

Nurses save lives! Nurses are essential to the health and well-being of the Victorian community and yet there is enormous failure on behalf of governments of all political persuasions to recognise the overall contribution that nurses make.

Nursing must be seen as a viable career option for school leavers and, in addition, existing experienced nurses must have job satisfaction to ensure that they remain nursing. No amount of marketing will be successful if retention issues are not continually addressed and nurses are not valued.

Agreement and implementation of the 2007 Public Sector Nurses' Claim will allow the following to occur:

1. Experienced nurses will stay working in the health system, nursing the Victorian community.
2. Workloads, which have become safer as a result of the implementation of nurse patient ratios in 2000, will improve further and reflect the changes

in the increased patient throughput and acuity since 2000.

3. The Victorian Government will be able to demonstrate its true commitment and how it values nurses.
4. There will be a safe working environment that ensures nurses are free to nurse, free of fear, intimidation and violence.
5. Nurses will be able to better balance the competing work, family and life issues that they are faced with.
6. The Bracks Government will be able to keep its 2006 election commitment to the Victorian public of treating an additional 623,000 patients in the Victorian health system by 2010.

The Victorian community values and respects nurses' contribution. It is now time for the Government and employers to demonstrate the same.

PUBLIC SECTOR NURSING STAFF - COLLECTIVE BARGAINING AGREEMENT 2007

Précis of Log of Claims

Note - This document is a précis of the ANF log of Claims for nurses. The actual claim provided to public sector employers is a comprehensive draft agreement that contains the Award, the expired agreement and the amendments arising from Part D of this claim in its entirety in a single document.

Part A - Award maintenance

The new Agreement to contain all conditions contained in the Nurses (Victorian Health Services) Award as in place at 15 December 2005 (except where varied by the existing Agreement or Part D of this claim), insofar as they relate to matters pertaining to the employment relationship between each or any of the employers served with this claim and the employees engaged in classifications covered by the Nurses (Victorian Public Sector) Multiple Employer Agreement 2004-2007 insofar as such matters are neither objectionable nor prohibited, and shall be enforceable as provisions of the new Agreement.

Terminology to be updated where appropriate.

Part B - current EBA maintenance

The new Agreement to contain all conditions contained in the Nurses (Victorian Public Sector) Multiple Employer Agreement 2004-2007 (except where varied by Part D of this claim), insofar as they relate to matters pertaining to the employment relationship between each or any of the employers served with this claim and the employees engaged in classifications covered by that Agreement insofar as such matters are neither objectionable nor prohibited.

The new Agreement to also incorporate current Midwifery Model of Care Agreement, Organisational Change provisions, Fellowship provisions and existing agreed ANF/VHIA "clause 14" process.

Part C - items that can't be contained in an agreement

Any conditions in this claim, the Award or the current Agreement that are prohibited by law from being contained in a union collective agreement are to be maintained (except where varied by this claim) and contained in a common law deed between the union and the employer.

Part D - New claims (next page)

Part D - new claims

1. Recruitment and retention initiatives

- a) Minimum 18% increase in all wages and allowances over 3 years.
- b) Graduate nurses to enter at Grade 2 Year 1, with comparable increases in Grade 2 and CNS increments.
- c) Division 1, Division 2 and Division 5 nurses' non-salary conditions as far as practicable to be merged into common conditions for all nurses, with no overall loss of conditions for any employee.
- d) The Grade 5 Nurse in charge of the campus in the off duty periods of the DON is to be titled "After-Hours Nurse Coordinator" and be paid at Grade 5 Adjusted Bed Capacity.
- e) Nurses at Grade 3 and above to have salaries increased to restore relativity with top Grade 2 nurse rate as intended by professional rates decisions of the Industrial Relations Commission.
- f) A Division 2 nurse entering the workforce who has:
 - completed the Certificate IV entitling them to endorsement to administer medication to enter at Pay Point 2.
 - completed the Diploma to enter at Pay Point 3.
 - completed an Advanced Diploma competency relevant to their area of practice to be eligible for the Senior Allowance.
- g) In addition to the night duty allowance, an employee who commences night duty on a Sunday shall be paid the Sunday rate of pay for all hours worked on that shift, provided that if the Monday is a Public Holiday, all hours worked on the Monday are to be paid at weekend Public Holiday rates.
- h) Permanent night duty allowance to apply to all night duty shifts.
- i) Costs associated with police checks to be the employer's responsibility, with police checks remaining with the employee, and agreed process reached.
- j) Enhanced overtime payments for casuals, weekends and public holidays

Day	First 2 hours	Thereafter
Weekday	Time & ½	Double time
Weekend	Double time	Double time
Public Holiday	Triple time	Triple time & ½
Weekend Public Holiday	Triple Time & ½	Quadruple time

- k) Superannuation – compulsory employer contribution to be increased to 10% of all salary, allowances, loadings and penalties and payable to all nursing employees, regardless of age or income.

- l) Research Nurses to be paid not less than 3A with career structure to be negotiated within 12 months.
- m) The minimum classification for a Division 1 RN employed in a HITH/PAC service (however titled)
 - solely to provide clinical care shall be Grade 3B.
 - with responsibilities beyond those of a HITH/PAC Nurse (however titled) shall be Grade 4A
 - responsible for a HITH/PAC service (however titled) shall be the Charge Nurse/Nurse Unit Manager rate.
- n) New classifications for Community Health Nurses
 - Grade 3B year 1 and 2 CH nurses to be reclassified to Grade 4A year 1 and 2
 - Grade 4A year 1 and 2 CH nurses to be reclassified to Grade 4B year 1 and 2
 - Grade 4B year 1 and 2 CH nurses to be reclassified to Grade 5 51-200 beds and 201-400 beds.

2. Work life balance

- a) Where an employer requires, or the nature of work dictates that employees change before or after their shift, this is to be counted as time worked.
- b) All nurses to be eligible for not less than 14 weeks paid parental leave and 2 weeks paid paternity leave specifically including casual employees engaged on a systematic and regular basis.
- c) Nurses to be entitled to take long service leave pro-rata on completion of 7 years service.
- d) Where a nurse transfers employment from one employer to another, the nurse's existing employer is to compensate the new employer for the LSL liability.
- e) The allowable period of absence between employers for LSL purposes to be increased to 12 weeks.
- f) All nurses to have access to 6 weeks annual leave where they work (including overtime) or are on call or on stand-by on weekends, whether full or part time.
- g) Senior Allowance to be payable during annual leave.
- h) Paid time for nurses performing volunteer duties for CFA, SES and similar organisations, and nurses not be required to re-attend for work, without loss of pay, for 10 hours after completion of volunteer duty.
- i) The employer to reimburse a nurse for child care expenses where a nurse (without 24 hours notice) is required to perform work at times other than or in addition to their rostered hours.
- j) On-call allowance to be increased to 5% and introduction of "stand-by" allowance to properly compensate for extended periods of on-call duty.
- k) The employer to provide paid leave where a nurse has been elected to the Victorian Branch Council of the ANF to enable the nurse to travel to and from and attend Branch Council meetings and, where applicable, meetings of the Branch Executive Committee.

- l) Paid leave to attend alcohol and drug rehabilitation program.
- m) All employees to have access to a 48/52 type flexible leave scheme where requested.
- n) All staff to have access to the 8:8:10 roster.

3. Education

- a) Professional Development leave to be extended to part time employees on a pro rata basis.
- b) Provisions protecting and compensating trainees.
- c) A Division 1 nurse who completes additional recognised tertiary education beyond the minimum necessary for registration to receive the Qualification Allowance - e.g. double degrees, 4 year degrees, honours degrees, Masters entry and similar arrangements.
- d) A Registered Nurse Division 1 or 5 who holds a doctorate shall be paid, in addition to their salary, 8.5% of the base rate.
- e) Study leave of 4 hours per week per semester for tertiary studies, with backfilling of absences.

4. Occupational Health and Safety

- a) Bring EBA into line with Victorian legislative changes in OHS and workers compensation.
- b) Strengthen nurses' rights to OHS and workers compensation which have been reduced under WorkChoices and other Federal legislation.
- c) Introduction of agreed principles and processes to prevent and manage OHS hazards affecting nurses including extension of the VNBIPP, violence, bullying and stress.
- d) Improved Accident Make-up Pay.

5. Staffing

- a) Abolition of 50% rule to ratios, such that the additional nurse applies whenever the ratio is exceeded.
- b) "Ward" and "unit" to be clearly defined.
- c) Mandatory minimum skill mix to apply in non specialist areas as per current EBA provision.
- d) Level 3A Hospitals (Portland and Mt Alexander) to be reclassified to level 3 for the purposes of the ratios.
- e) Casey Hospital (part of Southern Health) to be classified as level 1 for the purposes of the ratios.
- f) New and improved ratios to apply to Emergency Departments (provided that any accident & emergency department not named in this provision

will apply the staffing arrangement applicable to a comparable accident & emergency department contained herein):

Level 1

AM 1:3 + 1 triage + in-charge
 PM 1:3 + 2 triage + in-charge
 ND 1:3 + 1 triage + in-charge
 Resuscitation rooms to be staffed at 1:1 in addition to ratios

Royal Children's Hospital
 The Alfred
 Casey Hospital
 Royal Melbourne Hospital
 Austin Hospital
 Box Hill Hospital
 Dandenong Hospital
 Monash Medical Centre
 Frankston Hospital
 The Northern Hospital
 Maroondah Hospital
 St Vincent's Hospital
 Western Hospital
 Sunshine Hospital
 The Angliss
 Werribee Hospital
 Geelong Hospital
 Warrnambool Hospital
 Bendigo Hospital
 Mildura Base Hospital
 Latrobe Regional Hospital
 Ballarat Health Services
 Wimmera Base Hospital
 Goulburn Valley Health
 Wangaratta Base Hospital

Level 2A

AM 1:3 + triage + in-charge
 PM 1:3 + triage + in-charge
 ND 1:3 + triage + in-charge

Bairnsdale Regional Health Service
 Lorne Community Hospital
 Sandringham Hospital
 Central Gippsland Health Service
 Rosebud Hospital
 Swan Hill District Hospital
 Echuca Regional Hospital
 Portland and District Hospital
 West Gippsland Hospital (Warragul)
 Kilmore and District Hospital
 Royal Women's Hospital
 Williamstown Hospital
 Wodonga Regional Health Service

Level 2B

AM 1:3 + in-charge
 PM 1:3 + in-charge
 ND 1:3 + in-charge

Alpine Health (Bright, Mt Beauty, Myrtleford)
 Far East Gippsland Health Service (Orbost)
 Seymour District Memorial Hospital
 Apollo Bay
 Colac Hospital

Wonthaggi and District Hospital
Benalla and District Memorial Hospital
Maryborough District Health Service

Level 3

- Where 4000 or more presentations, one designated nurse per shift
- Where less than 4000, floater additional to ratios per shift

Alexandra District Hospital
Apollo Bay
Ararat Hospital
Bacchus Marsh Hospital
Beaufort and Skipton Health Service Beechworth Hospital
Boort District Hospital
Casterton Memorial Hospital
Cobram District Hospital
Cohuna District Hospital
Coleraine and District Hospital
Dimboola Hospital
Donald Hospital
Edenhope and District Hospital
Hamilton Hospital
Hepburn Health Service (Creswick)
Hepburn Health Service (Daylesford)
Heywood Hospital
Inglewood and District Health Service
Kerang Hospital
Korumburra Hospital
Kyabram Hospital
Kyneton and District Health Service
Leongatha Hospital
Maffra District Hospital
Maldon Hospital
Mallee Track
Manangatang and District Health Service
Mansfield District Hospital
McIvor Health and Community Service
Merino Health Services
Mortlake Hospital
Mt Alexander Hospital
Nathalia District Hospital
Numurkah District Health Service
Omeo District Hospital
Penshurst Hospital
Port Fairy Hospital
Robinvale Health Service
Rochester Hospital
Rural Northwest Health (Warracknabeal)
Rural Northwest Health (Hopetoun)
Sea Lake and District Health Service
South West Health– Camperdown
South Gippsland Hospital (Foster)
St Arnaud Hospital
Stawell District Hospital
Tallangatta Hospital
Terang Hospital
Timboon and District Health Care Service
Upper Murray
Winchelsea Hospital
Wycheproof and District Health Service
Yea and District Memorial Hospital
Yarram and District Health Service
Yarrowonga District Hospital

- g) Cubicles to be properly defined to encompass all patient care areas in emergency departments.
- h) Nurse Practitioners and candidates not to be counted towards meeting ratios, and fulfilling of requirements for endorsement or re-endorsement to be within paid time.

i) New ratios to apply to all free standing or integrated day surgery areas:

1:1 plus in-charge for unconscious patients
1:3 plus in-charge for patients in acute recovery
1:6 plus in-charge for patients in post-acute recovery provided that only one EFT charge nurse per ward is for a single ward or unit caring for patients in different stages of recovery.

j) New ratios to apply to all ante- and post-natal areas:

AM	1:4 plus in-charge
PM	1:4 plus in-charge
ND	1:6 plus in-charge

k) Improved ratios to apply to transitional care, Rehabilitation, (category 1 and category 2), interim care and RAMU type units:

AM	1:4 plus in-charge
PM	1:5 plus in-charge
ND	1:8

l) Improved ratios to apply to palliative care and GEM:

AM	1:4 plus in-charge
PM	1:4 plus in-charge
ND	1:6

m) Improved ratios to apply to Aged Care

AM	1:6 plus in-charge
PM	1:7 plus in-charge
ND	1:12

n) 1:1 ratio of Midwives (plus in-charge) to birthing mothers.

o) New ratios to apply to Dialysis:

1:1 plus in-charge for acute
1:3 plus in charge for chronic

p) New ratios to apply to all High Dependency areas, regardless of where they are located of:

AM	1:2 plus in charge
PM	1:2 plus in-charge
ND	1:2

Provided that the HDU comprises 4 beds or less and is part of a ward or unit the additional in-charge position shall not be applicable.