Protect our penalty rates
More people in health and community services choose HESTA for their super

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FEATURE
Election issue 1: Protecting penalty rates
How can you help the campaign for ratios?

The Queensland Government has made a commitment to improve the delivery of safe, high quality patient-focused care.

To fulfil this commitment, the government will need to invest in the number, skill mix and practice environment of nurses and midwives. Ratios are a safety net and will provide Queenslanders with a care guarantee that genuinely demonstrates the commitment to placing patient safety first.

We know implementing ratios in the public sector and then campaigning for ratios in private and aged care sectors is going to take time.

But there are things we can do right now to ensure safe workloads remain the top priority on each and every shift, no matter what sector you work in.

**Become a Patient/Resident Safety Advocate**

Right now, the best thing you can do is sign up to be a QNU Patient/Resident Safety Advocate.

The PSA/RSA role is crucial to getting ratios right. Knowledge and understanding are powerful assets in the ratios campaign, and it is the job of PSAs and RSAs to gain and grow both.

PSAs and RSAs:

- distribute QNU information to colleagues
- provide the QNU information to assist the ratios campaign
- talk with colleagues about important issues
- provide feedback so the QNU is fully informed of members’ views
- attend QNU training
- support colleagues to undertake workplace activities (assistance, materials and resources can be provided).

**Why is this so important?**

National and international studies have irrefutably proven the number, skill mix and practice environment of nurses and midwives directly affects the safety and quality performance of health services.

Health services with a higher percentage of RNs and increased nursing hours per patient will have lower patient mortality, reduced length of stay, improved quality of life, and less adverse events such as failure to rescue, pressure injuries and infections.

- Every one patient added to a nurse’s workload is associated with a 7% increase in deaths after common surgery.
- Every one patient added to a nurse’s workload increases a medically-admitted child’s odds of readmission within 15-30 days by 11% and a surgically-admitted child’s likelihood of readmission by 48%.

Nurse/midwife-to-patient ratios will contribute to organisational productivity, hospital efficiency and continuity of patient care by increasing staff satisfaction, decreasing attrition rates, reducing service variation and improving equality across the healthcare sectors.

If you would like to make a real difference by joining hundreds of QNU Patient/Resident Safety Advocates, visit www.qnu.org.au/ratiossavelives

The time has arrived for Queensland to introduce safe nurse/midwife-to-patient ratios and skill mixes.

Become a Patient/Resident Safety Advocate so you can teach others about why this work is important, encourage others to get involved and above all advocate for your patients’ and residents’ safety.
A recurrent theme of the recent Mental Health Week is the power of kindness.

Small acts of kindness can make a lasting impression when people are stressed, unhappy or at their most vulnerable. Often we may not appreciate the impact such acts have. Sometimes it can change lives by giving hope when it is most needed.

The power of and need for kindness is also a recurring theme that Sandra and I have been picking up while travelling around the state for our meetings with QNU delegates.

Listening to many distressed and concerned nurses and midwives, we know there is hope things will get better through ratios or improving the work environment, but it is the challenge of dealing with the here and now that can be overwhelming.

The “big picture” context is all well and good, but how can we improve things now?

Some of the problems we face are system-wide, such as the threat to penalty rates. Defending penalty rates will continue to be a top priority for the QNU.

So too will be combating the growth of insecure work through temporary, casual, and contract jobs—a deliberate strategy of some employers in recent years.

Recent workforce data paints a stark picture, with over 30% of Queensland Health employees now in temporary, casual or contract jobs.

Workloads, quality of care, and having a proper say at work also remain major issues for nurses and midwives. Some are also rightly distressed by the lack of leadership shown by managers who are supposed to be responsible for keeping patients and staff safe.

Our work is by its very nature, caring for people when they are at their most vulnerable.

Things can and do go wrong, and when they do nurses and midwives punish themselves far more than anyone else ever could.

Given the nature of our work, we rely heavily on each other for collective support and strength.

It is wrong that individuals can and do take the fall for systemic failures such as understaffing and poor skill mix.

Disappointment in lack of leadership and courage shown by some in key management positions has been raised with me on many occasions in recent times.

It is often those who are least prepared to listen and collaborate who are insecure or lack the necessary skills.

The conflict and confrontation from the recent past has cost some individuals and some relationships.

Right now we have the opportunity to repair some of the damage.

We can recreate collaboration and local workplace consultative committees. We can build a more positive workplace culture.

Our challenge is to put aside any residual anger from the past.

This requires great strength.

And with so much happening in our working lives, and so many opportunities and risks to act upon, it can all become overwhelming.

This brings me back to kindness.

We need more kindness right now—kindness towards those in our care, to our co-workers and to ourselves.

We are all buoyed by random and deliberate acts of kindness.

The power of showing such generosity towards others cannot be overstated.

Kindness is fundamental to our nursing and midwifery values.

It is all the more valuable because it is so difficult to display when we are stressed or under pressure.

Showing kindness will be especially important in coming months when a significant number of new graduates will join our workforce.

These graduates come into a system that is in the process of repair.

This is a stressful, high risk environment. It is vital we develop both formal and informal strategies to support them.

We need to instil in new graduates a love of our professions. One day they will replace us—after all, we do all want to retire one day!

So in addition to joining formal support programs, take a new grad under your wing.

Your support doesn’t have to be clinically focused. It just has to be grounded in kindness.

You can impart so many years of wisdom and experience about how to navigate our complex and overwhelming health system—and how to keep the system human.

Kindness is a powerful quality. It rewards both the recipient and the giver. It costs nothing but goes a long way. And we could all use more of it.
Why do you want ratios?

Safety for both patients and nurses.  

JP

To keep our patients & staff safe!  

EB

Things get missed when you are just crisis managing trying to get through your workload with not a spare minute for things to go wrong or take time out to give the care as it should be given. Quality care takes time and not being overloaded with a huge workload will allow for better care and safety for our patients and happier & less burnt out nurses.  

MP

Because nurses are not robots and we get tired too... we are nurses because we want to give quality of care to others, we can’t do that when we are utterly exhausted.  

NC

Because 11 pts on a night shift is too many. Patients aren’t just sick during day hours!  

KY

So ALL patients get the care and attention they deserve.  

SS

I want my patients to be safe. I want to know that if 2 patients get sick overnight that there are enough nurses on the floor to handle it as well as make sure everyone else is looked after.  

MS

To focus and provide patient centered care - holistic care and not task orientated level of care.  

MS

nurses, colleagues will try to pick up that load all whilst forgoing meal/rest/toilet/drink breaks. This is not healthy/safe for nurses either.  

Jo Konings

Protect both our patients and the registrations of our nurses. Extraordinary workloads are causing poor staff satisfaction, loss of nurses from the workforce and contributing to negativity on the wards. But our nurses in the ratios need to have the NUM, clinical coach and nurse educators.  

JP

I want to give patients my best & I want them to be at their very best. I’m so over being exhausted all the time. I want to love my job again.  

TC

Because when you have 5 patients and another is admitted but no extra staff something is going to have to give. Patients need quality care every shift, every day. Not just when we are staffed to deliver it. 10 patients on a night shift is too many, they are awake and need care overnight too.  

AC

Because I love my job and I want a long career but at the current ratios I will be burnt out in only a few years.  

SH

To provide safe, quality recovery focused, and supportive mental health and nursing care.  

JG

On self-defence classes for nurses

I work in acute mental health and we do ABM annually. If you had to rely on 2hrs training on a mat once a year to protect yourself you’d be screwed in my job. You don’t retire gracefully you retire when you get so injured you can’t do it anymore.  

SM

In Qld Health, we have annual mandatory Aggressive Behaviour Management training as mental health nurses... basically self defense if talking down does not work. It should be extended to other nurses especially those who work in Emergency Depts and for Paramedics and ambos.  

MY

I work in emergency dept and we have ABM, but it is not annually, trust me if there is any hint of harm to myself i am not sticking around for it to happen.  

RC

Of course [violence is] unacceptable but it still happens, so best to be prepared and have some knowledge of self defence.  

TW

Have your say

tqn welcomes letters for publication.

Letters should be no more than 200 words. Anonymous letters will not be published (we will consider withholding names, but do not accept unsigned letters).

Photos may be colour or black and white.

Send all material in the first instance to:
The Editor,
The Queensland Nurse,
GPO Box 1289,
Brisbane 4001

or by email to dsmith@qnu.org.au

tqn also sources Your Say comments from the QNU’s social media accounts in the public domain.

The views contained in the ‘Your say’ page do not necessarily reflect the views of the QNU.

For more information and guidance on writing and submitting a letter for inclusion in the ‘Your Say’ section refer to the QNU’s Letter to the Editor policy at www.qnu.org.au/letters-policy

/qtldnursesunion
We sometimes take it for granted that everyone knows their entitlements. However, for new entrants to the nursing and midwifery workforce it is often difficult to understand the plethora of entitlements and payslips covering our profession. In fact, many nurses and midwives are uncertain about which allowances, loadings and penalties they are entitled to given the diversity of their work and working hours.

The following questions are frequently asked of our QNU Connect call centre.

If you have questions for our Tea room column email qnu@qnu.org.au

Tea room

What are the five key points for responsible use of social media?

1. Understand the difference between private, public, friends, and acquaintances. Check your privacy settings. Be aware private Facebook groups can quickly become publicly accessible if the group administrator decides to change the group settings.

2. Read your employer’s social media policy. The policy should outline how you can discuss your workplace online, and how you can identify yourself as an employee (or not).

3. Be careful with photography. Never take photos in health settings without your employer’s approval.

4. Be wary of how your online activity reflects on your employer. Most workplaces restrict use of the brand or name of the employer.

5. Assume everything posted online is public knowledge. Only post content you are comfortable with the entire world seeing. Even a private communication between friends can be screenshot and shared beyond intended recipients.


Also see the ANMF policy sheet ‘Use of social media and online networking’ at www.qnu.org.au/policy-sheets

I work in a clinical area of a public hospital that normally closes on public holidays. Am I entitled to a day off?

The current relevant Department of Health HR Policy C67 states at paragraph 2:

“When a decision has been made to close facilities/services over certain public holidays, health service employees are stood down or not required.”

This means if the unit or service where you normally work is closed down on a public holiday, all nurses and midwives in that unit or service should be stood down with pay for that shift.

Staff should be notified in advance whether their unit or service is to be closed and staff stood down.

Any staff working in an area that is closed down on a public holiday, but who is not stood down and required to remain available to work in another area of the hospital, should contact the QNU for assistance.

My current ratio is 1:2 or 1:3 – won’t I be worse off under legislated ratios of 1:4?

Ratios and skill mix levels provide a safety net for patients, staff and organisations by defining the minimum staffing and skill required to manage patient demand.

Higher numbers of staff and changes in skill mix may be necessary depending on the clinical environment.

Staffing adjustments above the minimum ratio will be agreed upon through the development of a service profile as part of the proper application of the Business Planning Framework (BPF).

It is expected that the minimum legislated ratios of 1:4 (AM), 1:4 (PM) and 1:7 (ND) will underpin the process of determining the right staffing levels to safely meet patient demand.

The service profile will use internal and external factors to determine the minimum notional ratios required to meet patient needs, which may result in less patients allocated to an individual nurse.

For example, if the legislation requires at least one RN for every four patients on a morning shift and the service profile requires one RN for every two patients for that shift, then the ward/unit must ensure there is at least one RN for every two patients.

What do I need to know about my AHPRA audit?

The Australian Health Practitioner Regulation Agency (AHPRA) conducts random audits of registrants every year. Nurses and midwives need to provide all of the documentation requested by AHPRA.

If you have been selected for auditing you will receive a letter from AHPRA telling you what documents need to be provided, as well as timeframes.

The QNU often receives calls from members asking if they need to provide all their details. The answer is yes—and you must meet your deadline.

If you require a copy of your Professional Indemnity Insurance letter, please contact QNU Connect.
Queensland hospitals stepping into the digital age

But there are high hopes for a new IT project in Queensland Health.

The Princess Alexandra Hospital will ‘go digital’ in November this year as part of the state government’s $1.26 billion eHealth investment strategy.

Queensland Health is planning to invest in 21 ‘digital hospitals’ and four ‘lite’ implementations.

The digital hospitals will transition from paper to electronic patient clinical records, with enhanced ability to share clinical information, and reduce patient risk and the cost of health care.

Currently, patient administration systems differ across the state, and administrators must deal with inconsistent and incomplete information in patient files.

Moving to digital hospitals must be carefully managed and done right, but it is a necessary step in delivering quality care.

Queensland has an increasing and ageing population with longer life expectancies. The burden of cardiovascular disease, cancers, and diabetes will only increase.

The $1.26 billion will include:

- $730 million for clinical systems including a new patient administration system, integrated electronic Medical Records (eMRs), a new pathology system, and digital imaging.
- $300 million for new information and communication technologies, including migrating away from Windows XP.
- $130 million for ‘digital future’ initiatives, including improved information sharing capability.
- $100 million for business systems, including replacing the SAP finance system.

Metro North to upgrade patient tracking system

Another project in Metro North HHS will replace the current hospital-based corporate information system (HBCIS) which is used to keep track of patients and their treatments.

In September, Health Minister Cameron Dick confirmed the ‘indicative cost’ of the project was $226.6 million.

So far, $3.85 million has been granted for preparatory work. This first stage is scheduled to finish by June 2016.

The full project is estimated to take seven years to complete.

Mr Dick acknowledged Queensland Health “had its credibility in relation to the delivery of complex IT projects severely damaged” as a result of the payroll debacle.

However, IT systems cannot continue forever, and the new and changing world of digital health care will demand new and better systems of IT administration.

The state government has also launched a 20-year, $1.26 billion eHealth investment strategy.

The strategy includes an integrated electronic Medical Record (eMR) system, new digital imaging systems, migration off Windows XP, and replacement of the SAP finance system.

Queensland Health hospitals going digital:

- Cairns Hospital
- The Townsville Hospital
- Mackay Hospital
- Rockhampton Hospital
- Bundaberg Hospital
- Hervey Bay Hospital
- Sunshine Coast Public University Hospital
- Royal Brisbane and Women’s Hospital
- The Prince Charles Hospital
- Redcliffe Hospital
- Caboolture Hospital
- Princess Alexandra Hospital
- Logan Hospital
- QEII Jubilee Hospital
- Redland Hospital
- Lady Cilento Children’s Hospital
- Toowoomba Hospital
- Ipswich Hospital
- Gold Coast University Hospital
- Robina Hospital
- Carrara Community Health Centre
- Thursday Island Hospital (Lite)
- Roma Hospital (Lite)
- Longreach Hospital (Lite)
- Mount Isa Hospital (Lite)

St Stephen’s Hospital first cab off the rank

The award for ‘first digital hospital in Queensland’ goes to UnitingCare Health’s St Stephen’s Hospital in Hervey Bay.

The fully-integrated digital hospital opened in October 2014, and has completely digitised record and patient management, as well as electronically dispensed drugs and monitoring patients during surgery.

More details of digital hospitals and eHealth to come in future editions of tqn.
The QNU is delighted to reveal members now have access to an expanded range of online Continuing Professional Development courses.

The courses, which are maintained by the Australian Nursing and Midwifery Federation for all nurses and midwives across the country, are a fantastic and easy way to fulfil your CPD requirement.

The four key ‘training rooms’ are:

- Aged Care Training Room
- Body Systems Training Room
- Continuing Professional Education
- Online Clinical Simulations of Nurses and Midwives

**Aged Care Training Room**
The ACTR offers over 60 modules specific to aged care nursing and community care nursing.

For QNU members, access to these modules costs $110 per year. Non-members may also access for $132 per year.

Your annual subscription gives you access to all topics on the website, a CPD learning needs and plan, learning activity reflections, and evaluations and a printable transcript of your course completions.

**Body Systems Training Room**
The BSTR was launched in 2014 and offers 58 courses on anatomy and physiology, disease processes and treatment options.

Modules can be purchased individually, as part of a tailored pack, or as a complete library. The complete library costs $412.49 for members, $549.99 for non-members.

**Continuing Professional Education**
The CPE currently offers 50 tutorials, including eight tele-health tutorials and a four-part mental health course.

Access includes an online portfolio for members and access to three free topics. Paid topics cost $7.70 for members, and $30 for non-members.

**Online Clinical Simulations for Nurses and Midwives**
In this training room, which currently consists of 32 modules, participants can access 3D simulated learning for clinical procedures.

Each module includes an interactive simulation, step-by-step text with hyperlinks, a video demonstration, a 3D model of the anatomy encountered, and a quiz.

A printable log of the time spent on each simulation is available.

Each module costs $10 for members, or $15 for non-members.

**Your CPD requirement**
As a nurse or midwife registered with the Australian Health Practitioner Regulation Agency, you are required to perform—and be able to show evidence of performing—a specific number of hours of continuing professional development every year.

For clinical CPD the ANMF’s online training courses are the best place to start. Reasonably priced, easy to access, high quality education. Just what every nurse and midwife needs.

Finally, some progress!

With the clock ticking to the end of the year, a great deal of work is going on behind the scenes to finish up award modernisation and commence negotiations for the public sector nurses and midwives EB9 agreement.

With the process of modernising various awards to ensure a strong safety net of base terms and conditions finally wrapping up, we now turn our attention to the public sector EB9 agreement, where we aim to ensure nurses and midwives get the best possible deal.

Nurses and midwives award

The QNU and Queensland Health have been working together to develop a draft award for consideration by the Queensland Industrial Relations Commission award modernisation team. The draft is now finished and has been submitted to the award modernisation team, which has begun work on the exposure draft of the award. This exposure draft is scheduled for release in late-October. The QNU and QH will be holding conferences with the award modernisation team prior to the release of the exposure draft, and will continue to work together on any issues that may arise after its release. The final draft will go before the Full Bench in early November.

All existing entitlements have been retained in the draft developed by the QNU and Queensland Health.

Award for mental health team leaders

Mental health team leaders will soon have their modern award—a significant achievement!

MH team leaders will be included in the Health Practitioners/Dental Officers Award, which goes before the Full Bench in the first week of October. The exposure draft has been released, and as with the nurses and midwives award, the QNU is working with Queensland Health through any issues arising in this draft.

All existing entitlements have been retained. MH team leaders had previously been under an award created by the LNP government—it lacked a great deal of important content which the 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

Dates have now been set for the beginning of EB9 negotiations. The first meeting will occur in late-October. The Interest-Based Bargaining approach which had worked well in the past has been re-adopted. The negotiation process will be quite intensive, with meetings scheduled to occur every week from late-October to Christmas.

The QNU is hopeful that negotiations will be meaningful given the commitment to an Interest-Based Bargaining approach.

What can you do?

Information is key. It is vital you receive the information you need, so ensure your contact details—particularly your email address—with the QNU is current. You should also attend your Local Branch meetings where possible for updates and to have your say.

union training program

 Assertiveness Skills  
18 November – Brisbane

 Private Sector - Ratios Save Lives  
19 November – Brisbane

 QH - Ratios Save Lives  
18 November – Mackay

 Professional Advocacy - We’re in charge  
20 November – Rockhampton

 Health and Safety Representative training for nurses and midwives  
23-27 November – Brisbane

HOW TO ENROL:

• visit the QNU website at www.qnu.org.au/qnu-training  
OR
• contact your local QNU office and ask them to send you a form OR
• ring the training unit in Brisbane on 3840 1431 or toll free 1800 177 273
The effect of work environment on patient safety

BY SANDRA EALES, QNU ASSISTANT SECRETARY

We know unsafe workloads are a major concern for nurses and midwives both in terms of numbers and skill mix.

The savage cuts under the LNP government, which included 1800 FTE nurses and midwives, have had a deep and lingering effect on the workplace.

The impact of those cuts was and continues to be severe not least because many of those laid off were at the experienced end of the professional spectrum.

The effect was an immediate dilution of skill mix alongside a loss of capacity in terms of indirect care time for all nurses and midwives left on the floor.

Slashing budgets meant decreased access to education and professional development support, as well as no indirect care time on rosters, including no time to teach, support or supervise novices or engage in reflective practice and clinical governance processes.

The loss of nurse and midwife power in the system has a long way to recover.

Bullying remains a significant workplace issue

Positive moves to recognise the value of nursing and midwifery have been made by the Palaszczuk government through its commitment to legislate nurse/midwife-to-patient ratios and new graduate employment.

The success of these important strategies will be largely determined by the work environment, which has become increasingly hostile for nurses and midwives.

Bullying continues to be the top issue in member calls received through QNU Connect and frequently overlays the other primary reasons for calling, such as call/recall and rostering practices.

The issue of workplace bullying takes on greater significance when we consider there is about to be a substantial increase of new graduates.

What is a good work environment?

As measured by the Practice Environment Scale Nursing Work Index, a good work environment includes:

- enough nurses to provide care of reasonable quality
- participation by nurses in hospital governance and decision-making
- responsiveness of management in resolving problems in patient care
- excellent communication and collaboration between doctors and nurses
- investment in highly qualified nurse workforce
- institutional commitment to quality and safety driven by nursing

Culture eats strategy

When we talk about work environment, we are talking about an institutional culture that values and respects professional nursing and midwifery as a force for quality patient outcomes.

The research tells us if we don’t fix the work environment, then ratios won’t be enough to improve patient outcomes.

Nurses and midwives must take a leading role in ensuring their workplace culture changes. We need individual nurses and midwives to become engaged, to take responsibility for their own sphere of influence, and to transform the culture.

Support for new graduates transitioning to practice as well as ongoing professional development are both critical to developing and maintaining a good work environment.

This should be a particular focus as the intake of new graduate nurses and midwives in hospitals increases.

We need to encourage leadership at every level of the nursing and midwifery workforce and foster a sense of responsibility and collegial generosity within the professions to protect and nurture not only our patients, but each other.

Focus on the work environment and cultural change to rebuild the nursing and midwifery workforce in Queensland is a necessary component for supporting the rollout of ratios, and we all have our part to play.

Effect of improved nurse staffing on mortality depends upon quality of work environment

Aiken et al. Medical Care, 2011.

<table>
<thead>
<tr>
<th>Patient to Nurse Ratio</th>
<th>Odds on Dying</th>
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<tbody>
<tr>
<td>Poor Environment (0 percent)</td>
<td>8:1</td>
</tr>
<tr>
<td>Mixed Environment (16 percent)</td>
<td>4:1</td>
</tr>
<tr>
<td>Good Environment (46 percent)</td>
<td>2:1</td>
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The difference in the odds on dying in hospitals with 8:1 and 4:1 patient/nurse ratios is:

- 0 percent in hospitals with poor environments;
- 16 percent in hospitals with mixed environments;
- 46 percent in hospitals with good environments.

Excerpted Matthew McHugh’s presentation at QNU Annual Conference on July 17, 2015
Rebuilding strength and visibility

Since the change of government in Queensland earlier this year, the QNU has been keen to re-establish a close working relationship with hospitals and rebuild the trust and momentum lost over recent years.

With a less hostile environment in workplaces and hospital management keen to once again collaborate with the QNU, we’ve been busy getting out there and letting nurses and midwives know we’re here for them, and we’re here to stay.

NaMCFs—nurses and midwives speaking up

The QNU leadership team is currently attending Nursing and Midwifery Consultative Forums (NaMCF) across regional Queensland.

The purpose of these forums has always been for QNU delegates and hospital management to come together and resolve workplace issues. However, the workplace culture of distrust and intimidation from recent years rendered these forums largely ineffective.

QNU Assistant Secretary Sandra Eales said having effective NaMCFs would be critical as we move towards ratios.

“These forums will only work if they are co-operative and consultative spaces where nurses and midwives at every level have a voice that’s going to be heard,” Sandra said.

“What we’re trying to do is get some early intervention happening to address workloads rather than focusing on the end grievance process, which is really too little, too late.

“Although the government is coming up to implementing ratios in some workplaces, nurses and midwives are facing extreme workload pressures right now, and we have to have a process for managing that under the BPF—the workload management tool.

“Having well-functioning NaMCFs will go a long way to helping this process.

HESTA awards recognise nursing and midwifery excellence

Nurses and midwives are once again being honoured at this year’s annual HESTA Australian Nursing Awards.

Now in its ninth year, the awards recognise nursing and midwifery excellence in a range of practises, including mental health, palliative, emergency, acute care, men’s health and aged care.

Nurses, midwives, and Assistants in Nursing (however entitled) are all eligible.

Queenslanders in awards spotlight

QNU member Sandra Ingram from Ipswich Hospital has been nominated in the category of ‘outstanding graduate’, “for demonstrated leadership in emergency situations within the operating theatres during hospital crisis situations and championing new crisis management protocols, as well as displaying exceptional interpersonal skills in the operating theatre”.

Sandra’s colleagues have praised her for championing excellent nursing assessments, hand hygiene and surgical safety.

“Improving patient care is something I’m passionate about. To me, small changes can make a big difference,” said Sandra.

“If every team member knows exactly who is responsible for performing each role during emergency situations, then it will result in better patient outcomes and more efficient responses.”

The University of the Sunshine Coast, together with Nambour General Hospital and Sundale’s residential aged care services, has also been nominated in the ‘team innovation’ category.

The team was nominated for “creating a combined enhanced primary health care program in a residential aged care facility with gerontology nurses in the hospital emergency department to reduce hospital visits for older people”.

The team created a new model of care, which aims to improve care for the elderly and improve interaction between the different sectors.

The new model of care focuses on the elderly who either experience or are at risk from an episode of acute illness that may result in a fall.

Finalists are in the running for a share of $30,000, which includes money for further education and a development grant for the Team Innovation winner.

The winners will be announced on 15 October in Brisbane, so keep an eye on the QNU Facebook page!
and ensuring the transition to ratios is as smooth as possible.”

Sandra said hospital management welcomed the QNU leadership team’s presence at the NaMCFs. “Everybody wants a more co-operative and constructive process,” she said “It’s really about re-establishing the power of nurses and midwives at every level to have control over their own work.”

Beth and Sandra are also planning to attend NMCFs in the south east corner in the coming months.

**QNU@Work days a success**

Some QNU local branches have also been busy hosting QNU@Work events.

Events at the Princess Alexandra, Prince Charles, Logan, Redcliffe and Gold Coast University Hospitals were a great opportunity for nurses and midwives to meet with QNU officials and talk about a whole range of topics including ratios, membership and rostering.

At the Prince Charles alone, more than 80 staff signed up to become Patient Safety Advocates in support of our ratios campaign.

The branch also raised $240 from their raffle, which will pay for a young activist to attend next year’s QNU Annual Conference.

Management from both hospitals were very supportive of the QNU@Work days and collaborated with QNU staff to make these events a success.

The QNU will host similar events at other workplaces over the next few months, including one at Caboolture Hospital on 24 November.

**Employers embracing union encouragement**

The change in workplace and political environments has also seen employers adopt a more constructive approach to working with unions.

In an email sent to all employees, Townsville HHS management fully embraced the Queensland government’s commitment to union encouragement and urged all managers to get behind the important policy that is central to building constructive relationships.

“Townsville HHS supports this government initiative and has committed to implement initiatives that support union encouragement,” the email said.

Townsville HHS also encouraged employees to “join and maintain financial membership of an organisation of employees that has the right to represent their industrial interests”.

The QNU looks forward to working with any employer on behalf of all nurses and midwives.

**New hospital seeks response from nurses and midwives**

The Sunshine Coast University Hospital is gearing up for its opening, and in an encouraging sign, have included QNU members on pre-opening tours of the new premises.

Nurses, midwives, and QNU staff, were given a guided tour of the ICU, theatre and a general ward inpatient unit (IPU), as well as of simulation IPUs.

These simulation rooms, which included single, twin, bariatric and mental health rooms, as well as an operating theatre and an emergency department bay, were designed as test rooms for staff to simulate patient care scenarios several months ago.

The simulation rooms helped managers gather feedback on the new facility from those who will eventually be working on the floor.

Thanks to this collaborative opportunity, a number of changes have been made to the hospital’s design, including alterations to fixtures in the mental health room, changes to lighting and the height of some of the nurse station desks, and alterations to the angles of some doorways to allow for improved patient visibility.

The QNU was pleased to be given an opportunity to collaborate with management—it was great to see the views of nurses and midwives taken on board to inform how the hospital will eventually operate, and to minimise potential complications when the new hospital opens.
Countdown begins for new QNU website and IT system go-live

Hold onto your hats ladies and gentlemen because the QNU’s new look website and IT system is just weeks away from the grand reveal!

The new system includes improved record keeping and membership processes, separate member and public websites, and a personalised member dashboard where you can keep tabs on your member matters including contact details and fee payments, and easily find information relevant to you and your work.

Our old system served us well for many years, but with various add-ons and changes over time had simply become too clunky and outdated for an organisation with a whopping 53,000 nurse and midwife members.

This new system is an integrated one, which means all the different programs dovetail with each other smoothly.

Our team is now in testing mode making sure all cross-platform links are in working order and ensuring all security protocols are in place.

And once our internal testing is done, an independent auditor will also put the new system through its paces to make sure it’s ready for go-live.

We are on schedule for a November launch—an early Christmas present for all!

Keep your eyes on your email in the coming weeks for more detail.

Coming soon: movie fundraiser for family violence victims

Rosie Batty’s Never Alone campaign is building a groundswell of support for victims of family violence.

The QNU, through the ANMF, are proud to be partners of Never Alone, which was established by Rosie after her son was tragically murdered by his own father at cricket practice.

Join nurses and midwives across the country for one important movie night to raise funds for this campaign. The movie, Now Add Honey, is an uplifting, laugh-out-loud comedy about women and girls, from the creators of the hit ABC comedy Upper Middle Bogan.

It stars Robyn Butler, Portia de Rossi, Hamish Blake, Lucy Durack, Lucy Fry, Angus Sampson and Erik Thomson.

Where: Event Cinemas Chermside
Time/Date: 7pm Monday 2 November 2015
Cost: $35 – this includes your ticket, popcorn and a glass of champagne or beer, and all proceeds go to the Never Alone campaign against domestic violence.

Visit www.trybooking.com/JHXL for details and to purchase your ticket.
Your help needed on ANMF aged care project

Over the last two decades, there have been several attempts to establish a method of determining safe staffing levels and skills mix in the aged care sector.

During 2011-2012, more than 200 aged care services participated in a national research project called the National Aged Care Staffing and Skill Mix Project.

The project was funded by the Australian government and undertaken by the Australian Nursing and Midwifery Federation.

The ultimate goal was to find a solution to this ongoing issue of unsafe staffing and skill mix in aged care facilities.

However, a funding shortfall meant the project was never completed. While a final report provided a broad picture of staffing and skills mix in the aged care sector, it did not address the adequacy of current staffing arrangements.

Research plan locked in

Recognising the importance of this project, ANMF Federal Executive has determined to fund the completion of the project to its original scope.

With the support of Flinders University and the University of South Australia, the ANMF has developed a collaborative research plan for the next year, which will include the following process:

1. Establish residents’ care requirements with common groupings (e.g., high, medium and low care needs).
2. Establish expert focus groups from each state/territory to explore these groupings.
3. A national ‘missed care’ survey to gather information on problems related to incomplete or missed care.
4. Testing and verification of results.

The research should provide evidence-based tools that will inform staffing and skills mix requirement in the aged care industry.

Focus groups for Queensland nurses will take place in November.

Feedback required

The QNU will support the National Aged Care Staffing and Skill Mix Project by conducting a number of focus groups.

To ensure this project is a success, we need as much feedback as we can possibly gather—from aged care staff, residents, friends and family.

You can visit www.safestaffinginagedcare.com for more information and to register your interest.

Calls to restore funding to aged care

There are renewed calls for the federal government to restore funding to the aged care sector, following Prime Minister Malcolm Turnbull’s move to return the sector to the health portfolio.

Responsibility for aged care was broadly covered under the social services portfolio under Tony Abbott’s prime ministership, a move which sparked criticism that the ageing population was not given the priority it deserved.

Now Health Minister Sussan Ley will take charge, and the sector is already urging her to address the immediate concerns, including lack of funding and an ageing population.

According to an ABC News report, about $800 million of government funding has been ripped from the sector over the last few years. But it’s estimated billions more need to be invested to meet demand and build the residential and home care services required to look after Australia’s older population.

Chief executive of National Seniors Australia Michael O’Neill said the government now faced the challenge of reforming the aged care sector. This includes providing adequate wages for nurses to deliver quality care to patients.

QNU Secretary Beth Mohle said reforming the aged care sector was a matter of urgency, and would be a major issue going into the next federal election.

“Aged care facilities are suffering from poor nurse-to-resident ratios and skill mix levels,” Beth said.

“The system will only get worse unless we act, and that includes providing the proper support to those nurses delivering care to residents on the ground.”
QNU takes Ramsay to court over unpaid public holidays

The QNU has taken private health employer Ramsay Health Care to the Court over unpaid public holidays. Earlier this year, the QNU lodged a group claim on behalf of private hospital members who are seeking payment for unpaid public holidays not worked (plus interest).

The QNU also sought re-crediting of five types of paid leave that the QNU believes have been unlawfully debited from members on public holidays.

The QNU claim is specifically against Ramsay on behalf of members at the John Flynn Hospital on the Gold Coast.

Ramsay filed its defence in court and both sides have filed affidavits from witnesses.

Ramsay then quickly re-credited to the leave balances of the members named in the QNU’s court claim 82.5% of their annual leave and 100% of other leave debited on public holidays.

On 4 August, the QNU and Ramsay undertook mediation to try to settle the claim before trial. Unfortunately, the claim was unable to be resolved at mediation so the QNU will proceed to trial.

At the QNU’s initiative, the case has now been transferred to the Federal Court.

The QNU is seeking compensation for members and civil penalties for alleged breaches of the Fair Work Act by Ramsay. This proceeding involves a very important question in relation to the payment for absence on public holidays under section 116 of the Fair Work Act. If successful the decision will be widely beneficial to nurses and midwives employed in the private sector.

$30.8 million pay cheque for Ramsay CEO

Meanwhile, it was revealed by The New Daily that Ramsay’s CEO, Chris Rex, earned a total of $30.8 million in 2014, according to the Australian Council of Superannuation Investors’ CEO Pay study.

Given the QNU’s claim against the organisation it seems incredible that its own CEO was the highest-earning chief executive in Australia in 2014.

With Mr Rex’s wage, Ramsay could employ an additional 401 Registered Nurses on pay point 1 or 293 RNs on pay point 2.*

Of course, Ramsay could also easily pay its current nurses what they are owed for public holidays!

Private health insurance rebate needs a long-term solution

The QNU is encouraging the federal government to keep the focus on long-term solutions when considering any possible changes to the private health insurance rebate.

The 30% rebate has been an increasingly difficult problem for federal governments to manage since it was introduced by the Howard government in 2000.

The rising cost of this rebate was never going to be sustainable, prompting the Gillard government to introduce a means test which saved $2.4 billion over four years.

However, the cost of private health insurance continues to soar. The rebate alone will cost $6 billion this year, while insurance holders complain insurers are cutting the number of claimable services.

The Turnbull government has indicated it is considering changes, with Health Minister Sussan Ley saying “consumers across the country were in my ear” about the poor value of private health insurance.

Ms Ley has blamed the Gillard government’s means test for the loss in value, calling it a ‘complex mess.’ But the system was broken from the start, having been created for short-term political gain by the Howard government.

QNU Assistant Secretary Sandra Eales said the last thing Australia needs is for more political bickering and point scoring around health funding.

“A level-headed, evidence-based approach is needed, with a focus clearly kept on re-investing any savings back into the public health system,” she said.
More action is being taken to tackle Australia’s domestic violence problem, with the Queensland government moving quickly to implement some of the recommendations from the Not Now, Not Ever report.

The Australian Council of Trade Unions (ACTU) congress also endorsed a claim for paid domestic violence leave. This claim may now be inserted by unions—including the QNU—into logs of claims during enterprise bargaining.

Recommendations fast-tracked

The state government has already committed to all 140 recommendations of the report. A number of these have now been fast-tracked following a horrendous week in early September where a number of women and children were killed by men in cases of domestic violence.

The events of that terrible week saw calls to DV Connect—a domestic violence crisis hotline—double to 400 per day.

With unanimous support, the government introduced a bill to increase penalties for breaching domestic violence orders and make it easier for victims to give evidence in court.

Other measures to be fast-tracked include rolling out 300 body-worn cameras for police officers on the Gold Coast, and priority attention given to anyone who attends a police station to report domestic violence.

Paid domestic violence leave

The ACTU congress recently endorsed a claim for employers to include paid domestic violence leave in all new enterprise agreements.

According to the claim, this leave would give financial independence and help women “escape a violent and abusive relationship without sacrificing a decent standard of living, adequate care for their children and appropriate housing”.

Currently there are 1.6 million workers who can access paid domestic violence leave thanks to newly negotiated agreements.

But more needs to be done to ensure this leave is included in the minimum safety net of entitlements for all Australians.

The ACTU’s claim for paid domestic violence leave seeks 10 days leave to attend court appearances, medical and legal appointments, and make safety and re-location arrangements.

Horror week for domestic violence spurs action

Ratios in Victoria

Legislated nurse-to-patient ratios have finally been enshrined in law in Victoria, in what is a historical achievement for the southern state’s nurses and midwives.

The Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Bill 2015 passed both the lower and upper houses with the support of the opposition and cross benchers.

The Bill became legislation on 8 October.

Congratulations are in order for the ANMF (Vic Branch). Their campaign for safe workloads in nursing and midwifery has been long and hard-fought.

In 2011 and 2012, Victorian nurses and midwives campaigned for nine months to maintain ratios to retain safe patient care during enterprise bargaining.

Since then, they have kept the pressure firmly on to lock in ratios legislation.

ANMF Victoria Secretary Lisa Fitzpatrick said the passing of the Bill represented important progress towards better healthcare.

‘Our members care passionately about giving their patients the best care they can possibly provide. Enshrining nurse/midwife: patient ratios in law protects our members’ ability to provide high quality care,’ she said.

Victoria now joins California as the only jurisdictions in the world to have legislated nurse-to-patient ratios, with Queensland set to join them on 1 July 2016.

ANMF financial reports now online

The annual General Purpose Financial Report and Committee of Management Declaration for the ANMF Federal Office for the year ended 30 June 2015 is now available to view and download on the ANMF website.

Syrian refugee crisis an opportunity for Australia to improve

With hundreds of thousands of Syrian civilians fleeing the combat zone, many nations around the world have agreed to accept Syrian asylum seekers.

In September, the federal government agreed to accept 12,000 Syrian refugees for permanent resettlement.

**QNU asylum seeker policy**

The QNU’s official position—formulated by the QNU Policy Committee, which is made up of delegates elected at QNU Annual Conference—is that those seeking asylum within Australia have the right to receive appropriate health care devoid of discrimination, regardless of citizenship, visa status, or ability to pay.

Like all seeking health care, those seeking asylum in Australia should be treated with compassion, respect and dignity.

The QNU also believes all off-shore detention immigration facilities should be closed down, all outsourced asylum seeker detention should cease, and that all asylum seekers should be treated the same regardless of their mode of arrival.

Refugee and asylum seeker policy and debate in Australia has proved a damaging and destructive force.

This has suited the interests of some groups, but it has poisoned national debate and weakened our collective conscience.

For full details, visit www.qnu.org.au/policy-sheets

**Queensland Unions for Refugees**

A new group is forming in Queensland to bring activists from across the union movement together to advocate, lobby and fight for a better understanding of refugees in the community, and more humane refugee policy from political parties.

Queensland unions have a proud history of promoting internationalism and race equality, opposing Australian government involvement in unjust conflicts, and acting to protect those persecuted by dictatorial and repressive regimes.

The challenge now is to empower and mobilise rank and file members to actively implement union policies on asylum seekers and refugees.

If you would like to express interest in joining, visit www.queenslandunions.org.au/unions_for_refugees
Nurses and midwives at Mater are hopeful an all-union lunchtime meeting will prompt management to improve the current package being proposed.

Negotiations have proven extremely difficult, with Mater insisting on merging its private and public sector nurses and midwives into one agreement.

It has become obvious Mater isn’t cherry-picking the best conditions for the final agreement.

Unfortunately, the burden of combining these agreements, as well as conducting simultaneous negotiations with a number of other employee groups, seems to be impacting Mater’s ability to negotiate in a timely fashion.

And to top it off, Mater is still refusing to permit NUMs and MUMs to be part of the nurse and midwife agreement.

Total recall
Mater’s handling of recall in the new agreement has been nothing short of a disaster.

At the beginning of negotiations, Mater proposed to extend the recall clause in the private agreement to nurses and midwives in the public facility.

This clause permitted nurses and midwives to access one extra week of annual leave if they undertook 20 recalls in a year.

In practice, nurses and midwives rostered on call and who had been required to stay at work immediately after their shift could have that overtime contribute as a recall.

Mater said they wanted to cap this recall arrangement, requiring at least one hour of overtime before recall would be counted—so until one hour of overtime had occurred, it would not contribute to the 20 recalls required to access the extra week of annual leave.

Now, 17 meetings later, Mater says implementing this one hour cap will be too difficult for the pay system Kronos, and propose overtime does not count as recall.

Nurses and midwives rostered on call will be required to leave and return to work for the purposes of accruing 20 recalls and the extra week’s leave.

Wages of private nurses and midwives take a hit
Currently, Mater is conducting negotiations with employees in many work areas.

All of them, including nurses and midwives, have been offered wage increases of 2.2%—except private nurses and midwives, who are being offered 1.7% in the first year, and doctors, who have been offered 2.5%.

Professional development
Professional development remains a major problem.

Previously, Mater Public nurses received the same professional development allowance as Queensland Health nurses—$1500 per year.

However, now the agreement has expired, Mater Public nurses are receiving nothing.

Mater Private nurses and midwives have access to much less—just $500 a year for PD.

Mater now proposes to offer $750 a year to all nurses and midwives. While private members would receive a $250 per year increase, public members would be on the end of a $750 cut.

Mater proposes to retain the money and re-imburse it for approved PD, rather than permitting nurses and midwives to have the amount paid directly into their accounts to use for PD purposes.

Qualifications allowance
Mater is proposing to cut the qualifications allowance.

Currently it is 3.5% for post-grad diplomas, and 5.5% for Masters. Mater proposes to reduce these amounts by 0.75% in the second year, and another 0.75% in the third year.

This means the 550 nurses and midwives who currently access this allowance will see their amounts drop over three years from 3.5% to 2% for post-grad diplomas, and from 5.5% to 4% for Masters.
RATIOS EDGING CLOSER

Legislated minimum nurse-to-patient ratios in public health facilities are a big step closer following the release of a draft legislative package for consultation.

In late September the government released documents to support the legislation and implementation of minimum nurse/midwife-to-patient ratios, commencing in mainly adult acute (medical/surgical) wards and units. The QNU provided a comprehensive response on behalf of all members who work in Queensland’s public health system.

The legislative package includes three components: the draft Bill, Regulation and Standard.

The Bill
A Bill is a proposal for a new law or to amend an existing one. In this case, it provides for the prescription of minimum nurse/midwife-to-patient ratios. It also outlines the powers to make Regulations and Standards and how they must be complied with.

The Regulation
The Regulation would support the general requirements of the legislation and provide more detail as to where the legislation will apply and how it will be enforced.

The draft Regulation outlines the minimum nurse-to-patient ratio (the minimum staffing required):
(a) for the morning shift — 1 nurse to 4 patients
(b) for the afternoon shift — 1 nurse to 4 patients
(c) for the night shift — 1 nurse to 7 patients

The Regulation provides a guarantee of a minimum nurse/midwife-to-patient ratio on each shift.

The draft Regulation also sets out the initial application of ratios and where they will first be implemented.

As part of the consultation process, we’ve sought to clarify the timeframes for implementation beyond the initial acute wards.

So far the government has proposed ratios will be implemented in a phased manner commencing in mid 2016 at prescribed locations across Queensland.

The Standard
The Standard is a critical component. It reinforces the Business Planning Framework (BPF) and how the BPF will apply in the context of ratios.

The Standard defines the key elements of the BPF including:
- the process and minimum requirements for calculating productive and non-productive nursing and midwifery human resource requirements
- developing and implementing strategies to manage nursing and midwifery resource supply against demand and
- evaluating the effectiveness and efficiency of nursing and midwifery services.

The Standard enables the legislated minimum ratio to be improved using the BPF.

Importantly, where best evidence demonstrates that a staffing ratio is better than the legislated minimum is necessary (such as in specialty areas like ICU), the better staffing ratio will prevail.

While it will be critical for legislated minimum ratios to provide a safety net, the key to guaranteeing patient safety will be using the BPF to ensure there is a sufficient or improved ratio to balance supply and demand.

Example:
Sarah works in a medical ward where the legislated minimum nurse-to-patient ratio is 1:4 (morning), 1:4 (afternoon) and 1:7 (night).

Sarah’s Nurse Unit Manager recently finalised the agreed service profile for the ward which identifies a notional nurse-to-patient ratio of 1:3 on the morning shift is required to balance supply and demand.

Sarah and her colleagues have found their workload is generally safe and manageable under the notional nurse-to-patient ratio of 1:3.

However, during the morning shift handover to Sarah and her colleagues, the nurses determine—using their professional judgment—that the ratio of 1:3 is insufficient to meet demand.

That’s because a number of patients are post-operative and one has a bleeding ulcer.

Sarah and her colleagues immediately report the unsafe workload to the NUM and start to prioritise their activity so low-priority tasks are put aside.

The NUM must either allocate more nursing staff to the ward to improve the ratio or reduce the service to keep current patients safe.

If neither of these options are achievable, the NUM escalates the patient safety breach to hospital executive who are ultimately responsible for ensuring patient safety.
Slashing the paid parental leave scheme remains firmly on the federal government’s agenda, despite the change of leadership. In September the Senate Committee considering paid parental leave changes delivered its report, which ignored the evidence presented by various unions, including the Australian Nursing and Midwifery Federation.

ANMF Federal Secretary Lee Thomas and Assistant Federal Secretary Annie Butler both appeared before the Senate inquiry. They gave evidence which showed how a robust PPL scheme is in the best interest of women, families, their babies, and workforce participation.

But despite the evidence and the vast majority of submissions from other organisations recommending the legislation be scrapped, the committee favoured the government’s cuts to the scheme.

The Fairer Paid Parental Leave Bill 2015 will now go before the parliament, though no date has been set.

Lower paid female workers hit hardest

The government has justified its PPL amendments by claiming the cuts were aimed at women earning over $90,000 a year.

But research conducted by the Community and Public Sector Union, which was also presented to the Senate Committee, suggests 41.2% of those taking maternity leave earn between $61,000 and $69,000.

A further 33.2% earn between $74,000 and $87,000.

The proposed changes would leave up to 80,000 parents a year worse off, with some losing more than $12,000.

Returning from paid parental leave with a flexible working arrangement

The QNU recently became aware of two nurses who returned to work after their maternity leave and were later forced to work with a new rostering system.

Following their return to work, the unit abolished set shifts and all staff, including those returning from parental leave, were expected to do a range of shifts, including on-call.

The QNU told Queensland Health this action disadvantaged the nurses due to their new parental status and child care requirements, and an agreement was reached that the nurses’ former arrangements would be maintained until 2016.

What you can do

Expect to see the notional nurse-to-patient ratios and low priority list posted in your ward, area or unit and report it where they aren’t.

Also report workloads issues as they arise and contact the QNU if management’s response isn’t satisfactory.
Election issue 1

Protect our penalty rates
No matter who is prime minister, the issues facing nurses and midwives remain just as real and significant as ever.

But a change in leader can also signal a new direction in policy and present a new opportunity for governments to refocus their priorities.

Heading into the next federal election, Prime Minister Malcolm Turnbull has a chance to reset the agenda, and ANMF Federal Secretary Lee Thomas is calling on the PM to advocate for the health of all Australians.

“We are asking the new PM to protect universal health care, to restore health funding to state and territory health systems and to re-invest in preventive and primary health care,” said Lee.

“Standing up for our families and our health would be a sign of genuine advocacy for our community.”

Just as we were prepared with a clear agenda going into the January state election (which focused on workloads and our ratios campaign), so too will we be ready to stand up for key nursing and midwifery issues when we go to the federal polling booths.

We will be championing four key themes:
1. Fairness at work
2. Healthcare as a universal right
3. Innovation and sustainability of our health system
4. Safety and quality of healthcare

Penalty rates, aged care, paid parental leave, Medicare and tax are all hot issues for nurses and midwives at the federal level of government.

In this first of a series of election issues, we shine the spotlight on penalty rates as we prepare to launch a major campaign to protect our penalty rates.

Fairness at work—protecting our penalty rates

Despite the change of leader, penalty rates is unfortunately one issue where the government hasn’t changed its tune.

Ever since the federal government called the Productivity Commission review shortly after being elected, workers knew penalty rates would be in the firing line.

In August, the Productivity Commission handed down its draft report into workplace relations, which recommended more individual contracts, watering down the ‘better off overall test’, and cutting minimum wages for some workers.

And sure enough, the recommendation most quickly taken up by the federal government was the idea to decrease Sunday penalty rates with a particular focus on retail and hospitality workers.

While the report excluded nurses and midwives from any changes, we have no reason to trust what is largely a political document.

QNU Secretary Beth Mohle said nurses and midwives feared it would be the beginning of a slippery slope to cutting all penalty rates.

“By first targeting those workers who will find it more difficult to organise and speak up against this unfair attack, it’s just a matter of time before they target our own penalty rates,” she said.

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

“This defeats the entire purpose of penalty rates—to compensate people for having to work unsociable hours.”

Evenings, early morning and weekends still mean something to Australians.

Getting rid of penalty rates would mean a sudden pay cut to workers who can’t afford it and don’t deserve it.

So while business will argue for the budget bottom line, the QNU will continue to defend the rights of those workers who rely on their penalty rates to pay the bills.
**Why have penalty rates?**

Penalty rates date back to 1947, when unions argued in the Arbitration Commission that people should be paid extra money for working outside normal hours.

By the mid-1970s, it was common practice for workers to be paid penalty rates for Sundays and public holidays—ranging from time and a half to double time.

The current Productivity Commission review is certainly not the first time governments and business groups have attempted to scale back penalty rates.

Over the years, unions have persistently argued that a weekend is still a weekend—Sunday in particular remains an overwhelmingly non-work day for most Australians.

Unions maintain that those who work Sundays—whether in retail or in hospitals—and who sacrifice down time with their families deserve to be compensated.

“The threat to penalty rates is merely part of a broader national and global effort from employers to maximise profits by driving down wages and conditions,” said Beth.

“Cutting wages in this way means less capacity to spend and support our local economy.

“It’s also about employers attempting to gain more ‘employment flexibility’ by replacing permanent, secure work with casual, insecure work.

“We live in a society, not an economy—and many Australians work unsociable hours to keep our society functioning, to ensure we all have access to services when we need or want them.”

**The case for nurses and midwives**

The argument for nurses and midwives keeping their penalty rates is particularly strong.

“Most nurses and midwives work according to an ever-changing roster, and unlike many other industries, the health system operates 24/7,” said Beth.

“What’s more, nurses and midwives work on the frontline and are frequently placed in situations that are stressful, chaotic and unpredictable.”

And if the unsociable hours are not enough, tight budgets and the drive for profit and efficiency targets mean nurses and midwives are also often working longer hours, while understaffed and with unacceptable workloads.

For nurses and midwives, penalty rates aren’t a perk of the job, they are an...
ELECTION ISSUE 1: PROTECT OUR PENALTY RATES

essential part of their take-home pay—as much as 40% in some cases.

According to an Australian Council of Trade Unions submission to the Productivity Commission, the removal of penalty rates could see a Queensland RN lose up to $1653.43 of their monthly gross pay.

This is based on a hypothetical yet typical one-month roster for an RN working 10 shifts per fortnight, including day, afternoon and night, and one public holiday.

We simply can’t afford to let this slide.

The campaign so far

The campaign to protect our penalty rates started in July last year, when business groups began lobbying the Newman and Abbott governments to strip wages and cut penalty rates.

With the support of the QNU, the ACTU launched the Save our weekend campaign in Townsville.

North Queensland Cowboys and Queensland State of Origin player Brent Tate also lent his support, as nurses and midwives gathered for barbecues (which hospital management attempted to shut down) and a well-attended rally.

A few months later the message made its way to Cairns.

More than 100 locals showed up outside the office of local MP Warren Entsch, demanding an end to the creeping plan to remove penalty rates.

Both rallies received plenty of support from locals, indicating the public is on our side as we continue to protect what workers have historically fought so hard to secure.

It’s not hard to see why, either—whether it’s in hospitality, security, health, or many other jobs, most Australians have plenty of family and friends who have to work outside normal business hours.

With the wealthiest Australians still accumulating huge government benefits from superannuation tax breaks, everyday Australians are once again expected to do the ‘heavy lifting’—this time by the Turnbull government.

Where to from here?

Prime Minister Malcolm Turnbull is so far staying true to the conservative agenda and is pushing ahead with targeting Sunday penalty rates.

“All of these matters are under consideration but it is very important that we proceed in an orderly way,” Mr Turnbull said.

Orderly or not, axing penalty rates will result in one outcome: lower wages for workers.

This is why the QNU, other unions and supporters will continue to resist.

In the south-east corner of the state rallies have already been held at the Capalaba Sports Club, which recently sacked all casual staff who refused to sign away their penalty rates, and at the Productivity Commission hearing in Ipswich where QNU Secretary Beth Mohle presented the case for penalty rates on behalf of nurses and midwives.

The QNU and other unions are also launching a TV commercial highlighting why workers, including nurses and midwives, deserve penalty rates.

We are also planning a range of rallies and activities across the state to the end of the year.

It’s time politicians and business realise that penalty rates aren’t a perk for employees—they are compensation for sacrifice and working lousy hours and we are determined to defend them through to the next election and beyond.
You may have heard the term ‘Magnet hospital’ mentioned before, but few may know what it actually means and the benefits it attracts for nurses and midwives.

‘Magnet’ refers to a status given to a hospital that meets a set of criteria aimed at measuring its strength and quality of nursing.

Renowned nursing researcher Professor Linda Aiken helped found Magnet hospitals.

“We started looking around for hospitals that seemed to be immune to nursing shortages and had no vacancy rates,” she says.

“That was Magnet—studying these hospitals that were performing exceptionally well, identifying what it was they were doing, then formulating a plan to roll-out and replicate this success in other hospitals.

“It started out as a focus on nursing, but moved on to a change in culture. Management had to understand nurses were an important part of the quality of their service, and they had to invest in nurses.”

Sound pretty good? That’s why more Queensland hospitals are looking to get Magnet status.

Where is Magnet?

Currently, the Princess Alexandra Hospital in Brisbane is the only Queensland hospital—and just one of three in Australia—to have Magnet status. Other Queensland hospitals are currently looking at Magnet, including the Gold Coast University Hospital, with West Moreton HHS and Logan Hospital also looking at the Magnet Pathways program.

“Magnet principles enable real collaboration and control over practice,” says QNU Assistant Secretary Sandra Eales.

“This means nurses and midwives at all levels have a voice that is heard so they can influence decision-making.”

Magnet hospitals encourage nursing-led initiatives which look at what nurses do, what they can do better, and how they can implement and evaluate those changes to keep striving for excellence.

Giving nurses a powerful voice

Leanne Jiggins, who is a Registered Nurse at the Princess Alexandra and worked for six months as a Magnet Clinical Nurse Consultant, has witnessed first-hand the changes her workplace has undergone to achieve Magnet status.

“It was kind of a hard journey at the beginning because none of us really understood what Magnet was all about, being the first hospital in Australia to even look at it,” says Leanne.

“But since we’ve been working towards it and having got the designation, the noticeable thing is the focus on nursing.”

Part of the Magnet framework is the requirement that nurses must be involved in all decision-making bodies at all levels of the organisation.

“We know what decisions are going to be made because we’re involved in that process, and that information then gets disseminated to staff. Whereas before it just wasn’t like that.”

How Magnet helped during Newman era cuts

Since getting Magnet status, the Princess Alexandra Hospital has put more resources into nursing research, including research positions, and education for nurses.

“To be a Magnet hospital, you have to be doing those things and you have to have the evidence, you can’t just say you’re doing it,” Leanne says.

“And because of all the evidence we had built up about the improvement to patient outcomes—such as decreasing pressure injuries which cost the organisation money—I think the hospital was in a better position to justify keeping staff and keeping those levels when all those cuts came.

“I’m not saying we were totally immune to the job cuts under the Newman government, but Magnet definitely helped because the CEO had already seen the benefits of having these nursing positions and how they benefited the hospital and patient care.”
Nutrition in pressure ulcer prevention: Using a patient-centred approach

In Australian hospitals, pressure ulcers (PU) affect up to 20% of patients (Mulligan, Prentice and Scott 2011).

PU cause significant problems for patients and place a large burden on our health care system, costing Australian hospitals around US$1.64 billion in 2012 (Graves and Zheng 2014). Malnutrition is associated with increased risk of PU, which may be due to:

1. weight loss resulting in bony prominences, which are high-risk areas for PU
2. impaired skin integrity, leading to problems with skin maintenance and repair and
3. malnutrition associated with reduced mobility (Stratton et al. 2005).

Malnutrition is caused by inadequate nutritional intake, which is common in hospitalised patients.

A recent study observed the dietary intakes of patients at risk of PU in two Queensland public hospitals, and found that around half of these patients ate inadequately to meet their basic nutritional needs (Roberts et al. 2014). While oral nutrition supplements are effective in preventing PU (Stratton et al. 2005), routine prescription of nutrition support to patients at risk of PU has not been taken up in usual clinical practice.

Other ways to improve dietary intakes in hospital

Patients’ participation in their nutrition care is a feasible option.

When patients participate in their health care they have better functional and clinical outcomes, less adverse events and higher satisfaction with their care (Dwamena et al. 2012).

Another Queensland study piloted an intervention involving:

1. patient education around the role of nutrition in PU prevention and
2. patient participation in their nutrition care, through self-monitoring of food intake and guided nutritional goal setting (Roberts et al. 2015).

Patients responded well to the intervention, expressing they:

a. had increased awareness about their nutritional needs while in hospital and the role of nutrition in PU prevention
b. were encouraged and motivated by the intervention and
c. felt more responsible for their own nutrition during hospitalisation.

Adopting a patient-centred approach, where patients are given more control over their health care and health care decisions, may be clinically effective and cost-effective in improving nutrition care and outcomes for patients, staff and hospitals.

References


As all nurses and midwives are aware, deaths occur in healthcare settings.

In Queensland there is a mandatory reporting obligation for health care related deaths, as they are defined in the Coroners Act 2003.

If an unexpected death has occurred at your place of employment, a workplace investigation will take place—for example, Queensland Health will conduct a Root Cause Analysis.

**Police contact**

If there is no suspicion by the employer regarding the death, the first you may hear about an investigation is when you are contacted by the police.

The police may contact you either in person or in writing, to provide a statement for a coronial investigation.

You should ensure the police request for this information is in writing.

The police will generally provide you with a form that outlines the information they are seeking.

The form will help you to know exactly what the Coroner is requesting and enables you to obtain legal advice prior to lodging any statement or providing documents.

For example, you may be requested to provide documents that you are unable to provide and this can be explained to you if you seek advice.

**Speak to the QNU immediately**

Before providing any statement to the investigating police, contact the QNU. This will ensure your statement is appropriately reviewed, and therefore your professional interests are protected in the coronial process.

This is particularly important if the information you are required to give to the Coroner may incriminate you.

You do not have to provide information to the Coroner which may incriminate you.

**Your statement**

Any statement you give should focus on your personal involvement in the matter.

You should limit comment about other individuals involved in a matter.

If you have used notes that have been made available to you to refresh your memory (for example progress notes provided by your employer), you should ensure this is recorded in your statement.

If you have used personal notes to refresh your memory (for example a personal diary entry), you should keep any such notes safe.

These notes could be requested by the Coroner at a later stage.

In Queensland, if the Coroner is concerned about the actions undertaken by a health professional (such as a nurse or midwife), the Coroner has the ability to give this information to the Office of Health Ombudsman (OHO) or the Australian Health Practitioner Regulation Agency (AHPRA).

This information will be used as a notification, and there may be action taken in relation to the individual's registration to practice.

If the matter proceeds to a Coronial inquest, the Coroner may order a person to attend an inquest and give evidence or a document.

Be aware the Coroner may determine to force you to attend and give evidence or provide a document even if you do not want to do so.

There are serious consequences for refusing to attend a coronial inquest. If you feel you do not wish to attend, seek legal advice before making such your final decision.

If you have been ordered to attend a coronial inquest and you do not attend, you may be liable to be fined.

The Coroner may also issue a warrant for your arrest. Even if you are arrested, you may still be liable for a fine.

As you can see, a Coroner has wide reaching powers. Any QNU member who is contacted by the police or the Coroner in relation to an investigation should contact the QNU immediately.

**Requirement to give a statement to the OHO/AHPRA**

Under various legislation over the years, there have always been requirements for health professionals to provide a statement or information to a regulatory body.

The Office of Health Ombudsman (OHO) and the Australian Health Practitioner Regulation Agency (AHPRA) are no different.

There may come a time when you receive a request from your regulatory body to
provide information and documents to an investigator.

The OHO and AHPRA both have powers to require an individual to provide information.

Currently, the OHO is unable to require an individual to attend a place and provide information, but this is something that may soon change with legislation currently before parliament.

The matter was recently considered by the Supreme Court of Queensland where the OHO attempted to compel a doctor to attend a place and provide information.

The OHO was unsuccessful and the Supreme Court ruled that the OHO did not hold the power to do this.

With current legislation amendment before the parliament, it is very likely that in the near future an individual may receive a request from the OHO to attend a place and provide evidence and be required to do so.

It is important to note that the OHO and AHPRA both have the power to require you to provide information including documents, as well as attend and give information to an investigator.

If the information will incriminate you, you can refuse to give such information.

Whether or not information you may provide will cause you to incriminate yourself, it is a specialised area and you should always seek legal advice prior to giving information or a statement.

The power of OHO and AHPRA investigators to compel you to provide information can be in the context of an investigation relating to you or another person.

Either way, it is important you seek legal advice prior to providing any information to your regulatory body.
Completing this reflective exercise will contribute to your Continuing Professional Development (CPD) hours.

The Nursing and Midwifery Board of Australia requires all nurses and midwives to complete a minimum of 20 hours CPD per registration year for each respective profession for which the individual holds current registration.

For example, an individual who is a Registered Nurse and a midwife must complete 40 hours of CPD.


Effective learning is not simply reading a journal article—it requires you to reflect on your readings and integrate new information where it is relevant to improve your practice.

It should include:
- looking for learning points/objectives within the content on which you reflect
- considering how you might apply these in other situations to enhance your performance
- changing or modifying your practice in response to the learning undertaken.

Consider the professional requirements of mandatory reporting of a health care related death at your workplace and what to do if you are required to make a statement.

The following questions are offered as a guide to assist you in identifying your learning from reading and analysing the content of the article. Explain and analyse the following questions:

1. Does your facility provide a policy/procedure regarding health care related deaths at your workplace? If so, consider whether there is sufficient detail for you to be able to know, under the *Coroners Act 2003* when to report, who to report to and what to report. If the policy and procedure is absent or requires review, how would you progress this issue in your workplace to ensure accuracy and currency?

2. If a health care related death occurs at your workplace and you have been approached by police to provide a statement for a coronial investigation, explain why you should ensure that this request is in writing and consider what you need to do.

3. A coronial inquest is a legal process. The QNU recommends that before providing a statement to the investigating police you contact the QNU. What is the benefit for you as a member of the QNU in accessing legal advice from the QNU prior to making a statement?

4. The statement will form part of the police investigation and documents to be presented as evidence to the Coroner.

5. The statement should focus on your personal involvement. Explain why you need to keep written notes and diaries safe?

6. The Coroner has the authority to order a person to attend an inquest and give evidence or documents. What are the consequences of not complying with a Coroner’s order? How could this impact on your registration? When and why would you need to notify AHPRA? As a member when you should contact the QNU for advice and assistance?

Following reflection, consider how you will retain and share the new knowledge in relation to unexpected deaths in the workplace and statements to the Coroner.

What influence will these obligations have on your professional practice?

To meet the NMBA CPD standard it is important that you can produce a record of CPD hours, if requested to do so, by the board on audit.

The time spent reading this article, reviewing the referenced material and then reflecting upon how to incorporate the information into your practice will contribute to your CPD hours.

Please keep a record of time spent doing each activity in your CPD record.
Workers’ compensation changes made

Significant workers’ compensation entitlements have been restored to Queensland workers after parliament passed changes to the Workers’ Compensation and Rehabilitation Act 2003.

These changes were part of the Palaszczuk government’s pre-election commitment to reverse the damage done by the previous LNP government’s 2013 legislation, which negatively impacted nurses and midwives.

A recap of the changes
In Queensland, proposed legislation must be reviewed by a parliamentary committee before being debated and voted on in the parliament. This process enables interested parties and stakeholders—like the QNU—to make submissions on the proposed legislation.

The committee then writes a report with recommendations on the content of the proposed law.

In 2013, the QNU provided views from members on how the changes to the workers’ compensation legislation would affect nurses and midwives.

We strongly opposed the weakening of the workers’ compensation system, particularly the changes to the threshold on an injured worker pursuing common law, as well as the loss of compensation for an injury travelling to or from work.

The LNP-dominated committee eventually determined the Queensland Workers’ Compensation system should be returned without any significant changes.

In fact, the report contained the following statement:

“The Committee recognises that imposing thresholds on accessing common law rights would improperly remove rights from one group of citizens that are available to other citizens.”

Despite this recommendation, the report was ignored by the LNP government, which proceeded to introduce significant changes that disadvantaged Queensland workers, including thresholds to discourage injured employees from suing negligent employers.

LNP MPs make stunning backflip
After the election of the Palaszczuk government, the QNU once again had the opportunity to provide a submission to the new committee, which considered Labor’s promised legislation to repeal the changes.

But in a staggering reversal, LNP committee members—some who sat on the previous committee which advised against common law thresholds in 2013—now opposed the removal of the common law thresholds. They also opposed reversing the other damaging changes the LNP government had introduced in 2013.

New laws restore some fairness, but don’t go far enough
In order to provide some fairness to those workers who lost their rights, legislation was also passed to provide additional compensation for those that were injured as a result of negligence but who did not meet the threshold.

Despite this excellent outcome, the QNU is concerned that some of the former government’s unfair changes remain—specifically, prospective employees must still disclose any pre-existing injuries to their potential employer.

Although employers will no longer be able to obtain a job seeker’s workers’ compensation history, they could be denied workers’ compensation if they haven’t disclosed any pre-existing injuries or illness.

This leaves workers open to discrimination during the employment application process. The QNU will continue to monitor how this impacts nurses and midwives.

In the meantime, we’re hopeful that disclosure policies currently being developed by the Workers’ Compensation Regulator will provide protection for Queensland workers.

Significant workers’ compensation entitlements have been restored to Queensland workers after parliament passed changes to the Workers’ Compensation and Rehabilitation Act 2003.

QNU members who sustained a workplace injury that resulted in a permanent impairment between 1% and less than 6% between 15 October 2013 and 31 January 2015 (date of election of the Palaszczuk government) may now be entitled to make a claim under a new Statutory Adjustment Scheme.

This scheme has been established to compensate workers for loss of rights during this time.

Please contact the QNU immediately for more information and advice if you sustained an injury during this time and were denied access to common law remedy because of the LNP government’s changes.
Queensland midwives struggle to take time out for professional development

Despite having a professional development leave entitlement in Queensland—unlike many other states—midwives still faced an uphill battle to get leave for the Australian College of Midwives 2015 Conference at the Gold Coast.

QNU Assistant Secretary Sandra Eales, who attended the conference, said it was crucial Queensland midwives are able to utilise their award provisions for professional development leave.

“These conferences are important opportunities for midwives to recharge the batteries, re-connect with values at the heart of our profession and engage with innovation, new ideas and old friends, all of which help to carry us forward with renewed energy and enthusiasm,” she said.

“Unfortunately, Queensland midwives face significant obstacles getting access to leave for conferences—and that is completely unacceptable.”

A quick survey of the delegate list of 378 registrants revealed a minority (28%) were from Queensland and less than half of those were identified as working in hospitals or HHS.

Most Queensland attendees were academics, consumers and midwives working in private practice.

Sandra said heavy workloads were a significant contributor to midwives being unable to attend professional conferences.

“There is chronic understaffing in many services and talking to members reveals many are fatigued by the daily reliance on midwives working double shifts to keep services open,” said Sandra.

“This is a worrying trend. Access to ongoing education is a key part of a good work environment.”

“We cannot let heavy workloads and tight staffing become obstacles to professional development for midwives.”

Conference presents great program

This year’s theme was ‘Super Midwives – Making a Difference’, and recognised the amazing work midwives do around Australia and across the world.

Australian College of Midwives President Caroline Homer said the conference was intended to celebrate the difference midwives make to the lives of women, their babies, and their families every day.

“Midwives are there at the most joyous moments in women’s lives and at the blackest and saddest times,” she said.

“We walk alongside women and their families through pregnancy, labour and birth and into the postnatal period providing support, care, information and networking them into other services and collaborating with other providers.

“We work in the community, in women’s homes, in community centres and small rural facilities, in district hospitals and in big tertiary centres.

“As midwives we also work as teachers, researchers, policy makers, managers and regulators ensuring that the care provided to women is of the highest quality.”

Speakers included Dr Roianne West on cultural safety education and competence in First People’s health contexts, and Sue Kildea on the political decisions needed to ‘super proof’ the future of midwifery.

Bashi Hazard, an Australian lawyer and the Legal Director of the ANZ arm of Human Rights in Childbirth (HRiC) International Lawyers Network, received a standing ovation after her talk on the negative impact of obstetric models of care on emotional health and wellbeing, and how this led to current local and international work around the rights of women in pregnancy and childbirth.

A number of concurrent sessions focused on continuity of care, breastfeeding challenges and innovations, partner violence during pregnancy, and building resilience in the midwifery workforce.

The conference also had a special focus on the midwives of the future—current midwifery students—with the first day devoted to a student’s conference.
The Queensland government is currently conducting a review of the state’s industrial relations system. The last comprehensive review was in 1998, and since then a lot has changed. QNU Secretary Beth Mohle—who is a Queensland Council of Unions representative on the review panel—said the scope of state legislation had narrowed significantly since the last review.

“The private sector has gone to the federal jurisdiction, and all that remains in the state jurisdiction is the public service, local government and other specific entities,” said Beth.

“So we need to re-vision the state legislation in light of that.”

The previous LNP government made drastic changes which stripped away workers’ rights and tipped the balance far too much in favour of employers.

Beth said the review is an opportunity to not only reverse these changes, but to also make the Queensland government a model employer.

“The pivotal issue of this review is that it goes to the role of government as a service provider and an employer,” said Beth.

Health on the agenda
With Queensland Health being the state’s largest employer, health will be a major focus of the review, including nursing and midwifery workplace issues.

“We will of course be seeking to reflect our nursing and midwifery values, and we’ll be looking at issues like job security, fair workloads and rostering, and having a good workplace culture where nurses and midwives are listened to and their voices are heard,” said Beth.

“We’ll also be pushing to advance the ACTU’s claim in relation to domestic and family violence leave and building a more supportive environment for those experiencing domestic violence.”

Other issues include pay equity and improving a diverse workforce.

“We’ve got an ageing workforce with a lot of age-related disabilities. So we’ve got to be thinking about how we can reframe that.”

Insecure employment a major concern
One major concern going into the review is the alarmingly high rates of temporary, casual and contract employment in Queensland Health. According to March government figures, 88,654 people are employed by Queensland Health.

18,013 of those are temporary positions, 4,899 are casual, and 4,109 are on contracts. This means more than 30% of the Queensland Health workforce is in insecure work.

The QNU has asked Queensland Health for a more detailed assessment of the figures for the nursing and midwifery workforce.

“The growth of contingent employment is an issue we’re very concerned about,” said Beth.

“It’s very expensive, and it’s bad for continuity of care.

“The QNU’s position has always been to support permanent employment, and as part of the government’s new graduate policy, we’ll be advancing strategies to convert the temporary new graduates into permanent positions.”

Full steam ahead
The government has issued seven discussion papers, to which the QNU must respond by 21 October.

Members can read the submissions after this date by visiting the QNU website. A final report will be presented to the government before Christmas.
In the last few years, we have started to hear a lot about inequality. President Obama called it "the defining challenge of our time". We know that severe and rising inequality played a part in the lingering recessions in the US and some other developed countries. Australia has always prided itself on being egalitarian, and on having less inequality than countries like the US. But there are worrying signs.

Earlier this year, former Treasurer Wayne Swan chaired an "Inclusive Prosperity Commission" to analyse and report on the situation in Australia. The Commission report says that the inequality picture in Australia is getting worse and that we are now in the “bottom half of the equality ladder” of nations and that we are seeing increased poverty and “an emerging squeeze on living standards in ‘middle Australia’”.

One important piece of the puzzle is that wages now are growing consistently slower than productivity is increasing—this means that workers are capturing a smaller share of the gains from rising productivity.

Inequality in Australia rose over the period of the mining boom but the effect was partially hidden from view because of general economic growth. Now, with the economy slowing, 2015 analysis by economists at the University of Canberra
for Anglicare suggests that the trend for the next decade is ominous. While the rich will continue to get richer, the middle faces (at best) flat-lining incomes, and the poor face sharp falls in their living standards.

Despite rhetoric of some conservatives, all evidence says that it’s not true that just ensuring we have economic growth is enough, an argument usually summarised as “a rising tide lifts all boats.” Severe inequality is bad for growth—poor people don’t have the money to spend in the economy.

The latest evidence from across rich countries says that inequality, poverty and lack of opportunity are all tightly linked.

These become self-reinforcing—more inequality means not only more poverty, but less opportunity for kids to do better than their parents, less security in relation to housing, and poorer outcomes in relation to health and education. In short, what happens is that in relation to both wealth and opportunity the top pulls away dramatically from the middle and the bottom falls away.

So why do unions need to care about inequality? For lots of reasons.

First is the moral and ethical point. Unions have always been about fairness, and a society with growing inequality, entrenched poverty and lack of opportunity is just not fair.

We also know that inequality and poverty are not evenly distributed across the country. Regional areas of Australia are poorer, and generally have worse outcomes in relation to health and education. Single women (of any age) are over-represented among Australia’s poor and are particularly hit by the gender pay gap. We know that Indigenous Australians are the most disadvantaged group in our society.

If we are really going to be a “Commonwealth” as it says in our Constitution, we can’t tolerate groups of our society being left behind.

Second, inequality is bad for the economy as a whole.

Third, there is also some self-interest here. In Australia, and overseas, union members do better than non-members. We have higher wages, are much more likely to have a secure job, and the protections of a collective bargaining agreement. But we can’t survive as an isolated pocket of relatively good jobs in a sea of poor quality ones and rising inequality. We have seen in the US that conservative politicians have attacked the higher wages and benefits paid to unionised public sector workers (like many QNU members) on the grounds that most other workers don’t enjoy such conditions.

Fourth, if a government doesn’t care about inequality, then they adopt all sorts of policies that make the situation worse.

In Australia, big-business and the Federal Government are pushing for cuts to company and top-end income tax and a GST increase. A higher GST that was extended to fresh food, health and education would see the amount (and proportion) of income that low and many middle income earners income pay in tax sharply increase.

Proposals to cut weekend and other penalty rates, which is being pushed by the Federal Government and the Productivity Commission, would hit the lowest paid the hardest, but would also affect many middle income families (including lots of households with a QNU member).

Finally, there are political consequences. The more unequal a society is, the more power and influence the very wealthy—and the super-rich in particular—are able to buy. We’ve seen this dramatically in the US, where billionaires dominate political donations, and increasingly here at home. Their interests are to cut their own taxes, which can only increase inequality and undermine the ability of Governments to provide the services the rest of us rely on.

To put it bluntly, wealthy people can get by without things like Medicare and the National Disability Insurance Scheme.

So what do we need to do about inequality? There is no one answer of course, but there is some obvious places to start.

Most important, we need rights at work and strong, growing unions—to give people a voice in their own interests, and the power to get a fair deal from safe, secure jobs.

And we need a tax system that is progressive—so that the wealthy pay not just more tax but a higher proportion of tax on their income and wealth. Without that, we can’t fund the pensions and high quality public health and education services we need to fight inequality.

In research I worked on a couple of years ago, Australians dramatically underestimated how unequal our society is. For example, the poorest 20% of Australians have 10 times less wealth than people think they have and the wealthiest 20% of Australians have 1.5 times more wealth than people estimate.

But the good news is that Australians are still a pretty egalitarian bunch. Asked to nominate their “ideal” wealth distribution, Australians wanted the poorest 20% of people to have 14 times more wealth than they have, and for large increases in the relative wealth of the middle. They also think the richest 20% have about 2.5 times more wealth than they should have. These preferences didn’t vary a lot no matter who you tended to vote for.

Dealing with inequality isn’t just necessary for our society and our economy. It’s core union business. And perhaps it can be good politics as well.
With asylum seekers caught between their homeland and a new home, and health workers caught between duty of care and the threat of jail, the current arrangement in our migrant detention centres is unworkable.

The Australian Border Force (ABF) Act came into force on 1 July this year, introducing a new disclosure offence that carries a penalty of up to two years’ jail for nurses, midwives, and other health professionals and humanitarian workers who publicly reveal their experience at detention centres.

In June, Victorian RN Marianne Evers—who worked on Nauru—told of unsanitary conditions and poor mental health, describing the environment as 'the definition of a concentration camp'.

Nurses and midwives have a mandatory obligation to report the kind of health problems being experienced in our detention centres.

But now, nurses and midwives can be jailed for talking about it.

The ANMF wrote to Immigration Minister Peter Dutton about the implications the ABF Act places on duty of care, and requested clarification on how nurses and midwives can report, sexual abuse, violence, and illegal activity.

Minister Dutton chose to have the Director of the Ministerial Correspondence Unit for the ABF, Ms Julie Campbell, respond on his behalf.

Ms Campbell advised the ABF 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, Ms Campbell was silent.

In relation to how nurses and midwives can report, Ms Campbell wrote:

"Arrangements in relation to allegations of child abuse in Nauru, including reporting, investigation and any laying of any criminal charges are within the jurisdiction of the Government of Nauru."

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

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

UN postpones trip due to disclosure

In late September, the United Nations postponed a planned visit to Nauru and Manus Island because the federal government could not guarantee legal immunity to detention centre workers—including nurses and midwives—who discussed asylum seekers with the UN.

Special Rapporteur Mr Francois Crépeau said:

“…the 2015 Border Force Act, which sanctions detention centre service-providers who disclose ‘protected information’ with a two-year court sentence, would have an impact on my visit as it serves to discourage people from fully disclosing information relevant to my mandate.

“This threat of reprisals with persons who would want to cooperate with me on the occasion of this official visit is unacceptable.

“The Act prevents me from fully and freely carrying out my duties during the visit, as required by the UN guidelines for independent experts carrying out their country visits.”

Pressure mounts on Turnbull government

A number of protest rallies against Border Force have already been held around the country, with another round scheduled for October.

At a large rally outside the Melbourne Children’s Hospital, doctors stated their intention to refuse to discharge asylum seeker children receiving treatment, saying it would be unethical to send them to unsafe conditions that could compromise their health.

The federal government’s inhumane approach to asylum seekers is unnecessary, and the ABF Act only exacerbates the trauma.

It’s time the Turnbull government reversed the unworkable disclosure laws, and let nurses and midwives working with asylum seekers deliver quality care to those who need it.
QNU Library: recent library acquisitions

The following recent acquisitions are curriculum books for most Australian university nursing and midwifery courses. QNU members may borrow them* by contacting the QNU library by email library@qnu.org.au or phone 3840 1480.

* Note: these texts are available for 14 day loans only.
Why women need to boost their super

Women haven't always enjoyed the same super rights as men. In fact, until the 1970s, some women were even excluded from super when they got married.

While super rights for women have thankfully improved, many continue to miss out on valuable super benefits.

On average, women are still paid less than their male counterparts. Plus, the amount of super women generate during their working lives is often impacted by career breaks to care for family and a greater tendency to work part time.

Coupled with the late introduction of compulsory super in 1992, these factors have left many working women at a disadvantage when it comes to their super savings.

That's why it's so important for women to take a proactive approach to managing their super.

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1300 738 601

Fleet Network Pty Ltd. To qualify for this offer you must mention this advertisement to Fleet Network prior to the completion of your initial contract. Vehicle must be new and supplied by Fleet Network. Not valid in conjunction with any other current Fleet Network offers. Employees should consult their employer’s salary packaging policy before entering into a contract. *Subject to Employer policy. Vehicle for illustration purposes only.
Have you checked out our ratios campaign website?

It contains everything you need to know about legislated minimum nurse/midwife-to-patient ratios, including:

• what they are
• why we need them
• how they work
• what you can do right now to help us achieve them.

The website also contains materials, including videos, flyers, and the evidence that backs up our claim for ratios.

www.ratiossavellives.com.au