ANMF Log of Claims

Claim items only – without prejudice

Gender equality

1. Wages

a. The wages offer must recognise the significant expansion in the roles and responsibilities of nurses and midwives over time, and align with:
   i. Comparable positions in Tasmania's aged care and private sectors.
   ii. Public health roles nationally.
b. Address gender pay equity and ensure nursing/midwifery remuneration reflects complexity, responsibility, and professional scope.

2. Late Payment of Wages

Expand Payment of Wages clause to include:

i. When underpayment occurs due to employer error, correction must occur by the end of the next business day, otherwise overtime rates apply.

3. Parental Leave

Increase paid parental leave to 20 weeks, positioning nurses and midwives as leaders in family-friendly entitlements.

Secondary caregivers leave to be increased to 8 weeks paid leave.

4. Reproductive Leave

Employer recognises importance of employees being able to manage reproductive health and wellbeing at different stages of life and is committed to providing support for these matters. Including but not limited to; menstrual

health – such as dysmenorrhea, endometriosis, polycystic ovary syndrome, Perimenopause and menopause, fertility treatment, Pregnancy loss, other reproductive health needs – hysterectomy, vasectomy or preventative screening.

Entitlement is paid leave of 15 days per year.

To be taken as single days or in blocks.

Additional unpaid leave not unreasonably refused.

Interaction with Parental Leave – in the event of a reproductive health issue that also qualifies the employee for parental leave or related entitlement, the employee may elect to access either Reproductive or Parental Leave.

Evidence – documentation that would satisfy the reasonable person. E.G. medical certificate (without particulars) or letter from registered health practitioner. If condition is chronic and ongoing, no requirement to provide evidence for each occasion.

Flexible work arrangements – are supported via reasonable adjustments to accommodate a temporary alternation in duties, such as, transfer to suitable alternative role that is less physically demanding, additional or longer paid rest breaks, facilities and accommodations, private toilets to manage personal care requirements, environmental adjustments, reduced or flexible hours and/or access to unpaid leave.

5. Breastfeeding/Expressing and Work

Additional break every four hours worked to breastfeed or express which is not deducted from meal or rest breaks. The entitlement remains for as long as the employee is breastfeeding or expressing. Expand the current clause to detail that facilities must be private, hygienic and secure (not a toilet), with seating, power access and nearby refrigeration for storage of expressed milk. Any employee exercising their rights under this clause will not suffer loss of pay, hours, classification, advancement or adverse treatment.

6. Leave Sharing/Donation

Members request the ability to share leave or donate a portion of their leave to colleagues, in line with other Public Sector workers.

7. Family Violence Leave

Increase this leave to 25 days per year.

Ratios – Workloads

8. Nurse-to-patient Ratios & Counting the Babies

Tasmanian Ratios & Counting the Babies implemented within 6 months of agreement and legislated.

9. ANUM/AMUM Coverage

a. Associate Nurse Unit Managers (ANUMs)/Associate Midwifery Unit Managers (AMUMs) indirect (supernumerary) on every shift.
b. ANUM/AMUMs in Community Nursing, Mental Health and District Hospitals.

10. Backfill Arrangements

Mandatory replacement for all planned and unplanned vacancies, including:

i. Annual leave.
ii. Personal/carer's leave.
iii. Professional development leave.
iv. Parental leave.
v. Mandatory training.
vi. Bereavement Leave.
vii. Workers Compensation leave – following a two-week absence.
viii. Backfill must maintain skill mix and ratio compliance; agency or casual staff permitted only if credentialed and oriented.

All established roles must be backfilled for the full duration of any leave. Where a nurse or midwife is required to perform the duties of a higher classification, the Higher Duties Allowance will apply from the first day those duties are undertaken.

11. On-Call and Recall Allowances

a. On-call and recall provisions to reflect contemporary practice:
   i. Minimum 8 hours' pay for each occasion of recall.
   ii. On-call allowance to be paid as an hourly rate.

1. Paid for phone calls.
2. When recalled to the workplace, payment must reflect minimum 8 hours, not “time for time” only.
3. Time travelling to and from the place of duty is counted.

b. No exclusions apply.
c. A paid 10-hour break is provided following last call out whilst on-call prior to returning to usual rostered shifts/day work and should the 10 hour break cross over with rostered shift that entirety of that rostered shift will also be paid.

12. Right to Disconnect

Members have a Right to Disconnect from work and are able to request not contact outside of work hours from their employer and are under no obligation to answer the phone, emails, test or social media messages outside of normal working hours, they shall not be reprimanded or disciplined for failing to do so. If members seek not be contacted, they should not be receiving any messages or phone calls.

i. The Employer must not reward those who stay connected.

13. Redeployment Allowance

Introduce a redeployment allowance of 75% for employees redeployed from their contracted clinical area at the employer’s initiative:

i. Results in a material change to the employee’s usual work location; and,
ii. Applies to temporary and permanent redeployment.
iii. Allowance to compensate for disruption and maintain fairness.

14. Rostering Amendments

Amend current rostering clauses to include

i. Employees working 0.8 Full-Time Equivalent (FTE) or above receive two consecutive days off per week to reduce single-day breaks.
ii. Rosters must be posted 28 days before operation:
    1. Failure to post within 28 days attracts a Roster Change Allowance:
        a. $41 if posted within 14 days.
        b. $82 if posted within 7 days.

2. Allowance applies for each day the roster is not posted within the required timeframe:
    a. Rosters cannot be changed; any change will mean overtime rates apply (amend clause (d)(iii)).
    b. Insert a provision requiring replacement of unplanned absences to maintain safe staffing and skill mix.
    c. Employees have the ability to schedule their own ADO on a date they request.
    d. Define short notice of change of shift to any shift that is altered within 24 hours of the shift being due to be worked and outline double time payment for any shift change during that period.
    e. If an employee who is paid the SNCOS continue on to work a double shift, that would have been their normal rostered shift they will be provided the appropriate penalty.
    f. Nurses who agree to pick up an additional/extra shift to receive a 75% loading to reduce reliance on short-notice casuals (SNCOS).
    g. No late shifts to be rostered immediately before days off unless agreed by the employee.
    h. Late shifts followed by rostered early shifts are not to be rostered unless by mutual agreement.
    i. Rosters must be developed in consultation with staff and consider fatigue management principles.
    j. Employees should not be rostered for more than five consecutive shifts without a minimum two-day break – unless by mutual agreement.
    k. No split shifts unless mutually agreed or requested by employee.
    l. Clear escalation process when roster compliance cannot be achieved, including ANMF involvement.

15. Management Support

<u>Allocated and Protected Management/Portfolio Days</u>

i. Grade 4 nurses who have a portfolio must be allocated one day per month to work on their allocated portfolio.
ii. ANUMs/AMUMs must be rostered for one allocated and protected management/portfolio day per month to undertake leadership and administrative duties.

Administrative Support

i. Dedicated administrative support for all Nurse Unit Mangers (NUMs)/Midwifery Unit Managers (MUMs), which may be shared within streams to reduce non-clinical workload.

Overtime

i. DONs/NUMs/MUMs are entitled to overtime payments at the applicable overtime rate.
ii. Requests for approval of overtime is not to be unreasonably refused.

Workloads

Define a maximum FTE cap per NUM/MUM to operationally manage their clinical service prior to an additional NUM/MUM being appointed AND/OR a dedicated in direct ANUM/AMUM to support.

Management Training

i. Provide paid management training for senior nursing and midwifery roles required to operationally manage teams, including Human Resources (HR) and interpersonal skills training.
ii. Minimum 7-day paid orientation/management program prior to NUM/MUM

16. Executive Directors of Nursing and Midwifery Delegation

EDON/Ms to have delegated/shared accountability and responsibility of professional nursing and midwifery matters in conjunction with the Chief Executive.

17. Workload Management – Return to Clinical Duties

Funded ward clerk positions for all locked wards:

i. Monday–Friday: 08:00–20:00.
ii. Saturday–Sunday: 10:00–18:00.
iii. Available Pool Ward Clerks for the same timeframes on non-locked wards.

18. Stand-up Workforce Model

Implement a statewide mobile nursing and midwifery workforce to address critical shortages in regional, rural, and high-need areas:

i. Flexible deployment for 2–13-week assignments across Tasmania.
ii. Paid casual rates plus $150 per shift.
iii. Accommodation and travel costs covered by Tas Health.
iv. Two streams:
    1. Central Resource Unit for casual and permanent full-time staff.
    2. Deployment Expression of Interest for internal Tas Health staff willing to assist during emergencies or shortages.

19. Shift and Break Provisions

12-Hour Shifts

i. Strengthen Award provisions to negate the need for s.55 agreements.
ii. 30min handover allocated in paid time.

Meal Breaks

i. Acknowledgement that there is a mutual interest that nurses and midwives take meal breaks.
ii. Each employee is entitled to two paid 10-minute tea breaks in addition to their meal break.
iii. Paid meal breaks for areas where staff cannot leave the workplace due to acuity or specialty (e.g., night shifts, operating theatres, Intensive Care Units (ICUs), Emergency Departments (EDs), maternity).
iv. Employer must detail steps for rescheduling missed breaks; if not possible, overtime applies.
v. On night shift or shifts beyond 9hrs a one hour paid meal break is provided.

20. Public Holidays and Allowances

Night shift allowance

Apply for the entire shift Monday night into Tuesday morning when there is a public holiday.

Sunday allowance

To be increased to 200% when working Sunday for the entire shift.

21. X-Ray and Radium Allowance

A payment of $30 per fortnight to be paid to all nurses working in radiology and Cardiac Cath Lab.

22. Hazard Allowance Cytotoxic and Dangerous Allowance

An allowance that is payable to nurses and midwives where their work involves cytotoxic drugs, radiation or hazardous substances, especially in oncology, haematology and specialist units, or when these drugs are used in general wards/unit or in paediatrics. The Allowance recognises that PPE and training does not completely eliminate the risk.

23. Penalty Rates

Paid for working Christmas Eve and New Year's Eve.

24. Kilometrage Allowance

Increase in allowance to ensure it reflects increase in petrol costs, including a provision to automatically increase allowance if there is a rapid increase in prices.

25. Change Time

Changing time of up to ten minutes at the start and end of each shift is counted as time worked and is to be allocated to nurses not permitted to travel in their work clothes.

26. Union Matters

<u>Access to electronic communication</u>

i. Emails from the union domain name are not blocked or restricted by or on behalf of the employer.

ii. Emails from the employees to the union are not blocked or restricted by or on behalf of the employer.
iii. Access from THS computers and like devices to union websites and online information is not blocked or limited.

27. Nursing, Midwifery and AIN HR Timeframes

i. That once NUM/MUM's have completed the required requests to fill positions that their accountability and responsibility to fill their positions are devoid.
ii. That dedicated timeframes for all recruitment and approval activities are established and adhered to for all funded positions on the clinical establishment.

Skill Mix

28. Skill Mix

a. Skill mix requirements for all clinical areas: early career nurses — defined as graduate RNs/RMs/ENs or staff within their first 3 years of practice — must not comprise more than 30% of the direct-care nursing workforce in any clinical area.
b. In-charge nurse must be an experienced RN/RM or specialist EN.
c. Where more than 30% of nurses/midwives are graduates or new to ward, a clinical coach must be rostered.
d. Maintain 30% mid-level experience RN/RM/EN across shifts.

29. Clinical Coaches

Clinical coaches to be implemented, indirect, in all wards and units where early career nurses exceed the above requirement. Clinical Coaches will be in place for a minimum period of 12 months, or until the safe skill mix requirement is reached.

30. Preceptor Allowance

a. Increase in the allowance up to $4.5 per hour.
b. Allowance is extended to include when members are required to upskill, train or support any staff member. e.g. obtain competency on Oncology ward, chemotherapy administration etc.

31. Mandatory Training

a. 16 hours of paid mandatory training per year, rostered and aligned with Ambulance Tasmania provisions.
b. Backfill FTE to be added to leave relief to ensure replacement arrangements.

32. Nurse Practitioner Classification and Candidates

Nurse Practitioner Classification

Introduce a dedicated classification and pay structure for Nurse Practitioners:

i. Minimum 4-year incremental scale for progression.
ii. Define areas of practice and agree on career planning structure.
iii. Review and broaden classification descriptors.

Candidates

Guarantee positions or offer roles upon completion of Nurse Practitioner training.

33. Professional Development

a. Provide 10 days of paid Professional Development (PD) leave for all employees.
b. Nurse Practitioners to receive an additional 10 days paid PD leave.
c. Mandatory training is not to be deducted from professional development leave.
d. PD Allowance is reintroduced.

34. After Hours Nurse Unit Manager Classification

To be reclassified at Grade 8, in line with responsibilities of the entire hospital afterhours.

35. Vehicle Allowance

Vehicle allowance to apply to Grade 9 roles and any employee acting in that role for more than two weeks – approval process to be in line with HDA sign off i.e. nursing or midwifery manager.

36. Retention Bonus

Bonus paid to nurses, midwives and AINs who have completed 5 years of services at time of agreement and paid after 5 years of service as an incentive to commit to another 5 years.

37. Scope of Practice Endorsed Credentialed Midwives

Allowance for endorsed credentialed midwives practicing above their years of experience to enable practice at top of scope.

38. Nurse Prescribers

Introduce recognition and remuneration for prescribing responsibilities and dedicated time for undertaking the training.

39. Grade 4 application process

Simplify and streamline the Grade 4 application process to remove unnecessary barriers (review approval process). If criteria are met, immediate transition to Grade 4.

40. Training

Any professional development, mandatory training, management training conducted on a weekend or public holiday is paid at the shift rate.

Work Health and Safety

41. Lead Apron Breaks

Employees who wear a lead apron for 3 hours continuously will be entitled to a 10-minute paid break to mitigate fatigue and musculoskeletal strain.

42. Designated Work Groups and HSR Transparency

a. Designated Work Groups & Health and Safety Representatives Transparency.
b. Employer to provide the ANMF with a list of designated work groups, Health and Safety Representatives (HSRs), their training dates, and any vacancies twice per year.
c. Without limiting issues, the following hazards and issues are to be discussed at health and safety committees:
    i. Aggressive behaviours management.
    ii. Occupational violence.
        1. Prevention.
    iii. Fatigue risk management.
        1. Double shifts, overtime – burnout.
    iv. Security for health care establishments.
    v. Management of ill or injured workers.
    vi. Personal protective equipment.
    vii. Psychosocial hazards.
    viii. Workers' compensation.
    ix. Workplace bullying and harassment.
    x. Sexual harassment and sexual safety.
d. Imminent risk to safety.
e. Employee may refuse to carry out work if there is a concern that would expose them to serious risk to their health and safety.

43. Day Worker Overtime Rate

Include the 200% penalty from the start of overtime for all day workers.

44. Car Parking

a. Should be allocated to nurses and midwives where their safety is at an increased risk (shifts completing or commencing between 1800hrs and 0600hrs).
b. Car parking should have concessional rates for all members.
c. All hospitals are to have a local staff car parking policy that considers work health and safety employer obligations.

d. Midwifery Group Practice to be provided with one additional car space in each region.
e. Escorts to car parks by security.
f. Employer to consider incentives for carpooling or if there are public transport options to take members from a central point at each hospital to an out of area all day parking spot.

45. Recreational Leave

a. Increase recreational leave entitlements to:
    i. 5 weeks for day workers.
    ii. 6 weeks for shift workers.
b. This measure addresses workforce burnout and supports recovery.
c. Request some alignment with teachers who received 10-12weeks leave in recognition of cognitive load and burnout.
    i. In comparison:
        1. Nurses and midwives work in high-stakes, high risk environments.
        2. Continuous exposure to life-and-death decisions, trauma, and emotional stress.
        3. Increase risk of physical and mental health issues due to shift work, fatigue and infection exposure.
        4. Unlike teachers, nurses cannot access extended breaks – their risk to burnout out is higher.
        5. Work irregular shifts, nights, and weekends.
        6. Face constant exposure to illness and infectious disease
d. Additional weeks leave for members who work more than 30% of their rostered shifts as nights.

46. Personal Impact Days

To recognise management of vicarious trauma associated with required duties, that may include exposure to deceased persons, traumatised children and families, violences, traumatic clinical events and exacerbation of existing illnesses or injuries due to overtime and double shift requirements.

Request for 5 days, without the requirement to provide a medical certificate.

47. Burnout Mitigation Commitment

a. The employer acknowledges the link between inadequate leave and workforce burnout and commits proactive measures to reduce fatigue-related risks.
b. Annual reporting on leave liability, overtime hours, unfilled shifts, workers compensation and turnover rates to identify systemic fatigue risk.

48. Break Between Shifts

Break between shifts or after overtime should be 10hrs to assist in the management of fatigue.

49. Flexible Working Arrangements

a. Amendments to the clause in the ward to include parameters where a specified employee is able to request such an arrangement in specified circumstances.
b. A specified employee is:
    i. Full time or part time employee with at least 12 months service; or,
    ii. Long term casual employee with reasonable expectation of continuing employment, on a regular and systematic basis.
c. Specified circumstances are if an employee:
    i. Is pregnant.
    ii. Is the parent or has responsibility for the care of a child who is of school age or younger.
    iii. Is a carer of someone with a disability, medical condition, a mental illness or is frail or aged.
    iv. Has a disability.
    v. Is 55 or older.
    vi. Is experiencing family and domestic violence; or,
    vii. Provides care or support to a member of the employee's immediate family or household, who requires care or support because the member is experiencing family and domestic violence.

Caseload Midwifery

50. Caseloads

a. Full-Time Midwife:
    i. Maximum caseload: 35–40 births per FTE per year.
    ii. Based on ordinary hours of work (38 hours/week) for a full-time employee under the Award.
b. Graduate Midwives:
    i. Maximum caseload: 75% of the above equivalent FTE workload.
c. Part-Time Midwife:
    ii. Caseload to be calculated pro rata of the above.
d. Team Leader Equivalent:
    i. Full-time equivalent caseload: 10 clients for full care during any full calendar or financial year.
    ii. Span of control: a team of midwives, consisting of a maximum of 16 FTE midwives.

51. Leave Cover

a. During absences of other employees due to planned or unplanned leave of 1 week or less, caseloads may increase:
    i. Maximum temporary caseload: to a to be negotiated maximum number of clients/patients but not exceeding 46 clients/patients on average over the year.
    ii. Team Leader caseload may vary up to 20 clients/patients on average during staff absences.
    iii. If the Team Leader is away for less than a week then caseloads will be absorbed. If leave is greater than a week the team leader must be replaced.
b. For absences greater than 1 week, the case load of the midwife may be returned back to the core team.

52. Caseload Midwifery Loading

Midwives

i. Increase current Caseload Midwifery Loading to 42%.

Team Leaders

i. Increase current Caseload Midwifery Loading to 30%.

Loading applies to all periods of leave, including sick leave.

53. Hours of Work

Define maximum hours worked within a 24-hour period:

i. No more than 12 hours, with a guaranteed break between shifts.

54. Classification

Midwives

i. Reclassify as Grade 6, recognising autonomous practice and advanced clinical responsibilities.

Team Leaders

i. Reclassify as Grade 7, acknowledging their operational role equivalent to MUMs in regional areas.

These changes reflect current duties and support retention and recruitment.

Mental Health Nurses

55. Classification

Review of classification of PEN.

56. Multi-Disciplinary Allowance

All nurses working in all multidisciplinary teams, alongside allied health colleagues are provided with the allowance. There are no unreasonable barriers beyond the control of our members to payment, such as – the role needs to be dual classified. If the role is being worked by either a nurse or allied health professional, and the duties are substantially the same – the allowance applies.

57. Mental Health Specific Workload Management

Workload management needs to ensure that 2/3 of workforce composition per ward/unit and per shift, in mental health sectors are mental health qualified.

Any mental health position currently held by a nurse is to be replaced by a nurse. Controls for fatigue, violence and stress hazards in the workplace are implemented.

58. Community ANUM

Community mental health areas to contain one FTE of senior ANUM in each community mental health team to ensure access to leads and expertise.

59. Retention Allowance

Applies to all hard to fill mental health roles.

60. Damaged Clothing Allowance

Allowance to apply for any clothing damaged during the course of members employment in any area, provided it is not the fault of the member.

61. Mental Health Nurse Practitioners

Appointed to each major hospital.

62. On call or Crisis Response Allowance

Those who are required to be on call, paid allowance for doing so, however, request for allowance in recognition of risk associated in this space.

63. Mental Health Environment Allowance

All nurses working in high secure units, high dependency units or secure mental health rehabilitation units, shall be paid an allowance. Including ED, paediatrics or other areas, when dealing with challenging behaviours with the Department, in recognition that this is not.

64. Management of Mental Health Patients in Emergency Departments

a. Dedicated mental health crisis response team allocated to each hospital ED.
b. Mental health Liaison Nurse in EDs.
c. Mental health flow coordinator role.
d. Extended hours team (previously CATT) in EDs.

Ambulance Tasmania

65. Classification Review

Clinical Nurse Specialists working in Ambulance Tasmania. Current duties are above that of a grade 5 and the roles need to undertake a classification review.

66. Allowance Alignment

For nurses working in Ambulance Tasmanian in similar roles as paramedics who manage a similar area are paid significantly more.

67. Education

Dedicated education and improvement teams for nurses.

DECYP

68. Annual Leave Entitlements

a. Annual leave entitlements for nurses employed in education settings within Department of Education, Children and Young People (DECYP) must be aligned with comparable professions in the Tasmanian public sector, specifically:
    i. Social Workers, who have an additional 2 weeks leave.
b. This claim seeks to ensure equitable leave arrangements given the aligned professional responsibilities, workload patterns, and exposure to student-facing environments.

69. Salary Packaging Parity

a. Members employed in Public Health as Nurses, Midwives of AINs, must have access to the same salary packaging options available to nurses employed within the Tasmanian Health Service (THS).
b. This includes (but is not limited to):
    i. Salary sacrifice arrangements.
    ii. Meal and entertainment packaging.
    iii. Novated leasing options.
    iv. Professional development expenses.
c. Ensuring access to equivalent salary packaging arrangements promotes fairness and supports statewide recruitment and retention of education-based nursing roles.

District Hospital's

70. Ratios

a. Nurse-to-patient ratios to be implemented in all District Hospitals, consistent with statewide safe staffing standards.
b. ANUM positions to operate as indirect (supernumerary) roles, ensuring they are not counted in ratios and are available for leadership, coordination, escalation management, and clinical oversight.

71. Remote Allowance

a. Comprehensive review of the following entitlements to ensure they are contemporary, competitive, and reflective of remote-area workforce challenges:
    i. Remote Allowance.
    ii. Education incentives.
    iii. Airfare and travel subsidies.
b. The review must include benchmarking against other jurisdictions and sectors and must identify gaps impacting attraction and retention of remote-area nursing and midwifery staff.

72. On-call and Call-back for Nursing Leadership

a. Directors of Nursing (DONs) and NUMs who are required to be contactable during their nonwork hours are to be:
    i. Paid an on call allowance for the entire period they are required to be available; and,
    ii. Paid call-back rates when they are required to undertake work outside their rostered hours (including phone-based decision-making and direction).
b. This ensures recognition of the significant operational, clinical and managerial responsibilities carried outside ordinary hours.

73. Nursing Practitioners

Appointed to work within District Hospitals.