union Training Program

**Being a QNU Contact in the workplace**
11 October – Sunshine Coast

Being a QNU Contact is the first step to getting more involved in the QNU.
This course looks at the role of the QNU Contact, the structure of the Union, how the QNU functions and how QNU members make democratic decisions. This is our foundation course and therefore should be completed before you enrol on our longer activist courses.

We will cover:
- Who is the QNU?
- What does the QNU do?
- How does the QNU work?
- QNU decision making.
- QNU communication networks.
- What is happening in my workplace?

**Handling grievances in the workplace**
12 October – Sunshine Coast

Activists often assist members to work through individual or collective issues in the workplace.

This course aims to:
- Clearly articulate the role of the activist in dealing with issues.
- Define various processes available to members.
- Identify ways to collectively advance issues.
- Give activists the environment to check, challenge and test out ideas about the handling of issues in the workplace.

**Knowing your entitlements and understanding the Award! (2 day course)**
26-27 October – Rockhampton

What are my entitlements right now in 2016? Am I in the State or Federal Industrial Relations system? How do I find my entitlements and find answers to my questions?

This course is a must for all nurses. It’s about knowing how to determine your entitlements and how to find that information quickly.

**Work Matters – How to play to your strengths & manage your weaknesses**
28 October – Rockhampton

Are there some colleagues with whom you work well and others where you don’t seem to share common ground?

We know we are all different.

The Work Matters – How to play to your strengths and manage your weaknesses program will establish your preferred work styles, those that you favour less and provide you with strategies to assist in the areas you do not naturally gravitate towards.

This program is underpinned by the Belbin® model, a scientific construct based on the most in-depth research conducted to this day on workplace behaviour.

On the program you will receive your own personalised profile outlining your preferred work style and strategies and tips for working with those who have a different preference.

**Private Sector – Tactics to overcome hostility**
31 October – Brisbane

Fear, can often be the thing that stops us raising important issues in the workplace.

Many times issues can be worked through easily but if a problem does arise it’s important that we know our rights.

Today is all about understanding your rights and building a confident plan.

See you there.

**QH - Consultative Committees - How to make them work**
2 November – Townsville

The course will cover how we can make consultative committee's work, how to get more involved and what we can do when the committee isn't working properly.

Knowing how to get issues addressed and responded to is the key to seeing real improvement for nurses and midwives locally. We will explore:

- The terms of reference for the various nursing and midwifery consultative forums.
- Understanding how to make the most of the committees/forums.
- Resolving issues when there is no local agreement.

If you have been to consultative forum training previously, it’s now time for an update! If you are not on a consultative forum but are interested, now is the time to come to training.

**Professional Culpability - Where do I stand?**
3 November – Townsville

In a resource stretched environment what are my responsibilities and where does my culpability lie when I go to work?

“I had too many patients on that shift, what was I supposed to do?” or “I didn’t have time to do everything and the NUM knew we were short staffed” are statements we often hear but unfortunately are not very helpful in keeping us and our patients safe.

This course covers information and practical strategies to protect our patients and ourselves including:

- An overview of the Nursing and Midwifery Board of Australia, Professional Practice Framework.
- The Australian Health Practitioner Regulation Agency processes and outcomes.
- Duty of Care and negligence.
- Ratios and your responsibilities.
- Coronial and Nursing and Midwifery Tribunal cases.
- Developing a plan to resolve conflict between professional standards and employer directives.

Courses are extremely popular and book out quickly. Avoid being disappointed. Get your enrolment in early.

To enrol visit [www.qnu.org.au/education](http://www.qnu.org.au/education) or phone 3840 1431
Working together toward a shared vision

The Queensland Nurses’ Union and Australian Nursing and Midwifery Federation QNU Branch Annual Conference was held from 13 to 15 July 2016.

The theme of this year’s conference was *Making a Difference*, a reflection of the work of all nurses and midwives.

This year’s conference was a standout in so many ways—we had a high number of delegates attending, a record number of resolutions to debate, a great line-up of speakers on our professional day, and a celebration at dinner of the passing of the historic nurse-to-patient and midwife-to-patient ratios legislation.

The annual QNU conference is like no other.

It forms one of the important democratic structures of the QNU. It is not a place where experts come to share their work with us like a regular conference. Ours is a policy-forming meeting.

Representatives of the nursing and midwifery professions—from all levels of the career structure, all sectors, and all locations across the state—lodge motions for debate. If voted up, they then form the basis of the industrial, professional, social, political, and democratic direction and activity of our union.

Our debates are rigorous and range from on-call and recall penalties, circadian rhythm (sleep) days after night shifts, lobbying governments for changes to immigration policy, and registration for AINs, to resolutions on inclusions for upcoming enterprise bargaining in public, private and aged care, professional issues, and many more.

The role of a conference delegate can be challenging. They represent a wider group of colleagues on topics of debate that are felt very personally by members.

On the professional day of the conference, we had time with Jim McGowan AM, who as Chair of the taskforce, presented elements of the Occupational Violence Prevention in Queensland Health’s Hospital and Health Services Taskforce Report released on 31 May 2016.

The role of a conference delegate can be challenging. They represent a wider group of colleagues on topics of debate that are felt very personally by members.

On the professional day of the conference, we had time with Jim McGowan AM, who as Chair of the taskforce, presented elements of the Occupational Violence Prevention in Queensland Health’s Hospital and Health Services Taskforce Report released on 31 May 2016.

He acknowledged that occupational violence is an unacceptable part of the day-to-day work of health care workers, and that things need to change not just within our health care system, but within society itself.

He presented very perceptive observations on social norms that have permitted tolerance of aggressive and violent behaviours in public service industries such as health.

The take home message from Mr McGowan was that occupational violence has a negative effect, not only on physical, emotional and psychological wellbeing of health care workers, but on the overall quality of health care through its impact on individuals, their colleagues and patients.

With the Olympic Games happening this year, I drew inspiration from a 400 metre hurdles race, with the passing of the ratios legislation being the first hurdle that we have overcome.

We were privileged to once again hear from Dr Matthew McHugh from the University of Pennsylvania—a partner, along with the Queensland University of Technology—in researching the implementation of nurse- and midwife-to-patient ratios in Queensland.

There will be many hurdles ahead of us to embed safe minimum staffing levels into our public and private hospitals and aged care facilities.

But our ability as nurses and midwives, and as a union, to overcome the obstacles ahead of us comes from the resilience of our leadership, the strength found within each other, and a vision of the end goal where nurses and midwives truly do make a difference! □

Sally-Anne

Secretary Beth Mohle ■ Assistant Secretary Sandra Eales ■ President Sally-Anne Jones ■ Vice President Stephen Bone

Councillors Julie Burgess ■ Christine Cocks ■ Karen Cooke ■ Dianne Corbett ■ Jean Crabb ■ Gillian Gibbs ■ Shelley Howe

Phillip Jackson ■ Leanne Jiggins ■ Damien Lawson ■ David Lewis ■ Lucynda Maskell ■ Simon Mitchell ■ Fiona Monk

Sue Pittman ■ Dan Prentice ■ Karen Shepherd ■ Katy Taggart ■ Kym Volp ■ Deborah Watt ■ Charmaine Wicking
The commitment of nurses and midwives to provide holistic, high quality and person centred care is central to our identity.

It is this commitment that is always put first, often to our own detriment. We make a difference to people when they are at their most vulnerable. This is the reason we were voted the most trusted profession in the annual Roy Morgan poll—an honour held since nursing was first included in this poll.

The outcomes we seek for others are always a central focus of our professional campaigning activities.

Through our collective campaigning we aim to make a difference for our broader community.

Delivering the same high quality care for all Queenslanders—no matter where they live or how much they earn—is the overarching objective of our Ratios Save Lives campaign.

Thousands of members have volunteered to contribute to this important campaign by becoming Patient or Resident Safety Advocates.

They are our eyes, ears and feet on the ground who understand that members are our union.

Similarly, delegates from across the state who attend our conference every year are the lifeblood of our union.

They are doers who are in it for the long haul, fully aware that the work of our union will never be done.

Day in, day out, they make a difference to patients as nurses and midwives, but also find precious time to make a difference for nurses and midwives and our broader community through their voluntary work as unionists.

Their passion, commitment, dedication and willingness to stand up is truly inspiring.

So much has been achieved over the past year for individuals, our professions and our communities through our union and activity, including:

- A wide range of local and whole of union campaigns, including our ongoing work to ensure patient safety across all sectors
- Negotiating improvements to pay and conditions through enterprise bargaining
- Recovering agreements negotiated, or the $1.45 million in unpaid wages and entitlements
- Providing assistance through over 15,500 calls made to QNU Connect
- Running 100 days of training around the state for members
- Assisting thousands of members with individual industrial, professional, worker’s compensation, AHPRA and Coronial matters
- Making 64 submissions to inquiries to shape wider policy
- Improving our communications with members including our enhanced social media presence
- Enhancing our visibility in the workplace and in our community, including our media activity that had an estimated advertising value of over $8.7 million.

Through this work members know we have their backs and we are ably representing their values and interests.

We are responsive, we are visible, and we do make a difference.

Yes, the pace of change has been intense and there is always more to do than there are hours in the day.

But by working collectively through our union we have achieved so much more than we could have by working alone.

As a union we have stayed firmly focused, disciplined, and alert to new opportunities.

We should take time to pause, reflect and celebrate what we have achieved together—as our hard work will never end.

Beth

A recurring theme of the 2016 QNU Annual Conference in July was ‘Making a Difference’. Again and again we were reminded of how the vitally important work members do 24/7 makes a difference to those in our care.

---

Editorial

BETH MOHLE
SECRETARY

---

ELECTION
NOTICE

Australian Nursing and Midwifery Federation
QNU Branch Election 2016

Page 40
Letter to QNU regarding Rapid Response@Home Service

I am writing to you all on behalf of my team at the Rapid Response@Home Service.

We are enormously grateful for the very strong, diligent and unrelenting support that we have and are receiving from … the QLD Nurses’ Union, who so enthusiastically supported us in our fight to retain our service.

We could not have achieved this without your support for which we are very grateful and appreciative.

We look forward to continuing to work with you on this and other issues to ensure safe practice for nurses, a safe and efficient service for this community.

We sincerely hope that we shall be fortunate to secure ongoing funding to continue and grow our service as we endeavour to provide the very best of care for the Metro South community we serve.

Thank you

Astrid Raines
Clinical Nurse/Rapid Response@Home Service

Facebook posts

On the realities of being a nurse:

PR: On the days when the fan is being hit with just about everything...passion keeps you going. I’ve just retired at 67 from nearly 30 years in nursing...most of those years were spent in theatres...Trauma and Ortho...I belonged to a good family and our team were the best...o.k. I’m biased 😊 but I wouldn’t have worked anywhere else...still proud to be a nurse.

TT: I’ve sat and held hands with dying patients when the family are too freaked out to do it. Just recently, one where the family [was] in shock I think and just couldn’t do it. So I did it…I just didn’t want that man dying without the feel of human touch.

LN: I started nursing as a PNC in a hospital at the age of 17. I am now 51 and nursing has never been just a job to me, it was something I felt compelled to do without really knowing why and I am still doing it. I am not sure how a comparison can be made to the other jobs mentioned when what we do for people is so intensely personal. The rest of it was awesome!

On aged care staffing:

NC: Aged care facilities need more staff, especially patient to staff ratios need to improve, as well as having trained staff in dementia facilities to understand the care needed. Prisons have more staff than aged care places. Aged patients deserve to be treated better.

DA: We need at least one RN per unit!!

I work in a facility that has 6 units and there is only 1 to 2 RNs on a night duty.

TT: They are chocka full...and the massive numbers of Baby Boomers are only just turning 70yrs. So they haven't even started to need nursing homes yet. I despair at the thought of the next 30 years. There's no way we will cope.

Response from Gold Coast management about ratios implementation:

Ron Calvert (GCHHS Chief Executive): It takes two to tango as they say, and things work well on the Gold Coast because both union and nursing management bring an open, constructive relationship to the table. The whole thing reflects well on both parties.

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/policy-sheets

How to log in to your member account

With the QNU’s new website and integrated IT system, the details you need to log in to your member account have now changed.

Instead of entering your membership number, you need to use the email address you’ve given us.

If you are encountering difficulty, it could be that your browser is blocking access. Try signing on with a different browser.
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.

Understanding your QSuper insurance cover

QNU Connect has received calls from members seeking clarification of their QSuper cover. The QNU does not offer financial advice. The following material has been supplied by QSuper directly.

Since 1 July this year, QSuper has made significant improvements to insurance cover for eligible accumulation account holders.

It's important to ensure you understand what your insurance cover is and how any changes have affected you.

While you will keep the same number of units you held before 1 July 2016 for death and total and permanent disability, members now have more benefit options.

If eligible, you may be able to take advantage of new product features and tailor your cover to suit your individual needs.

Most nurses will have an accumulation account where employer and personal contributions are made.

In addition to a retirement benefit, the account will usually have an income protection and a death and total and permanent disablement benefit.

Let's consider some different scenarios around default income protection insurance for nurses and midwives who are non-casual workers and between the ages of 16 to 64.

The default benefit for your income protection is now 87.75% of your insured salary for up to three years (this includes a superannuation contribution replacement benefit of 12.75% of your insured salary).

The pre-existing exclusion period has been removed for your default cover, but may still exist if your cover has been recommenced or personalised in some way.

If you...

Work in public health and make a ‘standard contribution of between 2 and 5% of salary’

You will receive default cover, which includes a waiting period of accrued sick leave plus 14 days.

Work in public health and do not make a ‘standard contribution’

You will receive default cover which includes a waiting period of 90 days or accrued sick leave, whichever is the greater. This group could include longer serving nurses and midwives who received GoSuper before May 2000, and have not opted to make a standard contribution. Before July this year you would not have had income protection insurance, but now do.

Work in private health and your employer contributes to QSuper

With a QSuper accumulation account in place, income protection insurance can be maintained or commence with ongoing employer contributions to your account. If you move to a private health provider, there is no need to switch funds to continue to keep your insurance arrangements in place. Casual employees can also now opt in for income protection insurance where this was previously not possible.

While we have only scratched the surface of your insurance cover with income protection, there are other aspects of your cover that are equally important. Don’t forget that your new insurance options are flexible and can help meet many of your personal needs to protect your future.

Visit the QSuper website www.qsuper.qld.gov.au to view your insurance cover, or call 1300 360 750 for more information.

Disclaimer from QSuper

We need to let you know that this information is provided by QInvest Limited (ABN 35 063 511 580 AFSL and Australian Credit Licence Number 238274) which is ultimately owned by the QSuper Board (ABN 52 125 059 006) as trustee for the QSuper Fund (ABN 60 905 115 063). QInvest is a separate legal entity responsible for the financial services and credit services it provides. Advice fees apply unless we tell you otherwise, all products are issued by the QSuper Board as trustee for the QSuper Fund. When we say ‘QSuper’, we’re talking about the QSuper Board, the QSuper Fund, QSuper Limited (ABN 30 125 248 286, AFSL 334546) or QInvest Limited, unless the context we’re using it in suggests otherwise. We’ve put this information together as general information only so keep in mind that it doesn’t take into account your personal objectives, financial situation or needs. You should consider whether the product is appropriate for you by reading a copy of the product disclosure statement before making a decision – you can do this by downloading a copy from our website at qsuper.qld.gov.au or call us on 1300 360 750. © QSuper Board of Trustees 2016.
Let’s not mince words.
The Newman government’s 2012 decision to close the Barrett Adolescent Centre (BAC) for young people with mental illness was a monumental, heartbreaking mistake.

The report into the controversial closure of the BAC has been handed down and it reads like a laundry list of bureaucratic and political bungles, citing everything from poor record keeping and communication to shoddy decision making processes and a failure to heed warnings and expert advice.

The comprehensive report, compiled by Commissioner Margaret Wilson QC, is the result of a nine month inquiry into the controversial closure of BAC under the LNP government. Released in two volumes—one public and one restricted to protect patient confidentiality—the report paints a sorry picture.

What actually happened?
There was no question the Barrett Centre had issues—it was old and the report concluded there was a real need for improved models of care for young people with complex mental health needs.

This is why the Labor government in late 2008 put together a plan and set aside $16 million to improve and relocate the service to a new facility next to the Redland Hospital.

But that plan unravelled when, in May 2012, health bureaucrats under the newly elected Newman government decided to redirect the funds to help meet the government’s demand for $100 million in health budget savings.

Then 20 months later, without a plan or a back-up, not to mention flying in the face of all evidence and expert advice and against the heartfelt pleas of the families who needed BAC—the government closed the centre, leaving young vulnerable residents adrift.

Within eight months of the closure, three former residents had died. The report said other young residents suffered increased stress, anxiety and mental health incidents.

Where to from here?
This inquiry is not a “political witch hunt”.

It is impossible to see how failing to provide suitable services after closing down the only long-term residential facility for young people with extreme mental illness was anything but a gross misjudgement.

Since the report was released Queensland Premier Annastacia Palaszczuk has pledged to respond to every one of the commission’s recommendations.

That’s quite a list, and we will be watching closely to see what tangible outcomes follow.

Our wish list includes expansion of the Residential Rehabilitation Units program and progress on Step Up/Step Down Units, which cater for residents transitioning out of inpatient care or seeking short stay rehabilitation in a hope of avoiding hospitalisation.
The Queensland government has accepted all 20 recommendations contained in the report—an important move and one the QNU certainly welcomes.

The thrust of the report is toward long term change in order to manage the unacceptable level of violence confronting Queensland’s health workers.


Report author and chair of the taskforce Jim McGowan AM delivered a comprehensive summary of the report at the QNU’s Annual Conference in July.

Some of the report’s key recommendations include:

- A new definition of occupational violence to allow for consistency throughout Queensland Health and all Hospital and Health Services (HHS). The definition will read as follows: “Occupational violence is any incident where an employee is abused, harassed, threatened or assaulted by patients and consumers, their relatives and friends or members of the public, in circumstances arising out of, or in the course of, their employment, irrespective of the intent for harm.”
- Public awareness campaigns highlighting the need for respectful behaviours when using health services—HHSs working together to promote healthy, safer workplaces.
- The inclusion of occupational violence management in service agreements for HHSs.
- The establishment of working groups to develop strategies for occupational violence management in areas of high risk, including emergency and mental health.
- Enhanced information sharing between agencies, including the Queensland Ambulance Service and Queensland Police Service.
- Developing more efficient mechanisms to improve occupational violence reporting.
- Reviewing security arrangements across Queensland Health.
- Enhancing post incident, investigation and support to health workers subjected to occupational violence, particularly in circumstances where criminal proceedings have commenced.
- Reassessment and development of an occupational violence training framework.

The QNU is encouraged by the response so far, and we’re aware of a number of HHSs that are already looking at ways to reduce occupational violence in their workplaces. While this is a great sign of things to come, it’s vital to remember the importance of proper co-ordination and working together.

If individual HHSs carry out their own efforts without pooling information and resources, any efforts to address the problems could be diluted. This issue was a topic of discussion during the initial taskforce’s deliberations in the first half of the year.

Implementation taskforce established

Implementation of the recommendations will be overseen by a special taskforce chaired by Metro North HHS Chief Executive Ken Whelan.

Nurses and midwives will be represented through the QNU, with Secretary Beth Mohle also participating in the implementation group.

Other QNU staff will also be included in relevant working subgroups developing strategies for high risk areas. We’re also hoping to invite some QNU members to participate in this process—so keep an eye out for more information regarding this in the near future.

Rural and remote taskforce

As part of this process to ensure members have their say on these important issues, the QNU has also established a rural and remote members reference group.

In early August 19 members from regions such as Mornington Island, Nanago and Esk participated in the first teleconference. It’s vital we hear directly from nurses and midwives so we can best represent the views of our regional and remote members.

If you would like to participate in the reference group, contact Genevieve Siddle on gsiddle@qnu.org.au.
A year of getting things done
This time last year we were celebrating the state government’s commitment to implementing legislated ratios.
This year we celebrated the actual introduction of minimum ratios in the public sector—and the incredible amount of work we’ve done to reach this point.
We also were able to reflect on our fantastic efforts over the past 12 months rebuilding hope and reclaiming our place as leaders and advocates within the health care system.
Yes, there was certainly plenty to celebrate and if you’d like more information on our union’s major accomplishments over the past year, check out this edition’s feature article (beginning page 26).

Bringing midwives into the name
One important motion that was debated—and carried—at conference was the proposal to change the name of our union.
As a result, the QNU will soon be called the Queensland Nurses and Midwives’ Union.
This was a topic of debate, but ultimately passed with majority support.
Midwifery has long been considered a profession distinct from nursing, and our midwifery members are (and always have been) a significant group of our ever-growing membership.
Our elected delegates felt it was appropriate that midwives be properly represented in the title of our union as has occurred federally and with other branches of the ANMF.

This year’s Annual Conference was our biggest yet.
We had a record 308 members gather in Brisbane to discuss the future direction of the QNU.
And as always, the conference’s role as the primary decision making body for our union was on show with an unprecedented 134 motions tabled for debate on a range of issues determined by Local Branches.
GUEST SPEAKERS

This year’s line-up of guest speakers gave us plenty to think about.

Dr Matthew McHugh from the University of Pennsylvania spoke about how the university will partner with QH and QUT to evaluate the success of ratios, and guide future rollouts. Read more from Dr McHugh on page 30.

Premier Annastacia Palaszczuk was warmly welcomed by delegates as she spoke about her personal connection with nursing and the respect she has for the profession.

Reverend David Baker from the Queensland Community Alliance outlined how member organisations of the Alliance are working together to build a fairer Queensland.

Jim McGowan AM from SNJ Business Solutions discussed the important topic of occupational violence against health workers and the issue, and impact of under-reporting.

Glenn Gardner from QUT’s Faculty of Health, School (Nursing) spoke about advanced nursing practice and reform.

Honorary Professor Desley Hegney and Dr Lynette Cusack discussed psychological resilience among health professionals.

ANMF Federal Education Officer Jodie Davis spoke about the importance of CPD and ANMF online education programmes and reminded QNU members that they had access to ANMF resources at www.qnu.org.au.education.

Melissa Fox from Health Consumers Queensland spoke about consumers, nurses and midwives disrupting healthcare to get better outcomes.

Lee Thomas and Annie Butler from the ANMF gave an update on how federal office and state branches campaigned successfully for health care throughout the federal election.
NEW GRADS – the future of our union

The new grads were nominated by their local branches, and invited to complete a questionnaire about their experiences with entering the nursing and midwifery workforces.

The questionnaire covered a range of topics, including what motivated them to choose their professions, how their experiences as student nurses or midwives differed from their current employment, and what the transition was like.

Our Annual Conference was a perfect opportunity for these graduates to come together and discuss these important issues. It’s through talking about common experiences—both positive and negative—that graduates can build the confidence and resilience necessary to thrive in their careers.

The future of our conference—and not to mention the union itself—is dependent on people like these young activists, who are prepared to learn about the power of the union and what we can achieve together.
Not quite... but you made page 11!
#almostmadeit 😆
For Torres Strait Islander nurse Elizabeth “Lizzy” Knudsen, attending our QNU Annual Conference this year was inspirational, and a fantastic introduction to the passion, power and potential of the QNU.

Lizzy was the first ever recipient of a conference scholarship sponsored by the newly formed QNU Aboriginal and Torres Strait Islander Reference Group.

“One word to sum up my experience at the 2016 QNU Annual Conference—AMAZING!

On the first morning of the conference, just the thought of being among strong and passionate nurses and midwives who have been nursing for long periods of time, was very overwhelming.

It was one thing to be at the conference in person, but very much another to be surrounded by nurses and midwives who over the next few days, totally inspired me. They certainly have my full respect and admiration, and I can only hope that one day, I might possibly be just like them.

Feeling supported

Over the next few days, the discussions and debates really opened my eyes to the different issues affecting nurses and midwives. I learnt a lot at the conference, and one of the things that stood out was the resilience and the constant presence of QNU in addressing these issues.

It brought home the knowledge that nurses and midwives aren’t alone, and we all belong to a very supportive family. It made me realised that whatever issues I feel are important and should be discussed so we can make a difference, can be voiced and supported by QNU.

Making friends

The opportunity to meet nurses and midwives from as far as Cooktown and Mareeba, was a real highlight. I grew up in Cairns and travelled quite a lot to these towns, so yarning to those nurses was a trip down memory lane for me—very special indeed.

As one of a few Aboriginal or Torres Strait Islander members in attendance (I am from Erub in the Torres Strait), it was very useful to meet Phillip Jackson who is originally from the lands of the Wakka Wakka people and has been on the QNU Council for numerous years. Meeting Councillor Charmaine Wicking who is of the Yuiburra community in Mackay, was important too. Charmaine plans to add her wealth of experience to the reference group in the future.

The one person who got me through the conference and made my experience even better than I could imagine was my friend, QNU recruitment officer and organiser of the QNU Aboriginal and Torres Strait Islander Reference Group, Annie Cowling. She was so helpful and introduced me to some remarkable people, including the Premier—amazing.

On the right path

The nurses and midwives I met are super proud and love doing what they do. I felt their energy and their desire to make a difference, and make sure nurses and midwives are treated properly and fairly.

Being a part of the conference and hearing the nurses and midwives’ experiences has reassured me that being an AIN and student EN is the true path for me, and it’s where I need to be.

Thanks for the opportunity

Finally, I want to thank the newly formed QNU Aboriginal and Torres Strait Islander member Reference Group for nominating me for the scholarship to attend this conference.

Human rights, workers’ rights, caring and professionalism were all discussed at this conference and I encourage all Aboriginal and/or Torres Strait Islander members to get involved.

Thank you for the amazing opportunity to attend the conference and hopefully, I’ll be attending another great QNU conference in the near future.”

Elizabeth Knudsen
AIN/Student EN
We’ve had some fantastic wins through our Queensland Community Alliance endeavours over the past few months, particularly within our Connecting our Community campaign across Logan City and the Logan Together campaign, which aims to ‘close the gap’ for kids under eight years old.

Some of the highlights are:
- Logan City Council delivered on its commitment for $1 million a year for the next four years towards funding better public transport. The Mayor acknowledged the important contributions and advocacy of the QCA. Alliance members and others who have been on board with achieving this great win are rightly chuffed. This Council commitment represents a significant milestone for the QCA’s Connecting Our Community campaign. The QCA has been working to achieve real action on Logan transport for the past few years by putting the community’s case to politicians and other key decision-makers.
- Extra buses are already on the roads servicing Yarrabilba, thanks to the advocacy of the QCA.
- Council and the Queensland government have agreed to work together on an Integrated Transport Plan that will address Logan’s long-term transport problems.
- The Queensland government announced an Australia first trial of a Demand Responsive Transport Scheme to start early next year. This scheme will engage community groups such as the QCA, users and potential service providers in discussions around future public transport needs, thus ensuring services meet the needs of the Logan community.
- The government says it wants to trial innovative transport solutions that particularly benefit disadvantaged groups such as young workers and seniors.

These are huge wins in Logan City, for the people, by the people.

Ipswich wins
Ipswich City Council is progressing the Reactivate Ipswich initiative for art and public safety enhancements to the city centre.

The West Moreton Hospital and Health Services and the Darling Downs West Moreton Primary Health Network have continued their commitments to better access for mental health services.

Most agencies have committed to be more consumer-focused in their strategic and operational planning.

Although the Health Minister’s advisory group didn’t recommend the QCA’s submission regarding the Collective Impact Project on access to mental health across the West Moreton region, it is clear our efforts have prompted agencies to look more closely at the alignment of service planning, design and delivery to mental health consumer’s needs.

Build your community – join the QCA
Want to get more active in your local community? The QCA is offering a free two-day and a six-day national training programme sponsored by a member’s partner organisation.

These courses are for anyone wanting to understand the purposes and craft of community organising. They will focus on power, organisations, relationships and leadership.

Our training will also begin a little later this year while we offer short free ‘refresher’ sessions for those who have done either of these.

For more information and to register, visit www.qldcommunityalliance.org

Ronald Neil Cousemacker
23 October, 1961 – 10 June, 2016

The QNU family lost a long-time member and activist recently with the passing of Brisbane based Registered Nurse Ronald Neil Cousemacker.

A QNU member for more than 22 years, Ron dedicated much of his nursing career to caring for Queenslanders. He specialised in the care and rehabilitation of patients with Acquired Brain Injuries at the Princess Alexandra Hospital and eventually had responsibility for co-ordinating care for these patients right across Queensland. He also contributed to fundraising efforts for support networks.

Ron’s nursing career began at Grafton Base Hospital in 1980. He later started working at Wolston Park Hospital, near Brisbane, where he completed his Psychiatric Nursing post-graduate certificate in the mid-eighties. Ron rounded out his education with a post-graduate Diploma in Mental Health nursing at QUT in 1996. A proud union member, Ron was a regular at QNU training and was actively involved in his branch over the years, taking on the roles of Health and Safety Rep and EB7 activist among others.

Finishing his career as a Clinical Nurse Consultant, Ron’s working life was characterised by his commitment to good patient care and his ability to make enduring friendships with many of his co-workers. He will be sadly missed by all.
An open letter to the QNU

Dear Sir/Madam,

I have been a member of the QNU since becoming an Enrolled Nurse in 2008. I am now working in Mt Isa as a Registered Nurse. I have always supported the various initiatives of our union.

However, I am very disappointed at the recent stance of the QNU on the Queensland government’s enquiry into decriminalisation of abortion in Queensland.

As a member of QNU I would have expected a survey on this issue that impacts so strongly on all of us nurses. For the QNU to make a decision on behalf of 52,000 members on such an important issue without prior consultation is most unusual and, in my opinion, unethical.

The QNU is meant to represent us, the members.

Abortion and unplanned pregnancy issues are not light matters as we all know. They are ethical issues.

Abortion, of course, kills the baby but it also harms the mother as numerous studies have shown. The rate of suicide in women who have had an abortion is six times higher than women who give birth. [Gissler M. et al (1996) British Medical Journal]. These statistics tell us something about the type of support these women need when they are most vulnerable.

I applaud the union for sending us regular updates on the EB9 Agreement and changes to nurses-patient ratio, etc. but I have heard nothing on the above issue. Why?

Can I kindly ask you to urgently arrange to elicit opinions of our union members on the Government proposed decriminalisation of abortion and then publish those results?

Kind regards,
Nicole Osmak, RN
Is it appropriate for the QNU to have a position?
As the major health union in Queensland and a regular voice in the public debate—and with around 90 per cent female membership—it was appropriate and timely for the QNU to make a submission to this parliamentary inquiry. We did so in the knowledge that any discussion around abortion is sensitive and can be polarising.

Our submission also referenced the ANMF policy which supports the right of nurses and midwives to voice their conscientious objection to performing any procedure on religious or other grounds.

The QNU acknowledges there are some members who do not hold the union's position. This is, of course, an outcome of any of our political or social policy positions and reflects the democratic foundation of our union's governance and operation.

How did the QNU come to its position?
The QNU did not arrive at its position on this matter without careful consideration. Given the sensitive nature of the bill, the QNU Policy Committee was requested to consider this issue and report back to Council.

In making its determination, Council was informed by the decision of the policy committee, briefing papers and other evidence. State secretary, Beth Mohle reported back to the QNU Annual Conference in July on the deliberations of the council, and the policy committee provided conference with a written account of its debate.

QNU Council discussed and approved the draft submission. These were unprecedented, yet necessary steps in ensuring our membership was aware of the Council's deliberations and decision.

Our democratic structure
It's important to remember that positions on Council, the QNU Policy Committee, Workplace Delegates and Alternate Delegates—are all democratically elected by QNU members.

The development of the QNU’s position on this bill was in keeping with our structure, governance and policy-making process.

Our submission
To read the QNU's submission, visit www.qnu.org.au/QNU/Media_and_Publications/Reports_uploads/2016/submission-abortion_law_reform.aspx

In June 2016 the QNU made a submission to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee on the Abortion Law Reform (Woman’s Right to Choose) Amendment Bill 2016.

The intent of the government’s bill is to decriminalise abortion in Queensland. It was on the basis of this intention that the QNU recommended the parliament pass the bill.

Our submission highlighted that abortion must be viewed within the context of women’s health and the right of an individual to make decisions about any aspect of their own wellbeing, whether this be physical or mental.

Where abortion is a criminal offence it can prevent women from seeking appropriate health treatment. We believe abortion is a reproductive health matter that must remain subject to appropriate health regulation. This first step will be to remove the criminal penalty currently facing women in these situations and the health practitioners who assist them.

Our submission did not address the other five terms of reference within the scope of the inquiry, however at the public hearing we supported evidence given to the parliamentary committee by academics and other leading health professionals.

In SUMMARY

**The QNU’s position:**
- supports the **DECRIMINALISATION** of abortion in Queensland
- **DOES NOT** make a judgement on the moral rights or wrongs of abortion itself
- **DOES** support conscientious objection
- was reached via our established **DEMOCRATIC** processes

In June 2016 the QNU made a submission to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee on the Abortion Law Reform (Woman’s Right to Choose) Amendment Bill 2016.

The intent of the government’s bill is to **decriminalise** abortion in Queensland. It was on the basis of this intention that the QNU recommended the parliament pass the bill.

Our submission highlighted that abortion must be viewed within the context of women’s health and the right of an individual to make decisions about any aspect of their own wellbeing, whether this be physical or mental.

Where abortion is a criminal offence it can prevent women from seeking appropriate health treatment. We believe abortion is a reproductive health matter that must remain subject to appropriate health regulation. This first step will be to remove the criminal penalty currently facing women in these situations and the health practitioners who assist them.

Our submission did not address the other five terms of reference within the scope of the inquiry, however at the public hearing we supported evidence given to the parliamentary committee by academics and other leading health professionals.
Well done to QNU members Lisa Stubbs (bottom left), Alicia Hyland and Joy Thyer (left), who recently journeyed across the ocean to help improve health and health education for Papua New Guinea. In partnership with local Papua New Guinea health care workers and YWAM Ships, the Gold Coast trio volunteered two and half weeks to helping provide training and medical care to some of Papua New Guinea’s most remote areas.
The public sector’s new enterprise agreement is on its way.
The new agreement received overwhelming support when it went out to ballot last month with 95.9% of Queensland Health nurses and midwives who participated in the poll voting ‘yes’ to secure the EB9 offer. This is a particularly important EB, as it not only progresses work not completed in EB8 under the Newman LNP government, but it has also been negotiated within the broader context of legislated ratios.

EB9 achievements include:
- 2.5% increase to wages and allowances
- Improvements to the BPF to strengthen its role as the underpinning tool for ensuring safe workloads
- Improvements to the award escalation process for resolving workload concerns
- 228 more positions for existing ENs (nurse Grade 3) to upgrade to ENAs (nurse Grade 4)
- Other improvements for casuals, N/MUMs, and provisions around on-call and recall.

Significant pay increase for State School RNs
For the first time, Department of Education and Training State School Registered Nurses (SSRNs) have been included in the agreement. Significantly, 100% of those SSRNs who participated in the ballot voted ‘yes’. The result is a substantial pay increase for SSRNs, as well as other improvements around professional development leave and allowances.

Backpay on the way
We’re now working with Queensland Health to ensure an application is made to the Queensland Industrial Relations Commission to certify the two-year agreement and make the corresponding changes to the award. Once the agreement has been certified, Queensland Health payroll will begin the process of calculating your backpay to 1 April 2016.

Payroll will determine exactly which pay period the backpay will be calculated from.

Thank you to everyone who voted. We’ve achieved an agreement that continues to improve conditions for all public sector nurses and midwives—and one that is very much focused on achieving better workloads to keep you and those in your care safe.
AGED CARE PHONE-IN SHOWS ELDERLY RESIDENTS AT RISK

The aim of the Australian Nursing and Midwifery Federation (ANMF) event was to hear first-hand accounts of what’s going on in our aged care facilities—and people certainly took the opportunity to share their stories.

Almost 2500 people took part in the phone-in and online questionnaire. Many staff, residents and relatives who responded said it was not uncommon for one RN to be allocated up to 200 residents. Some callers said elderly residents had suffered neglect, avoidable injuries and even death because there simply wasn’t anyone available to help.

Significantly, 93.8% of aged care workers who called in and 96% of community callers believed current aged care funding was inadequate.

Aged care employees said extremely dangerous workloads meant they were unable to provide proper care or emotional support for residents. Almost half of respondents attributed workloads as the greatest contributor to difficulty in recruitment and retention of aged care nurses.

And 67.8% of aged care workers believed the ratio of RNs to other care staff was inadequate.

Of course, much of this information will come as no surprise to nurses working in aged care—they see it every day. But this is the kind of hard evidence we need to get key decision-makers listening and, ultimately, enact real change.

Fortunately, the national phone-in received some great media coverage. It will be similar activities with the involvement of members—which capture the media and public’s attention—that will drive our campaign forward.

QNU member Katherine Nikolich kindly volunteered to answer the phones for the aged care phone-in.

Setting the aged care agenda

While significant improvements to staffing levels and wages are being made across Australia in the acute health sector, for those working in aged care, there has been little movement on the issues of workloads, staffing and skill mix, resident safety, and wage gaps.

These issues were highlighted recently in results from the ANMF National Aged Care Survey held in June this year. To respond comprehensively to these issues and support nurses in the aged care sector, the QNU is developing a union-wide campaign strategy.

We’ll also be working with the ANMF and other state branches to implement a plan for change, with the goal of putting aged care front-and-center of the political agenda.

The QNU’s campaign will be built around a set of priority objectives, including:

- mandated staffing levels and skill mix levels
- a minimum of one RN rostered on 24/7
- better wages
- regulation of Assistants in Nursing (however titled).

While we’ll take every opportunity to achieve positive change for Queensland’s aged care nurses, the greatest source for change will come from a nationally unified campaign, with nurses front and centre.

By working together, we’ll have a better chance of gaining political support to change legislation and regulation to achieve better staffing levels and skill mix, safer residents, and better wages.

Keep an eye out for future updates—including how you can play a role—in regular QNU publications.

Nurses, residents and the general public told it like it is during a national aged care phone-in in June.
Ramsay nurses demand better work/life balance

The QNU’s negotiations with Ramsay continue, and there are three major sticking points on which Ramsay has refused to make a fair offer.

On-call extra week of annual leave: Although nurses are already technically entitled to an extra week of annual leave for working on-call, Ramsay has set the bar so high that very few nurses (15%) ever qualify.

Shift workers: Currently, Ramsay wants staff to work, be rostered, and have the uncertainty of shift workers … but refuses to actually call them shift workers. Why? Because that would mean these workers would be entitled to an extra week of annual leave.

Public holidays not worked: Ramsay claims no nurse or midwife is entitled to be paid for public holidays not worked unless they have a fixed roster or are rostered on but stood down. Despite many Ramsay nurses and midwives providing the flexibility of being available 24/7, Ramsay claims it is this very flexibility that lets them off the hook from having to pay their nurses.

Can Ramsay afford to be fair? Nurses and midwives feel rightfully ripped off, especially when you consider:

- Ramsay’s CEO was the highest earning in Australia in 2014—a whopping $30.4 million.
- Ramsay’s profits are forecast to grow by 15 – 17% this year.

Ramsay—Queensland’s largest employer of private nurses—is offering far less than it can afford, not to mention less than what other nurses and midwives secured in previous private hospital agreements. QNU members are currently considering their options and what is the best way forward to secure a fairer deal.

Display your Licence to Operate ... and WIN!

In October we’re inviting you to take a photo of your private hospital’s displayed Licence to Operate—and be in the race to win one of four $50 Myer gift vouchers.

Four members will be randomly selected on Melbourne Cup Day, 1 November 2016 and advised by return email. So be sure to send your photo to ESchulz@qnu.org.au

Keep an eye on your emails and QNU social media for more information during October.

Why display your Licence to Operate?
The QNU understands some private health facilities do not display their licence in a prominent place. This is important information that should be readily accessible to the public.

The Private Health Facilities Act (the Act) 1999 s48 (1), outlines the requirement for the Licence to Operate a private health facility. The licence shows a facility’s compliance with the Act, including compliance contained within the Clinical Services Capability Framework (CSCF).

The Licence to Operate includes the following details:
- licensee
- location
- type of facility
- total beds and type of beds
- CSCF level for each service provided
- any amendments compared to the previous licence to operate.

The CSCF is designed to safeguard patient safety and facilitate clinical risk management in private hospitals. It provides a consistent set of minimum patient safety criteria by each clinical service.

The Private Health Regulations Unit in the Department of Health is responsible for managing state-wide compliance. It also carries out clinical audits to ensure patients are receiving the right care and services, informing health service planning and delivery.

For more information on the CSCF contact your local Organiser.
Members take action on West Moreton Prison Health Service staffing

There’s been a lot of collaborative work done over the past 10 months to address workload and staffing issues at West Moreton HHS correctional centres.

Prison population increases in 2015 led to a nursing workforce shortfall within the West Moreton Prison Health Service. The first step to addressing this was for staff across all four correctional centres to submit workload reporting forms (45 from January to June and 65 from July to December last year) to highlight issues around the lack of staffing and proper skill mix.

Over the course of many months, West Moreton Prison Health branch reps, delegates and alternate delegates raised their concerns at their local Nursing Consultative Forums.

Escalating further to get results

When the problems remained unresolved, members—with the assistance of the QNU—escalated their concerns to a specialist panel in August 2015, where the problems were analysed in greater detail.

The following systematic problems were identified:

- a block funding model that didn’t allow for an increase in activity related to increased prisoner numbers—a shortfall of 28 FTE was identified across the four centres
- no BPF or service profile for all four centres
- rosters being published with staffing gaps
- a lack of emergent leave replacement options due to the nature of the work and security clearance requirements, which also resulted in skill mix issues
- a lack of centre-specific education for staff.

Parties join forces in working group

The specialist panel then reported back to all parties, and a working group was formed consisting of branch reps, QNU staff, HHS staff and nursing management.

Over the next six months, parties worked collaboratively to resolve the issues.

The following outcomes have been reached:

- local rostering rules and guidelines have been developed, which is also looking at workforce issues such as vacancies, HR processes, recruitment, mandatory training, education, and training requirements.
- a new centralised staffing service has been formed to increase the pool of nurses available for emergent leave.
- ongoing recruitment—there are now only 7 FTE to be filled as of July 2016.
- introduction of the CPIC (Clinical Practice Improvement Committee) to manage and report all clinical issues and escalate to nursing executives when required.
- PHS workforce plan has been developed, including the introduction of leadership training days, staff surveys, and centre specific education plans.
- a new centralised rostering system has been developed to allow ‘real-time’ updates of emergent leave. Gaps in rosters have also been filled.
- a prison health specific low priority list previously developed to aid nurses with workload management was circulated to all centres.

- management and nurses collaborated to complete service profiles for 2016-17.

This extensive list is a testament to the hard work of QNU member activists, who led the charge for months—and the improved communications and workflow processes are positive outcomes for all parties involved.

Members, together with the QNU, are now working with management to ensure all outcomes are implemented.

And while there’s still a lot of work to be done, the collaborative interest-based approach from all parties certainly ensures we’re on the right path.

How can we help?

The QNU assists hundreds of nurses and midwives every week.

Our expert team—consisting of Organising, Servicing, Industrial, Occupational Health and Safety, Professional and QNU Connect staff—is here to help you when you have a workplace issue or need advice.

31 May - 31 Jul 2016 figures

$69,516

Members assisted (new matters) 836

5940

Dollars recovered on behalf of members

www.qnu.org.au
QNU stands in solidarity with Carlton United Breweries (CUB) workers last month in their nationwide protests against wage cuts and unfair sackings.

Protests began in Melbourne in mid-June when 55 workers from the Abbotsford brewery were sacked without notice so a new contractor could tear up the enterprise agreement and offer re-employment on lower wages. The workers were offered take-it-or-leave-it individual contracts which included a 65% wage cut.

Unsurprisingly the offer was rejected and the employees launched strike action. Since then, protests have spread to Queensland with fears there are similar plans on the table for CUB’s Yatala plant near Brisbane.

The Electrical Trades Union (ETU) and the Australian Manufacturing Workers Union (AMWU), who represent the workers, say Yatala employees have already refused an offer that would allow CUB to contract out work currently undertaken by permanent staff at a cheaper rate.

“All workers want stability in their employment, and these members are no different,” ETU Organiser Beau Malone said.

“They fear they will no longer be able to support their families if the company is allowed to contract out work.”

A multi-national brewing conglomerate, CUB made $4.4 billion in operating profit last year.

What’s more, it pays no tax, and its CEO—whose estimated personal earnings tip the $60 million mark—stands to receive a hefty bonus on the back of the wage cuts.

QNU Secretary Beth Mohle said QNU was happy to stand with CUB workers against a greedy company trying to squeeze out more profits by taking money out of the pockets of workers.

“As nurses and midwives, and as a union, the QNU believes in a fair go and in standing up to bad corporate behaviour, which is why we support the workers of CUB,” she said.

Workers are being asked to boycott CUB products which include iconic Australian beers Fosters and Victoria Bitter (VB), as well as popular brews like Strongbow, Crown Lager and Pure Blonde.

SHOW YOUR SUPPORT

If you are having an event, like a footy finals party, birthday bash or even a wedding, why not make it CUB-free and opt for other beer brands instead.

Membership growth makes headlines

Our union’s impressive membership growth made national headlines last month.

In an article in the Australian Financial Review, our federal body, the Australian Nursing and Midwifery Federation, was singled out as a model union whose 12% membership growth over the past two years had defied the national trend of falling union membership.

While acknowledging the union had a large workforce to recruit from, the AFR article said the union had deployed a number of successful strategies to attract and retain members, including the recruitment of student nurses and midwives, offering professional indemnity insurance and providing legal support and low-cost professional education courses.

Good public support for the union’s health and aged care campaigns also helped attract members, the report said, as did smart political decisions like removing formal affiliation with the Labor Party.

ANMF Federal Secretary Lee Thomas told the paper the union’s success was also a combination of old-fashioned hard work and staying true to members.

“The foundation of membership is about how hard we work with our members in the areas in which they work to promote the delivery of health care and aged care, and to make their working lives better,” she said.

“There is no silver bullet to this. It is hard work and our branches work really, really diligently with members to campaign for health care and their working lives but also the promotion of the mainstream industrial and professional agendas that we run.”

She said the Federation’s decision not to amalgamate with other unions—a common practice in the eighties and nineties—had also served our union well.

“We have remained, in the old terms, almost a craft union in many respects,” she said.

“If people want to join our union and they are a nurse or a midwife or an assistant in nursing, then we are the union to join. I don’t know if sometimes with amalgamations, it is so easy to identify that.”

The ANMF membership now sits at about 249,000, making us Australia’s largest union.
The 18th South Pacific Nurses Forum is gearing up to take place from 31 October to 4 November in the Solomon Islands.

Held every two years, the forum provides a regional platform to discuss and debate key issues of importance to nurses and midwives across specialties, cultures, countries and territories of the South Pacific.

This year we’re pleased to be sponsoring Penelope Henain—a member of the QNU and the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives.

Hailing from the Widjabal-Wiabal tribe in the Bunjalung region, Penelope resides on the Gold Coast and currently works as an Enrolled Nurse with Carestaff Nursing Agency.

Having previously been engaged in national and international activities to improve her cultural sensitivity, Penelope said she was looking forward to sharing in the experience and expertise of nurses and midwives from across the South Pacific.

“I am constantly working in different environments with an assorted range of cultures and medical needs,” Penelope said.

“I currently volunteer as mentor for the Australian Indigenous Mentoring Experience program which allows me to share the knowledge I learn on my travels with youths and inspire them to believe in themselves and look forward to their futures.

“This sponsorship presents the perfect opportunity for me to meet many like-minded nursing professionals and improve on my own leadership qualities and values to excellence in nursing.”

The South Pacific Nurses Forum will host an extensive five-day program including six sessions and 42 presentations with emphasis on improved health service delivery through quality nursing services.

Find out more at www.spnf.org.au

Penelope having fun with local children on a trip to Laos.
We’ve been campaigning over the past few months to convince Blue Care that it can offer its nurses and carers a fairer deal.

Unfortunately, the proposed agreement put forward by Blue Care aims to take away nurses’ job security and guaranteed hours … at a time when we need more nurses in aged care, not less.

Among other things, Blue Care’s attacks include casualisation, reducing hours, having three ‘broken’ shifts per day, and abolishing overtime rates.

And that’s all on top of an average 1.7% wage increase per year.

**Nurses spread the word**

In August members were out and about talking to the public about Blue Care’s dismal offer.

Nurses held events outside shopping centres, train stations and a ferry terminal. They had some great one-on-one discussions with members of the public and collected signatures for our petition.

It’s activities like these—ones that are driven by nurses—that have the most impact. People were horrified to hear what Blue Care is trying to do, and public support has been overwhelmingly positive.

After hand collecting nearly 5500 signatures, nurses and QNU Assistant Secretary Sandra Eales handed the petition to Blue Care management at their head office in Brisbane in late August.

**Vote ‘no’ to Blue Care proposal**

As Blue Care’s proposal is so unfair and sets the bar for aged care nursing conditions at a new low, the QNU is encouraging members to vote ‘no’. We believe nurses deserve better, and there’s no excuse for Blue Care’s outrageous offer.

After all, Blue Care claims it values ‘compassion,’ ‘respect’ and ‘justice’. Nurses think it’s time Blue Care practice what they preach.

**What do Blue Care nurses think?**

“I’m the night shift nurse in charge at my facility. I have 92 residents (when we are at capacity) and five AINs. Which is ridiculous overnight, especially when everyone is trying to get up and go to the bathroom at the same time.

On night shift we have 60 beds with one EN and two PCs. They advertise their business as person-centred care but with that many residents we can’t provide person-centred care. Things are very rushed, a lot of things are forgotten. If I take extra time with one resident, that means I’m not looking after another resident. On weekends we don’t have diversional therapists so it’s up to us to provide activities, but we literally don’t have the time.”

Blue Care nurses took to the footpaths in Southport collecting petition signatures.

Blue Care nurses together with QNU Assistant Secretary Sandra Eales and other QNU Officials paid a visit to Blue Care’s head office to hand over the petition.

Blue Care doesn’t care!

Blue Care has put forward one of the worst proposals Queensland’s aged care nurses have ever seen to reduce their wages and conditions.
THE TASK OF BEDDING

Now that 1 July 2016 has come and gone, one of the QNU’s major goals is getting legislated ratios bedded down in prescribed facilities.

Let’s not forget: passing the ratios legislation—and the process of implementing it—is the most significant change to nursing and midwifery workload management in many years. We’ve already achieved so much in a short space of time. This includes:
- securing a commitment to have only RNs and ENs included in the legislated ratio (the QNU had to fight for this)
- triggering unprecedented scrutiny on workload reporting, which will provide us with concrete data on what is currently occurring in our hospitals
- getting our Nursing and Midwifery Consultative Forums ready to be the principal assembly at which frontline staff can have their concerns heard and addressed.

All this in addition to Queensland Health recruiting an extra 250 FTE nurses and midwives to help meet ratios requirements.

The Gold Coast experience

While there’s a lot of positive work happening in individual wards right across Queensland, the Gold Coast is one great example of ratios being implemented successfully across an entire HHS thanks to proper collaboration and planning.
- At a recent walk-around to Gold Coast hospitals, QNU staff reported that all wards and units were compliant with 1:4 and 1:7 ratios (and often better). Hospitals have recruited nurses to meet ratios.
- Allocations are being reported each shift to monitor trends. The HHS developed a database to do this.
- Management consulted regularly with QNU during evolutionary phase, including a monthly progress report from a BPF specialist nurse at the Nursing and Midwifery Consultative Forums.

What are Queensland nurses saying about legislated ratios?

The QNU has teamed up with Queensland Health to deliver ratios education sessions across Queensland. We’ve received some excellent feedback from many of you, including the following comments:

"You know that anxiety and sick feeling and of burning at your throat you get every shift? Well I don’t get that now."

"We now have more time to scrum and discuss complex issues like wounds."

"We know more about the patients ... you feel like you’re actually nursing, actually giving good nursing care."

"I actually went to the toilet the other day!"

"I actually went to the toilet the other day!"

These sessions have also been a great opportunity for us to address some myths that have been circulating about how ratios are to be applied.

Unfortunately, it hasn't been smooth sailing for nurses in all wards and facilities.

Through visits and one-on-one discussions, we’ve identified the following four main trends that are emerging around ratios non-compliance across multiple HHSs:

1. Team Leaders (or other indirect positions) are incorrectly being included in the direct care ratios. Despite Queensland Health’s own materials stating only Registered and Enrolled Nurses who are providing direct patient care are to be included in the ratios, our members are still being informed by some managers that Team Leaders (who don't have a direct patient load) can be counted.

2. Increase in patient outliers. We're hearing some patients are being transferred to a non-prescribed ward in order to meet ratios compliance in the prescribed locations.

3. Variations in reporting. Some hospitals that use Trendcare are reporting ratios compliance that doesn’t actually reflect what is occurring on the floor. For example, by including NUMs in the number of productive hours, some wards appear to be compliant when in fact they may not be.

4. Wards only being staffed to minimum ratios. Some staff are now experiencing higher than usual workloads because the legislated ratio is being applied as the maximum staffing level rather than the minimum. The notional ratio always trumps the legislated ratio. The notional ratio (which is calculated...
using the BPF) can fall to 1 nurse to 3 patients or even 1 nurse to 1 patient. We’re monitoring the specific areas where we know these issues are occurring (as well as concerns at the individual ward level). Where possible, we’re working with management to find solutions that ensure all prescribed wards are compliant with the law.

**Do you know your ratio?**

Of course, all public sector nurses and midwives have a role to play. The QNU’s ability to address issues is only as powerful as the level of engagement from members working on the floor. The more workload concern forms you submit, the more data we have to help shine the light on workload issues.

A recent QNU survey of public sector members (nearly 1800 responded) found that while more than 60% knew their notional ratio, responses were far more divided when asked if their roster reflected this ratio.

Promisingly, an overwhelming 83% said they would feel comfortable reporting to their line manager when their patient allocation exceeded their legislated/notional ratio.

Remember—talking to your line manager and submitting a workload concern form are two simple things you can do right now to raise an issue. If in doubt, contact the QNU on 3099 3210 or 1800 177 273.

**Get informed**

All QNU (and some Queensland Health) ratios materials can be found on our website at [www.ratiossavellives.com.au](http://www.ratiossavellives.com.au) Just sign in to the members section.
Ever wondered what a year in your union really looks like?

For many QNU members, engagement with the union is generally on an as-needed basis—when they need advice or support, when there’s a new agreement being negotiated, a journal to read, a workload form to be submitted, a grievance to progress, or a training course to enrol in.

But there’s so much more going on in our union on a daily basis that it’s almost impossible to get a bird’s eye view of all our operations at any given time.

Put simply, no organisation does as much for nurses and midwives in Queensland as we do.

So to give you an idea of the strength and breadth of the organisation you are part of, we’ve put together this overview of some of our 2015-16 financial year activities as drawn from our annual Year in Review publication.

Visit the Reports and Submissions section at www.qnu.org.au to read a digital copy of the full publication.
In your corner

QNU Connect
For most members QNU Connect is the first point of contact with the union when seeking information or assistance in resolving an issue in the workplace. QNU Connect Officials are all nurses or midwives.

This year the team handled an impressive 22,910 inbound calls.

QNU Servicing team
Our excellent servicing team assists members with matters largely related to working conditions and wages. In the past financial year they:
- recovered more than $1.45 million for our members.
- assisted more than 15,600 members through QNU Connect.
- regional organisers took on 785 new cases
- took on 171 new Workers’ Compensation and Occupational Health and Safety cases.

Legal service and professional indemnity insurance
Our legal specialists also addressed:
- 291 AHPRA and Office of the Health Ombudsman matters on conduct, registration, health and performance.
- 304 legal matters, many involving issues around professional indemnity insurance.
- referred 300 members to the QNU’s LegalPlus service for non-work related legal issues.

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

Your work and conditions
Our Industrial Officers, working closely with Organisers and local activists,

worked on scores of industrial campaigns and negotiations this year.
The big one of course was the new public sector Enterprise Agreement – EB9.
The final EA retains all current conditions, offers a 2.5% pa, returns job security and grievance protocols, and most importantly makes improvements to the management of workload concerns.
The team also:
- negotiated 34 private, aged care and other enterprise agreements containing the wages and entitlements of nursing and midwifery staff
- finalised the award modernisation process without any loss of working conditions, which means the industrial framework that underpins workplace agreements is now modern, equitable and strikes the right balance for workers
- secured pay parity for State School Registered Nurses (SSRNs)—which will include a 14% and 27% pay increase for Nurse Grade 6 and 7 respectively.

QNU CONNECT OFFICIALS ARE ALL NURSES OR MIDWIVES. THIS YEAR THE TEAM HANDLED AN IMPRESSIVE 22,910 INBOUND CALLS.

Education and professional development
We conducted over 100 days of training and 28 different courses across 11 centres, including Brisbane, Bundaberg, Cairns, Gatton, Gold Coast, Hervey Bay, Mackay, Rockhampton, Sunshine Coast, Toowoomba and Townsville.

1586 members participated in QNU training, which means one in every 33 members across the state attended QNU training in this 12 month period.

Courses offered over the past year included QH EB9, Tactics to Overcome Hostility, When Bargaining Goes Wrong, Committee Skills for Activists, Everything You Wanted to Know about Your Agreement but were Afraid to Ask, Professional Culpability: Where do I stand?, Building Teams to grow our voice.

We also:
- created a CPD hub on our new website giving members access to QNU CPD material and ANMF online training facilities
- held a annual Professional Practice and Ethics Conference in September 2015
- produced free CPD resources and publications for members covering legal and professional matters.

Professional practice
Our Professional Officers focus largely on professional practice development and empowerment. In addition to extensive work around ratios

OUR LEGAL SPECIALISTS ADDRESSED 304 LEGAL MATTERS, MANY INVOLVING ISSUES AROUND PROFESSIONAL INDEMNITY INSURANCE.

THE QNU SERVICING TEAM RECOVERED MORE THAN $1.45 MILLION FOR OUR MEMBERS.
implementation and Nurse Navigators, their work this year included:

- working to refine the current career and classification structure for nurses and midwives to make it more responsive. Achievements so far include:
- New models and positions such as continuity models of midwifery and Nurse Navigators
- Recognising the key role of senior nursing positions in governance
- Acknowledging advanced practice nursing.

- consulting with members on the RIPEN endorsement standard.
- making submissions on new Enrolled Nurse Standards for Practice.
- working to revitalise the NaMCFs which are responsible for overseeing the implementation of the Nurses and Midwives (Queensland Health) Certified Agreement at the local or facility level.

Reference groups
The professional team also facilitates a number of QNU member-driven reference groups which help establish the policies and directions of our union. These groups, which meet regularly, include:

- Midwifery Reference Group
- Practice Nurse Reference Group
- Mental Health Reference Group

Big challenges, big victories

Ratios
A significant achievement this year was securing legislated nurse/midwife-to-patient ratios with the passing of the Hospital and Health Boards (Safe Nurse-To-Patient and Midwife-To-Patient Ratios) Amendment Bill 2015.

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

- More than 600 QNU members wrote to us about how ratios would make a difference to their daily working lives and to patient safety.
- A number of QNU members personally fronted hearings across the state to give evidence to the ratios committee, telling them first-hand about the danger of excessive workloads and how ratios will greatly reduce the risk to nurses, midwives and our patients.

INCREASED ACTION ON SINGLE NURSE POSTS.

Since the legislation was passed we have been working with Queensland Health to ensure the rollout is as smooth as possible and that the legislation is being correctly implemented.

We are also conducting education sessions, report-back meetings and workplace visits, and producing regular updates and materials to support the rollout.

Rocky midwives
QNU midwives raised the veil on understaffing and under-resourcing in midwifery units following a very public battle in Rockhampton.

Following months of lodging workload reporting forms and protests, and even passing a formal vote of no confidence in the HHS Executive Management, our midwife members secured some really solid outcomes including:

- a consultation and remedial process
- a new maternity sub-group within the Rockhampton NaMCF with a focus on workloads.
- a new Director of Nursing and Midwifery role and a Clinical Midwife Consultant role for Maternity Services at the Rockhampton Hospital to give midwives a voice in policy making.

Their actions encouraged midwives elsewhere in the state to act on their own workplace issues.

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

Our actions with respect to occupational violence and safety this year included:

- Successfully lobbying for the establishment of an Occupational Violence Taskforce working party to provide recommendations to the Queensland government regarding a strategic response to violence in the workplace.
- Increased action on single nurse posts. The QNU has been arguing against single nurse posts for decades. Our actions this year included:
  - kick-starting a review into single nurse posts and call-out procedures for remote and isolated nursing work
holding a number of teleconferences with RAN members to hear their concerns around safety and security issues, particularly for on-call arrangements

- lobbying the government to abolish single nurse posts and calling for an audit of each HHS’s approach to remote nurse safety

- joining a new Queensland Health steering committee and presenting evidence collected from our rural and remote members.

THE QNU INDUSTRIAL TEAM NEGOTIATED 34 PRIVATE, AGED CARE AND OTHER ENTERPRISE AGREEMENTS

- Seeking leave entitlements for private and aged care sectors, including a minimum 10 days domestic and family violence leave as is now available in the public sector.

- Joining Rosie Batty’s Never Alone campaign to stand in solidarity with family violence survivors.

Politics

Our policy and advocacy work intensified. In addition to making 54 formal submissions to relevant parliamentary committees and inquiries we also campaigned on:

- Aged care funding attacks: Billboards and advertising campaigns, national aged care phone in, public media statements

- Medicare under threat: public advertising and pre-election campaign, media statements and interviews, online campaign

- Penalty Rates at risk: Petitioning, direct MP lobbying by members, market stalls, workplace visits, advertising, media interviews, online campaign

- Border Force Act: direct lobbying to MPs, correspondence with minister, media statements.

Our social agenda

Our union believes in building strong, resilient, healthy, compassionate and inclusive communities and to this end we undertook a number of activities that furthered this social agenda. This year we:

- rallied in support of members at Lady Cilento Children’s Hospital who refused to release refugee baby Asha back to the detention centre in Naru after treating her for burns.

- we started an Aboriginal and Torres Strait Islander members’ reference group to provide culturally appropriate and accountable leadership, support and advice to the QNU about indigenous issues and strategies.

- joined the QCA’s Unions for Refugees working party

- continued our involvement with
  - Queensland Community Alliance
  - Global Nurses United
  - Union Aid Abroad – APHEDA

- Donated $29,968 to charitable causes including $10,000 to Sisters Inside and $5000 to Aussie Helpers.

Staying true to our values

All of these day to day activities outlined here speak to our core values we hold dear.

As nurses and midwives, we value professionalism, advocacy, caring, and holism.

As a union, we value collectivism, fairness, equality, and opportunity.

With our membership now at a record 56,000, we remain the largest and strongest voice for nurses and midwives in Queensland.

Indeed, it’s the power of the collective voice that truly drives us forward. Nurses and midwives are the QNU, and the future of our professions is in our hands.
And if ever we needed more proof that proper investment in the nursing workforce is critical to delivering patient safety, one would simply have to look to the evidence being collated by University of Pennsylvania researcher Dr Matthew McHugh and his team.

Dr McHugh addressed the QNU’s Annual Conference in July for the second year in a row.

Queensland nurses positioned to influence ratios future

A new research collaboration between the University of Pennsylvania, QUT and Queensland Health will drive the ratios evaluation process over the next few years.

Registered Nurses in all sectors can participate—and so far the uptake has been positive.

Dr McHugh reported a record 9000 nurses responded to the initial RN4CAST survey. This was, on average, more nurses per hospital than in any study conducted by the University of Pennsylvania’s research centre since 1999.

There will be another follow-up survey in May 2017.

The survey will not only evaluate the effects of ratios, but also whether the benefits of improved staffing depend on the work environment.

All evidence points to more nurses

During his conference presentation Dr McHugh spoke about the RN4CAST-US 2015 survey, which captured 27,319 RNs in 1145 hospitals across the US.

Survey results included the following:

- 50% report not enough nurses to provide quality care
- 54% lack confidence in management to resolve problems nurses identify in patient care
- 55% would not always recommend their hospital to family or friends
- 75% of staff feel their mistakes are held against them
- 53% of staff do not feel free to question authority
- 30% of nurses give their hospital an overall safety grade of C, D or F
- 29% of nurses give their hospital an overall grade of prevention of infections C, D or F.

Further studies conducted by the university’s research centre over the past year have produced more evidence linking good staffing to patient outcomes.

One study focused on nursing surveillance, using the example of a cardiac arrest.

“Many think that the best place to be to experience cardiac arrest is a hospital,” Dr McHugh said.

“It turns out that it depends on which hospital … like virtually all outcomes which we have studied, the rates of survival vary significantly and in ways not accounted for by patient acuity.

“Our findings show that variation in staffing and the work environment, especially in medical surgical settings which vary most, is a significant factor contributing to whether patients survive a cardiac arrest in the hospital.”

Ratios provide consistency

Of course, these results might not necessarily be surprising to nurses and midwives at the coalface.

Having more nurses and midwives on the floor may be an obvious solution to achieving better patient outcomes.

And with much of the international research still highlighting variations in the quality of health care from hospital to hospital, what better way of achieving a consistent standard than going to the heart of the problem: work environments and staffing.

It’s this sort of evidence-based data presented by Dr McHugh that will ultimately drive our ratios agenda.
Get to know your revised registration standard

The Nursing and Midwifery Board of Australia (NMBA) recently published its revised registration standard for recency of practice (RoP).

What does ‘recency of practice’ mean?

The NMBA now defines recency of practice as follows:

“That a nurse or midwife has maintained an adequate connection with, and recent practice in the profession/s since qualifying for, or obtaining registration.”

This revised registration standard became effective from 1 June 2016.

All nurses and midwives will need to meet the obligations of the revised registration standard by the next registration renewal period in May 2017.

What are the key changes?

- For the first time nurses and midwives are provided with a definition of two main areas of practice:
  - Clinical practice is when the nurse or midwife is directly involved in providing direct clinical care or providing oversight of direct clinical care of patients, or is directly involved in clinical education of either pre-registration or post-registration students, including bridging programs.
  - Non-clinical practice is where a nurse or midwife is not directly involved in clinical care or providing oversight of direct care of patients or is not directly involved in clinical education of either pre-registration or post-registration students, including bridging programs.
- A minimum 450 practice hours over the past five years will be recognised as meeting this standard if you can provide as evidence:
  - you hold or have held current and valid registration
  - your role involved the application of nursing and/or midwifery knowledge and skill
  - you have carried out postgraduate education leading to an award or qualification that is relevant to the practice of nursing and/or midwifery
  - non-clinical practice hours cannot be assessed retrospectively prior to the review date, therefore this cannot be assessed adequately until after 31 May 2021.
- If you have not worked sufficient hours over the past five years, the Australian Health Practitioners Regulation Agency (AHPRA) may require you to successfully complete:
  - supervised practice as approved by the NMBA, or
  - a re-entry to practice program approved by the NMBA.
- Types of evidence that you can provide, for the discretionary acceptance of the NMBA include:
  - a service statement from your employer
  - pay slips
  - an income statement for the financial year, and
  - any other documents showing the hours and dates that you have worked.

Visit www.nursingmidwiferyboard.gov.au to read the standard in full.

This revised registration standard does not apply to registration renewals in 2016. However, registrants do need to identify in their self-assessment if they have been working in clinical or non-clinical practice.

QNU members have raised a number of concerns about the RoP split between clinical and non-clinical practice, particularly given it is the first time such a split has been applied. Some reasons include:

- None of the other 13 health professional boards of Australia have made this distinction with RoP.
- A clinical NMBA registrant can work in non-clinical practice, but not the reverse.
- Scope of practice for non-clinical registrants is being limited in a way that has not been done for other national board health professionals or clinical NMBA registrants.
- Employment opportunities appear to be significantly reduced for non-clinical registrants into the future.
- Recent nursing research has identified all levels of nursing include the practice domain of clinical care.
- There is currently a limited access to supervised practice and re-entry to practice programs approved by the NMBA.

The QNU will continue to investigate the implications of the revised RoP standard particularly in relation for those registrants who will identify as non-clinical.

As this is a national issue we are also working closely with the ANMF at a federal level seeking changing and clarification from the NMBA.
The art of delegation requires sound professional judgment and good decision making. Without it, there is high potential for the quality of patient care to diminish, as well as more chances of avoidable adverse events.

Delegation must not occur unless the activity can be appropriately supervised. Delegation and supervision are core responsibilities of registered nurses and midwives. Each practitioner remains accountable for monitoring and evaluating the outcome of any episode of care that is delegated.

In the midwifery context of care, midwives must keep in mind that the NMBA identifies nurses who are not registered as midwives as ‘non-midwives’. These nurses require supervision when providing midwifery care. The level of supervision depends on their assessed competence.

There are a number of elements of care that are consistent across both professions. However, when nurses are delegated to provide midwifery care, the responsible midwife must ensure all elements of delegation and appropriate supervision are met. This includes ensuring the outcomes of care are evaluated.

The NMBA refers to three types of supervision in the practice context:

b. Professional supervision – for example, where a midwife precepts a student midwife, or a Registered Nurse (RN) supports and supervises the practice of an Enrolled Nurse (EN).

c. Clinically-focused supervision – as part of the delegation.

With regard to care activities, clinically-focused supervision includes:

- providing education, guidance and support to the person performing the delegated activity
- directing the person's performance
- monitoring and evaluating the patient's response to the episode of care.

The level of clinically-focused supervision can range from direct to indirect, across a spectrum of supervisory needs that are determined by the context of care, the complexity of the care required, and the competence of the person performing that care.

Direct and indirect supervision

Direct supervision occurs when the supervising RN or Registered Midwife (RM) is present and personally observes, works with, guides and directs the person being supervised.

Indirect supervision occurs when the delegating and supervising RN or RM is known to the person being supervised by name and is readily contactable and accessible, but does not constantly observe the person performing the activity. The supervisor must be available for reasonable access. What is reasonable depends on the context of care, the context of the patient and the competence of the person performing the care.

Ongoing supervision

When supervising staff providing nursing care, you must provide ongoing supervision of the work performed. This includes identifying the professional standards required for each care activity and monitoring the care provided. Prior to the activity, you must also ensure the person performing the care is competent to do so.

Failing to assess competence and supervise care activities can have dire consequences for your patients or residents and for your career.

Hypothetical Background

Consider the situation where an Assistant in Nursing (AIN) is delegated to bathe an elderly patient. The RN responsible for implementing the patient’s care plan is aware that...
AIN is new to the unit, but assumes that management would not roster the AIN to the unit unless they were competent to work there. Such assumptions do not provide a critical analysis of the AINs competency. In making these assumptions, the RN failed to ensure the AIN was competent to perform the activity and consequently did not have a discussion with them to determine the AIN’s level of experience and competence at bathing elderly patients with compromised skin integrity. **Situation** In preparing to bath the patient, the AIN tested the water temperature with a double-gloved hand and, using a hoist, lowered the patient into the bath. The water was far too hot for the patient’s fragile skin and her feet were badly scalded. The AIN reduced the water temperature, but failed to report the incident to the RN (perhaps for fear of reprisal) or seek treatment for the burns. **Discussion** A number of professional issues are identified as a consequence of these series of events:  
- The AIN’s lack of experience and competence.  
- The AIN’s failure to advise the RN of that inexperience.  
- The RN’s failure to assess that competence.  
- The AIN’s failure to report the injury.  
- The RN’s failure to provide an appropriate level of supervision.  
- The RN’s failure to evaluate the care provided to that patient.  
In situations where there is concern about an AIN’s care, they can be disciplined under the National Code of Conduct for unregulated healthcare workers. Where an RN has inappropriately delegated care, failed to supervise, and failed to evaluate delegated care, their conduct can be reported to the Office of the Health Ombudsman (OHO) and Nursing and Midwifery Board of Australia (NMBA). The OHO or NMBA could then consider whether or not to impose restrictions on the RN’s registration, simply because the RN did not engage the mandatory elements of delegation and supervision of the care provided by lesser qualified or experienced staff. Any restrictions on an RN’s registration would impact their capacity to practice independently, which in turn could affect their continued employment. Other potential outcomes could include disciplinary action taken by the employer, or complaints from the patient or their family. 
Nurses and midwives cannot assume their employer has ensured all care staff are competent to undertake the activities that are on the care plan. The person’s competence must be assessed, which then informs the RN about the level of supervision that will be required. **Going hand in hand** Delegation and supervision always go hand in hand and are an everyday occurrence for every RN and RM. Even if you believe you are not ‘delegating’ but are instead allocating care to an EN or AIN, the NMBA makes it clear in its Decision Making Framework (DMF) that the same principles of competence assessment, supervision and evaluation of care apply. This is regardless of whether it is a delegation or an allocation. Nurses and midwives should familiarise themselves with the principles of delegation and supervision contained in the NMBA’s DMF document. You should then apply them in your everyday practice. They are essential for the provision of safe and quality care and you’ll never know when they may save your career and your livelihood. **Reflective exercise for case study over page**
Reflective exercise:
Nursing and Midwifery supervision

1. With regard to supervision, what elements must be considered before delegating or allocating care to another member of nursing or midwifery staff?
2. If you are delegating an activity to a staff member who is unfamiliar to you, (such as an agency nurse/midwife), how would you approach the discussion of competence and supervision?
3. How important are leadership skills and emotional intelligence when engaging in delegation and supervision? Are you able to identify learning opportunities in your workplace that could help further develop those skills?
4. The NMBA’s DMF describes four ‘rights’ to consider when making decisions about nursing or midwifery practice. What are they?
5. Trust is a major consideration when delegating care. How can the spectrum of supervision assist in developing trust in unknown or unfamiliar colleagues?
6. How can your Nurse Unit Manager (NUM) or Midwifery Unit Manager (MUM) assist you to provide appropriate supervision of delegated activities?
7. Providing appropriate levels of supervision is an important element of your daily workload. If you are not given sufficient time or resources to supervise appropriately, how can your workload management processes assist you?
8. Does your employer provide regular education activities and clear policies and procedures around delegation and supervision? If yes, are they adequate? If not, what can you do to address that shortcoming?

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.

The following is an example only of a record of CPD hours:
(based on the ANMF continuing education packages):

<table>
<thead>
<tr>
<th>Date</th>
<th>Source or provider details</th>
<th>Identified learning needs</th>
<th>Action Plan</th>
<th>Type of activity</th>
<th>Description of topic/s covered during activity and outcome</th>
<th>Reflection on activity and specification to practice</th>
<th>No./Title/ Description of evidence provided</th>
<th>CPD hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-09-2016</td>
<td>TQN Journal</td>
<td>Increase knowledge re Delegation &amp; Supervision</td>
<td>Read article and answer reflective questions</td>
<td>Self-directed</td>
<td>Criteria and resources relevant to delegation and required levels of supervision. Increased knowledge re delegation and supervision of EN/AIN.</td>
<td>Answered reflective exercise questions. Read relevant NMBA codes &amp; guidelines. Translated knowledge into practice and discussed with colleagues.</td>
<td>Journal article with reflective exercise questions.</td>
<td>2.5 hrs</td>
</tr>
</tbody>
</table>
Peripheral Venous Catheters (PVC) are the most common invasive devices inserted for patients requiring medical treatment.

About 51-59% of all patients undergoing treatment in a tertiary hospital will have at least one PVC insitu at any time, and the majority will have one during their hospital stay [1, 2].

The insertion of these devices may cause a range of outcomes, from mild discomfort to extreme pain or anxiety for patients.

However, to date there has been very little research to explore how patients really experience the insertion of these devices.

**The study**

The aim of this study was to gain an understanding of patients’ experiences of PVC insertion.

To do this we conducted a study involving semi-structured interviews using a phenomenological-hermeneutic approach.

Gadamer’s Phenomenological method [3] was used to explore the PVC insertion experience of a purposive sample of patients from medical and surgical wards at a tertiary hospital in Queensland.

Consenting patients were interviewed using a semi-structured technique. The interviews were audiotaped, then transcribed and thematically analysed.

The length of the interviews ranged from five to 30 minutes and was determined by patient responses.

**The findings**

Four themes developed from the interviews, including: competence of the inserter, technique of device insertion, communication between the patient and the inserter, and location of the device.

The overarching finding was that the site—rather than the device—presented the largest concerns to patients.

Based on these findings the researcher recommends a clear understanding of patient experiences is essential for clinicians and health services to critically reflect upon and improve their insertion practices and patient experiences.

It is also suggested that a responsive attitude toward consumer perspectives will impact positively upon overall patient satisfaction and insertion service provision.


Empowering midwives to address childbirth fear

BY DR JOCELYN TOOHILL – RESEARCH FELLOW AND MIPP PROJECT MANAGER, GRIFFITH UNIVERSITY

An innovative midwife-led counselling program for women with childbirth fear is being introduced at the Gold Coast University Hospital.

The program, known as Midwives Implementing Psycho-education to Practice (MIPP), is the culmination of Griffith University research spanning more than a decade. To date, the research has focused on improving women’s emotional well-being around the time of their birth.

We now want to ensure our research findings are applied in practice.

Childbirth fear

Childbirth fear affects about one in four pregnant women, and is associated with low levels of childbirth confidence, longer labours, and higher rates of caesarean section.

Our previous study found women who were counselled by a midwife showed significantly lower levels of fear, improved confidence for birth, and an 8% reduction in caesarean section.

Once midwives are skilled in psycho-education we know they are effective in helping women reframe their views about childbirth so they can prepare positively for their labour and birth.

The program

The counselling framework was tested in a large randomised controlled trial with women who had high levels of childbirth fear.

Midwives participating in the MIPP programme undertook 30 hours of professional development training to gain competency in the counselling intervention.

The education involved attending three interactive workshops comprising role plays, critiquing counselling vignettes, self-directed learning prior to workshops, and providing an audio-recorded demonstration of their skills for assessment.

Twenty midwives completed the training. All reported they valued the opportunity to develop skills and confidence to counsel women fearful of birth.

One midwife said, “Would love more—great to actually be with academic teams and also my colleagues from across our maternity unit. Truly confronting but I came away feeling very good about myself.”

Professor Jenny Gamble, Chief Investigator for the MIPP project, said midwives were “well placed to counsel women worried or fearful about their upcoming birth”.

“The evidence is clear that where midwives use the counselling framework provided, they are effective in assisting women develop coping strategies that promote readiness for birth and resilience for managing birth decisions,” she said.

“Midwives can apply this counselling within their usual practice without additional referral to support services in most instances. It is a cost efficient resource for health services.”

How it works

Women attending the GCUH are screened for childbirth fear as part of usual psycho-social assessment—and those identified with high fear are provided psycho-education by the trained midwives.

The midwives are supported by organisational champions (Professor Jennifer Fenwick and midwives Karen Richards and Vicki Thomson) and are also provided regular debriefing sessions with myself (Dr Toohill).

Maternity staff and the academic research team then review and discuss the enablers and barriers to midwives using their counselling skills, and this helps develop ongoing strategies to facilitate women receiving midwife counselling as part of their usual care.

Midwives now provide routine group counselling for couples with childbirth fear and this is also effective in lowering women’s fear levels.

Other strategies to assist midwives apply their counselling skills in practice will continue throughout the project, which ends late 2016.

Translating evidence to practice is challenging. However, this project should yield valuable insights about how to create sustainable change to practice.

For more information, contact Dr Jocelyn Toohill on j.toohill@griffith.edu.au
Linked data collection is key to recognising the value of midwives

The University of New South Wales has developed a midwifery data collection tool after extensive consultation with jurisdictional and national stakeholders, as well as a national pilot undertaken in 2014 by the National Perinatal Epidemiology and Statistics Unit in Sydney.

The Maternity Care Classification System Data Collection Tool (MaCCS DCT) standardises 11 major model categories for all variations of maternity models of care across Australia, and examines the different outcomes for women in each model. The aim is to report on the number of care models, monitor changes of each model (and women), and use linkages to analyse and examine the differences in outcomes. Recently launched in Queensland, MaCCS DCT became electronically available for voluntary use on 1 July 2016, but will become mandatory in the next 12 months as a required field on the National Perinatal Data Collection form. Meaningful reports will not be available for a couple of years but we will continue to seek a more integrated data system, ideally one that is directly linked to the patient record.

The QNU will participate in progressive work to be undertaken as part of an EB9-funded midwifery project to develop agreed linked data sets, allowing for improved performance measurement. We know midwives make a difference, but making that plain to those shaping the system is an ongoing challenge. Our aim is to ensure the right information is being reported to correctly reflect the work of midwives and influence future service planning.

Survey targets midwifery workforce

QNU officials are busy crunching the data collected in our recent midwifery health check survey. The survey was designed to gather information from frontline midwives about their current experiences providing midwifery services across Queensland. The major themes for the survey included:

- employment and working conditions
- models of care
- practice environment
- professional development
- service sustainability
- career opportunities.

More than 550 midwives responded from all areas across the state—although the largest response was from midwives in the south east corner. About 83% of participants said they work in the public sector.

Our team is now sorting through the data and expect to have a collated report by the end of September. The survey information will be used to guide QNU’s strategic direction for improving midwifery services in Queensland.
Despite Australia banning the use and importation of asbestos in 2003, Asbestos Containing Material (ACM) is still finding its way into Australian workplaces and homes.

This is because many other countries, including some of our major trading partners, still use asbestos when manufacturing building products. These products are then imported into Australia. As a result, ACMs have been found in building materials used in constructing the new Perth Children’s Hospital and Queensland’s new William Street skyscraper in Brisbane.

This is extremely concerning to all Australians because we know what a deadly substance asbestos is.

Indeed, many Oncology and Respiratory nurses will be able to attest to the pain and suffering experienced by those affected by exposure to asbestos.

A report conducted for the federal government noted ACMs had also been found in imported children’s crayons and automobile parts.

Worryingly—and despite the obvious dangers and the need for robust action—this report remained with the relevant minister, Peter Dutton, for five months before he released it.

In both Brisbane and Perth building projects, it was vigilant workers who identified the presence of ACMs.

In both cases, the Construction Forestry Mining Energy Union (CFMEU) has assisted its members. Indeed, the CFMEU has long warned that governments and builders need to ensure the supply chain is not compromised, and that action is required at the highest level to ensure we have a system that guarantees all imported products are free of ACMs.

Despite this, Mr Dutton reportedly blamed the CFMEU for the problem. Mr Dutton said cost pressures and fair wages were to blame, suggesting construction workers’ wages and conditions were forcing builders to import cheaper materials.

Conversely, Queensland’s Minister for Industrial Relations, Grace Grace, commended the CFMEU for their intervention in advocating for their members while seeking a commitment from the federal government for a more robust approach to stopping these materials entering the country.

Supporting your asbestos concerns

The QNU believes nurses and midwives must be vigilant when it comes to the vexed issue of asbestos—as was the case when members recently contacted the QNU about concerns of possible asbestos exposure in a Queensland nursing home that was due to be renovated.

Due to the failure to consult with staff prior to the renovations (as is required by the Work Health and Safety Act 2011), there was significant confusion and anxiety experienced by staff during the process.

This problem could have been easily avoided had the facility’s management explained to staff they were complying with the standards and regulations when dealing with asbestos.

In this case, the QNU was able to assist with a satisfactory outcome and we encourage members with similar concerns to contact the QNU.

In an effort to ban and eradicate asbestos internationally, Union Aid Abroad-APHEDA is building a movement of people in Australia to join similar movements around South East Asia.

According to the APHEDA campaign, “Everyday thousands of people are still exposed to deadly asbestos. While some people profit, other people die.”

The QNU is supporting this campaign, with members doing their bit to spread the word. To support the campaign, visit http://apheda.org.au/our-work/asbestos/.
INVESTING IN A HIGHLY QUALIFIED WORKFORCE

QNU’s own research repeatedly shows nurses and midwives value working with others who are clinically competent. Members frequently report skill-mix (classification as well as experience levels) and lack of access to ongoing training are the cause of unsafe workloads.

The Australian Department of Health also recently identified the looming shortage of nurses and midwives and recognised poor retention rates as a key focus for improvement. Identified strategies to improve retention include:

- early career preparation and workplace support
- appropriate education, training and development of leadership and management roles
- continuing practice development to enable innovation and improve productivity.

Unfortunately, the move to a HHS structure in Queensland has seen deterioration in support of nurse and midwife training and workforce development. Under the previous government, we saw cuts to funding for students, educators and clinical facilitators, and reduced access to training in paid time.

What are your professional entitlements?

Queensland Health nurses and midwives can access professional development leave (PDL) and cash (PDE) entitlements.

The QNU worked to gain this entitlement for many years, and eventually secured it during EB6 in 2006.

However, recent QH data shows low uptake of PDL (an average 0.4 days taken of three day annual allowance/FTE).

Nurses and midwives say there are various reasons why they don’t take their PDLs:

- Staffing levels are inadequate so they cannot be released.
- Training cancellations are common.
- PDL requests are rejected or not submitted because of certainty of rejection.
- Staff often work additional days to cover roster gaps.

Review of Severity Assessment Code (SAC) incidents often reveal training deficits. Ultimately, nurses and midwives opt out of unsafe workplaces where their professional skills are not valued or developed.

Simply put, we like to work in environments that deliver good patient outcomes and we avoid those that don’t. If we’re unable to leave, we reduce our hours.

You can help bring about the cultural change needed for a sustainable professional workforce into the future.

To support good patient outcomes nurses and midwives should demand and utilise professional development opportunities.

Remember:

- If you have a PDL entitlement—use it or lose it.
- As professional advocates, QNU reps on NaMCF should review how well PDL is being utilised and planning to improve it.
- Managers should measure success by increased staff access to CPD.

References


Aiken LH; Clarke SP; Cheung RB; Sloane DM; Silber JH. Educational levels of hospital nurses and surgical patient mortality. JAMA. 2003; 290: 1617-1623


Department of Health, Health Workforce Australia “Australia Nursing Workforce Sustainability, Improving Nurse Retention and Productivity”, 2014

Good communication, leadership, proper governance, and having the time to care are all elements for building a better workplace that I have so far discussed in previous columns.

Equally important is an investment in a highly qualified nursing and midwifery workforce—something that provides an institutional culture that values and respects our professionals.

What does the research say?

Training support and continuing professional development are integral to good patient outcomes and are magnetic elements for nurses and midwives in their work environment.

In 2003 Aiken et al examined the relationship between nursing educational levels and patient outcomes.

The study of more than 230,000 patients discharged from 168 Pennsylvania hospitals showed lower mortality rates in hospitals with higher levels of nursing education.

The authors suggested there needs to be a greater emphasis on nursing education, nursing workforce planning, and adequate financing to achieve the ultimate goal of improving patient care.

Further evidence from 2011 (Aiken et al) suggests that lower nurse-to-patient ratios, more nurses with baccalaureate education, and better work environments are associated with lower mortality and failure-to-rescue.
Nominations are called for:
- Branch President
- Branch Vice President
- Branch Secretary
- Branch Assistant Secretary
- Branch Councillor (22)

If a member is considering nominating for more than one of the offices, they should be aware of the provisions of Rule 65 and 84A.7. Rule 84A.7 provides that a member may only nominate for one of the offices of Branch President, Branch Vice-President, Branch Secretary, or Branch Assistant Secretary. A member may nominate for Branch Councillor and one of the other offices however Rule 65 prohibits a member from holding more than one office on Branch Council.

Nominations, which must be in writing and comply with Organisation’s Rules must be delivered to the Returning Officer’s office or postal address not later than 12:00 noon on Tuesday, 27 September 2016 AEST. Nominations cannot be withdrawn after this time.

Candidate Statements and photos. Candidates may submit a statement (not exceeding 200 words) and passport sized photograph for inclusion with ballot material. Only statements which comply with the Federation’s rules and are received by the Returning Officer by 12:00 noon on 5 October 2016 AEDT will be published.

A Nomination form is available upon request from the Returning Officer or the registered office of the QNU Branch.

How to lodge nominations
By post: PO Box 496 HAYMARKET NSW 1240
By fax: 02 6215 9910
By hand: Level 10, 59 Goulburn Street
HAYMARKET NSW 2000

By email: A properly completed nomination form including all necessary signatures may be scanned and submitted as a pdf file to nswelections@aec.gov.au. Senders of emails to the AEC email mailbox be aware that incoming emails that appear to be spam emails may be blocked. Emails larger than 6MB in size also may not be accepted by the AEC’s firewall. If you do not receive a receipt confirmation Email within 30 minutes of sending please contact the AEC.

The ballot, if required, will be conducted by post and will open on Thursday, 20 October 2016 and close at 10:00am on Thursday, 10 November 2016.

Note: A copy of the AEC’s election report and the results can be obtained from the Organisation or the Returning Officer after the completion of the election.

Lee Jones
Returning Officer
Phone: 02 9375 6395
8 September 2016

Notice to Members of the Queensland Nurses’ Union of Employees

The Australian Nursing and Midwifery Federation QNU Branch (‘the Branch’) is holding an election for officers that correspond with offices of the Queensland Nurses’ Union of Employees (‘the QNU’).

The Branch is the federal counterpart body of the QNU. To avoid holding two (2) elections for a corresponding office, the Secretary of the QNU will make an application for exemption from holding an election under section 580 of the Industrial Relations Act 1999 (Qld).

The application is being made so that the member who fills an office in the Branch will fill the corresponding office in the QNU. The members of the QNU will not be detrimentally affected as members will have voted, or been given the opportunity to vote, in the election held for the federal counterpart body. This notice will apply to any vacant offices in the QNU until the expiry of the term which commences in 2016, where the office in which the vacancy occurs (in the QNU) corresponds with an office in the Branch, and where the Branch has held an election for its vacant office.

The election notice in this journal is for this election, and you will, in the event offices are contested, only receive one set of ballot papers.

If you have any questions please contact the QNU.

Beth Mohle
Secretary,
Queensland Nurses’ Union
But a new music program rolling out across many Australian aged care facilities is delivering extraordinary outcomes for residents by improving memory and reducing anxiety.

The program, called Music & Memory, is licensed exclusively in Australia by the Arts Health Institute—an organisation that brings health professionals and artists together to improve health care delivery.

Music & Memory primarily focuses on ageing and people with dementia—but it has also proven successful for people with complex health needs, pain, psychological issues and managing anxiety.

The program has now been rolled out across nine aged care facilities in Queensland, and 65 accredited services Australia-wide.

Like an ‘awakening’

The Music & Memory program essentially brings music into aged care facilities.

Arts Health Institute CEO Dr Maggie Haertsch—who practised as a Registered Midwife for much of her career—was integral to bringing Music & Memory to Australia in 2015.

“Music infiltrates the whole of the brain,” said Dr Haertsch.

“That’s why sometimes you clap or move to it physically, or sometimes you’ll cry and respond emotionally.

“We’re capitalising on that to help people get through those adverse times.”

Dr Haertsch described the effects of personalised music on aged care residents as an ‘awakening’.

“People can suddenly remember things they couldn’t remember before. They can be very much in their own world and it opens them up.”

And this, of course, leads to many benefits for both residents and nurses.

“It’s simple things like you needing someone with dementia to be awake for them to eat or follow instructions to do exercises. Putting their music on 20 minutes prior can make that session more productive.”

Finding the right music

Dr Haertsch said the program wasn’t as simple as just providing an iPod with a collection of songs and hoping for the best.

“It’s clear that when you play the ‘right’ music—that means music that is meaningful to that person and hence the care required in structuring a playlist—it moderates their mood.”

While universities around the world are still researching the exact science behind the impacts, our understanding is slowly growing.

According to Dr Haertsch, research has shown that just one dose of music a week isn’t enough to have an effect.

And a study conducted by Brown University, which looked at medication use, also found a significant reduction in anti-psychotic drug use in groups using Music & Memory.

Empowering nurses to make a difference

Dr Haertsch said nurses had an incredible opportunity to build music into how they care for people.

“When patients are engrossed in their experience of ill health, they might not have the means to actually access their music, and that’s where the health system can really make a difference to people.”

“Think about how much we take music for granted. How many nurses get in the car and listen to music to destress coming home from work? It’s not hard to figure out how much music makes you feel better.”

“The power of the nurse as a change agent should never be underestimated.”

For more information about Music & Memory, or how it might be used in your workplace, visit www.artshealthinstitute.org.au
The role of unions and why they matter

AN OPEN LETTER
FROM QNU MEMBER
SHAWN BURGOYNE

Unions are even more important today than any other time in history, especially the Queensland Nurses’ Union.

One of the major issues facing nurses within the health sector is the various roles and newly created positions that nurses occupy.

Although this has in itself created more opportunities and jobs for nurses, it has at the same time caused disunity and isolation for many nurses.

Furthermore, as governments are faced with the reality of an ageing and growing population they continue to look to the most valuable asset and one of the largest workforces within the health sector to save money—nurses.

Division throughout history has proven to be an effective strategy to control and then defeat overwhelming situations.

Governments will continue to blame rising health care costs on nurses’ wages, rights and benefits our past and present members have worked so hard for.

Nurses are strongest when united and working for common goals within professional organisations.

This is where unions play a pivotal role. Unions unite and give a collective voice to our professional practice.

Standing with our sisters and brothers we feel connected and valued as part of a professional team.

The union gives us—no matter what role we are currently in—a strong foundation to be heard and respected from.

With the union we never have to feel we are alone and can, if we so choose, remain anonymous.

Union members continue to benefit from the experience and dedication of members and delegates from the past and present.

Nurses should feel proud of our individual roles and our association with the professional organisation we belong to.

The union has empowered us to help build health care to what it is today.

It has protected us and worked with us when we didn't know where to turn.

We have partnered together to have the working conditions and wages we are all entitled to.

The union has grown with us and come alongside us to be heard and understood by all of Queensland.

In conclusion, we owe it to ourselves, our patients and the health care industry to secure our future.

We need to be part of the QNU to protect our industry and continue to move forward in a productive and fair manner.

Working together and being represented by the QNU will enable us to continue to partner with the government to bring safe, efficient, professional, and quality health care to all citizens of Queensland.

NURSES ARE STRONGEST WHEN UNITED AND WORKING FOR COMMON GOALS WITHIN PROFESSIONAL ORGANISATIONS.
QNU Secretary Beth Mohle selected and personally purchased the inspirational painting 'Mother Turtle' at the recent Young Women's Aboriginal Art Program annual auction.

The auction raised funds towards a trip to the Great Barrier Reef for girls participating in the Sisters Inside Children's Program. The children's program aims to engage young women whose mothers are in prison in activities of interest to them, such as art. Beth said the painting would be proudly displayed in the training room at the QNU’s head office in Brisbane.

"The QNU is proud to have supported the Sisters Inside Children's Program since 2013, and I couldn't be more pleased to see young women engaged and motivated through art," said Beth.

"'Mother Turtle' will have a permanent home at the QNU for nurses and midwives to appreciate when visiting our Brisbane office for training programs."

The painting was created by 16-year-old Jamieka Wiley of the Wakka Wakka Munujali tribes, a participant of the Sisters Inside Children's Program.

Jamieka said the painting, which depicts a mother turtle laying her eggs, was born from her fascination with the graceful marine creatures.

"I am fascinated by turtles," said Jamieka. "They are my favourite animal because they are beautiful and gentle creatures. I hope we will see some in the Great Barrier Reef."

QNU Secretary Beth Mohle with the talented Jamieka Wiley, artist of ‘Mother Turtle’. 

A special piece of Aboriginal artwork has found a permanent home at the QNU head office.
Five good habits to support a healthier super account

If you care about your health and wellbeing, then you probably have a plan in place to help you reach your goals. In the same way, it makes sense to support your financial health with a range of ‘good habits’. Your super is one of the most significant investments you’ll make in your lifetime.

Here are five simple steps you can take to ensure your super account is the healthiest it can be:

1. **Consolidate (or roll over) your super** into one account to avoid multiple fees and their impact on your super balance. You’ll also help reduce your paperwork and carbon footprint by cutting down the amount of mail you get.

2. **Find lost super** — this is vital if you’ve ever changed your job, name or address. Millions of Australians currently have unclaimed super. Useful websites are ato.gov.au/superseeker and unclaimedsuper.com.au. Best of all, it’s free to find your lost super!

3. **Put a little away now to benefit later in life** by making voluntary before-tax contributions (also known as salary sacrificing) to your super. You may reduce your taxable income and contributions may be taxed at a lower rate than your income. Just remember, annual contribution caps apply.

4. **Take advantage of the government co-contribution scheme** to receive 50 cents for every $1 you contribute (after tax) to your super — up to a maximum of $500. The maximum co-contribution reduces with every dollar you earn over $33,545, and cuts out after $50,454. Visit ato.gov.au/super to find out if you’re eligible.

5. **Make an active choice about your investment options** to reflect the level of risk you’re comfortable with and your retirement goals. Visit your super fund’s website to find out your options.

With more than 25 years of experience and $33 billion in assets, more people in health and community services choose HESTA for their super.

Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL 235249, the Trustee of Health Employees Superannuation Trust Australia (HESTA) ABN 64 971 749 321. This information is of a general nature. It does not take into account your objectives, financial situation or specific needs so you should look at your own financial position and requirements before making a decision. You may wish to consult an adviser when doing this. Before making a decision about HESTA products you should read the relevant Product Disclosure Statement (call 1800 813 327 or visit hesta.com.au for a copy), and consider all relevant risks (hesta.com.au/understandingrisk).

Be a Super Booster

QSuper is joining forces with Money Magazine to promote Super Booster Day on 15 September 2016. It’s all about getting more Australians thinking about the difference they can make to their future by putting a little more into super each pay.

Making contributions to super – even small ones – can make a big difference when it comes to retirement. An easy way for members to boost their super is through salary sacrificing – where some of their pay is put into super before it’s taxed at their marginal rate. Depending on their circumstances they may even be able to contribute more to super without affecting their take home pay.

To get started, or increase the amount they are salary sacrificing, members should talk to their pay office or salary packaging provider.

Is salary sacrifice right for you?

If you’re on a lower income, salary sacrifice might not be the right move for you because you’re already paying a lower income tax rate. Also, for those that plan to add significant amounts to super through salary sacrifice there are limits depending on your age.

Have a play on our Salary Sacrifice Calculator at qsuper.qld.gov.au/calculators to figure out if salary sacrifice could benefit you. If you’re still not sure, it’s always a good idea to get some financial advice before you take the plunge. You can get over-the-phone advice about salary sacrifice from QInvest from just $55 for QSuper members.

Want to find out more?

Our website has lots more useful info about salary sacrifice. You’ll find information on contribution limits, how salary sacrifice works with Defined Benefit accounts and a video dedicated entirely to teaching you the salary sacrifice ins and outs.

You can also read more about Super Booster Day at qsuper.qld.gov.au/salarysacrifice.

Start the conversation with us today and call 1300 360 750. We’re always here to help.

1 QInvest Limited (ABN 35 063 511 580, AFSL and Australian Credit Licence number 238274). QInvest is ultimately owned by the QSuper Board (ABN 60 905 115 063), and is a separate legal entity which is responsible for the financial services and credit services it provides. Advice fees apply. We need to let you know that this information is provided QInvest Limited (ABN 35 063 511 580, AFSL and Australian Credit Licence Number 238274) which is ultimately owned by the QSuper Board (ABN 32 125 059 006) as trustee for the QSuper Fund (ABN 60 905 115 063). All QSuper products are issued by the QSuper Board as trustee for the QSuper Fund. When we say ‘QSuper’, we’re talking about the QSuper Board, the QSuper Fund, QSuper Limited or QInvest Limited, unless the context we’re using it in suggests otherwise. We’ve put this information together as general information only so keep in mind that it doesn’t take into account your personal objectives, financial situation, or needs, shouldn’t be relied on as legal or taxation advice, and doesn’t take the place of this type of advice. Before you make any decision to acquire a product, or to keep hold of one you already have you should consider the PDS, which you can download at qsuper.qld.gov.au, or call us on 1300 360 750 for a copy. © QSuper Board of Trustees 2016.
Great discounts & deals for members on a huge range of products & services.
Give us a call and start saving today!

- Electrical
- Cars
- Travel
- Accommodation
- Cameras & computers
- Professional services
- Leisure
- Shopping & gift cards
- Health
- And lots more...

1300 368 117
unionshopper.com.au

Cleveland Clinic Abu Dhabi is now hiring - Critical Care Nurses
Perth Interviews on the 20th-22nd of October

The intensive care unit is an exciting and challenging environment at CCAD, offering world class innovative experiences and opportunities for nurses. You will be challenged with high acuity critical patients, work with a world class team and receive support to provide patient centered care. While patients are complex, CCAD will support your professional growth and offer mentorship.

Come and meet us!

CCAD representatives will be attending the ANZICS ACCCN Annual Scientific Meeting at Perth Convention and Exhibition Centre. Concurrent to the conference, CCAD will be holding interviews on the 20th-22nd of October in Perth. Further interview opportunities are available in Sydney and Skype interviews can be arranged for nurses located in other cities in Australia and New Zealand. Please contact CCM for more information or registration of interest before the event.

Cleveland Clinic Abu Dhabi (CCAD), part of Mubadala’s network of world-class healthcare facilities, is a multispecialty hospital on Al Maryah Island in Abu Dhabi, UAE. CCAD is a unique and unparalleled extension of US-based Cleveland Clinic’s model of care, specifically designed to address a range of complex and critical care requirements unique to the Abu Dhabi population.

Benefits: In addition to being part of an international clinical team, successful applicants will receive accommodation, a transportation allowance, health insurance, monthly travel allowance and a generous annual leave package.

To apply, please email: Dawn at dawn@ccmrecruitment.com.au or Sarah at sarah@ccmrecruitment.com.au or by phone at Free Phone AUS: 1800 818 844, Free Phone NZ: 0800 700 839 www.ccmrecruitment.com
Australia’s #1 Online Nurse Shop!

New elitecare® stock has arrived in.
New Nurse Mates® Shoes have arrived in.

* As voted by the tens of thousands of customers who love us!

A bank built for you.

Did you know that ME is a bank built to help Australians get ahead?
And as a member of QNU you’re able to access exclusive benefits and special offers via our Member Benefits Program.

More for QNU members.
In the past, members have enjoyed:
- discounts on home loans
- cash back on credit cards
- bonuses on term deposits

And the great news?
We refresh our member offers regularly.

What are you waiting for?
Take a look at what’s available to you right now at mebank.com.au/benefitsQNU

Terms, conditions, fees and charges apply. Applications for credit are subject to approval.
This is general information only and you should consider if these products are right for you. Members Equity Bank Ltd ABN 56 070 887 679
Australian Credit Licence 229500, 215200/Generic-OTHER/0616/A5
**Developing Confidence**

**Gold Coast – Saturday 3 September** – 12/10 Enterprise St Molendinar

This one day seminar is suitable for anyone who wants to improve their life skills. **Price: $190.00**

---

**Respiratory & Cardiac Nursing Skills**

**Brisbane – Fri 16 & Sat 17 September** – Hotel Jen, 159 Roma St

**Cardiac Arrhythmias - Basic to Complex**

**Brisbane – Mon 24 & Tue 25 October** – Hotel Jen, 159 Roma St

These two day seminars are suitable for nurses in any clinical area; complex conditions presented by Anne Evans-Murray, author of “ECGs Simply” and “Chest X-rays Simply”

<table>
<thead>
<tr>
<th>Full</th>
<th>$450.00</th>
<th>One day</th>
<th>$230.00</th>
</tr>
</thead>
</table>

Information available from Health Ed Professionals Pty Ltd
Ph: (07) 5563 3054  Email: info@healtheducation.com.au
Details & secure registration: www.healtheducation.com.au

---

**Acute Cardiac Care Course**

Gold Coast: Monday 5 to Saturday 10 December 2016

**Acute Complex Care Course**

Gold Coast: Monday 28 November to Saturday 3 December 2016

Caboolture: Monday 21 to Saturday 26 November

For Registered & Enrolled Nurses, Ambulance Officers, Students. Recognised for credit articulation at Griffith & QUT Universities as one elective subject for:

- Pre-Registration B. Nursing.
- Post Graduate Certificate courses
- Post Graduate Masters courses.

These courses are presented in intensive mode (9.00 – 5.00) over 6 days plus assessments, and are equivalent to a one semester university course in teaching and study time. The Complex Care course includes adult ALS certification.

Endorsed by Aust College of Nursing (ACN) for award of 45 CNE points.

Undergraduate students (Residents) $775.00 Gold Coast - Caboolture $800.00

RN’s /EN’s, AO’s $1,525.00, O/S students: $1,600.00

---

**Adult Advanced Life Support Level 2 – 2 days**

22-23 September, 19-20 October, 14-15 November, 12-13 December

Course costs: RN/EEN $625.00; Doctors $825.00

ACN, RACGP & ACRRM Accredited

**Adult Advanced Life Support Recertification**

21 September, 21 October, 16 November, 14 December 2016

Course costs: RN/EEN $350.00; Doctors $450.00

---

The Royal Hobart Hospital (RHH) is Australia’s second oldest hospital and Tasmania’s major referral, research and clinical teaching facility. The RHH provides a comprehensive range of general and specialty medical and surgical services. With the new hospital redevelopment underway, your operating theatre expertise is sought for these career roles.

If you are interested in learning more about this opportunity, please contact Chris for a confidential discussion.

---

**Scrub-Scout Nurses**

- Royal Hobart Hospital
- Experienced Theatre Nurses
- Hobart, Tasmania

The Royal Hobart Hospital (RHH) is Australia’s second oldest hospital and Tasmania’s major referral, research and clinical teaching facility. The RHH provides a comprehensive range of general and specialty medical and surgical services. With the new hospital redevelopment underway, your operating theatre expertise is sought for these career roles.

If you are interested in learning more about this opportunity, please contact Chris for a confidential discussion.

---

**Health Ed Professionals P/Ltd & OSCA Health Education**

Course lecturers Heather James & Anne Evans-Murray

---

**Adult Advanced Life Support Recertification**

21 September, 21 October, 16 November, 14 December 2016

Course costs: RN/EEN $350.00; Doctors $450.00

ACN, RACGP & ACRRM Accredited

---

For more course information available from: info@healtheducation.com.au

Heather James: 0407 135 332 – Anne Evans-Murray: (07) 5563 3054

All details & secure registration: www.healtheducation.com.au

---

Health Ed Professionals Pty Ltd

2016 Seminars with Australasian presenter Anne Evans-Murray

---

**TQN**

SEPTEMBER 2016 • TQN • 47

www.qnu.org.au
“QSUPER’S ALLOWED US TO CONCENTRATE ON OUR BUSINESS.”

When I knew I was leaving the government, I rang QSuper and they assured me that it was fine to keep my super running. I was really happy with that – it was simple and easy. I expected it to be more complicated.

KEN AND KERRY, QSUPER MEMBERS

EXPERIENCE THE POWER OF A CONVERSATION TODAY.
Package a new car and save on tax

Your own dedicated Salary Packaging specialist

Save with exclusive National Fleet Discounts

Pay NO GST* on your new car purchase or its running costs

Your Package Includes Finance, Fuel, Insurance, Servicing, Tyres & Registration

Flexible Trade-in options

Bonus!

Mention this advert prior to completing your contract and get a bonus Fitbit Charge HR or an iPad Mini when your new vehicle is delivered!

Did you know that as a nurse, you have priority access to salary packaging your next car?

Let the team at Fleet Network show you how to save thousands when buying your next new car. It’s all about getting the most out of your salary and paying less in tax.

It’s worth a call – it’s your salary, after all.

Call us for an obligation free quote NOW

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.
More people in health and community services choose HESTA for their super

Supports your industry  |  Low fees  |  A history of strong returns

Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL 235249, the Trustee of Health Employees Superannuation Trust Australia (HESTA) ABN 64 971 749 321. Investments may go up or down. Past performance is not a reliable indicator of future performance. Product ratings are only one factor to be considered when making a decision. See hesta.com.au for more information. Before making a decision about HESTA products you should read the relevant Product Disclosure Statement (call 1800 813 327 or visit hesta.com.au for a copy), and consider any relevant risks (hesta.com.au/understandingrisk)