



DHB MECA 2011 Newsflash

25 January 2012

Ratification bulletin 2012

In October last year NZNO members voted not to ratify the DHB offer to settle the multi-employer collective agreement (MECA) and told us why the offer was not acceptable.

The NZNO bargaining team, which includes NZNO staff and workplace delegates, took that feedback on board and went back to the negotiating table.

This time we negotiated without the other unions who were involved in the first round.

The NZNO bargaining team believes the offer now on the table is fairer and more equitable than the original offer. They have worked hard to address the issues identified by members and are in a position to recommend the terms of the offer.

This bulletin sets out the DHB offer. Please take the time to consider it carefully.

NZNO will be holding meetings at a hospital near you from 14 February, where you can vote on whether you accept (ratify) the DHB offer or not. The ratification process that will be used was endorsed by members in June 2011.

Look out for the meeting details at your DHB. If you can't make it to a meeting in your area, you are welcome to attend a meeting anywhere else in the country.

If members ratify the deal put forward by the DHBs, non-NZNO members working in DHBs will have the opportunity to join NZNO. If a non-NZNO member chooses not to join they will need to pay the same fees as members do to receive the benefits of the MECA but they will not receive any other benefits of NZNO membership such as indemnity insurance.

If members decide the proposal is acceptable and vote to ratify the DHB offer we will have a settled MECA for the next three years.

It will deliver a pay improvement and progressed some of our issues. No conditions will have been removed from our previous MECA.

The NZNO negotiating team consider it very unlikely that further negotiation and/or campaigning would deliver a better offer.

The offer needs to very carefully considered. It is NZNO members who will decide. The results of the bargaining are over the page.

We look forward to seeing you at a ratification meeting soon.

Term of the agreement

The term of this MECA will be for 36 months from 1 March 2012 to 28 February 2015.

NZNO believes the length of the term will protect members from the current Government's proposed legislative changes which includes the ability for employers to opt out of collective bargaining for multi-employer collective agreements (MECAs) at the start of the bargaining process, and the removal of the requirement to conclude collective bargaining.

The term allows for the three annual pay increases

Wages

The pay offer has been improved in this round of bargaining.

NZNO members were very clear that lump sum payments are not acceptable.

We are pleased to report that the lump sum payments are off the table and we have negotiated a 4.5 percent increase over the term of the agreement.

The percentage increases have the added benefit of flow-on to penal rates, shift payments and holiday pay. They are as follows:

- 2 percent effective from 1 March 2012
- 1.5 percent effective from 1 March 2013
- 1 percent effective from 1 March 2014

EN revised scope of practice

A one off lump sum of \$500 (pro-rata for part-timers) will be paid to all Enrolled Nurses who transition to the revised scoped by 30 June 2012. The payment will be made in July 2012.

Healthy workplaces

Members told us that safe staffing and healthy workplaces (SSHW) are a priority.

NZNO and DHBs are working in partnership, with the assistance of the Safe Staffing Healthy Workplaces Unit (SSHWU), to continue the planned implementation of Care Capacity Demand Management (CCDM) programmes. The development of CCDM requires considerable resourcing because all stages of the programme need to be developed at each DHB.

This requires significant participation by management, delegates, NZNO staff and SSHWU staff. Consequently the programmes need to be introduced incrementally. The DHBs' goal is to have most DHBs on the programme by the end of 2013.

The implementation of CCDM in DHBs is one of NZNO's strategic priorities for 2012. NZNO staff and delegates will be trained and supported in their work to achieve this important goal.

In addition to the commitment to the CCDM program, DHBs and NZNO agreed to several recommendations that will further progress toward healthy workplaces:

- Require all JAGs/BAGs to explore solutions for SSHW as a top priority on agenda items.
- Enable decision-makers close to the face of work demand to manage workforce across a workforce.
- Local work places develop and implement work plans that address Appendix 1B in the MECA. Local DHBs provide the National BAG with consultation plans that outline actions and timeframes.
- National BAG to determine and advise monitoring and reporting requirements of local initiatives.
- **The parties agree to analyse safe staffing report findings, discuss and develop possible solutions and resourcing and implement solutions.**

Leave

DHB employers agreed to **transferability of sick leave** for regulated workers only (not Health Care Assistants) when that person:

- is transferring between DHB's and
- takes no more than a three month break in between.

The DHBs will allow a maximum of 20 days leave to be transferred (@ T1) - any remaining leave would be lost. The previous offer restricted the break of service between DHBs to 1 month. This offer extends the break to 3 months or 12 months if the employee remains actively engaged in nursing or midwifery work.

The application of **discretionary sick leave** is inconsistent across DHBs. The DHB employers do not address the issue in this agreement but is happy for it to go to the National Bipartite Action Group (BAG) for review.

Pro-rating of sick leave. The DHBs and NZNO agree that from 1 March 2012, where a part-time employee has used their sick leave, on a case by case basis, a calculation comparing actual hours versus contracted hours will be done and if additional sick leave is the result, it will be granted.

Clarification of what **"minor" illness** means. During the negotiations the issue was referred to the MECA Interpretation Sub-Committee (MISC) for resolution. Agreement was reached that the words "minor illness" be replaced with "... the employee is otherwise fit to be at work but is at risk of infection transmission..."

Employment Related Education (ERE) Leave. The DHBs want to increase the notice period from 21 to 28 days to accommodate rostering practices. NZNO will administer the increase in notice period which should assist the release of delegates to attend.

Parental leave. New wording clarifies this clause applies to the primary carer only and is in line with the Parental Leave Act.

Where an employee takes parental leave and will have the primary care of the child the employer will pay the employee the difference between the weekly statutory payment and the equivalent weekly value of the employee's base salary (pro rata if less than full-time) for a period of up to 14 weeks.

On-call and call-back issues

On-call and call-back issues

NZNO members working part-time have told us that they are required to work excessive on-call hours. The issue will be referred to the National BAG for resolution at the meeting on 6 March 2012.

Telephone On-Call

It is becoming common practice that members are resolving issues by telephone rather than returning to work. The extent of the practice is unclear and more information is required in order for the parties to reach an agreement on the resolution.

The DHB response to this issue is to review on-call practices including telephone on-call, and to establish a "modernisation on-call pilot".

PDRP and professional development

NZNO members report it is becoming more difficult to take time off to complete PDRP and other professional development requirements.

Through the National BAG information should be gathered to determine where DHBs are having difficulty in releasing staff and how this can be resolved to ensure nurses and midwives are able to access the PDRP and other professional development leave entitlements.

Through the National BAG, where DHBs want to develop and implement a nationally consistent Senior Nurse PDRP framework, this will be done with NZNO and should be completed by the end of the term of the agreement.

The DHBs would not agree to an allowance attached to PDRP.

Allowances and reimbursement

Where a Nurse/Midwife holds **dual annual practising certificates**, the cost of both certificates shall be met by the employer.

The employer has no liability in respect of the maintenance of the annual practising certificate that is not the primary position of the employee.

Travel. The rate for use of a private vehicle on business will increase from 70 cents per kilometre to 74 cents per kilometre.

Fairness at work

Recent amendments to the Employment Relations Act conflict with what we already have in our MECA - you asked us to keep it that way. You asked us to make sure our MECA has fair processes to deal with discipline, disputes or disagreements.

DHBs have agreed not to change their current dismissal processes to the 90 day fire-at-will approach, and will continue to allow NZNO access to workplaces. DHBs have agreed to work with NZNO to establish best practice processes for consultation and change management.

Casual employees

Added to the definition of "casual" is the following wording:

"Nothing in this definition shall preclude casual employees from moving through the pay scale in this agreement or accessing the provisions of PDRP Allowances where they have obtained and continue to maintain their competency as per Nursing Council requirements."

Other issues

Access to redundancy compensation - Redundancy compensation will not be paid if a redeployment is offered which is same of similar to the disestablished position.

Confirmation that **all previous MISC interpretations** are now binding.

"Acts of Nature" – this is to be referred to the Health Sector Relationship Agreement (HSRA) for consideration on processes required in the event of a natural disaster impacting on members.

Management of change - Timeframes for consultation are inconsistent and often inadequate across DHBs. In situations involving management of change, DHB management and NZNO will agree on the timeframe for consultation.

