### QNU Council as at 30 June 2016

**Secretary**
Beth Mohle

**Assistant Secretary**
Sandra Eales

**President**
Sally-Anne Jones

**Vice President**
Stephen Bone

**Councillors**
Julie Burgess; Christine Cocks; Karen Cooke; Damien Lawson; David Lewis; Lucynda Maskell; Simon Mitchell; Fiona Monk; Sue Pitman; Daniel Prentice; Karen Shepherd; Katy Taggart; Kym Vlop; Deborah Watt; Di Webb; Charmaine Wicking

### QNU staff as at 30 June 2016

#### BRISBANE OFFICE

**Directors**
Linda Lavarch; Amanda Newman; Marguritte Walker

**Accounts**
Jocelyn Connor (Finance Officer); Ee Leen Choo (Accountant); Pia Ong (Assistant Accountant); Vikki Cornwall

**Activist Development Lead**
Bob Parker

**Administrative Support**
Fatima Agustin; Melissa Bagust; Leonie Baldwin; Min Chen; Esther Cook; Julie Dack; Merren Dickins; Cindy Graham; Kerry Humphries; Helen Medlicott; Vera Nolte; Donna Nunn; Leanne Roche; Sandy Ryan; Irene Sammut; Jannine Sione; Denielle Smith; Teri Sutherland; Melinda Warland; Leah Williams

**Building Supervisor**
Paul de Zubircaroy

**Campaigns Coordinator**
Genevieve Siddle

**Communications**
Linda Brady (Senior Communications Officer); Melissa Campbell; Luke Rutledge

**Education Officers**
Helena Dalton-Bridges (Lead); Scott Wilson

**Employee Relations Manager**
Julie Brosczak

**Industrial Officers**
Kylie Baske; Lorin Booth; Kevin Crank; Gayle McCaul; Clemencia Naranjo; Vonnie Semple (Lead)

**Industrial Officer - Servicing**
Teresa Chase; Deidre Morrow; Alison Rossiter; Tracey Smith; Chen Taylor

**Information Technology**
Zak Kocovski (IT Officer); Ben Parkin (Systems Administrator & Technical Support); Michael Burge (Technical Support);

**IMG Project Team**
Emma Bourne; Kevin Hannah; Mandy Neville; Karla Wilcox

**Library**
Pat Vincent

**Membership**
Anshul Khandelwal (Membership Services Manager); Donna Gosson; Cheryl Krause; Amy McLerie

**Occupational Health & Safety Officer**
James Gilbert

**Office Manager**
Jenny Gitt

**Organisers**
Kathy Struber (Senior Organiser); Sarah Beaman; Wayne Graham; Carol Lewis; Susan Lines; Paul Mitchell; Bernadette O'Connor; Trish Quinn; Kim Ramsdale; Vicki Smyth; Kate Snowball; Bronwyn Steer; Anne Stevens; Vicky Stewart; Celia Vlop

**Organisers (Servicing)**
Linda Hauser; Bernadette Sinclair; Narelle Smith

**Professional Officers**
Denise Breadsell; Sharyn Hopkins; Jamie Shepherd (Lead)

**Professional Research Officer**
Kate Veach

**QNU Connect**
Nelda Brinums; Terri Buckley (Supervisor); Karyn Beers-Daniel; Beris Slater; Daniel Slavin; Dianne Williams

**Records**
Diane Kukulies; Karen Ottoway

**Recruitment Officers**
Paula Rogers (Growth Coordinator); Mandy Beaumont (Recruitment Officer); Annie Cowling (Membership Retention)

**Research & Policy Officer**
Liz Todhunter

**Workplace Servicing Officer - Townsville**
Daniel Seage

#### REGIONAL OFFICES

**CAIRNS**
Organiser
Krasis Bishop

**Administrative Support**
Heather Griffiths; Krystel Paul

**TOWNSVILLE**
Organisers
Kaylene Turnbull

**Administrative Support**
Brenda Bierie; Andrea Tanneill

**ROCKHAMPTON**
Organiser
Grant Burton

**Administrative Support**
Veronica Ekin

**BUNDABERG**
Organiser
Linda Fuller, Annette Marsh

**Administrative Support**
Mary Seng

**TOOWOOMBA**
Organisers
Jenni Ballantyne; Veronica Istedwardy, Auriel Robinson (Regional Team Leader)

**Administrative Support**
Kate Angell, Debbie Lindgren
Ratios Save Lives
Our biggest achievement this year was securing legislated nurse-to-patient, midwife-to-patient ratios.

On 1 December Health Minister Cameron Dick introduced the Hospital and Health Boards (Safe Nurse-To-Patient and Midwife-To-Patient Ratios) Amendment Bill 2015 to parliament for its first reading.

Not only was this an important step for our campaign, it was also an historic moment for nursing and midwifery in Queensland and our role as advocates for patient safety.

The bill legislated for a minimum of one nurse to four patients during morning and afternoon shifts, and one nurse to seven patients during night shifts in prescribed locations in Queensland public health facilities.

These locations cover approximately 80% of medical and surgical beds in Queensland.

It took a good 18 months of campaigning, lobbying, and negotiating to see the Bill pass into law, which of course it did on International Nurses’ Day, 12 May, this year.

Those of us who sat in the Queensland Parliament gallery for the long debate before the vote was taken, struggled to contain our emotions.

After so many years of campaigning and political lobbying for safe workloads, an important milestone had been reached—ratios were now law.

But every law needs groundwork, and the groundwork for this law was done by nurses and midwives.

More than 600 QNU members wrote to us about how ratios would make a difference to their daily working lives and to patient safety—and many of these were included in our submission into the ratios bill inquiry.

In addition to this, a number of QNU members showed true commitment and bravery by personally fronting the hearings and giving evidence to the committee, telling them first-hand about the danger of excessive workloads and how ratios will greatly reduce the risk to nurses, midwives and our patients.

It takes great courage to front a parliamentary inquiry as they can be quite adversarial, so we were so very proud of those members who stood up and presented such raw and compelling evidence.

It was an enormous privilege to watch these nursing and midwifery leaders in action.

And while these activist members were presenting the very real human face of our ratios campaign, they were being supported by the expertise and resources of our union—Organisers, Professional Officers, Industrial Officers, Researchers, Communications, Campaigning and Training officials, and other staff.

After the legislation was passed we worked with Queensland Health to finalise the two core elements of the legislative package—the Regulation and the Standard.

These components contain additional details on the introduction of ratios and on the supporting workload management tool, the Business Planning Framework (BPF).

This has not been an easy process and we have had a number of debates over rostering and other issues around the application of the new law.

While there is more to do, we believe this is the start of what, over time, will become a systemic change to the way nursing workloads are managed, and it gives us a firm basis not only for growing the ratios concept within public health but also more broadly into private and aged care spheres.

The result of all of this is that Queensland is now the fourth jurisdiction in the world to legislate minimum ratios after California, Victoria, and Wales—and with that comes great responsibility.

While the legislation is now technically in effect, the ultimate success of the legislation needs nurses and midwives to play their part in ensuring facilities comply with it.

We have been working with nurses on the floor over the next few months to really get this reporting process and the escalation process bedded down.
From our perspective, it is critical that in sites where ratios do apply, any workload issue that arises is dealt with swiftly and the spirit of ratios defended vigorously, and to that end we are working on ways of simplifying the reporting process and ensuring our members feel confident and empowered to take whatever steps necessary to preserve those hard won ratios.

**A focus on aged care**

This year was also a year in which aged care was a particular focus.

Of course, given the multitude of issues affecting aged care, the sector is rarely out of our sights, but this year there were a number of events at a state and federal level that enabled us to shine a light on our concerns more broadly.

Late last year, we ran focus groups in Brisbane and via teleconference as part of the National Aged Care Staffing and Skills Mix Project. Conducted jointly by the ANMF, Flinders University and the University of South Australia, the project was designed to establish evidence-based tools to inform staffing and skills mix requirements in the aged care industry.

The researchers were particularly interested in the type and frequency of aged care interventions that were incomplete or missed and the reasons why.

The data they collected would provide a snapshot of the adequacy of current staffing levels and skill mix in aged care, and build an evidence-based case for a consistent aged care staffing and skills mix model in Australia.

This was a timely activity for us in light of the work we were already doing in our Ratios campaign with respect to securing an RN on shift 24/7 in every aged care facility across the state.

The public visibility of our campaign for public sector ratios gave us an excellent platform from which to highlight the need for more RNs in aged care, and it certainly was a claim that gained traction in the wider community.

**Aged Care Senate Inquiry**

In March, QNU made a comprehensive submission to the Senate Inquiry on the future of aged care in Australia.

Our submission focused on the implementation of professional nursing standards and quality of care in the aged care sector, including the recommendation that it be mandatory for aged care facilities to have a Registered Nurse on site, every shift.

We argued that because Registered Nurses often have the capacity to handle issues that might otherwise result in hospital transfers and other costly interventions, having a nurse on site also makes good financial sense.

We also noted the troubling downward trend in direct care staffing.

In the 2008-2009 financial year, aged care providers nationally spent about 66% of their Commonwealth funding on direct care staffing costs. In the 2011-2012 financial year, this figure had dropped to 60%, and in 2014-2015, it dropped further to 55%.
Of course it all comes down to profit which is why we were keen to point out that far from being on the bread line many aged care providers were big businesses with no excuse to reduce spending on direct care.

We cited reports from QNU members who indicated staff regularly arrive before their shifts begin and stay back late—all unpaid—just to make sure residents get the care they need—an outrageous situation when the providers’ annual profit margins tip the $1 million mark.

We also highlighted the disconnect between increased care needs for ageing patients, Federal funding and staff levels. While service providers are able to access increased funds for higher needs residents via the Aged Care Funding Instrument (ACFI) there is currently no requirement for a reciprocal increase in staffing to manage the higher level of care.

The Senate Committee’s report was due to be released on 30 June but the work of the committee lapsed due to the calling of the federal election. We will be watching closely to see what the government does in this space and whether it is really serious about caring for older Australians and willing to impose staffing structures and transparent reporting expectations on private sector operators that might reduce profits.

### AIN registration

For many years, we have advocated for the regulation of Assistants in Nursing and Personal Carers, so we were pleased to see the Aged Care Guild this year take a similar position during the Senate inquiry into aged care.

We believe regulation is essential for safe and quality care, through the national standardisation of qualifications and competencies for AINs (however titled), under the auspices of the NMBA.

In their submission to the inquiry, the Aged Care Guild, a peak body representing major private residential aged care providers, said they supported mandatory registration of Personal Care workers in aged care.

This is the first time mandatory registration for unregulated care workers has been supported by any aged care employer association.

The Guild argues the registration of unregulated aged care workers should be compulsory and administered by AHPRA in the same way nurses and doctors are.

The QNU agrees with the Guild, but we go further, suggesting unregulated workers should become the ‘third level’ of nursing and be regulated by the NMBA through mandatory minimum qualifications, and standards for practice.

Nonetheless we were very heartened by this interest in regulation from such an unlikely source and will continue to follow this development closely.

### New Strategic Plan

The QNU adopted a new Strategic Plan this year.

The Strategic Plan, revisited every three years, is the key operating document which determines the direction and future activities of our union.

The plan lists the overarching operational and strategic objectives to which the union and its employees are accountable.

It sits alongside our vision, mission and values statements as a compass for our organisation and it is our constant reference point for all that we do.

As always we were determined to ensure our members’ views were well represented in this important document and to this end we solicited feedback from members as part of the review process.

The new 2016-2018 Strategic Plan was endorsed by QNU council in December 2015 and can be downloaded from the QNU website at [www.qnu.org.au/strategicplan](http://www.qnu.org.au/strategicplan).

Decisions at every level of our union are made in line with our Strategic Plan, including those made by our chief decision-making body—QNU Council.

QNU Council is responsible for managing the affairs of our union in accordance with the priorities identified in the Strategic Plan, as well as overseeing the implementation of Annual Conference decisions.

The 26 person council is made up of 24 honorary elected representatives, and two full time paid officers—the Secretary and Assistant Secretary.
The current council was elected following a full ballot of our membership in October 2012. Elections for a new council are due to be held in November 2016.

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<tbody>
<tr>
<td><strong>Secretary</strong></td>
<td>Beth Mohle</td>
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<tr>
<td><strong>Assistant Secretary</strong></td>
<td>Sandra Eales</td>
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<tr>
<td><strong>President</strong></td>
<td>Sally-Anne Jones</td>
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<tr>
<td><strong>Vice President</strong></td>
<td>Stephen Bone</td>
</tr>
<tr>
<td><strong>Councillors</strong></td>
<td>Julie Burgess • Chris Cocks • Karen Cooke • Dianne Corbett • Jean Crabb • Gillian Gibbs • Shelley Howe • Phillip Jackson • Leanne Jiggins • Damien Lawson • David Lewis • Lucynda Maskell • Simon Mitchell • Fiona Monk • Sue Pitman • Daniel Prentice • Karen Shepherd • Katy Taggart • Kym Volp • Deborah Watt • Di Webb • Charmaine Wicking</td>
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</table>

**Future proofing our union**

This year we have also started looking for ways to “future proof” our union.

This is the sort of internally-focused, strategic work that often gets set aside in times when we are busy responding to emergent, time-sensitive matters like job cuts and elections, but it’s certainly worth returning to when we have an opportunity.

We have been looking closely at our activist development and engagement to ensure we continue to have strong representation at every level from the workplace through to our organisational teams.

This includes a focus on activist training, branch growth and development, visibility projects such as QNU@ work and engaging members at a professional level through initiatives such as the patient safety and resident safety activists program.

We are also looking closely at a review of how we communicate with members and how we might better harness new communications techniques and digital technology going forward.
The QNU retained its position as Queensland’s largest union this year and the premier professional association for nurses and midwives across all sectors and all classifications in Queensland.

Our continued growth in membership is heartening and certainly something we can all be proud to be part of (see graph below).

What’s more, a bumper year for training means more of our members are becoming active in the workplace, which, as a campaigning union, is good news for the future growth and development of our organisation.

Membership growth
The QNU’s membership growth defies the national trend by maintaining an upward trajectory.

Over the past 12 months alone, well in excess of 7000 nurses and midwives across Queensland have joined our great union and are now QNU. As you can see from the graph below, total membership grew by 5.97 percent over the past financial year.

QNU’s presence on the ground continues to deliver membership results. Over the past year we have regained access to Queensland Health inductions. This provides a terrific opportunity to engage new starters, and inform them not only of their fundamental rights in the workplace but also provide detailed updates on current campaigns, such as ratios and penalty rates. Over the first six months of 2016, across South East Queensland, QNU’s growth and recruitment team have run 95 sessions addressing over 2250 new starters.

Younger nurses and midwives are joining in their droves, buoyed by the Palaszczuk governments’ commitment to higher new graduate employment numbers. Over 1000 students joined on-the-spot at our QNU University and TAFE sessions. Through word-of-mouth, their friends then call and join over the phone—they don’t want to miss out on the action. It’s great to see our student members at orientations, where they are upgrading to full membership as they start their graduate program! The excitement and anticipation on the ground around Ratios and EBs has also translated
into nurses and midwives across all sectors wanting to also be QNU members.

Over the past 10 years, total membership has grown by an impressive 23,000 members. This is more than the entire population of Maryborough. The bedrock of QNU membership growth is activists and delegates like you flying the flag at your ward and workplace level.

The successful implementation of ratios and all workload tools will be contingent upon everyone singing from the same song sheet, so please encourage all your colleagues to join and especially highlight the absolute importance of membership to visiting students in your workplace.

**Member and Specialist services**

The Queensland Nurses’ Union Member Services group consists of the Member and Specialist Services Director, QNU Connect, Servicing Industrial Officers, Servicing Organisers, a Workplace Health and Safety Officer and Administrative support staff.

For most members QNU Connect is the first point of contact with the Union when seeking information or assistance in resolving an issue in the workplace.

Calls that are not handled immediately, are triaged for return calls with issues such as unfair dismissals, AHPRA matter or coronial inquiries given highest priority.

Our team is well equipped to provide members with information, advice and assistance on a wide range of professional, industrial and other employment and workplace issues.

Any issues that cannot be resolved with assistance from QNU Connect Officials are directed through the Request for Representation process to the wider Servicing Team.

QNU Connect is a vital hub for collecting information from members and reporting relevant workplace issues to Organisers, public, private and aged care sector teams as well as other QNU officials so as to promptly address member concerns and halt management actions that may not be in line with awards, enterprise bargaining agreements, policy or processes.

This year the team handled an impressive 22,910 inbound calls with 86.8% of those calls answered immediately.

The top five issues they identified during the past 12 months were:

- Unmanageable workloads and concerns over safety, staff shortages and funding shortfalls
- Medication management in aged care facilities particularly with respect to AINs and PCs

**The table below shows phone calls and emails to QNU Connect in the past financial year by issue:**

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>NO. OF CALLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership (general enquiries)</td>
<td>7640</td>
</tr>
<tr>
<td>Request for representation forms</td>
<td>1145</td>
</tr>
<tr>
<td>Legal enquiries (general)</td>
<td>1077</td>
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<tr>
<td>Workers comp advice</td>
<td>520</td>
</tr>
<tr>
<td>Industrial (hours of work)</td>
<td>489</td>
</tr>
<tr>
<td>Professional (professional practice issues)</td>
<td>450</td>
</tr>
<tr>
<td>Industrial (rosters)</td>
<td>430</td>
</tr>
<tr>
<td>Industrial (discipline)</td>
<td>394</td>
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<tr>
<td>Membership fee enquiries</td>
<td>389</td>
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<tr>
<td>Industrial (public holidays)</td>
<td>363</td>
</tr>
<tr>
<td>Legal (PII inquiries)</td>
<td>325</td>
</tr>
<tr>
<td>Industrial (hourly rates)</td>
<td>296</td>
</tr>
<tr>
<td>Industrial (contracts)</td>
<td>276</td>
</tr>
<tr>
<td>WHS (bullying)</td>
<td>275</td>
</tr>
<tr>
<td>Industrial (workloads)</td>
<td>274</td>
</tr>
<tr>
<td>Professional (allegations against others)</td>
<td>271</td>
</tr>
<tr>
<td>Industrial (sick leave)</td>
<td>266</td>
</tr>
<tr>
<td>Professional (education)</td>
<td>251</td>
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<tr>
<td>Retention strategy (unfinancial)</td>
<td>250</td>
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<tr>
<td>Industrial (annual leave)</td>
<td>243</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>15624</strong></td>
</tr>
</tbody>
</table>

**Member training**

Over the past twelve months 1586 members participated in QNU training.

This means that one in every 33 members across the State attended QNU training in this 12 month period.

The QNU conducted 100.5 days of training and 28 different courses across eleven centres, including Brisbane, Bundaberg, Cairns, Gatton, Gold Coast, Hervey Bay, Mackay, Rockhampton, Sunshine Coast, Toowoomba and Townsville.

Our training courses—both core courses and sector-specific courses—have been designed to grow union capacity in the workplace by building depth in our democratic structures and developing new and experienced activists.
About 76% of all QNU training attendees this year held an activist position within our honorary structures, and 48% of training participants were attending training for the first time.

Training is the fundamental mechanism for helping members deal with barriers to organising and helps them address issues in the workplace to optimise our collective voice.

During the past twelve months the QNU education unit has focused on building strength in workplaces, Ratios Save Lives, bargaining in the private and public sectors, growing professional voice, building communication and teambuilding skills as part of our activists’ growth.

Our evaluation shows that an increasing number of members want to be more active in their union after attending QNU training.

As members begin to better understand that they are the union, an increasing number of members are taking on active QNU roles.

This in turn means that all of our core activist courses continue to be very popular.

There were 28 different courses offered in this 12 months and seven new courses including QH EB9-Better work. Better Life., Private Sector-Tactics to Overcome Hostility, Private Sector-When Bargaining GoesWrong, Private Sector-Committee Skills for Activists, Private Sector- Everything You Wanted to Know about Your Agreement but were Afraid to Ask, Professional Culpability-Where do I stand?, Building Teams to grow our voice.

We also continued ATOM (Activist Training Online Modules).

ATOM, with its flexible delivery method and focus on the history and basic principles of unionism, has been very popular.

Members can enrol at anytime and be supported as they learn online.

As part of the QNU training program Safe Work College is providing approved Health and Safety Representative training for nurses and midwives in collaboration with the QNU.

We believe that creating safer workplaces starts with having enough trained health and safety representatives in our workplaces.

This is particularly important in the face of our Ratios and patient safety campaign.

Research on the training of union delegates conducted by Peetz and Alexander (July 2013) indicates that trained delegates are "much more likely to say that they are satisfied with being a delegate than two years earlier and to agree that they enjoyed being a delegate. They were also more likely to demonstrate efficacy.”

The researchers concluded that while training does means encouraging delegates to do more things and more difficult things, it “also makes them more satisfied with being a delegate—especially when training is followed up.”

### QNU training courses figures for 2015/16

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of training days</td>
<td>100.5</td>
</tr>
<tr>
<td>Number of courses conducted</td>
<td>87</td>
</tr>
<tr>
<td>No of locations where courses were conducted</td>
<td>11</td>
</tr>
<tr>
<td>Total number of members participating</td>
<td>1586</td>
</tr>
</tbody>
</table>
QNU IT system overhaul

For most of the past year the QNU IT team has continued to work through a significant, and long overdue, IT system overhaul.

The scale of this project has been enormous, and flicking the switch on the new system at the end of last year was really just the end of one phase and the start of another.

Since go-live the QNU IT team have continued to build on the new tech’s capabilities, customising functions to suit different department’s shifting needs, and conducting rigorous tests and security trials as the work progresses.

After more than 15 years using the old system, switching over to a new best practice model and learning how to customise the new system has certainly been a challenge at times, but our team has done a fantastic job.

Like any major system switch, there have been some teething problems, and some of the functions we had hoped to have ready for go-live have been put on the back burner while other more pressing system needs were prioritised.

One of the most visible outward signs of the new system for QNU members was the launch in November of our new look website.

Cleaner and easier to navigate the new website has separate public and member sections—allowing us to keep the public space less cluttered and to quarantine sensitive member matters such as the progress of industrial negotiations, payroll matters and organisational information.

In the next year we hope to expand the functionality of the website so it becomes the first port of call for members and the public seeking information about our union and our activities.

QNU social media

QNU’s social media community continues to grow.

We now have about 7500 Facebook followers—more than double the number we had this time last year.

The post announcing the passing of our Ratios legislation attracted record breaking Facebook engagement for the QNU—the 12 May post was viewed 215,807 times, shared 1167 times, received 2681 reactions (likes, loves and wows) and drew 178 comments.

Facebook is certainly proving to be a useful platform for QNU communications, while also enabling our geographically dispersed members to engage with each other.

As well as our Facebook page, QNU’s social media portfolio also includes Twitter, LinkedIn and Instagram accounts, and a YouTube channel where we upload videos.

Mainstream media coverage

The QNU had a great year for general media coverage.

Our Ratios campaign and the historic passing of the ratios legislation in Queensland made a significant splash—as did our push for nurse ratios in aged care and the issue of violence against nurses.

The aged care phone-in and survey in June also attracted some positive media attention, and the vote of no confidence and ongoing staffing issues at Rockhampton Hospital also received a good deal of coverage, particularly in Central Queensland.

We also got excellent traction on our role in some of the big Federal issues—penalty rates for Australian workers and the campaign against Medicare co-payments were the two big stand outs.

Other notable hits were QNU’s successful visa campaign for member Maria Sevilla, International Nurses’ Day and International Day of the Midwife, and our membership of Global Nurses United (GNU).

The general statistics for media coverage in the 2015-16 year are:

- 191 TV, radio, print and internet interviews (29 TV, 47 radio and 115 print)
- More than 48 minutes of radio air time, more than 53 minutes of TV air time and more than 250,000 words in print (or 25047 sq cm of newspaper copy)
- Combined demographics of more than 14.8M viewers and listeners (746,000 radio, 1.6M TV and more than 12.5M newspaper and magazine readers—with two stories nationally syndicated by News Ltd and one by Fairfax)
- Media coverage with a conservative advertising value of more than $8.7M
- 36 media releases, eight letters to the editor.

QNU website
Industrial relations reform

At the end of last year, the Queensland government embarked on a long overdue review of the state’s industrial relations system.

A good deal has changed since the last comprehensive review of our IR framework back in 1998.

Private sector employment has gone to the federal jurisdiction, and all that remains in the state jurisdiction is the public service, local government and a handful of other specific entities.

Then of course there were all the draconian changes made by the LNP which stripped away workers’ rights and favoured employers.

The review gave us the chance not only to reverse the LNP changes, but to also make the Queensland government a model employer.

Queensland Health is the state’s largest employer, so it stands to reason that health was to be a major focus of the review, and as one of the Queensland Council of Unions representatives on the review panel, we were well placed to promote workplace issues of most interest to nurses and midwives.

Our focus was on advancing issues that aligned with the QNU’s nursing and midwifery values—like the ACTU’s claim for family violence leave, and to progress matters like job security, fair workloads and rostering, and healthy workplace cultures.

It was a huge undertaking, and in the end we recommended a whopping 68 major changes to modernise the system when the report was handed down in March this year.

Creating a ‘fair and balanced’ system

One of the key recommendations of the review is to “specifically promote a fair and balanced industrial relations framework”.

The idea is to include fairness and balance as fundamental principles in how we understand industrial relations, making these two concepts major features of any future changes to legislation.

Reinforcing independence

The report also highlighted the need to ensure stakeholders with the power to influence and change industrial relations laws are independent and apolitical.

As we know only too well, industrial relations law, particularly in recent years, has been used as a weapon against Queensland employees and their unions.

Key elements of the system

Although the review committee had broad-ranging views on the details of the legislation, there was clear agreement on several key elements that must be a part of any modern industrial relations system. These include:

- a set of minimum standards
- collective bargaining as the most effective way of delivering fair wages and conditions
- a set of individual rights to fair treatment
- an independent commission and court.
Additional recommendations made by the committee included making domestic and family violence leave an employment standard, equal pay for equal work, and considerations around new patterns of work, flexible work arrangements and the implications of digital technologies.

The state government will continue to consult with stakeholders and the public on the IR review for the next few months with the view to finalising the new laws by the end of 2016.

**Award modernisation**

The Award modernisation process which started under the LNP government back in 2013 was finally wrapped up last year taking quite a different trajectory under the current Labor government.

When the LNP passed the Industrial Relations Act (Fair Work Act Harmonisation) and Other Legislation Bill 2013, it was merely a vehicle designed to strip back hard won industrial rights through a so-called “modernisation process”.

Contained within the new law was a list of “non-allowable” content for awards and agreements, and provisions which allowed Queensland Health to create directives about conditions of employment that could override awards and agreements.

It put matters such as employment security, anti-discrimination provisions, accident pay and workload management protocols at risk, and it watered down the power and autonomy of the Queensland Industrial Relations Commission.

Then, in an attempt to avoid a public quarrel with 35,000 public sector nurses and midwives ahead of a state election, the LNP postponed the award modernisation process until December 2015 and pushed back the Public Sector EB negotiations until early 2016.

This decision, taken unilaterally, left nurses and midwives across the state in limbo and denied them the right to negotiate improved wages and conditions.

But with the arrival of a new government in early 2015 the Award modernisation process was reframed.

In a return to a collaborative working relationship, our industrial negotiators worked with Queensland Health employers to restore and update our important public sector industrial instruments.

By the end of 2015 the Queensland Health Nurses and Midwives Award – State 2015 and the Queensland Health Framework Award 2015 had both been updated.

The updates reinstated and returned important rights to awards made under the LNP government, including union encouragement, consultation and dispute resolution.

Ultimately the modernisation process did not require a major re-write—just updated wording and format—and we made sure nurses and midwives lost no current conditions.

The modern award will apply only after EB9 is certified in 2016.

We are thrilled with how this process was finally resolved. What started as a potentially dangerous exercise in reducing worker’s rights eventually resulted in a modern award that should serve us well for many years.

**Other awards**

We also revisited three other awards of relevance to some of our members; the Health Practitioners and Dental Officers (Queensland Health) Award, Local Government Industry Award and the Queensland Public Service Officers and other Employees Award.

These three awards were modernised under the former LNP government, so our modernisation process was undertaken to ensure they reflected the amendments to the Industrial Relations Act 1999 recently put in place by the Palaszczuk government.

The amendments reversed the former LNP government’s unfair amendments, which stripped hard-won clauses from awards by deeming them “prohibited content”.

The review of the Health Practitioners/Dental Officers Award was also significant in one other respect—it included, for the first time—Mental Health Team Leaders.

MH team leaders had previously been under an award created by the LNP government—but for that reason it lacked a great deal of important content which the LNP government deemed ‘prohibitive’.

Fortunately, this award has now been modernised in a much more sophisticated and professional industrial environment.

This award is the first stand-alone award for MH team leaders, and will include the classification structure.

**EB9 agreement ready for ballot**

After exhaustive negotiations with Queensland Health, we finally have a proposed EB9 agreement ready for ballot.

At the time of printing, our Queensland Health members had just received their QNU information booklets containing important information about the proposed EB agreement, including a summary of the key changes and voting protocols.

We were also in the process of organising paid-time information sessions for Queensland Health members to ensure they have all the information they need before casting their vote.

The EB9 agreement this year is very much focused on achieving better workloads for all nurses and midwives, as well as maintaining all existing entitlements.
It is also about getting back on track to work collaboratively with Queensland Health to advance key industrial issues over the life of the new agreement. These issues include on-call and recall, rural and remote, classifications, and midwifery.

After the chaos and uncertainty of the LNP years there was certainly a need to recalibrate and get back to basics—in particular to get back to interest-based bargaining.

That’s not to say it has been plain sailing. We had hoped to get the in-principle agreement locked in by the end of March to put the agreement out to ballot earlier—but that date was pushed back as we waited on responses from Queensland Health to numerous outstanding issues.

The official consultation period ends on July 15 and a ballot result is expected late July or early August.

**Pay parity for school nurses**

If all goes to plan, State School Registered Nurses (SSRNs) will also go to vote in the coming weeks on an agreement that will finally give them pay parity with Queensland Health RNs.

We have been working to achieve pay parity—and professional development parity—for a number of years, but our efforts were unfortunately stalled when negotiations broke down under the previous LNP government.

However, over the past year the QNU resumed discussions with the Department of Education and Training (DET), the Office of Industrial Relations, and Queensland Health and it was decided that SSRNs will be covered by the QH EB9 for wages and professional development provisions.

Their other conditions will remain the same and will be contained in a schedule to EB9.

The benefits SSRNs will receive under the agreement include (among other things) a 14% pay rise for Nurse Grade 6s, and a 27% pay increase for Nurse Grade 7s; three days of professional development leave per year, plus an annual allowance of $1590; and a move up to a 38 hour week.

Our SSRN members had overwhelming given their in-principle support to this proposed agreement and if all goes as planned, they will have an opportunity to vote on the agreement separately to QH nurses when it goes to ballot.

**Private sector**

The 2015/16 year was a major bargaining year in the private sector.

Private hospital members were effective in securing 10 enterprise agreements covering many of the dominant providers in the sector including Uniting Care Health (UCH), Healthscope and St Vincent’s as well as other key employer groups in the industry.

The most important issue in this round—one which has been plaguing the sector for many years—was the “Option A” and “Option B” issue in relation to annual leave and public holidays.

These were very complex conditions contained within agreements that were often misapplied to the detriment of nurses and midwives.

Members this year however were successful in removing “Option A” and “Option B” from their agreements so their final agreements now contain, better, simpler and fairer conditions.
Aged care

It has been a mixed bag for aged care industrial matters this year.

In the last half of 2015, wage offers in aged care in Queensland were sitting around 3% per annum.

Some employers, particularly in rural and remote areas where they had greater difficulty in attracting RNs or ENs, were even flagging wage increases of 6% or 7% for RNs (first year wage increase) or 6% or 5% for ENs (first year wage increase).

Unfortunately however, there has been a noticeable fall in wage offers in the new calendar year—generally between 2-2.5% per annum.

We have also struggled to get maternity leave more widely adopted by employers—our modest wins so far include Anglicare SQ which has agreed to nine weeks, while Noosa Care and Good Shepherd Lodge have signed off on six.

However we have had some interesting wins in terms of workload management.

While legislated ratios are being rolled out in the public sector, we have also been working to get workload management recognised in aged care agreements.

So far we have been successful at negotiating the inclusion of the workloads management clause to manage excessive workloads grievances in a number of enterprise agreements.

This is an excellent outcome and positions us well for expanding the reach our ratios campaign to include of safe nurse-to-resident numbers in aged care.

Agreements covering aged care made from 01 July 2015 to 30 June 2016

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Schools and small employer

Agreements covering areas other than Queensland Health, private hospitals and aged care made from 01 July 2015 to 30 June 2016

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<td>MEDIBANK HEALTH SOLUTIONS EA 2015</td>
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<td>Royal Flying Doctor Service and QNU EA2014</td>
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<td>Serco Australia Pty Ltd and QNU EA2015</td>
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<td>Ipswich Girls Grammar School and QNU EA2015</td>
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<td>The Toowoomba Grammar School EA 2015</td>
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<td>FAMILY PLANNING QUEENSLAND TRADING AS TRUE RELATIONSHIPS AND REPRODUCTIVE HEALTH (TRUE) ENTERPRISE AGREEMENT 2015</td>
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<td>All Souls &amp; St Gabriels School EA 2016</td>
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Wage claims and recovery

The QNU Servicing Team has, as at the end of May 2016, recovered more than $1.45 million for our members this financial year.

Money recovered on behalf of members include:

- Back payment of unpaid wages and entitlements
- Payment of long service leave due to financial or compassionate grounds
- Confidential settlement sums negotiated in unfair dismissal matters
- Successful Workers’ Compensation claims.

The Servicing Team collectively across Queensland took on 2205 new matters this year. This represents a huge 23.6% increase on the number of new matters taken on the previous financial year (last year the team opened 1784 new matters).

Of these new matters, our Regional Organisers who take on individual member matters opened 785 new cases, while 171 new Workers’ Compensation and Occupational Health and Safety cases were opened across the state.

The Servicing Team appears at a number of commissions and tribunals when representing QNU members, and in the past financial year have made appearances at the Public Service Commission of Queensland, the Fair Work Commission, the Queensland Industrial Relations Commission, the Magistrates Court of Queensland and QComp.

Of all the matters to come across our teams’ desk this financial year, there were a few notable trends:

- There has been a decrease in dismissal matters of approximately 25%
- The number of grievances we have assisted members with has increased by approximately 33%
- Disciplinary matters continue to increase steadily across all sectors
- The number of new cases opened for the “other” sector, which comprised all members who are not employed by the State Government, Private Hospitals or Aged Care facilities more than doubled.

We continue to assist a significant number of members who have an injury, illness or disability that prevents them from being able to perform their substantive roles in their entirety, particularly when such members are attempting to return to work.

Health and Safety

Right of entry

QNU officials again have the right to enter workplaces (without 24 hours’ notice) to investigate suspected breaches of the Work Health and Safety Act 2011.

The legislative amendments that reinstated this power were passed by the Queensland parliament in October 2015.

The amendments were opposed by the LNP opposition members but passed with Labor, Katter party and independent member support.

The amendment also reinstated provisions that give properly trained health and safety representatives the power to direct workers to cease unsafe work.

Unfortunately an amendment that would require employers to notify Workplace Health and Safety Queensland when workers were absent from work for more than four (4) days due to a workplace injury, did not pass.

We strongly supported this amendment as nurses and midwives all too often suffer manual handling injuries that result in musculoskeletal injuries that do not require notification to the regulator.

Our belief is that, were employers required to report such injuries, it would focus attention on the major source of injuries within our industry sector.

Additionally, such a measure would be consistent with Australian Work Health and Safety Strategy 2012-2022 which, amongst other targets, seek to redress musculoskeletal disorders resulting in people being off work for one week or more by at least 30%.

Worker’s comp changes

We were pleased to see the restoration of a number of workers’ compensation entitlements in September last year with the parliament passing changes to the Workers’ Compensation and Rehabilitation Act 2003.

These changes were part of the government’s pre-election commitment to reverse the damage done by the LNP’s 2013 legislation which, among other things, changed the threshold for an injured worker pursuing common law.

At the time of the LNP changes we strongly opposed the weakening of the workers’ compensation system, and we were not alone.
Even the LNP-dominated committee reviewing the Queensland Workers’ Compensation system recommended common law rights should remain, but the report was ignored and the changes went ahead, ostensibly to discourage injured employees from suing negligent employers.

In addition to the general restoration of Workers’ Compensation entitlements, the QNU successfully lobbied for a process to recompense members who suffered a degree of permanent injury at work but had lost their right to access common law between 15 October 2013—when the LNP introduced a 5% injury threshold—and 31 January 2015 when that threshold was removed.

The result was the Statutory Adjustment Scheme which allows those people to apply for a lump sum payment in recognition of their loss of rights.

Another important aspect of the suite of changes brought in by Labor includes the removal of legislation that allowed an employer to access a prospective employee’s workers’ compensation history.

Clearly, the removal of this provision must be applauded because it removes the obvious potential for discrimination against anybody who has previously been on workers’ compensation.

But we are concerned that prospective employees are still required to provide employers with details on pre-existing conditions or risk having future workers’ compensation claims rejected.

The QNU and other unions strongly advocated for the removal of this as we believed such legislation was unnecessary and likely be used by some employers to discriminate against older workers, such as out members, who had been engaged in physical work.

The QNU has since written to the relevant department with examples of how employers have misapplied the law.

The QNU will continue to monitor this and keep a close eye on how it impacts nurses and midwives.

Occupational violence including single nurse posts and new taskforce

One of our key health and safety priorities this year was the level of violence in our workplaces.

It’s an issue that has been on the QNU radar for more than a decade and we’ve supported many an inquiry, lobbied for changes in workplace practices, published information for members and decision-makers, and of course supported members standing up for their rights to work in a safe environment.

But as the problem has grown, particularly in terms of alcohol drug-induced aggression, there is a real need for a multi-layered approach to protecting nurses and midwives from violence at work—an approach that considers everything from training, security standards and models of care to response teams, reporting and workplace design.

Lockout legislation

Nurses and midwives are often at the frontline of dealing with victims or perpetrators of alcohol-related incidences, so we had no hesitation raising our voice as the Queensland government considered laws that could reduce alcohol fuelled street violence.

The laws, among other things included stopping the service of alcohol at 2am, 1am lockouts and banning the sale of high alcohol, rapid consumption drinks (shots) after midnight.

In our submission to the Legal Affairs and Community Safety Committee considering the Tackling Alcohol-Fuelled Violence Amendment Bill in December last year we welcomed the laws, noting that addition to treating the victims and perpetrators of alcohol-fuelled violence, nurses themselves were often at the receiving end of alcohol-fuelled aggression from the very same people or indeed their friends and family.

It was, we said, not good enough, and should never be accepted as a ‘normal’ part of a nurse or midwife’s job.

The new laws were eventually passed in February and most of the measures came into effect on 1 July this year. The 1am lockouts however are not due to start until February next year and may not proceed at all if the July measures are shown to significantly reduce incidents.

Nurses and midwives have a role to care for the people affected by alcohol and alcohol-related injury, but also—as trusted, leading health professionals—to lobby state and federal governments to implement legislation which improves the health and safety of the individuals, families and communities we serve.

In this instance, Queensland was presented with an opportunity to significantly reduce alcohol-related harm, to both our members and the wider community, using measures which have proved successful in other states. From our perspective we had a responsibility to add weight to the argument in support of tighter laws.

Our engagement with the lockout law review also dovetailed neatly with our participation in the state government’s later campaign targeting violence against healthcare workers.

State campaign targets violence against health workers

Earlier this year the state government launched a public awareness campaign highlighting violence against nurses and other health workers.

The campaign stems from a Freedom of Information request for records detailing occupational violence
incidents and Workers’ Compensation Claims for four Queensland hospitals between 1 July 2012 and 1 July 2015.

Information revealed 2695 incidents of verbal and physical assaults, 251 of which resulted in a Workers’ Compensation Claim. The majority of both incidents and claims came from nurses.

We know from our own research that generally, only the most serious violent incidents get reported so we believe significant under-reporting of occupational violence is commonplace.

While the public awareness campaign had its uses the QNU has long argued that a more strategic focus is needed to address the violence experienced by nurses and other health workers.

So we welcomed the news this year that the Queensland Health had committed to looking into our call for strategy and through the Queensland Health Corporate Safety and Wellbeing Unit had engaged with Griffith University to conduct research around occupational violence management in healthcare to provide the basis for an evidence-based response.

We were particularly pleased to be invited to be part of a working party to provide recommendations to both the Health Minister and the Director General of Health regarding a strategic response.

The Occupational Violence Taskforce met several times and hosted a state wide forum in late March and a final report to the Minister is due mid to late 2016.

A major talking point for the taskforce has been that zero tolerance policy imperatives are frequently watered down in the real world of clinical practice.

Another area identified within the taskforce is the adequacy of current post-incident management processes, including investigation, follow-up, and support for an assaulted worker.

Environmental design—particularly the security issues around single rooms—is also an area for consideration.

While the taskforce identified some positive measures around reducing exposure to violence, incident management, and post-assault support we remain concerned that due to the current management structure, there is no mechanism to ensure all HHSs adopt the taskforce’s recommendations.

We believe the Department of Health needs to integrate legislation, policies, and procedures and apply an anti-violence mandate across all health disciplines while management must demonstrate a strong commitment to changing the workplace culture, in part by empowering staff to expect a safe workplace.

**Single nurse posts**

The murder of South Australian nurse Gayle Woodford in March shocked the Australian public triggering a nation-wide campaign to abolish single nurse posts.

Within days Federal Minister for Rural Health Fiona Nash was meeting with health and nursing stakeholders, including the ANMF, to discuss safety and security issues for RANs, and a few weeks later the Senate threw its support behind a federal government review into safe staffing in rural and remote areas.

The QNU does not support single nurse posts and we have been arguing against them for decades.

It is our belief that minimum safe staffing requires two nurses rostered on at all times in rural and remote settings.

As part of a co-ordinated response from all states and territories, we have started a review into single nurse posts and call-out procedures for remote and isolated nursing work in Queensland.

We have already held a number of teleconferences with RAN members to hear their concerns around safety and security issues, particularly for on-call arrangements.

We have also been making the case for abolition and improved safety standards at a state level with Health Minister Cameron Dick, and have started collecting useful evidence from our rural and remote members.
that we hope to present to a new steering committee being formed by Queensland Health to consider remote area issues.

The QNU will be an active participant in this committee. We have already raised concerns that safety around remote work might be impeded by the fragmented management structure of HHSs. To this end we have asked that an audit of each HHS’s approach to remote nursing safety be conducted, highlighting the significant risk that after hours callouts pose to nurses.

This is an issue we will continue to watch very closely over the coming months, as genuine and lasting change on the matter of single nurse posts is long overdue.

**Health and safety handbook**

The second edition of our Health and Safety Handbook was published this year.

We received great feedback on the first edition of our new look health and safety publication last year, so we certainly made the right decision to change the book from a collection of journal articles into a practical reference tool for nurses and midwives across all sectors.

This handy A5-sized book contains an overview of workplace health and safety legislation, professional guidelines, grievance protocols and mechanisms which keep nurses and midwives safe.

The content has been reviewed to ensure it remains up-to-date for 2016, and the front of the book features an “in focus” chapter which looks at the value of lodging Provisional Improvement Notices (PINs).

And like most of our major publications, it includes a CPD reflective exercise at the back to help members meet the CPD requirements of their registration.
**STRATEGIC OBJECTIVE:**

- Facilitate empowerment of members to achieve their professional objectives
- Advocate for the maintenance and advancement of nursing standards
- Provide effective professional representation
- Provide leadership in the advancement of innovative nursing practice
- Contribute to advancements in nursing education, research, training and development
- Influence and contribute to health and aged care policy at all levels

**RIPEN standards**

In late 2015, the NMBA issued a consultation paper proposing the discontinuation of the RIPEN Endorsement for scheduled medicines rural and isolated practice (RIPEN endorsement standard).

This registration standard describes the required qualification and experience a Registered Nurse must demonstrate in order to be endorsed to administer and supply scheduled medicines under protocol.

RIPEN nurses are particularly important in Queensland as they help meet the health care needs of people living in the state’s rural, remote and isolated communities where there is no medical officer.

It almost goes without saying then that any attempt to diminish the role of RIPEN nurses is not something we could support.

Following broad consultation with members and an unprecedented number of responses, the QNU made a submission to the NMBA in support of maintaining the current RIPEN endorsement standard.

Directors of Nursing in rural and remote areas, Clinical Nurse Consultants, Nurse Practitioners and RIPEN nurses took part in two QNU focus groups about RIPEN endorsement in the past 12 months.

All participants, as well as those who spoke to us individually, unanimously opposed plans to withdraw the RIPEN endorsement standard.

We believe discontinuing the RIPEN endorsement of registered nurses would severely limit public access to medicine in rural and remote areas.

Our rationale is that the standard continues to support evidence-based quality care and public safety for people living and working in rural and remote communities across Queensland.

The NMBA consultation paper is due out later this year.

**Enrolled nurse standards for practice**

New Enrolled Nurse Standards for Practice came into effect on 1 January 2016.

The QNU made a comprehensive submission regarding the content of the standards, in which we detailed our concerns about ENs reporting to anyone other than a Registered Nurse in terms of nursing care.

As such we are pleased that the new standards, while expanding the scope of EN practice, also clearly position a named and accessible RN as the sole supervisor and primary resource person for an individual EN.

The new standards also reflect the current content of NMBA-approved programs of study for Enrolled Nursing.

**Other NMBA standards revised**

This year the NMBA also published its revised registration standards for continuing professional development (CPD), recency of practice (RoP) and professional indemnity insurance (PII).

These revised standards became effective from 1 June 2016.

**Career and classification structure review**

In what is shaping up to be quite a significant undertaking, we have been working to refine the current career and classification structure for nurses and midwives, to make it more innovative and responsive.

There have been some significant achievements so far, including:

- developing new models and positions such as continuity models of midwifery, and Nurse Navigators’
- recognising the key role of senior nursing positions in governance
- acknowledging advanced practice nursing.

However, there have also been some difficulties.
A number of draft reports produced during EB7 remain in draft form and were never endorsed.

During EB8, the QNU progressed work on the career and classification structure with a focus on providing a choice of accessible and rewarding career paths, and effective succession planning and management.

Unfortunately, this work stalled after the election of the Newman government in 2012.

The achievements from EB8 were limited to re-drafting the relevant Queensland Health policy to reflect the change to Hospital and Health Services and the revised Clinical Services Capability Framework (CSCF), as well as an agreement on a process for evaluating ENAPs.

Recognising this important work was unfinished heading into EB9, the QNU and representatives of executive nurses in the public sector set up a workshop to progress the work done so far.

What followed was an unprecedented step whereby the QNU and the public sector’s representatives engaged in a progressive industrial relations process, adopting an interest-based problem solving approach.

This would have been unthinkable a couple of years ago.

This process, which set out to reconsider the EB8 objectives, was facilitated by federal and state industrial relations commissioners.

The group explored the interests of both parties and brainstormed options to develop an evidence-based career and classification structure with a robust succession planning framework.

We hold great hope for this new, revitalised approach to enhancing the career and classification structure.

It will be a significant feature of EB9.

**Rockhampton Maternity services stand up**

It’s not often midwives find themselves at the centre of a very public dispute with hospital and health officials, and rarer still that they are compelled to take serious public action to protect the safety of the mothers and babies in their care.

But our Rockhampton members have done just that this year, showing real strength and courage to stand up against appalling behaviour from the Central Queensland HHS.

For months QNU midwives lodged workload reporting forms and raised workload issues, and while a number of the complaints were noted and recognised, the HHS repeatedly failed to take action.

By February the situation reached a head and midwives passed a formal vote of no confidence in the Nursing Director and Executive Management on the basis the Service had fundamentally failed to support midwives, and was putting patient safety at risk.

They took this extraordinary step after some executives went to the local media unjustly blaming midwives for poor outcomes at the Rockhampton maternity unit, despite the executive’s repeated failure to address the midwives’ reports of excessive workloads, poor support and training deficits.

The Service’s response was to suspend the Midwifery Group Practice program in favour of bringing midwives back into the core unit at the hospital, to ensure midwives were on hand when women presented at the birthing suite.

The suspension prompted angry protests from local families and the Maternity Choices Consumer group who claimed women and MGP midwives were being punished for CQHHS’s poor management.

But the tide has started to turn.

In taking such bold steps out members were able to force health officials into a consultation and remedial process that we hope will, over time, improve maternity services in the Rockhampton region and restore broader birthing options for expectant mums.

A new maternity sub-group has also been formed within the Rockhampton NaMCF to focus on fixing the troubled midwifery services—and it is already bearing fruit.

The Service has established a Director of Nursing/Nursing Director role and a Clinical Nurse Consultant role for Maternity Services at the Rockhampton Hospital both on a temporary basis for now but with permanent recruitment to come.

The new roles will give midwives a stronger voice at a leadership and managerial level.

**Legal and professional services**

The QNU Member and Specialist Services team addressed 291 AHPRA and OHO matters this past financial year including 78 conduct, 53 registration, 48 health and 47 performance matters.
They also dealt with 304 legal matters including over 60 notifications on behalf of more than 100 members about Professional Indemnity Insurance (PII) matters (15 coronial, 24 civil, and 21 cases which were a combination of both).

At the time of going to print there were also 12 inquests under way.

The support and expert assistance this team offers members who are facing some of the most difficult days of their working life, highlights the importance of being part of a union which provides both excellent legal support for professional matters and a Professional Indemnity Insurance (PII) scheme which is a benefit of membership.

Nurses and midwives across all sectors need independent and comprehensive PI insurance, as not all employer-offered or alternative schemes provide coverage which meets NMBA’s requirements in the PI arrangements registration standard.

Another benefit of QNU membership is access to QNU LegalPlus.

This is a legal service we launched for members in 2012 which offers free and discounted legal advice for non-work related legal members.

Our Member and Specialist Services Team referred more than 300 members to the LegalPlus service this year.

Revitalisation of NaMCFs

Our Queensland Health Nursing and Midwifery Consultative Forums (NaMCF) have been through some difficult years recently—particularly during the recent LNP regime under which they were watered down by bureaucratic interference or simply set aside.

But we have been working hard over the past few months to get the forums working well once again.

NaMCFs are responsible for overseeing the implementation of the Nurses and Midwives (Queensland Health) Certified Agreement at the local or facility level.

And having functioning NaMCFs is crucial if we’re to address day-to-day issues within our facilities and ensure our voices are heard where it counts.

NaMCF forums have both a strategic and operational focus.

This includes developing and maintaining patient-focused nursing and midwifery services and models, and dealing promptly with emerging workplace issues.

These forums are driven by member involvement. So the more engaged we are in the process the better the forums will work.

This is why one of our main revitalisation strategies this year involves getting nurses and midwives back to the NaMCF table and encouraging them to make the use of the forum.

Anything that impacts nursing and midwifery should be dealt with via the NaMCF—it’s the ideal forum in which to raise issues and ensure we’re part of the consultation process before workplace changes occur.

Our efforts to revitalise the NaMCFs will continue through 2016.

Reference Groups

The QNU has a number of member-driven reference groups which help establish the policies and direction of our union.

Mental Health Nurse Reference Group

The MHNRP is a collection of mental health nurses from across the state that meets via teleconference, to discuss significant issues within Mental Health nursing.

The group commonly takes up challenging issues that affect both the professional practice of mental health nurses and potentially impact on the safety and quality of care for patients participating in treatment and recovery.

In response to concerns raised by mental health members about ‘near misses’ among adolescent patients in a number of emergency departments, as this year’s primary activity the group supported pursuing their concerns regarding unaccompanied minors – particularly youth/adolescents, who present alone for assessment and treatment to health services.

To this end they canvassed their local services for policies addressing their concerns with little success and endorsed QNU to liaise with Children’s Health Queensland regarding a statewide policy or approach.

The safety of such vulnerable young persons was of such importance that members supported correspondence to the Office of the Public Guardian for Children and the Queensland Mental Health Commissioner seeking guidance on who may be responsible for developing a statewide policy/position on this matter.

The Commissioner advises that it had not been ‘on the radar’ but that she would give the matter consideration.

QNU members in the private sector raised concerned about the impact of being asked to act as ‘directed persons’ for immigration detainees, on the therapeutic relationship with their patients and on their practice as professionals registered with AHPRA.

In late 2015 the MHNRG also supported QNU correspondence where advice was sought about whether the Nursing and Midwifery Board of Australia’s (NMBA) has a position on nurses being authorised to be ‘directed persons’ pursuant to the policies and procedures of the Department of Immigration and
Border Protection and the laws relating to immigration detainees who are receiving on-shore mental health care.

The response was non-specific stating - “The NMBA expects that all nurses and midwives practice in accordance with all relevant legislation and regulations.”

**Midwifery Reference Group**
The MRG is made up of midwives from across the state working in public, private and academic settings.

The group corresponds via email and meets regularly to discuss issues of significance within midwifery and plays an important role in advising the QNU on submissions, policy and our direction.

This year the midwifery reference group discussed and advised the QNU on a number of issues including:

- the application of ratios in the medical model versus the resourcing of Midwifery Continuity of Care models
- minimum data set public/private interface and partnerships—including new graduate placements
- clinical supervision, facilitation and mentoring Midwives and Maternity Provider Organisation Australia (NMPOA) role, and the Midwifery Practice Scheme (MPS)
- consensus building around key professional issues related to career and classification structure
- the identification and prioritisation of work to progress through EB9 and beyond.

**Practice Nurse Reference Group**
The Practice Nurse Reference Group participated in feedback to the ANMF on the draft National Practice Standards for Nurses in General Practice, which was released in late 2015.

The 22 standards articulate best practice for registered and enrolled nurses working in a general practice setting and are intended to be applied in conjunction with the professional practice framework developed by the Nursing and Midwifery Board of Australia.

The standards cover professional practice, nursing care, general practice environment, and collaborative practice. They aim to present the nursing role in a unique context distinct from nurses working in other clinical settings.

Despite the growing employment of nurses in general practice both in Australia and internationally, the potential role and scope of practice of nurses in this setting is poorly understood.

While the standards focus on the registered and enrolled nurse workforce, we acknowledge that further work is required to articulate the scope of nurse practitioners, midwives, Aboriginal healthcare workers, and assistants in nursing working in a general practice setting.

Recently reference group members were invited to participate in the Primary Health Care Nurse Workforce Survey 2016 to help define the nurse role across different settings within primary health care to better understand the workforce, and to articulate the roles of nurses to better support the profession including the recruitment and retention of nurses into primary health care.

**Professional conferences**

**QNU professional practice and ethics conference**

*Future proofing nursing and midwifery* was the focus of the QNU’s Professional Practice and Ethics Conference held in September.

The annual professional conference, now in its fifth year, featured four excellent speakers.

Richard Royle, executive Director of UnitingCare Health spoke about the digital hospital experience, while Professor Jenny Gamble from Griffith University’s School of Nursing and Midwifery spoke about preparing a midwifery workforce in Queensland for the future.

James Cook University’s Karyn Bentley’s presentation looked at midwifery and nursing in the top end, while barrister Amanda Wynne from RJ Howells looked at the legal ramifications of poor staffing.

As always the presentations were first class and offered plenty of food for thought for the nurses and midwives who attended.

**New York nurses conference hears from Queensland**

It’s been two years since Jill Furillo, the Executive Director of the New York State Nurses Association, attended the QNU’s Annual Conference and delivered an inspiring speech about the need to protect Medicare against privatisation.

But the bond formed between our two unions at that time was clear to see in October this year, when the QNU addressed the NYSNA 2015 convention to share with New York nurses the lessons we’ve learned in our campaigns to defend our professions and secure ratios.

More than 700 New York nurses attended the conference to celebrate their union’s achievements.

During the program, Secretary Beth Mohle delivered a video message from the QNU in which I passed on a message of solidarity and support for the NYSNA campaign to achieve legislated ratios.

Their battle is one we understand only too well, and it was great to be able to share news of our ratios campaign with another passionate group of nurses.
Facilitate positive and sustainable social change through directed activities, education and policy development.

Taking a stand against violence

One of our significant social concerns over the past 12 months has been the unacceptable level of violence in our society.

Nurses and midwives see family violence first hand, in emergency departments, community health clinics and when we visit thousands of women in their homes.

Delegates at our 2015 Annual Conference passed an urgent motion pledging to, wherever possible, stop the behaviour and attitudes that perpetuate the cycle of domestic violence.

And joining Rosie Batty’s Never Alone campaign was one of the actions we took to fulfil that pledge.

By joining the campaign, we stand in solidarity with family violence survivors and are helping to amplify their calls for political and legal change.

The aim of Never Alone is to build a groundswell of support for victims that will make it impossible for family violence to be ignored.

In this vein we were also pleased to welcome the state Government’s Directive 4/15 which entitled all Queensland government public service employees including nurses and midwives working in Queensland Health, to a minimum of 10 days domestic and family violence leave.

The additional leave is intended to help people in a domestic violence situation attend legal, medical and counselling services and arrange alternative accommodation and child care.

The QNU has been seeking similar leave entitlements for nurses and midwives working in the private and aged care sectors when it comes time to negotiating new individual agreements.

Other initiatives

The QNU also contributed to the discussion on the State government’s Tackling Alcohol-Fuelled Violence Legislation Amendment Bill 2015

The Bill, which was passed by the Queensland Government in February this year, requires pubs and nightclubs to cease serving alcohol from 2am (or 3am for those in designated entertainment precincts such as Brisbane’s Fortitude Valley), and prohibits the sale of high alcohol content and rapid consumption drinks (shots) after midnight.

In our submission to the committee reviewing the “lock-out laws” Bill we focused on the effects of alcohol-fuelled violence on nurses, midwives and the community in general.

Nurses and midwives are often at the frontline of dealing with patients or family members who are victims or perpetrators of alcohol-related incidences.

Of course we are also often on the receiving end of alcohol-fuelled violence and aggression in our places of work, and we cited a good deal of evidence in our submission around the role of alcohol in workplace injuries for nurses and midwives.

For more, see page 14 in our Industrial Section.

Maria Sevilla: a visa victory

Early last year we took on the immigration department in defence of QNU member and Clinical nurse Maria Sevilla whose permanent residency visa was rejected because of her son Tyrone’s autism.

After living in Australia for nearly nine years, Maria and Tyrone faced deportation back to the Philippines because the Australian government decided Tyrone was a burden the Australian taxpayer should not have to bear.

It was an intolerable situation and our members rallied magnificently to support their colleague, running fundraisers to support Maria while she was unable to work, and contacting politicians and media outlets urging a change of heart.

Maria’s campaign received both national and international media coverage and the change.org petition launched to support her cause received more than 125,000 signatures.

Maria’s case was shining a light on discrimination against people with autism, and the unreasonableness of a one-size-fits-all visa system.

By mid-year sense finally prevailed and Maria was officially granted a permanent resident’s visa.

Baby Asha protests turns spotlight on Border Force Act

In February this year we also rallied in support of members at Lady Cilento Children’s Hospital who refused to release refugee baby Asha back to the detention centre in Naru after treating her for burns.
Hospital clinicians used their professional judgement and their ethical frameworks to determine that an offshore detention centre was no fit home for a child.

Hospital staff were under pressure from the Australian government—and in particular the Immigration Department—to release the child, but they remained steadfast, even in the face of attempts by officials to forcibly remove her.

While many QNU members joined round-the-clock vigils at the hospital in support of hospital staff and Asha’s family, the stand-off also brought into sharp relief our member’s deeper concerns about the controversial Border Force Act—and how it hampers nurses and midwives’ ability to effectively care for their patients.

For more information about our position on the Border Force Act, see page 29 in the political section.

Aboriginal and Torres Strait Islander reference group

This year the QNU was pleased to establish an Aboriginal and Torres Strait Islander members’ reference group.
The group will provide culturally appropriate and accountable leadership, support and advice to the QNU about indigenous issues and strategies that affect the lives of Aboriginal and Torres Strait Islander peoples.

In late January, a group of Aboriginal and Torres Strait Islander QNU members met at the Brisbane office and via teleconference to finalise details on how the group will operate.

The first official meeting was held in February this year and focused on the group’s primary aims and goals.

Since that first meeting the group, which operates under a self-determination model, has developed terms of reference and identified their initial key areas of interest: cultural safety, mentoring for Aboriginal and Torres Strait Islander nurses and midwives, and nurse navigators.

While the primary aim of the group is to address matters raised by the group itself, the QNU will also be able to seek advice from this forum on issues of particular relevance to Aboriginal and Islander nurses and midwives.

Queensland Community Alliance making progress

The QNU’s involvement with the Queensland Community Alliance continued this year.

The QCA formed in 2012 as a grassroots campaigning organisation which works directly with local stakeholders to create better, safer and fairer communities.

QNU is one of 17 founding members of the Alliance, as is the Queensland Council of Unions, the Queensland Teacher’s Union, Together, United Voice, the Uniting Church, the Catholic Arch Diocese and the Multicultural Development Association.

The idea is that by pooling the individual power of all these organisations, we can secure wins for our community that would be out of reach for any one group working alone.

And it is beginning to bear fruit.

Over the past 12 months, the QCA has chalked up a number of wins for local communities in Ipswich and Logan.

These include:

- Development of the Every child. Every opportunity initiative in which QCA and the Logan Together team...
developed a 10-year-plan to ensure every child under eight in the Logan area gets the support, love and care they need to thrive.

- Securing a commitment from Logan City Council for a $6 million investment over four years to improve public transport infrastructures in the area, and an additional commitment from the state government for major infrastructure expenditure on both the M1 and local transport.
- Securing commitments from local politicians, government health agencies and other organisations to assess and act on the West Moreton (Ipswich) region’s mental health needs.
- Expanding the Ipswich City Council ‘Activate Ipswich’ program, which gives businesses, artists, cultural projects and community groups a helping hand to ‘set up shop’ in vacant commercial spaces in the Ipswich CBD.

We are proud to be part of this wonderful alliance and are particularly pleased with its genuine focus on listening to community members and really getting a feel for what matters to them.

It is this sort of community engagement that enriches our organisation and reminds us of the role we can play as champions of change outside our workplaces.

Global Nurses United

Our association with Global Nurses United continued this year.

GNU is an international collective of nursing and midwifery unions dedicated to fighting austerity cuts, privatisation of health care services and attacks on our professions, our communities and our environment.

There are now 18 member countries and with membership scattered across the globe the organisation’s Facebook page has become an important vehicle for sharing our stories.

This year, in among the stories of overcrowded emergency departments in Ireland, teargas attacks on protesting nurses in Bangladesh, Greek nurses’ campaigns for better patient safety and successful industrial negotiations in Guatemala, the QNU also featured as we campaigned for legislated nurse-to-patient, midwife-to-patient ratios.

It was quite something to receive well-wishes and congratulations from as far away as Brazil, Switzerland, Greece and the Philippines.

Celebrating our professions

The beginning of May is always a time of celebration for the QNU as we take a moment out of our busy professional lives to celebrate who we are and what we do.

International Day of the Midwife (May 5) and International Nurses’ Day (May 12) are our days to shine and as always the QNU celebrated both days by supplying cakes to hospital and aged care facilities across the state.
This year’s International Nurses’ Day was also particularly special as it coincided with the State government passing the Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015—making Queensland only the fourth place in the world to embrace legislated safe ratios.

Recognising the significance of the day the government hosted an International Nurses’ Day reception between parliamentary sessions for the QNU members and staff who were present in the public gallery to watch the bill being debated.

**Union Aid Abroad - APHEDA**

QNU’s support for Union Aid Abroad - APHEDA continued this past year with a particular focus again on supporting the Shan Health Clinic on the Thai- Burma border.

Our donation to the clinic via APHEDA is a natural fit for our organisation.

APHEDA, which was established in the mid 1980’s is a union-driven overseas aid agency that recognises the trade union’s responsibility to contribute directly to a better world by supporting regions affected by injustice, poverty and human rights abuses.

The Shan Health Clinic provides free medical assistance to Shan refugees who have fled Burma due to ongoing conflict and repression.

The clinic treats patients with a variety of problems, including landmine injuries, malaria, respiratory tract infections, TB, and HIV/AIDS, and also runs educational, nutrition, and vaccination programs for refugees, as well as training for medics.

The clinic has a particularly strong focus on the needs of women and children in the camp.

It runs programs on pre-natal care, nutrition and family planning which includes providing and food supplements to pregnant and breastfeeding women and underweight children and free contraception.

Shan Health Clinic relies heavily on donations to carry out its important health care services like these, so we are only too happy to assist.

**Donations**

Each year the QNU council makes a number of donations to a variety of deserving causes which align with the social values of our union.

These donations can be large one off cash donations or support in the shape of raffle prizes.

One of our major donations this year was for Brisbane based organisation Sisters Inside.

Sisters Inside is an independent community organisation, which advocates for the human rights of women and girls, with a primary focus on women in prison.

International Day of the Midwife celebrations in Rockhampton
**Political**

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**STRATEGIC OBJECTIVE:**

- **Maximise the influence of the QNU in political processes.**

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**State of play Queensland**

**Nursing guarantee**

With the election of a new state government in Queensland in 2015 we saw many positive policy changes—including the return of professional respect for nurses and midwives.

Reflecting this shift, the State government’s Nursing Guarantee was a real win for nurses and midwives.

It committed more than $212 million over four years for 400 new Nurse Navigator positions, 14 Nurse Educators, and up to 4000 new positions over four years for graduates in the public sector.

This investment in public health nursing, particularly for graduates, not only repairs some of the damage done by the brutal LNP health job cuts a few years ago, but also recognises the need for public health to be appropriately funded to cater to the growing demand for health services.

The Nurse Navigator positions are a great example of how nurses can play a fundamental role in reframing our understanding of healthcare from a disconnected series of services to a holistic ‘whole of journey’ approach to health.

These Nurse Navigators, to be drawn from the ranks of the state’s most experienced nurses, will help patients navigate an increasingly complex health system by focusing on the patient’s entire healthcare journey, rather than on just a specific disease or condition.

This is the sort of approach we want to see at the federal level as well.

We need to make our politicians realise that there are alternative ways to making the health system more efficient than simply cutting services.

By investing in nursing and midwifery, establishing better continuity of care models, and providing the necessary resources to maintain safe workloads and skill mix, our health care system will thrive.

And this will ultimately result in a more cost-effective health system.

**Ratios Save Lives**

While we have touched upon the Ratios campaign elsewhere in this publication it is worth painting a picture of where we stand at the current time.

The locations included in the first phase of legislated ratios cover approximately 80 per cent of the acute medical and surgical wards in 27 hospitals. The ratios will also apply to acute mental health wards in two hospitals.

We are currently participating in a joint Ratios Implementation Working Group with Queensland Health and HHS representatives in an attempt to ensure the rollout of ratios is as smooth as possible.

At this stage we can report that Queensland Health has been recruiting more nurses and midwives to meet the required ratios.

The legislated nurse-to-patient ratios in prescribed locations are 1:4 for morning and afternoon shifts and 1:7 for night shifts. To comply with the legislation the ratios are averaged out over the entire ward, unit or department.

The legislated ratio sets the minimum number of nurses and midwives required on the shift.

In addition, a notional nurse-to-patient ratio determined by the BPF will also apply to prescribed locations and wherever nursing and midwifery services are provided across Queensland Health.

This ratio must be equal to or greater than the legislated ratio.

It is important to note that only RNs and ENs providing direct patient care will be counted in the ratio.

As we have said on many occasions previously, this legislation lays the foundation work for what we hope will be a roll-out of ratios across all sectors.

We are already working with Queensland Health and key maternity stakeholders to work out how ratios can best be applied to meet the specific requirements of midwifery practice, and we are also raising the concept of ratios in all the workplace agreements we are negotiating with private and aged care providers.

**Lady Cilento**

Our members at Lady Cilento Children’s Hospital took the extraordinary step of writing an open letter to the people of Queensland late last year after weeks of negative media attention following the death of a child at the hospital in September.

The intense media scrutiny had a profound effect on members who were not only feeling the pressure themselves but were worried about what impact the reporting was having on patients and their families.
Members were particularly concerned overblown media reporting could put children at risk by discouraging people from seeking medical help at the hospital.

It’s fair to say there were some genuine staffing and management problems at the hospital, but members felt the reports called into question the professionalism of the health workforce and in particular the competence of nurses.

In response, the QNU LCCH branch took the bold decision to draft an honest and heartfelt letter which was sent to all Queensland newspapers and radio and TV stations.

It was a tangible way to put their story forward and to wrest control of a situation and a media juggernaut that threatened to overwhelm them.

In the letter they appealed for the public’s support, saying that while circumstances were difficult, the nursing staff were first class and were working incredibly hard to provide high quality safe care.

The letter received an overwhelmingly positive response from nurses, patients and their families and attracted unprecedented support on the QNU’s Facebook page, reaching more than 165,000 people, and generating a flood of comments, likes and shares.

It was great to read so many comments of support from the public, which highlighted the wonderful work
Neither of the two major parties has a clear majority in the lower house and there are still as many as 12 seats undeclared with at least five of them teetering on a knife-edge.

What’s more Prime Minister Malcom Turnbull’s double dissolution gambit appears to have backfired and the government of the day will now have to contend with an even more fragmented Senate and an increased number of minor parties, independents, and fringe elements holding the balance of power in the upper house.

For the QNU however, our focus during the run-up to the polls was clear.

There were three important issues we campaigned on—aged care, Medicare and penalty rates.

Aged care attacks
One of most troubling lowlights of this year was the continued attack on aged care—an attack that could not go unanswered with an election in the air.

The federal government ripped another $1.2 billion from the aged care sector this year—hot on the heels of the $800 million lost in the two previous budgets.

This cut to the forecast growth of the Aged Care Funding Instrument was all in the name of ‘stabilising’ government subsidies paid to aged care providers, following higher than expected growth in spending.

The government said the measure was all about preventing claims that deliberately rort the system—or rather stopping providers who using unregulated carers to deliver complex health care and yet still claim the subsidies for care that used to be delivered by RNs, all the while increasing their profits.

There is some truth to that scenario, but the solution is to mandate that complex care be delivered only by RNs and ENs.

In reality, the government’s cuts will not improve care, it will simply mean funding reductions, particularly in the areas of complex health care, including dementia care.

Cuts of this magnitude to a sector already at breaking point will inevitably be felt by nurses and those in their care.

To illustrate our point, we joined the ANMF’s If you don’t care, We can’t care health funding election campaign—focusing on the funding cuts in aged care sector.

We also joined a national ANMF Aged Care call-in, which revealed widespread and deeply held concerns about patient safety, workloads and burnout, both from those who work in aged care and those whose loved ones rely on it.
The Federal campaign fit neatly with the work we had also been doing in terms of our ratios campaign—more specifically our claim that it be mandatory for every aged care facility to have an RN on every shift.

There is a real need for leadership on aged care issues. We need a federal government that tackles the staffing and funding issues head on, and takes the bold step of demanding that aged care providers put residents ahead of profits.

**Medicare under threat**
Defending and protecting Medicare was another of our Federal Election messages this year.

For the past two years we have been pushing back against the government’s attempt to undermine our world-class Medicare system and turn it into an American-style user pays model.

In elections and in polling, Australians have shown time and again they are not prepared to see Medicare watered down, services cut, and access diminished.

In December last year, the federal LNP government quietly announced a raft of cuts to public health services.

The government has proposed that $650 million will be slashed from bulk-billing incentives for diagnostic imaging and pathology services.

This puts immense pressure on service providers to increase their fees and higher fees means fewer Australian will access the services.

It also discourages Australians from acting on one of the most important principles of minimising health expenditure: preventative medicine.

For example, Australian women now face increased fees for critical preventative cancer checks like PAP smears.

The ANMF has already come out with a public warning that these cuts will cause patients to defer or decline essential life-saving tests.

Of course this is just the latest stealth attack on Medicare. A couple of years ago we had the $7 Medicare co-payment, and currently we have an extended freeze on Medicare rebates.

**Penalty Rates**
Just days before Christmas last year, the Productivity Commission handed down its final report into penalty rates—and its findings came as no surprise.

The report recommended introducing a two-tiered system of pay in which hospitality and retail workers would have their penalty rates reduced.

The recommendation did not extend the cuts to frontline workers such as nurses and midwives but we suspect this is just be the thin end of the wedge and that other industries will soon be in the government’s sights.

As advocates of workers and fairness, we firmly believe a two-tiered system of pay has no place in Australia.

Granting penalty rates to one group of workers and taking them away from another is effectively saying some people deserve to be compensated while others don’t.

Penalty rates still mean something in Australia.

Everyone who has to work on the weekend sacrifices important time with their family and friends and as such Australian workers should be compensated for working nights, early mornings and weekends no matter what their job.

Any change would be a pay cut they can’t afford and don’t deserve.

Protecting penalty rates rounded out our campaign activities in the lead-up to the 2 July polls.

Working in solidarity with other unions and penalty rate advocate Terri Butler MP, we were out visiting hospitals and holding market stalls promoting the penalty rate message and encouraging people to sign our petition to the Federal Government.

**Other federal issues**
**Australian Border Force Act**
The Australian Border Force Act 2015 came into effect just before our Annual Conference last year and from the very outset we held grave concerns about the heavy handed nature of the legislation and the potential implications for our members.

The Act introduces a new disclosure offence that carries a penalty of up to two years’ jail for nurses, midwives, and other health professionals who publicly
reveal their experience at asylum seeker detention centres.

However the non-disclosure requirements within the Act are in direct conflict with our Code of Professional Conduct and Code of Ethics.

Nurses and midwives have a mandatory obligation to report the kind of health problems being experienced in our detention centres, but the Act’s position is that nurses and midwives in these centres should not disclose what they see.

The ANMF wrote to Immigration Minister Peter Dutton requesting clarification on how nurses and midwives should report sexual abuse, violence, and illegal activity.

Minister Dutton handballed the question to one of his staff, who claimed the Act was “not aimed at restricting the ability of medical professionals to raise concerns about conditions in detention”.

However, the primary concern of nurses and midwives working with asylum seekers is not the aim of the act, but its effect. On this, Mr Dutton’s team was silent.

Furthermore they stated that nurses who wished to make reports of abuse or violence should do so in the appropriate jurisdiction—which in this case was the Government of Nauru.

The problem is, Nauru is yet to establish a child protection framework and the Australian Federal Police do not have jurisdiction beyond Australia.

This of course leaves nurses and midwives between a rock and a hard place in that they can only lawfully report to an appropriate authority, but there is no such authority to report to.

The Border Force Act is an appalling piece of legislation and at the ANMF annual conference earlier this year, we joined our union colleagues from around the country in voting unanimously to condemn it.

We will continue to join efforts to repeal this law for as long as it remains in place.

Aged care report card
We were very pleased this year to support the launch of the Aged Care Report Card website—www.agedcarereportcard.com.au.

The website—which is privately funded and an independent organisation—provides reviews and ratings of residential aged care facilities across Australia.

Nurses who work in aged care, as well as residents and their loved ones, can rate their facility.

We have often argued the need for more open and transparent reporting in aged care and this goes at least some small way towards helping plug that gap by giving aged care consumers an opportunity to read independent reviews and ratings.

What we would eventually like to see a mechanism which includes reports on staffing and skill mix, funding and expenditure.

New Aged Care Complaints Commissioner open for business
The new Aged Care Complaints Commissioner commenced operations on 1 January.

The Commissioner’s office is an independent body which will take over complaint investigation, assessment and action, and will address complaints both about residential aged care facilities and services provided in the home.

Previously, complaints for aged care were part of the Department of Health and Ageing.

Although responsibility has moved, the online process and phone numbers for lodging a complaint or raising a concern have not changed.

For more details, visit www.agedcarecomplaints.gov.au

Submissions
Over the past 12 months the QNU has been very busy lodging submissions and offering feedback and comments to various commissions, inquiries and agencies to promote the interest of QNU members and raise the profile of our union.

The following list of submissions indicates the breadth of the areas across which the QNU engages in public debate.

From June 2015 to June 2016, the QNU made the following submissions:

- Submission to the inquiry into the Mental Health Bill 2015
- Submission to the inquiry into the Holidays and Other Legislation Amendment Bill 2015
- Submission to the inquiry into the Health Legislation (Waiting List Integrity) Amendment Bill 2015
- Further submission to the review into Queensland Health governance structures – the Hunter Review
- Submission to the Independent Hospital Pricing Authority inquiry into Pricing Framework for Australian Public Hospital Services 2016-2017
- Submission to the Joint Standing Committee on Electoral Matters – inquiry into campaigning activities and conduct at polling places
- Submission to the Decision Business Case for Change: Implementation of a New Organisational Structure Based on the Recommendations of the Hunter Review
Submission to the Finance and Administration Committee – Inquiry into Workers’ Compensation and Rehabilitation and Other Legislation Amendment Bill 2015

Submission to the Director-General Department of Justice and Attorney-General – consultation draft of Corrective Service Amendment Bill 2015

Submission for Primary Health Care Advisory Group

Better Outcomes for People with Chronic and Complex Health Conditions through Primary Health Care

Submission to the Health and Ambulance Services Committee – Inquiry into the Public Health (Childcare Vaccination) and Other Legislation Amendment Bill 2015

Submission to the Productivity Commission – Response to the Inquiry into the Workplace Relations Framework Draft Report

Comments on ANMF submission to the Review of the Re-entry to the Register Midwife Accreditation Standards – Second Consultation Paper

Additional Submission to the Productivity Commission - Response to the Inquiry into the Workplace Relations Framework Draft Report

Submission to the Finance and Administration Committee – Queensland Productivity Commission Bill 2015

Submission to the Education, Tourism and Small Business Committee – Jobs Queensland Bill 2015

Submission to the Department of Health - Response to the Consultation Drafts

Hospital and Health Boards(Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015

Hospital and Health Boards Amendment Regulation (No. ..) 2016

Nursing and Midwifery Workload Management Standard

Submission to the Department of Social Services – New Aged Care Short-Term Restorative Care Programme

Submission to the Health and Community Services Committee – Inquiry into the Mental Health Bill 2015 and the Mental Health (Recovery Model) Bill 2015

Submission to the Review of the Industrial Relations Act 1999

Submission to The Finance and Administration Committee - Introduction of Four Year Terms for the Queensland Parliament

Submission to the Qld Government – Ways to Combat Ice Addiction

Submission to Queensland Health – Exposure Draft Medicines, Poisons and Therapeutic Goods bill 2015

Submission to the Senate Standing Committee on Economics – Inquiry into Economic Security for Women in Retirement

Submission to the Health and Ambulance Services Committee – Queensland Health Promotion Commission

Submission to the World Health Organisation - Strategic Directions on Nursing and Midwifery Development 2016-2020

Submission to the Finance Minister, Mathias Cormann regarding the privatisation of Australian Hearing

Submission to the Queensland Clinical Senate communications survey.

Submission to the Senate Standing Committee on Economics – Inquiry into Economic Security for Women in Retirement

Submission to the Senate Standing Committee on Education and Employment – Inquiry into the Fair Work Amendment (Remaining 2014 Measures) Bill 2015

Submission to the Department of Health, on behalf of the Immunisation Provider Competency Working Group – National Immunisation Education Framework for Health Professionals

Submission to the Pharmacist Vaccination Program Stakeholder Consultation

Submission to the ACTU - Reserve Bank Survey of Unions’ Inflation and Wage Expectations December Quarter 2015

Submission to the Australian National Audit Office Inquiry into Health Care Services Delivery in Onshore Immigration Detention

Submission to the Health and Ambulance Services Committee inquiry into Hospital and Health Boards Amendment Act 2016 and the Hospital and Health Boards Amendment Regulation (No. ..) 2016

Submission to the NMBA Public Consultation Proposed discontinuation of the Registration standard: Endorsement for scheduled medicines (rural and remote practice).

Submission to Australian Labor’s Central and North Queensland Taskforce

Submission to the Senate Standing Committee on Education and Employment Standing Committee inquiry into the Fair Work Amendment (Gender Pay Gap) Bill 2015

Submission to the Department of Health, on behalf of the Immunisation Provider Competency Working Group – National Immunisation Education Framework for Health Professionals

Submission to the Pharmacist Vaccination Program Stakeholder Consultation
- Submission to the ACTU - Reserve Bank Survey of Unions’ Inflation and Wage Expectations December Quarter 2015, March Quarter, 2016
- Submission to the Australian National Audit Office Inquiry into Health Care Services Delivery in Onshore Immigration Detention
- Submission to the Health and Ambulance Services Committee inquiry into Hospital and Health Boards Amendment Act 2016 and the Hospital and Health Boards Amendment Regulation (No. ...) 2016
- Submission to the NMBA Public Consultation Proposed discontinuation of the Registration standard: Endorsement for scheduled medicines (rural and remote practice).
- Submission to Australian Labor’s Central and North Queensland Taskforce
- Submission to the Senate Education and Employment Standing Committee Inquiry into the Fair Work Amendment (Gender Pay Gap) Bill 2015
- Submission to The Select Committee In Health Inquiry into the Re-emergence of Pneumoconiosis - ‘black lung’ disease
- Submission to the Senate Standing Committee on Community Affairs – Inquiry into the Future of Australia’s Aged Care Sector Workforce
- Submission to the Senate Legal and Constitutional Affairs Committee – Inquiry into the Need for a Nationally-consistent Approach to Alcohol-fuelled Violence
- Submission to the draft Public Health (Medicinal Cannabis) Bill 2016
- Submission to the World Health Organisation High level Commission on Health Employment and Economic Growth – Ratios in Qld
- Submission to the Finance and Administration Committee - Inquiry into the Practices of the Labour Hire Industry in Queensland
- Submission to The Retirement Income Policy Division of the Australian Treasury - Objective of Superannuation
- Submission to the Queensland Jobs Growth Summit 2016
- Submission to the Productivity Commission - Superannuation Efficiency and Competitiveness
- Submission to the Public Sector Commission – Review of the Mental Health Commission
- Submission to the Department of Health – Increasing Choice in Home Care
- Submission to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee - Abortion Law Reform (Woman’s Right to Choose) Amendment Bill 2016
- Submission to the Department of Health – Physician Assistants in Queensland consultation
- Submission to The Department of Housing and Public Works - Working together for better housing and sustainable communities

Democratic

STRATEGIC OBJECTIVE:

- Promote the participation of members in internal and external democratic processes.

ANMF Biennial conference

In October this year, QNU representatives headed to Adelaide to attend the 12th Biennial National Delegates Conference for the Australian Nursing and Midwifery Federation.

Members of the QNU council including myself, Assistant Secretary Sandra Eales and President Sally-Anne Jones joined representatives from every state and territory to debate motions that guide the activity and direction of the ANMF for the next two years.

We also discussed pressing federal issues such as aged care, health in detention centres, and the skilled migrant workforce, and there was a real sense of solidarity as we joined our peers looking at these big issues and sharing our experiences.

The theme of the conference this year was We will not be silenced: the power of nurses and midwives.

This theme was echoed in compelling presentations and discussions which encouraged us not to be silenced on issues such as access to quality care, penalty rates, aged care and human rights—including the rights of people in detention, and the right to advocate and speak out on their behalf.

One of the most important features of this year’s conference was the ANMF Reconciliation Action Plan, which outlines our commitments and actions to support reconciliation with Indigenous and Torres Strait Islander Australians.

We also congratulated the ANMF Victorian Branch on the passing of their ratios legislation in October—a matter close to our own hearts!

The Biennial conference is always a fantastic gathering and we look forward to meeting our counterparts from across the country again in 2017.

Branches

There’s been some really great stories coming out of our branches this year—stories of branch growth, workplace wins, profile building and grassroots collegiality.

QNU Assistant Secretary Sandra Eales, herself from a strong branch background in Mareeba, has made Branch building one of her primary areas of attention this year and she has been writing and speaking extensively on the power nurses and midwives can harness through supportive and dynamic branches.

Revitalised Herberton Branch

Nurses at Herberton in North Queensland are using the power of their Local Branch to tackle issues like unpaid meal breaks, workplace bullying and safety concerns—which is quite the achievement given the branch was all but dormant 18 months ago.

While the Tableland Community Health Branch was registered with QNU and had technically existed for many years, it had dropped off the radar after a long period of inactivity.

But when staff started complaining about unpaid meal breaks and other issues recently, QNU members Kim Ive and Donna Green decided to revitalise the Local Branch and take action.

They attended QNU branch development training earlier this year and, after hunting through old branch lists, made contact with members from across 13 community health centres covered by the old Tableland Branch.

Using teleconferences to overcome the tyranny of distance, the Tableland Community Health Branch started holding meetings, and is now a renewed branch where members share their experiences and take action as a collective.

We are thrilled to have the Tableland branch back in action and I congratulate those members who took the initiative to reach out to their colleagues in the region and revitalise such an important forum.

Donna Green (left) and Kim Ive (right)
Gold Coast University Hospital chalks up wins
Another thriving branch is that of the Gold Coast University Hospital.

Since being formed in 2013, the GCUH Local Branch has grown from 1430 members to more than 1700 members this year.

What’s more a GCUH Mental Health Local Branch has just celebrated its inaugural meeting—a fantastic achievement indeed.

The Gold Coast branches have chalked up some excellent workplace wins that really make a difference to quality care and safety.
They managed to negotiate nurse-to-patient ratios down from 10:1 to 5:1; and through branch-led campaigning, management agreed to add two hours to the beginning and end of shifts for staff to complete online education and training.

Meanwhile the local agreement they struck to improve 12-hour rostering in the ICU has now spread to all units across the hospital with 12-hour shifts.

Toowoomba Hospital
Toowoomba Hospital Branch again set a benchmark for member engagement and profile building this year, hosting its fourth annual Local Branch conference.

As well as being a social occasion the conference is also a professional event featuring informative speakers and a Q&A panel.

With more than 200 nurses, midwives and other guests attending, many from other districts, the conference is a great example of a branch working to build QNU strength and visibility in their region.

The conference has now grown to the point where it is widely known as an event ‘not to be missed’.

QNU Policy Committee (formerly IPPC)
The QNU Policy Committee is made up of delegates elected each year at our annual conference.

Its role is to discuss and develop official policy or position statements on key issues of interest to our union.

Matters referred to the QPC generally originate from the QNU Council, QNU Branches, from the QPC membership and QNU State Secretary.

The past year has been a particularly productive one for the QPC, and the range of matters it was asked to address reflect the diversity of issues important to our members.

Meetings of Delegates (MODs)
The QNU holds meetings of delegates (MODs) across the state twice a year, giving Secretary Beth Mohle and Assistant Secretary Sandra Eales a wonderful opportunity to meet and chat with QNU branch delegates and activists face-to-face.

These meetings are a great forum for exchanging ideas and discussing with members issues that affect their workplace and their profession—and even touch upon broader organisational and social issues.

They are also a good opportunity to brief delegates around the state on the QNU’s priorities and focus over the next 12 months.

Not surprisingly a good deal of the discussion during MODS over the past year tied in with the progress of our ratios legislation through parliament.

But there were plenty of other issues too.

Penalty rates and public sector EB9 negotiations also made it to the table, as did the Queensland Government’s new Nursing Policy Platform including the deployment of 400 nurse navigators.

This year we held MODs in Brisbane, Sunshine Coast, Gold Coast, Toowoomba, Cairns, Townsville,
Democratique

Queensland Nurses’ Union of Employees

2015-16 Annual Report

35

Mackay, Rockhampton, Bundaberg, Hervey Bay and Maryborough.

Branch elections
The QNU’s democratic processes were alive and well this year as we held our branch elections.
The election activities kicked off in September with a call for nominees.
The QNU’s branches are the heart of our union—they are the ‘building blocks’ of the democratic framework which gives hundreds of nurses and midwives, all across the state, an active and official role in the running of their union.

It is always wonderful to see so many people step up to play and active role in their union through the branch structure and I look forward to seeing some new faces—and of course some familiar ones—at this year’s annual conference.
The 2016 elections also marked the first time we held our ballot electronically using our new IT system.

We still had to send out a number of hardcopy ballots to members who did not have a registered email address, but we hope this will reduce over time.

We also used the new system when we called for nominations to fill casual vacancies.

Being able to use an electronic ballot and nomination process is a fantastic development for us.

For one thing, it simplifies the data collection process, and for another it saves thousands of dollars of members’ money by significantly reducing printing and postage costs.

Less printing, paper and transportation means it is also kinder on the planet.

Regional branches
This year was also the first year we called for nominees for our new ‘regional’ Branches.

In 2015 the QNU/ANMF QNU Branch Council endorsed a two year trial period of three geographically-based regional branches to capture members who worked in areas where no branches existed or were likely to exist.

These regions were formed by dividing the state into three regions—Northern, Central and Southern.

Sadly this year we received only one nomination from the northern region.
The trial of the regional structures will be evaluated next year.
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Queensland Nurses Union of Employees

30 June 2016
# FINANCIALS

QUEENSLAND NURSES UNION OF EMPLOYEES

30 JUNE 2016

## INDEX

<table>
<thead>
<tr>
<th>Schedule No.</th>
<th>Item</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Auditor’s Report</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Statement of Profit or Loss and Other Comprehensive Income</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Statement of Financial Position</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Statement of Cash Flows</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Statement of Changes in Equity</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Notes to the Financial Statements</td>
<td>19</td>
</tr>
<tr>
<td>7</td>
<td>Certificate by Accounting Officer of Union</td>
<td>19</td>
</tr>
<tr>
<td>8</td>
<td>Certificate by the Committee of Management</td>
<td>20</td>
</tr>
</tbody>
</table>
INDEPENDENT AUDITOR’S REPORT

To the members of Queensland Nurses Union of Employees


We have audited the accompanying financial report of Queensland Nurses Union of Employees, which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the Committee of Managements’ declaration.

Committee’s Responsibility for the Financial Report

The Committee of Management are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company’s preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Committee, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of Queensland Nurses Union of Employees as at 30 June 2016, and its financial performance and cash flows for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations).
Report on Other Legal and Regulatory Requirements

In our opinion:

A. the organisation has kept satisfactory accounting records for the financial period ended 30 June 2016, including records of:
   i. the sources and nature of the organisations’ income including membership subscriptions and other income from members; and
   ii. the nature of and reasons for the organisations’ expenditure;
B. the financial report for the period ended 30 June 2016 is properly drawn up to give a true and fair view of the organisations’:
   i. financial affairs as at the end of the year; and
   ii. the income and expenditure and surplus or deficit for the year
C. the financial report has been prepared in accordance with the Industrial Relations Act 1999, Australian Accounting Standards and other mandatory professional reporting requirements
D. the financial disclosure statement and mid-year financial disclosure statement for the year were prepared under this Act; and
E. the organisation has the policies it is required to have under section 553A(1);

Where necessary, we have obtained all the information and explanations which, to the best of our knowledge and belief, were necessary for the purposes of our audit.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Industrial Relations Act 1999 financial reporting requirements. As a result, the financial report may not be suitable for another purpose.

BDO Audit Pty Ltd

T R Mann
Director

Brisbane, 21 October 2016
QUEENSLAND NURSES UNION OF EMPLOYEES

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2016

<table>
<thead>
<tr>
<th>Note</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue</td>
<td>2</td>
<td>25,618,833</td>
</tr>
<tr>
<td>Other Income</td>
<td>2</td>
<td>915,838</td>
</tr>
<tr>
<td>Administration Expense</td>
<td>3</td>
<td>(4,819,986)</td>
</tr>
<tr>
<td>Member Expense</td>
<td>3</td>
<td>(17,332,866)</td>
</tr>
<tr>
<td>Occupancy Expense</td>
<td></td>
<td>(519,926)</td>
</tr>
<tr>
<td>Finance Costs</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>3</td>
<td>(681,012)</td>
</tr>
<tr>
<td>PROFIT BEFORE INCOME TAX</td>
<td></td>
<td>3,180,881</td>
</tr>
<tr>
<td>Income Tax Expense</td>
<td>1 (g)</td>
<td>-</td>
</tr>
<tr>
<td>PROFIT FOR THE YEAR</td>
<td></td>
<td>3,180,881</td>
</tr>
<tr>
<td>Other comprehensive income for the year, net of tax</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</td>
<td></td>
<td>3,180,881</td>
</tr>
</tbody>
</table>

The above Statement of Profit or Loss and Other Comprehensive Income should be read in conjunction with the accompanying notes.
<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>10,857,140</td>
<td>8,709,377</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>1,265,361</td>
<td>1,197,856</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td>12,122,501</td>
<td>9,907,233</td>
</tr>
<tr>
<td><strong>NON-CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other financial assets</td>
<td>95,000</td>
<td>158,247</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>15,231,688</td>
<td>13,733,290</td>
</tr>
<tr>
<td>Intangibles</td>
<td>400,484</td>
<td>401,777</td>
</tr>
<tr>
<td><strong>TOTAL NON-CURRENT ASSETS</strong></td>
<td>15,727,172</td>
<td>14,293,314</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>27,849,673</td>
<td>24,200,547</td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>444,068</td>
<td>594,485</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>3,922,364</td>
<td>3,576,891</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>3,371,451</td>
<td>3,098,262</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT LIABILITIES</strong></td>
<td>7,737,883</td>
<td>7,269,638</td>
</tr>
<tr>
<td><strong>NON-CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>7,737,883</td>
<td>7,269,638</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>20,111,790</td>
<td>16,930,909</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Funds</td>
<td>20,111,790</td>
<td>16,930,909</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>20,111,790</td>
<td>16,930,909</td>
</tr>
</tbody>
</table>

The above Statement of Financial Position should be read in conjunction with the accompanying notes.
QUEENSLAND NURSES UNION OF EMPLOYEES

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2016

<table>
<thead>
<tr>
<th>Note</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

CASH FLOWS FROM OPERATING ACTIVITIES

Receipts from members and others  28,761,614  27,498,088
Interest received  99,928  110,345
Payments to suppliers and employees  (24,597,234)  (22,427,152)
NET CASH PROVIDED BY OPERATING ACTIVITIES  4,264,308  5,181,281

CASH FLOW FROM INVESTING ACTIVITIES

Proceeds from sale of property, plant and equipment - -
Payments for property, plant & Equipment  (2,116,545)  (678,757)
Proceeds from the sale of investment property - -
NET CASH USED IN INVESTING ACTIVITIES  (2,116,545)  (678,757)

CASH FLOW FROM FINANCING ACTIVITIES

Proceeds/(Repayment) of financing facilities - -
NET CASH USED IN FINANCING ACTIVITIES - -

Net Increase/(Decrease) in Cash Held  2,147,763  4,502,524
Cash at the Beginning of the Financial Year  8,709,377  4,206,853
Cash at the End of the Financial Year  10,857,140  8,709,377

The above Statement of Cash Flows should be read in conjunction with the accompanying notes.
**QUEENSLAND NURSES UNION OF EMPLOYEES**

**STATEMENT OF CHANGES IN EQUITY**
FOR THE YEAR ENDED 30 JUNE 2016

<table>
<thead>
<tr>
<th>Note</th>
<th>Accumulated Funds</th>
<th>Asset Revaluation Reserve</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Balance at 1 July 2014</strong></td>
<td>13,114,757</td>
<td>-</td>
<td>13,114,757</td>
</tr>
<tr>
<td><strong>Net Profit/(Loss) for the year</strong></td>
<td>3,816,152</td>
<td>-</td>
<td>3,816,152</td>
</tr>
<tr>
<td><strong>Other Comprehensive Income</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Comprehensive Income for the year</strong></td>
<td>3,816,152</td>
<td>-</td>
<td>3,816,152</td>
</tr>
<tr>
<td><strong>Cumulative revaluation surplus relating to sale of property transferred to accumulated funds</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2015</strong></td>
<td>16,930,909</td>
<td>-</td>
<td>16,930,909</td>
</tr>
<tr>
<td><strong>Balance as at 1 July 2015</strong></td>
<td>16,930,909</td>
<td>-</td>
<td>16,930,909</td>
</tr>
<tr>
<td><strong>Net Profit/(Loss) for the year</strong></td>
<td>3,180,881</td>
<td>-</td>
<td>3,180,881</td>
</tr>
<tr>
<td><strong>Other Comprehensive Income</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Comprehensive Income for the year</strong></td>
<td>3,180,881</td>
<td>-</td>
<td>3,180,881</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2016</strong></td>
<td>20,111,790</td>
<td>-</td>
<td>20,111,790</td>
</tr>
</tbody>
</table>

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.
NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards and Australian Accounting Interpretations adopted by the Australian Accounting Standards Board ("AASB") and the requirements of the Industrial Relations Act 1999. The financial report covers Queensland Nurses Union of Employees as an individual entity. Queensland Nurses Union of Employees is a union formed under the Industrial Relations Act 1999.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions to which they apply. Compliance with Australian Accounting Standards ensures that the financial policies adopted in the preparation of these financial statements as presented below and have been consistently applied unless otherwise stated.

The financial report has been prepared on an accruals basis and is based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. For the purpose of preparing these financial statements, Queensland Nurses Union of Employees is a not-for-profit entity.

Accounting Policies

(a) Land and Buildings

Freehold land and buildings are measured on the fair value basis, being the amount for which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction. It is the policy of the entity to have an independent valuation every five years, with annual appraisals being made by the committee.

(b) Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised leased assets, but excluding freehold land, is depreciated using either the diminishing value method or on a straight line basis over their estimated useful lives to the organisation commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of assets are:

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>2.5%</td>
</tr>
<tr>
<td>Plant and Equipment</td>
<td>10% - 37.5%</td>
</tr>
<tr>
<td>Computer Hardware</td>
<td>10% - 37.5%</td>
</tr>
</tbody>
</table>

(c) Employee Benefits

Provision is made for the union's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.
NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Cont’d)

In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

(d) Cash and Cash equivalents
Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

(e) Trade and other receivables
Trade and other receivables are recognised at amortised cost, less any provision for impairment.

(f) Operating Leases
Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

(g) Taxation
The income of the union is exempt from income tax under section 50-15 of the ITAA 1997.

(h) Financial Instruments
Recognition and Initial Measurement
Financial instruments, incorporating financial assets and financial liabilities, are recognised when the union becomes a party to the contractual provisions of the instrument. Financial instruments are initially measured at fair value plus transactions costs.

Classification and Subsequent Measurement
Held-to-maturity investments
Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the association’s intention to hold these investments to maturity. They are subsequently measured at amortised cost using the effective interest rate method.

Financial Liabilities
Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost using the effective interest rate method.

Impairment
At each reporting date, the union assesses whether there is objective evidence that a financial instrument has been impaired. Impairment losses are recognised in the Statement of Comprehensive Income.

(i) Key accounting estimates
The union evaluate estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

Key estimates – Impairment
The union assesses impairment at each reporting date by evaluating conditions specific to the group that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Value-in-use calculations performed in assessing recoverable amounts incorporate a number of key estimates.
NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Cont’d)

(j) Goods and Services Tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown exclusive of GST.

(k) Revenue
Subscription income is brought to account in the period to which it relates.

Rental income is brought to account in the period to which it relates.

Interest income is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Income from the rendering of services is brought to account when the services have been provided to the customer.

Income received in advance relates to membership contributions which are deferred on initial receipt and recognised over course of membership life.

(l) Trade and other payables
These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Deferred Income includes income billed to members in advance but not yet recognised as income. Income received in advance also forms part of deferred income.

(m) Intangible Assets
Software is recorded at cost. Software has a finite life and is carried at cost less any accumulated amortisation and impairment losses. It has an estimated useful life of between two and fours years. It is assessed annually for impairment.

(n) Change in Accounting Policy
There has been a change in accounting policy in the year. The new membership system now bills members and records Accounts Receivables and Deferred Income rather than recognising income only when received.

(o) Unit trust investments
Investments in unit trust have been recognised at initial cost.

(p) Comparative Figures
When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

(q) New, revised or amending Accounting Standards and Interpretations adopted
The company has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that are mandatory for the current reporting period. Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted. Any significant impact on the accounting policies of the company from the adoption of these Accounting Standards and Interpretations are disclosed below. The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the company.
NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Cont’d)

Accounting Standards for application in future periods
The AASB has issued a number of new and amended Accounting Standards and Interpretations during the reporting period, some of which may be relevant to the Union. The assessment of the new and amended pronouncements that are relevant to QNU are set out below:

<table>
<thead>
<tr>
<th>New/revised pronouncements</th>
<th>Nature of change</th>
<th>Application date to the Company</th>
<th>Impact to the Union</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASB 9 Financial Instruments (December 2014)</td>
<td>The AASB has issued the complete AASB 9. The new standard includes revised guidance on the classification and measurement of financial assets, including a new expected credit loss model for calculating impairment, and supplements the new general hedge accounting requirements previously published. This supersedes AASB 9 (Issued in December 2009-as amended) and AASB 9 (issued in December 2010).</td>
<td>30 June 2019</td>
<td>AASB 9 may have a potential increase in the Company’s loans and advances provisioning. However, the Union has not yet fully assessed the impact of AASB 9 as this standard does not apply mandatorily before 1 January 2018.</td>
</tr>
<tr>
<td>AASB 15 Revenue from Contracts with Customers</td>
<td>The standard contains a single model that applies to contracts with customers and two approaches to recognising revenue: at a point in time or over time. The model features a contract-based five-step analysis of transactions to determine whether, how much and when revenue is recognised.</td>
<td>30 June 2018</td>
<td>The Union’s has not yet assessed the full impact of this Standard.</td>
</tr>
</tbody>
</table>
## QUEENSLAND NURSES UNION OF EMPLOYEES

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

### NOTE 2: REVENUE

<table>
<thead>
<tr>
<th>Operating activities</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscription Revenue</td>
<td>23,707,688</td>
<td>21,603,323</td>
</tr>
<tr>
<td>Nurse Power Income</td>
<td>1,911,145</td>
<td>2,137,787</td>
</tr>
<tr>
<td>Other Income</td>
<td>915,838</td>
<td>745,076</td>
</tr>
<tr>
<td></td>
<td>26,534,671</td>
<td>24,486,186</td>
</tr>
</tbody>
</table>

### NOTE 3: PROFIT BEFORE INCOME TAX

Profit from ordinary activities before income tax expense has been determined after:

(a) Expenses:

**Administration Expense**

- Salaries and wages: 3,251,521  2,736,188
- Other expenses: 1,568,465  1,098,078

**Total Administration Expense**: 4,819,986  3,834,266

**Member Expenses**

- Salaries & Wages: 11,234,449  10,021,442
- Journal & Publications: 495,449  441,127
- Legal Representation & Members Insurance: 2,318,472  1,735,258
- Campaigns & Rallies: 473,383  683,873
- Conference Costs: 261,009  288,193
- Affiliation and Capitation Costs: 1,412,767  1,334,130
- Other expenses: 1,137,337  1,142,045

**Total Member Expenses**: 17,332,866  15,646,068

**Other Expenses**

- Depreciation and amortisation: 563,312  601,702
- Other expenses: 117,700  100,874

**Total Other Expenses**: 681,012  702,576

**Superannuation**

- Superannuation expense: 1,593,937  1,456,500

**Rent**

- Rent expense: 123,659  112,322

- Expenses incurred in the current year include $520,791 which was paid from Nurse Power fund.
FINANCIALS

QUEENSLAND NURSES UNION OF EMPLOYEES
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

Note 4: Auditors' Remuneration

Remuneration to BDO for:
- auditing the financial statements

2016  2015
$     $     
42,000 41,000

42,000 41,000

Note 5: Dual Membership - Australian Nursing & Midwifery Federation QNU Branch

In accordance with Rule 6 of the Australian Nursing & Midwifery Federation rules, members of the Queensland Nurses Union of Employees approved by the Branch Council will be deemed to be members of the Australian Nursing & Midwifery Federation QNU Branch.

Note 6: Information to be Provided to Members

1. A member of an industrial organisation or the registrar at a member's request, may apply to the organisation for the information prescribed in a regulation.

2. The industrial organisation must give the applicant the information requested in the application in the time and way prescribed under a regulation.

3. If the registrar applies for a member, the registrar must give the member all information given to the registrar from the organisation.

Note 7: Key Management Personnel Compensation

a. Income paid or payable to all committee members of the union and key management personnel by the union and any related parties

<table>
<thead>
<tr>
<th></th>
<th>Short-term benefits</th>
<th>Long-term benefits</th>
<th>Post employment benefits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cash Benefits</td>
<td>Reportable Fringe</td>
<td>Movement in Long Service Leave</td>
<td>Superannuation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Benefit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2016
Total compensation 723,097 80,083 18,371 126,062 947,613

2015
Total compensation 760,445 48,546 (8,579) 128,981 929,393

The key management personnel include six and seven employees in 2016 and 2015, respectively.
NOTE 7: KEY MANAGEMENT PERSONNEL COMPENSATION (CONTINUED)

B. Retirement and Superannuation Payments
No amounts have been paid to a superannuation plan for the provision of retirement benefits by the union or any related party for the Management Committee members of the union or any related party apart from the employees already disclosed in note 7(a).

The names of the members of the management committee of the union who have held office during the financial period are as follows:

President: Sally-Anne Jones
Secretary: Elizabeth R. Mohle
Assistant Secretary: Sandra Jean Eales
Vice President: Stephen Bone
Executive Members: Damien Lawson
David Lewis
Simon Mitchell
Kym Voip

Councillors: Gillian Gibbs (appointed 01/08/15)
Christine Cocks
Barbara Hastie (resigned 31/07/15)
Karen Cooke
Dianne Corbett
Jean Crabb
Phillip Jackson
Leanne Jiggins (appointed 01/08/15)
Lucynda Maskell
Fiona Monk
Sue Pitman
Karen Shepherd
Katy Taggart
Marilyn Dianne Webb
Deborah Watt
Charmaine Wicking
Daniel Prentice
Julie Wilson (resigned 31/07/15)
Julie Ann Burgess
Shelley Howe
### QUEENSLAND NURSES UNION OF EMPLOYEES

#### NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2016

<table>
<thead>
<tr>
<th>Note</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash on hand</td>
<td>1,700</td>
<td>1,700</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>7,019,626</td>
<td>6,016,272</td>
</tr>
<tr>
<td>Cash at bank - Nurse Power</td>
<td>2,774,355</td>
<td>1,655,822</td>
</tr>
<tr>
<td>Deposits</td>
<td>1,061,459</td>
<td>1,035,583</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10,857,140</strong></td>
<td><strong>8,709,377</strong></td>
</tr>
</tbody>
</table>

| 9    |      |      |
| Trade debtors | 52,094 | 97,424 |
| Prepayments | 926,334 | 824,886 |
| Accounts Receivable | 286,933 | 275,546 |
| **Total** | **1,255,361** | **1,197,856** |

| 10   |      |      |
| Investment in Unit Trust - at cost | 95,000 | 158,247 |

| 11   |      |      |
| Land & Buildings | | |
| Land & buildings at fair value | 15,582,325 | 13,946,914 |
| Less accumulated depreciation | (1,017,667) | (795,891) |
| **Total Land & Buildings** | **14,564,658** | **13,151,023** |

| Computer Hardware | | |
| Computer Hardware | 655,126 | 572,649 |
| Less accumulated depreciation | (542,787) | (479,877) |
| **Total Computer Hardware** | **112,339** | **92,772** |

| Plant & Equipment | | |
| Office furniture & equipment | 1,604,577 | 1,552,570 |
| Less accumulated depreciation | (1,049,886) | (1,063,075) |
| **Total Property, Plant & Equipment** | **554,691** | **489,495** |

| **Total Property, Plant & Equipment** | **15,231,688** | **13,733,290** |

Land and Building was valued by independent valuer Herron Todd White in August 2011.
QUEENSLAND NURSES UNION OF EMPLOYEES

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

NOTE 11: PROPERTY, PLANT AND EQUIPMENT (Cont’d)

Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant & equipment between the beginning and the end of the current financial year.

<table>
<thead>
<tr>
<th></th>
<th>Land &amp; Buildings</th>
<th>Plant &amp; Equipment</th>
<th>Computer Hardware</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Balance at beginning of year</td>
<td>13,151,023</td>
<td>489,495</td>
<td>92,772</td>
<td>13,733,290</td>
</tr>
<tr>
<td>Additions</td>
<td>1,635,411</td>
<td>277,469</td>
<td>84,029</td>
<td>1,996,909</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>(54,649)</td>
<td>(1,479)</td>
<td>(56,128)</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(221,776)</td>
<td>(157,624)</td>
<td>(62,983)</td>
<td>(442,383)</td>
</tr>
<tr>
<td>Balance at end of year</td>
<td>14,564,658</td>
<td>554,691</td>
<td>112,339</td>
<td>15,231,688</td>
</tr>
</tbody>
</table>

Note

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

NOTE 12: INTANGIBLES

Computer software - at cost
Amortisation of computer software

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>834,880</td>
<td>715,576</td>
<td></td>
</tr>
<tr>
<td>(434,396)</td>
<td>(313,799)</td>
<td></td>
</tr>
<tr>
<td>400,484</td>
<td>401,777</td>
<td></td>
</tr>
</tbody>
</table>

Movement in the intangibles between the beginning and the end of the current financial year.

Computer Software

<table>
<thead>
<tr>
<th></th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at beginning of year</td>
<td>401,777</td>
</tr>
<tr>
<td>Additions</td>
<td>119,636</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
</tr>
<tr>
<td>Amortisation expense</td>
<td>(120,929)</td>
</tr>
<tr>
<td>Balance at end of year</td>
<td>400,484</td>
</tr>
</tbody>
</table>

NOTE 13: Trade and other payables

Trade creditors
GST payable

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>216,571</td>
<td>167,988</td>
<td></td>
</tr>
<tr>
<td>227,497</td>
<td>426,497</td>
<td></td>
</tr>
<tr>
<td>444,068</td>
<td>594,485</td>
<td></td>
</tr>
</tbody>
</table>

NOTE 14: EMPLOYEE BENEFITS

Annual leave
Long service leave

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>2,201,613</td>
<td>1,988,141</td>
<td></td>
</tr>
<tr>
<td>1,720,751</td>
<td>1,588,750</td>
<td></td>
</tr>
<tr>
<td>3,922,364</td>
<td>3,576,891</td>
<td></td>
</tr>
</tbody>
</table>

NOTE 15: OTHER LIABILITIES

Income in Advance
Accruals

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>2,497,274</td>
<td>2,597,828</td>
<td></td>
</tr>
<tr>
<td>874,77</td>
<td>500,434</td>
<td></td>
</tr>
<tr>
<td>3,371,451</td>
<td>3,098,262</td>
<td></td>
</tr>
</tbody>
</table>
QUEENSLAND NURSES UNION OF EMPLOYEES

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

NOTE 16: CAPITAL AND LEASING COMMITMENTS

(a) Operating Lease Commitments

Non-cancellable operating leases contracted for but not capitalised in the financial report:

Payable:
- Not later than 1 year
- Later than 1 year but not later than 5 years

64,579 70,473
41,526 102,512

106,105 172,985

The operating leases are for rental premises.

NOTE 17: CONTINGENT LIABILITIES

NAB bank has provided a rental guarantee on behalf of the Union of $19,685 (2015: $19,685) for the Townsville office. There were no contingent liabilities existed for QNU at reporting date.

NOTE 18: EVENTS SUBSEQUENT TO REPORTING DATE

QNU has signed a contract to purchase a building in Townsville for $760,000. It is expected to settle in late October. There are no other subsequent events.

NOTE 19: RELATED PARTY TRANSACTIONS

Transactions with related and associated parties are on normal commercial terms and conditions, no more favourable than those available to other parties unless otherwise stated.

Transactions with Other related parties

Expenses Paid to Other related parties for Affiliations or payments for services during the period ended 30 June 2016

<table>
<thead>
<tr>
<th>Entity</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Australian Nursing &amp; Midwifery Federation</td>
<td>974,942</td>
<td>915,673</td>
</tr>
<tr>
<td>Other Affiliations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Queensland Council of Union</td>
<td>290,221</td>
<td>274,595</td>
</tr>
<tr>
<td>- Union Shopper</td>
<td>130,078</td>
<td>121,502</td>
</tr>
<tr>
<td>- Queensland Community Alliance</td>
<td>12,000</td>
<td>12,000</td>
</tr>
<tr>
<td>- Australia Workers Heritage Centre</td>
<td>3,333</td>
<td>5,000</td>
</tr>
<tr>
<td>- Australia Healthcare and Hospitals Association</td>
<td>1,363</td>
<td>1,227</td>
</tr>
<tr>
<td>- Safe Work College</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- Others</td>
<td>830</td>
<td>4,133</td>
</tr>
</tbody>
</table>
Queensland Nurses Union of Employees

Notes to the Financial Statements
For the Year Ended 30 June 2016

Note 20: Cash Flow Information

(a) Reconciliation of Cash

Cash at the end of the financial year as shown in the statements of cash flows is reconciled to the related items in the statement of financial position as follows:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand</td>
<td>1,700</td>
<td>1,700</td>
</tr>
<tr>
<td>Deposits with financial institutions</td>
<td>10,855,440</td>
<td>8,707,677</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>10,857,140</td>
<td>8,709,377</td>
</tr>
</tbody>
</table>

(b) Reconciliation of cash flow from operations with profit from ordinary activities after income tax

| Profit from ordinary activities after income tax | 3,180,881 | 3,816,152 |
| Non-cash flows in profit from ordinary activities |          |          |
| - Depreciation & amortisation                   | 563,312   | 601,702   |
| - Net loss/(gain) on disposal of plant and equipment | 56,128    | 100,877   |
| - Impairment of other financial asset           | 63,247    | -        |

Changes in assets and liabilities, net of the effects of purchase and disposals of subsidiaries:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>- (Increase)/decrease in receivables</td>
<td>43,981</td>
<td>(16,039)</td>
</tr>
<tr>
<td>- (Increase)/decrease in other assets</td>
<td>(111,487)</td>
<td>160,043</td>
</tr>
<tr>
<td>- Increase/(decrease) in payables</td>
<td>(378,432)</td>
<td>(172,622)</td>
</tr>
<tr>
<td>- Increase/(decrease) in provisions</td>
<td>345,473</td>
<td>30,960</td>
</tr>
<tr>
<td>- Increase/(decrease) in other liabilities</td>
<td>501,204</td>
<td>660,208</td>
</tr>
<tr>
<td>Cash flows from operations</td>
<td>4,264,307</td>
<td>5,181,281</td>
</tr>
</tbody>
</table>

Note 21: Organisation Details

The registered office of the Union is:

QNU Building
106 Victoria St
WEST END
BRISBANE QLD 4101
NOTE 22: FINANCIAL INSTRUMENTS

(a) Risk Management

The union is exposed to the following risks from their use of financial instruments:

- Market Risk
- Credit Risk
- Liquidity Risk

The Committee has overall responsibility for risk management. The Committee has established risk management policies designed to identify and monitor risks from financial instruments and ensure any adverse effects from these risks are minimized. The Committee meet on a regular basis to review compliance with risk management policy and to analyse financial risk exposure in the context of the current economic environment.

(b) Interest Rate Risk

Interest rate risk is the risk that a financial instrument’s value will fluctuate as a result of changes in market interest rates. Interest rate risk arises on balances of cash and cash equivalents. The union minimises this risk by using a fixed interest facility when appropriate. The union is exposed to interest rate risk and the effective weighted average interest rates on classes of financial assets and financial liabilities, is as follows:

<table>
<thead>
<tr>
<th>Weighted Average Effective Rate</th>
<th>Floating Interest Rate</th>
<th>Fixed Interest Rate Maturing Within</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016 %</td>
<td>2015 %</td>
</tr>
<tr>
<td>Financial Assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash equivalents</td>
<td>1.75%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Bank Deposits</td>
<td>2.25%</td>
<td>2.35%</td>
</tr>
<tr>
<td>Total Financial Assets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NOTE 22:  FINANCIAL INSTRUMENTS (Continued)

Trade Debtors are expected to be received as follows:
- Less than 6 months

<table>
<thead>
<tr>
<th>Year Ended 30 June 2016</th>
<th>Year Ended 30 June 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Trade Debtors</td>
<td></td>
</tr>
<tr>
<td>- Less than 6 months</td>
<td>339,027</td>
</tr>
<tr>
<td></td>
<td>372,970</td>
</tr>
</tbody>
</table>
| Trade and other payables are expected to be paid as follows:
- Less than 6 months

|                        | $                       |
| Trade and other payables | 1,317,597              |
|                        | 1,094,924               |

Sensitivity Analysis

The union has performed a sensitivity analysis relating to its exposure to interest rate risk at balance date. This sensitivity analysis demonstrates the effect on the current year results and accumulated funds which could result from a change in this risk.

Interest Rate Sensitivity Analysis:

At 30 June 2016, the effect on profit and equity as a result of changes in the interest rate, with all other variables remaining constant, would be as follows:

<table>
<thead>
<tr>
<th>Year Ended 30 June 2016</th>
<th>Year Ended 30 June 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Change in profit attributable to members</td>
<td></td>
</tr>
</tbody>
</table>
- Increase in interest rate by 2% | 217,108 |
- Decrease in interest rate by 2% | (217,108) |
|                        | 174,153                 |
|                        | (174,153)               |
NOTE 22: FINANCIAL INSTRUMENTS (Continued)

(c) Credit Risk

Credit is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation.

Credit risk arises on trade and other receivables. The objective of the union is to minimise exposure to credit risk.

The union does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the economic entity.

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for doubtful debts, as disclosed in the statement of financial position and notes to the financial statements.

(d) Liquidity Risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities.

The union does not have any foreseeable reduction in the number of union members. Therefore the exposure to this risk is minimal.

As at 30 June 2016, the union had unused limits totaling $85,500 on employee credit cards.
QUEENSLAND NURSES UNION OF EMPLOYEES

CERTIFICATE BY ACCOUNTING OFFICER OF UNION

I, Karla Wilcox, hereby certify:

(a) I am the officer responsible for the keeping of the accounting and other records of the Queensland Nurses Union of Employees for the twelve months ended 30 June 2016;

(b) The number of persons at the end of the financial period to which this financial report relates, who were members of the union, was 56,109 with 53,483 financial and 2,626 unfinancial.

(c) In respect of that financial year, in my opinion:

i) the financial report shows a true and fair view of the financial affairs of the Union as at the end of that financial period;

ii) a record has been kept of all moneys paid by, or collected from, members of the Union and all moneys so paid or collected have been credited to the bank accounts or accounts to which these moneys are to be credited, in accordance with the rules of the Union;

iii) before any expenditure was incurred by the Union, approval of the incurring of the expenditure was obtained in accordance with the rules of the Union;

iv) no payment was made out of an account for a purpose other than the purpose for which the account was operated and all payments made were approved in accordance with the rules of the Union;

v) no loans or other financial benefits other than remuneration in respect of their full time employment were granted to employees or persons holding office in the Union;

vi) the register of members of the Union was maintained in accordance with the Act.

Karla Wilcox
Acting Director, Business Services

Dated this 22nd day of October 2016.
QUEENSLAND NURSES UNION OF EMPLOYEES
CERTIFICATE BY THE COMMITTEE OF MANAGEMENT

(1) In the opinion of the Committee of Management of the Queensland Nurses Union of Employees the accompanying financial report of the Union for the year ended 30 June 2016 was prepared in accordance with the requirements of the Industrial Relations Act 1999 so as to show a true and fair view of the financial affairs of the Union at the end of that financial period.

(2) The Union was, in the opinion of the Committee, solvent during the whole of the financial year.

(3) During the financial period, meetings of the Committee of Management were, in the opinion of the Committee, held in accordance with the rules of the Union.

(4) To the knowledge of any members of the Committee, there have been no instances during the financial year where records of the Union or other documents, or copies of these records or other documents of the Union, have not been furnished or made available to members of the Union in accordance with the Industrial Relations Act 1999, its Regulations and the Rules of the Union.

(5) The Union has complied with the requirements of the Act in relation to the financial report and auditors report for the financial period immediately preceding the current financial year.

This certificate is made in accordance with a resolution of the Committee of Management and is signed for and on behalf of the Committee.

Elizabeth Mohle

Sally-Anne Jones

Dated this 21st day of October 2016.
Remuneration and benefits for highest paid officers - Year end Financial Disclosure Statement (S57Q)

Financial Disclosure 2015-16

<table>
<thead>
<tr>
<th>Officers Name</th>
<th>Position</th>
<th>Remuneration paid (S57Q)</th>
<th>Non-cash benefit **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Mohie</td>
<td>Secretary</td>
<td>$174,411.00</td>
<td>$48,117.00</td>
</tr>
<tr>
<td>Sandra Fales</td>
<td>Assistant Secretary</td>
<td>$151,754.00</td>
<td>$39,062.04</td>
</tr>
</tbody>
</table>

*The Board of Trustees of the State Public Sector Super paid the Queensland Nurses Union $55,761.24 for Board fees for Elizabeth Ruth Mohle.

** Non cash benefits include provision of a car, superannuation and increase in Long Service Leave for the year.

Financial Registers (S557R)

The financial registers which are required to be kept under Division 2A of Part 12 of Chapter 22 of the ACT, are published on www.qnu.org.au on a monthly basis.
# QUEENSLAND NURSES UNION

## REGISTER OF GIFTS, HOSPITALITY AND OTHER BENEFITS

<table>
<thead>
<tr>
<th>Name of the recipient</th>
<th>Who gave the benefit (name of person/entity)</th>
<th>Description of the benefit</th>
<th>Value of the benefit ($)</th>
<th>Date the benefit was given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil for the Financial Year ended 30 June 2016.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## QUEENSLAND NURSES UNION

### REGISTER OF LOANS, GRANTS AND DONATIONS

<table>
<thead>
<tr>
<th>Name and address of recipient (does not apply to financial hardship payments as defined)</th>
<th>Amount ($)</th>
<th>Reason for payment</th>
<th>The arrangement for repayments, if a loan (does not apply to financial hardship payments as defined)</th>
</tr>
</thead>
</table>
| Aussie Helpers Ltd  
PO Box 405 Charleville  
QLD 4470 | $5,000.00 | To assist in drought relief efforts. | |
| Sisters Inside Inc | $10,000.00 | Fund for Children for 2015-2016 Financial Year. | |
| Queensland Council of Unions  
Level 5 TLC Building  
16 Peel Street  
Brisbane QLD 4101 | $1,000.00 | Brisbane Aboriginal Sovereign Embassy Christmas Appeal 2015. | |
| Birthing Kit Foundation (Australia)  
PO Box 330  
Belair  
South Australia 5052 | $2,000.00 | Sponsorship of the Zonta Birthing Kit Program to local community in PNG. | |
| Union Aid Abroad APHEDA  
Level 3, 377-383 Sussex St  
Sydney NSW 2000  
Australia | $10,000.00 | Thai Burma Border Shan Health Clinic 2015-16 Donation. | |
## REGISTER OF POLITICAL SPENDING

<table>
<thead>
<tr>
<th>Nature of Spending</th>
<th>Amount ($)</th>
<th>Political Object</th>
<th>Date of the expenditure ballot that authorised the spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV Media, Facebook and billboards advertising.</td>
<td>$111,012.35</td>
<td>Federal Election 2016.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# QUEENSLAND NURSES UNION

**POLITICAL PARTY AFFILIATION FEES DISCLOSURE (s557T)**

<table>
<thead>
<tr>
<th>Name of the recipient</th>
<th>Who gave the benefit (name of person/entity)</th>
<th>Description of the benefit</th>
<th>Value of the benefit ($)</th>
<th>Date the benefit was given</th>
</tr>
</thead>
<tbody>
<tr>
<td>No political party affiliation fees were given for the financial year 30 June 2016.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**QUEENSLAND NURSES UNION OF EMPLOYEES • 2015-16 ANNUAL REPORT • 65**
<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Date Policy adopted</th>
<th>Last Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of Hospitality, Entertainment and Gifts</td>
<td>Purpose: The purpose of this policy is to outline appropriate criteria for expenditure on hospitality and entertainment for staff, QNU members and other interested parties.</td>
<td>Aug-14</td>
<td>Sep-15</td>
</tr>
<tr>
<td>Complaints Handling Procedure - External</td>
<td>Purpose: To specify the action to be taken in order to resolve written complaints made against QNU.</td>
<td>May-06</td>
<td>Sep-15</td>
</tr>
<tr>
<td>Credit Card use</td>
<td>To outline the policy and procedure for the entitlement to and use of QNU credit cards</td>
<td>May-06</td>
<td>Sep-15</td>
</tr>
<tr>
<td>Financial reporting Process</td>
<td>Purpose: To outline the policy and process for financial reporting.</td>
<td>Jun-14</td>
<td>Sep-15</td>
</tr>
</tbody>
</table>
| Gifts policy                                              | To outline the QNU’s policy in regard to the acceptance of:  
   - All hospitality in the form of free or discounted accommodation, meals or entertainment, including tickets to events  
   - Any loans, gifts or money  
   - Any other material benefit | Apr-13              | Sep-15      |
| Purchasing                                                | Purpose: To outline the QNU’s policy and process in regards to purchasing and contracts.     | Nov-07             | Sep-15      |
| Travel Policy                                             | To outline the QNU’s policy and process in regards to travel                                  | May-06             | Nov-15      |
| Delegation of Authority - Financial Matters              | To outline the policy and procedure which applies to the QNU’s delegation of authority       | May-06             | Sep-15      |
#### QNU & ANMF QNU Branch Union Governance Training

<table>
<thead>
<tr>
<th>Officers’ Name</th>
<th>Description of Officers’ Role</th>
<th>Date of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sally-Anne Jones</td>
<td>President</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Stephen Bone</td>
<td>Vice President</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Beth Mohle</td>
<td>Secretary</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Sandra Eales</td>
<td>Assistant Secretary</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Damien Lawson</td>
<td>Executive Member</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>David Lewis</td>
<td>Executive Member</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Kym Volp</td>
<td>Executive Member</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Simon Mitchell</td>
<td>Executive Member</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Charmaine Wicking</td>
<td>Councillor</td>
<td>15 October 2015</td>
</tr>
<tr>
<td>Chris Cocks</td>
<td>Councillor</td>
<td>23 November 2015</td>
</tr>
<tr>
<td>Daniel Prentice</td>
<td>Councillor</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Di Webb</td>
<td>Councillor</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Dianne Corbett</td>
<td>Councillor</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Debbie Watt</td>
<td>Councillor</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Fiona Monk</td>
<td>Councillor</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Gillian Gibbs</td>
<td>Councillor</td>
<td>15 October 2015</td>
</tr>
<tr>
<td>Jean Crabb</td>
<td>Councillor</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Julie Burgess</td>
<td>Councillor</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Julie Wilson</td>
<td>Councillor</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Karen Cooke</td>
<td>Councillor</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Karen Shepherd</td>
<td>Councillor</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Katy Taggart</td>
<td>Councillor</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Leanne Jiggins</td>
<td>Councillor</td>
<td>13 August 2015</td>
</tr>
<tr>
<td>Lucynda Maskell</td>
<td>Councillor</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Phillip Jackson</td>
<td>Councillor</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Shelley Howe</td>
<td>Councillor</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Sue Pitman</td>
<td>Councillor</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Linda Lavarch</td>
<td>QNU Director Member and Specialist Services</td>
<td>16 April 2015</td>
</tr>
<tr>
<td>Margurite Walker</td>
<td>QNU Director Business Services</td>
<td>15 October 2015</td>
</tr>
<tr>
<td>Amanda Newman</td>
<td>QNU Director Campaigns &amp; Communications</td>
<td>5 September 2016</td>
</tr>
<tr>
<td>Jocelyn Connor</td>
<td>Finance Officer</td>
<td>23 November 2015</td>
</tr>
<tr>
<td>Ee Leen Choo</td>
<td>Accountant</td>
<td>5 December 2015</td>
</tr>
</tbody>
</table>