions, 11 December 2014.

Letter to the Minister with an attached copy of correspondence sent to the Chief Executive, Northern NSW LHD regarding resolutions from the Lismore Base Hospital branch, which related to comments made by the
CE in the LHD newsletter on the obesity and wellness of staff and the amount of sick leave taken.

b. From Chief Executive, Northern NSW Local Health District re Response to Lismore Base Hospital branch resolutions regarding sick leave, 19 December 2014.

Letter including a response to each resolution raised by the Lismore Base Hospital branch, stating that the Northern NSW LHD intends to be pro-active in working with staff to determine the causes of their sick leave and how managers and staff can work together to reduce the amount of sick leave being taken.

6.7 From Minister for Health/ Minister for Sport re Private Health Insurance and Primary Health Care, 3 December 2014.

Letter affirming the Government remains committed to Medicare and does not consider the current pilot arrangement between Medibank Private Ltd and the Independent Practitioners Network Pty Limited (for the provision of bulk-billed GP services to Medibank Private members at nominated practices) represents a shift to a ‘two-tiered’ health system.

6.8 From A/Director Workforce and Culture, Northern Sydney Local Health District re Northern Beaches Hospital Contract signing received 12 December 2014.

Letter advising of the formal contract signing with Healthscope as the operator of the new Northern Beaches Hospital noting an expected 1,300 staff will be employed, 400 more that currently employed at Manly and Mona Vale Hospitals.

6.9 From Director, Workforce Planning and Development, NSW Ministry of Health re Proposed Labour Agreement for NSW Health – Permanent Entry, 18 December 2014.

Letter acknowledging concerns raised by the NSWNMA and the renewal of the proposed labour agreement to employ nurses from overseas, stating that NSW Health endeavours to ensure Australian citizens and permanent residents are given priority of employment, including new graduate nurses and midwives. The letter notes the ‘vast majority’ of 1,800 graduate positions have been filled for 2015 by Australian citizens and permanent residents.

6.10 From Minister for Finance/ Acting Assistant Treasurer re Financial Transactions Tax, 18 December 2014.

Letter of response affirming that tax reform is a major priority of the Government, alluding to the 2009 Australia’s Future Tax System Review which discounted the introduction of a financial transaction tax as inefficient because the tax rate rises according to how often an asset changes hands, i.e. how frequently a person bought or sold a taxed good.

6.11 To Director, Workforce Relations and Management, NSW Ministry of Health re Underpayment / Overpayment of salary & ‘cascading’ of annual leave, 19 December 2014.
Letter drawing the Ministry’s attention to the provisions of the PHS Award regarding the correct procedures to follow in relation to the overpayment and/or underpayments of salaries, seeking that HealthShare and Local Health Districts have been advised and are following these provisions.

6.12 To Minister for Small Business/ Minster for Regional Tourism re Ratio petitions previously provided to the Minister, 8 January 2014.

Letter seeking a response regarding the tabling of the Ratio petitions in the NSW Parliament, which were originally presented to the MP in Queanbeyan in June 2014 and additional petitions provided in October following a small number being ruled ineligible.

6.13 To Premier of NSW; From NSW/ACT Alcohol Policy Alliance re Confirmation of commitment to Alcohol Harm Prevention Measures, 9 January 2015.

Letter seeking assurance from the Government that it does not plan to reverse or water down any of the policies implemented in February 2014 as part of the Alcohol and drug fuelled violence initiatives, and that the 1.30am lockout will stay in place.

D4/2015 MOVED G Clark SECONDED C Cullen
That the tabled information and correspondence be received. CARRIED

7. Acting General Secretary’s Report

NSW STATE ELECTION

With a state election scheduled for 28 March 2015, Ms Kiejda said that the NSWNMA will be campaigning on three main fronts ahead of that election:

- Continuation of the existing ratios claim for 1:3 in EDs across the state, as well as the ratios/nursing hours claim to ensure that nurses working in the Peer Group C hospitals are able to provide the same care as those in the metropolitan hospitals.
- Retention of the requirement to have RNs in aged care 24/7 under the Public Health Act 2010 (NSW).
- Continuation of the anti-privatisation campaign of public health facilities and services.

Ms Kiejda said that these issues are very important for the nursing profession and she urged all delegates to make a contribution to the election campaigns to ensure the prominence they deserve.

Nurses and midwives elect political parties who will serve best the interests of their families, their work and society in general. Association members and the community have now experienced four years of the State Liberal Coalition Government and Ms Kiejda highlighted the following facts for public sector nurses in this state:

- Industrially, the government has refused to negotiate in good faith for this entire term and has simply handed out a few dollars each year.
The government has *completely* ignored the ratios claim.

The government has significantly reduced workers compensation benefits, including the abolition of journey claims.

The government is attempting to remove the requirement for RNs 24/7 in residential aged care from the *Public Health Act 2010*, supposedly to bring NSW into line with other states.

A survey distributed by the Association to all registered nurse members employed in aged care resulted in a very high response rate of over 30 percent. The survey results indicate grave concerns for the reduction of quality of care and disruption for residents, increased transfers to the hospital system, and the increased pressure on all nursing staff of an unsafe skill mix should the RN 24/7 requirement be lost. Ms Kiejda said it is imperative that the community is made fully aware of the proposal and its implications, and how best to defeat the plan.

The NSW State Government has privatised the new Northern Beaches Hospital that will have a major impact on members; the repercussions for patients are far worse with 40 percent of patients on the Northern Beaches *not* insured. While Premier Baird has stated that nothing will change, Ms Kiejda believed that if two patients are waiting for services in a hospital that is privately operated and only one of them is insured, it is obvious that the insured patient will receive the service. Ms Kiejda said it was contemptible that Healthscope, after it was awarded the 20-year contract, had the audacity to boast about the $300 million profit they expect to earn in the first few years. Those profits will be distributed to the company’s shareholders, not returned to the health system, and yet public money is allowing Healthscope to provide those services.

The privatised hospital model is also planned for the new Maitland, Byron Central and possibly Dubbo Hospitals although the government will not discuss this issue until after the election. Many services in mental health, disabilities and palliative care are being privatised and, that day, HealthShare’s distribution of medical supplies had been excised from the public sector and privatised with jobs lost across NSW. Ms Kiejda believed that the NSW Government was on a full privatisation agenda and it was very important that the public is informed about this privatisation program through doorknocking.

Delegates will be aware of the discussion on Australia’s free trade agreements; it was known that those free trade agreements are being negotiated clouded in ‘secret’ language. One aspect that had been uncovered is that if a public facility was handed over to the private sector and it failed (as had occurred with Port Macquarie Hospital) that facility is not allowed to be returned to the public sector.

Ms Kiejda implored delegates to make their votes count at the election in March 2015. The Baird Government has made its position clear and, if elected for a second term, it will assume a mandate for them to do as they please. It was important that votes for the Upper House ensure there is an effective house of review and that the Coalition does not have control of both Houses of Parliament. If members care about true Australian values they must understand the meaning of their vote. If members care about their patients receiving safe care regardless of the sector in which they work, Ms Kiejda said they must make their vote count: as Martin Luther King Jr said: *Our weapon is our vote!*

Because of the importance of this election, Association resources have been reorganised to ensure its ability to focus on each of the three current campaigns.
This will mean that while geographical organisers will still be the first point of contact for branches in the public sector, the issues will be triaged and may be handed to another organiser for assistance. Experienced organisers have been placed in a small group to ensure that members receive quality service, while some of the less important matters may be deferred until after the election.

Ms Kiejda added that reports received that day indicate that the new leader of the State Labor Party is committed to the health policy of the previous leader, a policy that advocates nurse to patient ratios.

Delegates and members were encouraged to assist with doorknocking in the ensuing weeks, particularly in the Northern Beaches and Maitland areas.

**MEDICARE**

The Federal Government is intent on dismantling Medicare and the community is equally intent on ensuring that Medicare remains. The Liberal Party has an ideology that has fought Medicare; they believe that if the community has a problem, it is theirs to manage and not the government. Ms Kiejda said the Association believes that access to quality public health care is a right not a privilege and should be administered equitably. The Association is working with a number of other groups not only to ensure the viability of Medicare, but also to realise the implementation of a truly universal health care system in Australia.

For decades governments of both persuasions have wooed voters with the promise of tax cuts. It is not difficult to conclude that continual depletion of the revenue pool, from which essential public services such as health and education are supported, will create a sizeable reduction in that pool. It would appear that the Federal Government believes the pool is now reduced and is blaming Medicare: the government’s answer is to dismantle Medicare as it is unsustainable. Ms Kiejda said the facts are that the OECD has ranked Australia at around number three in the world’s most efficient health systems; Medicare costs have not risen - in fact, they have fallen a small amount. The issue is the rising hospital costs and that has nothing to do with Medicare. Ms Kiejda invited delegates to visit the NSWNMA website to source reliable articles in support of the Association’s position on Medicare, and take every opportunity to counter the argument of ‘unsustainability’.

Ms Kiejda said it is easy for lazy governments to ignore the real issue and, instead of challenging big business to pay their fair share of taxes into that dwindling tax pool, choose to tax the ordinary citizen whose only power is their vote. The Federal Government will elect to raise the GST or broaden its base – or both – because if the average constituent votes them into power, the government will take that as their mandate to do so.

The NSWNMA will be very active in all of the debates and in any election where its issues are on the table, and Ms Kiejda said the Association makes no apology for that position. While there are electoral funding laws to which the NSWNMA must adhere, the Association will do all in its power to convince people that the issues are valid, need to be heard and acted upon. Ms Kiejda encouraged delegates to do whatever they can to assist the Association in this mission.

The NSWNMA is a union of some 60,000 members who are passionate about safe patient care, a passion that is vital in the ratios campaign, the RN 24/7 in aged care campaign and the anti-privatisation campaign.
Elections are pivotal to the Association’s success and Ms Kiejda appealed to members not to vote simply because it is compulsory, but make their vote count towards improving health care for all.

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

2015 Campaign Preparation – Log of Claims Committee
The 2015 Campaign Log of Claims Committee met in November 2014 to progress the claims to be served on the government in 2015. In addition to endorsing a draft set of claims the committee requested Association officers to survey Nurse Manager branches to fully clarify a Director of Nursing/Nurse Manager claim. A survey of DoNs and LHD Nurse Managers of Education was distributed on 8 January 2015 with a closing date of Friday 30 January 2015. To date, 42 responses had been received - an excellent result. Ms Kiejda said it is anticipated that a vote of public health system branches to endorse the final draft claim will not occur before March 2015, and will be lodged at a time that is most strategic for the Association.

DECLARATION OF EMERGENCY DEPARTMENTS UNDER THE MENTAL HEALTH ACT

The NSWNMA has been made aware of the Ministry’s intention to declare numerous rural EDs under the Mental Health Act 2007, for the purposes of emergency assessment of mental health patients, when the issue arose at Bathurst, Mudgee and Cowra Hospitals. The Ministry’s decision is a result of pressure from NSW Police for EDs to be declared to allow police to legally take scheduled patients to these locations. The risks to patients and staff are significant given that many of the hospitals do not have adequate facilities to care for these patients and, at this stage, it appears that the Ministry has not provided additional resources. The Association is concerned that the process lacks any consistency and is seeking the establishment of, and participation in, LHD-wide steering committees to plan and oversee the declaration process in relation to quality, safety and consistency of service provision.

LOCAL HEALTH DISTRICTS

Ms Kiejda referred to numerous public sector restructures, work health and safety issues and similar workplace matters and congratulated the branches that undertake significant work at facility and LHD level to ensure all levels of health management are held to account. Ms Kiejda acknowledged the robust branch structure and the remarkable work that delegates and branch officials undertook daily.

WESTERN SYDNEY LOCAL HEALTH DISTRICT

Blacktown Hospital
Nurses working in the ED at Blacktown Hospital contacted the NSWNMA and advised they were being placed in a dangerous situation. The ED was a unit built for 42 patients and on 5 January 2015, the staff were required to manage 62 patients with one nurse caring for 33 patients in the waiting room, and one nurse looking after four resus beds, two of which were in corridors. In addition, the hospital had 50 beds closed creating bed block in the ED. The same situation was repeated the following Monday 12 January 2015. Subsequently, the media has reported the story generating beneficial publicity for the Association’s ratios campaign. Ms Kiejda believed that these ED crises were not isolated and that many others existed across the state.
PRIVATE HOSPITALS

Bargaining Campaigns
New agreements are being bargained with branches and officers securing workplace improvements for the private hospital members.

AGED CARE SECTOR

The Review of the NSW Public Health Act 2010
Ms Kiejda said the majority of aged care reporting relates to the retention of RNs 24/7 in aged care facilities under the Public Health Act 2010. With the Minister’s acquiescence to a further 18 months before changing the Act, the Association has until the end of 2015 to progress this campaign. Again, Ms Kiejda encouraged delegates to consider their vote on this important issue to ensure a public health act that allows aged care residents to have the best possible care. The immediate task is to influence those decision-makers to understand the importance and ramifications of this issue.

SYDNEY ALLIANCE

Ms Kiejda said she had been pleased to hear Ms Stammers discuss the Sydney Alliance’s training, spurring her to be involved in the Londonderry doorknocking event and invited delegates to undertake the Sydney Alliance two-day training course, attendance at which will be facilitated by the Association. As previously reported, Sydney Alliance had a recent, significant win in the inner west with the granting of parking permits for community health workers in Marrickville, Leichhardt and City of Sydney Councils.

NSW/ACT ALCOHOL POLICY ALLIANCE (NAAPA)

Ms Kiejda said the government is now vacillating on its initiative of the 1.30am lock outs and the 3.00am last drinks initiatives that have been so successful in reducing the numbers and severity of admissions to St Vincent’s Hospital over the last year. The government is being lobbied rigorously by the Hotels Industry in the run up to the state election.

FOUNDATION FOR ALCOHOL RESEARCH AND EDUCATION

The Foundation for Alcohol Research and Education (FARE) has extended an invitation to NSWNMA members to the launch of The Hidden Harm: Alcohol’s impact on children and families. The Hidden Harm examines in detail the impact of alcohol’s harms from others on women, children and families; these harms are often hidden, occurring in Australian homes. This research includes data from two national surveys of alcohol’s harm to others, service system data from policy and child protection services and information gained from qualitative interviews with families affected by others’ drinking. The event is to be held at the NSW Parliament House Theatrette, 6 Macquarie Street, Sydney on Tuesday 24 February 2015 at 10.30am to 12.00pm.

MENTAL HEALTH MATTERS

Living Well: A Strategic Plan For Mental Health In NSW 2014 – 2024
The NSW Mental Health Commissioner’s long-awaited Living Well: A Strategic Plan For Mental Health in NSW 2014 – 2024 (the Plan) was released on 15 December 2014. The Plan sets out the direction for reform of the mental health system in NSW over the next 10 years with a funding commitment from the government of $115 million.
over the next three years, and a significant focus on investment in community mental health. Ms Kiejda said the major concern for the Association is the push to allow the private sector to deliver reform; even NGOs have to make their projects pay and although they are likely to be distributing the money back into this initiative, they are not returning excess funds to the public system where it serves the community.

Privatisation threatens to disturb the current arrangements, including the impact it may have on current members' workplace entitlements should they have to move to the private sector. While members will be told that they can retain their current arrangements, likely for about two years, before they are renegotiated by the private provider, the new agreements will not be as beneficial as the current arrangements. Many reports state that publicly-provided health services are still value for money: the LNP Premier in Queensland reversed the decision on the proposed privatisation of the Sunshine Coast University Hospital when the Commission of Audit Report stated that the public sector can manage the hospital more effectively than the private sector. Ms Kiejda expressed alarm that one activist who visited Premier Baird on the privatisation of Northern Beaches Hospital said the Premier simply does not understand the ramifications of privatisation.

Questions were invited to the report.

Ms Liz McCall, Byron Bay District Hospital branch, sought clarification of the hospital EDs earmarked for being declared under the Mental Health Act 2007. Ms Kremmer said it seemed to be occurring predominantly across the Western NSW LHD although no formal consultation had been conducted with NSW Health and the extent to which it will be rolled out state-wide was not determined.

Ms McCall sought clarification that a mental health presence was required in a declared ED. Mr Jack Schwartz, Coffs Harbour Mental Health Nurses branch, said the patients in his area are triaged in Coffs Harbour Hospital. There are no mental health nurses at Coffs Harbour Hospital after hours; if the patient has to stay at the hospital after hours because the mental health unit is full, the unit has to supply a staff member to the hospital. If these EDs are to be declared, Mr Schwartz said someone has to be employed 24/7 to manage these admissions.

Ms Kiejda added that because the Ministry has devolved health management to LHD level, this issue will be managed individually by each LHD which is most concerning because of the lack of consistency in the process. The Association is seeking clarification and information from those responsible for this decision.

Mr Paul Clerkin, Coffs Harbour Hospital branch, referred to the upcoming NSW state election and the inclusion of nurses in that campaign, and expressed his disappointment that the 2015 Log of Claims will not be voted by the public health branches prior to the election. Mr Clerkin asked whether the final draft of the log of claims could be confirmed not less than 28 days prior to the state election; members would then have the terms of the log of claims to be lodged with the next government that would allow them to audit the politicians who are standing in their electorates.

Ms Kiejda said that the log of claims process is not associated with the election and is a separate industrial process that is part of the Association’s normal industrial business. The Association’s ratios claim has been on foot for some years and that remains the claim with the addition of one or two other claims. The Association is already lobbying the government and all of the candidates about the ratios campaign as well as the RNs 24/7 in aged care and anti-privatisation in its state election campaign.
Mr Clerkin acknowledged Ms Kiejda’s comments however said that he would like to raise the issue for further discussion and foreshadowed a possible notice of motion in General Business.

For information, Ms Levett advised Mr Clerkin that research work was still to be completed before finalisation of the log of claims and rushing the process would create its own set of risks.

Ms Annette Alldrick, Shoalhaven District Hospital branch, referred to the ED problems at Blacktown Hospital and said her hospital ED had experienced similar difficulties over the entire summer holidays. The population swells greatly over the summer and not one extra nurse has been employed in the ED during that period when there have been up to 50 patients waiting, creating untold stress on the staff. The grave concern is that if something untoward occurred to one of those patients during the time they are in the ED, the nurses will be the ones to bear the blame.

Ms Kiejda said the ratios claim aimed to solve these issues, although in the meantime it was imperative that the Association is informed when these serious ED situations arise as the Association uses such information to lobby the decision-makers for a solution.

Ms Alldrick added that in the middle of summer, hospital management ceased the after-hours transport of scheduled mental health patients to mental health facilities and the patients have to now stay in the ED overnight.

Ms Kiejda strongly recommended that the branch endorse resolutions about these issues to challenge management – nurses do not have to tolerate such conditions. The Association can assist the branch with a process to ensure that management is held accountable.

Ms Tania Gleeson, Wagga Wagga Base Hospital branch, referred to HealthShare Medical Supplies and said that the warehouse and distribution is being privatised affecting about 130 or more jobs over the state, nine in Wagga Wagga. Staff members have been told that their options are to move to Sydney, to be redeployed around the hospital or to take redundancy. Ms Gleeson asked whether this privatisation was a fait accompli.

Ms Kiejda believed the decision has been made, again without consultation, and urged those who live in the regional areas where it will have the greatest impact to visit their local member, particularly if they are a National Party MP, and complain that jobs are being lost. It is important for these local members to understand that if their constituents are not happy, the MPs could lose their seat at the next election.

Ms Kiejda expressed concern that in workplaces, particularly outside Sydney, staff members are simply accepting situations as a fait accompli when they are not. The Association and members must stand together and inform management that nurses are no longer prepared to endure such staffing conditions and management must provide the staff that is necessary.

Mr Gil Wilson, Lismore Base Hospital branch, referred to the state election campaign and asked how members can become involved, particularly in the many electorates that have worthwhile candidates with a possibility of being elected.
Ms Kiejda suggested that members interested in door-knocking on behalf of the Association campaigns should contact the Association.

D5/2015  MOVED  R Galway  SECONDED  A Sipowicz
That the General Secretary’s Report be received.  
CARRIED

8.  Resolutions

8.1  Murwillumbah Nursing Home branch

D6/2015  MOVED  L Ingram  SECONDED  L Pieterse
That this Committee of Delegates calls on the General Secretary to lobby AHPRA to give recognition/licensing to all suitable qualified AiNs, PCAs or however titled workers who have completed a nationally accredited course. That, henceforth they be known as Assistant Nurses III or IV, and, must work under the supervision of a registered nurse.

The motion was amended by the mover and seconder to read:

That this Committee of Delegates calls on the General Secretary to continue to lobby the Australian Nursing and Midwifery Federation to further lobby the Australian Health Ministers Advisory Council for registration of assistants in nursing, however titled. AHPRA to give recognition/licensing to all suitable qualified AiNs, PCAs or however titled workers who have completed a nationally accredited course. That, henceforth they be known as Assistant Nurses III or IV, and, must work under the supervision of a registered nurse.

This is for the safety of the public and to better recognise the role of the AiN within the team.

Ms Ingram said the members believed it was necessary to retain RNs in aged care with registered AiNs required to work under the supervision of an RN to provide the elderly residents with the care they deserve. AiNs should be accountable and responsible for their care: apparently an AiN IV can make a mistake in administering medication, but are not accountable for that error. Ms Ingram said it was important for employers to recognise their workers as nurses; in her facility at Murwillumbah, AiNs are not allowed to sit in on handover because they are not nurses – that is a mistake and can only add to the grief and poor care that is provided to aged residents.

Ms Jan Dilworth, Royal Prince Alfred Hospital branch, supported the motion and believed that AiNs should be regulated and registered to be accountable, as are RNs and midwives. Many of the Christian-run facilities employ CSEs who come under the HSU and it was important to include CSEs in the motion.

Ms Levett believed CSEs were covered in the motion with the words ‘assistants in nursing, however titled’ and the ANMF has provided a definition of ‘however titled’ that includes all of those categories. As the motion was seeking regulation of assistants in nursing, union coverage was not relevant.
Ms Deb Lang, Gosford Private Hospital branch, spoke fervently in support of the motion. The original intent of the legislation many years ago was to protect the frail, aged, vulnerable people in the community. Ms Lang said it was shameful to make a profit from the elderly and not provide the care with the qualified clinical oversight of RNs and the other staff who support them in the aged care sector.

Mr Ronald Hardy, Whiddon Group Narrabri branch, spoke in support of the motion. ENs and RNs have to undertake ongoing training and earn CPD points each year, and Mr Hardy believed this should also be a requirement for AiNs.

Ms Katherine Ingram, Concord Repatriation General Hospital branch, expressed concern that with fewer RNs, the more AiNs are registered and educated, the more AiNs are substituting RNs in the hospitals. Ms Ingram said she knew of some places that were virtually managed by AiNs who were also administering medications.

Ms Kiejda clarified for Ms Katherine Ingram that the public sector quarterly statistics do not bear out the claim that RNs are being replaced by AiNs. In fact, surprisingly, the RN population has increased.

Ms Lyn Ingram, in her right of reply, said that most of the AiNs that she knows all appreciate working with an RN in-charge.

That this Committee of Delegates calls on the General Secretary to continue to lobby the Australian Nursing and Midwifery Federation to further lobby the Australian Health Ministers Advisory Council for registration of assistants in nursing, however titled.

This is for the safety of the public and to better recognise the role of the AiN within the team.

CARRIED UNANIMOUSLY

9. General Business

9.1 Committee of Delegates

D7/2015 MOVED T Webb SECONDED A Alldrick
That the Midwifery Reference Group be asked to explore other models of maternity staffing, such as the NHPPD model, as a potential alternative to BirthRate Plus.

Ms Webb said there was no doubt that BirthRate Plus and the work of the Association in its implementation has raised the staffing levels in maternity services, however staffing issues remain and BirthRate Plus is simply not coping. Maternity patients have greater acuity that is worsening, along with the continuing high turnover of patients in these areas. A high percentage of well women return home directly from the delivery suite and are managed by team or group midwives in certain areas. Ms Webb said it is very unfair that maternity patients have fewer staff to patient ratios than the general population; for example, the gynaecological ward of four patients with
abdominal hysterectomies has a ratio of one to four in her hospital, whereas on the post-natal ward, women who have had caesarean sections could have a ratio of one to six or seven to care for those women and their babies. Younger and smaller babies are being cared for on the post-natal ward to keep mothers and babies together, and while this is commendable, it creates greater workloads for the staff. Ms Webb believed it was important to review BirthRate Plus because it is hindering the provision of safe patient care and creating an unreasonable workload.

Ms Alldrick spoke from the perspective of a regional hospital and said that even though management advise that the staffing is two FTE over the BirthRate Plus allocation, the staff are still struggling. The situation is a four-bed delivery suite plus an examination room, a 12-bed post-natal unit and a special care nursery that is only open as necessary. On afternoon and night shift four midwives cover all areas. With four women in labour when staffing is supposed to be one on one, the midwives still have to care for the 12 post-natal mothers and babies from within the numbers. Ms Alldrick said when extra staff is requested because of the dangerous situation, the continual response from management is that the staffing is over the BirthRate Plus allocation.

Ms Kiejda believed the Ministry was unlikely to change the model because of the cost incurred in its implementation. Ms Kjejda added that the Association has argued successfully that if a hospital has a certain nursing hours allocation, the post-natal ward should be the same as a medical or surgical ward. While Ms Kiejda agreed there is some prevaricating around the collection of data and how it is calculated, she believed the model can work and it was important to correct the current model rather than introduce an entirely new model.

Mr Gil Wilson, Lismore Base Hospital branch, said one of the issues of concern at his hospital with BirthRate Plus is the way it is treated and abused by management and it was necessary to review the model and make it work.

Ms O’Bray Smith, Royal Prince Alfred Hospital branch, spoke for the motion and said that anti-natal is the great flaw with BirthRate Plus. RPAH has one of the biggest anti-natal wards of 15-beds for high risk patients and BirthRate Plus arrived at an absurd number of four FTEs for that ward for the entire year. Ms O’Bray Smith said staff have to obtain FTEs that are allocated to other wards and shuffling them to the anti-natal ward which means the 34-bed post-natal ward has a very large turnover with one midwife to five women and five babies.

Mr Lindsay Paterson, Maitland Mental Health Unit branch, suggested that as there are so many women having babies, Unions NSW could be provided with some statistics for doorknocking in the next few weeks to educate the community about the needs of women.

Ms Webb appreciated Ms Kiejda’s comments although was uncertain how to manage the mostly post-natal wards that are suffering from staff shortages. If staffing were to increase to one to four, Ms Webb did not know where those other midwives would come from across the division.

CARRIED UNANIMOUSLY
9.2  **Port Macquarie Base Hospital branch**

D8/2015  MOVED K Procter  SECONDED L Binskin
That the NSWNMA calls on NSW Health to rescind Policy Directive 2014_046 Salaries and Wages – Charging of Commission for Deductions. Further, that if NSW Health intends to introduce such a policy, consultation occurs with the NSWNMA and this must include provision of information on the cost of forwarding deductions.

Mr Procter said the Policy Directive dated 15 December 2014 referred to the charging of commissions for a number of deductions, and was vague whether the levelling of those commissions was on the body to whom the deductions are forwarded or whether on the employee. On the assumption that the fee is charged on the body to whom the deduction is forwarded, the PD specifies a number of deductions, such as contributions to health funds, insurance premiums, donations to charities and was open-ended about others that are not on an exempted list. The commission is 2.5% for health funds, and a minimum of 2.5% for others. Mr Procter said he found it of great concern in this country that a national government has relinquished its responsibility to encourage and provide aid to those who are in desperate need. This policy directive will be a further impediment and it is necessary to encourage generosity from the community.

Ms Binskin said that health funds visited Port Macquarie Base Hospital regularly, which is encouraged by management. LHDs want health insurance as it gives them more money, yet they want to charge a 2.5% commission; it is assumed that the health funds will pass that onto the people that are paying into health funds. Pay offices are there to manage pays and should not be making money from the process; Ms Binskin said NSW Health already receives money from staff salary packaging and believed this commission charge to be pure greed.

Mr Procter, in his right of reply, urged support for the motion.  

**CARRIED UNANIMOUSLY**

There being no further business the meeting concluded at 9.06pm.

**Date of Next Meeting:**
Tuesday 17 March 2015 at 7.15pm
at NSWNMA, 50 O’Dea Avenue, Waterloo