

If ratios go, nurses and midwives will go.

The Victorian public sector nurses' and midwives' enterprise bargaining negotiations with the Baillieu Government have stalled because nurses and midwives will not agree to trade away mandated minimum nurse/midwife patient ratios and their patients' safety.



What you should know about this dispute:

- 1. It's about the Government saving money, not putting patients first**
The Baillieu Government will save millions of dollars by reducing the number of hours worked by qualified nurses and midwives. It will replace nurses with health assistants *as part* of the ratio and replace nurses' and midwives' eight-hour shifts with unlimited four-hour shifts and split shifts.
- 2. Nurse/midwife patient ratios will exist on paper only**
The Baillieu Government says it just wants ratios with flexibility. Mandated minimum nurse/midwife ratios will not exist because under the Government's proposal an employer can at any time roster less nursing hours than the ratios require. The ratio on paper might be 1: 4 which means seven nurses for a 28-bed ward. However, when two nurses are replaced with health assistants and one nurse is on a short shift, there will only be five and then four nurses for those 28 patients instead of seven.
- 3. Politicians do not use public hospitals, they go to private hospitals**
Few, if any, politicians would be one of the 1,539,738* patients treated in our hospitals in the last year. Yet their decisions will cause longer waiting times, compromised care and nurse/midwife workforce shortages.
- 4. Nurse/midwife patient ratios matter to patients**
Australian researchers Professors of Nursing Diane Twigg and Christine Duffield have proven patient safety and patient outcomes depend on the number of qualified nurses. Lower nursing numbers are linked to poorer patient care with outcomes like higher infection rates and complications such as deep vein thrombosis, sepsis and pressure ulcers.

- 5. Nurse/midwife patient ratios matter to nurses and midwives**

Mandated minimum nurse/midwife patient ratios quarantine a transparent nursing budget and prevent systemic understaffing at our hospitals. This is one of the main reasons why Victoria does not have a critical nurse and midwife shortage.
- 6. The independent umpire can't make decisions about ratios**

Nurses and midwives can't ask Fair Work Australia (the independent umpire) to arbitrate ratios because it has no power to determine the numbers, qualifications or hours of work of employees in public hospitals. The Baillieu Government is relying on this as outlined in its leaked cabinet document signed by Health Minister David Davis in May 2011 and published in The Sunday Age on 6 November 2011.
- 7. Nurses and midwives lifted all bans on 26 November as a sign of goodwill**

Premier Baillieu committed in writing that he wanted a negotiated outcome. Nurses and midwives lifted their industrial bans to facilitate further talks. Since then there have only been six hours of talks.
- 8. The Baillieu Government has pushed nurses and midwives into a corner**

It seems there is no Government plan or will to resolve the dispute affecting more than 35,000 nurses and midwives and the public health system. Negotiations must be both ways and, despite ANF moving its position, the Baillieu Government's position has not changed. By refusing to negotiate, this Government is aimlessly dragging on the dispute. Why doesn't the Government want the dispute fixed?
- 9. Many Victorian nurses earn 18.5 per cent less than NSW nurses**

A full-time degree qualified registered nurse with three years experience working Monday to Friday day shift earns \$52,600 gross. A vocationally-qualified enrolled nurse with three years experience earns \$44,400. Additional rates apply for working unsociable hours such as night shift and weekends. A hospital cleaner will earn \$37,900 from 1 January 2012.

The Baillieu Government's 2.5 per cent wages policy is below inflation. It is yet to make a wage offer because nurses and midwives have refused to agree to lower staffing levels to pay for their wage rise.
- 10. If a negotiated agreement is not reached – it's back to the 1990s**

Nurses and midwives will begin leaving the system in droves as they did in the 1990s when there were no mandated nurse/midwife patient ratios. Some will change career. Some will work for nursing agencies where they can earn up to 80 per cent more for doing the same work in the same hospital, but without the continuity of care that makes nursing and midwifery rewarding and safer for patients. Hundreds of public hospital beds will be closed permanently.

Nurses will be replaced by health assistants. All the scientific evidence shows that this will result in increased mortality and morbidity. The quality of care patients receive in the Victorian public health system will drop dramatically. This could be the outcome for you or one of your loved ones. It is not worth the risk.

**Victorian Health Services Performance Report 2010 – 2011, page 9*

Don't throw this leaflet away. Give it to someone you know to read. This will affect everyone.