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KEY DIRECTION 1
Grow our capacity to influence

In order to win better outcomes for our members, the Association* must grow our influence. Influence comes when Association members and member leaders have the ability to use their collective power to enforce rights and achieve new outcomes in their workplaces, their sector and within the health system. We define the health system as inclusive of everywhere our members work.

STRATEGIES

1.1. Grow power and influence by increasing the number of Association members
1.2. Identify new member leaders who can build their workplace influence
1.3. Equip Association member leaders with the skills, knowledge and confidence to lead members to use their influence
1.4. Grow the number of Association members actively engaged across the health, disability and aged care systems
1.5. Ensure a focus on retaining as many members as possible

(* Association should be read to mean the Australian Nursing and Midwifery Federation NSW Branch and the New South Wales Nurses and Midwives’ Association)

BUPA AGED CARE SERVICES

Dispute: Rights of part-time employees to ‘retain’ their contracted hours and shifts
Bupa has introduced a new model of care to their facilities nationwide. This has resulted in changes/reductions to shift times for part time employees, with consequential changes to contracts of employment.

Key Direction 1
Strategy 1.1: Grow power and influence by increasing the number of Association members
Strategy 1.2: Identify new member leaders who can build their workplace influence
Strategy 1.5: Ensure a focus on retaining as many members as possible.

Key Direction 2
Strategy 2.7: Strategically use legal and industrial tribunals to deliver outcomes for individual members or groups
ACTION
The Federation represented members across a number of facilities as an appointed representative in relation to the above changes in the second half of 2016. Many of these led to acceptable outcomes. Others did not. Some of these formed part of three disputes initiated by the Federation in the Fair Work Commission (‘FWC’) around the changes. The third dispute squarely centred upon whether Bupa can change the times that part time employees work without their concurrence. The term of the enterprise agreement (similar to that of the Nurses Modern Award) is as follows:

a. A part-time employee is an employee who is engaged to work less than an average of 38 ordinary hours per week and whose hours of work are reasonably predictable.

b. Before commencing part-time employment, Bupa and a part time employee will agree in writing the guaranteed minimum number of hours to be worked and the rostering arrangements which will apply to those hours. The minimum hours which a part time employee will be required to work on a rostered day or shift is 3 hours. [emphasis added]

c. The terms of the agreement may be varied by agreement and recorded in writing.

Bupa argued that the agreement provisions regarding the ability to give notice for a change of roster superseded or ‘overrode’ the above requirements.

OUTCOME
● A single member of the FWC at first instance found in favour of the Federation that the times and days that part time employees work should be contained and set out in their contract.

● In response, Bupa lodged an appeal to this decision.

● Consequently, the matter was subject to a Full Bench hearing on 3 February 2017.

● In handing down this decision in recent times, the Full Bench overturned the decision of the single member of the FWC. This decision is currently being reviewed as to its consequences regarding the interpretation of the contested agreement clause.

HEALTHSCOPE PRIVATE HOSPITALS

The Enterprise Agreement expires in 2020.
Key Direction 1
Strategy 1.1: Grow power and influence by increasing the number of Association members
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Strategy 1.4: Grow the number of Association members actively engaged across the health, disability and aged care systems
Strategy 1.5: Ensure a focus on retaining as many members as possible

Key Direction 2
Strategy 2.1: Review and implement improved Association approaches and processes for collective bargaining and enforcement of rights

ACTION

Norwest Private Hospital

Members have been working together with the Association in relation to proposed roster changes for perioperative nurses. These changes were significant for members as the process has been poor and without enough consultation.

The Association wrote on behalf of members to Norwest Private Hospital management requesting that the proposed introduction of roster changes on 3 April be withdrawn.

Management responded with a new implementation date of 1 May 2017 to allow further time to consult.

Workplace leaders of Norwest Private Hospital operating theatres continue to work with the Association to ensure the resolution of outstanding Workplace Health and Safety items identified during the December 2016 inspection are being appropriately actioned and reported to nursing staff.

Organiser visits, Facebook posts, SMS and email updates are continuing, in order to educate members about their current conditions, their rights to consultation with proposed roster changes and WHS related items.

Sydney South West Private Hospital and Nepean Private Hospital

The Association has been working with members and the Branch to resolve workplace issues in Operating Theatres. A series of visits to the facility was conducted to heighten presence and visibility.

The Hills Private Rehabilitation Hospital

A series of visits were conducted to engage members and increase visibility. The Association will work with members to outline a plan to resolve workplace issues identified during these visits.
Hunter Valley Private Hospital Theatres

An organised membership successfully thwarted a novel management interpretation of the change to roster by agreement provision.

Management proposed to theatre nurses a roster displaying only a morning or afternoon start, with the actual starting times of the morning or afternoon shifts to be notified to the nurse the day before, facilitating staggered starts.

Members collectively refused the proposal, particularly by utilising past “Know Your Rights” leaflets, when in discussion with management.

Sydney Clinic (The)

Successful membership engagement and increased Association visibility occurred when conducting a discussion and “Q&A” session about the AHPRA 2016 registration standards, CPD and PII changes. Interest in the revamped ANMF CPD on line learning also occurred.

Facebook

The Association Facebook page for Healthscope nurses and midwives continues to be used as a tool to support Organising and member education.

There has been improved member engagement on Facebook with increased ‘likes’ and ‘shares’. Page ‘likes’ are now over 400, expanding our reach and encouraging off-line discussions in the workplace.

Education

Ongoing Enterprise Agreement education continues at scheduled visits and through Facebook posts, ‘Know Your Rights’ leaflets and topics for offline workplace discussions.

Other matters

Online recruitment continues to be steady. The Association Healthscope team has reviewed the maintenance plan for 2017, setting strategic goals for continued member growth and leader development.
OUTCOME

- Association visibility and presence heightened.
- Good membership growth.
- Greater Branch power, confidence and influence at some key sites.
- New activists identified.
- Increased member leader engagement and activity by members in the workplace.

RAMSAY HEALTH CARE

Nowra Private Hospital – Changes to routine shift times

Members were advised that there would be cuts to shift lengths, which would reduce contracted hours for some members. A collective workplace action was undertaken with the following objectives:

- Education on the benefits of collective action;
- Educate on union Enterprise Agreement rights;
- Use the opportunity to recruit and engage with members on other employer-wide issues; and
- Develop activism around collective action.

Key Direction 1

Strategy 1.1: Grow power and influence by increasing the number of Association members
Strategy 1.2: Identify new member leaders who can build their workplace influence
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Strategy 1.4: Grow the number of Association members actively engaged across the health, disability and aged care systems
Strategy 1.5: Ensure a focus on retaining as many members as possible

ACTION

Members met to discuss the issues and what action to take. Members carried a resolution stating the issues around changes, which was sent to management.

Management responded in writing in the required timeframe which was due to member pressure.
OUTCOME

- Increase in membership.
- Educated activists through collective action.
- Members engaged and educated on Enterprise Agreement rights.
- Members were given alternative solutions to cuts in contracted hours.

Warners Bay Private Hospital – Roster changes

Changes were made to the regular roster across the Christmas 2016/17 period without fair consultation in accordance with the Enterprise Agreement.

Additionally, start and finish times were not published on the roster in accordance with the Enterprise Agreement.

Changes to the regular roster meant that the regular handover system from outgoing to oncoming nurses changed to third party handover, which was not compliant with hospital policy or best practice.

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ACTION

A site and ward campaign was implemented to:

- enforce Enterprise Agreement compliance and safe handover practice;
- educate members on their Enterprise Agreement rights, professional obligations and power of acting together;
- develop new and existing member leaders;
- increase membership; and
- form a new Branch at the hospital from collective action and engagement.

Active members circulated information and had conversations with their colleagues on their rights, asked non-members to join, held union meetings and collectively met with management to discuss the issue.

The Association corresponded with management requesting compliance with the Enterprise Agreement and the hospital’s regular handover practice.
OUTCOME

- Management made adjustments to the Christmas roster in response to members’ requests and resumed regular handover practice.
- Management confirmed that the regular roster would resume in the following roster period and that consultation would occur in accordance with the Enterprise Agreement for any future proposed changes.
- Nurses working on the ward and across the hospital engaged on the issue and education on their rights.
- New and existing member leaders experienced a successful campaign with a sequence of actions leading to a win.
- Through this campaign experience, member leaders formed a new Branch, have been meeting regularly and taking up new issues.
KEY DIRECTION 2
Be innovative in our advocacy and bargaining

New challenges and environments require new thinking and continuous improvement of professional and industrial advocacy and bargaining.

The Association will directly represent and organise members and their workplaces, as well as engage with the community and other key stakeholders, to achieve advancement in professional and industrial outcomes.

STRATEGIES

2.1. Review and implement improved Association approaches and processes for collective bargaining and enforcement of rights

2.2. Ensure that advocacy and bargaining aligns with our growing capacity to influence

2.3. Ensure existing Ratios systems are implemented and enforced properly through member education and member leader vigilance

2.4. Actively use political and community lobbying campaigns to assist with advocacy and bargaining outcomes

2.5. Campaign to extend enforceable staffing arrangements for safe patient care into other sectors

2.6. Review Association approaches and processes for linking professional advocacy to organising and growth

2.7. Strategically use legal and industrial tribunals to deliver outcomes for individual members or groups

CEDAR PLACE AGED CARE PTY LTD

Nursing Structure

The nursing structure at this aged care facility, located in Kempsey, is not in compliance with section 104 of the Public Health Act 2010 (NSW). Currently, there is a dispute regarding the removal of nursing hours, the oversight of a registered nurse and the appointment of a Director of Nursing.
Key Direction 2
Strategy 2.1: Review and implement improved Association approaches and processes for collective bargaining and enforcement of rights
Strategy 2.4: Actively use political and community lobbying campaigns to assist with advocacy and bargaining outcomes
Strategy 2.7: Strategically use legal and industrial tribunals to deliver outcomes for individual members or groups

ACTION
On 1 April 2017 the Association wrote to the Ministry of Health regarding the failure to comply with the Public Health Act 2010 (NSW).

Members reported concerns to the Aged Care Complaints Commission regarding governance, quality of care and appropriate management structure.

OUTCOME
- On 7 April 2017, the Facility Manager/Chief Executive Officer and the Second in Charge nurse resigned from positions effective immediately.

- At a mandatory staff meeting held at the facility on 10 April 2017, members were advised of the resignations and that interim management arrangements would be put in place by Nambucca Valley Care.

Brett Holmes
Branch Secretary
ANNEXURE 1

New Agreements approved by employees

Agreements with the following employers have either been voted ‘in favour’ by employees and are in the process of being lodged with the Fair Work Commission or are now ratified by the Fair Work Commission, and are awaiting the mandatory seven days before becoming operational.

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<tr>
<th>OWNER</th>
<th>NO. OF SITES</th>
<th>SECTOR</th>
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<tr>
<td>Christadelphian Homes Limited</td>
<td>7</td>
<td>Aged Care</td>
</tr>
<tr>
<td>Cranbrook Care Group</td>
<td>5</td>
<td>Aged Care</td>
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<td>19</td>
<td>Aged Care</td>
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