QNU Bargaining Items

Nurses’ and Midwives’ EB9 Negotiations

October 2015

Without prejudice

Overview

The key factors informing the environment for the EB9 negotiations are:

- the phased introduction of legislation for the creation of safe nurse and midwife to patient ratios with the first phase due to commence from 1 July 2016;
- continued uncertainty as to outcome of award modernisation;
- the ongoing effects of devolved authority of public sector organisational models of the Queensland public health care system; and
- a demoralised, disempowered and distressed nursing and midwifery workforce.

The bargaining items set out below are all generated through the democratic processes of the QNU. Members have advanced key issues through their branches to the QNU Annual Delegates’ Conference. The most recent conference was held in July 2015.

The following bargaining items will form the basis of QNU engagement in EB9 interest based bargaining.

Nursing and Midwifery Governance and Decision Making

Improve authority over nursing and midwifery resources by nurses and midwives through:

- the introduction of a partnership approach within QH in relation to nursing, medicine and general management, and with the QNU;
- an improved clinical environment in key areas including the cessation of the policies providing for the locking of mental health wards and mixed gender accommodation in wards;
- cooperative implementation and agreed joint evaluation of strategies to ensure safe nursing and midwifery workforce priorities including workloads and skill mix; and
- realigning organisational structures to provide nurses and midwives with the necessary authority to operationalise nursing and midwifery strategy, including meaningful decision making relating to resources and practice.

Enhance Job Security

Improve job security and access to permanent employment opportunities for nurses and midwives including graduates through:

- a commitment to the implementation of no forced redundancies provisions;
a commitment to permanent employment arrangements, including the development of a process to support the conversion of temporary positions to permanent employment arrangements;

limiting the use of temporary contracts to short-term projects or leave coverage, and ensuring all temporary contracts are properly complied with.

**Continued Evolution of the Career and Classification Structure for Nurses and Midwives**

Improve the nursing and midwifery career and classification structure including:

- improved recognition of the contribution of Enrolled Nurses, through improved policies and a commitment to the advancement of ENs to Enrolled Nurse Advanced Practice positions;
- incorporation of the Nurse Navigator role/s in the classification structure;
- establishment of an equitable and consistent approach to the classification of Registered Nurse Grade 9-12 positions and a review of industrial entitlements applicable to senior classifications including allowances and leave provisions;
- focus on the development and successful implementation of strategies, both local and state-wide, to support and develop Nurse Unit Managers and Midwife Unit Managers;
- support for midwifery led models of care through the further enhancement of industrial structures such as the development of a specific classification structure for midwives working in such models;
- the establishment and maintenance of a process to ensure wage relativities between nursing and midwifery and like positions in other professional streams; and
- the review and continued monitoring of the number and percentage of nurses and midwives in non-base grade positions, such as Nurse/Midwife Grade 6 and Nurse/Midwife Grade 6/7A.

**Improve Workload Management**

Improve the application of the Business Planning Framework (BPF) through:

- the introduction of compliance mechanisms that ensure proper use of the BPF and the BPF resource nurse position;
- the standardised implementation of the recommendations of the 2011 technical review panel of the BPF multipliers;
- the entrenchment of a comprehensive and robust escalation processes for workload concerns;
- the introduction of mandatory BPF awareness and training for the nursing and midwifery workforce;
- a commitment to nurse/midwife led decision making in the development and implementation of the BPF and ensuring patient safety is prioritised over financial considerations;

- proper consideration of workload impacts arising from the loss of positions within a work unit (including non-nursing/midwifery positions); and

- the implementation of appropriate integrated bed management strategies, including the management of over-census bed numbers, capacity and patient flow and takes into account nursing and midwifery resource requirements to meet patient acuity and demand.

**Improve Skill Mix and Quality of Care**

Improve skill mix and patient outcomes across all settings including:

- focusing on regional, rural and remote facilities in order to improve equity of access to the same standard of quality nursing and midwifery across the state; and

- the promotion of professional practice frameworks and safe patient care.

**Improve Reporting and Accountability**

Establish an agreed public performance measurement framework and a commitment to the implementation of an evidence based approach to industrial and professional matters through:

- measuring compliance and addressing irregular application of entitlements, for example inconsistent availability of professional development leave;

- ensuring mandatory training is completed in work/paid time;

- auditing current compliance requirements and workload implications for Nurse Unit Managers and Midwife Unit Managers; and

- establishing and reporting minimum agreed data sets linked to models of care and patient outcomes.

**Improve the Industrial Relations Culture and Environment**

Re-establish genuine consultation and a positive and co-operative industrial relations environment through:

- resuming an Interest Based Problem Solving (IBPS) approach to the negotiation and implementation of the nurses’ and midwives’ EB9 agreement;

- improving the application of union encouragement provisions and policies at HHS and state-wide/corporate levels;

- ensuring the effective functioning of NaMCFs and HHS Consultative Forums;

- reestablishing genuine consultation in advance of finalising decisions to introduce major change; and

- establishing a consistent approach to the interpretation and implementation of legislation, industrial instruments, policies and directives.
Improve Workforce Planning

Attract, recruit and retain nurses and midwives with a particular emphasis on:

- supporting new graduates and novice nurses and midwives through peer mentoring and training and provision of permanent employment opportunities;
- attracting and retaining experienced nurses and midwives through competitive remuneration, sustainable workloads and skill mix, sound rostering practices, supporting work/life balance, increased access to professional development, and a safe working environment, free from occupational violence;
- enhancing the workforce in rural and remote areas through ongoing improvements in RANIP;
- re-enlivening five priority areas identified in the EB7 agreement that underpin sustainable workforce strategies;
- developing an integrated transition to retirement strategy; and
- developing and implementing supportive systems of return to work following extended periods of absence, including re-entry and refresher pathways.

Wages and Conditions of Employment

Achieve an acceptable wages outcome that maintains the annual base wages relative to national positioning of the various classifications of Queensland nurses and midwives.

Maintain existing enterprise bargaining entitlements and improve key working conditions and leave arrangements through:

- improved use of on-call and recall arrangements including rates and breaks;
- improved penalties for weekend and night work;
- improved allowances including environmental, mental health and higher duties;
- improved loading for casual employees;
- improved implementation of Best Practice Rostering Guidelines including rostering of night shift;
- a consistent approach to public holidays that ensure all nurses and midwives benefit from public holidays without loss of pay, including standardising the application of ‘stand down with pay’;
- the introduction of a paid circadian rhythm day / sleep day after the completion of a block of night duty;
- a review of provisions relating to extended hours arrangements particularly as they apply in community based mental health services;
- improved access to and quantum of leave including: bereavement, personal, meritorious, long service, half pay and professional development, and the introduction of domestic and family violence leave;
- the introduction of affordable and preferential car parking;
- a review of specific provisions relating to offender health nurses and midwives; and
- a review of the application of annualised salary and caseload arrangements for Midwifery Group Practice.