GENERAL SECRETARY CIRCULAR No: 71/2016

TO: All Members working in NEPT services

Update - proposed transition of nursing staff to NSW HealthShare NEPT services

BACKGROUND
On 10 February 2016, the Ministry of Health (‘Ministry’) announced (and commenced consultation on) a proposal that all nursing staff involved in providing NEPT services at LHDs in the Newcastle/New England, Sydney and Wollongong basins would transition their employment to the HealthShare NEPT Service (‘HS’). A similar announcement was made October last year regarding PTOs and drivers.

A Union Specific Consultation Committee (‘USCC’) process was commenced with the Association. We again acknowledge those members who participate in these meetings to ensure that they benefit from having broad and inclusive representation but remain manageable and effective.

CURRENT SITUATION
The following issues were discussed at the USCC meeting held on 8 June 2016:


Proposed Transition arrangements: Discussions have continued between the Ministry, HS, and the Association to establish and codify an agreed framework for the transition, noting the concerns raised by the Association on behalf of members. This framework includes a monitoring and review mechanism relating to the paid meal break. A final draft of the proposed Determination, along with the framework and understanding document, was previously provided to members (via Circular 63/2016).

Attached to this Circular are the above final documents as agreed to and approved by the Ministry and Association. These will form part of the transition package made available to nurses.

EOI process: Discussions have continued between the Ministry, HS, and the Association on the transition package to be made available to nurses. One outstanding item subject to discussion is the functional assessment for those nurses who may wish to voluntarily undertake such an assessment.

1 See important information concerning nursing staff working in the New England sector that was included in General Secretary Circular 55/2016.
At this stage transition is still planned to coincide with pay cycles in early July 2016.

It is hoped that the transition package will be made available to nurses in the next week (hand delivered and by email), with a two week turn-around for responses. Transition intended to then occur in the following two weeks.

**NOTE:** If you are currently not on the main pay cycle, and you have standing deductions scheduled to occur from your account aligned with current pay days, you may need to adjust these to reflect your new pay cycle on transition. This will be made clear in the transition package made available to nurses.

**Annual Leave:** The Association raised certain questions from one location whereby annual leave approvals were being withheld by local managers. HS would discuss this issue off line with affected nurses. General proposition, as previously noted, is that HS will honour any approved leave.

**Study leave:** The Association raised some questions as to how staff who may be undertaking RN or EN training (for example) will be supported and how any clinical placement may occur. Discussion ensued. HS took this issue on notice although provided examples as to how it had to date provided support to staff undertaking additional studies.

**Lifting:** Issue raised regarding the inconsistent approach (based on LHDs) as to how lifting is occurring. Consensus that progressing toward a standard approach is the most desirable outcome. HS reiterated that on transition it will be *business as usual* until training and resources required are provided/in place.

**Meal breaks:** The Association raised some questions in how meal breaks were being currently allocated, with some examples of meals being allocated as early as the third hour of the shift. HS indicated that in part, this may be due to two differing meal break regimes being in place. However, HS committed to look into the examples provided and report back at the next USCC meeting.

**Shifts/rosters:** The Association raised some examples of how shifts are occasionally subject to late changes. HS noted that rosters currently the responsibility of the LHDs, but on transition any changes to rosters will be subject to consultation - noting the provision to seek late changes due to emergent circumstances.

**Location:** HS confirmed that a lease had been signed for a Prestons site. Plenty of work still to be done prior to any relocation.

**Casual pool:** The Association raised issues with the capacity of nurses to remain (or be put on) the casual pool for the LHD in conjunction with HS employment. HS will review the particular circumstances and deal with offline.
Crib breaks in 10 shifts: Particular issue raised regarding breaks to be made available in a 10 hour shift. Confirmed this issue is subject to specific review and audit as part of the framework agreement established. This agreement also establishes that the crib break should normally occur between the 4th and 6th hours and be uninterrupted.

Case allocation: Issue raised regarding appropriate allocation of cases based on clinical presentation. HS believed that the development and finalisation of policies will hopefully further address this issue.

Next meeting
The next USCC meeting has been scheduled for Wednesday, 22 June 2016 at 9am.

NEXT STEPS
I would encourage you to distribute this to your nursing colleagues working in Patient Transport Services.

BRETT HOLMES
General Secretary

Attach
Ms Elizabeth Koff  
Secretary, Ministry of Health  
Locked Mail Bag 961  
NORTH SYDNEY NSW 2059

By email: vjohn@doh.health.nsw.gov.au

Dear Ms Koff

Re: Proposed transition of nursing staff from certain Local Health Districts to HealthShare NSW (NEPT Services)

The NSW Nurses and Midwives' Association ('Association') takes this opportunity to formally respond to correspondence and attachments provided by the Ministry of Health ('Ministry') dated 6 June 2016.

The correspondence and the attached documents (a proposed Determination regarding the paid crib break provision and a Framework and Understanding document) reflect considerable consultation and discussions between the parties, including our members via the USCC process, to establish the framework to manage the transition of nurses (and their employment) to the NEPT services operated by NSW HealthShare ('HS').

It is acknowledged that this proposed transition has not been without its challenges, and no doubt following transition will continue to require careful management and support to ensure that implementation is a success. I understand that work is still ongoing regarding aspects of proposed policies and procedures, along with a recognition by the parties that continued consultation will be critical in the months following transition.

On balance, and despite some reservations held by members as to how their employment and role as clinicians will 'gel' within the NEPT services operated by HS, the Association does not believe that these are barriers to it agreeing to the Determination being made in the terms attached to your correspondence dated 6 June 2016, along with the Framework and Understanding document similarly attached to that correspondence. These will hopefully provide certainty and assist with an orderly, transparent transition process.
For any further discussion on this matter, please contact Association Officer Dennis Ravlich on telephone number 8595 1234 or via email on gensec@nswnma.asn.au.

Yours sincerely

[Brett Holmes]

BRETT HOLMES
General Secretary

cc: Ms Marion Szalay, Principal Workplace Relations Advisor - Ministry of Health
    Ms Jennifer Van Cleef, State Manager NEPT – HealthShare NSW
    Relevant Association members working in NEPT Services
Dear Mr Holmes

Non-emergency Patient Transport in HealthShare NSW
Proposed Transitional Arrangements For Nursing Staff

I refer to our discussions through the Union Specific Consultative Committee process and to recently exchanged correspondence concerning the proposed transitional arrangements for nursing staff into Non-Emergency Patient Transport in HealthShare NSW (NEPT).

Two draft documents have been prepared to reflect the agreed position of your Association, NEPT and the Ministry:

1. A Determination to be made in accordance with s116A(1) of the Health Services Act 1997, and


The ‘Framework and Understanding Non-Emergency Patient Transport – Transition of Nursing Staff’ document provides information on agreed administrative and consultative arrangements. Under the heading ‘Future Merit Based Recruitment’, the agreed arrangements are set out for transitioned nursing staff to be considered internal applicants for recruitment opportunities within the Local Health District (LHD) of their previous employment. As Northern Sydney Local Health District (NSLHD) hosted the patient transport service for Central Coast Local Health District (CCLHD), it has been agreed that transitioned nursing staff from the NSLHD service will be regarded as internal applicants for the LHD in the geographical area in which they were originally employed (either NSLHD or CCLHD).

Please advise if you accept that this correspondence and attachments reflect the agreement of the parties. Should you wish to discuss any aspect of this matter, please contact Marion Szalay on telephone 9391 9918 or email marion.szalay@doh.health.nsw.gov.au.

Yours sincerely

Marion Szalay
Principal Workplace Relations Advisor

6 June 2016
Determination No ## of 2016

Non-Emergency Patient Transport, HealthShare NSW
Registered Nurses, Enrolled Nurses and Assistants In Nursing

In accordance with the provisions of section 116A(1) of the Health Services Act 1997 and Delegation S117 of the Ministry of Health's Combined Administrative Financial Staff Delegations Manual, I Trevor Craft, Director, Industrial Relations and Workforce Management in the Workplace Relations Branch of the Ministry of Health, determine the special arrangements for Registered Nurses, Enrolled Nurses and Assistants In Nursing working in Non-Emergency Patient Transport in HealthShare NSW are as set out below.

The following provisions apply to all nursing staff working in Non-Emergency Patient Transport in HealthShare NSW including those working under secondment arrangements or a service level agreement between a Local Health District and HealthShare NSW.

1. **Crib Break**
   a. The following crib break provisions apply in lieu of meal and tea break provisions in the Public Health System Nurses’ and Midwives’ (State) Award and will prevail over any other provisions in these subject areas:
      i. Employees working shifts of less than 12 hours duration shall have one paid 30 minute crib break to be taken between the fourth and seventh hour unless otherwise agreed between the parties.
      ii. Employees working a roster of 12 hour shifts will be entitled to two paid 30 minute crib breaks to be taken between the fourth and seventh hour and the eighth and eleventh hour unless otherwise agreed between the parties.
      iii. Employees who, due to operational requirements, are unable to take their paid crib break within the prescribed times, or whose crib break is not completed, shall receive an additional payment of one hour at ordinary time rates.

2. **Transition of Staff into Non-Emergency Patient Transport – June 2016**
   a. Staff will transition on the basis of their existing contract hours with the Local Health District. Current roster arrangements will prevail, along with current work locations, and should there be any need for changes these will only occur after appropriate consultation.
   b. The only immediate change to rosters will be a half hour reduction in the shift length to accommodate the paid crib break provision as set out in 1. Crib Break above.

This Determination will have immediate application and will remain in force until rescinded or replaced.

Signed at Sydney this day of May 2016.

Trevor Craft
Director, Industrial Relations and Workforce Management

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FRAMEWORK AND UNDERSTANDING
NON-EMERGENCY PATIENT TRANSPORT - TRANSITION OF NURSING STAFF
NSW Nurses and Midwives’ Association and Non-Emergency Patient Transport
June 2016

BACKGROUND

On 10 February 2016, the Ministry of Health (‘Ministry’) announced (and commenced consultation on) a proposal that all nursing staff involved in providing non-emergency patient services at Local Health Districts in the Hunter/New England, Sydney and Wollongong basins would transition to Non-Emergency Patient Transport in HealthShare NSW (‘NEPT’). A similar announcement was made in October 2015 regarding PTOs and drivers.

A Union Specific Consultation Committee (‘USCC’) process was subsequently commenced with the NSW Nurses and Midwives’ Association (‘Association’). The first of these meetings occurred on 29 February 2016. The USCC process was established to act as a focal point and ‘clearing house’ of issues and concerns relating to the transition and was attended by representatives of the parties (the parties being the Association and its members, the Ministry and NEPT).

AGREED OUTCOMES

Arising from the consultation process undertaken, the parties arrived at various outcomes to facilitate the transition of nurses from Local Health Districts to NEPT. The below outcomes/elements constitute key aspects of that agreed transition process, albeit it should be read and understood in conjunction with other matters consulted upon and dealt with during the process, for example, the governance and professional structure for nursing staff within NEPT, position descriptions, transition framework, policies and procedures, and Determination No ## of 2016 promulgated by the Ministry.

FRAMEWORK AND UNDERSTANDING

Time Span for Paid Crib Break When Working Shifts of Less Than 12 Hours

NEPT will use its best endeavours to provide the paid crib break between the beginning of the 4th hour and up to the end of the 6th hour of the shift, notwithstanding that the provision relates to the prescribed crib break between the 4th and 7th hours of the shift.

This matter will be the subject of monitoring and active discussion between the parties. Discussions will occur as required, but initially at the key milestones of one month following completion of transition of all nurses to NEPT. Subsequent milestones are three months and six months from the commencement of the paid crib break arrangement.

The parties will, following the six months milestone, discuss and agree upon any future monitoring processes to be continued and/or how relevant data will continue to be collated and exchanged.
Remedies will be discussed by the parties in the event that paid crib breaks are routinely occurring outside of the 4th hour and up to the end of the 6th hour span of the shift.

10 Hour Shifts
NEPT acknowledges the concerns raised by the Association over the ability of nursing staff to attend to personal needs during working hours, particularly for staff on 10 hour shifts. NEPT accepts that the paid crib break is not the only opportunity that staff will have to attend to their personal needs and that this may occur at opportune times throughout the shift eg purchase a drink when passing a vending machine or attend a nearby rest room.

Interruption of Paid Crib Break
NEPT has no intention to interrupt paid crib breaks on a routine basis. NEPT has no record of having interrupted paid or unpaid breaks since the booking hub has been in operation on 24 May 2013. Crib breaks would only be interrupted in extenuating emergency situations such as evacuation of nursing homes in bush fires or where instructions have been received from the Health Services Functional Area Coordinator/s.

Future Merit Based Recruitment
The Ministry has agreed that nursing staff who transition to NEPT arising from this process will continue to be considered 'internal applicants' within the LHD of their previous employment so they may be able to access internal recruitment opportunities for a period of two years after the date of transition.

Safe Work Practices
NEPT acknowledges concerns raised by the Association to ensure that a safe place of work exists. NEPT has confirmed that the scope of duties for nursing staff within the NEPT service will require employees to do some lifting. However, NEPT has committed that on transition it will be business as usual until training and resources required are provided/in place.

Determination
The Ministry agrees that the provisions contained in Determination No ## of 2016 pertaining to a paid crib break can be incorporated in the Public Health System Nurses' and Midwives' (State) Award when that Award is next open to renegotiation.

DISPUTES
The parties acknowledge that any disagreement post transition relating to this Framework and Understanding will be dealt with using the consultation framework established for NEPT. If a matter remains unable to be resolved, the parties will utilise the dispute resolution process contained in the Public Health System Nurses' and Midwives' (State) Award.