Contents

Key Direction 1: Grow our capacity to influence 3
Hunter New England Local Health District 3
   The Maitland Hospital – Admission of medical/surgical patients to the post-natal ward 3
   The Maitland Hospital – Introduction of policy to care for neonates 4
   Maitland Mental Health Unit – Safe Staffing Dispute 4
Northern NSW Local Health District 5
   Lismore Base Hospital – Maternity Staffing Matrix Grievance 5
Western Sydney Local Health District 6
   Westmead Hospital – Workload issues in ICU 6
   Westmead Hospital – Workload issues in NICU 6

Key Direction 2: Be innovative in our advocacy and bargaining 7
Murrumbidgee Local Health District 7
   Narrandera District and Leeton District Hospitals – ED staffing levels & security concerns 7
Family and Community Services 8
   Forced transition of FACS staff to the NGO sector 8
Ministry of Health 9
   Office workplace accommodation 9

Key Direction 3: Promote a world class, well-funded, integrated health system 11
Northern Sydney Local Health District - Ministry of Health 11
   Northern Beaches Hospital transition process 11
NSW Parliament 12
   Government Sector Employment Amendment (Transfers to Non-Government Sector) Regulation 2016 12
   NSW Legislative Council Inquiry - Inquiry into the implementation of the National Disability Insurance Scheme and the provision of disability services in New South Wales 12
NSWNMA Education Program
- Association Education Program 2019
- Mental Health and Drug & Alcohol Forum
- Self-Care Seminar

NSWNMA managed scholarships
- Bob Fenwick Mentoring Grants Program (BFMGP)
- The Edith Cavell Trust
- The Lions Nurses Foundation Scholarship

Public Service Commission
- Government Sector Employment Rules 2014

Reconciliation Action Plan

Rural and Remote Aged Care Workforce Issues Consultation Group

Submissions and Inquiries
- RN Prescribing

Work Health and Safety
- SafeWork NSW

Key Direction 4:
Promote the Association as a significant and professional advocate for the health system and our members

Key Partnerships
- Ageing Alliance
- Australian Association of Gerontology
- NSW Health – Meeting with the Chief Nurse and Mental Health Advisor
- NSW Health – Meeting with the Chief Pharmacist
- Quality Aged Care Action Group
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 New South Wales Nurses and Midwives’ Association and the Australian Nursing and Midwifery Federation NSW Branch.)

Hunter New England Local Health District

The Maitland Hospital – Admission of medical/surgical patients to the post-natal ward

Surgical and Medical patients have been routinely admitted to the post-natal ward at the Maitland Hospital, totalling 706 separations in the last financial year and an average of 3.5 bed days.

Key Direction 1
Strategy 1.2 Identify new member leaders who can build their workplace influence
Strategy 1.3 Equip Association member leaders with the skills, knowledge and confidence to lead members to use their influence

Action

Members took their concerns to the Reasonable Workload Committee recommending that Bachelor of Midwives cannot look after or supervise an EN looking after gynaecological surgical, general surgical, orthopaedic surgical, and medical patients as this is out of their scope of practice as a Bachelor of Midwife.

Management at the Maitland Hospital suggested rostering a dual registered nurse/midwife on every shift and explore the Bachelor of Midwife scope of practice.

The Reasonable Workload Committee lodged a grievance with the LHD DoN due to the failure of the committee to reach consensus regarding the issue of outliers. Reasonable Workload Committee representatives subsequently attended a grievance meeting with the LHD DoN regarding their concerns.
Outcome

- The LHD DoN acknowledged that outliers should not be looked after on the post-natal ward.
- The directive from the LHD DoN that surgical/medical outliers no longer be admitted to the post-natal ward took effective immediately.
- Overnight, all medical and surgical patients were removed from the post-natal ward.

The Maitland Hospital – Introduction of policy to care for neonates

The introduction of policy regarding the care of pre-term, low birthweight, hypoglycaemic neonates in the post-natal wards has had compounding workload issues for midwives at the Maitland Hospital.

Key Direction 1

Strategy 1.2 Identify new member leaders who can build their workplace influence
Strategy 1.3 Equip Association member leaders with the skills, knowledge and confidence to lead members to use their influence

Action

An Association member leader led a time in motion study to examine the amount of care required for these neonates. The results of the study showed that neonates under this policy would require 11 hours of midwifery care in the first 24 hours of life. Members took their concerns to the Reasonable Workload Committee.

Outcome

- The low birth weight, pre-term policy has been revised as a result of member actions and the changes are expected to alleviate some of the workload concerns.
- An escalation plan has been developed with members input – additional midwifery staffing must be provided to the post-natal ward when there are two or more neonates on the ward.

Maitland Mental Health Unit – Safe Staffing Dispute

The new branch is seeking support for staffing issues and practices that are, in their view, unsafe. They report a long-standing practice at night when Mental Health Unit (MHU) staff are called upon to attend the ED and assess all patients deemed to be “Mental Health” presentations. They are responsible for the mental health assessment and contacting the on-call Psychiatrist for a treatment plan and phone orders. Members are increasingly opposed to the ramifications of this practice.

The MHU is left with one staff member down for long periods, often for much of the shift. This open ward ratio becomes 1:18 along with direct engagement observations.

Key Direction 1

Strategy 1.2 Identify new member leaders who can build their workplace influence
Strategy 1.3 Equip Association member leaders with the skills, knowledge and confidence to lead members to use their influence

Action

Members met and resolved to advise management they could only attend the ED at night if they were relieved to do so. The branch crafted a standard response by saying they were not refusing to go to the ED, but rather refusing to leave their allocated patients without care.
The members commenced implementing their resolution on night duty from 15 June, which resulted in rapid escalation and management threats of disciplinary action throughout the weekend.

The Association intervened during this period as members were so distressed by the threats. There were two subsequent heated meetings with members, the LHD and NSWNMA, however over a period of five weeks, members continued to decline to leave patients.

**Outcome**

- The branch met with the LHD on 31 July and was advised the LHD had reconsidered its position and agreed that staff from the MHU should not attend the ED at night as the staffing was not adequate.
- Further, the LHD in examining the issue realised that as the night duty span was eight hours, it left staffing at a very low level during handover.
- Members were subsequently offered 10-hour night shifts, which was resoundingly welcomed.
- Members also were relieved of attending code black at night and a review process for all code black calls will be conducted.

### Northern NSW Local Health District

**Lismore Base Hospital – Maternity Staffing Matrix Grievance**

Lismore Base Hospital women’s care unit staff raised the issue of the introduction of a new matrix without prior consultation with affected members at the local Reasonable Workload Committee.

**Key Direction 1**

**Strategy 1.2** Identify new member leaders who can build their workplace influence

**Strategy 1.3** Equip Association member leaders with the skills, knowledge and confidence to lead members to use their influence

**Key Direction 2**

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

**Action**

The grievance process was triggered after the committee failed to reach consensus regarding the matrix and the issue was escalated to the LHD DoN.

**Outcome**

- After escalating issues to the LHD DoN the existing maternity staffing matrix was reinstated and acknowledgement that proper process had not been followed.
- Branch members will meet at the request of the LHD DoN to further highlight the concerns in Lismore Base Hospital Women’s Care Unit.
- Potential member leaders have been asked to think about issues they would raise with a local MP.
Western Sydney Local Health District

Westmead Hospital – Workload issues in ICU

Staffing, workloads and patient flow issues have been identified in the ICU.

Key Direction 1
Strategy 1.2 Identify new member leaders who can build their workplace influence
Strategy 1.3 Equip Association member leaders with the skills, knowledge and confidence to lead members to use their influence

Action
The branch has endorsed a resolution on 20 August 2018 seeking the following:

- Staffing ratios are implemented within the department as per the College of Intensive Care Medicine of Australia guidelines.
- Patient double ups are minimised.
- Patients for discharge from the department are counted in the numbers until they leave the department and that a maximum transfer time is allocated, e.g. 4 hours.
- Cease deployment of staff to other areas.

Outcome
- The resolution was provided to management, with a response due by 27 August 2018. The branch has received a less than satisfactory response and will meet to discuss their options.
- A subsequent meeting was held with staff from the department on 21 August 2018, where 21 staff were present.

Westmead Hospital – Workload issues in NICU

Staffing, workloads and patient flow issues have been identified in the NICU.

Key Direction 1
Strategy 1.2 Identify new member leaders who can build their workplace influence
Strategy 1.3 Equip Association member leaders with the skills, knowledge and confidence to lead members to use their influence

Action
The branch has endorsed a resolution on 20 August 2018 requesting the following:

- Number of ventilated patients in the unit at any one time be capped at 15.
- Temporary and permanent vacancies in the unit are recruited to as a matter of urgency.
- Unit bed numbers capped at 43.
- The status of the unit be taken into consideration when accepting patient admissions (i.e. whether the unit is ‘red’ or not).
- The branch considers safe staffing for the unit to be 1:1 for ventilated and non-invasive ventilated patients, 1:2 for HDU patients and 1:3 for the special care nursery.

Outcome
- The meeting was held with members in the department on 15 August 2018 to discuss options in relation to these issues, with 22 members were present. The branch has received a less than satisfactory response and will meet to discuss their options.
- The resolution was given to management, with a response due by 27 August 2018.
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

Murrumbidgee Local Health District

Narrandera District and Leeton District Hospitals – ED staffing levels & security concerns

Key Direction 2
Strategy 2.4 Actively use political and community lobbying campaigns to assist with advocacy and bargaining outcomes
Strategy 2.5 Campaign to extend enforceable staffing arrangements for safe patient care into other sectors

Action

Leeton and Narrandera Hospitals have been experiencing security concerns and staffing issues in their EDs. Leeton and Narrandera Hospitals are peer group D, so have no Nursing Hours Per Patient Day (NHPPD). On a night shift, they each have only three nursing staff on duty.

When a patient comes to the ED during this shift, one nurse leaves the ward and attends the ED on their own (in isolation) and, if due to a potential risk, two nurses are required in ED, this in turn leaves one nurse left (in isolation) on the ward.
Both sites do have a Health and Security Assistant (HASA) but this position is only rostered five days a week on the afternoon shift and are not replaced if on sick leave or annual leave; staff regard this as a token gesture.

Staff have attempted many times to discuss these issues with management but meetings failed to resolve this matter.

**Outcome**
- The branch officials at these two sites recently attended activist training in Griffith and following this education, are now motivated to resolve this issue once and for all.
- Several branch meetings were held with the support of Association organisers.
- The LHD has been informed that staff are exasperated with these inactions.
- WHS inspections have been conducted by the Association – in March at Leeton and in early August at Narrandera. These inspections have highlighted some procedural failures and glaring structural changes needed to ensure staff and patients safety.
- This anger and momentum at both sites culminated in a rally outside both hospitals on 20 August 2018.
- Leeton held its rally at 11.00am with 25 people (staff and community) gathering at the main gate. The rally had great media coverage by two TV stations (WIN and PRIME) and as well as local radio and newspaper coverage.
- At Leeton, two political candidates (ALP and Shooters, Fishers and Farmers) attended and supported the Ratios’ claims and the nurses’ concerns around security. Additionally, two Leeton Shire Councillors also attended and offered support.
- Narrandera’s rally was at 12.45pm, with over 15 in attendance (staff and community). Leeton also had good media coverage from local radio, newspaper and WIN TV.
- Two councillors from Narrandera Shire Council attended to hear about the issues and to show solidarity.
- Following this, the branch has decided to endorse a resolution calling on the LHD to meet with the branches.
- If this fails to bring about an additional nurse for the night shift and increased HASA support, the members are prepared to continue their fight.

**Family and Community Services**

**Forced transition of FACS staff to the NGO sector**

Issues continue to arise with the rollout of the NDIS and the decision of the NSW Government to vacate the disability field entirely, which will result in FACS employees being transferred without their consent to various NGO providers.

**Key Direction 2**
- **Strategy 2.7** Strategically use legal and industrial tribunals to deliver outcomes for individual members or groups

**Key Direction 1**
- **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 3  
Strategy 3.2  Identify the features of a world class, well-funded, integrated health system

Action
The Association felt it had no alternative but to notify the Industrial Relations Commission of NSW (‘IRC’) of a dispute relating to global and/or threshold issues of the forced transfer of FACS staff last year. During the conciliation phase, the Association raised the issue that if a FACS nurse forcibly transferred to a NGO provider/employer was to subsequently obtain employment within the Government Service (e.g. a public hospital), but this occurred more than two months following their transfer to the NGO – they would not have their previous service with FACS recognised as service for LSL purposes.

In the view of the Association, this was a most unsatisfactory outcome for employees who did not leave their FACS employment voluntarily, i.e. they are being prejudiced by a decision to forcibly transfer their employment to a NGO. Whilst the IRC was sympathetic, and believed this issue should be addressed in some way, it was not able to enforce or direct a change to how relevant legislation, regulation and rules were applied in this situation.

Outcome
- Pleasingly, after several months of representations and negotiations, the Association has now received confirmation from NSW Public Sector Industrial Relations (PS IR) that the Ministry of Health has issued a Determination so that FACS nurses who had their employment transferred to a NGO will have their service with FACS recognised for extended/long service leave purposes if they are employed within the NSW Health Service within twelve (12) months of being transferred from FACS.
- On the one hand, this is a pleasing outcome and recognition by NSW PS IR and Ministry of Health of the arguments advanced by the Association. On the other hand though, it must be also acknowledged that the Association had sought and agitated for a greater ‘window of opportunity’ than the 12 months provided for in the Determination.
- However, it is – and hopefully will be – of some benefit to FACS members who have been subject to a forcible transfer to the NGO sector if they were minded to seek employment in a public hospital.

Ministry of Health

Office workplace accommodation
Earlier this year, without any warning or consultation, the Ministry of Health rescinded PD2005_576 Office Accommodation Policy - Public Health Organisations and Ambulance Service. The rescinded policy set out the required workspaces for various roles and positions within the NSW Health Service, including the office space required for NUMs, managers and other clinicians (such as Staff Specialists).

Key Direction 2  
Strategy 2.7  Strategically use legal and industrial tribunals to deliver outcomes for individual members or groups

Key Direction 1  
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 3  
Strategy 3.2  Identify the features of a world class, well-funded, integrated health system

Action
The Ministry claimed it was ‘compelled’ to do so as the policy was inconsistent with new NSW Government approaches to office accommodation throughout the government sector i.e. “contemporary, agile, active and/or flexible models”. This of course equates to reducing the number of discrete office spaces provided within hospitals and the rescinded policy was clearly an impediment to adopting this new approach. Public health unions disputed this change without consultation before the Industrial Relations Commission of NSW (‘IRC’).

Outcome
- As a result of recommendations arising from the IRC proceedings, the Ministry confirmed that a replacement policy for PD2005_576 will be subject to consultation with unions, which is currently underway.
- The Ministry has further provided confirmation as to its approach in several current redevelopments towards the provision of office accommodation in clinical areas. That feedback indicates on the whole that discrete office spaces will be retained for NUMs/MUMs in clinical areas. The same cannot be said for other roles that may be filled by Nurse Managers or those nursing positions in non-operational areas.
- More disturbing is the approach to be adopted in future redevelopments, in that the draft policy provided to public health unions is underpinned by the NSW Government Fitout Design Principles (Office Workplace Accommodation) policy, which includes such gems as:

  “Enclosed offices are not supported and should only be provided for a specific operational requirement (with other open plan office arrangements/configurations being fully tested first), otherwise layout is to be open plan.”

  “Enclosed offices (by exception) – Not permitted. Open plan configuration is mandated. Appropriately located small meeting rooms to be used for confidential discussions.”
KEY DIRECTION 3

Promote a world class, well-funded, integrated health system

Increasingly, health is becoming a defining political issue in our country and budget decisions impact on the delivery of care. The Association will be an effective advocate for delivery of quality outcomes of care in an ever-changing health system and influence policy and decision-makers to invest in prevention and universality.

STATEGIES

3.1 Consult with Association members on their vision of an integrated health system
3.2 Identify the features of a world class, well-funded, integrated health system
3.3 Develop an education program for Association members and member leaders
3.4 Develop initiatives, affiliations and partnerships on issues that affect Association members
3.5 Advocate and influence decision makers on key issues that affect Association members and the delivery of care

Northern Sydney Local Health District - Ministry of Health

Northern Beaches Hospital transition process

The NSW Government has contracted Healthscope to build and operate (and be the employing entity of staff) at a new Northern Beaches Hospital located at Frenchs Forest. This new hospital would be in lieu of public health services currently provided at Manly and Mona Vale Hospitals, with Manly Hospital closing entirely, and residual services remaining at Mona Vale Hospital.

Key Direction 3
Strategy 3.4 Develop initiatives, affiliations and partnerships on issues that affect NSWNMA members
Strategy 3.5 Advocate and influence decision makers on key issues that affect NSWNMA members and the delivery of care

Key Direction 1
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

Letters of offer were issued to staff on 21 August 2018 who had expressed an interest in transferring to the new hospital. A ten (10) day turn-around was negotiated between public health unions, NSLHD and Healthscope. Pleasingly, and quite rightly, the letter of offer contains the essential ingredients of commitments made to transferring staff, over and above their statutory entitlements.
Outcome
- Regular updates and explanatory information have been provided to members on the letters of offer.
- The Association undertook site visits to answer questions of members’ one on one.
- Members were also encouraged to contact the Association with any questions or queries they had.
- It is anticipated that rosters for all wards/services will be finalised during September. This will further allow members to determine if they wish to continue with their transfer.
- Members have also been advised that it has been reconfirmed with NSLHD and Healthscope that even if they accept the offer, they can ‘withdraw’ from this commitment up until the date of transfer – without penalty. So if circumstances change, or issues arise preventing their transfer, members are not locked in.

NSW Parliament

Government Sector Employment Amendment (Transfers to Non-Government Sector) Regulation 2016
Disallowance motion to be debated in the NSW Parliament.

Key Direction 3
Strategy 3.4 Develop initiatives, affiliations and partnerships on issues that affect NSWNMA members

Action
Council will recall from previous updates that the then Baird NSW Government (without any prior warning or consideration to consult) had the Government Sector Employment Amendment (Transfers to Non-Government Sector) Regulation 2016 ('Regulation') gazetted. The Regulation further eroded the rights of government sector workers whose role may be subject to privatisation.

Unions NSW and affiliates have agitated with cross bench members of the NSW Legislative Council to support a disallowance motion on the Regulation (i.e. have it set aside) tabled by the ALP Opposition.

Outcome
- After vigorous representations from members and the Association with other public health unions, the NSW Government excised from the Regulation workers at Manly and Mona Vale Hospitals subject to transition to the Northern Beaches Hospital.
- After numerous adjournments, the debate on the Regulation as a whole has again been postponed till Tuesday 13 November 2018.

NSW Legislative Council Inquiry - Inquiry into the implementation of the National Disability Insurance Scheme and the provision of disability services in New South Wales

The NSW Legislative Council, via Portfolio Committee No 2, has commenced an inquiry into the implementation of the National Disability Insurance Scheme (‘NDIS’) and the provision of disability services in New South Wales.
In short, the inquiry provides an opportunity to specifically look at the implementation of the NDIS, and the choice it has provided for people with disabilities, along with several other factors regarding the support available, the adequacy of regulatory controls and oversight, and what strain may be evident in the provision of such services.

**Key Direction 3**

**Strategy 3.5** Advocate and influence decision makers on key issues that affect NSWNMA members and the delivery of care

**Key Direction 1**

**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 Association contacted all current and ex FACS members, notifying them of this Inquiry, and sought feedback that could be utilised in an Association submission.

**Outcome**
- The Association submitted a comprehensive submission which contained a number of (concerning) experiences relayed by members and Association officers.
- This submission is unable to be distributed as yet as it awaits authorisation by the Committee.
- Hearings are scheduled in September and October.

**NSWNMA Education Program**

**Key Direction 3**

**Strategy 3.3** Develop an education program for Association members and member leaders

**Association Education Program 2019**

**Action**
The planning and development for the 2019 Education Program is underway.

**Outcome**
- New education session will be included with further development of education sessions for regional and remote areas.
- A new partnership is being developed with an e-learning program provider – SafeMedicate – which will support face-to-face workshops around safe medication practice, as well as being available to the membership individually.

**Mental Health and Drug & Alcohol Forum**

**Action**
The annual Mental Health and Drug & Alcohol Forum, ‘Time for Change’, will be held 7 September 2018.
Outcome
- Bethne Hart, Associate Professor, University of Notre Dame, will be the keynote speaker on the topic ‘Best Mental Health Nursing Practice’. Dr Karin Lines, Director Mental Health Branch is unfortunately unable to present as planned.
- Other topics being presented include:
  - Using the NMBA Decision making Framework;
  - WHS in the workplace;
  - Observation and Documentation: Survival tools for legal issues. This session will be provided by the Association Legal officers in the form of a panel discussion.

Self-Care Seminar
Action
An inaugural Self-Care Seminar was held on 17 August 2018.

Outcome
- Due to an overwhelming request from the membership, a self-care seminar was held on 17 August at the Association’s office.
- 60 participants attended with overall positive feedback and request for further seminars on this topic.

NSWNMA managed scholarships

Bob Fenwick Mentoring Grants Program (BFMGP)
Action
The Bob Fenwick Mentoring Grants Program Round 7, 2018 Steering Committee met on 22 August 2018.

Outcome
- Mentee placements are almost complete with only three placements remaining. Two mentee’s have withdrawn due to personal circumstances leaving a total of 18 mentees.
- Award Ceremony planning for 5 October 2018 is underway, with invitations already sent.
- The Hon Tanya Davies, Minister for Mental Health requested the 5 October date with the intention of attending.
- Ms Jan Fenwick and Ms Kate Fenwick have been informed and invited to participate in the Award Ceremony.

The Edith Cavell Trust
Action
The Edith Cavell Trust Scholarship closed for application on 31 July 2018 for studies being undertaken in the 2019 academic year.
### Outcome
- 156 applications were received.
- The Scholarship Culling Committee met 21 August and are offering scholarships totalling $80,000 to 26 applicants. Successful and unsuccessful applicants are in the process of being notified.

### The Lions Nurses Foundation Scholarship

#### Action
Applications for scholarships for studies being undertaken in the academic year 2019 opened 1 August 2018 and close on 31 October 2018.

#### Outcome
- Applicants must be registered with the NMBA and have a minimum of three years’ experience within the nursing profession since initial registration, the last 12 months of which must have been spent working within NSW or the ACT.

### Public Service Commission

#### Government Sector Employment Rules 2014
Changes proposed to certain employment arrangements and performance management system requirements set out in the GSE Rules 2014.

#### Key Direction 3
Strategy 3.4 Develop initiatives, affiliations and partnerships on issues that affect NSWNMA members

#### Action
Unions NSW was approached by the Public Service Commission to discuss proposed so called Stage 1 changes. Unions NSW sought assistance from affiliates. The Association reviewed the proposed changes that impacted upon the Government Sector. As a result, the Association provided written feedback to Unions NSW to assist in the compilation of a collective union response. The Association provided further assistance in preparing such a collective response. On the whole, the suggested amendments were positive or neutral.

#### Outcome
- The Public Service Commission has responded and provided needed clarity on one or two aspects of their changes, as requested by unions.
- As a result, the Public Service Commission will now proceed with the changes.
- Changes to occur with Rule 35 (Performance Management) have no particular detriment, and in fact reference to improving practices as part of the outcomes of any proper performance framework is a most useful addition.

### Reconciliation Action Plan

#### Key Direction 3
Strategy 3.4 Develop initiatives, affiliations and partnerships on issues that affect Association members
Action
A meeting of the Association’s Reconciliation Action Plan (RAP) committee was held 6 August 2018.

Outcome
- The National Centre of Indigenous Excellence (NCIE) at Redfern held a NAIDOC culture and sports day on 13 July 2018. The event was organised by a coalition of community organisers with the hope of bringing together Aboriginal and Torres Strait Islander communities, and the wider community to celebrate culture, language, identity and Indigenous Excellence. This year’s theme “Because of her, we can” celebrated the invaluable contributions which First Nation women have made and continue to make in families, communities, throughout history and in our nation.

- The morning of the event included cultural performances by the:
  - Gawaru Women’s Healing ceremony
  - Dance from Redfern Dance Company
  - Buuja Buuja Butterfly Dance Group, and
  - Kris An Taran, Torres Strait Island Dance Troupe

- The afternoon of the event featured prominent and respected Indigenous Elders such as Aunty Marlene Cummins, Majik Honey, Shanell Dargan, Son Boy and others. Additionally, distinguished community leaders such as The Hon Tanya Plibersek attended the event. Moreover, family activities including sports games, children’s activities, face painting, stalls and art galleries were available throughout the day.

- The Association should be proud to be attending and supporting events where the history, culture and achievements of Aboriginal and Torres Strait Islander peoples are celebrated.

- To assist with the Association developing relationships with Aboriginal and Torres Strait Islander groups in local areas it is recommend that the Association hold a stall at the event next year.

Rural and Remote Aged Care Workforce Issues Consultation Group

Key Direction 3
Strategy 3.1 Consult with Association members on their vision of an integrated health system
Strategy 3.2 Identify the features of a world class, well-funded, integrated health system
Strategy 3.3 Develop an education program for Association members and member leaders
Strategy 3.4 Develop initiatives, affiliations and partnerships on issues that affect NSWNMA members
Strategy 3.5 Advocate and influence decision makers on key issues that affect Association members and the delivery of care

Action
25 members working in Aged Care in rural and remote areas met on during this year’s Annual Conference to identify current issues.
Outcome

- Further feedback from these members has been sought. Issues identified include: staff shortages, skill mix, medication administration, access to training and education, access to allied health and medical staff, pay inequity and technology/internet issues.
- Members of the Rural and Remote Aged Care Workforce Issues Consultation Group have been contacted to arrange a teleconference to further discuss the identified issues.

Submissions and Inquiries

RN Prescribing

Key Direction 3
Strategy 3.5 Advocate and influence decision makers on key issues that affect Association members and the delivery of care

Action
The NMBA has opened a consultation with the public on the matter of RN prescribing. The Association has been consulted a number of times in this process and the model proposed by NMBA is consistent with the ANMF position on prescribing.

Outcome
- Members of the public and other stakeholders can provide feedback through the NMBA portal.

Work Health and Safety

Key Direction 3
Strategy 3.5 Advocate and influence decision makers on key issues that affect Association members and the delivery of care

SafeWork NSW

Action
The Association has been concerned at the lack of action from the NSW safety regulator, SafeWork NSW, to enforce the Work Health and Safety Act 2011 in order to minimise the exposure of nurses and midwives to occupational violence.

Outcome
- Association officers have held a number of meetings with SafeWork NSW to engage them on the need for action in relation to nurses and midwives’ exposure to occupational violence.
- There has been some increased focus from some SafeWork NSW inspectors and a commitment to the development of a Health Care and Social Assistance Industry plan.
KEY DIRECTION 4
Promote the Association as a significant and professional advocate for the health system and our members

The Association must be a viable organisation in the public arena and vocal advocates of health and industrial relations. Our reputation must be protected and our Values actively promoted as a way of enhancing the professional advancement and standing of our members in their workplaces. We will continue to strive to be an organisation relevant to all nurses and midwives, build relationships with key stakeholders and be an influential voice in the communities where our members work and live, as well as nationally and internationally.

STRATEGIES
4.1 Build and develop partnerships with key community, academic and political organisations to promote issues that define our Vision and Key Directions
4.2 Develop risk management strategies to uphold the Association’s reputation
4.3 Advance and promote nursing and midwifery as professions creatively and through multiple platforms
4.4 Ensure our Vision and Values are reflected in all our communications and actions

Key Partnerships

Key Direction 4
Strategy 4.1 Build and develop partnerships with key community, academic and political organisations to promote issues that define our Vision and Key Directions

Ageing Alliance

Action
The Association was represented at the Ageing Alliance meeting held at the COTA offices on 24 July 2018.

Outcome
- The Ageing Alliance meetings have not been successful in achieving any meaningful outcomes for a significant period. Discussion occurred about the value of continuing the group. A five-fold increase in membership fees has been proposed. Minutes are yet to be received, however the continuation of this group is under consideration.
General Secretary’s Report to Council • 4 September 2018

Australian Association of Gerontology

Action
Association officers attended the Australian Association of Gerontology Rural Workforce Symposium in Wagga Wagga from 8 to 10 August 2018.

Outcome
- The event enabled greater links to be established between the Association and Health Consumers NSW.
- A stall was used to promote the 10 Questions leaflets and Professional Issues Papers.
- The event was used to feedback some of the issues raised by our rural and remote aged care workforce, obtained during conference.

NSW Health – Meeting with the Chief Nurse and Mental Health Advisor

Action
A meeting was held on 11 July 2018 between Association officers and the NSW Chief Nursing and Midwifery Officer, Jacqui Cross, and Mental Health Advisor, Mr Paul de Carlo, regarding the NSW Health Policy Directive Engagement and Observation in Mental Health Inpatient Units (PD2017_025).

Outcome
- It has been 12 months since this policy became active and a number of members working in mental health units are having issues trying to comply with the policy due to workloads and poor staffing resources.
- The Association put forward that, in principle, we do not disagree with the intention of the policy.
- Members have reported that they are writing their notes in lunch breaks or after the shift due to workloads and available access to computers.
- iPad use was mentioned as a valuable tool that nurses can use for notes/observations without having to book time and use of computers.
- The Chief Nurse stated that she rarely hears about any issues regarding the policy.
- It was decided that a meeting be held every six months to discuss the progress on this issue, with the next meeting planned for November.
- The Association will conduct a survey of members in regard to this policy and the issues they are experiencing and this evidence can then be provided to the Chief Nurse.

NSW Health – Meeting with the Chief Pharmacist

Action
A meeting with the NSW Chief Pharmacist was held on 5 July 2018, and attended by the General Secretary and Professional Officers. The purpose of the meeting was to receive a briefing on the proposed changes to the NSW Poisons and Therapeutic Goods Act.

Outcome
- The proposed changes raise concerns for members in relation to the proposed legal changes regarding the storage of DDA’s, and the acknowledgement in legislation that unregistered care workers can administer medications in residential aged care facilities.
A follow up letter was sent to the NSW Chief Pharmacist, with a copy to the NSW Health Minister on 30 July 2018 outlining our concerns.

Quality Aged Care Action Group

**Action**
The Association continues to provide support to the Quality Aged Care Action Group Incorporated (QACAG).

**Outcome**
- The QACAG Annual General Meeting was held on 23 August 2018. There was no change in the elected members who will remain for a further term.
- Kate Washington, Member for Port Stephens, was an invited guest, and represented on behalf of Luke Foley MP, Leader of the Opposition, who sent his apologies. Discussion was held regarding safe staffing in residential aged care and the recent report by the Tax Justice Network. The Association will send further information to Ms Washington’s office, at her request.
- A survey of members will be undertaken and a report on the findings produced.
- QACAG now has 64 members.
- A second Newsletter has been produced and distributed.

Brett Holmes
General Secretary